

Perspectives

On Poverty, Policy, & Place

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The Newsletter of the
**RUPRI Rural Poverty
Research Center**

OVERVIEW

This issue of *Perspectives* was funded by the Federal Office of Rural Health Policy, Cooperative Agreement Number U18 RH03719.

The current edition of *Perspectives* examines several issues facing policymakers in designing, service providers in delivering, and rural residents in accessing supports and services in rural communities. As RUPRI President Brian Dabson explains on the inside cover, this issue's focus on human services in rural areas reflects *Perspectives'* newly expanded scope. While still summarizing new and important research on rural poverty, the newsletter will now also cover the services that are designed to help alleviate that poverty and support not only poor families, but all families seeking aid and assistance in rural communities.

The State of Human Services in Rural America

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This article summarizes the report of the National Advisory Committee on Rural Health and Human Services. The report underscores the importance of greater collaboration across communities, improved data collection, and strong leadership.

Access to Social Services in Rural America

page 8

Scott W. Allard and Jessica Cigna

Changes to the nation's safety net for vulnerable families have unduly affected rural communities. Rather than a single safety net of national antipoverty and social service programs, the nation now has many different local safety nets, which vary from community to community. This patchwork is also more vulnerable to mismatches between those in need and the services available to support them. Allard and Cigna examine the match between need and available services in the rural West and find sizable gaps, and services that are less stable and predictable when they are available.

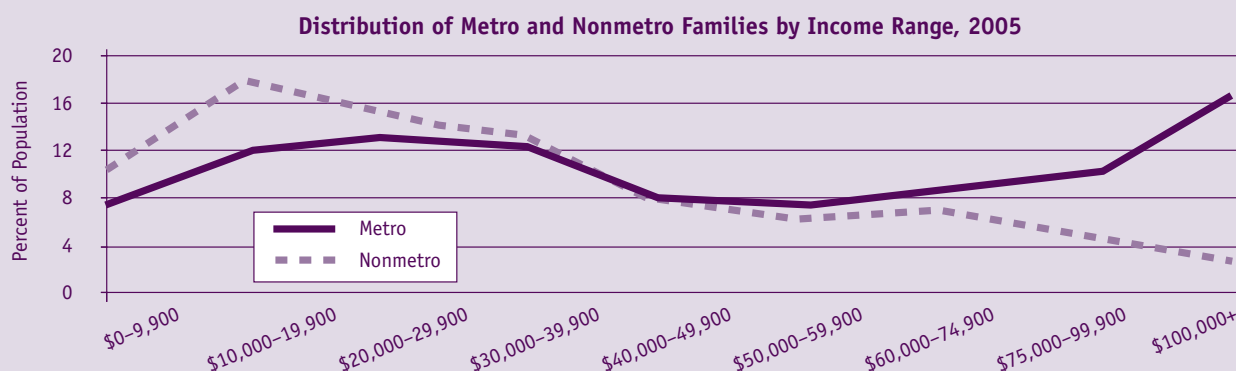
Rural Communities: Good for Studying Neighborhood Effects and Social Mobility

page 12

Chris R. Colocousis and Cynthia M. Duncan

The authors trace the differing levels of trust, community participation, and other forms of social capital in rural areas undergoing change. Their results point to the importance of maintaining a strong middle class in communities, particularly those threatened with population loss or other economic challenges. Rural areas may be a better staging ground than urban areas for exploring the role of the middle class in a community's upward mobility, the authors suggest in their outline of a new research agenda.

FAST FACT



Source: Calculated by USDA, Economic Research Service using Census Bureau and Labor Statistics Current Population Survey, Annual Social and Economic Supplement

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Bylines—Each article in the newsletter features the byline “based on research by...”, which signifies that the article, while written by our editorial staff, has been reviewed and approved by the original researcher. With this approach, we hope to disseminate research to a broad audience in a format that is accessible, reliable, and accurate.

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Dear Readers:

This issue of *Perspectives* focuses on human service delivery and the important role of community networks in rural America, and with it, *Perspectives* begins a transition from a focus solely on poverty research to an integrated focus on human service delivery in rural areas.

The expanded focus of *Perspectives* reflects a new initiative by the Rural Policy Research Institute (RUPRI), which generously supports *Perspectives*. The new Rural Human Services Initiative focuses on the realities and challenges of providing services to those most in need in rural areas. The initiative also seeks to broaden our understanding of the unique service delivery and policy needs in rural areas and to open new avenues of research in rural human service financing and delivery. Intertwined and underlying this work is the role of effective human service delivery in alleviating the conditions that lead to a life of poverty for too many rural people.

Under RUPRI's new Rural Human Services Initiative, the mission and work of the RUPRI Rural Poverty Research Center, which has published *Perspectives* since its inception, will become one component of a multidisciplinary effort to understand how the intersection of health, human service delivery, poverty, and community factors affect the well-being of rural people and places. Leading the way in this effort will be members of the new RUPRI Rural Human Services Panel. This panel of researchers, practitioners, and policymakers will advance our understanding of the rural dimensions of human service delivery and finance and will work to effect change in policy and practice by disseminating realistic policy and practice recommendations.

We hope you will continue to follow the evolving work of this initiative through the RUPRI website (www.rupri.org) and *Perspectives*, and thank you for your continued interest in the well-being of rural people and places.

Brian Dabson

President and CEO, Rural Policy Research Institute
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The State of Human Services in Rural America

Human service programs are designed to aid those most in need—the poor, the frail, the elderly, children and vulnerable families. Food stamps, Head Start, energy assistance, child care subsidies, cash assistance, Medicaid, and many other human service programs create a safety net for the nation’s most vulnerable families. (See page 4 for descriptions of programs serving rural communities.)

Rural families are more often in need of these services than their urban counterparts. Poverty is higher in rural areas, child poverty is particularly pronounced, and nearly nine in ten of the counties where poverty has persisted for several decades are in rural areas. Rural residents are also more likely to have disabling conditions. In 2006, one in five rural (nonmetropolitan) residents had one or more disabilities compared with one in seven metropolitan residents. In addition, a greater share of the rural population is elderly, another indicator of potential vulnerability. Yet rural families are less likely, not more, to use government support programs, and programs often struggle to serve everyone who needs help.

This conundrum was the focus of the “Rural Health and Human Services Issues Twentieth Anniversary Report” by the National Advisory Committee on Rural Health and Human Services.¹ The report calls for rethinking how the government and communities deliver services to rural residents. Key shifts, the committee believes, should include greater collaboration across communities, more training for staff, and more effective leadership.

Challenges to Delivering Services

The characteristics of rural America—an aging population, higher poverty rates, higher disability rates—create greater need for services while sparse populations, long distances between towns, an ethos of individuality, and stigma associated with government “handouts” restrict use of the very programs designed to help.

Rural communities, for example, often do not have the population to sustain programs such as homeless shelters that rely on greater economies of scale. The longer distances between towns means greater need for transportation services, either shuttling recipients to and from services or, as in the case of Meals on Wheels, for example, bringing the services to the needy. Finally, the tight-knit communities, where everyone knows everyone’s business, can impede people from seeking needed services, particularly those that carry a taint of stigma, such as welfare.

Another challenge is funding. Through block grants, states distribute federal funds on a per-person cost basis. Yet, many of the above features of rural areas make delivering services more expensive than in urban areas. A Meals on Wheels program in an urban area may travel five miles and serve 50 people, but the same program in rural Colorado or Idaho may travel 150 miles and serve 10 people. This translates into a higher per-person cost for operating the program.

Programs are administered by several departments, including Agriculture, Treasury, Health and Human Services, Labor, Housing and Urban Development, and others. Each agency has its own eligibility criteria for its programs, its own funding pots, and its own set of idiosyncrasies. Such program “silos” make coordinating and evaluating programs across communities more difficult.

Even approaches that are effective elsewhere can have unforeseen consequences in rural areas. One-stop shopping for human services, an approach that houses all related services in one place, has been heralded as both efficient and convenient for families in need of services. Nothing is more frustrating than traveling from office to office to sign up for related services, and this is particularly true in rural areas, with their longer distances between services. However, the very nature of rural living adds a wrinkle to one-stop

1. Advisory Committee on Rural Health and Human Services, “The 2008 Report to the Secretary: Rural Health and Human Services Issues Twentieth Anniversary Report” (Washington, DC: U.S. Dept. of Health and Human Services, Health Resources and Services Administration, April 2008), available at <http://ruralcommittee.hrsa.gov/nacpubs.asp>.

The State of Human Services in Rural America
<http://ruralcommittee.hrsa.gov/nacpubs.asp>

HUMAN SERVICE PROGRAMS SERVING RURAL AREAS

CASH ASSISTANCE

In 2003, an average of 293,000 rural families received payments from Temporary Assistance for Needy Families (TANF) each month, or 14.5 percent of all TANF recipient families nationally. This share is disproportionately low, given the high poverty rates in rural areas.

TANF caseloads declined sharply when the program in 1996 instituted work requirements and time limits on assistance, among other changes. Beginning in 2000, both urban and rural caseload declines flattened out and have held steady for the past several years. In rural areas, limited jobs, limited child care, and longer distances to work often make the move from welfare to work more difficult.

ENERGY ASSISTANCE

The Low Income Home Energy Assistance Program provided \$1.98 billion in 2007, 43% less than in 1987 (adjusted for inflation). No data are available for rural expenditures.

HEAD START

Head Start is a preschool program with a developmental focus for low-income children aged 3-5. Early Head Start serves those aged 0-3. Rural Head Start programs are more likely than urban programs to be income-based care because of difficulties meeting enrollment requirements for sustaining a Head Start center. Of children enrolled in Head Start nationally, 30% lived in rural areas in 2000. Nationally in 2006, Head Start spent \$6.78 billion on 909,201 children. Early Head Start enrolled 62,000 children nationally in 2006.

Rural programs are more often staffed by individuals with fewer credentials and by fewer specialists compared with urban programs. Although rural areas have fewer children overall than urban areas, more of the children in rural areas are in poverty, which suggests an equal, if not greater, demand for programs in rural areas.

EARNED INCOME TAX CREDIT

The EITC puts money back in the pockets of working poor Americans via tax refunds. The credit is adjusted on a sliding income scale and benefits workers above the official poverty line. Rural Americans rely heavily on the EITC. In 2004, while only 16 percent of U.S. tax filers lived in rural areas, 20 percent of the \$39.8 billion EITC went to rural Americans. Of those families that received the credit, the average amount was \$1,850 in 2004.

SUBSIDIZED CHILD CARE

Child Care and Development Fund (CCDF) is the nation's largest child care resource for working, low-income parents. In fiscal year 2005, CCDF spent almost \$9.4 billion to provide child care for approximately 1.75 million children each month. Among all children receiving CCDF subsidies in 2004, 8% were rural children.

ELDERLY ASSISTANCE

The Older Americans Act authorized grants to states for various support programs for the elderly. Supports include personal care, homemaker assistance, chores, home use center-based care, delivered meals, adult day care, case management, assisted transportation, congregate meals, nutrition counseling, legal assistance, and other services. Nationally, one-third of program participants in 2005 were rural residents. Rural elderly are less healthy, less educated, more isolated, have lower incomes, and have fewer transportation options than their urban counterparts. They are also a growing share of the population as young people continue to leave many rural areas.

In 1992, program changes targeted rural areas specifically for the first time. A further change in 2006 promoted consumer-directed and community-based long-term care options, which provide the kind of flexibility needed to meet the many different challenges in rural areas.

HOUSING ASSISTANCE


Section 8 certificates and vouchers made housing more affordable for 630,300 nonmetropolitan residents in 2000, or 15.8% of all recipients nationally. Under the program, low-income families pay 30% of their income to rent with the remainder made up by the federal government.

FOOD STAMPS

The food stamp program subsidizes the cost of food for poor families. In 2006 the program served 26.7 million individuals nationwide, providing \$94.31 per month on average. In 2006, 22.4% of food stamp recipients lived in rural areas. Participation rates in the program are higher in nonmetropolitan areas, where 78% of those eligible receive food stamps compared with 62% of those eligible in metropolitan areas.

WOMEN, INFANTS, AND CHILDREN

Women, Infants, and Children (WIC) is a food and nutrition program for low-income pregnant mothers and mothers of infants. The program served 8.1 million people in 2006. The average monthly allotment is \$37.08 nationally. No data are available for rural areas.



Food stamps, Head Start, energy assistance, child care subsidies, cash assistance, Medicaid, and many other human service programs create a safety net for the nation’s most vulnerable families.

shopping. Moving services to one location forces many people to drive farther to get to the one-stop itself.

At a more fundamental level, policymakers lack comparable, long-range data about service use, program effectiveness, and other important aspects of service delivery. If policymakers are to better target and tailor block grant funds, they need better data on recipients, untapped need, and other local conditions. Currently, analysts are unable to make meaningful urban and rural distinctions in the data. Further, the data rarely track trends that are important to policymakers and program administrators. The Administration on Aging, for example, knows whether a state has services in rural areas, but it cannot determine which specific services are available to rural residents and how they are provided. Programs also rarely collect data at regular intervals to ensure a long-term view. Data on the number of cash assistance recipients in rural areas are available for 2004, but there is no other point of comparison, making it difficult to know whether 2004 was an aberration or a trend, and how to shape policies accordingly.

For workers, too, there are headaches and hurdles to overcome. Turnover among staff is high in rural areas. “We used to work with people,” Fred Crawford, director of the Logan County, Colorado, Department of Social Services, told the Advisory Committee. “Today, my caseworkers spend at least 50% of their time behind the computer. We have so much accountability and so much detail that it’s not possible to get the job done without massive amounts of computer work.”

Solutions

All of these hurdles point in one direction: greater collaboration, training, and local leadership.

Several small communities are already collaborating with other groups and nearby towns to create partnerships and regional networks to deliver services. These networks can create economies of scale and expand access to services. Many rural residents are unaware that some services exist or they are misinformed about eligibility or other details.

☑ Recommendation: Identify Policies that Hinder Coordination


The committee recommends creating an Inter-Departmental Rural Working Group to determine how to improve collaboration among programs that serve rural communities. The working group should include all pertinent agencies or operating divisions with programs that serve significant rural populations.

To gauge the hurdles and effectiveness of such collaboration, the committee recommends funding a demonstration project that integrates health and human services for children and families through coordinated care, case management, and increased access to services.

☑ Recommendation: Address Silo Funding

For collaboration to be fully effective, the difficulties that silo funding poses must be addressed. The committee recommends an independent study to examine the statutory and regulatory provisions of the various federally funded programs now administered in rural areas. This study should identify provisions that act as barriers to coordination and integration at the local level.

When programs have separate eligibility requirements, separate funding streams, and other unique aspects, it is difficult for communities to blend their funding in efforts to tailor programs to local needs. Block grants ►



All these efforts require strong leadership. Effective leadership can better align community resources and spur regional improvements.

offer some needed flexibility, but funds are determined by population-based formulas, which may shortchange rural residents in some areas. Therefore, communities should be given flexibility in allocating funding and designing local programs to tailor them to local needs.

☑ Recommendation: Improve Data Collection

To address the lack of coherent data for effective planning and programming, policymakers should create an overarching strategy for collecting annual data on all human services, with clear distinctions between rural and urban use in order to make program comparisons easier and more reliable.

Specifically, all Department of Health and Human Services programs should be required to collect data that delineate whether each recipient of federal funding (direct grants, transfer payment, and block grants) is in a rural or urban locale. In addition, the Department of Health and Human Services should require certain programs to evaluate their impacts in rural areas each year. Such performance measures will allow policymakers to identify and account for the specific needs of rural communities.

Without these efforts to more reliably and uniformly collect data, funding will not be allocated equitably in rural areas, and human service providers will lack a basic understanding of the prevalence of problems, availability and use of services, and service effectiveness. Better data can also help the federal government streamline reporting by programs that serve the needy, which can reduce the administrative burden and lower costs.

Strong Leadership Is Important to Success

Although not a formal recommendation, the committee recognized the importance of strong leadership. Effective leadership can better align community resources and spur regional improvements. Strong leaders can also more productively partner with federal and state agencies.

Several different programs train community leaders. The Rural Leadership North Dakota program, operated by the North Dakota State University Extension Service, is one of the few that focuses specifically on the needs of small rural communities and could be used as a model to develop additional training opportunities.

Rural leaders also must be adept at creating committed, sustainable partnerships with other community leaders, including local employers, schools, and local government. The Healthy Wisconsin Leadership Institute focuses its training on fostering these broader partnerships and could serve as another model for training program design.

Delivering services to rural families in need requires flexibility, innovation, collaboration, and strong leadership to identify needs and create a more responsive social safety net for rural communities. The committee's recommendations are a first step toward that future. **RPRC**

New RUPRI Rural Human Services Panel Convenes

RUPRI, in collaboration with the Federal Office of Rural Health Policy in the Department of Health and Human Services, has created a Rural Human Services Panel to advance understanding of the rural dimension of human service delivery and finance. The panel's expertise will inform and shape needed policy and practice changes in the field.

Panel topics will take both a broad view, addressing issues such as the social determinants of health and community development, and a micro view that directly addresses the rural implications of human service policies, proposed legislation, and federal regulations.

“This panel will model itself after our very effective RUPRI Rural Health Panel, which has had a noticeable impact on rural health policy for over 15 years through its policy engagement with members of Congress and their staff,” said RUPRI President Brian Dabson.

Founding panel members

Kathleen Belanger

Assistant Professor of Social Work at Stephen F. Austin State University

Vaughn Clark

Director of Community Development at the Oklahoma Department of Commerce

Jerry Friedman

Executive Director of the American Public Human Services Association

Mario Gutierrez

Director of Rural and Agricultural Worker Health Programs at the California Endowment

Susan Patnode

Executive Director of the Rural Law Center of New York

Bruce Weber

Professor of Agricultural and Resource Economics at Oregon State University

For more information see www.rupri.org
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Access to Social Services in Rural America

Based on research by Scott W. Allard and Jessica Cigna

Changes to the nation's safety net for vulnerable families have unduly affected rural communities. Since the mid-1990s, welfare cash assistance has become a much smaller component of government programs to support vulnerable families, while job assistance, mental health services, subsidized child care, and adult education have expanded. For every dollar spent on cash welfare, the government spends at least \$10 to \$15 on these other types of social services, which often are delivered by community-based, nonprofit service providers.

Rather than a single safety net of national antipoverty and social service programs, the nation now has many different local safety nets, which vary from community to community. This patchwork of safety nets is more vulnerable to mismatches between those in need and the services available to support them, and it is more likely to leave gaps in services. Because social service programs are more likely to be cut during economic downturns and tough budgetary times, the service components of the safety net tend to contract just as need for assistance is expanding.

Rural areas, which have higher and more persistent poverty than urban areas, face difficulties under this new approach because their sparse population and fewer economies of scale make it hard to sustain a tightly knit net of services, and because rural areas have fewer philanthropies and a smaller tax base to fund and support the needed services. When the government mailed a check to poor persons, as was the practice under the former system of public assistance, it mattered little whether that person was living in a rural or urban community. The check arrived regardless. However, today there is no guarantee that a social service program will be readily available in every rural community.

In their RPRC working paper, "Access to Social Services in Rural America: The Geography of the Safety Net in the Rural West," Scott W. Allard and Jessica Cigna trace the geography of the nation's social service safety net, finding at times a poor match between need and availability of services, and services that are less stable and predictable when they are available.

Study Description

Allard and Cigna trace social service provision in two high-poverty rural regions in the West using data from the Rural Survey of Social Service Providers, a phone survey of executives and managers of social services in four high-poverty rural areas (response rate was 60%). The authors focus on two of those areas, the border area of California and Oregon, and southeastern New Mexico. They examine the types of assistance readily available to the poor in those areas, how the programs are funded, and their stability. The New Mexico location spans six counties and the California/Oregon locale spans 10 counties. The services provided include outpatient mental health services; outpatient substance abuse counseling; affordable housing assistance or lease or mortgage counseling; cash assistance with rent; adult education; English as a Second Language classes; GED classes; job training and placement services; and one-time cash assistance, utilities assistance, or food assistance.

Holes in Rural Safety Nets

The authors find that nonprofit organizations provide 57% of social services in the Southwest and 67% in the California/Oregon counties studied. Many operate with very modest budgets (under \$200,000), and it is not unusual for rural stretches to have no service providers or programs at all. ▶

Scott W. Allard is an associate professor in the School of Social Service Administration at the University of Chicago and is author of *Out of Reach: Place, Poverty, and the New American Welfare State*, coming in December 2008 from Yale University Press. For more information on this and other related projects, see www.scottwallard.com.

Jessica Cigna is a graduate student in the Master of Public Policy program at Brown University.

The paper is available at www.rprconline.org

To map any gaps between need and access to social services, the authors calculate the ratio of working-age poor persons to the number of clients served, aggregated for each county and across low-poverty (poverty rates of 10% or less), moderate (poverty rates of 11-20%), and high-poverty (more than 20%) census block groups. (Block groups are areas of small, contiguous groups of census blocks, which typically are block-sized areas bounded by streets or other physical features.) The authors then correlate the number of clients served in a particular block group to the poverty rate in neighboring block groups. This allows them to determine the extent to which service providers locate near areas with higher or lower poverty.

In general, the authors find a relatively good fit between need and service availability (see Table 1). Most services (nearly one-half) are located in high-poverty areas—48% in Oregon, 75% in California, and 66% in New Mexico. Yet this good fit is not universal.

Allard and Cigna find that 20% of the block groups in Lea County, New Mexico, contain few services but are surrounded by areas with many poor families. The most prevalent mismatch is in Hispanic barrios and in some of the poorest neighborhoods in the New Mexico counties surveyed. Likewise, Douglas and Jackson counties in Oregon, which are both home to a large number of poor families, have few service slots by comparison.

Mismatches also occur when service providers locate in areas with relatively low poverty. For instance, approximately 15% of providers interviewed are located in low-poverty areas. This type of mismatch can be found clearly in Eddy County, New Mexico, Siskiyou County in California, and Josephine County in Oregon. About 10% of the block groups in Eddy County, most located in the town of Carlsbad, are in areas of low poverty but with many service slots.

Maps 1 and 2 show how far some of the poorest families must travel to reach needed social services. As the

Table 1
Distribution of Correlation Clusters between the Number of Clients Served in Census Block Groups and the Number of Working-Age Poor Persons in Surrounding Block Groups

	Percentage of Block Groups in Each Type of Correlation Cluster				
	High Poverty – High Clients	High Poverty – Low Clients	Low Poverty – High Clients	Low Poverty – Low Clients	No Significant Cluster or Relationship
SOUTHEAST NEW MEXICO					
Chaves County	6.1	6.1	—	22.5	65.3
Curry County	15.4	12.8	2.6	20.5	48.7
De Baca County	—	—	—	—	100.0
Eddy County	—	—	10.3	18.0	71.8
Lea County	—	20.3	4.7	15.6	59.4
Roosevelt County	23.1	7.7	—	—	69.2
CALIFORNIA					
Del Norte County	35.3	5.9	5.9	11.8	41.2
Modoc County	—	—	—	—	100.0
Siskiyou County	8.1	—	8.1	5.4	78.4
OREGON					
Coos County	—	9.2	3.1	20.0	67.7
Curry County	—	6.3	—	—	93.8
Douglas County	—	11.0	1.1	20.9	67.0
Jackson County	19.4	8.3	5.6	13.9	52.8
Josephine County	11.3	9.4	9.4	5.7	64.2
Klamath County	4.4	1.5	5.9	14.7	73.5
Lake County	—	—	—	66.7	33.3

Note: Row percentages are reported. Data reflect only government and nonprofit service organizations that serve low-income populations at low or no cost. “—” indicates no significant clusters in that particular category.

Source: Rural Survey of Social Service Providers

maps reveal, most of the services are located in major towns. These towns no doubt have many families living in poverty, but clearly many poor families are driving long distances to reach service providers, particularly in New Mexico.

Maps 3 and 4 zero in on major population centers in these areas. In Medford, Oregon (Map 3), service providers cluster near concentrations of poor families in town. However, some residential areas on the northwest, west, and southeast ends of Medford have higher poverty rates and fewer services.

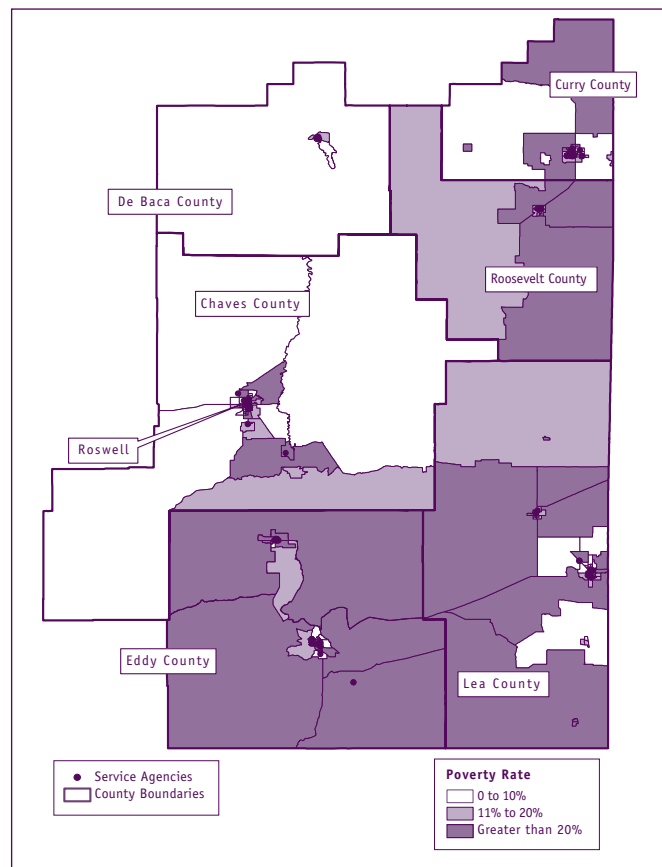
The area in and around Crescent City, California (Map 4), has been hard-hit by downturns in both the timber and fishing industries. Unfortunately, there are few social service programs available to the region's increasingly vulnerable families. As shown in Map 4, however, the services available are seemingly well-matched, located as they are in high-poverty areas. Nevertheless, as in other rural areas, the sparsely populated poorer areas beyond the town center have access to virtually no social service agencies.

Families in remote areas or who live 10 or 20 miles from the nearest town are no less likely to be poor, yet they are considerably more likely to lack nearby services such as job training, mental health services, or other needed supports than low-income rural populations living closer to town centers. When families must drive significant distances, they are less likely to use services. Indeed, when asked, one-third of California/Oregon providers interviewed said that transportation was a frequent obstacle for their clients in accessing social services, and approximately one in five agencies in New Mexico cited transportation as an important barrier to service use. Agencies also cited difficulty arranging child care (42% in Oregon/California and 27% in the New Mexico study area) and physical health and substance use problems as frequent obstacles to completing social service programs. ▶

Map 1: Oregon



Map 2: New Mexico



Data reflect only government and nonprofit service organizations that serve low-income populations at low or no cost.

Source: Rural Survey of Social Service Providers

Challenges of Funding Social Services in Rural Areas

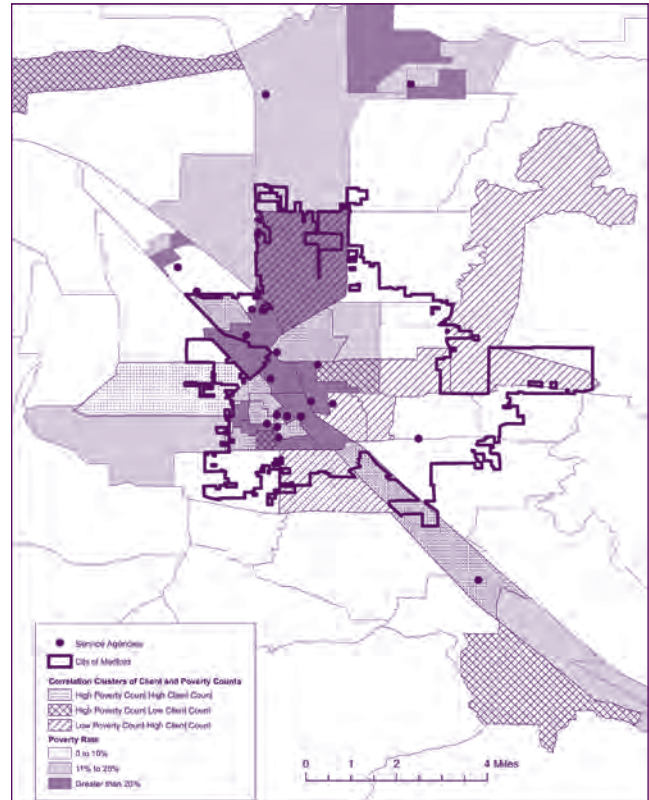
Even though social service funding historically has relied on private philanthropy, agencies operating in rural areas today depend heavily on government funding for services. Almost 60% of nonprofit organizations in the New Mexico study area and 83% in the California/Oregon study area receive some form of government program funding; most of these agencies draw at least half of their budgets from public sources. Approximately one-fourth of nonprofit organizations in each site also receive Medicaid reimbursements for services. (Nationally, Medicaid has been a growing source of funding for social services.) These Medicaid funds make up a significant share of their operating budgets—often one-half or more.

Dependency on government funds puts rural agencies in precarious positions when public funding declines, which is currently the case in many rural western communities. About one-third of service providers in the rural New Mexico study sites and one-half in the California/Oregon study sites report funding cuts in the past few years. In response, many providers have cut back services, cut back caseloads, pared staff, and even closed their doors.

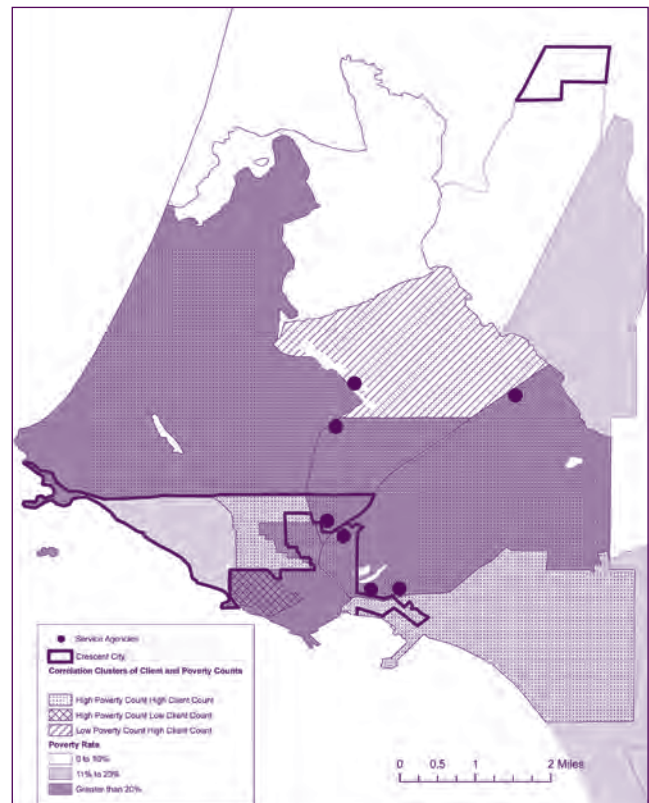
That said, more than 70% of service providers surveyed in New Mexico and nearly 60% in Oregon/California still receive funds from private giving or donations, and approximately six in ten report funds from nonprofit grants or charitable foundations. Although these funding sources are more stable than government funding, they support only a small share of all programs available in rural areas.

Rural areas, with persistent patterns of poverty and rapidly changing economies, need social service programs to support poor families as they seek work, transition to new jobs, return to school for more training, or address mental health and substance use barriers to employment. Service providers across the country face many operating struggles, but rural providers face additional place-based hurdles, among them the mismatch in remote areas between need and service availability. Finding new community-based approaches to funding and delivering social services in rural areas is important to ensure working poor persons can access the work supports they need to achieve economic self-sufficiency. **RPRC**

Map 3: Medford, Oregon



Map 4: Crescent City, California



Data reflect only government and nonprofit service organizations that serve low-income populations at low or no cost.

Source: Rural Survey of Social Service Providers

Rural Communities: Good for Studying Neighborhood Effects and Social Mobility

Based on research by Chris R. Colocousis and Cynthia M. Duncan

We know much about what makes a community strong: wide-ranging social networks, ample role models, a core of locally owned businesses, trust between neighbors, and a sense that by working together, community members can overcome obstacles. But we know less about how poor communities, which lack many of these traits, create this synergy and shed their poverty for greater prosperity. In other words, although we know what traps people and places in poverty, we do not know exactly how upward mobility happens when poor places develop. What factors come together to create the tipping point when a community transforms itself into a more stable and prosperous place to live?

A key factor in this type of community change, as Chris Colocousis and Cynthia Duncan point out in their RPRC working paper, “Community Change and Social Mobility in Poor Places: A New Research Agenda for Rural America,” is a solid middle class. A middle class anchors important institutions and provides necessary human and financial capital to sustain healthy places. Yet often in urban neighborhoods—the traditional model for understanding how community affects poverty—when families “make it,” they leave for greener pastures, depriving the community of this important middle class, and depriving researchers of success stories from which to draw important lessons.

Rural areas may be a better staging ground for exploring upward mobility, Colocousis and Duncan suggest, because residents often sink deeper roots and may be less likely to pick up stakes and move elsewhere. By remaining, the local middle class grows, and with it comes a catalyst for change in the entire community. In addition, because the relationships between poor families

and their middle-class neighbors and the community’s institutions are more apparent and visible in rural areas, social scientists may be better able to isolate the social, political, and institutional factors that spur change.

The Community and Environment in Rural America Study

The authors draw on a large survey of rural communities conducted by the Carsey Institute to compare the different features of persistently poor, declining, and growing rural communities. The survey interviewed 7,800 people in 19 rural counties in nine states that represented a wide variety of circumstances, from boom to decline. These were categorized as *persistent poverty* areas, such as in Appalachia or the Delta; *declining* areas suffering from population loss, such as in the Great Plains; *amenity/decline* areas that are experiencing a mixture of amenity-based population growth and decline in traditional industries, such as Oregon in the Northwest or New Hampshire and Maine in the Northeast; and *amenity/boom* areas that are experiencing population booms, such as in the Rocky Mountains. The study regions differ greatly in terms of class structure, civic culture, and residents’ relationships to local institutions.

Class Differences in Social Trust Are More Pronounced in Poor Areas

The persistently poor places in the survey had more limited opportunities, smaller middle classes, and deeper social divisions. Social cohesion, a key factor in well-functioning communities, is lower in persistent poverty places. For example, approximately 70% of residents in chronic poverty areas say people there could work together effectively on important community issues. The counties in the Great Plains, in contrast, rank high on trust and cohesion, even amid dramatic population decline—roughly 90% of respondents there say people could work together effectively. Similarly, approximately 90% of residents in the amenity-rich areas say they could work together effectively (see Figure 1).

Not only are community resources lower and civic culture weaker in poor places, but divisions between

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classes are starker. In these regions, poor families perceived lower levels of social trust than middle or high-income families in the same communities.¹ These interclass differences are less pronounced in the other study regions (see Figure 2). In booming, amenity-rich areas, for example, consistently 95% or more of upper, middle-, and low-income respondents say people there are willing to help their neighbors. In chronically poor places, in contrast, 87% of middle- and high-income respondents agreed that people are willing to help their neighbors, compared with approximately 70% of low-income respondents.

These results illustrate differences in social resources across rural places, differences likely mirroring those by class structure. These community conditions affect the perceptions and experiences of those at the bottom of the social strata. Where the middle class is weaker, low-income residents perceive substantially less trust and cohesion than other residents. Such differences begin to shed light on how communities function, or do not, with respect to the extension of opportunity to poor residents.

Social Isolation More Evident in Chronically Poor Counties

Membership in local organizations is also low in chronic poverty regions, and again, differences between income groups are more pronounced in poor places. While affluent residents have similar levels of civic engagement across three of the four county types, the same cannot be said for middle-income and poor residents. Only about 30% of the poor in chronically poor places belong to at least one organization. In the declining Great Plains, by contrast, more than 50% of poor residents belong to at least one local organization, suggesting that these residents

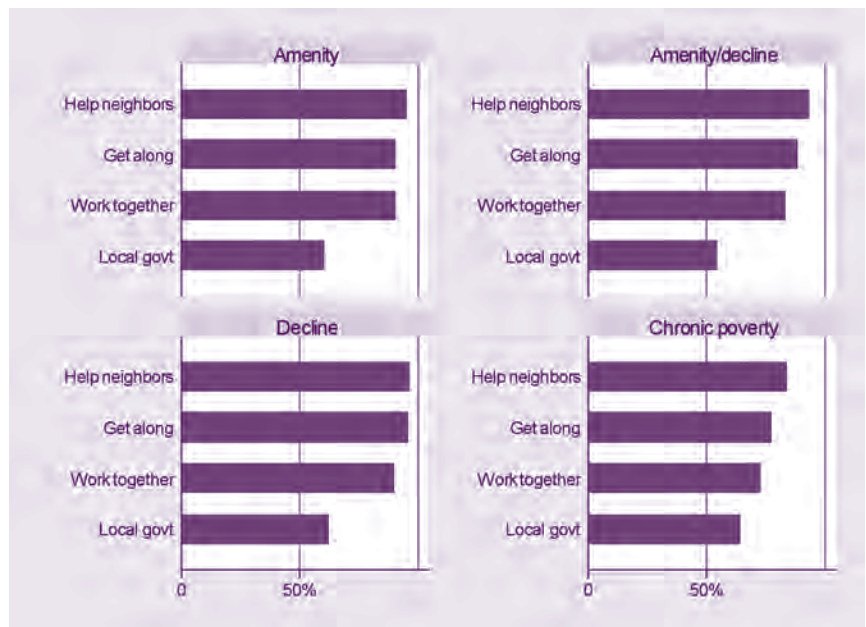


Figure 1

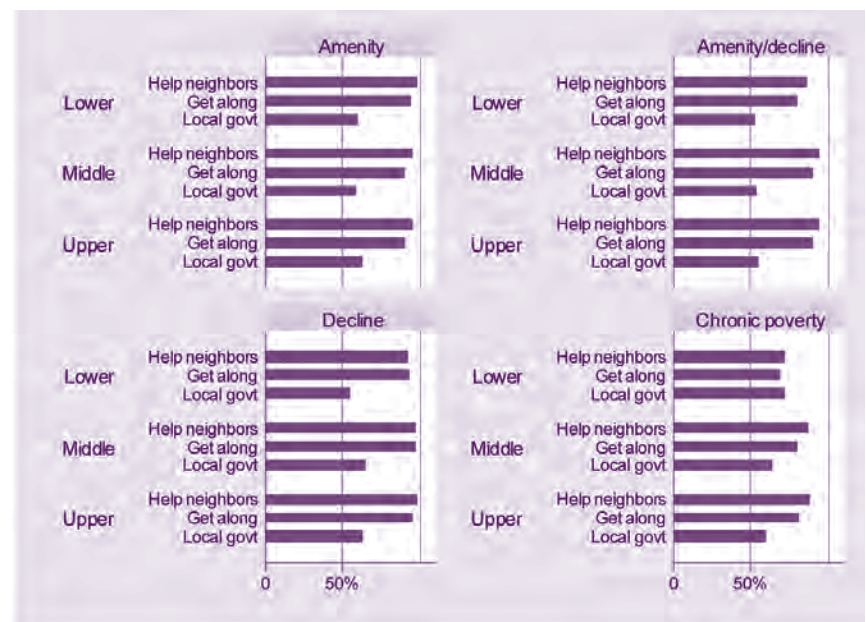


Figure 2

are less isolated from local institutions, and perhaps the mainstream opportunity structure, than are those in chronically poor Appalachia or the Delta.

A key institution for healthy communities is a solid school system, and middle-class incomes are an important source of financial support and accountability for schools. Not surprisingly, concern about the quality of public schools is highest in chronically poor communities and lowest in the Great Plains, with its stronger civic culture and lower poverty.

1. Poor households are those with incomes less than \$20,000 in 2006; middle-income households report income of \$20,000 to \$90,000 and high-income households report \$90,000 or more income.

A New Research Agenda


Clearly, the ability to seize opportunities and rise out of poverty is affected by the characteristics of a community. The results of the survey point to the important interplay between residents' socioeconomic status, their relations to community-level forces and institutions, and the local political economy.

The chronically poor communities in their study lack many of the building blocks of a prosperous and healthy community. Residents there were less likely to report trust among their neighbors, an ability to work together, or a willingness to help one another, and they were less likely to be connected to community institutions. Further, differences between income groups in these characteristics were more pronounced in chronically poor places. Places with a strong middle class have a more robust civic culture, greater civic engagement, and stronger local institutions.

Researchers interested in social change and the processes through which communities are transformed into more resilient places may find rural communities particularly useful research sites. If upwardly mobile rural residents do stay in their communities, why do they stay? Is it because they are more attached to their community's social networks, to the land itself, or to other attributes of place? How is place-based social mobility related to the quality and character of community institutions, and how are these factors in turn related to the size and

functioning of the local middle class? These are just some of the questions future research could explore.

Focusing on the how the local middle class functions over time and in place can move research away from a "social contagion" perspective on the effects of poverty to considering how and why the presence of middle-income neighbors is beneficial for local residents. In particular, the concept of collective efficacy has not been widely studied in rural areas, but it may be crucial to understanding the process by which rural communities change for the better. By studying these and other community characteristics, researchers might more fully understand the process behind social mobility and offer community developers insights on where to target their efforts.

Community development has long toiled to spur change in impoverished communities, both urban and rural. Largely, however, the field has focused on improving conditions in these neighborhoods or communities by building affordable housing and sometimes creating workforce development programs. The underlying goal, it would seem, is to improve conditions for poor people, accepting that people will remain poor. Perhaps instead, the authors argue, researchers should be studying rural places in the Great Plains that manage, despite continued population losses and other hardships, to maintain strong and equitable community institutions and personal relationships. And much could be learned from rural communities that have successfully extended opportunity to once-poor residents. 

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