



CONTINUUM USER GUIDE

Beloved Community believes that people change systems.

We support organizations as they commit to diversity, equity, and inclusion practices among all stakeholders. In order to effectively inspire partner organizations towards this exploration, we start by understanding the current conditions, aspirations, and values of the diverse families in their community. The below chart illustrates how families' experiences differ as a function of their resource capacity. The values continuum is meant to be customized to account for socio-economic, race, ethnicity, immigration status, and family composition differences.

We chose these dimensions based on research of various communities' gaps and resources, and found some common elements across most of them. The continuum exists to create dialogue among leaders, service providers, and community members about what they have in abundance, and what might be scarce. Some communities might have great abundance in one dimension, but great scarcity in another. Some might not have the highest abundance, but they are not in complete scarcity either. Because of these variations and the diversity of human experience, we have represented these dimensions on a continuum. Each community is different, though, and this continuum can serve as a guide for community-centered conversations and decision-making.

CONTINUA:

List of continua created and provided by Beloved Community

- **EMPLOYEE EXPERIENCES CONTINUUM**
This continuum is used with organizations to examine their strengths and weaknesses in regards to their approach to various domains that relate to employee's experiences.
- **URBAN FAMILY EXPERIENCES CONTINUUM**
This continuum is used with organizations to examine their strengths and weaknesses in regards to their approach to various domains that relate to urban family experiences.
- **RURAL FAMILY EXPERIENCES CONTINUUM**
This continuum is used with organizations to examine their strengths and weaknesses in regards to their approach to various domains that relate to rural family experiences.
- **PLANNED PARENTHOOD GULF COAST FAMILY**
This continuum is used with organizations to examine their strengths and weaknesses in regards to their approach to working with families along the Gulf Coast and in Southeastern Louisiana.

STEPS:

How to use the continua

- **STEP 1**
Identify key dimensions that impact families' decisions about schools: i.e. transportation access, work-life flexibility, access to housing, neighborhood safety, food security, access to higher education, language equity in education, English as language of power, access to health/mental health providers, access to infrastructure, support for civic engagement of the immigrant population, etc.
- **STEP 2**
Describe how families experience those key dimensions (research-based descriptors).
- **STEP 3**
Name family decision-making priorities
- **STEP 4**
Validate the continuum with key organizational stakeholders

DIRECTIONS:

Read and discuss one domain of descriptors on the Rural Family Experiences Continuum (i.e. transportation access, work/life flexibility, food security, access to higher education, etc.).

- Have we accurately captured the current reality for your target populations along the spectrum?
- What's missing?
- What's inaccurate or overstated?
- How could this exercise help you design different interventions for families in your community?



*Note: All continua are living documents that will continually be updated as needed and new literature emerges.

Transportation Access

Family does not have reliable access to public transportation or vehicles. Family may rely on rides, walking, or bicycles when available or feasible.

Due to financial constraints, the family relies on public transit or rides for all transportation needs and requires several hours of transit for "daily routines."

Due to financial constraints, the family relies on public transit for all transportation needs and has access to a single public transit line for daily routines.

Family has access to 1 car, but it may be unreliable depending on timing. When the car is unavailable, they resort to walking or miss school drop-off.

Family has access to at least 1 reliable car or lives within walking/biking distance of all daily routine destinations. Family has limited access to rideshares or taxi services.

Family has 2+ reliable cars, capacity for taxis or private buses, biking, and access to a single public transit line ride for daily routines.

SCARCITY

ABUNDANCE

Work-life Flexibility

Adults are not employed, under-employed or have precarious seasonal employment.

Adults work hourly, minimum-wage jobs with weekly scheduling that is out of their control.

Adults have difficulty constructing a consistent schedule around their family needs because of inconsistency.

Adults work daily projects or jobs with unpredictable scheduling. They have some flexibility when confirmed for longer projects.

Adults have salaried jobs or are self-employed (farmers, tradesmen, entrepreneurs) with a growing or steady clientele. Time away from work is possible, but can cost them revenue or cuts into vacation allowance.

Adults work salaried or self-employed secure jobs where they manage their own calendars (daily/weekly). Time away from work does not cost them revenue. They have more flexibility to spend time with family and are able to be directly involved with the caretaking of their children.

Adults work, but due to generational wealth, do not necessarily have to. They have flexibility and secure resources for caregiving needs. They have a high degree of flexibility about their scheduling and can focus solely on the needs of their family/parenting.

SCARCITY

ABUNDANCE

Food Access

Relies on donations or government-funded programs for most meals. May have subsistence farms/gardens for some foods, but staples may be difficult to come by. School-aged children receive or qualify for Free Or Reduced Lunch.

Easy access to processed foods and limited access to whole foods. Family regularly prepares foods and may rely on food donations at times.

Easy access to processed foods and whole foods. Family regularly eats home-cooked meals. Families may eat out at chains.

The family eats home-cooked meals and may grow their own spices, fruits/veggies (chickens!). Eats out at restaurants and public events.

Family restricts food selection to informed consumer ingredients. Regularly cooks and occasionally eats out at restaurants and public events that promote informed food choices.

Consistent access to fresh produce and other groceries. May have some restaurants available nearby, or ability to go to metropolitan areas for fine dining.

SCARCITY

ABUNDANCE

Adult Education Level

No community colleges (associates degrees or trade certifications) nearby, and no accessible 4-year colleges. Scholarships or loans are rare for the area.

Community College (associates degree) or trade school in metropolitan areas, but still accessible from the student's hometown.

Community College or trade school's readily available with loans. Some scholarships might exist, but they are difficult to obtain.

Students have colleges nearby, and the option to stay on campus at larger institutions. Loans are easy to obtain. Some virtual options exist.

Students can easily access learning institutions virtually and in person. Loans may be high, and scholarships exist.

4-year and community colleges are close and accessible. Trade schools are also easily available. Graduate degrees are accessible. Scholarships are easy to apply to and frequently received. Options available for virtual degrees.

SCARCITY

ABUNDANCE

Neighborhood Life

Families do not feel safe and supported within their residential neighborhood. There is a scattered sense of community. Children are not allowed to play outside because of the consistent physical and medical dangers within the community. Police presence criminalizes residents.

Families feel minimal support and safety within their residential neighborhood. Children have limited access outside only with adult supervision by someone within their own family. Police presence may criminalize residents.

Families experience a sense of community within their residential neighborhood. Children have limited access outside only with adult supervision (this can be an adult within or outside of their immediate family). Neighbors congregate for scheduled events. Police provide reactive and proactive services.

Families experience a consistent sense of community within their residential neighborhood. Children have unlimited outside access with little to no adult supervision. Neighbors invite neighbors to parties and events, but may not congregate publicly. Police provide proactive services.

Families experience an established sense of support and safety within their community. Children have unlimited outside access with no adult supervision. Neighbors invite neighbors to parties and events, but may not congregate publicly. Police presence provides security to residents.

Families feel that their neighborhood is consistently supportive and safe. Children have complete autonomy of play throughout the neighborhood without breach of safety. Residents assist each other when needed and care for children within the community even if parents are not around. Neighbors act more as a collective community unit (everyone doing their part). Residents have established community traditions/norms.

SCARCITY

ABUNDANCE

Access to Health/Mental Health Service Providers

No hospitals in close vicinity; other providers have limited availability (i.e. traveling clinics). No telehealth available in the area. Mental health is rarely addressed. Families cannot afford preventative care.

Families rely on subsidized physical and/or mental health options for routine check-ups. Families rely on urgent care for health needs.

Families rely on health insurance for in-network providers of physical and mental health needs.

Families primarily use health insurance for physical and mental health needs. They may subsidize with homeopathic and/or out-of-network service providers for preventative care.

Families choose when/whether to consult traditional or homeopathic health care providers. Families engage mental and physical health care providers for routine and preventative needs.

Family can consult multiple health/mental health providers, even if it's outside of their insurance plan. Family can travel extensively (including international) for specialized treatment if necessary. Multiple close hospital options. Health providers are always available, with many options. Telehealth and scheduling flexibility.

SCARCITY

ABUNDANCE

RURAL FAMILY CONTINUUM

English as Language of Access/Power

Adults have limited use of spoken English for routine daily life.

Family's use of spoken English impedes adult access. Children may serve as literacy intermediaries and understand to code-switch.

Family's use of spoken English slows down adult access. Adults may require translation tools or vocabulary scaffolding. Children code-switch as necessary.

Family's use of spoken English provides consistent access to adult and youth needs. Adults and youth code-switch as necessary.

Family's use of English includes technical, professional vocabulary and near majority culture accents that garner them favorable treatment in predominantly white or middle class spaces.

Adults and youth code-switch as necessary.

Family's use of English consistently garners them favorable treatment in predominantly white or middle class spaces.


Adults and youth code-switch as necessary.

SCARCITY


ABUNDANCE

Access to Housing


Neighborhood housing is not secure. Families are experiencing extreme overcrowding in homes due to non-availability of rental properties. There are 3-4 families living on one property at a time. Residents primarily live in short-term units, shelters, and subsidized units.




Neighborhood housing is not secure. Families are experiencing a decreased sense of overcrowding within the residential property. There are 2-3 families living on one property at a time.




Neighborhood housing is not secure. Families are potentially experiencing a decreased sense of overcrowding within the residential property. There may be 1 to 2 families living on one property at a time. There is limited availability for long-term units.



Neighborhood includes secure, affordable housing. Families do not experience overcrowding as there is only one family living on the property at a time. There is availability for long-term units.



Families experience ownership of at least one stable property that they may occupy at a time.



Families experience ownership of two or more stable properties that they may occupy at a time. Families experience ownership of additional land and have the ability to purchase additional property.



This education institution does not consider ELL parents and ELL student needs are not being met in order for them to become successful academically and socially.

There is no urgency to install a viable and equitable curriculum for ELL families and students. Students and families must adhere to the standard curriculum/norms.

There are significant language barriers present and no translation services onsite.



This education institution is aware of the ELL population of families, but has made little to no adjustments regarding curriculum or additional services for ELL families. This education institution is aware of the needs of the increasing ELL population but still has not incorporated those needs into the delivery of curriculum. This education institution is aware of the significant language barrier, but has yet to incorporate any translation services.



This education institution possesses a positive and welcoming learning environment. There has been minor adjustment to the standard curriculum to adhere to the needs of ELL students/families. Translation services are in the process of being incorporated. Teachers do not feel fully equipped to teach ELL students. Professional development for teachers does not accurately reflect student population/family needs. ELL parents are not involved in school decisions.



This education institution possesses a positive and welcoming learning environment. There has been significant adjustment to the standard curriculum to adhere to the needs of ELL students/families. Translation services are available on a short-term/inconsistent basis. Professional development for teachers directly aligns with the needs of the student population/family needs.



This education institution possesses a positive and welcoming learning environment. There has been significant adjustment to the standard curriculum to adhere to the needs of ELL students/families. Translation services are available on a long-term/consistent basis. Professional development for teachers directly aligns with the needs of the student population/family needs. Parents participate in non-interactive school issued surveys about the needs of ELL families/students but their feedback is not entirely incorporated into the school's decisions.



This education institution possesses a positive and welcoming learning environment, appropriate curriculum, full delivery of service, equitable assessment of ELLs, ELL parental involvement and professional development that best fits ELLs, their parents and their teachers. Parents of ELL students feel fully supported by the education institution on and off campus. Parents participate in interactive/inclusive town hall meetings and are able to make a significant impact on the institution's decisions concerning ELL students.



Access to Infrastructure

No branch banks in area, and few, if any, ATMs. No or limited internet in private homes. Loans are more difficult to access, and water access in homes is limited or trucked in. Water quality may be unreliable, and power may be generator based.

Some ATMs in driving distance. Branch banks available in distant cities, or with limited hours. Slow internet in homes, patchy mobile coverage. Water may be in wells or unreliable in homes, some quality checks. Houses rely on septic tanks and generators.

Some ATMs available. The Internet suffices for limited devices or voice calls, but streaming may be laggy. Water is easily accessible but not confirmed to be safe. Electricity is expensive.

All utilities are available, but moderately expensive. ATMs are available nearby in inconvenient locations. Houses are on the grid, water may have periods when it is not drinkable, but tests are regular.

Branch banks available with standard hours. ATMs are plentiful, if not always convenient or safe. Phones have reliable coverage, with intermittent outages. Water is usually safe to drink.

Branch banks readily available with flexible hours. ATMs in convenient, safe locations. High speed internet is affordable, reliable, and available. Water is in homes and safe to drink. Electricity and sewage are reliable in individual houses.

SCARCITY

ABUNDANCE

Support for Civic Engagement of Immigrant Population

No employment is experienced due to work authorization status/ineligibility to obtain a driver's license. Consistent language barrier experienced.

Inconsistent employment is experienced due to work authorization status/ineligibility to obtain a driver's license. Limited English proficiency is experienced.

Limited employment is experienced due to work authorization status/ineligibility to obtain a driver's license. Limited English proficiency is experienced. Inconsistent translation services are provided.

Consistent employment is experienced due to work authorization status/ineligibility to obtain a driver's license. Limited English proficiency is experienced. Consistent translation services are provided.

Consistent employment is experienced due to work authorization status/ineligibility to obtain a driver's license. Full English proficiency is experienced. Translation classes are available to attend within the local community.

Consistent equitable opportunities for full-time employment is available. Community responsive is consistent and evidently present. There are regularly scheduled family-based programs held specifically for the needs of the immigrant population. Families are able to easily navigate their local communities. Families have full access to all resources that promote health and well-being. There are program policies and practices that are culturally relevant and sensitive to the interests and needs of rural immigrant families.

SCARCITY

ABUNDANCE

LITERATURE REVIEW: RURAL FAMILY CONTINUUM



TRANSPORTATION

Henning-Smith, Carries, et al (2017). Rural Transportation: Challenges and Opportunities. University of Minnesota Rural Health Research Center. Retrieved from http://rhrc.umn.edu/wp-content/files_mf/1518734252UMRHRCTransportationChallenges.pdf

Six themes emerged from the interviews describing different types of rural transportation challenges: infrastructure (mentioned by 63% of key informants), geography (46%), funding (27%), accessibility (27%), political support and public awareness (19%), and socio-demographics (11%).” (p.2)

“Fifty-two key informants (46%) described challenges related to the physical landscape of their communities; for example, traveling over mountains, around water, and across long distances when the rural populations were especially dispersed (e.g., frontier areas). Weather (e.g., snowy conditions in winter) was another common, related geographic barrier.” (p. 3)

“Funding is a primary barrier—rural service is inherently expensive—large geographic coverages, long miles and low productivity.” —Oregon (p.4)

Nutley, Stephen D. (1996). Rural transport problems and non-car populations in the USA: A UK perspective. Elsevier: Journal of Transport Geography. Retrieved from <https://reader.elsevier.com/reader/sd/i/0966692396000026?token=91ADF379E4E3A0A6907357165B815904465166AAFD71E945E74A4F4F8D6779EAD6F4752FCEBCDA7BD5D9FB6B44FEE527>

“Compared with the urban norm, rural environments demonstrate an absence of significant congestion, parking and pollution problems, higher car ownership rates due not to wealth but to greater need and lack of alternatives, much lower levels of public transport due to the economic problem of serving a highly dispersed pattern of demand, longer distances to middle- and high-order centres of economic activity, and a greater social gulf between car owners and non-car owners with the latter possibly exhibiting problems of isolation and hardship...” (p. 93)

Papangelis, K., Velaga, N R., Ashmore F. (2016). Exploring the rural passenger experience, information needs and decision making during public transport disruption. Elsevier: Research in Transportation Business and Management. Retrieved from <https://www.sciencedirect.com/science/article/pii/S2210539516000031>

“The impact of disruptions upon rural passengers compared to urban passengers is likely to be greater because passengers in rural areas usually have more limited transport connectivity, fewer alternative routes for a given origin–destination and also public transport frequency is low.” (p. 58)

WORK-LIFE FLEXIBILITY

Beach, Betty A. (1987). time Use in Rural Home-Working Families. JSTOR: Family Relations. Retrieved from https://www-jstor-org.proxyau.wrlc.org/stable/584493?seq=1#metadata_info_tab_contents

The article suggests that the idea/concept of “work time” is not experienced as a specific and uniformed time block as it is experienced within more urban communities. “Data from farm families suggest that time is not so readily divisible; Vanek’s (1980) examination of time budget data from several earlier studies of rural families indicated that work, family, and leisure time and roles were indeed integrated rather than compartmentalized throughout the day for men and women, that work time was not always distinct from family time, or segregated from other uses. Boulding’s (1980) examination of the labor of farm women emphasized variability in time use, suggesting that seasonal cycles and life-cycle rhythms markedly affect labor patterns among these women, resulting in diversity rather than uniformity of work time.” (p. 412)

Mauthner, N., McKee, L., Strell, M. (2001). Work and Family Life in Rural Communities. Joseph Roundtree Foundation Retrieved from <https://www.jrf.org.uk/report/work-and-family-life-rural-communities>

“Parents placed a high value on parenthood, and many men and women adjusted their paid work to meet the demands

of childcare and child rearing. Their ability to fit their paid work around their family commitments was influenced by the flexibility of their jobs.” (p. 1)

“Most of the men took for granted the financial necessity of paid work and the role of economic provider. Most were in full-time work, in a range of employment sectors. Many had non-standard patterns of work, such as self-employment, casual and multiple jobs, and work which varied seasonally. Many had local work and jobs which were flexible in terms of the timing and hours of work, Although these were often insecure, they could be fitted around their family commitments. The majority of men in the study placed a high value on their parenting roles. Despite working full-time in most cases, men were actively and directly involved in caring for their children. Women’s work included casual, multiple, and seasonally variable jobs. Many women worked non-standard hours; several worked exclusively ‘unsocial’ hours. Women’s employment histories were more fragmented than were the men’s. They had tended to change their work patterns more to reflect such things as the age of their children, financial necessities, family illness, partners’ work schedules and demands, personal values and beliefs about childcare and childrearing, as well as practical issues such as the availability of childcare, employment and transport.” (p. 2)

NEIGHBORHOOD SAFETY

U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2007). The Health and Well-Being of Children in Rural Areas: A Portrait of the Nation 2007. The National Survey of Children’s Health. Retrieved from <chrome-extension://oemmndcbldboiebfnladdacbfmadadm/https://mchb.hrsa.gov/nsch/07rural/moreinfo/pdf/nsch07rural.pdf>

Families are more likely to feel comfortable in a neighborhood if they feel that their children are safe. Parents were asked how often they felt that their child was safe in their community or neighborhood—never, sometimes, usually, or always. Overall, parents of 86.1 percent of children report that they feel that their child is usually or always safe in their neighborhood. This

LITERATURE REVIEW: RURAL FAMILY CONTINUUM



percentage was higher in small rural areas (91.2 percent) and large rural areas (88.8 percent) than in urban areas (85.2 percent).

FOOD SECURITY

Ko, L., Enzeler, C., Perry, C., Rodriguez, E., Mariscal, M. (2018). Food availability and food access in rural agricultural communities: use of mixed methods. *BioMed Central Public Health*. Retrieved from <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-018-5547-x>

From Abstract: Hispanics bear some of the highest burden of the obesity epidemic and the disparities gap is bigger among Hispanics in rural communities. This mixed methods study examined the objective and subjective assessment of food availability and food access in four rural, agricultural, and predominantly Hispanic communities.

Haynes, L., Andress, L., Byker, C., Hardison, A., Pitts, S. (2019). Examining Food Insecurity in the Rural United States: A Qualitative Study. *Share Our Strength and Feeding America*. Retrieved from <chrome-extension://oemmndcblldboiebfnladdacbfmadadm/http://bestpractices.nokidhungry.org/sites/default/files/2020-02/Rural%20Food%20Insecurity%20Qualitative%20Research%20Brief.pdf>

A myriad of understudied factors contributes to the difference in food security rates between rural versus urban locations: such as economic instability, low food access, transportation barriers, and financial insecurity. While rural communities face many challenges, they also have numerous assets that can address food insecurity, including strong social ties and networks, a deep connection to place, locally-owned businesses with entrepreneurial owners, as well as land for growing healthy food. In addition, use of SNAP and WIC is higher among rural versus urban residents, and some evidence suggests that there is greater saturation of food banks and pantries in rural versus urban areas. However, more work is needed to understand how participants use such programs and how these resources can work synergistically to help families overcome food insecurity.

O'Connell, M., Buchwald, D. S., & Duncan, G. E. (2011). Food access and cost in American Indian communities in Washington State. *Journal of the American Dietetic Association*, 111(9), 1375–1379. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3164540/>

“American Indians have undergone a “nutrition transition” over the past several decades, characterized by a loss of traditional food practices and reduced physical activity supplanted by abundant energy-dense foods and sedentary lifestyles. Similar to reports in other low-income minority groups, evidence suggests that the nutrition environment on American Indian reservations is characterized by few supermarkets and many gas station-type stores, moderate availability of fresh produce, and a reliance on off-reservation stores for regular or bulk shopping.”

ACCESS TO HIGHER EDUCATION (INCLUDING COMMUNITY COLLEGES, UNIVERSITIES AND TRADE SCHOOL)

Burke, Davis, Stephan. (2015). College enrollment patterns for rural Indiana high school graduates. *American Institutes for Research*. https://ies.ed.gov/ncee/edlabs/regions/midwest/pdf/REL_2015083.pdf

Study of 2010 Indiana graduates in rural vs nonrural public high schools. Key findings included: rural graduates had farther to travel to get to two-year colleges and less selective 4-year colleges; more rural graduates chose less selective colleges than non rural graduates; rural grads had similar academic preparation and were less likely to be eligible for FRL.

Gooding, Yasan. (2001). *The Relationship Between Parental Education Level and Academic Success of College Freshmen*. Iowa State University. Retrieved from <chrome-extension://oemmndcblldboiebfnladdacbfmadadm/https://lib.dr.iastate.edu/cgi/viewcontent.cgi?article=1428&context=rttd>

“Another circumstance that influences the goals of rural students is the educational attainment of both parents. High school seniors attending schools in urban and

metropolitan areas are 1.5 times more likely than non-metropolitan area students to have a parent with at least a bachelor's degree than non-metropolitan area students (Pollard & O'Hare, 1990). These circumstances are unlikely to change since students who stay in rural areas have the lowest educational aspiration of America's youth and are more likely than those who leave to earn less education (Cobb, McIntire, & Pratt, 1989). Higher education and higher earning potential have drawn many young people out of rural areas. The lack of quality jobs will keep young people in rural settings.” (p. 76)

ACCESS TO HOUSING

United States Department of Agriculture. (2017). *Rural Community Action Guide: Building Stronger Healthy, Drug-Free Rural Communities*. Office of National Drug Control Policy. Retrieved from <chrome-extension://oemmndcblldboiebfnladdacbfmadadm/https://www.usda.gov/sites/default/files/documents/rural-community-action-guide.pdf>

Rural communities face many hurdles in addressing opioid and other drug addiction. Between 1999 and 2015, drug overdose deaths in rural counties jumped by 325 percent as compared to 198 percent in metropolitan areas. Last fall, Harvard University released a survey of rural Americans who identified drug addiction as the biggest challenge facing their community. And, in 2017, two leading farm groups, the American Farm Bureau Federation and National Farmers Union, conducted a survey that found nearly 50 percent of rural Americans, and 74 percent of farmers, have been directly impacted by opioid misuse. In the face of these challenges, rural leaders are working hard in collaboration with government and private sector partners to improve SUD outcomes while building strong and healthy rural communities.

Yagley, J., George, L., Moore, C., Pinder, J. (2005). *THEY PAVED PARADISE...GENTRIFICATION IN RURAL COMMUNITIES*. US Department of Housing and Urban Development: Housing Assistance Council. Retrieved from <chrome-extension://oemmndcblldboiebfnladdacbfmadadm/http://www.ruralhome.org/storage/documents/gentrification.pdf>

LITERATURE REVIEW: RURAL FAMILY CONTINUUM



"In the literature of rural sociology, it has long been maintained that rural or frontier areas have distinct cultures and sets of values that revolve around self-reliance, conservatism, a distrust of outsiders, the centrality of churches, a strong work ethic, and social structures that emphasize the family (particularly extended family) (Kenkel 1986; Coward et al. 1983; Wagenfeld and Wagenfeld 1981). According to a participant at a roundtable held by HAC to discuss definitions of "rurality" in 2001, "There is a great sense of extended family [in rural Appalachia] – having housing and communities that give extended families a chance to stay together. There's this whole history of people going out to the northern cities . . . to find work, but they . . . keep their identities back in the mountains, and every chance they get to come back, they come back. . . . That affects the schools, the government, and transportation patterns" (p. 5)

ACCESS TO HEALTH/MENTAL HEALTH SUPPORTS

Kelleher, Kelly J.; Gardner, William. (2017) Out of Sight, Out of Mind – Behavioral and Developmental Care for Rural Children. *New England Journal of Medicine*. https://www.nejm.org/doi/full/10.1056/NEJMp1700713#article_references

"For the past 50 years, calls for placing more behavioral and developmental health care providers in rural areas have failed. Long travel distances keep rural families from making routine visits to specialists even if they can find one, so not surprisingly, attrition rates for behavioral and developmental health services are high among rural patients. Continued reliance on traditional delivery systems will clearly mean continued lack of access for rural children and families."

Phillips, J., Hustedde, C., Bjorkman, S., Prasad, R. (2016). Rural Women Family Physicians: Strategies for Successful Work-Life Balance. *US National Library of Medicine National: Annals of Family Medicine*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4868563/>

From Introduction: "The United States faces a chronic, severe shortage of rural physicians, which has a negative impact on population health.1–4 Rural America is

economically, socially, and environmentally diverse, yet residents of rural communities share common difficulties accessing health care, including longer distances to care, and a disproportionate shortage of women and minority physicians.5–8 A lack of women rural physicians especially limits access to care for women patients, who often prefer women clinicians and appear to complete more screening tests when seen by women.9 Rural female physicians are also more likely to attend births than male peers,10,11 an important practice characteristic as many rural areas have a shortage of obstetrics professionals.12,13 Promoting the success of women family physicians in rural communities is therefore important for community health."

Pullmann, M., VanHooser, S., Hoffman, C., Heflinger, C. (2010). Barriers to and Supports of Family Participation in a Rural System of Care for Children with Serious Emotional Problems. *US National Library of Medicine*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2954890/>

From Abstract: Researchers have not adequately addressed the unique characteristics of rural areas that influence the accessibility of services for families with children who have serious emotional problems. Understanding rurality is particularly important to "systems of care" grant sites because these grants are intended to restructure mental health service delivery by building upon the strengths of a community and addressing the community's needs. This qualitative study examines the barriers to and supports for participation in services within a rural system of care site through the reported experiences of eight caregivers and nine staff. Findings indicate families face many challenges related to rurality, including stigma, transportation, isolation, poverty, and service availability. In addition to these challenges, however, participants reported many meaningful supports such as the religious community and the close-knit community of families and service providers. We present implications for planning, implementing, and evaluating systems of care in rural areas.

Thomas SR, Holmes GM, Pink GH. To What Extent do Community Characteristics Explain Differences in Closure among Financially Distressed Rural Hospitals? *J Health Care Poor Underserved*. 2016;27(4A):194–203. doi:<https://pubmed.ncbi.nlm.nih.gov/27818423/>

Study examining community characteristics in rural hospitals that closed from 2005–2015. During this time, 105 rural hospitals closed. Data indicates that closures mainly impacted areas with large Black or Latino populations and areas with high unemployment.

ENGLISH AS A LANGUAGE OF ACCESS/POWER

Isphording, I. (2015). What drives the language proficiency of immigrants?. *IZA World of Labor*. Retrieved from <chrome-extension://oemmnadbldboiebfnladdacbfmadadm/https://wol.iza.org/uploads/articles/177/pdfs/what-drives-language-proficiency-of-immigrants.pdf>

Language proficiency is a key driver of immigrant integration. It increases job opportunities and facilitates social and political participation.

Immigrants who fail to achieve adequate proficiency in the host country language generally fail to achieve economic and social integration.

Low levels of language proficiency create high hurdles to participating in the labor market, joining in the political process, and engaging in everyday social interaction. Having adequate language skills allows immigrants to progress along the job ladder, increases their employment probability, and eases their access to better-paying jobs.

Toppleberg, C., Collins, B. (2012). Language, Culture, and Adaptation in Immigrant Children. *US National Library of Medicine*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3526379/>

Most immigrant families speak a language other than English at home (most commonly Spanish)...and are therefore commonly exposed to multiple risk factors such as poverty, poor schools, neighborhood violence, discrimination, and disparities in access to health care, education and jobs. All these factors are strongly associated with low performance at school and poor psychosocial adaptation, as well as negative economic and health outcomes.

LITERATURE REVIEW: RURAL FAMILY CONTINUUM



In the interpersonal sphere, language competence is a major tool for social communication, crucial for the social navigation of the outside world, school, friendships and family life.

LANGUAGE EQUITY IN EDUCATION

Edstam, T., Walker, C., Stone, K. (2007). Rural Neighborhood Context, Child Care Quality, and Relationship to Early Language Development Educating English Language Learners in a Rural District: A Case in Point. University Digital Conservancy Retrieved from chrome-extension://oemmndcblldboiebfnladdacbfmadadm/https://conservancy.umn.edu/bitstream/handle/11299/109976/T_Edstam_C_Walker_K_stone.pdf?sequence=1&isAllowed=y

From Abstract: "This paper examines the challenges faced by rural school districts in general, and one in particular, in providing 'best practices' for their English language learners. It begins with numeric data reflecting the large increase of immigrant families in rural communities in the past decade. A review of the literature offers insights into the realities and strengths of rural districts from an ESL perspective. The case in point is a six-member rural elementary school team who chose to participate in a two-year professional development project and created a school action plan to address the needs of their English language learners. The process they underwent and the small but significant successes they have had serve as an example for other rural districts interested in making site-based changes."

Christianson, Rosa. (2016). Concern and Difficulties in a Rural District with a Low ELL Population. St. Cloud State University. Retrieved from chrome-extension://oemmndcblldboiebfnladdacbfmadadm/https://repository.stcloudstate.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1080&context=engl_etds

The objective of this thesis is to investigate the effectiveness of the ESL service provided to ELLs in a particular rural school with a small ELL population. The focus is to gather information from teachers, parents, and administrators, in order to figure out the gaps, weaknesses and difficulties when considering six important points to a

fair and balanced introduction to curriculum: positive and welcoming learning environment, appropriate curriculum, full delivery of service, equitable assessment of ELLs, ELL parental involvement and professional development that best fits ELLs, their parents and their teachers. The data collected reveals a school district that doesn't meet any of these standards. The outcome shows that in this particular small, rural and remote districts with a small ELL population, federal guidelines are not being followed, ELL parents are not being considered and that ELL student needs are not being met in order for them to become successful academically and socially.

Hilliker, Shannon M. (2018) The Roles of an ESL Teacher in Rural Districts with Low Numbers of ELLs. MEXTESOL Journal. https://www.mextesol.net/journal/index.php?page=journal&id_article=3411

"It seems that since the population in rural areas is limited to begin with and the ESL/EFL population even smaller that the urgency for research in this area is low since the results do not impact many people. However, the increasing numbers of ELLs and their families along with the number of people associated with the education of ESL/EFL students warrant the need for more research in this area."

SUPPORT FOR CIVIC ENGAGEMENT OF UNDOCUMENTED FAMILIES

Cancel, D., Greder, K., Wiles, B. (2018). Risk and Resilience of Latina/o Families in Rural America: 20 Years of Research. Iowa State University. Retrieved from <chrome-extension://oemmndcblldboiebfnladdacbfmadadm/https://core.ac.uk/download/pdf/223022331.pdf>

The face of rural America is rapidly changing as rural communities become home to growing numbers of racial and ethnic minorities, especially Latina/o families. While Latinas/os are important to the vitality and productivity of rural communities, they experience disproportionately higher rates of poverty, food insecurity, and additional challenges such as lack of proficiency in English, documentation status, and discrimination, compared to the general population. This paper presents 20 years of findings on the well-being of Latina/o families in rural America from

the multi-state USDA Hatch funded projects, Rural Families Speak and Rural Families Speak about Health.

Greder, K., Reina, A. (2018). Procuring Health: Experiences of Mexican Immigrant Women in Rural Midwestern Communities. Qualitative Health Research. Retrieved from <https://journals.sagepub.com/doi/full/10.1177/1049732318816676>

Thematic analysis was used to analyze interview data from 15 first-generation Mexican immigrant women who resided in two rural Midwestern communities. Ten themes were identified and aligned with four thematic areas of interest (*meaning of being healthy, strategies to promote health, challenges to health, and supports for health*). This study provides insights into the complexities and realities faced by Mexican immigrant women, as they strove to obtain optimal health in rural America, and contributes to the growing literature focused on health disparities among ethnic and racial minorities. Implications for research, professional practice, and public policy are discussed. Ethnographic and longitudinal studies that include the perspectives of populations that are difficult to reach such as first-generation Latino immigrant families are needed to further explore the nuances of achieving health in growing, diverse areas of rural America.

ACCESS TO INFRASTRUCTURE

Access to banking and other services is now largely dependent on internet access, particularly high speed internet. These categories can be broken out as needed.

Anderson, Monica (2018). About a quarter of rural Americans say access to high-speed internet is a major problem. Pew Research Trust. <https://www.pewresearch.org/fact-tank/2018/09/10/about-a-quarter-of-rural-americans-say-access-to-high-speed-internet-is-a-major-problem/>

Summary of 2018 surveys by Pew Research Trust

24% of rural Americans say access to high speed internet is a major problem.

"Rural adults ages 50 to 64 are more likely than those in other groups to see access to high-speed internet as a

LITERATURE REVIEW: RURAL FAMILY CONTINUUM



problem where they live. Nonwhites who live in a rural area are more likely than their white counterparts to say this is a major problem (31% vs. 21%).”

Board of Governors of the Federal Reserve System. (2019) Perspectives from Main Street: Bank Branch Access in Rural Communities. Federal Reserve. <https://www.federalreserve.gov/publications/november-2019-bank-branch-access-in-rural-communities.htm>

“While nearly half of counties either gained bank branches or retained the same number of bank branches between 2012 and 2017, the majority lost bank branches over this period. Indeed, some rural counties have experienced considerable recent declines in bank branches.”

“These deeply affected rural counties tend to be poorer, composed of residents with fewer years of education, and have a greater proportion of African American residents relative to other rural counties.”

“Between 2012 and 2017, there was also a substantial increase in the number of communities that contained no bank headquarters, the majority of which were rural.”

Checovich, Laura (2019). New report examines technology use in instruction in rural schools. Institute of Education Sciences. <https://ies.ed.gov/ncee/edlabs/regions/midwest/blogs/new-report-examines-rural-school-tech-use.aspx>

“What can we take away from the findings? Despite Iowa’s commitment to promoting the use of technology to develop students’ 21st century skills, REL Midwest’s study found that teachers’ integration of technology for that purpose was limited. Many of the conditions for incorporating technology into instructional practice are in place, but teachers may need more time or opportunities to learn how to use technology in their day-to-day classroom practice.”