MURRAY STATE UNIVERSITY

Contemporary Rural Social Work Journal

Volume 4
Number 1 *2012*

Article 9

Fall 9-1-2012

Contemporary Rural Social Work - Fall 2012 (Volume 4, Number 1)

Contemporary Rural Social Work
Volume 4, Number 1
Fall 2012

From the Editor

Our journal continues to develop. One notable achievement over the last few months is the use of the Open Journal System format. Like any new technological development, we are still working to get issues resolved, but this new technology promises to make submitting, tracking, and reviewing submissions easier for all concerned. Our submission rate continues to grow and the editors have noticed that submissions are increasing in quality.

The journal has two new sections: "Practice Notes" designed for practitioners to share innovations related to practice and "Teaching Notes" designed for educators to showcase classroom assignments and to share issues related to teaching in rural programs. We hope to add a section related to rural social work history before long. As always, we welcome submissions on all aspects and topics related to rural social work.

Peggy Pittman-Munke, Editor-in-Chief

TABLE OF CONTENTS

EDITOR'S INTRODUCTION I

FEATURE ARTICLES

Perceptions and Experiences of Drug Use Among Women in Rural North Carolina
Martin T. Hall and Debra Skinner 1

Employment Supports for Newcomers in Small and Middle-sized Communities And Rural Areas: Perspectives of Newcomers and Service Providers
Bharati Sethi and Robert Gebotys 15

The Community Assessment Students Discovering Strengths and Needs in Small Towns and Rural Areas
Kristina M. Hash, Patricia A. Chase, and Carrie W. Rishel 39

The Service Use Index: A Tool for Examining Rural/Urban Differences
Rosemary K. Chapin, Beth Anne Baca, Skye N. Leedahl, Roxanne Rachlin, Xanthippe Wedel, and Mary K. Zimmerman 50

Social Work in a Very Rural Place: A Study of Practitioners in the Upper Peninsula of Michigan
Paul Force-Emery Mackie 63

PRACTICE NOTES

A Comparison of Nursing Homes in Rural and Urban Communities in Indiana
Michelle Emery Blake, Erin M. Fordyce, and Hanns G. Pieper 91

Rural Domestic Violence: An Interdisciplinary Model for Rural Practice
Britt E. Rhodes 101

Perceptions and Experiences of Drug Use Among Women in Rural North Carolina

Martin T. Hall, Ph.D., M.S.S.W.
University of Louisville

Debra Skinner, Ph.D.
University of North Carolina at Chapel Hill

Abstract. *This study describes perceptions and experiences of drug use among 32 women residing in three non-urban counties in eastern North Carolina. Participants described drug use in their families and communities as pervasive, citing both individual (e.g., depression) and systemic (e.g., few opportunity structures) causal factors. Participants with personal drug use histories described factors that helped them reduce drug use as well as the challenges of maintaining recovery in small communities. Contributions of this research include rural women's assessment and attribution of drug use problems in both their personal lives and larger communities. Recommendations for rural drug treatment providers are offered.*

Keywords*:* drug use, perceptions and experiences, rural poverty, women

Limited research has investigated the ways that residents of non-urban areas understand and experience drug use. Healthy People 2010, the U.S. Department of Health and Human Services' health objectives for the nation, outlined the need to understand and identify the "unique barriers and limitations encountered by rural Americans in seeking effective drug abuse prevention programs and treatment" (Hutchison & Blakely, 2003, p. 145). To better understand drug use in rural areas, as well as circumstances impeding treatment, this study describes perceptions and experiences of drug use among women living in non-urban counties in rural North Carolina.

Studies comparing alcohol and drug use between urban and rural residents in the U.S. have reported inconsistent findings. A study of residents in seven southern states found that men and women in rural areas had lower rates of problem drinking and overall alcohol consumption when compared with their urban counterparts (Booth & Curran, 2006). Similarly, a longitudinal study based on a national sample reported that while problematic drinking was increasing across all levels of urbanization, the most remote counties experience slightly lower drug use rates (Jackson, Doescher, & Hart, 2006). In contrast, other national studies have indicated that among those who drink alcohol, rural residents are more likely to have problematic drinking patterns (National Center for Health Statistics [NCHS], 2001). Among high school students, rates of drug use were higher among urban youth in the 1970s, but by the early 1990s, urban and rural youth reported similar rates of use (Cronk & Sarvela, 1997).

Differences in rates of drug use in rural and urban areas may be moderated by both individual and community level factors. The National Survey on Drug Use and Health (NSDUH) found that rural and urban residents aged 12 to 25 reported comparable rates of drug use, however, among adults older than 26 years of age, urban residents reported higher rates of use

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2005). Differences also vary by geographic region; rural adults in the Western U.S. have higher rates of problematic drinking compared with rural adults in the South (NCHS, 2001).

Particular drug trends are decidedly more pronounced in rural areas. Rates of methamphetamine use are higher among rural youth and young adults than similarly aged urban residents (Lambert, Gale, & Hartley, 2008). Additionally, the pain reliever OxyContin is widely referred to as "Hillbilly Heroin" (Sappenfield, 2001), and prescription drug misuse has been closely associated with rural and nonmetropolitan areas. Between 1992 and 2002, treatment admissions for the abuse of prescription pain medications increased by 58% in central metropolitan areas as compared to an increase of 269% in non-metropolitan areas (SAMHSA, 2004). A similar trend in this rural-urban disparity is evident for those receiving treatment for methamphetamine use (SAMHSA, 2006).

Only a small number of studies have investigated the culture of drug use outside of urban environments in the U.S. Evans, Forsyth, and Gauthier (2002) investigated the experiences of former crack users in non-metropolitan areas. Their findings suggest that the violence, prostitution, and robbery often associated with urban crack users were just as common among crack users outside the urban core. Child welfare workers and other key informants in the Midwest have described the home environments of methamphetamine-using families as typified by ". . . danger, chaos, neglect, isolation, abuse and loss" (Haight et al., 2005, p. 958). These studies indicate that many associations and consequences of drug use are not determined by urbanization, but more research is needed to understand the ways that rural drug use mimics and diverges from drug use in urban areas.

Successful responses to drug use in non-urban areas at both the individual and community level is contingent upon understanding the problem as it is experienced by those who reside in rural communities. To this end, this study asked women living in non-urban counties to (a) assess the pervasiveness of drug use in their communities, (b) discuss the most commonly used drugs in their communities, (c) describe why they think people use and sell drugs, (d) talk about the role drug use has played in their own lives and that of their families, and (e) describe the challenges of changing drug use patterns in a rural community.

Methods

The Study

This ethnographic study was a component of the Family Life Project (FLP), a mixed method, longitudinal study designed to examine the effects of rural poverty on child development in two major geographical areas of high poverty: the rural South and Appalachia. A cohort sample of 1,292 families was recruited from three contiguous eastern North Carolina counties and three contiguous central Pennsylvania counties designated as non-urban on the basis of there being no town with a population larger than 50,000 in the county, nor the counties being contiguous to an urban county.

The data reported here comes from the ethnographic study that employed in-depth interviews and observations with 36 families residing in the same three counties as the North Carolina families recruited for the cohort study. These families were selected to be representative of cohort study participants in terms of poverty status, locality, and race; this was verified after recruitment by comparing ethnography and cohort participants on these characteristics. The ethnographic study was designed to provide an in-depth investigation of all aspects of family life, including parental beliefs and practices related to infant and child development, and daily routines related to work, health care, social services, child care, and other factors that influenced child and family well-being. The study was approved by the Behavioral Institutional Review Board of the University of North Carolina at Chapel Hill.

Sample

From February 2003 to February 2004, the North Carolina sample was recruited in three counties by visiting health departments, WIC clinics, parenting classes, and local maternity clinics and fairs. Participants were required to be 18 years of age or older and between 5 and 8 months pregnant. This resulted in 36 participants, though 4 of the women (two African American and two White) withdrew early from the study, resulting in a final sample of 32 women. These mothers were the primary respondents in the study, except in three cases where grandmothers became the primary caregivers of their daughters' children.

At the time of recruitment, 27 women were below 200% of the poverty threshold and nine were above it. Seventeen women were African American and 19 were White. Table 1 presents demographic characteristics of these 32 women by ethnicity. Of these 32 families, 13 resided in or near small towns and 19 lived in more rural areas.

Procedure

Participants were interviewed every six-to-eight weeks during the first two years of the study period (2003-2005); follow-up interviews were then conducted every six months through the spring of 2007. Because studies suggest that interviewer race and ethnicity can affect participant responses (Davis, Couper, Janz, Caldwell, & Resnicow, 2010), an African American research assistant conducted the ethnographic interviews and observations with African American participants and a White research assistant worked with the White respondents. Interviews focused on a range of topics, including alcohol and drug use in the family and within the larger community, and were digitally recorded and transcribed verbatim. Transcriptions and interviewers' notes were entered into QSR N6, a software program that aids in the organization, coding, search, and retrieval of textual data. All data related to respondents' assessment of the pervasiveness of drug use, the most commonly used drugs, the reasons why people use and sell drugs, experiences of drug use, and challenges of changing drug use patterns were collated and summarized in display matrices that facilitate the systematic interpretation and comparison of patterns across cases (Miles & Huberman, 1994). We then used a grounded theory approach (Charmaz, 2006; Strauss, 1987) to identify themes and any similarities and differences in the responses across families within these categories of interest. As we developed the storylines of mothers' experiences and beliefs, we tested our interpretations against each case, and modified our interpretations in line with the constant comparative method (Goetz & LeCompte, 1981; Patton, 2002) and negative case analysis (Denzin, 1989).

Table 1

Demographics of North Carolina Ethnographic Sample at Recruitment

Demographics	African American (n = 15)	White (n = 17)	Total (N = 32)	%
Age				
16 - 20	4	5	9	28
21 - 25	3	5	8	25
26 - 30	6	6	12	38
31 - 40	2	1	3	9
Marital Status				
Never married	11	7	18	56
Married	3	6	9	28
Divorced	1	2	3	9
Separated	0	2	2	6
Education				
< 12 years high school	3	3	6	19
High school graduate	4	4	8	25
Some college	7	9	16	50
Associates degree	0	1	1	3
Bachelor's degree	1	0	1	3
Household Monthly Income				
< $500	8	4	12	38
$501 - $1,000	2	4	6	19
$1,000 - $1,500	3	4	7	22
$1,501 - $2,000	0	1	1	3
$2,001 - $2,500	2	2	4	12
> $2,500	0	2	2	6

Results

General Perceptions of the Pervasiveness of Drug Use

The majority of respondents repeatedly used two words to characterize drug use in their communities: "everybody" and "everywhere." Respondents agreed on the general pervasiveness of drug use, captured succinctly in one woman's comment that in her community, "Anybody could get a hit if they wanted to." In describing the scale of drug use, women drew on personal experience. Another participant described her impression of the extent of drug use in her community:

> I mean it's unreal how many people you meet and then the next thing you know they're like, "Well, do you want to go back to my house and we'll do this," and I'm just like, "I don't, you know, we don't do that." . . . But no, drugs are everywhere, they're awful and they're easy to get and they're cheap and you can get them from your own best friends.

Respondents also based their perceptions of drug use on news reports or word-of-mouth accounts, prefacing their answers with phrases such as "from what I hear." One participant related that she had heard drug use was common even among the helping professions, saying, "Every time you turn around you're hearing about, even the caseworkers, or like I told you, about police and the ones that supposed to be helping you."

Although women largely agreed that drug use was a significant problem in their communities, a subtle distinction emerged as to whether they thought the problem was highly concentrated in specific locales or more diffuse throughout the counties. One woman who lived in a small town pinpointed her own neighborhood as a problem area, saying, "Everybody just don't understand in the three blocks that's around our house how many drug dealers live there." Similarly, another participant said that there are three "drug houses" in her neighborhood, and that it, "ain't fit for my kids to stay around. Too many drugs going on. The police are around all the time. The kids can't come outside to play without somebody over there about to fight."

Respondents emphasized that drug use was common throughout all communities and among all social classes. As one woman emphatically put it, drug use is, "Everywhere, everywhere! Right next door, a mile from here, everywhere." Another respondent in the same county stated that it would be hard to find people in the county who do *not* use drugs. A woman who lived in different county expressed a similar perspective: "So many people in the area use drugs in (county name) that no one would imagine." As another participant stated, "You could be from the wealthiest family in the world and you could be from the poorest family in the world." To further illustrate this point, she described a friend from high school who was "high class" and from a "very well-known" family. Over the course of the relationship, the friend began to engage in drug use. The participant then said her friend's ". . . parents knew there was a problem but because they are so highfalutin, they didn't want anybody to know there was so they didn't address it, they just allowed her to do." They later decided to send the friend away to school in another state, although her drug problems quickly emerged there as well and she was expelled. The participant related what happened after that:

> Nobody was supposed to know that she had gotten kicked out of her school. She came to my house or whatever and then she called her dad. She told her dad that she was at my house cause she had told me what had happened, you know because he said I was the only person that could know . . . When he came to pick us up . . . he made her lay in the bed of the truck so that nobody in the county would see that she was home because she wasn't supposed to come home.

Living in small town communities or even in the more isolated rural areas does not provide anonymity for those who use drugs, and may actually make drug use more difficult to conceal. Despite clear signs of problematic drug use, the family of the participant's friend took considerable measures to conceal it.

Types of Drugs Most Commonly Used

Twenty-four of the women were explicitly asked to name the drugs most commonly used in their communities. Seven different drugs were noted. All 24 named marijuana, 14 mentioned crack, followed by cocaine (9), prescription drugs (6), ecstasy (5), methamphetamine (4), and heroin (2). In describing marijuana's availability and popularity, one woman said, "Weed is like cigarettes to people here." Crack was the second most frequently mentioned drug, challenging the notion that crack use is an exclusively urban phenomenon. One participant believed the increase in crack use was due to its low cost, the same reason associated with its popularity in urban locations. As she explained, "Heroin, pure cocaine, those are expensive drugs, people around here don't have the money for that." This observation was also echoed by another participant who said that "higher social groups" used cocaine while "lower social groups" used crack.

Despite methamphetamine's reputation as a drug produced and used in non-metropolitan areas, the women in this study seldom discussed it. Only four women mentioned methamphetamine use, perhaps due to the fact that most interviews preceded widespread use of the drug in the three counties considered in this study. For example, in one of the counties, police discovered two methamphetamine production laboratories in 2004 and 11 in 2005 (Berendt, 2006). Alcohol was not named as a commonly used drug. This is likely due to the women not considering alcohol to be in the same category as illegal drugs and perhaps because its use is so common as to be unremarkable.

Why People Use and Sell Drugs

Perspectives on the extent of drug use or the types of drugs used did not differ between the African American and White women but responses as to why people used and sold drugs did vary somewhat by ethnicity. White women were less inclined to offer explanations for drug use while African-American women primarily believed people used drugs as a way to escape or to self-medicate. For example, one participant stated that people use drugs because of a troubled childhood, or as "an easy way out to calm their nerves . . . to get rid of stress." Another woman captured this sentiment in explaining her mother's drug use:

> Well, my mom she had four kids and she abandoned all of us. She had a drug addiction . . . and she just couldn't stand the pressure of having all this responsibility. So she just freely let it go and she picked the drugs over us.

Economic circumstances emerged as the primary explanation for why drug selling was so common in the communities. Although none of the women indicated that poverty made drug selling an acceptable vocation, their responses portrayed an understanding of why some people would be tempted to sell drugs. One participant said that selling drugs was one of the few ways people could make a living in her area. She made reference to her brother:

> For instance, I have a brother, he's a, he sells drugs. He wants to do better. I talk to him and he wants to do better, but right now that's his only way of paying bills for his fiancé and his two kids.

Similarly, another woman positioned the activities of drug selling in the larger social and economic climate. She held systems, in addition to individuals, responsible for the drug trade:

> You know, I don't think people look at the chain line with the drug use, they just see the black boys on the corners . . . They are just the small people, you know, they are kind of the pawns.

Personal Experiences with Alcohol and Drug Use

Several of the women in the study acknowledged social drinking, but none reported alcohol abuse during the study period. Similarly, only one woman acknowledged drug use during the study period, although observations during the interviews indicate that two women may have been using drugs. One woman reported that she used marijuana regularly until confronted by a doctor during a routine exam after the birth of her child:

> When the doctor came in he was telling me, congratulating me and my boyfriend and everything about we had a pretty daughter and everything. And then he was like, "I want to know who's gonna take care of your daughter while you are locked up?" I'm like, "For what?" He was like, "Because we found marijuana in your system."

The participant stated that she was not addicted to the marijuana but she expressed willingness to begin treatment in order to maintain custody of her children. Nevertheless, she was unapologetic during the doctor's visit, saying, "I was like, for number one, I'm a grown woman!"

Although only one woman admitted drug use while participating in the study, several women reported a history of alcohol and/or drug use. The women described various events or processes that helped them and their family members decrease or discontinue drug use. Primary factors were the birth of their children and the influence of other family members. The participant who acknowledged current marijuana use said she had managed to decrease alcohol use after the birth of her children: "I used to drink real bad. I thank the Lord for these children every day because if I didn't have 'em I would be a stone cold alcoholic." Another woman expressed a similar sentiment. The participant's mother had a substantial history of alcohol use, but had been abstinent three years when the interviews occurred. The mother, who lived with the participant and participated in the interviews, acknowledged that her success was due in part to her daughter's firm stance against alcohol in the home. After growing up with her mother's alcoholism, the participant was committed to providing a different experience for her own child: "I don't want my young'un being raised with an alcoholic. This is an alcoholic-free home."

Drug Use Among Close Relatives and Intimate Partners

Although few respondents reported drug use themselves, drug-related problems were pervasive in their families. When asked about drug use among family members, 24 of 32 (75%)

respondents described regular drug use. Most women listed multiple family members who had experienced drug-related problems, and some respondents were literally surrounded by drug use. For example, at the time one participant was interviewed, she described her child's father as a known drug seller and also expressed concern about her 15-year-old brother's alcohol use. She stated that her father, uncle, grandmother, and grandfather were alcoholics, and that her husband (not the child's father) comes from an alcoholic family as well. Another participant recounted the pervasive presence of drugs in her romantic life:

> I mean I met (boyfriend). He was doing drugs. And I don't think I've ever dated a guy in my entire life that hasn't used drugs, which is bad.

The prevalence of drug use among these and other respondents is notable. Table 2 presents prevalence data for the 24 respondents who talked about drug use by family members and intimate partners. What emerges is a picture of drug use that confronts women from multiple relationships.

For the majority of women, familial, social, and romantic relationships had been affected by drug use. Alcohol and drug use played a role in domestic violence and sexual abuse for some women. One woman recounted how she had separated from her husband before their child was born because of his drug use. When he returned home, he beat her so badly that she required stitches. Another participant said her mother's use of alcohol and drugs led to her being molested by her mother's boyfriend and subsequently placed in foster care. Women talked about other relatives caring for them when their own parents were too debilitated by drug use to provide care. Most women talked about protecting their own children from drug-related problems by trying to shield them from individuals who were using. Women with young children expressed fear about their children reaching school age, a time when they would be unable to protect children from the influence of drug-using peers.

Challenges of Changing Drug Use Patterns in Rural Communities

Anonymity can be difficult to obtain in rural communities, and this was an important issue for women with a history of drug use who were attempting to change the narrative of their lives. As one participant put it, "Everybody's in everybody else's business." This sentiment may refer to the mild intrusiveness of a gossiping neighbor, or to more pernicious meddling. One woman described her attempt to leave a life of drug use as a "battle." Early in the study, she worked as a cashier, a job she enjoyed. However, she eventually quit the job, saying it was "too public." In her words,

> Too many drug dealers and people I used to hang out with came in and called me a nickname that I had on the street, just out of spite, just being hateful . . . ornery, negative, just not wanting anybody doing something positive.

Daily conversations with customers provided consistent reminders of the participant's drug-involved past. Such cues could serve to increase the participant's risk of relapse. However, in addition to social contacts by former drug-using friends, the participant's coworkers also knew of her past life. One coworker alluded to her drug history in the presence of a manager, which the participant described as the "straw the broke the camel's back." Her story illustrates the challenge of creating a new life when reminders of the old life are ever present.

Participants expressed notable concerns about the extent and consequences of drug use in their communities. The majority of women described firsthand experience with the deleterious effects of drug use or the drug trade through their partners or immediate family members. Several women noted that limited economic opportunities facilitated entry into the drug trade. Finally, women attempting to leave a drug-involved lifestyle found it difficult to escape their history.

Table 2

Drug Use Among Respondents' Family Members and Intimate Partners

Respondent	Nature of Drug Use
1	Husband entered drug treatment during the study period
2	Mother engaged in drug use
3	Mother, father, and sister abused alcohol
4	Mother and sister abused alcohol
5	Sister abused alcohol
6	Mother, aunt, and both grandfathers abused alcohol; baby's father imprisoned for drug charges
7	Both grandfathers abused alcohol
8	Baby's father used cocaine
9	Mother and former partner abused alcohol
10	Mother and father abused alcohol
11	Best friend recently exited drug treatment
12	Mother-in-law abused alcohol
13	Partner engaged in drug use; Brother-in-law used and sold drugs
14	Father, grandfather, grandmother, uncle, 15 year-old brother, and husband's father abused alcohol; baby's father sold drugs
15	Husband and friends engaged in drug use
16	Brother described as a 'druggie' and found with cocaine in car; former boyfriend engaged in drug use
17	Mother, father, and paternal grandparents abused alcohol; brother used drugs
18	Father abused alcohol and used drugs; grandfather abused alcohol
19	Former partner in jail for selling drugs
20	Father and mother abused alcohol and used drugs; sister engaged in drug use
21	Husband formerly abused drugs; former partner suspected of selling drugs
22	Husband formerly used drugs
23	Friend caught selling drugs to police
24	Multiple family members abused alcohol or drugs; in-laws abused alcohol

Discussion

The findings of this study provide descriptive accounts from women in rural areas. The majority of these women experienced pervasive drug use within their own families and the community at large. Actual drug use among the study participants was quite low during the study period; however, the picture that emerged from the respondents' perceptions of their communities and their personal accounts is one in which drug use is widespread, affecting families' lives in a multitude of ways. This finding is concerning given that individuals from rural areas are less likely than their urban counterparts to receive treatment for drug use problems (Warner & Leukefeld, 2001). Local, state, and federal efforts must be made to increase the availability of evidence-based drug treatment in rural areas. In many rural locations, specialized residential and intensive outpatient drug treatment may not be available. Even when available, transportation barriers may make such treatment inaccessible. Without access to these interventions, the attendant consequences of drug problems may become more entrenched among rural families. Similarly, there is a need for existing rural behavioral health providers to enhance addictions knowledge and drug treatment skills. Current internet and videoconferencing technology, along with relatively new initiatives such as the SAMHSA-funded Addiction Technology Transfer Center Network (http://www.attcnetwork.org), open up new possibilities for generalist behavioral health practitioners who need additional training in evidence-based approaches such as motivational interviewing.

A second important finding in this study concerns the challenges of changing drug use behaviors in rural areas. The relative lack of anonymity afforded to residents of rural communities and small towns present particular challenges for those intent on decreasing or discontinuing drug use. These data indicate that a lack of anonymity may impede recovery from drug use problems in two ways. First, individuals may be disinclined to disclose drug use problems (or in these data, the problems of their family members) to health professionals or treatment providers if they suspect the condition may be discovered by other community members. The perceived negative repercussions extend well beyond embarrassment: Duncan (1999) described how economic success in rural and non-metropolitan areas is contingent upon preserving the family name and reputation. Thus, family members may have both social and financial considerations in mind as they consider risks of pursuing drug treatment.

A lack of anonymity may also challenge recovery in an additional way. Individuals determined to distance themselves, both literally and figuratively, from negative influences often relocate to different geographic areas or pursue new employment in order to put space between their past and present lives. This phenomenon has been referred to as "knifing off" (Caspi & Moffitt, 1995), and is facilitated by both institutional (e.g., joining the military) and personal arrangements (e.g., marriage; Laub & Sampson, 2003). For example, in metropolitan areas, an individual may relocate to a new neighborhood and retain supportive influences (e.g., family, job) while eliminating negative influences (e.g., drug using peers). In smaller communities, opportunities for knifing off are much more limited. Once an individual is known as a drug user, he or she may find it particularly difficult to escape the associated stigma.

Given that rural residents' lack of confidentiality may have direct influence on their decision to initiate and maintain drug treatment, providers in rural and non-urban communities must take extra measures to ensure confidentiality. It is unreasonable to expect families to

park their car outside a municipality's behavioral health office; such an act would clearly communicate that a family member is receiving treatment for a drug or mental health problem. As an alternative, drug use treatment providers may benefit by being physically integrated into hospital or other outpatient clinic settings—places where patients could ostensibly visit for a number of reasons.

Conclusion

We suggest two primary areas for future research. First, there is a need for additional research on factors and processes that facilitate a reduction in drug-related problems among rural women. As previously discussed, formal treatment, or even support groups such as Alcoholics Anonymous, are less available to rural residents than their urban counterparts. Additional research is needed to better understand how individuals change behaviors in the absence of formal treatment. For example, what types of informal support systems foster the discontinuation or reduction of drug use among rural women?

A second area of research is needed to investigate the relationship between rural poverty and involvement in the drug trade. Few published studies focus specifically on drug trafficking in rural areas (Hunt & Furst, 2006). Given differences in the types of drugs most commonly abused in urban and rural areas, the nature of drug trafficking may also be different. For example, prescription drugs, which are legal when prescribed, are the most commonly abused drugs in many rural areas. As such, the mechanisms of procurement and distribution for prescription drugs are notably different than for illicit drugs. Both qualitative and quantitative research is needed to identify risk and protective factors for involvement in drug trafficking among residents in rural areas.

The nature of this ethnographic study and the small sample do not allow for conclusive statements about drug use prevalence in these communities or drug use prevalence among families with young children. Additionally, as participants were not randomly sampled, the themes identified and discussed in the paper should not be considered as representative of all young women in rural North Carolina. Despite these limitations, this study is one of few to provide qualitative insight into drug-related issues among the population of rural women.

References

Berendt, C. (2006, February 5). Thornton says that communication vital in fight against drugs. *The Sampson Independent,* pp. A1-A2.

Booth, B. M., & Curran, G. M. (2006). Variations in drinking patterns in the rural south: Joint effects of race, gender, and rural residence. *The American Journal of Drug and Alcohol Abuse, 32*(4), 561-568.

Caspi, A., & Moffitt, T. E. (1995). The continuity of maladaptive behavior: From description to understanding in the study of antisocial behavior. In D. Cicchetti and D. J. Cohen (Eds.) *Developmental psychopathology: Risk, disorder, and adaptation* (Vol. 2, pp. 472-511). New York: Wiley.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* Thousand Oaks, CA: Sage.

Cronk, C. E., & Sarvela, P. D. (1997). Alcohol, tobacco, and other drug use among rural/small town and urban youth: A secondary analysis of the monitoring the future data set. *American Journal of Public Health, 87*(5), 760-764.

Davis, R. E., Couper, M. P., Janz, N. K., Caldwell, C. H., & Resnicow, K. (2010). Interviewer effects in public health surveys. *Health Education Research, 25*(1), 14-16.

Denzin, N. K. (1989). *The research act: A theoretical introduction to sociological methods* (3rd ed.). Englewood Cliffs, NJ: Prentice Hall.

Duncan, C. M. (1999). *Worlds apart: Why poverty persists in rural America.* New Haven, CT: Yale University Press.

Evans, R. D., Forsyth, C. J., & Gauthier, D. K. (2002). Gendered pathways into and experiences within crack cultures outside of the inner city. *Deviant Behavior, 23*(6), 483-510.

Goetz, J. P., & LeCompte, M. D. (1981). Ethnographic research and the problem of data reduction. *Anthropology and Education Quarterly*, *12*(1), 51-70.

Haight, W., Jacobsen, T., Black, J., Kingery, L., Sheridan, K., & Mulder, C. (2005). "In these bleak days": Parent methamphetamine abuse and child welfare in the rural Midwest. *Children and Youth Services Review, 27*(8), 949-971.

Hunt, K., & Furst, T. (2006). A select annotated bibliography: Illegal drug research in rural and suburban areas. *Journal of Psychoactive Drugs, 38*(2), 173-188.

Hutchison, L., & Blakely, C. (2003). Substance abuse—trends in rural areas: A literature review. In L.D. Gamm, L. Hutchison, B. Dabney, & A. Dorsey (Eds.), *Rural Healthy People 2010: A Companion Document to Healthy People 2010* (Vol. 2., pp. 145-154). Retrieved from http://www.srph.tamhsc.edu/centers/rhp2010/Volume2.pdf

Jackson, J. E., Doescher, M. P., & Hart, L. G. (2006). Problem drinking: Rural and urban trends in America, 1995/1997 to 2003. *Preventive Medicine, 43*(2), 122-124.

Lambert, D., Gale, J. A., & Hartley, D. (2008). Substance abuse by youth and young adults in rural America. *The Journal of Rural Health, 24*(3), 221-228.

Laub, J. H., & Sampson, R. J. (2003). *Shared beginnings, divergent lives: Delinquent boys to age 70*. Cambridge, MA: Harvard University Press.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage.

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). (2001). *Health, United States, 2001 with urban and rural health chartbook.* Hyattsville, MD. Retrieved from http://www.cdc.gov/nchs/data/hus/hus01.pdf

Patton, M. Q. (2002). *Qualitative evaluation and research methods*. (3rd ed.). Thousand Oaks, CA: Sage.

Sappenfield, M. (2001, July 12). Rise of 'hillbilly heroin' creates alarm in East. *Christian Science Monitor,* p. 3.

Strauss, A. L. (1987). *Qualitative analysis for social scientists*. Cambridge, UK: Cambridge University Press.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2004, August 6). *The DASIS report. Treatment admissions in urban and rural areas involving abuse of narcotic painkillers: 2002 update.* Retrieved from http://oas.samhsa.gov/2k4/ruralPainTX/ruralPainTX.htm

Substance Abuse and Mental Health Services Administration (SAMHSA). (2005, October 7). *The national survey on drug use and health (NSDUH) report. Substance abuse or dependence in metropolitan and non-metropolitan areas: 2004 update.* Retrieved from http://oas.samhsa.gov/2k5/metro/metro.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA). (2006). *The DASIS report. Methamphetamine/amphetamine treatment admissions in urban and rural areas: 2004*. Retrieved from http://www.oas.samhsa.gov/2k6/methRuralTX/methRuralTX.pdf

Warner, B. D., & Leukefeld, C. G. (2001). Rural-urban differences in substance use and treatment utilization among prisoners. *The American Journal of Drug and Alcohol Abuse, 27*(2), 268-280.

Author's Note

Address correspondence to Martin T. Hall, 209 Oppenheimer Hall, Kent School of Social Work, University of Louisville, Louisville, KY 40292, USA, (502) 852-3490, martin.hall@louisville.edu

Acknowledgements

We would like to thank the families for allowing us into their lives. Support for this research was provided by the National Institute of Child Health and Human Development (PO1-HD-39667), with co-funding from the National Institute on Drug Abuse. The Family Life Project (FLP) Key Investigators include Lynne Vernon Feagans, Martha Cox, Clancy Blair, Margaret Burchinal, Linda Burton, Keith Crnic, Ann Crouter, Patricia Garrett-Peters, Mark Greenberg, Stephanie Lanza, Debra Skinner, Emily Werner, and Michael Willoughby. Martin T. Hall was supported by National Institute on Drug Abuse Grant T32 DA007304.

Employment Supports for Newcomers in Small and Middle-sized Communities and Rural Areas: Perspectives of Newcomers and Service Providers

Bharati Sethi and Robert Gebotys
Wilfrid Laurier University

Abstract. *In recent years there has been an increased migration of highly skilled and educated cohort of men and women from their initial port of entry—large urban centers such as Toronto, Vancouver, and Montreal—to smaller urban/rural communities as a result of regionalization of the Canadian immigration policies. This article examines the employment supports for newcomers in Grand Erie—an urban/rural area in Ontario—which is now a home to an unprecedented number of newcomers. Using a community-based participatory research methodology, data were gathered from 212 newcomers and 237 service providers through quantitative and qualitative responses in the survey questionnaires. Results show that newcomers faced many challenges including non-recognition of foreign credentials, unemployment, language barriers, and discrimination. Collaboration between newcomers, service providers, social workers, and government is vital to foster newcomer integration in this region as well as in other smaller communities.*

Keywords: community-based, employment, immigrants, rural, visible minorities

Canada's rapidly aging workforce and the declining fertility rate of young Canadian women has been a concern of labor analysts for the past few decades (Chui, Tran, & Maheux, 2007; Tolley, 2003). International migration is now a major contributor to Canada's economic prosperity and population growth (Chui et al., 2007; Tolley, 2003). In the 2006 Census the foreign-born population accounted for one in five (19.8%) of Canada's total population, the highest percentage since 1931 (Chui et al., 2007). Although the three largest cities—Montreal, Toronto, and Vancouver—continue to be the main points of entry for newcomers, the Canadian government's regionalization policy aimed at supporting a balanced distribution of immigrants/ refugees throughout the nation has contributed to their dispersion to smaller urban centres and rural areas (Hyndman, Schuurman, & Fiedler, 2006; Krahn, Derwing, & Abu-Laban, 2005; Walton-Roberts, 2006). Further, Canada's urban-rural communities are also showing interest in attracting and retaining newcomers as a way "to offset population decline, to ensure cultural continuity (linguistic and 'way of life'), and to ease labour market adjustment" (Burstein, 2007, p. 43). However, despite the geographical dispersion of immigrants outside of Canada's three largest metropolitan areas, very little research examines the experiences of newcomers in smaller urban and rural communities. Even less literature explores the perception of service providers and the challenges they face in serving newcomers in these regions.

With a population of about 90,000, Grand Erie (which includes the City of Brantford and Brant-Haldimand-Norfolk Counties) is exactly the kind of middle-sized urban/rural region in Ontario, Canada that is now a home to a large number of newcomers. For example, between 2001 and 2006 Brantford-Brant County experienced an annual growth rate of approximately 21.1% in its immigrant population (Halyk, 2009).

This Community-based Participatory Research (CBPR) was conducted as part of the first author's Master of Social Work (MSW) thesis (Wilfrid Laurier University) to understand the settlement issues facing newcomers in Grand Erie (Sethi, 2009). The author collaborated with Immigrant, Settlement, Transition, Employment and Partnership (ISTEP), a local community-based newcomer's task-force, which operates under Workplace Planning Board of Grand Erie. Until 2009, Workplace Planning Board of Grand Erie operated under the Grand Erie Training and Adjustment Board (GETAB). ISTEP comprises of representatives from Grand Erie community agencies (urban and rural) including social workers, employers, and health practitioners. The key objective of the study was to explore the newcomer settlement and integration issues in Grand Erie in five areas: employment, education, training, health, and social supports. Data were gathered from 212 newcomers and 237 service providers using survey questionnaires (newcomers and service providers). Quantitative and qualitative tools were used to analyze the questionnaire responses.

In this paper the authors draw upon the data from this larger study focusing their discussions on the gaps in *employment* supports for newcomers in Grand Erie. The authors' goal is to add to literature on the *economic* integration of newcomers in Canada's small and mid-sized cities and rural areas with a view to provide culturally relevant knowledge that can improve employment service delivery in these smaller communities. We first present essential elements of the Canadian immigration policy to create a context for the literature review.

Canadian Immigration Policy

The 1960's and 70's witnessed some landmark changes in the Canadian immigration policy. The 1967 regulations replaced the "race" based policy with the points-based system. Potential applicants for permanent residency to Canada were assigned points in accordance to their age, education, language ability (English or French), and occupation (Boyd & Vickers, 2000; Citizenship & Immigration Canada [CIC], 2010). The introduction of humanitarian-based admissions in 1976 facilitated the entry of refugees to Canada (Boyd & Vickers, 2000). On June 28, 2002 the Canadian Immigration and Refugee Protection Act (IRPA) replaced the Act of 1976. The new legislation strengthened the human capital criteria of the points-based criterion by allocating maximum allowable points to the applicant's general skills (rather than occupation), education, paid work experience, linguistic ability in French or English, and adaptability (Boucher, 2007; McLaren & Black, 2005). Even though women have been migrating to Canada for economic reasons for centuries—primarily in service professions such as domestic workers or sex workers—the changes to the IRPA permitted women to enter Canada as principal applicants based on their educational level rather than as dependants of their spouses, primarily, under the Family Class Sponsorship Policy (Boucher, 2007; McLaren & Black, 2005).

Historically, family reunification has been the corner stone of the Canadian immigration policy. However, the current skill-based selection policy favours the individual's economic attributes over family relationships. According to McLaren and Black (2005), this is evident in its 60/40 selection rule: selecting 60% economic (skilled workers and business immigrants) and 40% non-economic immigrants (family class and refugee migrants). Economic immigrants

include skilled workers, business immigrants, provincial and territorial nominees, and live-in caregivers. These immigrants are selected based on their skills and ability to contribute economically to Canada. Family class immigrants are permanent residents sponsored by a Canadian citizen or a permanent resident living in Canada. Refugees are newcomers who are landed in Canada based on humanitarian grounds. This category includes government-assisted refugees, privately sponsored refugees, refugees landed in Canada, and dependants of refugees landed in Canada who live abroad (Chui, 2011; CIC, 2010; McLaren & Black, 2005).

Terms and Clarification

Before proceeding to the literature review, it is important to clarify some terms that are critical to this study (Chui, 2011):

- Immigrants or Foreign-born population is defined as persons with a landed immigrant status in Canada. "A landed immigrant or permanent resident is a person who has been granted the right to live in Canada permanently by immigration authorities" (Chui, 2011, p. 34).

- Recent Immigrants or Newcomers to Canada refers to permanent residents who came to Canada up to five years prior to a given census year.

- Visible Minority is defined under the Employment Equity Act as "persons, other than Aboriginal persons, who are non-Caucasian in race or non-white in colour." (Chui, 2011, p. 34).

- For the purpose of the current study Newcomers were defined as recent immigrant, conventional refugee, refugee claimant, and/or other foreign born persons who arrived in Canada within the last five years of the study and were 18 years or older and residing in Grand Erie.

- Employment in the current study refers to newcomers who are (a) currently working in the paid labour force either part-time, full-time, seasonal, or contract work; or (b) are self-employed.

Literature Review

Economic Integration of Recent Immigrants

In recent years, much attention has been directed toward the labour force participation and economic integration of recent immigrants within the context of the "skill-based" Canadian immigration policies. The 2002 and more recent 2008 changes to the Canadian Immigration and Refugee Protection Act (IRPA) strengthened the human capital criteria of the points-based system with the purpose to facilitate the migration of skilled newcomers who can respond to Canada's labour-market needs (CIC, 2010; McLaren & Black, 2005). These upgraded immigrant selection procedures have achieved much success in accelerating the migration of

immigrant men and women with a much higher level of formal education than their earlier counterparts. In 2008, for instance, the number of immigrants entering Canada with a university degree almost doubled as compared to the 1990's cohort (Houle & Yssaad, 2010). Women now account for about 51% of immigrants to Canada mainly from Asia and the Middle East (Lindsay & Almey, 2006).

A substantial body of literature suggests that in spite of their high educational skills, recent immigrants, particularly from visible minority groups, face poorer economic outcomes (higher unemployment or underemployment, and lower wages) than previous cohorts relative to the Canadian-born population (Aydemir & Skuterud, 2005; Banerjee, 2009; Bauder, 2003; Houle & Yssaad, 2010; Li, 2001; Picot, Hou, & Coulombe, 2007; Simich, Hamilton, & Baya, 2006; Wald & Fang, 2008). In a recent study Banerjee (2009) analyzed longitudinal data from the Survey of Labour and Income Dynamics (SLID). Banerjee's analysis suggests that while both European and visible minority immigrants on entry into the Canadian workforce face a wage disadvantage compared to the Canadian-born workers, the European immigrants are able to accelerate their income early on in their career and "catch up" but the "visible minority immigrants do not enjoy such a catch up" (p. 481).

Research aimed at understanding the causes of poor economic outcomes highlights a number of factors such as linguistic proficiency in English or French, non-recognition of foreign credentials and foreign work experience, lack of Canadian experience, employment discrimination, and racial discrimination (Banerjee, 2009; Houle & Yssaad, 2010; Picot et al., 2007; Reitz, 2001; Suto, 2009). Walton-Roberts' (2006) study findings are relevant to our study. This author's research focused on Squamish and Kelowna, in British Columbia. Like Brantford, Squamish and Kelowna are urban-rural communities and are not typically considered major immigrant reception zones. Walton-Roberts found that European and non-European immigrant groups faced devaluation of their credentials and skills as well as language difficulties. Aydemir and Skuterud (2005) examined the 1981, 1986, 1991, 1996, and 2001 Census data to understand the causes in the decline in entry earnings of successive cohorts. They noted that the shift in immigrant source country from Europe to Asia, Africa, and Latin America accounted for one-third of the overall decline in immigrants' earnings over the last three decades. For many immigrants, especially visible minority groups, the lack of Canadian experience and non-recognition of foreign credentials appear to be two major determinants that affect their prospects in the labour market (Houle & Yssaad, 2010). Aydemir and Skuterud (2005) refute the popular notion that foreign education can be attributed to the decline in immigrants' income. Their study, though, reveals that foreign experience has an adverse effect on male and female earnings. Reitz (2001) makes a compelling argument that although it is now well established that Canadian employers place little or no value on foreign work experience, policy makers continue to give work experience substantial weight in the point system. While many researchers have put their efforts into identifying the wage gaps between immigrants and native-born Canadians, Li's (2001) research accessed the net worth of immigrant degree-holders as compared to Canadian degree-holders. Li observed that visible minority immigrant women were most marginalized in the Canadian labour market due to the interaction of the foreign credentials with their minority status and gender. For this group of newcomers their degrees produced most adverse effects on their earnings as compared to male foreign degree-holders, immigrant Canadian degree-holders, and native-born Canadian men or

women degree-holders. Other researchers have noted that immigrant women of minority status face additional economic hardship compared to other groups of immigrants due to neo-liberal ideologies and the interlocking effects of immigration status, gender, race, and culture (Houle & Yssaad, 2010; Lindsay & Almey, 2006; Merali, 2008; Suto, 2009; Walton-Roberts, 2008).

Examining the issue of overeducation that results from discounting or underutilization of immigrant skills, Li, Gervais, and Duval (2006) explain that recent university-educated immigrants were twice as likely to be overeducated or to work in low education jobs and to stay in those jobs longer than their Canadian-born counterparts. Reitz (2001) cautions us not to confuse "immigrant skill underutilization" from "pay inequity" (pp. 352-353). In the first, immigrant skills are not recognized based on their immigrant status or country of origin. In the second, immigrant skills are recognized, however, they are paid less than native-born workers doing the same job requiring similar skills. Reitz (2001) asserts that while skill underutilization results in significant losses to the individual as well as to the Canadian economy due to immigrant "brain waste," pay inequity benefits economy and penalizes the worker by short-changing him (p. 349). What is important here, Reitz observes, is that "in both types of discrimination—skill underutilization and pay inequity—immigrants end up earning less than they might based on their productive potential" (p. 353).

The above discussions suggest that the skilled-based immigration policy first selects immigrants based on their education and work experience. Once they are here they face disappointments as they are unable to transfer their human capital skills to the Canadian labour market. When the immigrants' dream of being economically productive and financially independent in Canada does not match their reality—filled with economic hardships, low wages, job dissatisfaction—it makes them vulnerable to mental health issues such as loss of sleep and depression (Beiser & Hou, 2006; Samuel, 2009; Simich et al., 2006). The issue of brain waste, overeducation, or discounting of immigrant skills is a serious concern for the long-term economic welfare and health of immigrants and their families, for employers, policy makers, and for Canada (Abu-Ayyash & Brochu, 2006; Reitz, 2001).

In regards to employment services for immigrants, Cukier, Jeffery, Yap, McDonald, and Lejasisaks (2010) assert that immigrant specific services are structured to assist new migrants mainly in the initial phase of settlement. Moreover, "another challenge of contemporary service provision to immigrants is the prevalence of stereotypes and cultural assumptions leading to misinformation among service providers" (p. 162). Cukier et al.'s (2010) findings have important implications for the economic integration of women as their results indicate that more men than women were likely to use employment job search strategies (33% vs. 25%) and more men than women (66.3% vs. 60.7%) were familiar with these services. Other researchers (Frideres, 2006; Sethi, 2009, 2010; Walton-Roberts, 2006, 2008) support these authors' recommendation for a more targeted approach or services that can adequately meet the needs of the current group of skilled, young, and educated immigrants.

Bauder's (2003) study provides another perspective in regards to newcomer labour force participation and is important in the context of federal policies regarding the geographical dispersal of immigrants outside of Canada's larger metropolitan areas to mid-sized communities and rural areas (Krahn et al., 2005; Walton-Roberts, 2006). Bauder reminds us that the

relationship between education and labour market outcome is not so simple. This author's analysis of the 1996 Census data analysis on the province of British Columbia (BC) revealed that immigrants' labour force participation and income was contingent upon the size of the settlement (large, mid-size, or small), size of the local immigrant and ethnic community, and gender.

Recent Immigrants in Smaller Urban and Rural Areas

Krahn et al. (2005) argues that "the federal and provincial governments have not focused the discussion of geographical dispersion in terms of integration, but rather in terms of economic development in the regions, the national decline in population, and resultant labour shortages" (p. 877). Adding to Krahn et al.'s (2005) argument, Walton-Roberts (2006) frames the issue of geographical dispersal of immigrants as a concern of the Canadian government that the three largest cities will not be able to sustain the rapid growth in foreign population.

Some studies on the economic integration of immigrants outside of the metropolitan areas suggest that immigrants settling in these areas are faring better than the rest of Canada (Bernard, 2008; Frideres, 2006). Bernard (2008) reported that the median income gap of recent immigrants narrowed from 67% in very large urban areas, to 32% in small urban centres, to only 20% in small towns and rural areas. However other studies provide a bleak picture of immigrants in smaller communities. For instance, even though immigrant men and women who were residing in the Waterloo region—an area consisting of four rural townships and three urban municipalities—were more educated than the native-born Canadians, the unemployment rate of foreign-born was 13.7% in comparison to 5% for Canadian-born (Abu-Ayyash & Brochu, 2006). Further, despite of the labour shortage in the technical industry as well as demand for physicians in this community, qualified immigrants and foreign educated doctors were not considered eligible to fill those positions due to the lack of recognition of their credentials obtained abroad (Abu-Ayyash & Brochu, 2006). Some of the barriers specific to immigrant settlement in smaller communities is the lack of proper transport infrastructure and similar amenities as available to those in larger centres (Abu–Ayyash & Brochu, 2006; Frideres, 2006; Sethi, 2010; Walton-Roberts, 2006). For instance, the level of English training courses offered in smaller centres may be lower (Level 3 vs. Level 6) than those in larger urban areas (Walton-Roberts, 2006). A one-size-fits-all model is not efficient to foster immigrant integration.

Understanding Social Workers' and Service Providers' Perceptions

Within the needs assessment model, very little work has been undertaken in understanding the perception of social workers and health care practitioners in providing services to newcomers, with significantly even less work around exploring the experience of professionals working in rural and remote communities. The authors concur with Gregory (2005) that such knowledge is crucial to understand how government controls over settlement services, funding cutbacks, and other structural and systemic factors constrain the social worker's ability to provide culturally-appropriate services to immigrants and refugees from around the globe (Cukier et al., 2010; Walton-Roberts, 2006). This is especially relevant as the emerging literature suggests that the economic hardships, high community unemployment, perceived lack of opportunities, and/or unmet expectations of life in Canada is related to

psychological distress, obesity, depression, and other negative physical and/or mental health outcomes among immigrants (Beiser & Hou, 2006; Simich et al., 2006).

Some authors (Reisch, 2008) are concerned that the social work profession is not keeping up with demographic and cultural changes of the last century: "To date, however, even the best histories of social work have focused primarily on the influence of mainstream (i.e., White) organizations and their leaders, ignoring and often objectifying the contributions of minorities" (p. 788). The 2010 fall publication geared to newcomer issues, *Settlement of Newcomers to Canada*, a collaborative venture between CIC and the Canadian Association of Social Workers (CASW) is a positive step in addressing immigration issues. It suggests that the social work profession is now beginning to take seriously feminists' and other scholars' critique that social workers have failed to address the issues of immigrant populations (Murphy, Hunt, Zajicek, Norris, & Hamilton, 2009; Reisch, 2008).

Research Design

The chief objective of this exploratory study was to identify the most important settlement issues for newcomers in Grand Erie. Data were gathered from 212 newcomers and 237 service providers using a variety of sources—quantitative and qualitative responses from a survey questionnaire (service providers and newcomers), discussions with ISTEP members, dialogues with immigrant elders, community meetings, and the researcher's reflexive journal. In this paper the authors present findings from the quantitative and qualitative responses in the survey questionnaires. Most of the questions were on a Likert-type scale. However, space was provided for all participants to mark their responses under an "Other" category in the survey questionnaire if they felt that the choices offered were not applicable to their circumstances. This resulted in some qualitative data. To ensure comparability with other population surveys, both the questionnaires were adapted from the Longitudinal Survey of Immigrants (LSIC): Wave 2 to meet the criteria for this study (Statistics Canada, 2003) in accordance with the needs of the Grand Erie community. Permission was obtained from Statistics Canada for use of the questionnaire. The reliability of our questionnaire, as measured by Cronbach's alpha was .873. This research was approved by the Wilfrid Laurier University Review Ethics Board.

Non-probability purposive sampling was used to recruit newcomers and service providers. Flyers advertising the research project were posted in community agencies, social service organizations, and places frequented by newcomers such as religious spaces, laundromats, and ethnic grocery stores. The research was promoted extensively at multicultural events, community meetings, and through the local media. The consent form and the questionnaire items for the newcomers were translated and back translated between English and the two most spoken languages in this area (Urdu and Mandarin) to ensure satisfactory linguistic equivalence (Rubin & Babbie, 2008). Both newcomers and service providers had the choice of completing the questionnaire using survey monkey or paper survey.

Project information was sent to the service providers through the Workforce Planning Board of Grand Erie database of immigrant-serving agencies. Since there are very few immigrant serving agencies in Brantford and the tri-counties, participation of several

individuals within those agencies that serve newcomers was encouraged. All the participants (newcomers and service providers) of the survey were eligible for three $50 draws as a small token of gratitude for providing their valuable insight and time.

This study was exploratory and designed to collect as much data as possible on the gaps in service for newcomers in Grand Erie. Initially only descriptive statistics are used to describe the characteristics of a sample and analyze the patterns of responses in the completed questionnaires (Rubin & Babbie, 2008). After completion of her MSW studies the first researcher delved deeper into the data and conducted some gender-based analysis as well as analyzed the qualitative data in the "Other" category of the survey questionnaire using themes and quotes.

Results

Both newcomers (*N* = 212) and service providers (*N* = 237) completed the Grand Erie survey on Demographics, Education and Training, Employment, Health, and Social support. This article focuses on the findings in the *Employment* section. The data have been collapsed across the *agreed* and *disagreed* categories to clarify the results. Percentages are based on the number of respondents to a particular question. For some questions respondents could make multiple responses so the percentage total for some questions may exceed 100%.

Demographic Profile of the Respondents

Newcomers. Participants originated from 45 different countries with India and the People's Republic of China as the top two countries of birth. About one-half (48%) were landed immigrants or permanent residents, 34% were Canadian citizens, 5% were refugees, 9% were in Canada on a work permit, and only 1% were in Canada on a visitor visa. Participants spoke 37 different languages. The majority of the participants (69%) could speak in English and/or French and write (71%) in English and/or French *fairly well* to *well* before coming to Canada.

It is noteworthy that the majority of newcomers (66%) were female. The median age of newcomers was 40 years with most of them (70%) between the ages of 25 to 44 years. About 65% of the participants were married. As expected, over half (60%) had completed at least a Bachelor's degree before coming to Canada. Most (88%) of the newcomers were living in the City of Brantford at the time of the survey. The median length of residence was 19 months.

Approximately 59% of the newcomers were employed while 41% were unemployed at the time of the survey. A larger proportion of women (60%) than men (56%) were employed. Of those employed the participants reported the following employment status: 54% were employed full-time (58% male, 52% female), 19% were employed part-time (16% male, 21% female), 14% were engaged in contract work (11% male, 15% female), 9% were self-employed (11% male, 8% female), 4% were in Canada on a work-permit (2% male, 3% female), and 2% were engaged in seasonal work (2% male, 1% female). Newcomers reported over 20 different types of occupations with most (30%) of them working in customer service (e.g., call centre, restaurant, and retail sales) followed by factory work (13%) and live-in -caregivers (11%). The median length of time employed in the current occupation was 19 months. Slightly over half (51%) reported either no income or an annual income of less than

$19,000 and just 1% of the participants earned an annual income of over $70,000. The median income was $10,000.

Service providers. The majority (71%) of the study respondents represented a non-profit agency. Service providers reported 21 different categories of the organization such as social services, health care, educational institute, and financial services offering a wide range of services with "employment related services" emerging as the most common. More than half (57%) of the service providers were employed in an agency located in the city of Brantford.

The participants described the characteristics of the *majority* of their newcomer clients in the following ways: 47% were an equal mix of male and female, 30% were primarily young adults between the ages of 25-34 years, and 39% were Canadian citizens. The top two countries of origin of their newcomer clients were China and India.

Responses to the Research Questions

Participants were asked a series of questions to explore the supports that are essential to newcomer employment integration in Grand Erie. Participants' responses to these questions are summarized below.

Newcomer Responses

Barriers that newcomers experienced in seeking employment. The top two barriers reported by newcomers were: "Lack of Canadian experience" (89%) and "Transportation constraints" (77%). An equal number of participants (75%) reported "Not having family or friends in Canada" and "Financial Constraints" as major barriers. Other barriers included "Labour Market Language Training (LMLT)" (72%), "Language Problems" (70%), and "Discrimination" (69%). As compared to other barriers, "Not being able to navigate the internet," was reported by the lowest proportion of newcomers, yet over half (57%) of them found it a barrier to finding employment.

Training courses that can be useful to newcomers. Over 80% of respondents *agreed* that "Employer Paid Training" (89%), "On-the-Job Training" (89%) and "Off-site Training" (86%), "Language Training Courses" (82%), and "Job Shadowing" (82%) would be useful tools to gain employment. Other important employment training programs that newcomers supported were mentorship programs and personal development courses.

Pearson Chi-square tests of independence revealed the following results for education and employment. When we examined the relationship between newcomers' "Level of education" and "Income" the results were not statistically significant. A significant correlation did emerge between "Level of education" variable and newcomers' responses to "Are you currently employed" with $\chi^2(4) = 11.64$, $p < 0.001$. As evident from Table 1, the higher the newcomer's level of education the greater his/her chances were of being employed. The majority of respondents (71%) who were employed were those with a university degree (at least a bachelor's degree or higher). The numbers are skewed in regards to the proportion of

newcomers with a university degree and those with a trade certificate. It is worth mentioning that 71% of participants with a trade certificate were unemployed at the time of the survey.

Table 1

Education and Currently Employed Cross Tabulation

	Currently Employed	
Education Level	Yes (n = 123)	No (n = 88)
No Education	33.3	66.7
Elementary or Secondary School	32.6	67.4
Community College	48.3	51.7
University Degree	71.3	28.7
Trade Certificate	28.6	71.4
All Education Levels	58.3	41.7

Note. N = 211. The row percentages total to 100%.

Country of education and employment status of newcomers. Pearson chi-square tests of significance for "Country where newcomers were educated" and "Are you currently employed" were statistically significant with $\chi^2(6) = 25.03$, $p < 0.001$. Most newcomers who were employed were educated in Europe and Australia (71%). Of the newcomers educated in Asian countries (mostly from India, China, Pakistan, and the Philippines) 66% fared slightly better than those educated in North America (64%; Canadian educated). Although there were very few newcomer men and women from the Middle East, they largely were unemployed (67%).

Employment and type of barriers. Overall, Pearson chi-square tests of significance between the question "Are you currently employed?" and the "Type of barriers to Seeking Employment" were not statistically significant for any of the aforementioned barriers: "Lack of Canadian experience," "Transportation constraints," "Not having family or friends in Canada," "Financial Constraints," "Language Problems," "Not being able to navigate the internet," and "Discrimination." Some correlation emerged between "Are you currently employed" and "LMLT" as a barrier to seeking employment with $\chi^2(2) = 6.12$, $p = 0.05$. A larger proportion of newcomers who were unemployed (79.5%) as compared to those who were employed (65.3%) reported LMLT as a barrier to finding employment (see Table 2).

Gender analysis of newcomer responses. Pearson chi-square tests of significance were performed to assess gender-related differences with respect to the following questions: (a) are you currently employed, (b) what is your employment status, and (c) what are the type of

barriers to seeking employment. Results were not statistically significant. However, more men (70%) than women (48%) *agreed* that they were employed in their field of expertise.

Table 2

Percentages of Currently Employed and LMLT as a Barrier to Finding Employment

	LMLT as Barrier to Employment		
Currently Employed	Agree (n = 151)	Do Not Agree or Disagree (n = 24)	Disagree (n = 37)
Yes	65.3	12.1	22.6
No	79.5	10.2	10.2
Total	71.2	11.3	17.5

Note. N = 212. The row percentages total to 100%.

Service Provider Responses

Barriers that newcomers experienced in seeking employment. Service providers ranked the top barriers as: "Communication problems" (work place terminology) (85%), "Not Employed in their Field of Expertise" (83%), "Education Accreditation" (83%), "Language Barrier" (82%), "Cultural Barriers" (73%), and "Transportation Barriers" (e.g., do not have a driver's licence; 73%). Similar to newcomer responses, service providers suggested "Not Being Able to Navigate the Internet" as the least common obstacle yet it was reported by more than half (59%) of the service providers.

Barriers that newcomers experienced in being promoted. The majority (77%) of service providers reported "Education Accreditation" as the most common barrier that newcomers experienced to being promoted. Almost three-quarters (74%) of the study respondents agreed that "Not Employed in Their Field of Expertise" posed difficulties to newcomers. It was followed by "Language Barriers—Verbal" (70%), "Language Barriers–Written" (69%), and "Communication Problems" (69%).

Reasons that service providers reported for newcomers' dissatisfaction with employment. The top five reasons were: "Job Was Not a Desired Profession" (82%), "Position Was Not in the Area of Specialization" (81%), "Poor Pay" (80%), "Problems with Work Load / Responsibilities" (80%), and "Overqualified for This Type of Work" (77%).

Satisfaction with current employment. Approximately 43% of the respondents reported that newcomers were s*atisfied* with their current employment, 35% of respondents reported that newcomers were u*nsatisfied*, 20% of the respondents said that they *did not know*, and barely 2% marked their responses under the *other* category.

Comparison of Newcomer and Agency Data

Fluency in verbal language skills. Figure 1 represents newcomers' and service providers' responses to newcomers' "current" language skills. A high proportion of both the newcomers and service providers agreed that newcomers currently spoke English and/or French *fairly well*. However a larger percentage of the newcomer participants (93%) reported that they spoke the language *fairly well* as compared to the service providers (73%).

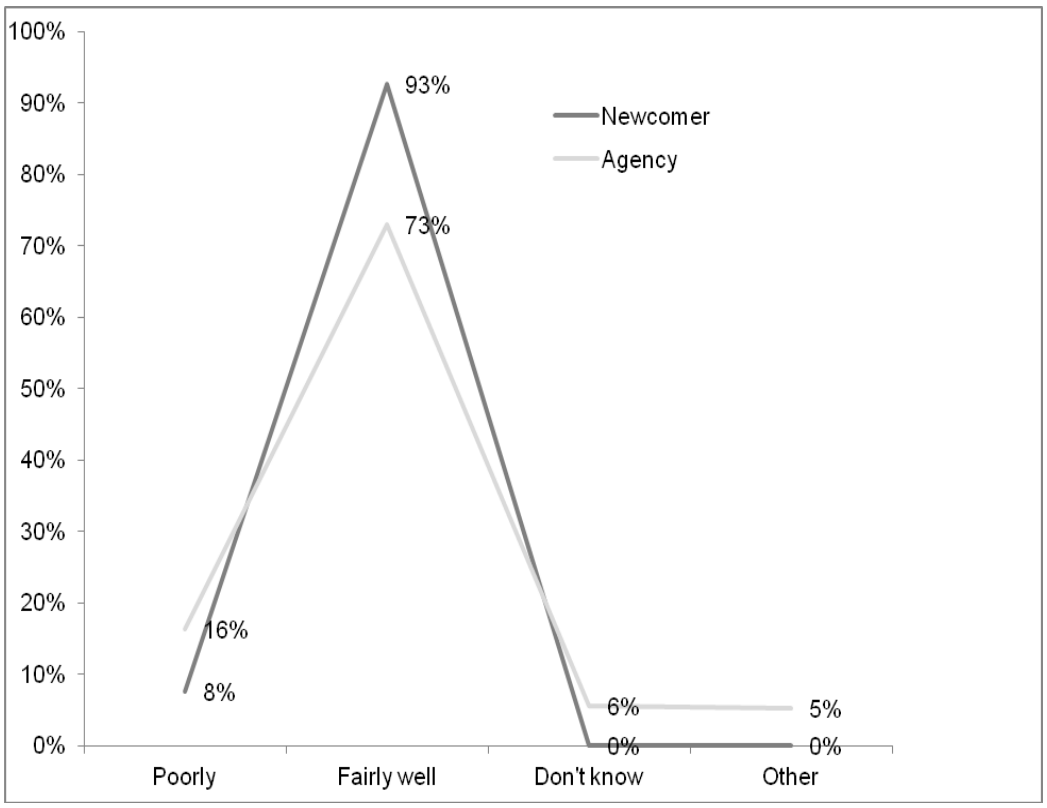

Figure 1. Newcomers' current verbal language skills: Comparison of newcomer and service providers' responses.

Barriers to employment in the 'Discrimination' category. Figure 2 represents the comparison of newcomer and service provider responses in regards to "Discrimination" as a barrier to newcomer employment. Although some differences emerged between newcomers' and service providers' responses, over half of the newcomers (69%) and service providers (60%) *agreed* that discrimination was a barrier.

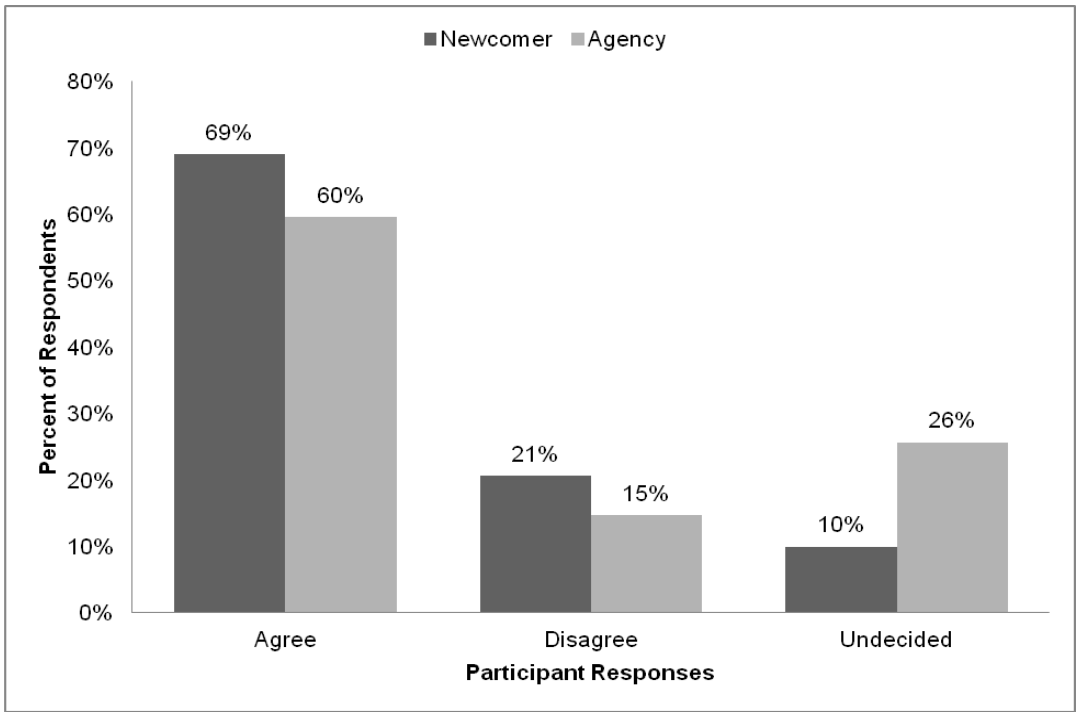

Figure 2. Barriers to employment in the "Discrimination" category: Comparison of newcomer and service providers' responses.

Other Important and Relevant Findings to Grand Erie

Decision to relocate. Despite the low income experienced by newcomers, it was encouraging to learn that over half (53%) were not planning to move out of Brantford or the tri-counties. The top two factors that would contribute to newcomer location as suggested by both newcomers and service providers would be: (1) to find better training or employment prospects and; (2) to be closer to family, friends, and/or ethnic organizations.

Ways to assist with newcomer integration. Both newcomers and service providers suggested that "Recognizing foreign credentials" and "Creating more jobs" was critical in fostering newcomer integration. It is noteworthy that "Having specialized programs for women migrants" as a way to facilitate newcomer integration emerged as an area that met with almost 100% agreement between the service providers and the newcomers.

Qualitative Findings

Common themes that emerged between service providers and newcomers in the "Other" category of the survey questionnaire are briefly summarized below:

- Deskilling of newcomers

- Newcomers' and service providers' statements suggest that newcomers experienced unemployment and/or underemployment in Canada.

Newcomer quote:	Unemployment is the major source of stress.
Service provider quotes:	It would seem that when you have a professional Engineer or physician driving a cab . . . we have a problem.
	Employment is not in their field, their credentials are not being recognized—they have to take unrelated work at minimum wage.

- Newcomer participants highlighted "overqualification" as a barrier to finding employment:

Newcomer quote:	No matter what are the qualifications, somehow we only qualify for restaurant and minimum wage jobs. I was even told that can't get a job because I am overqualified for it. But I am never qualified for other minimum wage ones.

"Non-recognition of Foreign Degrees" and "Lack of Canadian Experience" emerged as significant barriers to the newcomer's economic integration in both the newcomer's and service provider's questionnaire. Newcomers seemed puzzled and unsure how they could get Canadian experience when the employers would not give them an opportunity to work: "Nobody seems to give me a chance to show them my experience." Another participant corroborated: "How you get experience if no one hires you?"

Barriers Specific to Immigrant Women

Participants (newcomers and service providers) identified, "Lack of quality and affordable child care" as a major barrier that hindered immigrant women's economic integration: "Hard for women to go out to work because of small children." Service providers echoed newcomers' sentiments identifying "Lack of quality and affordable child care" in Grand Erie as a significant barrier for immigrant women's economic integration. For women living in the rural areas of Haldimand and Norfolk, their resettlement difficulties were further compounded as they found it difficult to travel to the City of Brantford with small children. A newcomer specified: "There are not many courses available here . . . in Brantford it is difficult to attend them because I have small children and it is quite challenging to find a right babysitter." Another rural participant highlighted the lack of transportation infrastructure as a barrier to attending ESL classes that was integral for the integration of newcomers: ". . . live in the outskirts, transportation is very very difficult to attend courses like ESL. If there is some transportation services that are arranged, will make lives easier and accessible for the courses." The following newcomer quote further adds to the issue of transportation challenges for rural residents: "Lack of transportation/biggest—no license/no public transportation."

Newcomers and service provider's data clearly highlighted that immigrant women put aside their needs in regards to their economic integration so that their spouses could get first settled in the host society. One newcomer wrote: "First my husband needs to find job—and due to lack of culturally relevant and affordable child care as I have a small child—it is difficult for me to go to work." A service provider asserted, "It seems that immigrant women wait for husband to get driving license, and settled and put their needs last." Furthermore, the following statements from newcomers and service providers suggest a clear division of gender-roles within newcomer families.

Newcomer quote:	Immigrant women look after family and cannot get out . . .
Service provider quote:	Women have additional burden of home responsibilities.

Newcomers and service providers expressed an urgent need for programs that addressed the needs of immigrant/refugee women in Grand Erie.

Discrimination

Several newcomers in the study commented that they experienced discrimination based on their educational credentials, dress, and/or culture. One newcomer remarked, "Discriminated because of non-Canadian degrees: yes . . ." Some participants feared the safety of their children: "More security and safety for children in school, from being bullied to discrimination." A female newcomer reported discrimination based on her dress. "I am discriminated because of my dress—hijab/burka." Service providers statements such as, "Employment is not in their field, their credentials are not being recognized—they have to take unrelated work at minimum wage" provide evidence of non-recognition of foreign degrees. Service providers corroborated on the issue of discrimination: "Some have experienced discrimination more obviously and blatantly than others."

Discussions

The newcomers in this study were mostly university educated, yet, 51% either had no income or were earning less than $19,999. As noted in the literature review, several studies conducted in larger cities also point to low labour force participation, unemployment, underemployment, and deteriorating wages of educated immigrants (Banerjee, 2009; Chui et al., 2007; Houle & Yssaad, 2010; Li, 2001; Lindsay & Almey, 2006; Picot et al., 2007; Reitz, 2001). The newcomer's quote, "No matter what the qualifications, somehow we only qualify for restaurant and minimum wage job. I was even told that I can't get job because I am overqualified for it. But I am never overqualified for other minimum wage job" expresses the sentiments of other newcomers in Canada. Wald and Fang's (2008) analysis of the 1999 Workplace and Employee survey, for instance, highlighted that recent immigrants are over educated, are working in jobs that do not match their education and skills, and experience greater wage penalty for their surplus education than Canadian-born workers.

It is possible that education-to-job or skills-to-job mismatch may account for skilled newcomers' low-paid job status in the Grand Erie community. From the standpoint of service

provision and policy immigrants' labour force participation must be examined in the context of the changes occurring within the employment sector in a particular community as well as the business cycle across the province. For example, in Grand Erie the two core industries—agricultural and manufacturing—are experiencing significant job losses. Most of the gaps are in the business, finance, sales, and service occupations (Halyk, 2009). As there is over representation in this region in trades (Halyk, 2009), it may provide an explanation why 71% of newcomers with a trade certificate were unemployed.

On the other hand our analysis suggests that being university educated improves the chances of finding employment in this region. This may be due to the shortage of university educated men and women in this community. The number of people with a university degree in Brantford is almost half the provincial rate (Halyk, 2009). It is possible that some employers favour immigrants with a university degree even if it was obtained abroad. It is important to recognize that most of the newcomers who were employed in our study were educated in Europe or Australia. Surprisingly, newcomers educated in Asian countries did better than those educated in the United States. For instance, Houle and Yssaad (2010) found that degree holders from European countries and the United States had better labour market outcomes than those from Asia. Although the findings in relation to the impact of foreign education on labour force participation on different racial groups are mixed, there seems to be a general consensus amongst researchers that recent immigrants, most strongly from non-European regions, face a wage disadvantage due to the lack of Canadian experience as their foreign work experience is devalued in Canada (Aydemir & Skuterud, 2005; Banerjee, 2009; Reitz, 2001).

In our study, the quantitative analysis and qualitative analysis from both service providers and newcomers highlighted "Lack of Canadian Experience" as a significant barrier for newcomers in finding employment. A newcomer quote, "Nobody seems to give me a chance to show them my experience" reflects the paradoxical nature of the requirement of Canadian experience. How can newcomers gain work experience if they do not get an opportunity to work? The judgement of immigrant educational credentials and work experiences as "less than" or "inferior to" those of Canadians is smeared with racism and discrimination (Reitz, 2001). Employers' ignorance of the market worth of newcomers' educational credentials from different countries or their lack of knowledge on how to access the quality of newcomer education is another possible explanation of their resistance to hire them (Reitz, 2001).

It is indeed disturbing that newcomers and service providers in our study (quantitative and qualitative) identified discrimination as a barrier to newcomer economic integration. Studies also point to the newcomer's accent as a reason of employment discrimination. In exploring the social construction of language and accent, Creese and Kambere (2003) proclaim that "Accents signify more than 'local'/Canadian and extra-local/'immigrant;' accents embodied by racialized subjects also shape perceptions of language competency. Thus, accents may provide a rationale for (dis)entitlement in employment or full participation in civil society without troubling liberal discourses of equality" (p. 566). Employers' biased perception that members of visible minority groups have lower linguistic ability than European immigrants is likely to result in the employers favouring the European immigrants over visible minority applicants (Li, 2001).

Newcomers in our study identified "Employer Paid Training" courses and "On-the-Job Training" as avenues to help them improve their labour market participation. "Labour Market Language Training (LMLT)" was reported as a significant barrier to the economic integration of newcomers. Familiarity with Canadian "workplace terminology" is integral to newcomers' success in their respective occupations. Further, access to English language services is essential for newcomer integration in urban-rural communities. However, as the study findings revealed, for women living in rural areas of Grand Erie, transportation difficulties and lack of affordable childcare compounds their resettlement difficulties. Culture interacts with their settlement issues in complex ways to further marginalize them. For instance the qualitative data revealed that women delay upgrading their credentials or get their driving license until their spouse is employed. Without a car it is very difficult for rural populations of Grand Erie to travel to the city of Brantford where most of the jobs and services (employment and language training) are located. Zehtab-Martin and Beesley's (2007) work with immigrant populations in the rural regions of Manitoba and Walton-Roberts' (2008) results parallel our findings that day care challenges particularly hinder economic integration of immigrant women. Zehtab-Martin and Beesley (2007) note, "The issue immigrants face with daycare, or lack thereof, is that it is expensive. This situation makes it difficult for immigrant parents, and women especially, to attend to English language training services, and significantly places women particularly at a disadvantage" (p. 77). One way to meet this challenge is to incorporate day care expenses within the funding budget for settlement services (Zehtab-Martin & Beesley, 2007).

The gender analysis of our study uncovers that even though more women were employed than men, these female participants were largely working in part-time jobs or doing contract work. These results mirror the experiences of women migrants in Suto's (2009) study. The author uses the theme "compromised careers" to show how women's gendered responsibilities adversely impacted their work trajectories. Well-educated professional women participants in her study experienced downward mobility in their careers post-migration and were working below their capacity in Canada (p. 417). In Teo's (2007) study, female participants who held competitive jobs in their country of origin became housewives after immigrating to Canada. Hence it cannot be assumed that immigrants always migrate from an oppressed environment to a non-oppressive environment, from a rural to an urban area, or to escape poverty in their country of origin. In light of the difficulties experienced by educated female migrants, it is not surprising that in this study there was 100% consensus between service providers and newcomers that there is an urgent need to develop "Specialized Programs for Women Migrants" in this community.

Our findings suggest that without improved transportation facilities to enhance mobility between Brantford, Haldimand, and Norfolk counties, it will be very difficult to retain newcomers especially women in rural regions. For sure, federal government funding cuts to settlement agencies in Ontario haven't helped the situation of rural residents. Further, similar amenities (such as affordable child care) as those available in larger urban areas must be provided if immigrant dispersal is to succeed. Walton-Roberts (2006) persuasively argues,

> There is a contradiction between the aspirations of the federal government to disperse immigrants to smaller communities and the current provincial actions

> which are cutting back on services in regions outside of the main urban centres in health, education, legal, and other areas. (p. 161)

The finding that over half of the newcomers in our study were planning to stay in this area despite the difficulties is an important finding in regards to the geographical dispersion of immigrants outside of Canada's major cities. It demonstrates that that if government and host communities join their efforts to foster newcomer integration and create a welcoming environment, it is likely that newcomers may not leave these areas and move to bigger cities. Several factors may account for newcomer retention in this region. According to the Trend, Opportunities and Priorities (TOP) report, Brantford has been recently identified as a "Places to Grow" community due to the positive net-migration numbers in all age groups suggesting that despite the downturn in the economy the area's quality of living, cost-of-living, and availability of jobs is improving. Lower housing prices are a major attraction to new residents. The expansion of Laurier Brantford has been a positive influence to revitalize the downtown area, increase in-migration and create jobs in the construction sector (Halyk, 2009).

Currently in Grand Erie there is a great desire for labour force renewal, an upward demand on individuals with post-secondary qualifications, significant changes (loss or gain) in core industry sectors, expansion of the business community, population growth, and under-representation of immigrants, youth and persons with disabilities in certain professions (Halyk, 2009). To our knowledge, this is the first academic study related to immigrants in this community. This study has initiated several community projects. The first author, in collaboration with Workforce Planning Board of Grand Erie, published *Tapping into Global Talent*, an employer resource guide. In addition, Brantford received funding from CIC for the Professional Mentorship Program for New Canadians and the most recent Grand Erie Local Immigration Partnership to ease the transition of newcomers into the labour force. A full report of these projects can be found at http://www.workforceplanningboard.org. Further investigation into the employment experiences of immigrant women and refugees to understand its implications on their health through a qualitative inquiry would be beneficial. It would foster women's settlement into this growing community and to assist community practitioners design culturally appropriate services for this population.

Moreover, more studies are needed to understand the perception of service providers including social workers in exploring the settlement needs of newcomers working in rural and remote communities. As Gregory (2005) points out, such knowledge is crucial in understanding the challenges of living in a rural community. It opens discussion among employers, communities, and funding bodies about the elements of rural life and improves access to service for rural residents. A successful newcomer settlement and integration cannot be considered in isolation but requires collaboration and partnerships of community agencies so that both the newcomers and the host society can benefit from immigration.

Moving Forward

As Canada's slower growth regions continue to seek out young immigrants to boost its population, it is important that communities create strategies to retain these newcomers otherwise there is a risk that they will move to bigger cities. It will impact the productivity and economics of Brantford and other similar towns. Recognizing the strength of diverse

experiences, culture, ethnicity, and language that newcomers bring to Canada, United States of America, and other nations can enrich the host community's life and contribute to the overall economic health of these countries.

Greater collaboration between government bodies, policy makers, service providers, and researchers is vital for dispersal to small and middle-sized urban centres and rural areas. The social work profession as an agent of social change is perfectly positioned to:

> facilitate mechanisms and processes aimed at building better relations between policy makers and the persons targeted by the policies that are instituted and promoting the use of collaboration and consensus building rather than top-down sanctioned approaches to policy implementations. (Murphy et al., 2009, p. 90).

The invisible and unspoken cry that echoed throughout the research process resonates with the following statement: "I want freedom for the full expression of my personality" (Mahatma Gandhi, Indian political and spiritual leader, 1869-1948).

References

Abu-Ayyash, C., & Brochu, P. (2006). The uniqueness of the immigrant experience across Canada: A closer look at the region of Waterloo. *Our Diverse Cities, 2*, 20-26. Retrieved from http://canada.metropolis.net/publications/diversity/our_diverse_cities_vol2_en.pdf

Aydemir, A., & Skuterud, M. (2005). Explaining the deteriorating entry earnings of Canada's immigrant cohorts, 1966–2000. *Canadian Journal of Economics, 38*(2), 641-672.

Banerjee, R. (2009). Income growth of new immigrants in Canada: Evidence from the survey of labour and income dynamics. *Relations Industrielles*, *64*(3), 466-488.

Bauder, H. (2003). Immigrants in urban labour markets: Place of birth and immigrant concentrations in British Columbia. *Canadian Journal of Urban Research, 12*(2), 179-204.

Beiser, M., & Hou, F. (2006). Ethnic identity, resettlement stress and depressive affect among Southeast Asian refugees in Canada. *Social Science & Medicine*, *63*(1)*,* 137-150.

Bernard, A. (2008). Immigrants in the hinterlands (Catalogue No. 75-001-X). *Perspectives on Labour and Income, 9*(1), 5-14. Retrieved from http://www.statcan.gc.ca/pub/75-001-x/2008101/pdf/10505-eng.pdf

Boucher, A. (2007). Skill, migration and gender in Australia and Canada: The case of gender-based analysis. *Australian Journal of Political Science, 42*(3), 383-401.

Boyd, M., & Vickers, M. (2000). 100 years of immigration in Canada. *Canadian Social Trends*, *58*, 2-12. Retrieved from http://history404.pbworks.com/w/file/fetch/49707647/100%20years%20of%20immigration%20in%20Canada.pdf

Burstein, M. (2007). Promoting the presence of visible minority groups across Canada. *Our Diverse Cities, 3,* 42-46. Retrieved from http://canada.metropolis.net/pdfs/ODC_Summer07_3_en.pdf#page=44

Chui, T. (2011). *Immigrant women* (Catalogue No. 89-503-X). Ottawa, Ontario, Canada: Social and Aboriginal Statistics Division. Retrieved from http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11528-eng.pdf

Chui, T., Tran, K., & Maheux, H. (2007). *Immigration in Canada: A Portrait of the Foreign-born Population, 2006 Census* (Catalogue No. 97-557-XWE2006001). Ottawa, Ontario, Canada: Social and Aboriginal Statistics Division. Retrieved from http://www12.statcan.ca/census-recensement/2006/as-sa/97-557/pdf/97-557-XIE2006001.pdf

Citizenship and Immigration Canada. (2010). *Skilled workers and professionals: Who can apply—Six selection factors and pass mark.* Retrieved from http://www.cic.gc.ca/english/immigrate/skilled/apply-factors.asp

Creese, G., & Kambere, E. (2003). What colour is your English? *The Canadian Review of Sociology and Anthropology, 40*(5), 565-573.

Cukier, W., Jeffery, K., Yap, M., McDonald, S., & Lejasisaks. (2010). Are current employment services meeting the needs of immigrants? *Canadian Social Work, 12*(2), 161-169. Retrieved from www.casw-acts.ca

Frideres, J. S. (2006). Cities and immigrant integration: The future of second- and third-tier centres. *Our Diverse Cities, 2,* 3-8. Retrieved from http://canada.metropolis.net/publications/diversity/our_diverse_cities_vol2_en.pdf

Gregory, R. (2005). Whispers on the wind: The small quiet voice of rural health and welfare practice. *Rural Society, 15*(3), 268-276.

Halyk, J. (2009). *Trends, Opportunities and Priorities (TOP) Report*. Brantford, Ontario: Grand Erie Training and Adjustment Board. Retrieved from http://www.workforceplanningboard.org/files/resources/GETAB%20TOP%202009%20-%20web%20version.pdf

Houle, R., & Yssaad, L. (2010). Recognition of newcomers' foreign credentials and work experience (Catalogue No. 75-001-X). *Perspectives on Labour and Income, 11*(9), 18-33. Retrieved from http://www.statcan.gc.ca/pub/75-001-x/2010109/pdf/11342-eng.pdf

Hyndman, J., Schuurman, N., & Fiedler, R. (2006). Size matters: Attracting new immigrants to Canadian cities. *Journal of International Migration and Integration*, *7*(1), 1-26.

Krahn, H., Derwing, T. M., & Abu-Laban, B. (2005). The retention of newcomers in second- and third-tier cities in Canada. *International Migration Review, 39*(4), 872-894.

Li, P. S. (2001). The market worth of immigrants' educational credentials. *Canadian Public Policy / Analyse de Politiques*, *27*(1), 23-38.

Li, C., Gervais, G., & Duval, A. (2006). *The dynamics of overqualification: Canada's underemployed university graduates* (Catalogue No. 11-621-MIE—No. 039). Ottawa, Ontario, Canada: Statistics Canada. Retrieved from http://www.statcan.gc.ca/pub/11-621-m/11-621-m2006039-eng.pdf

Lindsay, C., & Almey, M. (Eds.). (2006). *Women in Canada: A gender-based statistical report* (5th ed.). (Catalogue No. 89-503-XIE). Ottawa, Ontario, Canada: Social and Aboriginal Statistics Division. Retrieved from http://www.statcan.gc.ca/pub/89-503-x/89-503-x2005001-eng.pdf

McLaren, A. T., & Black, T. L. (2005). *Family class and immigration in Canada: Implications for sponsored elderly women* (No. 05-26). Vancouver, British Columbia, Canada: Vancouver Centre of Excellence, Research on Immigration and Integration in the Metropolis (RIIM).

Merali, N. (2008). Rights-based education for South Asian sponsored wives in international arranged marriages. *Interchange, 39*(2)*,* 205-220.

Murphy, Y., Hunt, V., Zajicek, A. M., Norris, A. N., & Hamilton, L. (2009). *Incorporating intersectionality in social work practice, research, policy, and education.* Washington, DC: National Association of Social Work Press.

Picot, G., Hou, F., & Coulombe, S. (2007). *Chronic low income and low income dynamics among recent immigrants* (Catalogue no. 11F0019MIE—No. 294). Ottawa, Ontario, Canada: Statistics Canada. Retrieved from http://www.statcan.gc.ca/pub/11f0019m/11f0019m2007294-eng.pdf

Reisch, M. (2008). From melting pot to multiculturalism: The impact of racial and ethnic diversity on social work and social justice in the USA. *The British Journal of Social Work, 38*(4), 788-804.

Reitz, J. G. (2001). Immigrant skill utilization in the Canadian labour market: Implications of human capital research. *Journal of International Migration and Integration*, *2*(3), 347-378. doi:10.1007/s12134-001-1004-1

Rubin, A., & Babbie, E. (2008). *Research methods for social work* (6th ed.). Belmont, CA: Thomson Brooks/Cole.

Samuel, E. (2009). Acculturative stress: South Asian immigrant women's experiences in Canada's Atlantic provinces. *Journal of Immigrant & Refugee Studies*, *7*(1), 16-34. doi:10.1080/15562940802687207

Sethi, B. (2009). *Exploring newcomer settlement and integration supports in Brantford, and Brant-Haldimand-Norfolk Counties: Community-based participatory research* (Unpublished master's thesis). Wilfrid Laurier University, Waterloo, Canada.

Sethi, B. (2010). Building bridges: Exploring newcomer settlement and integration supports in Brantford and the counties of Brant, Haldimand and Norfolk using community-based participatory research (CBPR). *Canadian Social Work, 12*(1), 184-191. Retrieved from http://www.casw-acts.ca/sites/default/files/csw10special_e.pdf

Simich, L., Hamilton, H., & Baya, B. (2006). Mental distress, economic hardship, and expectations of life in Canada among Sudanese newcomers. *Transcultural Psychiatry*, *43*(3), 418-444. doi:10.1177/1363461506066985

Statistics Canada. (2003). *Longitudinal survey of immigrants to Canada: Wave 2.* Retrieved from http://www.statcan.gc.ca/imdb-bmdi/document/4422_D1_T1_V2-eng.pdf

Suto, M. (2009). Compromised careers: The occupational transition of immigration and resettlement. *Work: A Journal of Prevention, Assessment and Rehabilitation, 32*(4), 417–429. doi:10.3233/WOR-2009-0853

Teo, S. Y. (2007). Vancouver's newest Chinese diaspora: Settlers or "immigrant prisoners"? *GeoJournal, 68*(2-3)*,* 211-222. doi:10.1007/s10708-007-9071-2

Tolley, E. (2003). The skilled worker class: Selection criteria in the Immigration and Refugee Protection Act. *Metropolis, 1*, 1-8. Retrieved from http://canada.metropolis.net/research-policy/policy%20briefs/selection_r.pdf

Wald, S., & Fang, T. (2008). Overeducated immigrants in the Canadian labour market: Evidence from the workplace and employee survey. *Canadian Public Policy*, *34*(4), 457-479. doi:10.3138/cpp.34.4.457

Walton-Roberts, M. (2006). Regional immigration and dispersal: Lessons from small- and medium-sized urban centres in British Columbia. *Our Diverse Cities, 2*, 158-161. Retrieved from http://epe.lac-bac.gc.ca/100/201/300/our_diverse_cities/n02.pdf

Walton-Roberts, M. (2008). Weak ties, immigrant women and neoliberal states: Moving beyond the public/private binary. *Geoforum, 39*(1)*,* 499-510. doi:10.1016/j.geoforum.2007.10.006

Zehtab-Martin, A., & Beesley, K. (2007). Immigrant service gaps in a small city: Brandon, Manitoba, *Our Diverse Cities, 3*, 75-79. Retrieved from http://nre.concordia.ca/__ ftp2004/featured_publication/ODC_Summer07_3_en.pdf#page =77

Authors' Note

This research was supported by the Social Sciences and Humanities Research Council Graduate Scholarship, a Hilary Weston Scholarship, and funding from Grand Erie Training and Adjustment Board (GETAB).

Acknowledgements

The first author completed this study as part of her Master of Social Work (MSW) thesis. She is grateful for the valuable insights of her MSW thesis committee members Dr. Martha Kuwee Kumsa (chair), Dr. Shoshana Pollack and Laura Mastronardi as well as for the guidance of the ISTEP members throughout the research process. She thanks the participants who made this research possible. The authors appreciate the reviewer's thoughtful comments on the article.

The Community Assessment: Students Discovering Strengths and Needs in Small Towns and Rural Areas

Kristina M. Hash
Patricia A. Chase
Carrie W. Rishel
West Virginia University

Abstract. *This article highlights an evolving assignment given in BSW and MSW Human Behavior in the Social Environment (HBSE) courses. The community assessment assignment provides students with the opportunity to become immersed in small towns and rural areas and discover strengths and needs through observation, analysis of census data, interviews with key informants, and giving back. Components of the assignment are discussed as well as keys to success for facilitating the assignment. Common themes discovered across these communities are integrated throughout.*

Keywords: community assessment, community-based research, pedagogy, rural areas

According to the Educational Policy and Accreditation Standards (EPAS) of the Council of Social Work Education (CSWE), BSW and MSW students must be able to apply knowledge of human behavior in the social environment and understand the various social systems in which this behavior occurs. Students must also be able to assess and competently work within these systems, including communities, and be prepared to practice in their ever-changing contexts (CSWE, 2008). Content related to community theory is typically covered in Human Behavior and the Social Environment (HBSE) courses. Although students are exposed to multiple macro theories in these courses, little opportunity exists for direct involvement in community work. The use of experiential learning methods can help students connect these theories to actual settings, thereby better preparing them for future practice and intervention at the community level.

Experiential learning, or providing opportunities for students to become actively involved in the learning process, has been recognized as an effective pedagogy for almost a century (Dewey, 1938; Kolb, 1984; Rogers, 1994). Experiential learning in macro practice, while challenging, is both possible and necessary; it provides students with hands-on learning opportunities in community work that can be powerful learning experiences (Carey, 2007) as it can provide for a means of integrating theory and practice (Quinn, Jacobsen, & LaBarber, 1992; Teater & Baldwin, 2009) and can teach skills in community research such as identifying needs and collecting, analyzing, and disseminating data (Anderson, 2002; Teater & Baldwin, 2009). Receiving hands-on experience in a rural context allows for an even richer experience and can provide an understanding of relationship-building, civic engagement, and fostering change in small communities (Norris & Schwartz, 2009).

This article details an assignment with a ten-year history at a school that immerses students in geographic communities and provides guidance and instruction for carrying out a

strengths-based community assessment. This assignment provides a learning experience in which undergraduate and graduate HBSE students apply macro theories and concepts within an actual community environment. Learning how a community functions as well as understanding its context provides students with the knowledge of how the macro environment impacts social problems and services. This experiential knowledge also allows students to recognize how a social worker might work with clients who reside in such contexts and as well as how to intervene in problems at the community level through organizing, development, and empowerment. The focus of the assignment on small towns and rural areas offers an exceptional opportunity for exploring the unique strengths and needs of these communities and their residents.

Overview of the Assignment

Students form groups early in the semester to choose a community and complete a community assessment. Groups are comprised of 3-5 individuals. Group members are chosen based upon established friendships, similar class schedules, or interests in certain communities. Students are asked to form their groups within the first three weeks of the semester so they can spend the majority of the semester immersed in the assignment and chosen community. Although students are also given the option of working individually, the majority choose to work in groups. Students who work individually often do so because they do not have the time to meet with group members due to school, work, or family responsibilities.

The assignment requires that communities chosen by students be geographic communities as opposed to other types such as virtual communities. In line with specific objectives in the HBSE courses, communities chosen must also focus on one or more of the following: rural areas, ethnic populations, or vulnerable or underserved populations and communities. The overwhelming majority of student community assessments in the past 10 years have focused on small towns and rural areas, with most of the communities chosen being comprised of 1,000 or fewer residents. According to the Office of Management and Budget (2000) classification, many of these areas would be labeled as "nonmetro, outside of a micropolitan area," meaning that the population is adjacent to an area having 10,000 to under 50,000 residents.

Students are not permitted to assess communities in which any of the group members are from or currently live. This requirement was added when it became clear that assessments involving home communities were not as objective and primarily reflected the work of the community resident in the group. Many students choose areas within a 20-mile radius of the school, which is located in Northern Appalachia. Groups choose communities in various ways including being curious about a community that is listed on a sign along the interstate or one that is only a few miles from campus but is considered its own community with its own culture. The assessment assignment was adapted from Johnson (2001) and Sherraden (1993) and includes the following components: a community observation, analysis of census materials, interviews with key informants, a summary analysis (including community assets and needs), and "giving something back." Institutional Review Board (IRB) approval is not needed as the assignment is not considered human subjects research and is part of normal educational practices.

Throughout the project students are engaged in a variety of learning experiences including: (a) collecting oral histories from community residents, (b) uncovering aspects of community culture and diversity, (c) examining formal and informal power structures within communities, (d) gaining hands on experiences with interviewing, (e) collecting and integrating both qualitative and quantitative sources of data, and (f) practice with constructing and delivering professional presentations. Professional presentations of the completed work are given at the end of the semester. Presentations must utilize overheads or presentation software and include photographs or video of the community that help the community "come alive" in the presentations.

Classmates, as well as the instructor, provide feedback on the presentations via a presentation evaluation rating form. Evaluation criteria for the presentation include knowledge of the community and its issues, ability to answer assignment questions, quality of the presentation (clarity, organization, style, and creativity), professionalism, and the ability to work well as a group. Multiple presentations allow for increased integration of course content on communities as well as a sustained focus on key features of and issues in rural communities. Classmates also benefit from learning about the various communities where they may practice in the future.

Components of the Assignment

Students are given a detailed description of and written guide to the assignment. The guide utilized by the authors includes the components of the community observation, analysis of census materials, interviews with key informants, summary analysis, and "giving something back." Students are also instructed to read assigned readings on communities prior to completing the assignment (i.e., Hutchison, 2011; Kirst-Ashman, 2010). Instruction and mentorship regarding delivery of a professional presentation is central to the success of this assignment.

Community Observation

In the first phase of the assignment, students spend time walking around the community and observing the people and the environment. Students are advised that this will take more than one trip to the community and are encouraged to take photos of places of interest. The observation focuses on geographic, economic, social, and political characteristics. Geographic features may include rolling hills, bodies of water, or physical isolation from surrounding areas. In terms of economic characteristics, students may report indicators of poverty, including housing or public buildings in disrepair. Transportation systems and major employers are also noted. Students quickly realize that many of these communities lack public transportation and close access to health care and social services. In addition, they also notice several businesses that are permanently closed and no longer provide goods or jobs to local residents. The observation may also reveal social characteristics of the community, including various churches or local "hang outs." Signs in support of political candidates and bumper stickers on cars can provide clues as to the predominant political values of the area.

In small towns and rural areas, students often observe meeting halls, bars, and quick marts as the local "hang outs." A conservative political environment is also common. Since many of the students are from small areas themselves, the values and political views of their assignment communities are not dissimilar from their hometowns. During observations, students are informed of the risks involved in photographing and filming certain aspects of communities. For example, after filming a power plant across the river from the community of focus, a BSW student was visited a few days later and a few hours in distance by Homeland Security agents and questioned as to the purpose of her filming. Some students also mention that communities are not always welcoming of outsiders and that they may not be accepted. This can present problems in the observation as well as in locating and interviewing key informants. Often though, the sentiments of the residents change once they realize why the students are visiting their community. At that point, most residents are proud to share information about their community. Some students of color have reported being "stared at" and feeling unwelcome in small, predominantly White communities. Other students in the group typically look out for these individuals and try to help them feel more comfortable in the community. Course instructors often address the "outsider" phenomenon in small towns and rural areas in class and problem-solve situations with the students. In very few cases, the decision is made to change the community of focus.

Analysis of Census Materials

Data for this analysis is typically gathered from the U.S. Census website. Supplemental information can be gathered from the Bureau of Labor Statistics, U.S. Department of Housing and Urban Development, U.S. Department of Education, and the U.S. Department of Justice. Information can also be found through state agencies including state and local departments of health and human services as well as annual reports prepared by cities, counties, and states.

Students often benefit from instructor guidance in this area and a detailed guide and in-class demonstration for extracting census data is given. Population and income distributions, racial/ethnic status, age and family compositions, occupational structure, family size, and poverty and unemployment levels are suggested variables of focus. Conclusions about the data are made and comparing these indicators with state and national averages is encouraged. The results are also compared with the observation of the community. In rural areas, census data often reveals high poverty and unemployment rates and a "graying" population. Although many rural areas are seeing a growing number of Hispanic residents, ethnic homogeneity is common in student-chosen communities. The lack of employment opportunities in these areas is also evident from this data, as the majority of the residents in these communities report a commute time to work of 30 to 40 minutes.

The assignment requires professional display of the extracted data, including tables and figures. Instruction on the proper use of pie and bar charts, as well as on data summary is given. Information technology staff at the University have provided exceptional in-class (and often hands-on) instruction on spreadsheet and graphics software to successfully accomplish this component of the assignment.

Interviews with Key Informants

For this segment of the assignment, students are asked to choose two or more key informants to interview. An informant can be an activist, social worker, political leader, educator, clergy person, police officer, or other individual who is very familiar with the community. It is suggested that they seek names of key community members and leaders from other community members. For example, a small, unincorporated town has what the community calls the "unofficial mayor." Students are also restricted from using family members as key informants. For example, a student's uncle serving as the police chief in a community may provide a less objective view of crime in the area.

Students are asked to conceal the identities of informants in the presentation. They are given consent forms for photographs and interviews that solicit the level of confidentiality preferred by each informant. Students are asked, however, to generally discuss the types of informants interviewed during the presentation and are asked to invite interested parties to attend the presentation or to offer them a copy of the results. Interview questions stem from issues uncovered in the observation and analysis of census data. Suggested topic areas include community history, leadership, politics and government, health and human services, economics, and community assets and needs. These topic areas as well as a list of tips for conducting interviews are included in the assignment guide.

Key informants are not difficult to identify in small towns and rural areas as the "movers and shakers" usually have a long history of being highly involved in the business of the community. They are usually eager to share their views with students. In completing this component of the assignment, students come to understand the power dynamics, as well as the natural helping networks available, in the community. Taking detailed notes and audio-recordings are very helpful when students compile the presentation or paper. Members of older generations in the community are often exceptional informants as they can provide substantial history and folklore of the community. The stories shared by key informants are some of the richest aspects of the assignment.

Summary Analysis

This section serves as a summary of assessment findings. Drawing upon the information collected in the previous sections (as well as further research if needed), students discuss the assets or resources of the community including: (a) individual assets; (b) organizational assets; (c) private, public, and physical assets; (d) informal assets; and (e) resources originating outside of the community. The greatest needs and challenges of the community and the community's capacity to meet these needs are also to be included. Beaulieu (2002), Kretzman and McKnight (1993), and Murty (2004) provide excellent examples for how to present assets and needs.

The most common asset mentioned in rural areas is a strong sense of community identity, with close bonds between families and community members. In fact, these are the type of areas where "everyone lends a helping hand." Churches and civic organizations and other voluntary groups that are highly involved in the community are additional assets in these areas. Needs often noted include road repair, lack of public transportation, poor proximity of health

care, lack of human services and well-paying employment, and little recreation for children and adolescents. One group provided the following summary for their presentation:

> Point Marion, Pennsylvania is located in the Laurel Highlands region and is the breaking point of the Cheat and the Monongahela Rivers. It is found eight miles north of Morgantown. After the closing of major industries like the lumberyard and the glass factory this small community was forced to form a bedroom community to Morgantown. Though strong bonds remain between the inhabitants through small locally owned businesses and the Ford Dealership, the people in this area find themselves relying on Uniontown, PA and Morgantown for health care and employment.
>
> This small community remains united through the multiple clubs and churches located nearby. Many services are offered to the elderly like weekly meetings at a church and the close location of the assisted living facility. They are lacking children's services like after-school programs and licensed daycare services. As a result many children find themselves coming home to an empty house. With more funding the area could bring in more activities for the kids, contributing to both more employment for adults and raising the self-esteem of the children. We enjoyed our time spent in the community and found it to be a warm welcoming community with friendly people. Everywhere we turned we found a local interested in our presence and more than willing to contribute whatever information they could.

Giving Something Back

As a final component of the assignment, students are required to "give something back" to the community that has shared its time and resources with them for the purposes of their learning. Students are encouraged to ask key informants for suggestions in giving back or to base the activity on a need they noticed while observing the community or analyzing census data. Often, the give-back involves a special interest or resource of one or more of the group members. For example, one of the most creative examples was a group who took alpacas (owned by one student's family) to a children's after-school program. Other groups have picked up garbage in a park, participated in a read-aloud program, assisted with a pet telethon, served meals at a fundraiser, taken portraits at a senior center prom, and gathered and donated books for a community library.

Keys to Success

As an evolving assignment, instructors discover new ways to improve it with each passing semester. Because the majority of students have never completed a community-based assignment, instructors must provide in-depth instruction throughout the semester on how to complete the assignment. As mentioned, providing a detailed assignment guide, advance readings on the topic, and instruction for professional presentations and software can lay the foundation for the successful completion of the assignment. For group presentations, it is helpful to provide some in-class time for groups to collaborate as it can facilitate student development of a plan for the assignment process. The assignment should also be referred to as

often as possible and integrated with course content. The assignment can also be integrated into course quizzes or exams, as questions can cover material presented and include items that ask for themes among presentations. A guest speaker can be invited to speak on the use of community assessments in the grant seeking process. In assigning a community assessment in a BSW course, Timm, Birkenmaier, and Tebb (2011) also found that students need and benefit greatly from this level of preparation for the assignment.

The assignment can be given at both the BSW and MSW levels and can be integrated into several different courses. For example, a presentation of findings can be assigned in a HBSE course, while a paper on the group process or on community practice can be assigned in a practice course. One instructor from another university has even required that the assessment be a template for a grant application. The data analysis and summary, as well as the qualitative interviews conducted with key informants, can be integrated into a research course. Almost every aspect of the assignment could fit into a project in the field practicum, focusing on the specific community or communities served by field agencies. If integrated into two or more courses simultaneously, instructors should meet periodically or have some other way to discuss how students are responding to and integrating the assignment into the courses.

As currently assigned in BSW and foundation-level MSW courses, the project works toward fulfilling a number of EPAS (CSWE, 2008) practice behaviors. Students must gather, appraise, and summarize various sources of data (including personal observations, Census data, and informant interviews) which builds competency in critical thinking (EPAS 2.1.3). Related to EPAS 2.1.4 & 2.1.5, students also discover first-hand the meaning of culture and recognize how it can impact community residents. As the majority of the communities that are chosen are rooted in Appalachia, students also gain an understanding of the unique history, values, and traditions of this region. In addition, they learn how the region and its residents are subject to stereotyping and economic oppression. EPAS 2.1.7 is clearly met by the opportunity to apply human behavior in the social environment theories and concepts while being immersed in a geographic community.

To ensure a continual evolution of the assignment, two components are essential. First, instructors should offer incentives (i.e., extra credit points) for students who provide a copy of the presentation for the instructor to show in future classes. This allows students to see the finished product of a seemingly overwhelming task. This type of demonstration can also facilitate a discussion about professional presentations. The second essential component is to solicit feedback from students on ways to improve the assignment and/or advice to future students for the successful completion of the assignment.

In addition to offering suggestions for the completion of each component of the assignment, students can provide great advice for managing the logistics. Many mention that the key to success is to start early and warn, “Don’t wait until the week before because it shows.” In addition, it is important to carefully choose group members. As one student reflects,

> Be sure to pick group members that you know you are able to work with very well. The community assessment takes a great deal of hard work and can be

> stressful. It is definitely important that you are able to communicate your ideas with your group members.

Students and instructors agree that the group process is an important element of the assignment and provides the benefit of cooperative learning, or working together in pursuit of one goal by utilizing the strengths of each member of the group. As such, the group divides up assignment tasks based upon skills and interest of its members. As others have found, this type of learning is preferred for large, complex assignments and material, and provides the added support of and instruction from peers (Dalton & Kuhn, 1998; Johnson, Johnson, & Smith, 2007).

Equally important as choosing group members is choosing a community. In selecting a community for assessment, students suggest one that really holds some interest to group members, is large enough to enable gathering of sufficient information, is within a reasonable driving distance (because you will be going there a lot), is one where no group members are from (avoids bias and makes project more meaningful), and is one where group members feel comfortable and in an area where there is a lot going on.

In entering a community, students advise that is important to respect the community entered, as "You may have heard negative things about the community, but go in with an open mind. Also, even if it is as bad as you've heard, realize that people may still be proud of it." They also suggest getting to know the residents by "going to lunch at a restaurant or just walking around talking to the residents." Further, "It is more interesting and fun when you get to know the community and the people." Teater and Baldwin (2009) also found that interacting with community members while conducting a similar assignment challenged their misconceptions about a community, its residents, and their needs.

Conclusion

The community assessment is a highly versatile assignment that can be utilized across many social work courses. Students have the opportunity to learn, first-hand, the features and dynamics of communities as well as the unique aspects of small towns and rural areas. This experience prepares them for the reality of social work practice in these areas. They also learn and refine several skills in the process, including delivering a professional presentation, data analysis and display, interviewing, and working as part of a team. Through mentorship and in-class instruction, students can learn the skills necessary to successfully complete the assignment. Likewise, instructors requiring the assignment learn a great deal in each semester the assignment is given, not only about the communities themselves but how to further improve the assignment. As an outcome, students find the assignment to be "a lot of work" but beneficial in their learning about communities. The resulting products are also often a source of great pride among the contributing students as well as the instructor. As an added benefit one student exclaimed, "It's actually fun!"

References

Anderson, S. G. (2002). Engaging students in community-based research: A model for teaching social work research. *Journal of Community Practice, 10*(2), 71-87.

Beaulieu, L. J. (2002, June). *Mapping the assets of your community: A key component for building local capacity* (Report #227). Mississippi State, MS: Southern Rural Development Center. Retrieved from http://srdc.msstate.edu/publications/archive/227.pdf

Carey, L. A. (2007). Teaching macro practice: An experiential learning project. *Journal of Teaching in Social Work, 27*(1), 61-71. doi:10.1300/J067v27n01_04

Council on Social Work Education (CSWE). (2008). *Educational policy and accreditation standards.* Retrieved from http://www.cswe.org/Accreditation/2008EPASDescription.aspx

Dalton, B., & Kuhn, A. C. (1998). Researching teaching methodologies in the classroom. *Journal of Teaching in Social Work, 17*(1), 169-184.

Dewey, J. (1938). *Experience and education*. New York: Collier Books.

Hutchison, E. D. (2011). *Dimensions of human behavior: Person and environment* (4th ed.). Thousand Oaks, CA: Sage.

Johnson, A. K. (2001). The community practice pilot project: Integrating methods, field, community assessment, and experiential learning. *Journal of Community Practice, 8*(4), 5-25. doi:10.1300/J125v08n04_02

Johnson, D. W., Johnson, R. T., & Smith, K. (2007). The state of cooperative learning in postsecondary and professional settings. *Educational Psychology Review, 19*(1), 15-29.

Kirst-Ashman, K. K. (2010). *Human behavior in the macro social environment: An empowerment approach to understanding communities, organizations, and groups* (3rd ed.). Belmont, CA: Brooks/Cole.

Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development.* New Jersey: Prentice-Hall.

Kretzman, J. P., & McKnight, J. L. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets.* Chicago: ACTA Publications.

Murty, S. (2004). Mapping community assets: The key to effective rural social work. In T. L. Scales & C. L. Streeter (Eds.), *Rural social work: Building and sustaining community assets* (pp. 278-289). Pacific Grove, CA: Wadsworth.

Norris, D. S., & Schwartz, C. L. (2009). Needs assessments: An integrated assignment in civic service. *Journal of Teaching in Social Work, 29*(4), 373-382. doi:10.1080/08841230903022027

Office of Management and Budget. (2000, December 27). Standards for defining metropolitan and micropolitan statistical areas (FR DOC #00-32997). *Federal Register, 65*(249), 82228-82238. Retrieved from http://www.gpo.gov/fdsys/pkg/FR-2000-12-27/pdf/00-32997.pdf

Quinn, P., Jacobsen, M., & LaBarber, L. (1992). Utilization of group projects in teaching social work research methods: Benefits to students and faculty. *Journal of Teaching in Social Work, 6*(1), 63-76. doi:10.1300/J067v06n01_05

Rogers, C. R., & Freiberg, H. J. (1994). *Freedom to learn* (3rd ed.). Columbus, OH: Merrill/ Macmillan.

Sherraden, M. S. (1993). Community studies in the baccalaureate social work curriculum. *Journal of Teaching in Social Work, 7*(1), 75-88. doi:10.1300/J067v07n01_07

Teater, B., & Baldwin, M. (2009). Exploring the learning experiences of students involved in community profiling projects. *Social Work Education, 28*(7), 778-791. doi:10.1080/02615470802478220

Timm, T., Birkenmaier, J., & Tebb, S. (2011). The experiential community assessment project: Integrating social work practice skills. *Journal of Community Practice*, *19*(2), 175-188. doi:10.1080/10705422.2011.569649

Authors' Note

Kristina Hash, Ph.D. is an Associate Professor in the School of Social Work and the Director of the Gerontology Certificate Program, Eberly College of Arts and Sciences at West Virginia University. Correspondence related to this article should be sent to Kristina Hash at kmhash@mail.wvu.edu

Patricia Chase, Ed.D. is a Clinical Assistant Professor in the School of Social Work, Eberly College of Arts and Sciences at West Virginia University.

Carrie Rishel, Ph.D. is an Associate Professor in the School of Social Work, Eberly College of Arts and Sciences at West Virginia University.

Acknowledgments

The authors wish to extend warmest appreciation to students and faculty in the Division of Social Work at West Virginia University who have helped shape this assignment over the years. Portions of this manuscript are reprinted by permission from K. M. Hash and C. Rishel, 2006, The community assessment: Students discovering needs and assets in rural areas. In B. Locke and V. Majewski (Eds.), *Finding our voices, having our say: Meeting the challenges of rural communities* (pp. 201-206; selected readings from the 30th National Institute on Social Work and Human Services in Rural Areas). Morgantown, WV: Authors.

The Service Use Index: A Tool for Examining Rural/Urban Differences

Rosemary K. Chapin
Beth Anne Baca
Skye N. Leedahl
Roxanne Rachlin
Xanthippe Wedel
Mary K. Zimmerman
University of Kansas

Abstract. *Development of tools for identifying and tracking differences in older adult service utilization by race, ethnicity, income, and geographic area is vital in the face of current demographic and economic changes in rural areas, particularly in areas experiencing rapid demographic changes. In this conceptual article, we explain how to calculate a service use index that compares service utilization of a specific group of older adults to that of the entire older adult population. We then illustrate its usefulness with a case example using geographic information systems (GIS). This unique approach can be utilized to understand differences across fields of practice, enhance planning to address differences, and monitor changes over time.*

Keywords: applied research, geographic information systems, older adults, policy/practice tools, rural service utilization

As the United States undergoes major demographic shifts and becomes increasingly diverse, social workers and social services staff will need improved tools for identifying differences in service utilization across race, income, and geographic areas. This article presents a unique and replicable approach to understanding service utilization through the calculation of a service use index. The service use index is a technique that can be used by social workers and agency directors to better understand service utilization by specific client groups in relation to the larger population. The service use index is mapped to further enhance planning and tracking of service utilization in geographic space. This application of geographic information systems (GIS) technology provides a visual display of the relationship between people and their environments, which combined with the service use index provides a tool for improving social workers' understanding of agency services in relation to clients and to communities.

The service use index and mapping techniques are applicable across fields of practice and produce easy to understand information that can help focus the attention of both policy-makers and the public on the needs of at-risk populations. Social workers have been encouraged to use GIS to describe and comparatively analyze service use, thereby, enhancing the administration, delivery, and evaluation of social services (Hillier, 2007; Queralt & Witte, 1998). Our development of an easy-to-use tool for analyzing service utilization that takes advantage of the benefits of GIS will hopefully encourage further use of GIS by social work professionals. Specifically, mapping of the service use index can identify geographical locations with lower than average service utilization rates, which can point to issues of inaccessibility or a need for further outreach.

In this conceptual article, we explain the development of the service use index and how we used this index to compare the service use of older adults who live in rural counties to that of the general older adult population statewide. After describing the calculation of the service use index with a statewide case example, we provide a map illustrating the service use index in each county in order to explore and visualize geographic differences in utilization. This map provides baseline data on service utilization for older adults living in rural counties relative to the general older adult population, which is critical in times of major demographic and economic changes. We also identify the benefits of analyzing and visualizing services through these techniques, and we highlight the broader implications for social workers, administrators, and policymakers across fields of practice and age groups.

Examination of Social Service Utilization with Geographic Information Systems

Since the 1990s, social workers and social service agencies have been urged to utilize GIS techniques, and social work programs have considered teaching these techniques to students (Felke, 2006; Wier & Robertson, 1998). Geographic information systems are computerized database management systems used to collect, store, analyze, and illustrate spatial data, which occupy identifiable locations on the earth's surface (United States Geological Survey, 2007). One of the primary benefits of GIS is that visualization of data on a map can highlight salient geographic patterns and distributions that might not be seen or recognized with data presented in a table (Hirshorn & Stewart, 2003).

The use of GIS in social work practice and administration is especially valuable given that the social work profession places a heavy emphasis on understanding the person-in-environment and engaging in community practice. GIS tools provide a way to examine physical and social aspects of a community in order to identify community strengths, service gaps, and access needs (Coulton, 2005; Dulin et al., 2010; Hoefer, Hoefer, & Tobias, 1994). GIS is also used to link information related to the economic, social, or health characteristics of a population with distinct areas on a map (Goodchild & Janelle, 2004; Huxhold, 1991; Lo & Yeung, 2007). Specifically for social service agencies and social workers, Queralt and Witte (1998) outlined 15 potential uses of GIS, which include inventorying an agency's services and clientele, mapping the flow of clients to and from community services, and determining areas in need of special outreach initiatives.

Review of current literature on the application of GIS in the social sciences indicates that it has been successfully, though sparsely, used for examining geographical differences in service utilization. A few researchers used mapping techniques to examine service utilization ratios within a given geographic area—for example, the number of child care slots per 100 children in a specific census tract (Queralt & Witte, 1998) or the number of home- and community-based long-term care service users compared to the total number of Medicaid recipients in a county (Goins & Hobbs, 2001). Other researchers mapped service utilization in one specific location compared to utilization in the broader surrounding area. As an example, Wong and Hillier (2001) highlighted specific census tracts with lower ratios of participation in homelessness prevention programs compared to the overall city. Their maps helped identify underserved areas. We advance this literature by presenting a service use index that draws on publically accessible census data and agency service data, and by highlighting its application

through a county-level map. Although we highlight geographic differences in community-based long-term care service utilization among older adults in Kansas, the service use index is applicable across a wide variety of practice settings.

Impetus for Examining Differences in Service Utilization

Kansas, like many other states, is experiencing several simultaneous demographic shifts. Many of our rural counties are rapidly losing population. However, older adults are more likely to remain in rural areas than are younger people. Simultaneously, our state has experienced an influx of immigrants in some of our rural as well as urban counties. Further, the non-immigrant racial and ethnic minority population is growing. Given these realities, our state department on aging was interested in examining how service utilization patterns of older adults differed by rurality, income, race, and ethnicity. In this article, we focus on the following specific research question posed by the state department on aging:

> Are older adults living in rural counties receiving state-funded long-term care services at the same rate as the entire older adult population?

To answer this question, we developed the service use index as a meaningful tool for examining service utilization. We identified the total number of individuals who had received an assessment through the Area Agencies on Aging (AAA) for community-based long-term care services. The AAAs in Kansas provide a variety of federal and state funded services to older adults. Assessments administered by the AAAs determine if older adults are eligible to receive home- and community-based services from the Medicaid Home and Community-Based Services for the Frail Elderly (HCBS/FE) waiver, Older Americans Act (OAA) services, and/or Senior Care Act (SCA). The HCBS/FE waiver provides a variety of long-term care services for adults aged 65 years and older who qualify for Medicaid and meet functional eligibility criteria. OAA services examined in this study include nutrition services (both congregate and home-delivered meals) and supportive services such as transportation, attendant care services, and homemakers. The SCA is a state and locally funded program for Kansas adults aged 60 years and older who are at risk of NF admission and who are low income but do not qualify for the HCBS/FE waiver. SCA services vary by county, but available services include attendant care, respite care, homemaker, chore services, adult day care, and transportation (Kansas Department for Aging and Disability Services, 2012). Once eligibility is determined, these home and community-based services are provided to assist older adults to remain in their home and avoid nursing home placement. This study did not include informal care or privately funded social services.

Development of the Service Use Index

In order to construct a service use index and analyze service utilization statewide, we employed a two-step approach. The first step was to construct an index for the use of home- and community-based long-term care services that compared service utilization of all Kansas adults aged 60 and older with subgroups of these adults meeting designated criteria (e.g., low-income, rural residence, racial and ethnic minority status). We identified the proportion of older adults

who received assessments for services and who received services by integrating state agency data with publically accessible census data. The second step was to map the service use index for each county in Kansas, enabling a visual comparison of the utilization of older adults who are members of the subgroups to the utilization of older adults in general within each county.

The focus of this article is the introduction of a practice tool for identifying differences in service utilization and understanding its value for planning efforts to address these differences. In order to explain the calculation of the service use index and illustrate the visual benefits of subsequent mapping, we selected one subgroup of older adults for this article. The subgroup highlighted in this article for illustrative purposes are older adults who live in rural counties. We utilized county-level urban influence codes published by the Economic Research Service of the U.S. Department of Agriculture. The urban influence codes measure rurality by assigning all U.S. counties to a scale ranging from 1 (*the most metropolitan*) to 12 (*the most rural;* U.S. Department of Agriculture, Economic Research Service, 2003). In this study, counties with 9-12 urban influence codes were considered rural.

Calculating the Service Use Index

Figure 1 presents the formula for calculating the service use index. As shown, this formula can be applied to any group or population by gathering available service utilization data and comparing it to population-level data such as the census. Since the service use index represents a standardized measure, it is particularly useful in highlighting differences in service utilization among different groups. From this calculation, a service use index of 1.0 indicates that the group (e.g., older adults in rural counties) received assessments for services at a similar rate to the total population (e.g., older adults in all Kansas counties). An index less than 1.0 indicates that the group received services at a lower rate, and an index greater than 1.0 indicates

For each geographic area, the formula to calculate the service use index is:

$$\textbf{Service Use Index} = \frac{\mathbf{SR_G / POP_G} \quad \text{(Group Ratio)}}{\mathbf{SR_T / POP_T} \quad \text{(Population Ratio)}}$$

SR_G: Number of service recipients in a particular subgroup (e.g., older adults in rural counties)

POP_G: Number of people in a particular subgroup

SR_T: Number of service recipients in the total population (e.g., the total older adult population in all counties)

POP_T: Number of people in the total population

Figure 1. Formula for calculating the service use index.

that the group received services at a higher rate than the total population. The further from 1.0 either positive or negative, the higher or lower the group's service utilization is compared to the total population.

To determine the service use index for all counties classified as rural in the state of Kansas, we first calculated a "group ratio" that identified the proportion of older Kansans living in rural areas who received assessments for services. Using the 2004 Kansas Aging Management Information System (KAMIS) data, we first identified the number of adults aged 60 and older living in rural counties who received assessments for HCBS/FE, OAA, and/or SCA services (n = 10,992). We divided this number by the number of older adults living in rural counties identified by the 2000 U.S. Census Bureau (n = 79,603). The formula to calculate this group ratio is: SR_G divided by POP_G, where SR_G is the number of service recipients in a specific population group and POP_G is the total number of people in that specific population group. In our case example, we divided 10,992 (SR_G) by 79,603 (POP_G) and found that the "group ratio" was 0.138. Table 1 illustrates the calculations for the index of service for adults 60+ who received assessments in rural, midsize, and urban counties.

Table 1

Calculations for Index of Service Use for Older Adults Who Received Assessments for Services by Geographic Category

Geographic Category	# Older Adults Received Assessment (SR_G)	# of Older Adults per Group (POP_G)	Group Ratios & Population Ratio	Index of Service Use
Rural	10,992	79,603	0.138	1.5
Midsize	13,034	130,584	0.100	1.1
Urban	17,050	244,650	0.070	0.8
Total	41,179 (SR_T)	454,837 (POP_T)	0.090	

Note. Calculation for the total number of older adults who received an assessment includes 103 individuals who were assessed but did not have county specified. Calculation for the Index of Service Use is the Group Ratio divided by Population Ratio.

The service use index builds on the group ratio by comparing it to a "population ratio," which, for this example, identifies the proportion of the total older adult population in Kansas who received an assessment for services. Similar to the group ratio, we calculated the "population ratio" by dividing the number of those in the total population who received an assessment (n = 41,179) by the number of people in the total population (n = 454,837).

The formula to calculate this group ratio is: SR_T divided by POP_T. In our case example, there were 41,179 adults aged 60 years and older who received an assessment for community-based long-term care services through the Kansas AAAs. We divided 41,179 (SR_T) by 454,837 (POP_T) and found that the "population ratio" was 0.09. Lastly, we obtained the service use index by dividing the group ratio (0.138) by the population ratio (0.09), which in this case example is 1.5. This can be then be compared to a service use index of 1.0 for the total older adult population. Therefore, older adults living in rural counties are receiving assessments for state-funded aging services at 1.5 times the rate of all older Kansans. Further, this can be compared to service use of indexes of 1.1 for older adults in midsize counties and 0.8 for older adults in urban counties.

When using these tools, the choice of which groups to examine will be decided by the individual social service agencies. For this study, the state department on aging wanted to further understand the utilization patterns of those who were low income, since some community-based long-term care services specifically target these individuals. Given the expected higher rates of service utilization for those who are low income, the examination of those living in rural counties and who were low income provided further opportunities to understand whether the targeting goals of the agency were being met. Therefore, in order to understand differences in service use by program and income level, we calculated the Service Use Indexes illustrated in Table 2.

Table 2

Index of Service Use for Any Service and Individual Services for Low Income Adults Compared to the Total Older Adult Population by Age and Geographic Category

Geographic Category	Any Service		HCBS/FE		OAA		SCA	
	60+	85+	60+	85+	60+	85+	60+	85+
Rural	1.9	1.1	7.1	3.8	1.6	0.9	2.8	1.6
Midsize	2.6	1.6	6.6	3.8	2.0	1.3	3.0	1.7
Urban	4.4	2.0	9.2	4.1	3.9	1.8	4.0	1.8

Note. HCBS/FE = Medicaid home and community-based services frail elderly waiver; OAA = Older Americans Act services; SCA = Senior Care Act services. The index of service use for the total older adult population is always 1.0.

Table 2 provides the index of service use for adults aged 60+ and 85+ with low income by geographic category and type of service compared to all older adults in Kansas. As presented

in Table 2, rural/low income older adults are relatively underserved if compared to low income populations in either urban or midsize counties. Specifically, adults aged 60+ who were rural and low income received any HCBS/FE, OAA, or SCA service at 1.9 times the rate of the general population in Kansas compared to the rates of adults 60+ with low incomes in midsize (2.6) and urban counties (4.4). Rural adults 85+ who were low income received services at similar rates as the general population (1.1) compared to adults 85+ in midsize (1.6) and urban counties (2.0). For rural adults aged 60+ with low incomes, HCBS/FE services were utilized at a rate 7.1 times the general population, OAA services were utilized at 1.6 times the general population, and SCA services were utilized at 2.8 times the general population.

Mapping and GIS Techniques

After calculating the service use index for each county in Kansas using the calculation as described in Figure 1, we mapped this standardized measure of service utilization for older adults living in each county relative to the total older adult population. We utilized ESRI's ArcMap 10.0 software to create a map that allowed us to examine geographical differences across counties. Figure 2 illustrates differences related to assessments. The shading of counties represents the county's delineation of rural, urban, or midsize with rural counties indicated by the darkest shading. In addition, the counties with the largest circles represent counties with the largest index of service use (1.7 or higher). Therefore, it is possible to look at the number of darkly shaded counties (rural) with a large dot (index of service use of 1.7 or higher) as compared to the number of lightly shaded counties (urban) with a large dot in order to examine the trend in penetration rates. As shown, there was considerable geographical variability in the service use index across counties. Further, the index of service use in most urban counties was less than one (as indicated by the smallest dot), meaning that older adults in these counties were assessed at a rate lower than the state average.

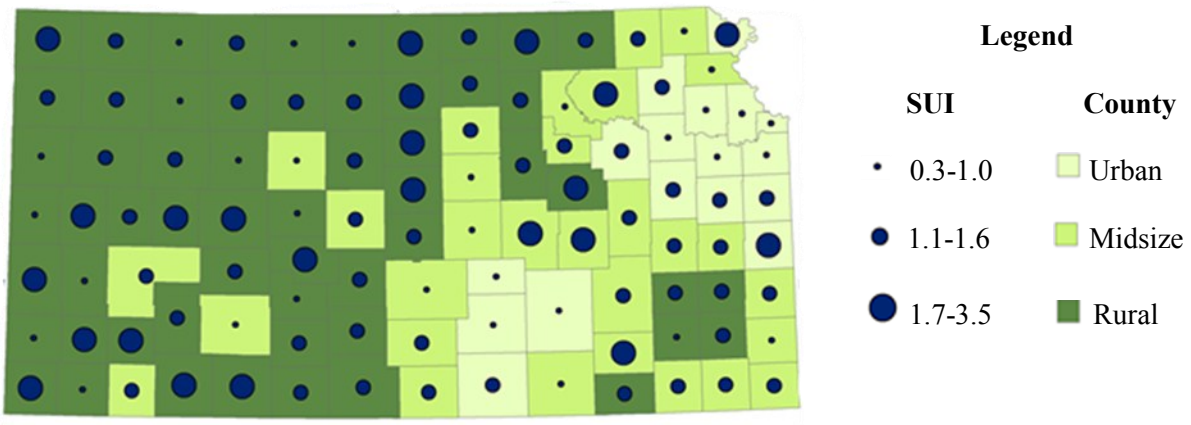

Figure 2. County-level service use indexes on assessments for adults aged 60 and older in rural, midsize, and urban counties compared to the total population aged 60 and older. Overall index of service use for adults 60+ = 1.5 in rural counties; 1.1 in midsize counties; 0.8 in urban counties.

Mapping the service use index by county made it possible to visualize the geographic locations with high and low service utilization for older adults in each county relative to all older adults. GIS techniques provide an important tool for quickly and efficiently visualizing these differences in utilization across counties, which was informative for raising awareness of differences in service utilization.

In our case example, we utilized county as a meaningful measure of geography due to the geographic boundaries assigned to each AAA and the division of work within most AAAs by county. However, the specific geographic area of interest (e.g., county, census tracts, or other socially constructed community boundaries) should be determined carefully by the agency staff using the service use index. If assigned arbitrarily, practitioners and administrators could make inferences that lead to erroneous conclusions. One concern worth noting regarding the aggregation of individual level data into spatial patterns was identified as the "modifiable areal unit problem" by Openshaw (1984). Hayward and Parent (2009) found that poverty rates were statistically different based on how area units were divided (i.e., county vs. tract vs. district). In analysis of other variables, we saw greater variability between counties than was seen at the AAA and state-level. Given the potential for vastly different interpretations of geographical phenomenon, the agency has to decide whether political boundaries such as counties are meaningful or whether more detailed boundaries need to be defined in order to provide meaningful results.

While the county level of specificity was very useful for the examination of trends looking at service utilization by rurality, the methods and techniques described in this article could easily be used to examine service utilization within smaller (or larger) geographic areas—as well as to examine a vast array of services and population. For example, if AAAs have baseline data by county for members of racial or ethnic minority groups, it might be useful to examine the service use index at the level of census tract or city. The reasoning for looking at the smaller areal units would be that interventions and outreach strategies are often implemented at that level and then expanded outward to the county and eventually to the entire AAA. The service providers are the people who can determine the meaning and implications of data that highlights differences in service utilization.

Benefits of the Service Use Index and Mapping Using GIS Techniques

The tools presented in this article (i.e., the service use index and mapping using GIS techniques) can benefit researchers, practitioners, community leaders, and policymakers in many ways. By using agency service data and publically accessible census data, this tool provided an easy to understand method for communicating to service agencies and policymakers the utilization of services of a specific group relative to the larger population. By mapping the service use index in each county, it was possible to visualize and quickly identify counties with higher utilization rates as well as counties with lower rates, which indicates a need to look more closely at service utilization in those areas. County-level service use indexes and a statewide map provided a valuable starting point for discussions with AAA case managers. Thus, one of the primary benefits of the tools presented in this article (i.e., the service use index and mapping) is that they are easily understood by social workers, community leaders, and policymakers. Further, these tools can be used by social workers to provide preliminary answers about whether services are reaching their intended target groups.

Importantly, the use of this tool by itself clearly will not indicate whether services are adequate or what factors may be influencing utilization patterns. Rather, the service use index is a tool that can help motivate and focus examination of patterns of service utilization. By examining service utilization at different levels of specificity, social service agencies can learn a great deal about the different groups who utilize their services and the geographic patterns of service utilization (Higgs, 2009). After calculating the service use index and displaying these data on maps, stakeholders should carefully examine specific conditions in geographic areas in order to understand the variations noted on the map. This examination could facilitate a better understanding of how to define the communities utilizing specific services, which Coulton (2005) identifies as an important component for enabling change. Additionally, it could ensure that the aggregation of individual level data into spatial patterns is not resulting in a skewed understanding of service utilization patterns, as cautioned by Openshaw (1984) and demonstrated by Hayward and Parent (2009).

Useful practice and outreach strategies identified in geographic areas already serving a comparatively higher proportion of individuals in a particular group could be used to inform social work practices in areas with lower utilization rates (e.g., Dulin et al., 2010; Han & Stone, 2007; Queralt & Witte, 1998; Wong & Hillier, 2001). Service agencies can identify areas that warrant further study to determine potential factors influencing the lower utilization rates (e.g., Arcury et al., 2005). Additionally, since the service use index does not reflect differences in the actual need for services or the proportion of individuals who would benefit from services, social workers and administrators should draw on their knowledge of service needs and expected trends in service utilization for particular groups to make conclusions about the adequacy of service access and utilization. Thus, the calculation and mapping of the service use index provides social service agencies with a useful tool for identifying areas that need further exploration to determine factors influencing service utilization.

Especially at times when social service budgets are tightening, health and social service agencies need strategies for understanding the services provided by their agency and identifying any differences in service utilization among groups they serve (McLafferty, 2003). The service use index coupled with GIS techniques provides a way for agencies to identify differences in service utilization and effectively illustrate findings to staff, the community, funding agencies, and policymakers. This information can be used to help policymakers more quickly identify areas where subgroups may be underserved and, when combined with practice knowledge, can be yet another tool to help garner funding for services to groups in need.

Monitoring Service Use

In this case example, we calculated the community-based long-term care service use index for older adults living in rural counties relative to the total older adult population at one point in time. This creates baseline data that can be used in the future to determine changes in service utilization rates for this particular group of older adults relative to the total population. Once baseline data are collected, the calculation of the service use index on a regular basis can alert service providers to changes that may occur as the population of older adults increases or decreases in number within a particular geographic area. Additionally, this follow-up analysis can be used to understand the outcome of reductions or additions to service agency budgets. We

plan to complete a follow-up analysis of service utilization among this group now that the 2010 Census data are available.

The lag in census data updates was a limitation for our study in that the census information was somewhat dated. However, changes in the census as a mechanism for collecting information about population characteristics now means numbers will be reported more frequently. With the Census Bureau's implementation of the American Community Survey in 2005, population characteristics and other information previously collected on the decennial census long form are now available on a yearly basis. These yearly updates of population characteristics will increase the accuracy of the data and the viability of the service use index as a meaningful measure of service utilization for agencies, communities, and policymakers. The collection of accurate longitudinal data on service utilization patterns will be valuable for agencies, communities, and policymakers.

Conclusion

This conceptual article presented a cross-sectional examination of service agency data combined with census data to create a service use index and provide baseline data for the AAAs as they continue to work to improve services to older adults. This application of GIS technology using maps can enhance delivery, administration, and evaluation of social services. Examining the service use index at a future date will help agencies determine whether and how service use has changed. Our intent in writing this article was to demonstrate how a service use index could be calculated, mapped, and tracked over time to provide social workers with new tools to improve service delivery to older adults in a wide variety of service arenas. Further, service providers and policymakers across fields of service and target populations can use the techniques explicated in this article for calculating and mapping service use to illustrate geographic variations in service usage as a first step in developing policies and programs to reduce service gaps and disparities.

References

Arcury, T. A., Gesler, W. M., Preisser, J. S., Sherman, J., Spencer, J., & Perin, J. (2005). The effects of geography and spatial behavior on health care utilization among the residents of a rural region. *Health Services Research, 40*(1), 135-156.

Coulton, C. (2005). The place of community in social work practice research: Conceptual and methodological developments. *Social Work Research, 29*(2), 73-86.

Dulin, M. F., Ludden, T. M., Tapp, H., Blackwell, J., Urquieta de Hernandez, B., Smith, H. A., & Furuseth, O. J. (2010). Using geographic information systems (GIS) to understand a community's primary care needs. *Journal of the American Board of Family Medicine, 23*(1), 13-21.

Felke, T. P. (2006). Geographic information systems: Potential uses in social work education and practice. *Journal of Evidence-Based Social Work, 3*(3/4), 103-113.

Goins, R. T., & Hobbs, G. (2001). Distribution and utilization of home- and community-based long-term care services for the elderly in North Carolina. *Journal of Aging & Social Policy, 12*(3), 23-42.

Goodchild, M. F., & Janelle, D. G. (2004). Thinking spatially in the social sciences. In M. F. Goodchild & D. G. Janelle (Eds.), *Spatially integrated social science: Spatial information systems* (pp. 3-17). New York: Oxford University Press.

Han, M., & Stone, S. (2007). Access to psycho-social services among pregnant and parenting teens: Generating questions using youth reports and GIS mapping techniques. *Child and Youth Care Forum, 36*(5-6), 213-224.

Hayward, P., & Parent, J. (2009). Modeling the influence of the modifiable areal unit problem (MAUP) on poverty in Pennsylvania. *The Pennsylvania Geographer, 47*(1), 120-135.

Higgs, G. (2009). The role of GIS for health utilization studies: Literature review. *Health Services and Outcomes Research Methodology, 9*(2), 84-99.

Hillier, A. (2007). Why social work needs mapping. *Journal of Social Work Education, 43*(2), 205-222.

Hirshorn, B. A., & Stewart, J. E. (2003). Geographic information systems in community-based gerontological research and practice. *Journal of Applied Gerontology, 22*(1), 134-151.

Hoefer, R. A., Hoefer, R. M., & Tobias, R. A. (1994). Geographic information systems and human services. *Journal of Community Practice, 1*(3), 113-128.

Huxhold, W. E. (1991). *An introduction to urban geographic information systems*. New York: Oxford University Press.

Kansas Department for Aging and Disability Services (KDADS). (2012). *Programs and services*. Retrieved from http://www.kdads.ks.gov/Services/Services_Index.html#s

Lo, C. P., & Yeung, A. K. W. (2007). *Concepts and techniques of geographic information systems* (2nd ed.). Upper Saddle River, NJ: Pearson Prentice Hall.

McLafferty, S. L. (2003). GIS and health care. *Annual Review of Public Health, 24*, 25-42.

Openshaw, S. (1984). *The modifiable areal unit problem.* Norwich, England: Geo Books.

Queralt, M., & Witte, A. D. (1998). A map for you? Geographic information systems in the social services. *Social Work, 43*(5), 455-469.

U.S. Census Bureau. (2000). *Decennial Census of the population and housing, 2000 Census.* Washington, DC: Author.

U.S. Department of Agriculture, Economic Research Service. (2003). *Measuring rurality: Urban influence codes*. Retrieved from http://www.ers.usda.gov/Briefing/Rurality/UrbanInf/

United States Geological Survey. (2007). *Geographic information systems*. Retrieved September 9, 2009 from http://egsc.usgs.gov/isb/pubs/gis_poster/

Wier, K. R., & Robertson, J. G. (1998). Teaching geographic information systems for social work applications. *Journal of Social Work Education, 34*(1), 81-96.

Wong, Y-L. I., & Hillier, A. E. (2001). Evaluating a community-based homelessness prevention program: A geographic information system approach. *Administration in Social Work, 25*(4), 21-45.

Authors' Contact Information

Rosemary K. Chapin, PhD
Office of Aging and Long Term Care, School of Social Welfare
University of Kansas
Email: rchapin@ku.edu
Phone: (785) 864-8941

Beth Anne Baca, PhD Student, MSW
School of Social Welfare
University of Kansas
Email: bbaca@ku.edu

Skye N. Leedahl, PhD Candidate, MA
Office of Aging and Long Term Care, School of Social Welfare
University of Kansas
Email: skyel@ku.edu
Phone: (785) 864-4778

Roxanne Rachlin, MHSA
Office of Aging and Long Term Care, School of Social Welfare
University of Kansas
Email: roxanner@ku.edu
Phone: (785) 864-5867

Xanthippe Wedel, BS
Institute of Policy and Social Research
University of Kansas
Email: xan@ku.edu
Phone: (785) 864-9111

Mary K. Zimmerman, PhD
Department of Sociology and Department of Health Policy and Management,
University of Kansas
Email: mzimmerman@ku.edu
Phone: (785) 864-9413

Authors' Note

This study was funded in part through a contract with the Kansas Department on Aging.

Acknowledgements

We thank Pat Oslund for her technical assistance with managing the data.

Social Work in a Very Rural Place: A Study of Practitioners in the Upper Peninsula of Michigan

Paul Force-Emery Mackie, MSW, PhD
Minnesota State University, Mankato

Abstract. This study focuses on characteristics, challenges, and benefits of practicing social work in the Upper Peninsula (UP) of Michigan. Using a mixed-methods design, data were analyzed to determine demographic descriptors, seek differences between groups, and learn why social workers pursue and remain in social service employment in the UP. In addition, challenges and benefits of rural practice and perceptions of living and working in this region are addressed. Quantitatively, differences were found between younger and older social workers regarding where they currently live and where they grew up, and whether or not they were raised in a rural location. Qualitative findings suggest that professional challenges to practice include responding to the effects of persistent poverty and unemployment, lack of specialty care for children and families, and inadequate transportation. Benefits of practice include quality community experiences, proximity to familial systems, and professional connectedness.

Keywords: labor force, pragmatic analysis, rural social work

Michigan's Upper Peninsula (UP) is a geographically remote and isolated region of the United States comprised of 15 counties. Bordered on the north by Lake Superior and south by Lakes Michigan and Huron, it is a landmass approximately equal to the states of Rhode Island, Delaware, Connecticut, and New Jersey combined. However, the UP contains a population of only about 299,000 people spread across 16,420 square miles (US Census, 2011a). The population density of the UP ranges from a low of 4.3 people per square mile in Keweenaw County, to a high of 35.8 in Dickinson County, and three of the 15 counties are designated "frontier," meaning, they contain fewer than seven people per square mile (see Ciarlo & Zelarney, 2000). The UP represents one-third of Michigan's land mass, but contains only 3% of the state's population (Ulrich, 2010). This is a big, sparsely populated place and it is difficult to identify a more rural place in the Eastern United States. If the UP were a state, it would be the only one in the union 100% rural.

Along with geographic uniqueness, the UP is historically distinctive as well. In the late 1800s through the early 1900s, large numbers of European immigrants came to work in the lumbering and mining industries (DeMark, 1997; Loukinen, 1997), and these influences remain embedded within the sub-culture today. Natural resource extraction continues to shape the economy and the people, and has evolved to become part of the fabric of the region which may be defined by boom and bust economies, a sense of communion with the land, and a set of shared experiences. Today, this composite of people (commonly called "Yoopers") continue to live in a region geographically and politically isolated, harsh in climate, and often impoverished.

Many Yoopers depend on social services to meet basic needs (Hilton & DeJong, 2010; Hoyum, 2009; Prusi, 2011a, 2011b). But who are the social workers of the Upper Peninsula providing these services? What are the challenges and benefits of practicing here? What might we learn from them to better understand social service labor force issues in other extremely rural areas? The purpose of this paper is to investigate challenges and benefits of social work practice in a highly isolated region with the expectation that these findings can advance the knowledge of rural practice across a broader landscape. Using a mixed-methods research design, questions were asked regarding why social workers work in this area, how they came to be there, why they work in the UP, the challenges they face, and benefits they experience.

Literature Review

Social Issues in the UP

A review of the literature indicates that the existence of social problems in the UP is comparable to social problems found in other locations (Connell & Kole, 1999; Hilton & DeJong, 2010; Ulrich, 2010). For example, the overall 2009 UP poverty rates are comparable to the State of Michigan's levels (15.8% and 16.1%, respectfully), and higher than the national average of 14.3% (U.S. Census Bureau, 2011a). Furthermore, family poverty rates in the UP with children under the age of 18 in the household are problematic, with 17% of these families living below the poverty line between 2005 and 2009, which is higher than Michigan (16.4%) as well as national (15.3%) averages. Perhaps more troubling are the poverty rates among single-headed (predominately female) households with children under 18. Here, the rate of poverty rises to 46%, compared to state (40.6%) and national (37.1%) rates (U.S. Census Bureau, 2011b). Clearly, poverty is a problem across this region, especially among single-headed households with children.

Transportation is challenging in the UP. Based on where one resides, the distance to a Metropolitan Statistical Area (MSA) can be as close as approximately 60 miles (Menominee, Michigan to Green Bay, Wisconsin) to as far as 110 miles (Ironwood, Michigan to Duluth, Minnesota). But this does not tell the broader story—these are distances to MSA's in other states and from the borders of the UP, not major population centers in Michigan or from the interior of the UP. A resident of the region can be as close as 235 miles or as far as 540 miles from the state capital and up to 600 miles to Michigan's largest city, Detroit. For social workers needing to travel for employment purposes (e.g., trainings, continuing education, etc.) to more urban locations, these distances can be challenging.

Homelessness in the UP is problematic. A study of homelessness was conducted by Hilton and DeJong (2010) who identified several different types of homelessness ranging from brief and episodic to long term and chronic. These authors learned that many of the participants were families with children struggling to find a way out of this precarious state. They conclude that homelessness in the UP is widespread but at the same time, many homeless families are reluctant to leave.

But who are these Yoopers generally, and why do people live and stay here? Ulrich (2010) conducted a review of Upper Peninsula residents and identified many findings. For example, Ulrich found that whereas 88% of the 1,008 Yoopers surveyed stated that they plan to stay in the UP for the next five years, the overall population of the region continues to decline

annually. Among those stating they might leave in the future, the most common reasons were lack of employment and high energy costs—each an indicator of economics (as opposed to life-style, political processes, attitudes, or belief systems). Ulrich (2010) also found that about 80% of adults stated they would advise teenagers to leave the UP to seek better job and educational opportunities. This creates a conundrum—if the majority of adults believe that to have a better life youth must leave the UP, and if those youth do so, the region risks experiencing a "brain drain" with each graduating high school class. This represents a loss of human capital that is at least difficult, and perhaps impossible, to recapture over time.

Rural Social Worker Supply and Availability

Mackie and Simpson (2007) conducted a study comparing undergraduate social work students originally from rural and urban areas in Minnesota and Michigan, seeking differences between groups regarding where students grew up and their interest in working in a rural area upon graduation. Findings suggest that students who grew up in rural areas were significantly more likely to seek employment in a rural area compared to those from urban areas. This study included a qualitative component to learn why respondents may feel the way that they do. Rural-raised participants stated that they prefer the quality of life rural areas provide, regional familiarity, and an attachment to a lifestyle they understand. Additionally, many rural students felt that they would have greater employment opportunities in rural areas as they perceive employment in urban areas as more competitive (see also Phillips, Quinn, & Heitkamp, 2010).

In related research, Mackie (2007) compared rural and urban social workers from a national sample, and found that those practicing in rural areas were more likely to have grown up in a rural area, completed a field practicum in a rural-based agency, and been exposed to rural-specific curriculum. Again, the concept of "familiarity" reemerges—those who grow up in rural areas appear more comfortable with a rural lifestyle. Both groups (rural and urban students) from the Mackie (2007) and the Mackie and Simpson (2007) study perceive "rural" and "rural lifestyle" differently. Whereas those who grew up in urban areas often feel that there are fewer social and cultural activities in rural areas (and view this as negative), those who grew up in rural locations are less likely to see rural areas as lacking social and cultural opportunities. This may be explained by rural-raised individuals being more sophisticated in their knowledge of the happenings of rural life, but also raises a deeper possibility—perhaps rural-raised individuals calibrate their social expectations differently than those who grew up in an urban place. Regardless of what explanation is most accurate, there are considerably fewer people in rural areas. Among those people, only a few who complete college degrees will do so in social work, leaving rural areas with too few social workers to respond to community needs (Daley & Avant, 1999; Holzer, Goldsmith, & Ciarlo, 2000; President's New Freedom Commission on Mental Health, 2003).

Some higher education opportunities exist in the UP, with three universities and two community colleges. However, there is currently only one Council on Social Work Education (CSWE) accredited BSW program, which graduates approximately 40-50 students per year, along with one CSWE accredited part-time, distance education-based MSW program, with 30-40 students graduating every third year. The demand for social workers in this region may not be met by local educational facilities. While some online MSW programs exist, it is difficult

to assess the impact due to a lack of knowledge of how many Yoopers may be receiving an education through this educational medium.

Given what we currently know about the UP, it seems logical to study those who are currently practicing social work there and learn about the uniqueness of this population. Having a deeper understanding about Yooper social workers may assist in identifying challenges and benefits of being a social worker in such an isolated area. Did they choose to work here, or was employment "accidental?" Why do those who stay, remain? What do the challenges and benefits of practice look like in such a remote place? What other factors may contribute to a social worker wanting to initially seek and eventually remain here?

Method

Research Questions

The following research questions were investigated in this study:

1. What are demographic, gender, or age differences among UP social workers?
2. What do UP social workers define as challenges associated with living and working in this region?
3. What do UP social workers define as benefits associated with living and working in this region?

Data Collection

Data for this study were collected using mailed pencil-and-paper surveys (see Appendix A) and through face-to-face interviews (see Appendix B). Survey participants were identified using a convenience sample from a list of 83 names, emails, and physical addresses of BSW field supervisors, as provided by the department of Social Work at Northern Michigan University. An additional 142 names, emails, and physical addresses of social workers across all of the 15 counties in the UP were obtained from the Michigan chapter of the National Association of Social Workers. A total of 225 social workers were mailed surveys and responses were anonymous. Using a modified method for survey distribution (Dillman, 2000), one week before the surveys were mailed all subjects were emailed a detailed description of the study and an invitation to participate. One week after the surveys were mailed, subjects received a reminder email thanking those who had already completed the survey and encouraging those who had not, to please consider doing so. In total, 87 surveys were returned (response rate = 39%). Due to incomplete data or being undeliverable, six surveys were deemed unusable and were removed from the sample for a final total of 81 respondents.

Face-to-face interviews were conducted with 12 social workers across five UP counties (male = 5 (42%); female = 7 (58%); μ age = 40.75; age range = 23-63). Interviewees were identified using a snowball method of identifying key informants and then seeking referrals to others (Biernacki & Waldorf, 1981). Interviews were semi-structured and informed by data collected from the survey. Survey responses were used to identify elements deemed important for further investigation in the interviews. Each participant was provided a copy of the consent

form, with information outlining the purpose of the study as well as contact information for the Institutional Review Board (IRB), which approved this project. Interviews lasted between one and a half and two hours.

Data Analysis

Quantitative data were analyzed using SPSS software to generate both descriptive and univariate results. Qualitative, open-ended survey questions were analyzed using Pragmatic Analysis (Patton, 1988). According to Patton, Pragmatic Analysis allows researchers to efficiently analyze respondents' answers to open-ended questions. Responses were typed into a grid, allowing the researcher to code connected concepts and establish categories, themes, and sub-themes that emerged from the data.

Face-to-face interview data were analyzed using Inductive Analysis (Patton, 1990). Inductive Analysis allows the researcher to ask questions loosely guided by findings from survey responses, and is designed to "discover important categories, dimensions, and interrelationships," (Patton, 1990, p. 40) without starting from a deductive or *a priori* perspective. This allowed for a triangulation of survey, open-ended, and interview data to achieve richer overall findings. Interviewees were encouraged to expand on the general questions through the interviewer's use of probing questions. All interviews were recorded using pen and paper, and responses were later typed into a grid and analyzed using the same category/theme/sub-theme coding technique that was applied to open-ended survey questions.

Results

Quantitative Survey Findings

Quantitative data consisted of demographic and compared-group findings. Tables 1 and 2 show that as a group, approximately two-thirds of sampled social workers grew up in rural areas, and the age of males ($\mu = 50.66$, $SD = 11.76$) was similar to that of females ($\mu = 51.58$, $SD = 10.01$). This sample asked for the highest degree held by respondents, with the understanding that some likely held both BSW and MSW degrees. Nine of those with a MSW degree also held a BSW degree, accounting for the difference of the number of responses and associated percentages reported. Respondents reporting non-social work degrees were reviewed and determined to have been "grand-parented" in as social workers when Michigan enacted degree and licensing requirements. MSW degreed social workers were overrepresented in the sample (MSW highest degree, $n = 55$, 68.8%; BSW highest degree, $n = 12$, 27%; Other (non-social work degree), $n = 3$, 4.2%).

Findings suggest that about one-third of BSW ($n = 18$, 33.3%) and under half of MSW ($n = 18$, 38.3%) degreed social workers were exposed to rural curriculum content during their education, and about half completed a field practicum in a rural area (BSW, $n = 28$, 52.8%; MSW, $n = 25$, 54.3%), further supporting related research (see Mackie, 2007). Additionally, respondents are currently located an average of about 300 miles from where they completed their undergraduate and graduate degrees, indicating that at a minimum, social workers in the UP appear to travel to obtain their degrees, perhaps due to the limited access to MSW education in the UP.

Table 1

Demographic and Comparative Findings Between UP Social Workers

Categories	$\bar{x}$	*SD*	*n*	%	Range
Gender					
Male	50.66	11.76	34		
Female	51.58	10.01	36		
Highest degree earned					
BSW			12	27.0	
MSW			55	68.8	
*Other			3	4.2	
Grew up in rural area?					
Yes			45	66.2	
No			23	33.8	
Distance to nearest urban area (>50,000) (in miles)	162.67	85.20			400
Population of county where currently employed	34,453	22,855			72,000
Current distance (in miles) from where degree earned					
Undergraduate degree	239.02	219.41	51		750
Graduate degree	321.86	244.78	43		1200

Note. $N = 81$. *Other = BA/BS, MA/MS, Doctorate.

Table 2

Educational Background of UP Social Workers

	Yes *(n)*	%	No *(n)*	%	Don't recall *(n)*	%
Undergraduate						
Coursework included rural specific content?	18	33.3	29	53.7	7	13.0
Completed practicum in rural area?	28	52.8	25	47.2		
Graduate						
Coursework included rural specific content?	18	38.3	28	59.6	1	2.1
Completed practicum in rural area?	25	54.3	21	45.7		

Note. $N = 81$.

No significant differences were found between gender or degree levels when measured against the following variables: (a) size of community where worker grew up, (b) distance now from where worker grew up, (c) did the worker grow up in a rural area, (d) undergraduate-level coursework in rural concepts, (d) undergraduate-level rural or urban practicum location, (e) graduate-level coursework in rural concepts, and (f) graduate-level rural or urban practicum location.

While no gender differences were identified, differences were found between younger and older workers among some variables (see Tables 3 and 4). Note that "younger" and "older" workers were categorized by those above and below the median age (41.5 years). Younger workers' ages ranged between 23-41 and older workers' ages ranged from 42–71 years. Based on these findings, younger workers live closer to where they grew up ($\mu = 1.15$, $SD = .376$) compared to older workers ($\mu = 1.49$, $SD = .505$, $t = -2.252$, $p < .05$), and were more likely to have grown up in a rural area ($\mu = 1.00$, $SD = .000$) compared to their older counterparts ($\mu = 1.42$, $SD = .497$, $t = 2.991$, $p = .01$).

Table 3

Gender Differences Between UP Social Workers

	Male ($n = 33$)		Female ($n = 35$)		
	$\bar{x}$	*SD*	$\bar{x}$	*SD*	*t*
Size of community where raised	3.85	2.54	4.69	2.82	1.285 (NS)
Now live reasonable distance from where raised	1.52	.508	1.32	.482	-1.436 (NS)
Consider where grew up as rural	1.39	.496	1.29	.458	-.935 (NS)
Undergraduate coursework included rural content	1.70	.542	1.89	.751	1.039 (NS)
Undergraduate practicum completed in rural area	1.58	.504	1.52	.643	-.367 (NS)
Graduate coursework included rural content	1.61	.499	1.67	.565	.372 (NS)
Graduate practicum completed in rural area	1.50	.512	1.42	.504	-.556 (NS)

Note. $N = 68$. NS = Not Significant.

Table 4

Age Differences Between UP Social Workers

	Younger (n = 13)		Older (n = 53)		
	$\bar{x}$	*SD*	$\bar{x}$	*SD*	*t*
Size of community where raised	4.77	1.48	4.23	2.93	.645 (NS)
Now live reasonable distance from where raised	1.15	.376	1.49	.505	-2.252*
Consider where you grew up as rural	1.00	.000	1.42	.497	-2.991**
Undergraduate coursework included rural specific content	2.00	.667	1.76	.656	1.029 (NS)
Undergraduate practicum completed in rural area	1.30	.483	1.61	.586	-1.544 (NS)
Graduate coursework included rural content	1.86	.690	1.59	.498	1.232 (NS)
Graduate practicum completed in rural area	1.29	.488	1.49	.506	-.974 (NS)

Note. N = 66. NS = Not Significant
*$p < .05$, **$p < .01$

These findings suggest that younger workers are more likely regionally affiliated, meaning they grew up in or near the UP and thus, more likely to have grown up in a rural area. Conversely, older workers appear to have grown up further away and are less likely to have grown up in a rural area. One plausible interpretation (when combined with data from open-ended survey questions and interviews) is that older workers may represent a group who gravitated to the UP for lifestyle reasons, professional reasons, or both. Perhaps those who have been practicing social work in the UP over time (older workers) have self-selected and actively chosen to work and remain here, whereas younger workers are here because this is where they are from and they are still early in their careers. Over time, current younger workers may leave the area or exit the social work profession. This may suggest that if employers seek longevity among social workers in the UP, it may be beneficial to specifically recruit people attracted to living in the region.

Open-Ended Survey and Interview Findings

Findings from the open-ended survey questions and interviews expose several unique characteristics and attitudes among UP social workers. Note that interview findings largely mirrored information gathered in the open-ended questions. Therefore, the two data sets were conflated and interview findings and quotes were added to highlight survey findings.

Benefits to living and working in the UP. Benefits to living and working in the UP were viewed as important components to better understanding why social workers seek out and remain in this isolated region. Findings suggest that often, the most powerful predictors to why social workers live and work here center on quality of life, familiarity with the region and components of the region, and satisfaction in the workplace. Specifically, these workers focused on the rural lifestyle as being a critical component. Closely following is the desire to either be close to family or to raise children in a place perceived as safe and nurturing. Only after discussing these quality of life elements did social workers turn to employment opportunities in the UP, though this did emerge as an important element as well. Figure 1 represents three categories, themes, and sub-themes which emerged from this study.

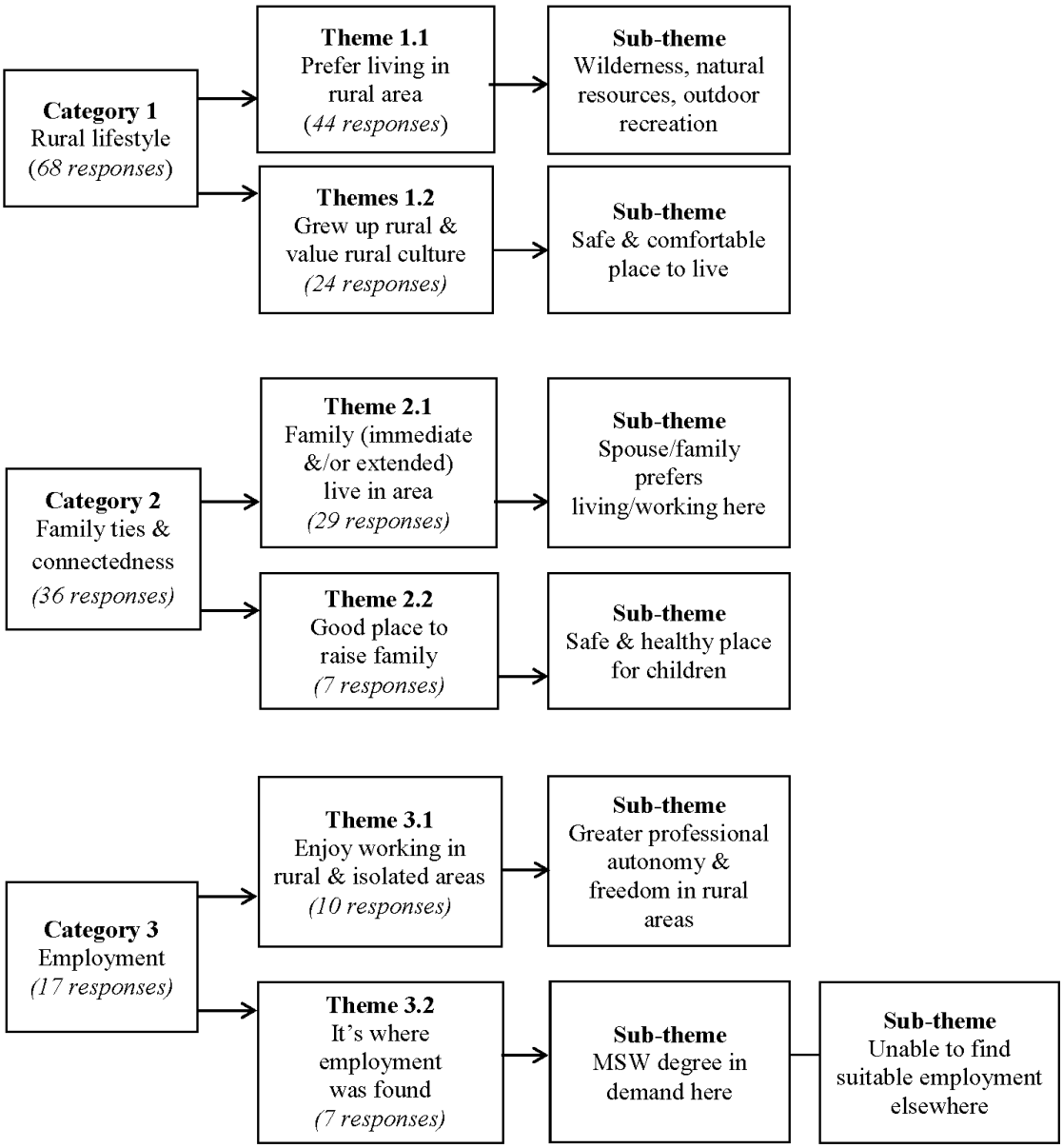

Figure 1. Benefits to living and working in the UP. *N* = 72.

Category 1, *Rural Lifestyle*, was the most commonly noted reason for seeking and remaining in this geographic area, with this category being selected a total of 68 times in the survey responses. Two themes (1.1 and 1.2) identified within Rural Lifestyle emerged: *prefer living in a rural place* and *grew up rural and value the culture*. Respondents shared that they simply prefer to live in a rural rather than an urban environment. They also stated that having grown up in a rural environment allowed them an understanding of rural culture—a culture they prefer to live in. Respondents focused on personal safety and the wilderness (the UP is predominately forested with large tracts of state and federal public lands) as important components. Several respondents shared how they enjoy hunting, fishing, hiking, and related activities living in the UP affords them. Regarding safety, many shared that they feel safer living in the UP and believe this is a place of low crime and less violence compared to urban areas. Interviewees also often cited this as an important component for why they live and work in the UP. For example, the following reasons were shared:

- I feel connected here—grew up here. I know the people and there is a comfort and safety in that. It's important to me to be in a place where I'm able to help people I know and care about.

- There is a focus on a sense of community here, it's fun here, outdoorsy, the people are friendly. It's a proud place with proud people. I like that.

- I like the sanity, privacy, and time I get to recharge here. I'm basically an introvert and need time in the woods to regain perspective. The environment is peaceful, and there is an opportunity to see things here you can't elsewhere. I enjoy being a part of nature.

- Outdoor recreation is available within minutes such as hiking, canoeing, camping, and skiing.

Category 2 identified *family ties and connectedness* as important. Two themes emerged: *family lives in the area* and *good place to raise a family*. Respondents stated that it is important to be close to family (implying that they not only grew up in *a* rural area but are from *this* rural area). However, many others reported that they are in the UP because their spouse (almost exclusively a husband) is from the area or prefers living here. The second theme identified how workers view the UP as a good place to raise children and consider it as safer for children compared to urban areas. Interview data show that raising children in a safe environment and being close to family is sought after and a strong reason for living in the UP. In support of these findings, social workers reported the following statements:

- I grew up here and understand the area, even though I moved to and lived in big cities in my life, I came back. When I was 18 I wanted to leave this Podunk little town but over time that changed—especially after having children. It's a safe community and that was important in my decision to return.

- It's a great place to raise my children because of the support of the community. They [respondent's children] learn the value of community and helping here. They learn to appreciate helping others.

- I grew up in the UP in a small town and was the first in my family to go to college. The UP is my culture—rural. Being born and raised here it never occurred to me to consider really going anywhere else. For me, living in the UP is safe and family oriented.

Category 3 focused on *employment*. Respondents shared that they enjoy working in a rural environment as it allows for more professional freedom, autonomy, and the ability to practice more independently. Respondents shared that rural agencies are typically smaller in size, professional responsibilities are broader in scope, and organizations are less bureaucratic. Some also shared that freedom and autonomy is an extension of the Yooper culture—it is a place where individualism is valued. Conversely, urban agencies are perceived as more bureaucratic, rigid, impersonal, and professionally restrictive (Theme 3.1). Regarding general employment opportunities (Theme 3.2), reasons given for this response focused on lack of job opportunities in more populated areas and how the MSW degree is in higher demand across the UP. In support of these findings, respondents shared the following:

- Compared to urban areas, there is more respect for my education here.

- The people are so thankful and with it being a smaller community, it's a friendly atmosphere. You get to help your neighbors and see the differences you make with clients. Maybe they [clients] are more appreciative of quality services and your efforts.

- The work environment is open and friendly; colleagues are dedicated and support each other. The challenges of creative problem solving to meet client needs—I do see this as a reward to working here.

- Autonomy—I'm distant from the main office and have nobody looking over my shoulder. Clients really appreciate my services . . . I see clients of all ages with all types of mental health problems. I get to be creative and use a wide variety of interventions.

Challenges to living and working in the UP. Living and working in the UP has certain challenges associated with this remote and isolated land. As one respondent succinctly stated, the UP "often has too little and is too far away." Respondents shared their experiences with the challenges associated with transportation, the seemingly never ending need for services and lack of resources to provide for those needs, professional challenges, and problems associated with a stressed rural economy. Often, these challenges fuse together. Examples of this are found in professional challenges where continuing education and transportation and distance fuse together, or how the lack of transportation among clients compromises (and even jeopardizes) their ability to receive services, which in turn creates additional stress within their lives. Figure 2 displays the four categories, themes, and sub-themes derived from this study.

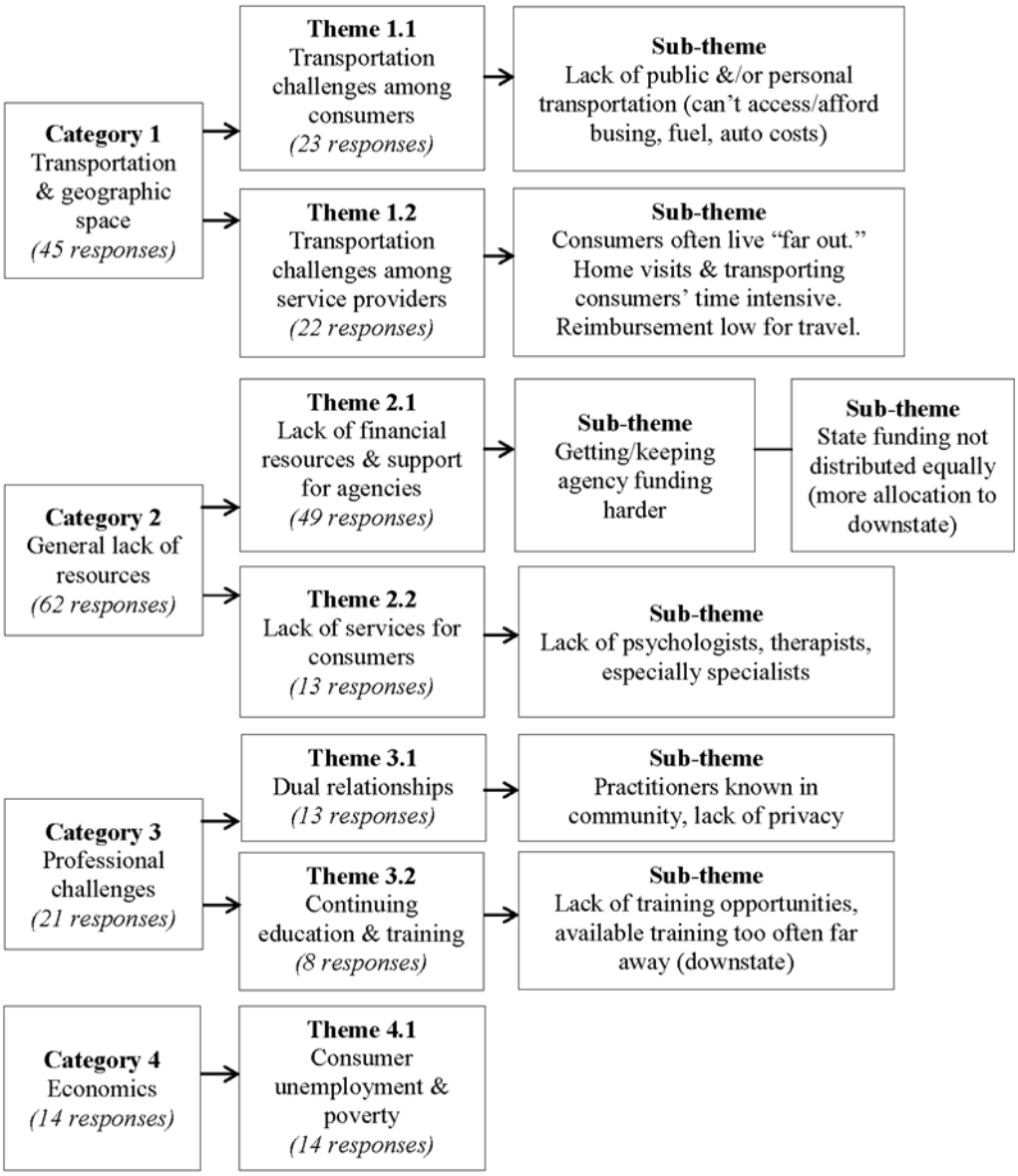

Figure 2. Challenges of living and working in the UP. $N = 73$.

Category 1 identified *transportation* and *geographic space* as common problems. Social workers reported how transportation and the challenges associated with large catchment areas are problematic for both workers and consumers. For the worker, reimbursements for time, fuel, and even the vehicle they use are all often inadequate. Respondents also referred to the phenomenon of "windshield time." Simply getting to and from a single consumer can be a several-hour event due to the amount of time it takes "behind the windshield." This in turn creates staffing problems in that much time is lost due to travel. Consumers face these distance challenges as well. Consumers often lack transportation or when they have it, cannot afford to properly maintain a vehicle. Workers ported that this is especially problematic for

families in poverty needing to shuttle children to and from appointments and activities. Respondents' reported several challenges surrounding transportation and the geography of the UP. For example:

- I supervised seven programs in a family services agency across the UP. It was 350-400 miles between program locations. I had to drive three to four hours to supervise and train social workers. Travel and distance are huge challenges.

- From the hospital, patient discharge planning was a challenge. They [patients] would struggle to get to intake meetings due to transportation problems, so we would write in 'transportation problems' into their treatment plan. When they didn't get to the intake meeting due to their transportation problem, they would be seen as non-compliant and lose services.

- There is a shortage of public transportation, help to pay for gas, and long distances to travel for clients to get to appointments. It was hard on me too. Before I became an 'office-based social worker' I would drive 3,000 or more miles per month as a "home-based" therapist!

Category 2 focuses on a *general lack of resources*. Workers state that most social service programs have experienced noticeable budget cuts over the past several years, which further limits workers' ability to provide services. One worker shared, "The UP is treated like an outpost colony by the State of Michigan" regarding budget allocations, and another stated, "Programs that are administered downstate will receive allocations and funding . . . and then not share much to UP agencies included in their budgets." Another problem is the lack of access to primary and mental health care providers to consumers. Workers often cited the need for more psychologists, psychiatrists, and therapists—especially for specialty services such as those focusing on children, youth, families, and the elderly. These findings were supported during the interviews as well, with respondents stating:

- There is a lack of peers for social workers, and it is very hard to have professional supports here because of the distance of social workers between each other and too few peers to begin with. This a real challenge for us.

- The generational poverty here is astounding. The ability for people to get out of poverty is low—they get stuck in poverty here that that is where they stay, which turns into generational poverty. And it's getting worse. This recession we are in has reduced opportunities for the poor. There are just less resources to help them—lack of transportation assistance, lack of money, lack of access to education. It's all here and it's pretty bad.

- Funding for services is a major issue. Some counties don't even have to resources anymore to support family reunification services. Sometimes we can't even do our jobs.

- State funds are not equally distributed across counties and most social service dollars stay downstate. We go without simply because we are up here and not down there.

- There is only one psychiatrist in town and his waiting period is usually three or more months. Services for mental health care are especially limited for folks with no insurance.

Category 3 focused on *professional* challenges, specifically regarding the themes of *dual relationships* (Theme 3.1) and the lack of *continuing education and training* (Theme 3.2). The challenge of dual relationships in rural areas is not new, and has been identified as an ongoing problem (Mayer, 2005; Reamer, 2003). Not surprisingly, social workers report how challenging it can be to "separate from the job "as well. One recommended response to this problem is through continuing education and training focused on this concern (Croxton, Jayaratne, & Mattison, 2002), but according to social workers in the UP, this is more difficult. We learn in sub-theme of Theme 3.2 that the lack of accessible training and continuing education is identified this as a serious concern. Respondents' shared the following:

- Professional training opportunities are almost always held downstate. For child protection workers, this means we have to complete nine weeks of state-mandated training; six of these nine weeks in-class . . . about a seven hour drive from here. This means we leave our work and families for over three weeks at a time at least twice. We have to be gone a lot for these trainings.

- It's unique that we are closer to the state capital of Minnesota than to Lansing, but we have to go to downstate places such as Lansing, Detroit, or Battle Creek for most of our training and CEUs. Continuing education is a real issue here. DHS continuing education is different because they do their own trainings and this is usually downstate. Other social workers need continuing ed as well and typically need to go downstate to get it. Here you have to be more creative in how you get your continuing ed hours. You have to settle for what you can get, and often can't get what you need to actually become a better practitioner.

Addressing dual relationships, UP social workers acknowledged how living and working in small population communities can present challenges. For example:

- [There is a] lack of privacy. It's easy for clients to find your residence, recognize your vehicle—call you at home during non-working hours. HIPPA doesn't exist here for you, your family, or your clients.

- It is much more difficult to avoid being in social situations—churches, neighborhoods, schools, with clients or potential clients. You see them more frequently at stores and at community events. Confidentiality is much more difficult to maintain.

- Everyone is related some way to another among those who did not leave the area. Very difficult to have a personal life with social relations as most people are involved in church or are otherwise affiliated with companies or services that then result in conflicts of interest such as having a plumber or electrician as a client.

- Here, you feel like you get to know everyone and all of their little secrets.

Category 4 identifies the challenges associated with *economics*. Respondents stated that high rates of poverty and unemployment plague the region and contribute to a vast array of social problems. For example, lower tax bases common among smaller UP communities limit school districts and counties in providing services to children and youth. The poverty of the region is seen as a constant contributing factor to many of the other challenges already identified. Respondent shared the following observations:

- It's difficult to witness the hardships of the working poor or those with chronic illnesses who are unable to afford needed medical equipment—things that make clients' lives more comfortable.

- Health insurance only reimburses PhDs or psychiatrists, not me. This creates funding challenges for my agency.

- There is a lack of community providers who can see clients without insurance. Once they [clients] have exhausted the brief treatment option, they are done.

- . . . our community mental health was discontinued due to budget cuts. This leaves agencies with clients showing more mental health issues, but most of these clients do not meet the assessment criteria the agency uses, so they get left out.

- Communities are tapped out for resources to help. Patients often get referred to the Mayo Clinic in Rochester [Minnesota] but we don't have the money to send them and neither do they. Also, we often have to send kids to Grand Rapids [Michigan] for psychiatric assessments, and that's expensive!

Based on these findings, it is clear that social workers in the UP face a multitude of professional challenges that are at times, impossible for them to adequately address. The effects of poverty, lack of transportation, few specialty mental health services, difficulty accessing services that are available, and limited training opportunities contribute to workers' frustrations.

The Interviews

Findings from face-to-face interviews were largely similar to those collected in the open-ended questions in the survey and thus were conflated into the findings above to further

support and highlight the information presented. However, these interviews did provide greater depth of understanding around three specific areas not otherwise identified by survey respondents: a need for improvements in child and family service system delivery, a lack of services to alleviate homelessness, and challenges associated with helping returning Veterans. Interviewees' expressed serious concerns about the lack of services for each of these groups across multiple system levels. Specifically addressing problems associated with child and family services, interviewees reported on a lack of foster care options, access to children's mental health providers, parent training, services addressing childhood poverty, and a lack of stable housing options were expressed. For example, one interviewee stated:

> There is no juvenile detention center here, so my family services program has to take youth who are charged with a crime even though we are not funded for or equipped to do that. We place these youth in foster care until they are sentenced, sent to the youth detention center in St. Ignace [Michigan] about four hours away from here, or given a non-incarceration sentence. The worst part is that youth who commit crimes here are also often in need of psychiatric services. The closest services of this type are over 100 miles from us and often, they do not have space even if we can get the youth to them.

Housing instability and homelessness among families with children was often identified as serious, ongoing, and increasing. Social workers often expressed frustrations regarding working with families and children, especially among those either homeless or at-risk of becoming so. Working with families to address poverty-related challenges, and working to create healthy and safe living environments for children also emerged as serious concerns. For example, interviewees stated:

- . . . homelessness, especially among families, is a challenge given that there are little to no services for them. It's hard here—there is a lot of poverty.

- The most challenging problem right now I think is the lack of homeless services. There are two homeless shelter options in our area, and one is a domestic violence center and the other is overstressed and unable to respond to current demands. Homelessness is getting worse here.

Military Veterans, especially those deployed to Iraq and Afghanistan, were seen as an "invisible population" in the UP. Social workers reported how they sometimes come into contact with Veterans but are unprepared to respond to their needs. Interviewees reported that most Veteran contact is through secondary processes, meaning, they are responding to a concern and then find that a Veteran is involved in the dynamic. Unfortunately, many do not know how to provide adequate services or even where to refer the Veteran. For example:

- The needs of returning Veterans are not being met here. Vets have to go far away for services—the closest VA therapist is about 100 miles away and this is the closest access we have, and the waiting period is long.

- We have Vets hiding out in the woods here, an invisible population. They came home, couldn't adjust, and are now living in deer camps, makeshift

> structures, or are just drifting around homeless. I hear about it but can't do anything—I work with children and families. Sometimes I learn about someone struggling because I am working with a family with a Vet but that isn't my area so there isn't much I can do.

Synthesis of Findings

Synthesizing these data shows that UP social workers identified several reasons why they do what they do here. Regarding challenges, it is clear that poverty is a constant "hum in the wire," and one that creates complications across a variety of system levels. For example, providers expressed considerable frustration regarding their work with children and families. It is apparent that they lack access to much needed specialty services for families and children, and children often go untreated or under-treated for serious conditions. When coupled with transportation challenges, it becomes clear that social workers and clients alike do their best to survive with too few resources and too little support, but are more dependent upon the community and natural support systems than what might be found in more populated areas. However, many benefits were identified and appear centered on the lifestyle the UP affords. Social workers who like the challenges of rural practice, prefer outdoor activities, are from the UP or other rural areas, and/or want to work in a place where professional autonomy is supported and even expected may see working in the UP as more positive.

Discussion and Implications

This study sought to identify unique qualities, attitudes, and perceptions regarding social workers in an extremely rural region of the United States. Social workers are challenged by the effects of chronic poverty and unemployment, the lack of access to social service resources, adequate transportation, geographic distance, and access to specialty care services. Through these stories, we learn that too often those who are most negatively impacted are also those most vulnerable—families with children. However, we also learn that while most workers recognize how the needs of specific populations (such as children) go unmet, there are also cultural aspects embedded within the community that are overlooked, such as the sharing nature of community members; an informal systems approach to meeting peoples' needs. At the same time, concerns regarding dual relationships and professional isolation intersect in an interesting way. Some social workers express their frustration around being recognized in the community—in the grocery store, at school events, and at social gatherings, but at the same time, also struggle to develop professional relationships with others due to geographic distance and the nature of living in an isolated place.

Social workers here are unique and may essentially "self-select" as members of this community. Many are from the UP and among those not specifically from the region; a majority of these social workers are from a rural area. As such, there was considerable expression toward wanting to provide for people here; some because Yoopers want to help Yoopers, and others because they enjoy living and working here. This is an important finding in that it further supports past findings suggesting that social workers in rural regions are more likely to have originated from rural areas (Mackie, 2007; Mackie & Simpson, 2007).

Limitations and Suggestions

Findings from a study such as this must be approached with a certain caution as this was a regional investigation and a broad generalization of this information is at best, limited. Survey data were collected from a convenience sample and interviews were conducted with a small group. However, it is important to note that the survey sample included 81 respondents and in-depth interviews were held with 12 social workers. At a minimum, insights into the lives of UP social workers and descriptions of their shared experiences were obtained. Further studies should be more inclusive to increase generalizability of findings.

Several questions emerged from this study. It is clear that families and children struggle here, but this study only skims the surface of these problems. As a study of social workers (and not families), this investigation was able to identify what social workers see as challenges, but the voices of the children and families of the UP were not heard here. Closely related, this study investigated UP social workers from a general perspective. Future studies could focus more specifically on unique challenges such as child welfare and family stabilization.

Another concern that emerged is the problem of homelessness. Social workers were quick to identify this as a real and chronic problem, but aside from the Hilton and DeJong (2010) study, what is known about living conditions, the social and psychological impacts, or even an accurate rate of homelessness among Yoopers remains limited. Given the severity and complexity of homelessness, future studies could better identify needs so as to develop more effective responses.

Policy suggestions abound. Yooper social workers stated that they feel that the State of Michigan often minimizes their needs and does not allocate resources at the same rate as what is provided in more populated areas. There is a need to reevaluate how allocations are made, resources distributed, and services provided across the UP, regardless of the geographic remoteness associated with it. Most of the social workers surveyed and interviewed appear to be here because they want to be here. However, the development of social workers begins with education, and currently there is a lack of social work education opportunities in the UP where the region can "grow their own." The State of Michigan could better support the future supply of rural social workers through the expansion of social work education at both the undergraduate and graduate levels. This may in turn increase the ability to strengthen the workforce with professionals more likely to remain in practice over time.

References

Biernacki, P., & Waldorf, D. (1981). Snowball sampling: Problems and techniques of chain referral sampling. *Sociological Methods & Research*, *10*(2), 141-163.

Ciarlo, J. A., & Zelarney, P. T. (2000). Focusing on "frontier": Isolated rural America. *Journal of the Washington Academy of Sciences, 86*(3), 1-24. Retrieved from http://www.washacadsci.org/Journal/journalscans/v.86-1-4.pdf

Connell, C. M., & Kole, S. L. (1999). Increasing community capacity to respond to dementing illnesses: Process evaluation of the community outreach education program. *The Journal of Applied Gerontology, 18*(3), 305-324. doi:10.1177//073346489901800303

Croxton, T., Jayaratne, S., & Mattison, D. (2002). Social work practice behaviors and beliefs: Rural-urban differences? *Advances in Social Work, 3*(2), 117-132.

Daley, M. R., & Avant, F. L. (1999). Attracting and retaining professionals for social work practice in rural areas: An example from east Texas. In I. B. Carlton-LaNey, R. L. Edwards, & P. Nelson Reid (Eds.), *Preserving and strengthening small towns and rural communities* (pp. 335-345). Washington, DC: National Association of Social Workers.

DeMark, J. (1997). Iron mining and immigrants: Negaunee and Ishpeming. In R. M. Magnaghi & M. T. Marsden (Eds.), *A sense of place—Michigan's Upper Peninsula: Essays in honor of William and Margery Vandament*. Marquette, MI: Northern Michigan University Press.

Dillman, D. A. (2000). *Mail and internet surveys: The tailored design method* (2nd ed.). New York: John Wiley & Sons.

Hilton, T., & DeJong, C. (2010). Homeless in God's country: Coping strategies and felt experiences of the rural homeless. *Journal of Ethnographic and Qualitative Research, 5*(1), 12-30.

Holzer, C. E., III, Goldsmith, H. F., Ciarlo, J. A. (2000). The availability of health and mental health providers by population density. *Journal of the Washington Academy of Sciences, 86*(3), 25-34.

Hoyum, K. (2009, January 13). Report: Child abuse, neglect up in region. *The Marquette MiningJournal*. Retrieved from http://www.miningjournal.net/page/content.detail/id/521121/Report--child-abuse-neglect-up-in-region.html

Loukinen, M. (1997). Cultural tracks: Finnish Americans in Michigan's Upper Peninsula. In R. M. Magnaghi & M. T. Marsden (Eds.), *A sense of place—Michigan's Upper Peninsula: Essays in honor of William and Margery Vandament*. Marquette, MI: Northern Michigan University Press.

Mackie, P. F. E. (2007). Understanding the educational and demographic differences between rural and urban social workers. *Journal of Baccalaureate Social Work, 12*(2), 114-128.

Mackie, P. F. E., & Simpson, C. (2007). Factors influencing social work students' perceptions about rural-based practice: A pilot study. *Journal of Rural Mental Health, 31*(2), 5-22.

Mayer, L. M. (2005). Professional boundaries in dual relationships: A social work dilemma. *Journal of Social Work Values & Ethics, 2*(2). Retrieved from http://www.socialworker.com/jswve/content/view/25/

Patton, M. Q. (1988). Paradigms and pragmatism. In D. M. Fetterman (Ed.), *Qualitative approaches to evaluation in education: The silent scientific revolution* (pp. 116-137). New York: Praeger.

Patton, M. Q. (1990). Qualitative evaluation and research methods (2nd ed). Newbury Park, CA: Sage Publications.

Phillips, A., Quinn, A., & Heitkamp, T. (2010). Who wants to do rural social work? Student perceptions of rural social work practice. *Contemporary Rural Social Work, 2,* 51-65.

President's New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final Report.* (DHHS Pub. No. SMA-03-3832). Rockville, MD: U.S. department of Health and Human Services.

Prusi, R. (2011a, December 12). Getting through hard times series. Poverty: Need cuts across all ages, areas. *The Marquette Mining Journal*. Retrieved from http://www.miningjournal.net/page/content.detail/id/570046/Getting-through-hard-times series.html

Prusi, R. (2011b, December 14). Getting through hard times series. Poverty: Retirement is a nightmare. *The Marquette Mining Journal*. Retrieved from http://www.miningjournal.net/page/content.detail/id/570128/Getting-through-hard-times series.html

Reamer, F. G. (2003). Boundary issues in social work: Managing dual relationships. *Social Work, 48*(1), 121-133.

Ulrich, J. D. (2010). *How Yoopers see the future of their communities: Why residents leave or stay in Michigan's Upper Peninsula* (Policy Brief No. 17). Durham, NH: The Carsey Institute, University of New Hampshire. Retrieved from http://www.carseyinstitute.unh.edu/CarseySearch/search.php?id=55

U.S. Census Bureau. (2011a). *State and county quickfacts: Michigan*. Retrieved November 11, 2011 from http://quickfacts.census.gov/qfd/states/26000.html

U.S. Census Bureau. (2011b). *American fact finder: Poverty status in the past 12 months of families: 2005-2009 American community survey 5-year estimates*. Retrieved October 30, 2011 from http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_09_5YR_S1702&prodType=table

Author's Note

Paul Force-Emery Mackie, MSW, PhD, is Associate Professor and BSSW Program Director in the Department of Social Work at Minnesota State University, Mankato. He can be reached at 358 Trafton Science Center North, Minnesota State University, Mankato, Mankato, MN 56001, (507) 389-6335, paul.mackie@mnsu.edu

Appendix A

Challenges, Rewards, and Complexities associated with Delivering Social Services in Rural Areas Survey

Thank you agreeing to participate in this research. This study focuses on developing a better understanding about challenges and rewards associated with working as a social service provider in rural areas. Due to your rural location, you were selected to participate in this research. Please note that this survey is a confidential document and as such, your identity will be protected.

1. Are you currently employed as a social service provider in a rural area? (as you define "rural area"):
   a. Yes_____ No_____ (If No, please do not continue. Thank you for participating. PLEASE return this survey to proctor).
2. Your age in years: _____ (If under the age of 18, do not continue. Thank you participating. PLEASE return this survey proctor in the envelope provided).
3. Approximate population of the county/catchment area your agency primarily serves? _____
4. Approximate distance (in miles) from your workplace to the nearest city with a population of 50,000 or more residents: _____
5. Your gender: _____
6. Your education (please check highest degree earned only):
   b. Less than a bachelor degree _____
   c. BS/BA _____
   d. MS/MA _____
   e. BSW/BSSW _____
   f. MSW/MSSW _____
   g. Doctorate _____
   h. Other _____ (please describe_____)
7. Please check the choice below that best describes the approximate size of the community where you are **currently employed**:
   a. 50,000 or more _____
   b. 49,999 – 25,000 _____
   c. 24,999 – 10,000 _____
   d. 9,999 – 5,000 _____
   e. 4,999 – 2,500 _____
   f. 2,499 – 1,000 _____
   g. 999 – 500 _____
   h. 249 or fewer _____

8. Please check the choice below that best describes the approximate size of the community where you **grew up**:

a. 50,000 or more	_____	f. 2,499 – 1,000	_____
b. 49,999 – 25,000	_____	g. 999 – 500	_____
c. 24,999 – 10,000	_____	h. 249 or fewer	_____
d. 9,999 – 5,000	_____	i. Rural, but not a farm	_____
e. 4,999 – 2,500	_____	j. Rural, farm	_____

9. Do you consider where you grew up as a "rural area"? Yes _____ No _____

10. From where you live now, approximately how many miles are you away from where you grew up? _____

11. Number of years you have worked as a social service provider in a rural setting: _____

12. Total number of years you have worked as a social service provider in any setting (rural + urban): _____

13. Number of years you have been working at your current place of employment: _____

14. Please check the choice that best describes your agency:

a. Federal social service provider (non-Native American based agency) _____

b. Federal social service provider (Native American based agency) _____

c. County based social service provider _____

d. Public (not otherwise defined) social services provider _____

e. Private, non-profit social service provider _____

f. Other _____ (Please describe _____)

15. Do you live within what you would consider a reasonable driving distance from where you grew up? Yes _____ No_____

16. How far do you live from where you grew up (in approximate miles): _____

17. Please describe reasons why you <u>initially</u> chose to work in a rural area:

_____

_____

_____

_____

18. Please describe reasons why you have chosen to continue to work in a rural area:

_____

_____

_____

_____

19. Have you ever considered leaving social services practice in a rural practice for a more urban location? Yes _____ No _____

(**IF YES**, PLEASE ANSWER QUESTION #18. **IF NO**, PLEASE SKIP TO QUESTION #19)

20. Please describe the reasons why you have considered leaving social service practice:

_____

_____

_____

_____

21. Looking back on your undergraduate level education, did you:

a. Take courses that incorporated rural concepts into the coursework?
Yes _____ No _____ Do not recall _____ NA _____

b. Complete a field practicum located in a rural area?
Yes _____ No _____ Do not recall _____ NA _____

22. Looking back on your graduate level education, did you:

a. Take courses that incorporated rural concepts into the coursework?
Yes _____ No _____ Do not recall _____ NA _____

b. Complete a field practicum located in a rural area?
Yes _____ No _____ Do not recall _____ NA _____

23. **IF** you completed a practicum in a rural area, were you offered employment upon completion of your practicum? Yes _____ No _____ NA_____

24. **IF** you answered **YES** to question 22 (you were offered employment by the rural-located practicum agency upon completion of your field experience), did you accept the position?
Yes _____ No _____ NA _____

25. **IF** you answered **YES** to question 23 (you accepted an employment offer from the rural-located agency where you completed your practicum), please describe why you did so:

26. **IF** you answered **NO** to question 23 (you were offered employment by the rural-located agency where you completed your field experience), please describe why you DID NOT accept this position:

27. What would describe as the greatest challenges to working in a rural area?

28. What would you describe as the greatest rewards to working in a rural area?

Thank you for completing this survey. Please return it in the self-addressed stamped envelope as soon as possible.

Appendix B

Challenges, Rewards, and Complexities associated with Delivering Social Services in Rural Areas Questionnaire (Face-to-Face Interview Instrument)

This questionnaire addresses questions associated with Dr. Paul Mackie's research concerning challenges, rewards, and complexities associated with delivering social services in rural areas. Interviews will be conducted by Dr. Mackie, and will be limited to the scope of this investigation. Each participant will have completed the consent form before being interviewed, which is kept on file by Dr. Mackie.

INTERVIEW QUESTIONS

1. What is your age? _____ (asked to seek generational differences)
2. Gender? _____
3. What degrees do you currently hold?_____
4. Did you experience the following during your college education:
    a. Completed a field practicum in a rural area? YES _____ NO _____
    b. Been exposed to rural educational content in the classroom? YES _____ NO _____
5. Are you currently working on a degree? YES _____ NO _____
   If yes, please describe:
   _____
6. What type of agency do you work in and what do you do there?
   _____
   _____
7. How long (in years) have you been a social service worker? How long (in years) have you been working as a social service provider in rural areas?
    a. Been social worker total (years)_____
    b. Been social worker in rural area total (years)_____
8. Please describe your personal background regarding where you grew up. Did you grow up in a rural, suburban, or urban area? What was the population of your community growing up?
    a. If you grew up in a **rural** area, please describe how that experience may have influenced (if it did at all) your decision to work in a rural area:

b. If you grew up in an **urban** area, please describe how that experience may have influenced (if it did at all) your decision to work in a rural area:

c. If you grew up in a suburban area, please describe how that experience may have influenced (if it did at all) your decision to work in a rural area:

9. Do you currently **live** in a rural area? If YES, what adjectives (descriptive words) would you use to describe **living** in a rural area? Feel free to share as many as you wish.

   a. Please discuss the 2- 3 most important adjectives you described above. (*To researcher, seek probing questions as follow-up to this question*).

10. What adjectives would you use to describe **working** in a rural area? Feel free to share as many as you wish.

    a. Please discuss the 2- 3 most important adjectives you described above. (*To researcher, seek probing questions as follow-up to this question*).

11. Please describe challenges you experience **living** in a rural area:

12. Please describe joys you experience **living** in a rural area:

13. Please describe challenges you experience **working** as a social service provider in a rural area:

14. Please describe joys you experience **working** as a social service provider in a rural area:

15. Please describe challenges you experience in your specific workplace:

16. Please describe joys/benefits you experience in your specific workplace:

17. Do you feel "connected" to your community? Explain.

18. What do you feel is unique about working as a social service provider in a rural area?

19. Do you plan to leave where you are now for a more urban location anytime in the future? Explain:

20. If you plan to leave where you are now for a more urban location anytime in the future, is it for professional reasons, personal reasons, or both? Explain:

21. Is there any other information you would like to share about your experiences as a social service provider working in a rural area?

22. Are there any questions you wish to as of me before we conclude this interview?

23. May I re-contact you if I have further questions about the information you have provided?

    Yes _____
    No _____

Thank you very much for participating in this research. Please feel free to contact me with any further questions *(provide a business card or other form of contact information to participant)*.

A Comparison of Nursing Homes in Rural and Urban Communities in Indiana

Michelle Emery Blake, Erin M. Fordyce, and Hanns G. Pieper
University of Evansville

Abstract. *The growing number of elderly persons in U.S. society—the "Graying of America"—increases the urgency of making available the resources needed to ensure optimum quality of life for all seniors. When families are no longer able to meet their loved one's needs, it becomes necessary to consider the possibility of long-term care. Often, families face this decision without the information they need in order to make an informed choice. The researchers utilized a four-tiered categorization to compare nursing homes in most rural, rural, urban and most urban counties in Indiana. The Medicare website (http://www.medicare.gov/) addresses issues of staffing, number of Medicare/Medicaid beds, and quality ratings. The authors discussed implications for elderly residents of rural counties in Indiana and encouraged further research to determine the extent to which their findings may be generalized to the continental U.S.*

Keywords: long-term care, quality of care, rural elderly

One of the challenges faced by social service providers in rural communities is the availability of quality resource referrals. For those working in gerontological or health care settings, this may mean assisting clients and their families in the selection of long-term care facilities. Many families are understandably concerned about the level of care and quality of life in available facilities.

The present study, supported by the University of Evansville Gerontology Resource Center, was designed for the purposes of examining the general quality of long-term care available in the state of Indiana and for comparing differences between facilities located in rural and urban counties. The preliminary review of literature suggested that rural facilities were confronted with a special set of challenges which could adversely affect the quality of care. However, our findings suggest that—at least in Indiana—the reverse may be true. While the data from which our analysis was conducted do not offer causative explanations, they do allow for comparison across such factors as: (a) overall quality of care; (b) staffing; (c) health inspections, and the frequency and severity of any violations; (d) number of beds; (e) ownership; (f) participation in Medicare and Medicaid; (g) emotional well-being of residents; and (h) physical care as measured by rates of pressure sores, urinary tract infections, and the use of physical restraints.

Our purpose was not to assess the quality of individual homes. Rather, the study compared aggregate information by county groups designated most rural, rural, urban, and most urban using the protocol described later in this paper. From this we were able to consider possible correlations between geographic location and quality of care.

Review of Literature

Any discussion of gerontological healthcare in rural communities should be grounded in recognition of the trend for disproportionately high rates of elderly persons to reside in these areas. The availability of and access to resources are potential issues, as well as distance from younger family members, who may have left the community for employment or other reasons (Averill, 2003; Folts, Muir, & Nash, 2005; Kang, Meng, & Miller, 2011; Vissing, Salloway, & Siress, 1994). These authors further described community issues that affect the well-being of rural seniors, such as disproportionate rates of poverty and a lack of suitable housing (Folts et al., 2005). Additionally, Folts et al. (2005) noted that 24% of all persons over 65 live in rural areas, compared with 21% of the total population, and 21% of rural elders could be described as poor, compared with just over 10% of all U.S. elders (pp. 44-45). Vissing and colleagues (1994) underscored the importance of relationship and trust in working with elders in rural community. Yoon (2006) reiterated the importance of spirituality as a means of maximizing the well-being of rural elders. Certainly these are factors to consider as one examines the availability of long-term care in rural communities.

Rural nursing homes tend to have fewer beds, with a larger percentage of homes falling below the Centers for Medicare and Medicaid Services (CMS). This suggests nurse-staffing thresholds and fewer specialized services. The elderly living in rural areas have limited access to long-term care and, therefore, fewer options from which to choose. Geographic barriers place them at a significant disadvantage if they reside in a location that is far from available nursing homes (Hutchinson, Hawes, & Williams, 2005). The same authors noted an earlier study by Phillips, Hawes, and Leyk Williams, who found that rural nursing homes were often smaller than those located in urban areas, more likely to be non-profit or government owned, and likely to depend on Medicaid rather than Medicare. Bolin, Phillips, and Hawes (2006) reiterated the lower percentage of Medicare admissions among rural nursing homes, and noted that residents in rural communities were more likely to have been admitted from home.

Indiana could be considered a mostly rural state, and studies show that the state's nursing homes have been performing well below the national average. Indiana ranks last in the nation in terms of the time Certified Nursing Assistants (CNAs) spend with residents. Hours spent by RNs do not rank much higher. Close to 10% of Indiana nursing homes were ranked among the "most poorly performing" in the country (Gillers, Evans, Nichols, & Alesia, 2010).

There are several factors contributing to the supposed poor quality of care in nursing homes. The most commonly cited factors are a shortage of staffing and inadequate government reimbursement rates. Nursing home owners have been criticized for increasing profits at the cost of quality care. Indiana has one of the highest percentages of for-profit nursing homes, which often means lower staffing and higher employee turnover rates. Profit status may be a predictive factor in overall quality of care. Grabowski and Stevenson (2008) found that when for-profit homes converted to non-profit ownership, a higher quality of care was often observed, with the reverse being the case in facilities that changed from non-profit to for-profit status. Simons (2006) found that social service directors in non-profit facilities tended to be better credentialed than their counterparts in for-profit agencies.

CNAs in Indiana spend less than 15 hours per week with each resident, with CNAs in for-profit homes averaging 1.27 fewer hours. This is in contrast to five-star nursing homes, which average over 18 hours of CNA time. Furthermore, Indiana ranks near the bottom (42nd) in RN hours (Gillers et al., 2010). Nurses employed in nursing homes are assigned greater workloads, including housekeeping duties and transporting patients, resulting in lower job satisfaction (Stanton, 2004). For these reasons, nurses are more likely to seek employment in other settings. This shortage of professional care contributes to the increased likelihood of hospitalization among rural nursing home residents (Gessert, Haller, Kane, & Degenholtz, 2006; Kang et al., 2011).

Indiana pays its CNAs slightly below the national average. There is no minimum requirement for the number of CNAs to work in a home, and there is only a required 3.5 hours of licensed nursing care per resident per week. The Code of Federal Regulations requires only one RN to be on duty for at least 8 consecutive hours a day, 7 days a week (42 C.F.R. § 483.30b, 2011; Stanton, 2004).

Low staff numbers are associated with increased incidences of neglect and the use of restraints. Phillips and five colleagues (1996) studied 250 nursing homes from 10 states and found that facilities with low nurse staffing were more likely to restrain residents indicating a substitution for a lack of nurses. They also found that non-profit homes showed a slightly higher percentage of residents restrained as opposed to for-profit and rural areas showed a higher percentage of residents that were restrained (45.4%) compared with urban areas (36.9%).

Methodology

The data for this study were obtained on the Medicare website which can be accessed at http://www.medicare.gov/NHCompare/. This site presents selected information from the most recent inspection results, usually conducted annually for all Medicare and Medicaid certified nursing homes in the United States.

Data for 485 nursing homes in Indiana were compiled for this study. This represents just over 96% of Indiana's Medicare and Medicaid certified nursing homes. Nursing homes associated with hospital settings were excluded from the study because they represent a substantially different environment. Data collection was limited to Indiana because between-state comparisons may not be appropriate in some cases.

Nursing homes were placed into rural/urban categories based on the counties in which they were located. The counties, in turn, were placed into rural/urban categories based on the Index of Relative Rurality utilized by the Indiana Business Research Center of the Kelley School of Business at Indiana University. The scale takes into account four factors: "population, population density, extent of urbanized area, and distance to the nearest metropolitan area" (Indiana Business Research Center, p. 36), resulting in a scale ranging from 0 (*most urban*) to 1 (*most rural*). This served as the basis for the four categories used in the present study: Category I (*most rural*), Category II (*rural*), Category III (*urban*), and Category IV (*most urban*).

Dependent variables examined in the present study included the following: (a) overall care rating, (b) health inspection rating, (c) staffing rating, and (d) quality measures. The four measures were given stars ranging from 1 star (*much below average*) to 5 stars (*much above average*). In addition to these general measures, a number of specific health outcomes were also included to compare rural/urban differences in quality of care. These included the percent of residents with pressure sores, the percent of residents regularly restrained, the percent of residents who exhibited depression or anxiety since their previous assessment, and the percent of residents with urinary tract infections.

Two measures of severity (number of deficiencies rated as 3 or 4 and the number of deficiencies rated as affecting some or many residents) were included. Less serious deficiencies (rated as 1 or 2) or those designated as affecting few residents or posing no immediate threat were excluded from tabular representation. Two measures of staffing (the number of RN and CNA minutes per day per patient) were included in the analysis.

Results

The sample (485 nursing homes) contained just over 96% of Indiana's Medicare and Medicaid certified nursing homes. Of these, 40 were classified as most rural, 135 as rural, 65 as urban, and 245 as most urban. Ninety-four of the nursing homes had 59 or fewer certified beds, 95 had 60-79 beds, 154 had 80-119 beds, and 142 had 120 or more beds. A total of 328 homes were for-profit.

On rating of "overall care", 101 received 1 star, 104 received 2 stars, 107 received 3 stars, 121 received 4 stars, and 51 received 5 stars. On the "health inspection rating" 99 received 1 star, 112 received 2 stars, 115 received 3 stars, 111 received 4 stars, and 47 received 5 stars. On the "staffing rating" 139 received 1 star, 95 received 2 stars, 89 received 3 stars, 138 received 4 stars, and 15 received 5 stars. On the "quality measures" 34 received 1 star, 75 received 2 stars, 112 received 3 stars, 193 received 4 stars, and 69 received 5 stars.

Data were analyzed across all four groupings (*most rural, rural, urban, and most urban*) using chi-square testing. Across groupings, there were substantially more privately owned facilities as shown in Table 1.

Table 1

Relationship Between Type of Ownership and Urban/Rural Status

Type of Ownership	Most Rural %	Rural %	Urban %	Most Urban %	Indiana %
Private (For Profit)	82.5	70.1	76.9	61.6	67.8

Note. Significance level, $p = .01$

Statistically significant results on measures of overall care, health inspection ratings, and staffing were obtained with all four urban/rural categories in the model. Table 2 reflects that, although differences are relatively small, the highest ratings in these three areas belonged to facilities categorized as rural.

Table 2

Relationship Between Overall Care, Health Inspection Ratings, Staffing, and Urban/Rural Status

Facility Category	Overall Care *M*	Health Inspection *M*	Staffing *M*
Most Rural	3.05 Stars	2.86 Stars	2.80 Stars
Rural	3.25 Stars	3.16 Stars	2.84 Stars
Urban	2.96 Stars	2.92 Stars	2.31 Stars
Most Urban	2.56 Stars	2.56 Stars	2.44 Stars

Note. Significance level, $p = .001$

In relation to RN staffing, although differences across categories are small, residents in rural facilities again fare better than their counterparts in other facilities (see Table 3).

Table 3

Relationship Between Number of RN Minutes and Urban/Rural Status

Facility Category	Two Highest RN Staffing Categories %
Most Rural	32.5
Rural	36.8
Urban	29.9
Most Urban	24.2
Indiana	29.2

Note. Significance level, $p = .01$

Finally, although deficiencies obviously occur within all categories, long-term care facilities categorized as rural generally compare favorably with other homes. Serious deficiencies seem not to have affected large numbers of residents. Average numbers of overall deficiencies are lower for facilities in rural and most rural areas than for urban and most urban care centers (see Tables 4, 5, and 6). It should be further noted that facilities considered rural or most rural compare favorably with Indiana as a whole.

Table 4

Average Number of Deficiencies and Percent of Deficiencies Rated 3 or 4 (Highest Two Categories) by Urban/Rural Status

Facility Category	Average Number of Deficiencies	Deficiencies %
Most Rural	8.60	4.65
Rural	8.50	7.12
Urban	11.40	7.04
Most Urban	9.50	8.70
Most Rural + Rural	8.54	5.89
Most Urban + Urban	9.87	7.87

Note. Significance level, $p = .05$

Table 5

Deficiency Ratings and Urban/Rural Status

Facility Category	Two Lowest Deficiency Categories %
Most Rural	65.0
Rural	60.0
Urban	50.7
Most Urban	48.1
Indiana	53.2

Note. $p = .05$

Table 6

Deficiencies Rated 3 or 4, and Number of Deficiencies Affecting "Some" or "Many" Residents and Urban/Rural Settings

Facility Category	One or Fewer 3-4 Ratings %	Some/Many Residents Affected %
Most Rural	87.5	12.5
Rural	80.0	7.40
Urban	79.0	14.6
Most Urban	75.7	24.5
Indiana	78.4	17.2

Note. Rated 3 or 4, $p = .01$. Number of deficiencies affecting "some" or "many" residents, $p = .001$.

Discussion

The findings of this analysis were contrary to the original expectations of the researchers. Higher ratings for homes in the rural groupings in overall quality of care, health inspections, and staffing were slight, yet were statistically significant. Our findings indicated that nursing homes in rural Indiana counties were less likely to have serious deficiencies and deficiencies affecting large numbers of residents than those in urban counties. It is possible that general ratings for the most urban facilities were skewed by one large county with a number of seriously deficient homes. This should be explored in future research.

Across all four categories, 67.8% of nursing homes were owned by for-profit corporations. Church related not-for-profit homes were most frequently found in rural counties (8.2%). Other not-for-profits (22.4%) and government-affiliated homes (10.6%) were most common in counties deemed most urban.

The researchers noted other interesting trends. Across all four categories, 91.5% of the 485 homes surveyed accepted both Medicare and Medicaid. Just over 5% took Medicare only, and these were likely to be in the most urban group. The 3.3% taking only Medicaid were almost evenly divided between most rural (5%) and most urban (4.9%). Significant differences among the four groups were not noted in terms of pressure sores, use of physical restraints, depression and anxiety, and rates of urinary tract infections.

Perhaps most puzzling to the researchers is the lack of apparent correlation among areas that would appear to be closely related. For example, there appears to be no correlation between RN and CNA hours per resident and health inspection ratings, measures of overall care, or the

specific areas mentioned above. Among the inconsistencies noted are the modal Quality Measures rating of 4 stars (193 homes, or 40%) alongside modal Health Inspection rating of 3 stars (23.8%, 115 homes), and Staffing rating of 1 star (29.2%, 139 homes). Across groups, 7-9% of high risk residents were most likely to have bed sores (24.3% of homes). Modal rates of urinary tract infection across groups were 6-8% (24.8% of homes).

It should be noted that baseline rates of depression and anxiety are missing, since the site reports only increases since the previous assessment and does not indicate how this assessment was conducted. Some possible care indicators, such as the use of chemical restraints, are not available through the Medicare site.

It is evident that further research is needed to provide a complete picture of the quality of long term care available to seniors who require it and to assess any differences in quality based on community type. Further research should compare community per capita income with quality of care and differences based on national region. Also of interest would be the comparison of quality of care and percentages of seniors in that area's population. Demographic, educational, and attitudinal differences among care providers should also be considered. Qualitative measures assessing adequacy of care and consumer satisfaction could be obtained through interviews with seniors and their families.

The good news is that long-term care facilities in rural Indiana appear to offer care that equals, and sometimes surpasses, their urban counterparts. Both quantitative and qualitative study is essential to furthering the understanding of the needs of elderly residents and factors that ensure high quality care. Continued observation of these trends will become increasingly important to social service workers in rural, and indeed, in all communities as the baby boomers enter their senior years.

References

Averill, J. (2003). Keys to the puzzle: Recognizing strengths in a rural community. *Public Health Nursing, 20*(6), 449-455.

Bolin, J. N., Phillips, C. D., & Hawes, C. (2006). Differences between newly admitted nursing home residents in rural and nonrural areas in a national sample. *The Gerontologist, 46*(1)*,* 33-41.

Folts, W. E., Muir, K. B., & Nash, B., Jr. (2005). Housing and the older rural population. *Journal of Housing For the Elderly, 19*(1)*,* 41-52.

Gessert, C. E., Haller, I. V., Kane, R. L., & Degenholtz, H. (2006). Rural–urban differences in medical care for nursing home residents with severe dementia at the end of life. *Journal of the American Geriatrics Society, 54*(8), 1199-1205. doi:10.1111/j.1532-5415.2006.00824.x

Gillers, H., Evans, T., Nichols, M., & Alesia, M. (2010, March 7). Crisis of care among state nursing homes. *Indystar.* Retrieved from http://www.indystar.com/article/20100309/NEWS14/3070442/Crisis-care-among-state-nursing-homes

Grabowski, D. C., & Stevenson, D. G. (2008). Ownership conversions and nursing home performance. *Health Services Research, 43*(4)*,* 1184-1203.

Hutchinson, L., Hawes, C., & Williams, L. (2005). Access to quality health services in rural areas-Access to long-term care. In L. Gamm & L. Hutchison (Eds.), *Rural healthy people 2010: A companion document to healthy people 2010* (Vol. 3, pp. 5-30). Retrieved from http://srph.tamhsc.edu/centers/rhp2010/litrev.htm

Kang, Y., Meng, H., & Miller, N. A. (2011). Rurality and nursing home quality: Evidence from the 2004 National Nursing Home Survey. *The Gerontologist, 51*(6)*,* 761-773. doi:10.1093/geront/gnr065

Indiana Business Research Center. (2007). *Unlocking rural competitiveness: The role of regional clusters.* Retrieved from http://www.ibrc.indiana.edu/innovation/reports/unlocking_rural_competitiveness_full_report.pdf

Phillips, C. D., Hawes, C., Mor, V., Fries, B. E., Morris, J. N., & Nennstiel, M. E. (1996). Facility and area variation affecting the use of physical restraints in nursing homes. *Medical Care, 34*(11), 1149-1162.

Requirements for States and Long Term Care Facilities. 42 C.F.R. § 483.30b (2011). Retrieved from http://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol5/pdf/CFR-2011-title42-vol5-sec483-30.pdf

Simons, K. V. (2006). Organizational characteristics influencing nursing home social service directors' qualifications: A national study. *Health & Social Work, 31*(4)*,* 266-274.

Stanton, M. W. (2004). *Hospital nurse staffing and quality of care* (AHRQ Publication No. 04-0029). Retrieved from Agency for Healthcare Research and Quality, U.S. Department of Health & Human Services website: http://www.ahrq.gov/research/nursestaffing/nursestaff.htm

Vissing, Y. M., Salloway, J. C., & Siress, D. L. (1994). Training for expertise versus training for trust: Issues in rural gerontology. *Educational Gerontology, 20*(8)*,* 797-808.

Yoon, D. P. (2006). Factors affecting subjective well-being for rural elderly individuals: The importance of spirituality, religiousness, and social support. *Journal of Religion & Spirituality in Social Work, 25*(2)*,* 59-75. doi:10.1300/J377v25n02_04

Authors' Note

Michelle Emery Blake, a licensed clinical social worker, earned an MSSW from the University of Louisville and a Ph.D. in social work from Florida State University. You may contact her at the Department of Social Work, Austin Peay State University, Clarksville, TN 37044, Telephone: (931) 221-7227, blakem@apsu.edu

Erin M. Fordyce graduated summa cum laude from the University of Evansville in 2010 with a bachelor's degree in Sociology/Criminal Justice. She then accepted a graduate assistantship position from SPEA at IUPUI, where she graduated in May 2012 with a master's degree in Criminal Justice and Public Safety.

Hanns G. Pieper is Professor Emeritus at the University of Evansville and can be reached via email at dp5@evansville.edu.

Acknowledgements

This study was funded by the University of Evansville Gerontology Resource Center.

Rural Domestic Violence: An Interdisciplinary Model for Rural Practice

Britt E. Rhodes
Luther College

Abstract. *Social workers have a long history of modeling the person in environment perspective in rural communities. One issue that is addressed from multiple system levels by social workers in rural areas is domestic violence. The Coordinated Community Response model, developed by the Domestic Abuse Intervention Project in Duluth, MN, focuses on victim safety and offender accountability from a multidimensional interdisciplinary systems perspective and is consistent with social work practice in rural areas. The model's focus on interdisciplinary partnerships makes this a solid model for rural social work practice addressing a range of issues while embracing the person in environment perspective.*

Keywords: coordinated community response, domestic violence, person in environment, rural

The early years of social work in settlement houses embodied a dual perspective that addressed the day to day needs of individuals and families as teachers, brokers, and advocates while simultaneously engaging in activism, planning, outreach, and research. Rural communities, often characterized by sparsely populated geographic areas and fragmented services, desperately require professionals equipped to meet both individual needs and address system change. Thus, social workers are uniquely positioned and skilled at identifying the environmental factors that must be acknowledged in providing services in rural areas.

Social work in rural communities continues to exemplify the person in environment perspective over 120 years after the first settlement house opened in the United States. Practitioners in rural communities consistently work on multiple levels simultaneously. At the National Institute on Social Work and Human Services conference in 2003, Joanne Riebschleger conducted focus groups with 11 rural social work practitioners (Riebschleger, 2007). The results of the focus groups emphasized themes of community, connections, generalist practice, and diversity along with the need for additional research about innovative strategies in rural practice (Riebschleger, 2007). This paper will present one model, Coordinated Community Response, that has been implemented to address the issue of domestic violence in rural areas. Although the model addresses the system response to domestic violence, it has the potential to be adapted to address other issues in rural communities while simultaneously responding to the strengths, challenges, and barriers reported by rural social work practitioners.

Literature Review

Domestic Violence and Social Work in Rural Areas

The last four decades have shown promising attention to addressing the complexities of violence against women. Over the last 15 years three common themes have endured and

represent ongoing barriers for domestic violence survivors in rural areas in the United States: (1) rural isolation (including physical and geographic isolation), (2) service limitations, and (3) the collective attitudes and belief systems in rural areas (Cardarelli, 1997; Kershner & Ferraro, 1998; Krishnan, Hilbert, & VanLeeuwen, 2001; Lichtenstein & Johnson, 2009; Schafer & Giblin, 2010; Turner, 2005). Similarly, social work practitioners in rural areas also describe barriers related to geographic isolation, fragmented or limited services, and the impact of rural stigma (Riebschleger, 2007). Social work provides a solid interpretative lens for understanding the implications of domestic violence for individuals, communities, and the larger society. Specifically, generalist social work practitioners, those trained to work at multiple system levels, are uniquely equipped to understand and address the complexity of rural battering. The dynamics of rural communities require a multifaceted approach that includes both victim services and social change through community outreach, advocacy, program planning, and policy change. A coordinated community response model is one innovative strategy that specifically addresses the strengths and challenges of rural social work practice.

Geographic isolation. Isolation is the most omnipresent theme in the literature on domestic violence in rural communities (Grama, 2000: Krishnan et al., 2001; Turner, 2005). Isolation from supportive social networks as a strategy for perpetrators to maintain power and control over their partners is not unique to rural areas. However, the social isolation of rural women is magnified by physical and geographic isolation in rural areas. Rural communities are often characterized by unpaved roads, significant distance between neighbors and limited access to public transportation. In rural areas, it is not uncommon for women to be 100 miles from the nearest shelter and several miles from the nearest paved road (Grama, 2000). Neighbors might be several miles away in rural areas and thus less likely to alert authorities or provide support (Schafer & Giblin, 2010). Interviews with 102 women in a rural shelter-based study described feelings of physical isolation and limited access to transportation and communication resources (Krishnan et al., 2001). This same theme was also consistent with a single case study in rural Minnesota in which women described never seeing neighbors and only interacting with the community while grocery shopping (Kershner & Ferraro, 1998). Physical and geographic barriers inherent in the landscape of rural communities compound the social isolation experienced by battered women.

Just as the rural geography leads to both social and physical isolation for survivors of domestic violence, this same variable impacts social work practitioners. Social workers in Riebschleger's (2007) focus groups indicated that professional isolation meant that social workers often felt isolated from peers in the field, significant travel time for collaborative meetings, and limited professional support. A model that addresses the geographic isolation felt by both survivors of domestic violence and social work practitioners in rural areas would be critical for rural social work.

Service limitations. Over time, research has noted the challenges faced by rural women in accessing health, mental health and emergency services (Krishnan et al., 2001; Lichtenstein & Johnson, 2009; Schafer & Giblin, 2010; Turner, 2005). A 2001 study of shelter residents in the rural southwest indicated that of the participants who reported physical and emotional abuse, only 50% reported to law enforcement, 35% received medical attention, and less than a

third sought counseling services (Krishnan et al., 2001). Websdale (1997) referred to the White boys' network as a barrier for rural women trying to access emergency services. Over a decade later, the African American women in Lichtenstein and Johnson's (2009) study similarly express frustration over the emergency response in which "domestic violence was treated as a nuisance, a non–crime or a crime in which both parties were arrested as perpetrators" (p. 302).

The perceived lack of anonymity and lack of a critical mass of survivors further complicates the availability and access to services (Schafer & Giblin, 2010). In rural communities people are often related or know each other well and the presence of police scanners in many rural homes and vehicles makes privacy more complicated (Lichtenstein & Johnson, 2009). Victim services such as shelters and other support services specifically designed to meet the needs of domestic violence survivors may be limited due to geography, transportation, and rural attitudes and belief systems (Schafer & Giblin, 2010). When services are available, the perceived lack of confidentiality in rural areas complicates a woman's ability to access services.

Riebschleger's (2007) participants also noted issues related to anonymity and dual relationships. Practitioners in rural areas noted, "nearly everything is connected" (p. 207). This spans not only individuals but services as well. Social workers in rural areas are increasingly aware of the impact of these interlocking systems and the dual relationships that are common in rural practice.

Rural attitudes and belief systems. The final theme emerging from the research on domestic violence in rural communities relates to the myths, attitudes, and beliefs that are pervasive in rural areas and perpetuate violence against women. Over the last two decades numerous studies across the United States describe rural barriers intertwined with conventional beliefs about privacy within the family (Gagne, 1992; Krishnan et al., 2001; Lichtenstein & Johnson, 2009; Websdale, 1995, 1997). A study of battered women in a shelter in the Southwest described the barriers women faced when they felt responsible for the violence and were concerned about causing shame for families that have multiple generations residing in a small community (Krishnan et al., 2001). More recently, Lichtenstein and Johnson (2009) reported that older African American women in the rural Deep South, "were raised to keep the abuse private, not discuss it and to tolerate it" (p. 296). Comments such as these exemplify the rural cultural milieu that has persisted over time and perpetuates the idea that what happens within a family is private and that women are often to blame for the abuse by threatening the family structure.

Understanding rural attitudes and belief systems is central to the work of rural social work practitioners. Social workers in rural communities note the importance of cultivating relationships and understanding the unique dimensions of each rural community in which they work. Riebschleger's (2007) participants describe the importance of "insider group status" in becoming fully trusted in rural communities. This, along with acknowledging the impacts of rural stigma, is critical to social work in rural areas.

Coordinated Community Response Model

The domestic violence movement was born out of the grassroots advocacy work of survivors of domestic violence. The Coordinated Community Response model, developed by the Domestic Abuse Intervention Project in Duluth, MN, represents a movement to formalize interdisciplinary partnerships. Schafer and Giblin's (2010) study of policing intimate partner violence in rural communities' calls attention to the need for formalization of policies and procedures through partnerships between law enforcement and social service providers in rural areas. The Coordinated Community Response model focuses on eight areas of community change: (a) philosophical approaches, (b) standardizing practices, (c) exchange of information, (d) tracking and monitoring, (e) resources for survivors, (f) sanctions for offenders, and (g) needs of child (Pence & McMahon, 1997). Although not all of these areas of change are relevant to other issues in rural communities, the model does create a useful framework to address rural barriers for both practitioners and clients in rural communities.

Case Study: Rural Domestic Violence and Child Victimization Partnership Project

Helping Services for Northeast Iowa has provided services to children, families, and communities since 1974. Originally a help line for teens, the agency has grown to serve a seven county area in northeast Iowa. Services focus on domestic violence and sexual assault, mentoring, substance abuse prevention, and child abuse prevention. In 2005 the agency wrote a proposal to expand services for the isolated victims of domestic violence and their children focusing specifically on addressing the needs of immigrant women in Postville, IA. As stated in the proposal, "With its unique topography of rolling hills and tall limestone bluffs of the Mississippi River, the area is a majestic setting; it also sustains a long-standing and secretive tradition of violence, including domestic violence and child victimization" (Helping Services for Northeast Iowa, 2005, p. 3). According to the U.S. Census in 2000, the total population of the region was 86,603 with 26 people per square mile.

Over a two-year period from 2005-2007 the program established a coordinated community response team to address rural domestic violence. The team was comprised of representatives from the following areas: domestic violence advocates, law enforcement, county attorney, substance abuse treatment, Department of Human Services, clergy, and mental health. Although collaboration among these agencies had been ongoing for over a decade, the partnership formalized the expectations of partners and elevated the sense of accountability.

During the summer of 2008, a follow-up study was conducted to collect data about the implementation, strengths, and weaknesses of the project. Thirteen key informants were identified by the Program Services Director and the Advocate Supervisor. Interviews with staff and community partners described the strengths of the Coordinated Community Response Model in three key areas: creating a common philosophy, standardizing practice, and exchange of information (Rhodes & Fairman, 2009).

Common philosophy. Creating a coherent philosophical approach that emphasizes the safety of the victim(s) is critical (Pence & McMahon, 1997). Sixty-four percent of respondents indicated that they agreed or strongly agreed that agencies have a shared philosophy about

domestic violence which guides the intervention process. The same percentage (64%) agreed or strongly agreed that there were opportunities for conversation about tensions and conflict on different philosophical approaches to addressing domestic violence (Rhodes & Fairman, 2009).

Rural social workers are familiar with the needs and advantages of working in interdisciplinary partnerships. In Riebschleger's (2007) study, participants described the ways in which there appear to be fewer "agency imposed rules . . . less bureaucracy." However, since agencies exist for various purposes and target populations, it is critical for interdisciplinary partnerships to have open conversations about the issue and identify a common underlying philosophical framework that will guide the intervention process.

Standardizing practices. Coordinated community response teams must also establish policies, procedures, and protocols that will be used to standardize the intervention process of the various practitioners that are involved. Standardizing practices and establishing consistent protocols and policies takes into consideration the unique aspects of the community, formal and informal community resources, and the missions and purposes of the organizations involved.

In a study conducted by Rhodes and Fairman (2009) eighty-three percent of participants agreed or strongly agreed that linkages exist to ensure that agency policies complement one another. However, only 54% agreed or strongly agreed that the policies were reviewed and updated to maximize victim safety and only 33% thought they were reviewed and updated to ensure offender accountability (Rhodes & Fairman, 2009). Examples of standardized practices focus primarily on domestic and sexual abuse response teams that focus specifically on case collaboration between law enforcement, advocates, and county attorneys.

Information exchange. Reducing fragmentation is a key component of a coordinated community response and is an important aspect of rural social work practice**.** Geographic distance and professional isolation can be a part of what appears to be a fragmentation of services. Coordinating Councils act as a medium for interagency collaboration and communication (Shepard, 1999).

In a study conducted by Rhodes and Fairman (2009), 83% of respondents indicated there was exchange of information and interagency communication on individual cases. However only 64% thought there was exchange of information and discussion on program and policy decisions regarding domestic violence (Rhodes & Fairman, 2009). Interagency meetings, outreach, "ride-alongs" with police departments, and public awareness campaigns are familiar venues for the exchange of information. Practices such as "ride-alongs" reinforce the importance of becoming familiar, through direct experience, with one another's perspectives and experience with the issue.

Discussion

The Coordinated Community Response Model was designed to address issues of domestic violence. However, in light of the strengths and challenges described by rural social workers, the model is versatile and could be adapted to address other issues. Interdisciplinary teams begin to address some of the professional isolation that social workers experience in rural

communities. Furthermore, the model is responsive to the findings of Schafer and Giblin (2010) in which they suggested that formalizing partnerships between law enforcement and social service providers is a critical strategy for addressing interpersonal violence in rural areas. A coordinated community effort that includes developing a shared philosophy about the issue, standardizing practices, tracking and monitoring progress toward goals (using agreed upon outcome measures), providing effective yet confidential means for information exchange, addressing the needs of vulnerable populations (including children), assessing and providing resources, and providing training and evaluation are consistent with both the person in environment perspective and generalist social work practice. Although the model speaks directly to the issue of domestic violence, there are at least three strategies that can be gleaned from this model and be more broadly applied in rural areas.

First, interdisciplinary teams should go beyond collaboration to have open conversations about the role of each professional's and the agencies' philosophical orientations. This would include why the issue is important to the agency, what the agency has done to address the problem (or similar problems in the past), and what strengths and resources the agency can contribute to the interdisciplinary partnership.

Second, the team should establish policies, procedures, and protocols when necessary that will guide their work together and the referral process. In rural areas, where services can be limited, it is important to know what other services are offered and how to access those services. Riebschleger's (2007) participants indicate that one of the strengths of rural practice is that it is often flexible in who the agency can serve. One participant indicates, "Sometimes I had to find a way to serve a client that our agency might not normally serve because [a colleague from another agency was in a bind]" (p. 209). The ability of practitioners in rural areas to have some flexibility to ensure clients' needs are met should be acknowledged in interdisciplinary teams and seen as a strength of rural practice.

Finally, rural partnerships would also benefit from establishing a system for tracking and monitoring. This might include basic generalist practice strategies such as establishing goals, objectives, action steps, and outcomes for practice. The team should identify both qualitative and quantitative outcome measures that would be evidence of progress towards goals. In the area of domestic violence this includes statistical information on the system's response (i.e., arrests, prosecutions, compliance with batterer's education programs, etc.). Regular reporting and updates would allow interdisciplinary partners to see which goals and action steps have been carried out and which need additional attention. A part of this system would also include establishing a system for the exchange of information and interagency communication.

Conclusion

Shortly after being implemented in Northeast Iowa to address the issue of domestic violence in 2005, the Coordinated Community Response model was applied to other issues in this rural area. An article from the Decorah Journal on October 14, 2008 reads, "The Decorah Human Rights Commission is exploring a coordinated community response to an alleged hate crime that occurred recently in the city." In an article written a year later, The Human Rights

Commission used the phrase 'coordinated community response' to describe their efforts to come together in a rural area "to prevent acts of hate and to coordinate efforts if and when incidents do occur" (Strandberg, 2009). The Human Rights Commission identified three goals including the desire to "identify or create systems to rapidly mobilize and coordinate existing governmental and community resources to respond appropriately to acts of bias, hatred or bigotry" (Strandberg, 2009). The Decorah Human Rights Commission indicated that the first partners would include law enforcement and media. The members of the Human Rights Commission referenced the model originally developed to address the issue of domestic violence. Its visibility and notable success in bringing awareness and new partnerships to the rural area made it a logical model for implementation in other ways in this rural area.

Since rural communities differ in cultural composition, history, and values it is important to conduct ongoing research that addresses the similarities and differences of rural communities across the United States. Rural communities are not homogenous and therefore more research most be conducted from a perspective that identifies the common discourse of rural communities and the meanings that individuals living in those communities assign to the pervasive attitudes and beliefs.

Social work's unique person in environment perspective is embodied in the Coordinated Community Response Model. In such a model, individual services are assessed within the larger scope of community, culture, and family values as well as the related services that exist in a given region. The Coordinated Community Response Model encourages practitioners to engage in formalized and systemic interdisciplinary partnerships that move beyond the traditional collaboration common in social work practice. In the process, diverse perspectives are brought into conversation with one another and the team develops a common philosophical approach from which to define, implement, and systematically evaluate services. Furthermore, the model is particularly valuable to practitioners in rural areas where connections are already strong among residents, resources can be sparse or difficult to access, and professional isolation is a challenge. Adapting the Coordinated Community Response model more broadly in rural areas would allow practitioners to overcome the barrier of professional isolation while capitalizing on the strengths and unique attributes of rural communities. Finally, further application and research of this model in rural areas would create opportunities to demonstrate innovative, effective models of generalist social work practice that truly embody the person in environment perspective.

References

Cardarelli, A. P. (Ed.). (1997). *Violence between intimate partners: Patterns, causes, and effects.* Boston, MA: Allyn and Bacon.

Gagne, P. L. (1992). Appalachian women: Violence and social control. *Journal of Contemporary Ethnography, 20*(4), 387-415. doi:10.1177/089124192020004001

Grama, J. L. (2000). Women forgotten: Difficulties faced by rural victims of domestic violence. *American Journal of Family Law, 14*(3), 173-188.

Helping Services for Northeast Iowa. (2005). *Crossroads rural domestic violence and child victimization partnership* (Application Number 2005-X0999-IA-WR). Decorah, IA: Author.

Kershner, M., & Ferraro, R. (1998). A case study of family violence in rural Minnesota. *Psychology: A Journal of Human Behavior, 35*(1), 15-22.

Krishnan, S. P., Hilbert, J. C., & VanLeeuwen, D. (2001b). Domestic violence and help-seeking behaviors among rural women: Results from a shelter-based study. *Family & Community Health*, *24*(1), 28-38.

Lichtenstein, B., & Johnson, I. M. (2009). Older African American women and barriers to reporting domestic violence to law enforcement in the rural deep south. *Women & Criminal Justice, 19*(4), 286-305.

Pence, E., & McMahon, M. (1997). *A coordinated community response to domestic violence*. Retrieved from http://www.praxisinternational.org/praxis_lib_advocacy.aspxH

Rhodes, B. E., & Fairman, M. (2009). Coordinated community response to domestic violence: The experience of one rural community. In M. Raschick (Ed.), *Proceedings of the 34th annual national institute on social work and human services in rural areas (*pp. 145-169). Retrieved from http://www.ruralsocialwork.org/whats_new.cfm#26

Riebschleger, J. (2007). Social workers' suggestions for effective rural practice. *Families in Society, 88*(2), 203-213.

Schafer, J. A., & Giblin, M. J. (2010). Policing intimate partner violence in rural areas and small towns: Policies, practices and perceptions. *Women & Criminal Justice, 20*(4), 283-301.

Shepard, M. (1999). *Evaluating coordinated community response to domestic violence*. Harrisburg, PA: The National Online Resource Center on Violence Against Women. Retrieved from: http://www.vawnet.org/search-results.php?filterby=evaluating+coordinated+community+response&search.x=0&search.y=0

Decorah Human Rights Commission responding to alleged hate crime. (2008, October 14). *Decorah Newspapers.* Retrieved from http://www.decorahnewspapers.com/main.asp?SectionID=2&SubSectionID=10&ArticleID =18477

Strandberg, S. (2009, November 18). From hatred to healing: Council approves hate crime policy. *Decorah Newspapers.* Retrieved from http://www.decorahnewspapers.com/main.asp?Search=1&ArticleID=21155&SectionID=2&SubSectionID=13&S=1

Turner, W. G. (2005). Identifying the needs of battered women in a rural community. In L. H. Ginsberg (Ed.), *Social work in rural communities* (4th ed., pp. 223-234). Alexandria, VA: Council on Social Work Education

Websdale, N. (1995). An ethnographic assessment of the policing of domestic violence in rural Eastern Kentucky. *Social Justice, 22*(1), 102-122.

Websdale, N. (1997). *Rural woman battering and the justice system: An ethnography.* Thousand Oaks, CA: Sage.

Author's Note

Britt E. Rhodes is an Associate Professor of Social Work at Luther College in Decorah, IA and earned her Master's in Social Work from Augsburg College. She can be reached at rhodbr01@luther.edu