



Spring 2009

Contemporary Rural Social Work - Spring 2009 (Volume 1, Number 1)

Follow this and additional works at: <https://digitalcommons.murraystate.edu/crsw>



Part of the [Social Work Commons](#)

Recommended Citation

(2009) "Contemporary Rural Social Work - Spring 2009 (Volume 1, Number 1)," *Contemporary Rural Social Work Journal*: Vol. 1 : No. 1, Article 10.

Available at: <https://digitalcommons.murraystate.edu/crsw/vol1/iss1/10>

This Complete Issue is brought to you for free and open access by Murray State's Digital Commons. It has been accepted for inclusion in Contemporary Rural Social Work Journal by an authorized editor of Murray State's Digital Commons. For more information, please contact msu.digitalcommons@murraystate.edu.

From the Editor

Michael R. Daley, Ph.D., University of South Alabama

The National Rural Social Work Caucus: 32 Years of Achievement

Barry L. Locke Ph.D., West Virginia University

Address given to the 32nd Annual National Institute on Social Work and Human Services in Rural Areas

The author presents a brief history of the Rural Social Work Caucus and outlines some of its important contributions.

Key words: rural social work; rural caucus, history

Voices of Women in Rural India: Empowerment, Entrepreneurship, and Education

Joanne Riebschleger, Ph.D., LMSW, School of Social Work Michigan State University

Brittany Fila, BASW, School of Social Work and School of Public Health Grand Valley State University

Key words: India, women, rural, community organization, and social work

Abstract

Women self-help group participants in rural northern India described living with social and economic challenges, including persistent poverty and discrimination. Self-help group participants, teachers, administrators, and parents discussed rural education. Stakeholders talked with a social work student serving an intensive internship in a grassroots non-governmental organization. A grounded theory approach guided data collection, coding, and analysis. Self-help group participant data themes included the empowerment of women and development of entrepreneurship. Education stakeholders revealed a need for increased access to education, especially for girls and young women. Therefore, recommendations centered on “3 E’s” – *empowerment, entrepreneurship, and education*. American and Indian social workers, community organizers, and social work educators have much to learn from each other in the quest for social and economic justice.

Worker Safety within the Child Welfare System

Sylvia Hawranick, MSW, Ed.D, Ohio University Department of Social Work

Peg McGuire, MSW, Ph.D, LISW, Ohio University Department of Social Work

Candell Livingston Looman, LSW, Ohio University Department of Social Work

Abstract

Literature surrounding safety issues affecting the child welfare system is examined with a special emphasis on rural Appalachia. A review of the existing literature regarding personal safety and safety training of child welfare employees revealed limitations. The annual conference of the National Association of Social Workers in West Virginia provided a venue for gathering information regarding overall incidents of a threatening nature to child welfare social workers. Information regarding the numbers and types of safety trainings provided to the child welfare social workers was also explored. Two of the authors designed a workshop as a focus group from which information could be used to lobby for policy change. The authors suggest recommendations for improved worker safety procedures, training, and agency support. They additionally suggest inclusion of worker safety training into the Council on Social Work Education mandated curriculum. Implications for the social work profession, field education, and future research are discussed.

Key words: child welfare; safety; violence in the workforce

Developing a Hybrid Research Course for Rural BSW Students

Monte Miller, School of Social Work East Carolina University

Lena Carawan, School of Social Work East Carolina University

Abstract

Rural social work educators are facing intense demands to provide distance education, reach larger numbers of students, and deliver crucial social work educational content using multiple technologies. The development of a BSW research hybrid course in a rural setting which integrated face to face teaching with technology is discussed. The hybrid research course utilized compressed video and three face-to-face Saturdays. Course evaluations and pretest/posttest research findings are presented. Strategies for the development of hybrid courses are discussed.

Key words: rural social work education, rural distance education, rural social work, teaching with technology, teaching BSW research

Substance Abuse Program Availability and Child Maltreatment

Cindy Juby, Ph.D., Department of Social Work University of Northern Iowa

Abstract

The objective of this study was to examine the relationships between substance abuse treatment availability, drug and DUI arrests, and child maltreatment across metropolitan, nonmetropolitan/adjacent, and nonmetropolitan/nonadjacent counties in Iowa. County-level data from Iowa between 2002 and 2005 were analyzed for associations between the selected variables. Regression and a path model were the methods of analysis and minority and poverty status were included in the design as control variables. The results revealed that counties with further proximity from metropolitan areas, those with increased drug arrest rates, and those with the highest poverty rates had positive and significant impacts on child maltreatment rates.

Keywords: substance abuse, rural services

Better Health through the Salud Para la Vida (Health for Life) Project

Susan Dollar, Ph.D., LCSW; School of Social Work Missouri State University

Helen Reid, Ph.D., College of Health and Human Services Missouri State University

LaRaeda Sullivan, RN, James D. Warn Community Clinic

Abstract

The Salud para la Vida (Health for Life) project was a demonstration project through the Missouri Foundation for Health which utilized interdisciplinary collaborations to address rural Latino health needs in southwest Missouri. Social workers and other professionals were uniquely qualified to work across counties with church, business, school, emergency management, law enforcement and health clinic leadership in promoting and sustaining the project. Salud para la Vida is worthy of replication in other regions that face similar challenges in providing culturally competent health services to Latino immigrants.

Keywords: Latino-Hispanic Services; health outcomes; rural services; community practice; interdisciplinary practice

Rural Culture: Poetry

Mary Murphy, MA, University of South Alabama

Butter Churner

Rooster

From the Editor:

Michael R. Daley, Ph.D., University of South Alabama

Welcome to the inaugural issue of *Contemporary Rural Social Work* and hopefully this will be the first of many issues. This journal is the work of the Rural Social Work Caucus which is the organization that exists “by rumor” and has been a driving force for rural social work since its inception in 1976.

It has been some time since we have had a journal that was specifically focused on issues related to rural social work and human services. At one time the Rural Caucus had a close association with the journal *Human Services in the Rural Environment* but that publication ceased several years ago.

In this issue we hope to capture a bit of the spirit of the Caucus beginning with an address given by Barry Locke at the annual meeting of the group in Montgomery, Alabama. This piece gives a brief history of the Rural Caucus and its contributions to the Social Work profession along with some suggestions about where it may be headed. This is followed by an International piece from Joanne Riebschleger and Brittany Fila that examines the roles of women in rural India.

Sylvia Hawranick, Peg McGuire and Candell Livingston Looman explore several aspects of worker safety within the Child Welfare system while focusing on rural Appalachia. Monte Miller and Lena Carawan look at the academic side of preparing social workers for rural practice in their article about developing a hybrid research course for rural BSW students. In a piece about the child maltreatment Cindy Juby explores the relationship between maltreatment and the availability of substance abuse programs in rural areas.

Susan Dollar, Helen Reid and LaRaeda Sullivan give us an overview of health care services to the growing population of Hispanics in rural areas with their *Salud Para la Vida* article. Finally, to better capture the spirit of the Caucus, two poems by Mary Murphy that focus on rural life are included.

We hope that you find this issue interesting and useful and we will be back soon with another edition.

MD

The National Rural Social Work Caucus: 32 Years of Achievement

Address given to the 32nd Annual National Institute on Social Work and Human Services in Rural Areas

Barry L. Locke, West Virginia University

Introduction

At last year's institute, hosted by the National Rural Social Work Caucus and Western Kentucky University, some of us were talking and noted that we are seeing a number of fresh faces at these meetings. We find that an exciting development, but it also has meant we spend a lot of time trying to explain what is an organization of rumor and what is this critter known as a caucozoid (a word coined by Jim Winship as I recall)? I volunteered to talk about that proud history today, as I am likely one of the few active members remaining in this effort that was present for our first institute at the University of Tennessee in 1976.

A long and proud history of social work in rural contexts exists from the early days of the 20th century to the present. In its earliest expression much of social work practice in rural places was carried out by important local rural institutions like the Grange and the church, and with the coming of Widows Pensions and ultimately the New Deal, the public welfare sector. Emilia Martinez-Brawley has well documented this in her books addressing social work practice in rural areas (1974, 1981).

However, by the 1950s, for a variety of reasons including the re-discovery of urban poverty, the focus of the social work profession is increasingly turned to our cities and urban places. With the coming of the decades of the 50s & the 60s we find social work increasingly defined as an urban profession, with the popular view of rural America as a place populated by happy people living on their pristine family farm where life was uniformly good and the modern problems of urban life was happily avoided.

In 1969 the rebirth of interest in social work in rural areas was facilitated by a speech given by Dr. Leon Ginsberg, then Dean of the School of Social Work at West Virginia University. His address "Education for Social Work in Rural Areas," was delivered to the Annual Program Meeting of the Council on Social Work Education and served as the launch point for the current rural movement and interest in rural places that causes us to be here today.

Organizational History

In 1976, the University of Tennessee, School of Social Work hosted the first of what came to be these annual institutes. That meeting also served as the founding event for the National Rural Social Work Caucus which was created at the second institute hosted by the University of Wisconsin at Madison.

As many of you may recall, we often refer to ourselves as an organization operating by rumor. This reflects the original decisions of those who came together as the caucus not to create a formal structure with by-laws, etc. This view was a result of a conviction that rural people did not much stand for formalizing structures and preferred a more informal system for operating. Over the years this has been a controversial point and continues to be a discussion point to this day (so you may hear some discussion at this meeting on this continuing issue of just structured should we be).

One result from this decision, and early on it was part of our political strategy as well, was to say that everyone who attends this conference by definition is a member of the caucus (welcome to all our new members here today as a result of our morning oath led by our very own Richard "Oz" Osburn). This has the advantage of correctly allowing us to say that we speak for the social workers that find their way to this meeting at some point and also explains why you have been invited on the program to attend the planned meeting of the caucus at this conference.

To facilitate on-going contact and conversation about rural issues in the social work profession, the Caucus set up an officer structure with a president, VP, and secretary to help us do whatever business was necessary. Additionally, we also had volunteer representatives from each Federal region. We have tended to move away from that model these days and while retaining the officers structure, have people volunteer for the executive committee and other task committee that are identified from time to time.

Historically and currently, we have an official business session at this annual meeting and then use other meetings around the country, e.g.

the APM at CSWE as networking opportunities to get together and review common issues or concerns that we may have. Today we continue to operate under this model-one of my colleagues suggests

that we are a favorite example of what he calls a "commons" (Lohmann, 1992). As applied to the voluntary sector, this is a concept where people with common interests and goals come together and commit to achieve them. Thus far, our structure, or lack of it as you prefer, has supported our achieving the purposes set forth for the National Rural Social Work Caucus in the late 1970s.

Achievements

The Annual Institute Probably the most important activity that the caucus has taken on has been the recruitment of colleges and universities to host the *Annual National Institute on Social Work and Human Services* each year. The original plan, which I personally think still works well for us, was to move the meeting around the country by identifying an institution that identified with the social work mission to serve rural places and the people that live there to serve as the Institute host. We are now in our 32nd year and we have met in most rural areas of the United States. This is our first trip to Alabama and we are most pleased to be in this part of the world. Looking to the future, we hope to partner with institution in the upper great plains, the southwest, and possibly Canada.

Each institute is planned and hosted by the selected college or university and the role of the caucus is to pass on our traditions and expectations, as assist in marketing the annual institute as members travel around the country. For example, each year the West Virginia NASW Chapter hosts a networking session of the annual institute to market it to social workers attending their annual conference. As I think about our efforts over the years some of the key ideas that have guided the institutes are:

- A. A goal of blending education and practice in our program by highlighting the rural context and culture where we are meeting
- B. Program content should clearly reflect links to the rural context and issues
- C. The program should reflect the value of music in rural cultures
- D. The host institution would produce a set of conference proceedings.

On the logistics side, we felt that meeting in smaller venues helped to keep the informal nature of our group intact and hopefully would keep the registration costs lower, and to a degree we have succeeded in this. From the beginning we encouraged the involvement of our families at this event and that has made it richer as well. One change I have noted is that we are a bit less dorm dependent these days. I assume that has something to do with the aging process for many of us and less flexible bones for those dorm beds.

As with any effective movement, we have our traditions. Each institute produces t-shirts-several have come to adorn our beautiful caucus quilt. A recent addition, the quilt travels to the next conference site to be displayed for all to enjoy as we convene there. We have our own song and it captures wonderfully well who we are and what we hope to achieve. We have been blessed to have the past conferences well documented in photographs and Bob Rich, Eastern Washington University, has created a wonderful media presentation based on them. I look forward to seeing what new traditions we may add as we move forward.

Influencing the Social Work Profession I am aware that there has been at least one dissertation that looked at the Caucus and its impact on the issues associated with social work practice in rural areas. Michael Jacobsen (1985), who was one of the early leader's of this effort, did that work. His research investigated the role of the caucus in helping interest in rural practice issues come to the forefront during the 1969-1984 period. He concluded that the caucus had played a significant role in focusing the social work profession on rural places and the social issues to be found in them.

Specifically, he credited the leadership of Steve Webster and Paul Campbell, who had planned and hosted the first institute at the University of Tennessee as being instrumental in getting professional bodies like NASW, CSWE, and the American Public Welfare Association to give more attention to rural concerns (1985).

In fact, the Caucus was responsible for introducing the policy statement on rural areas that continues to be part of the NASW policy statements found in *Social Work Speaks* (2003). The caucus was also responsible for the most recent re-inclusion of the statement on rural social work practice and continues to monitor changes that be necessary for its continuing inclusion as a professional policy statement in our profession.

The rural social work caucus quickly became an important support mechanism for CSWE accredited programs in rural areas. The late John O'Neill, who was the Dean at Eastern Washington University,

was one of the early actors who carried these concerns to the Council on Social Work Education. An early concern centered on the perception that the accreditation standards were problematic for rural programs, as they appeared to be established for large city urban institutions. While that point has yet to be conclusively proven, the network that has developed within the caucus for social work educators has proven helpful in supporting rural programs in demonstrating that they meet the professional accrediting standards, thus demonstrating they are quality programs.

A number of early key members of the caucus have gone on to Deanships and senior faculty positions and continue to challenge the profession to attend to the issues and needs of rural areas. Thus the Caucus was a vehicle for growing professional leaders in social work education and practice who care about the issues and concerns of rural people.

Scholarship The caucus has played a very important role in growing a body of professional knowledge that supports social work practice in rural areas. From the first institute at the University of Tennessee, the college or university that served as host has tried to produce some kind of published document showcasing the research and scholarship presented there. Several conference proceedings have been produced that have been important contributors to the knowledge base for professional practice in rural areas. Additionally, some of the institutes have produced published books (the 23rd hosted by the University of North Carolina at Chapel Hill and the 26th hosted by the University of Texas-Austin).

The caucus was instrumental in establishing a newsletter that grew to become a professional journal - Human Services in the Rural Environment (HSITRE). HSITRE was supported for many years by the School of Social Work at Eastern Washington University under the capable editorship of Dr. Lynne Morris. As resources became limited, it was not possible for EWU to continue to support the journal and lacking a successor institution it was discontinued.

Currently the caucus, under the leadership of Dr. Mike Daley, is introducing an electronic journal that will be hosted by the Rural Social Work Caucus. The journal will be known as the Journal of Contemporary Rural Social Work and will begin accepting abstracts in the fall of 2007.

Transitioning to the Future The National Rural Social Caucus has a proud history of achievement over the past 32 years and we look forward from this place with continuing optimism. Viable organizations remain so by taking a look at where they are from time to time and as we come together again for the 32nd time, I think it is

also important to think about our future.

I see the National Rural Social Work Caucus as being in a time of transition. Most of the original founders have moved on to other professional opportunities or retired and in at least a few cases passed on from this life. As is true in solid organizations, new leadership is in place and the commitment to this commons remains strong. I hope each of you will continue to be part of this on-going effort and help us become even stronger as a voice for rural issues.

I thought I would end this review of the caucus by looking into the cloudy crystal ball of our future and the caucus:

- I think it is important to find a way to create some formal structure that we can use to get ourselves invited to the various policy discussions that take place at the federal and state levels that impact our rural places. (Finding ways to work with Rural Policy Research Institute comes to mind for me).
- If history is a good predictor, issues like immigration reform, health reform, and economic development are likely to have impacts for rural people beyond initial understandings of most policy makers and the caucus may want to create expertise that can respond to such opportunities as they are discovered.
- While we know about us, how do we reach out to others within our profession who may have rural interests, but for whatever reasons may never heard of this organization that operates by rumor? How do the spread the rumor more effectively and hopefully gather others with us?
- While the announcement that we will be creating an electronic journal is welcome news, our challenge will be how do we support it? I believe the need remains for such a resource.
- How do we facilitate an on-going dialogue about rural issues-for example, Mike Daley is raising again the question of rural uniqueness-that is a question of merit for us and I wonder if there are others we could identify that others might work on for the caucus to develop our knowledge base as we move forward?
- Finally, should the caucus try to establish some on-going relationships with the international social welfare community? A couple of years ago I have the pleasure of attending a weeklong meeting in Virginia focused around international rural policy needs and issues. There were participants from 48 nations present at that meeting and the common ground with our issues was very apparent

to me. Maybe leadership will come forward that will help us to establish stronger ties internationally.

I am certain that you may have other thoughts or recommendations that we need to attend to as well and I hope you will share them. The point is that our work needs to continue and I hope this "traveling road show" will continue to show up somewhere around this great nation of ours every summer. Thank you for this opportunity today.

Bibliography

Lohmann, Roger A. 1992. *The Commons: New Perspectives on Nonprofit Organizations and Volunatry Action*. San Francisco: Jossey-Bass.

Martinez-Brawley, E. A. 1980. *Pioneer Efforts in Rural Social Welfare*. State College, P A: Penn State Press.

Martinez-Brawley, E. A. 1981. *Seven Decades of Rural Social Work*. New York: Praeger

Author. (2003). *Social Work Speaks: National Association of Social Workers policy statements, 2003-2006-sixth edition*. Washington, DC: NASW Press.

Voices of women in rural India: Empowerment, entrepreneurship, and education

Joanne Riebschleger, Ph.D., LMSW, Michigan State University

Brittany Fila, BASW, Grand Valley State University

Introduction

An undergraduate social work student summarized her study abroad learning about rural women in India with this poem:

Go to the people
Live among them
Learn from them
Love them
Start with what you know
Build on what they have
But of the best leaders
When their task is done
The people will remark
“We have done it ourselves.” (Perkins, 1993, p. 35)

Clearly, the student learned much about community organization in social work practice. *The purpose of this analysis is to relay the voices, actions, and messages of people living in northern rural villages in India per the observations and records of the student social worker.* The majority of the people that talked to the student social worker were women. For example, the women told the student social worker about living with social and economic inequality. They discussed limited access to resources such as income and education. They said that resources were *especially limited* for women living in rural areas.

Strengths of rural areas include informal community resources and leaders (Riebschleger, 2007). In an often patriarchal and impoverished rural India, the student observed that informal community leaders included rural women who pooled their assets to improve village well being. These community organization efforts appeared to be directed toward *empowerment, entrepreneurship, and education*, particularly for women and youth. Empowerment, entrepreneurship, and education comprise the “*three E’s*” of social change efforts of the rural Indian women described herein.

Background Literature

A global economy impacts people across the world within a “complex web of economic relationships” as people’s lives are “linked to the lives of distant others through the clothes they wear, the energy that warms them, and even the food that they eat” (Polack, 2004, p. 281). As international corporations relocate to poorer nations to access cheaper sources of labor and less environmental constraints, people from developed countries can purchase less costly goods and services. People from underdeveloped countries are more likely to find jobs and their national economies demonstrate unprecedented rates of growth. At the same time, rapid development brings environmental damage and social justice challenges as human rights are often compromised with inhumane work environments, child labor, low wages, human trafficking, and inequitable distribution of wealth (Polack, 2004; InfoChange, n.d.).

India’s rapid growth of business-generated capital is hailed as an “economic miracle [that] bypasses” Indian people living in rural areas (Sullivan, 2007, p. 22A). Chatterjee (2006) says that India’s economy is “surging”, with large industry “growing at a frenetic pace” while most rural people are “desperately poor and vulnerable” (p. 1483). The most recent national census taken by the government of India in 2001 indicates that the rural to urban population is 72.4% to 27.6% (At a glance, n.d.). According to the United Nations International Children’s Fund, 35 % of India’s population lives on one dollar or less per day (Census, 2001). Rural Indian people have inadequate access to health services, sanitation, nutrition, and safe drinking water. For example, five percent of children in a poor rural area of Bihar are immunized versus 90% of children in 42 wealthy urban districts (Chatterjee, 2006). Singh (2007) reports that 250 million people in India are poor and 23 million people are unemployed. Poverty in India is further complicated by discrimination toward people with lower social class, lower status caste membership, tribal membership, disabilities, and gender (InfoChange, n.d.; Pande, 2007). For example, O’Neil et al. (2004) found that women from lower caste/class and some tribal affiliations are more likely to be designated from early childhood to enter “traditional sex work.” Sex trade workers increasingly come from “poor low-caste rural families...[that are] pressured to dedicate their daughters” (p. 854).

Indian women live with just laws but unjust application of the laws. India has long held cultural roots that used to include customs such as child marriage, burning the widow on the funeral pyre of her husband, female infanticide, marriage dowries, dowry murders, prohibited remarriage for widows, shunning of widows, rape, and female travel restrictions. Although outlawed, some of these customs appear to continue, i.e., infanticide, aborting female fetuses, marriage dowries, dowry murders, rape, and sex trafficking (InfoChange, n.d.; O-Neil et al., 2004). For example, 5,000 to 7,000 Indian women per year reportedly die in “bride burning” dowry deaths (UPI, 1997; Srinivasan & Bedi, 2007). Srinivasan & Bedi (2007) report that “dowry torture” and “daughter aversion” increase as the dowry tradition of the upper caste/class becomes an “all caste/class phenomenon”; recent changes also include escalating rates of dowry payments (p.1).

Unlike the United States, the Constitution of India guarantees equality to Indian women including forbidding gender discrimination and requiring equal pay for equal work (Menon-Sen & Kumar, 2001). Despite this law, women experience little access to social and economic resources (Kundu, 2006). Most Indian women do not own property; they are frequently excluded from inheritance of property (Nandal, 2005; Panda & Agarwal, 2003). Households headed by women comprise 35% of those below the Indian government poverty line. Violent crimes toward

women are frequent, such as sexual harassment, rape, molestation, physical violence, emotional abuse, and even human trafficking (Panda & Agarwal, 2003; Srinivasan & Bedi, 2007). Pay for women is lower than for men and the jobs they obtain are often less desirable.

Women in *rural areas* of India experience serious risk factors that can impact their very survival and the survival of their family members, particularly young children. Aurora and Srinivasan (2006) report that women in rural India are on the “lowest rung of the socioeconomic ladder” with little capacity to take part in the economic opportunities afforded to others (p. 18). Rural women are more likely to be impacted by traditional social customs. In rural India, 60% of young women are married before the age of 18 (InfoChange, n.d.). Rates of HIV are epidemic for women in rural areas of India (AIDSMAP, 2007). Maternal mortality is particularly high in rural areas where the majority of births are not supervised by a health care professional (Mukhopadhyay, Ray, & Bhatia, 2004). In fact, there are far more men living in India than women. This is a reversal of birth trends worldwide, leading Menon-Sen and Kumar to call for an inquiry into “20-25 million missing women in India. Some are never born [female fetus abortions] and the rest die because they do not have the opportunity to survive” (p. 13).

While women in rural areas make up over half of the low paid agricultural labor and forestry, a broader workforce perspective reveals that rural areas overall are less likely to have people employed in high paying jobs and there are far less women in the *paid* workforce than men (FOA, 2008). Specifically, women are three times more likely than urban women to be employed in “informal workforces” found in agriculture, forestry, and fishing. The hours of work for women can be extreme. FOA (2008) reports, “in the Indian Himalayas, a pair of bullocks works 1064 hours, a man 1212 hours and a woman 3485 hours in a year on a one-hectare farm” (p. 2). Gender inequality also persists in the rural fishing industry where, “Men cast nets while women and children catch fish with hands” (FOA, 2008, p. 2).

Throughout India and particularly in rural areas, women are far less likely to be able to read and write (Dreze & Kingdon, 2001). For example, 34% of women in the rural area of Bihar are able to read and write compared to 95% in the more wealthy area of Mizoram (InfoChange, n.d.). UNDP (1997) reports that 62% of Indian women are illiterate compared to 34% of Indian men. FOA (2008) says, “Female literacy is substantially lower in rural areas than in urban areas” (p. 1). Park (1996) described widespread dissatisfaction of rural women with the top down management style of upper caste male teachers toward mostly lower caste and some tribal village residents. The women were more optimistic about the chances that their children would be able to read and write than for themselves (Park, 1996). More than 50% of girls drop out of school by the time they are in middle school. They are often caring for children and siblings, helping with family work, and/or working in paid employment.

Strategies for improving female education rates include having toilets, free midday meals, free books and uniforms, childcare, more female teachers, and village computer training centers for distance learning (InfoChange, n. d.; Peel, 2007). One strategy for improving the income of rural Indian women and their families is called micro financing. A number of Indian nongovernmental organizations are helping rural Indian village women to pool their assets in order to finance new businesses for members of their collective or self-help group (Sappenfield, 2007; Shakti, 2004; Singh, 2004). Singh (2004) explains that micro-finance, also called micro-credit, offers “a low rate of interest, easy and periodic repayments with a moratorium period, credit for income generating activities, easy process of disbursement, no collateral or security, and less paperwork.” (p. 2).

American social work education and practice are beginning to address needs of international groups such as people living in underdeveloped areas of the world (Bar-On & Prinsen, 1999; Hokenstad & Midgley, 2004). Practice interventions include focusing on communities, understanding connections among people, using generalist practice skills, advocating for just program and policy development, and respecting diversity (Daley & Avant, 2004; Davenport & Davenport, 1998; Locke & Potter, 2004; Murty, 2004; Riebschleger, 2007). Lessons learned from international educational student learning exchanges can bring enhanced knowledge, values, and skills to American *and* Indian service networks and social work education systems (Hokenstad & Midgley, 2004; Robb, 2005; Weiss, 2005).

Methods

Data were drawn from a social work student's international placement in an organization in northern rural India. The social work student was a junior at a large public university in the Midwest. She volunteered within the university international office. The placement was coordinated through a collaborative agreement between the university and a grassroots Indian non-governmental organization (NGO). In this analysis, the Indian organization responsible for the student placement shall be called "the NGO" or "the organization" so as guard anonymity. The student spent 13 weeks in India. For six of these weeks, she lived in a village located in the north Himalayas as an intern for the NGO. The organization had a mission to "explore, support, and provide opportunities a better quality of life to socially deprived and economically marginalized mountain people, especially regional women." (Personal communication, Feb. 21, 2006). The organization trained and disseminated community organizers to help rural residents work to improve the social and economic conditions of their communities and families. Some of the organization's grassroots projects included a medicinal plant nursery, watershed development, a traditional health clinic, and a resource room for educators. The student worked separately with women's self-help groups and the education systems of villages in northern rural India. Self-help group participants and key stakeholder interviewees were part of two convenience samples of evaluation participants.

Self-help groups for rural women

Upon arriving in India, the student and two colleagues met with the president of the NGO, a non-governmental grass roots community organization. He discussed community needs, internship parameters, and organizational programs and approaches. Internship parameters *excluded* asking participants and interviewees about the Indian caste system. It was not culturally acceptable to discuss the caste system with non-Indian visitors. The student and one colleague were assigned to *evaluate* women's self-help groups (SHG) through attending SHG meetings, interviewing organizational leaders, women SHG members, and village members on the impacts of self-help groups on their lives, families, and communities. For a total of six consecutive weeks, the student visited one to four self-help group meetings per day.

The organization leaders served as "guides" for the student and her colleagues to enter self-help group meetings. For example, they introduced the student to the self-help group participants and translated Hindi into English. The self-help groups included intergenerational village women that met regularly to advocate, plan, and support each other socially and economically. Group members pooled their skills, time, and financial resources to assist members with financing social events, such as family weddings, and new business ventures

intended to increase family income. A typical meeting began with the student's arrival. Chai tea and biscuits were served to guests while waiting for members to arrive. In rural India, in accordance with their social and religious practices, guests are afforded utmost respect. The leader introduced the student as a visitor from the USA who wanted to learn about the women and their feelings of empowerment through self-help groups to assist the NGO in evaluating the groups. Then the student shared a few words in Hindi. Group leaders collected monthly savings from each member, recorded numbers, and began the group's song and dance.

One, two, or a group of women responded; their responses were recorded in the student's field notes. The women were *voluntary* informants. They could choose *not to answer* any or all questions, particularly those that they appeared not to understand and those that contained content they did not wish to share. Interviews flowed as offered by participants, although a series of questions helped to guide the discussion. These discussion questions centered on the women's lives, self-help group experiences, challenges, goals, and skills:

1. How many members are in your self-help group?
2. How often do you meet?
3. What is your self-help group purpose?
4. How much do save per month?
5. What type of loans have your members taken out?
6. What was your situation prior to the self-help group formation?
7. What problems do you have?
8. What goals do you have?
9. What is different in your life now that you meet as a self-help group?
10. Are men supportive?
11. What is a normal day like for you?
12. What is a normal day like for each of your family members?
13. How do you make income?
14. What income generating skills have you learned?
15. Do you have any ideas to improve your life?

Depending on the guide's level of English, the guide clarified the question with the student or simply said "language problem" and continued to the next question. Most frequently, the student addressed the women with the question in English and waited for the guide to interpret the question for the women in Hindi.

The social work student recorded the content and process of the discussions with the women as field notes within a project journal. For example, the student wrote field notes about the rituals, savings, number of group members, and the appearances and affect expressions of the groups. To the extent possible, the student captured the words of the women.

Some examples of field note content illustrate the journaling process. The student noticed that some groups did not mention their husbands, or the way the women were being treated within the family. When asked, “What is a normal day like for each of your family members?” women sometimes inferred that their husbands were not around or talked about their children solely. Another field note record showed what appeared to be increased women’s empowerment when the women responded to, “Are men supportive?” with “men have changed and become supportive and have even come to women to ask for loans.”

Because of the language barrier, the question about a “normal day” was sometimes translated to “daily life.” The women responded appropriately saying,

“Harvesting, spreading cow dung on floor for sanitation, drying mustard, and doing household chores.”

The student reported learning about conversations across languages with increased attention to nonverbal communication. For example, she wrote, “I am appreciating the value of [speaking] the same language just as I am enjoying searching for other similarities *without* using verbal communication. Similarly, on the way to her first self-help group, the student wrote,

“The self-help group woman-in-charge is taking us to a large meeting. All I can do is observe and find other ways to communicate.”

Despite these challenges, significant communication took place across the student’s many discussions with women self-help group members and educational key informants. The student wrote that the people she met went out of their way to welcome her so as to increase the process of communication:

[They use] sweets ...to greet us and accept us...I feel comfortable they want us here. The women go out of their way to try to have us understand.”...The women said, “You are our family member, our chief guest.”

Rural education

The organization president asked the student to go to area schools to assess community residents’ perspectives of “what’s lacking” in village education systems. In addition to assessing the “missing links,” the student’s assignment was to “design a model for the future institution of education in rural India” and “provide a module of a new idea” for teachers to change routine. One teacher defined “quality education” as accessible to low income families with “good” teachers who are dedicated to their work.” Another asked for improved facilities, “The physical environment confines creativity.” A woman from one self-help group said:

We are illiterate, but we want our daughters and sons to have equal education. We want our daughters to have good character, intelligence, so we can send her any place, like you. You came here because you have education.

The social work student also visited primary schools in two rural districts within the northern Himalayas region of India. She observed curriculum content delivery, school procedures, and overall primary school learning environments. She talked to teachers, administrators, and parents

about rural education in India. Many of these key informants were women parents. She asked these key informants about youth access to education, quality of education, and what they would like for the future of their educational systems. She asked key informants about access to education for girls and young women. The methodology for data collection was similar to that used for the women's self-help groups. Initial questions were also drawn from the practice literature, program orientation sessions, and the social work student's observations. They included open-ended questions with flexible probes. Questioning followed the process and content of information offered by the key informants. Early interview data helped generate discussion questions for subsequent interviewees. Field notes were regularly recorded. They included many direct quotations of key informants and observational data.

Analyses

The social work student analyzed field notes for topics offered most frequently by the key informants. The student engaged in iterative combing of the data with identification of themes offered by key informants that ranged from broad to specific. Thus data were sorted and assembled using an open, axial, and categorical method consistent with grounded theory analysis (Strauss & Corbin, 1998). Field note data were triangulated with student observations and literature. Main themes, with supportive data to illustrate each theme, were described within a summary course paper and three presentations to community organizers in India, university study abroad faculty, and American social work students, social work professors, and participants of the 2007 annual conference of the National Rural Social Work Caucus. The outcome themes and supporting data were reviewed by, and discussed at length with, a university social work professor. The data and findings of this study were literally built from the ground up (Strauss & Corbin, 1998).

Outcomes

Three main themes emerged from analysis of the key informant discussions and observational data. Two themes were drawn from the self-help group women. First, the women reported that self-help groups were a beginning step in the *empowerment* of women within a largely patriarchal society. Second, the women said that self-help group's micro-finance activities increased opportunities for women's *entrepreneurship* that generated income for the women and their families. A third theme was drawn from data about the rural education system reported by the women in the self-help groups, combined with data drawn from the student's school observations, and as reported by educational key informants, i.e., teachers, school administrators, and parents of school age children. Most parents were mothers of the children. Key informants said there was a strong need for increased access to quality *education* within rural Indian communities, particularly for girls and young women.

Empowerment of women

The development of mutual aid within self-help groups of rural women appeared to be part of a strengthening social action movement among women in rural India. Although the groups were originally encouraged by the grassroots nongovernmental organization, the data suggested that the women made largely autonomous local decisions about what events and

enterprises they would support and to what extent. It appeared that the self-help groups were having a significant impact on the empowerment of women in rural areas per the following field note:

Women repeatedly speak positively about their self-organization, support, and community. During marriage ceremonies, women joined in to help ease the workload. In village K., women expressed that they feel they can talk easily now, have something fun to do, and come out of their houses... Women also said they felt more “in control” after formation of the self-help group. They said they felt “very good” and “important.”

Self-help groups provided opportunities for women to serve as models of leadership for the children that were often present in the background during group meetings. Girls and young women watched their mothers, aunts, and grandmothers serve as decision makers and persons that were listened to by others. Several poignant field notes recorded the enthusiasm of the women self-help group participants: Many of the women appeared eager to attend the groups even if they have to walk for hours to get there.” [Within the groups], the women “were willing to try new things.” The student recorded, “Every woman I talked to had positive feelings toward [the self-help group]” and, “They seem to have a sense of pride and ownership in their group organization.”

It appeared that the self-help groups might take on some of the functions of supportive extended family kinship networks (Srinivasan, 1997). For example, they provided a mechanism for group cohesion expressed through ritual:

Song and dance played an integral role in self-help groups: They [taught] some songs, which appeared to be an effective method to communicate social messages and build cohesion within the group. At first, I was embarrassed and annoyed that the women insisted on me dancing for them. After weeks of Indian dancing in the center of the self-help group meetings, I started to enjoy the event. It made me feel part of the village and as one woman told me once, I felt “same, same.”

Through the cultural communication of dance, the student was invited into Indian culture. The women’s invitation impacted both the women and student. Women experienced a genuine interest from a person outside the self-help group, fostering an opportunity to share their story and to become part of the student’s life and reality. The student learned how to be part of another culture, meeting people “where they are,” as she shared a few moments of the rural women’s lives. The nontraditional learning experience inspired the student to seek additional learning about Indian culture.

The groups appeared to provide a close bond for expression of feelings, including worry and frustration:

During self-help group meetings, women expressed problems that affect their livelihood. Initially, women responded with “no problems” to every question I asked. After further probing, the first and foremost issue ... women expressed that there was no rain. [The women explained that] drought leads to shortage of drinking water, lower crop yields, and lower income. In S. village, wild animals were eating crops and lowering the production.

The self-help group participants said that migration of youth to the cities also affected agricultural production and cultural integrity:

When families migrate to larger cities, the land is left barren and also loses percolation qualities. Not only could families in need of extra income use the land but it also affects the quality of the land around it, when it lies barren. Also, as families move to find better jobs, village traditions disperse and culture fades away.

In addition to rural youth drain, family distance, and cultural dissolution afforded by migration to urban areas, the rural women discussed gender role concerns and family issues. They complained of “hard labor from dawn to dusk and men do not recognize their labor as a source of income.” The women said that, “Girls are required to drop education to learn domestic labor.” Within the kinship-type networks of the self-help groups, the women shared information that is seldom discussed outside families:

Alcoholism in men is overlooked in the villages, but families are affected especially when the ramifications include domestic violence. As a result [of domestic violence many] women do not appear to have a voice in the home or community.

Clearly the empowerment of women has far to go within rural northern Indian communities. However, the self-help group appears to be one way to begin.

Entrepreneurship opportunities for women

One function of the self-help group is to promote new business developments for local women and their families. While this could logically be a sub theme of empowerment, the concept is sufficiently strong as to stand-alone. The student noted, “Women that understand the purpose of the group and participate in income-generating programs are starting small businesses and earning their own incomes.” Further, individual groups can elect to participate in monthly regional meetings to “contribute to the inter-loan fund, learn new income-generating skills, advocate for social change, and support one another.” The student observed self-help group members in rural northern India villages provide financial support for entrepreneurial opportunities such as the purchase of a cow for selling milk, yarn for knitting scarves, bees for producing honey, and wax for making candles. Women from one village taught women from another village how to knit. The women developed their own wedding supply business. They loaned members money for family weddings and bartered goods amongst each other.

Sappenfield (2007) tells a story of entrepreneurship within one rural self-help group. This example demonstrates that developing financial capital leads to cultural capital. Further, women participants of self-help groups are active leaders of social change:

When Phulbasin Yadav and 11 other women set aside \$3 a month to start a business, skeptical elders turned the town against them. When Ms. Yadav learned to ride a bicycle, traveling between villages to set up a health clinic and offer hot meals for children, her husband threw her out of the house, saying she was ignoring her duties at home. And when she and her colleagues won the contract to run the local market, the businessman

who lost the bid promised to kill them. Business in Suduldhain had always been a man's world. But today, Yadav is president of a districtwide network of women's groups with businesses ranging from mines to concrete works – totaling a half a million dollars in assets...Now in a position of power, these groups have begun to change the world one village at a time. They have saved 570 child marriages...offered dowries to poor families whose daughters would otherwise be shunned. They have paid for school uniforms and taken over fair-price stores that were once cheating villagers. (p. 1)

Women demonstrate leadership in owning Internet kiosks that connect villagers to the outside world, including information, health care services, and educational programs (APNIC, 2000; BBC, 2004). Another key financial function of the self-help group is allowing start up time for businesses with reasonable payment plans and lending rates of two to three percent. This is in direct opposition to many predatory lenders in rural areas that have charged as much as “36% to 3000% per annum” (Singh, 2004, p. 7).

The self-help group support for developing business income does not just aid women. It supports their families, including men. Jobs with a living wage are scarce in rural areas. Government employment programs are insufficient:

All though the government seems to have social welfare programs in place, I don't see them making a positive impact. In district A., men at village meetings discussed the 180-day work program. They said that three months of work doesn't even support their family because wages are so low and sometimes they don't get paid fairly. My own country is no different.

Economic resources and power are invariably paired. The social work student noted that women self-help groups with collective financial assets participated as members of village councils called Panchayats. Self-help groups have directly influenced policy, including helping to influence decisions about which services receive government funding. The student learned of a woman leader that spearheaded the passage of the Indian Right to Information Act of 2005:

The first day in India I was asked to attend a symposium, where Lady Irwin College students and staff were very excited and passionate to hear Ms. Aruna Roy speak. I started to realize that people in India are often trapped by government corruption. The Right to Information Act is an important tool for them to create change. Even though I did not actually meet her, Aruna Roy is one of the people in India who influenced me. She is one whom I would not have realized her importance until reflecting on her words. Looking back, I remember her and her message: keep promises, mobilize people to get together, and beat corruption.

Opportunities to generate new sources of family income such as entrepreneurial ventures of the women's self-help groups are a beginning step toward building stronger economic growth and social justice for women and families living in rural areas.

Access to quality education, especially for girls and young women

The student noted “nearly every self-help group member we talked to saw education as a need.” Convincing exchanges about the importance of education to the women self-help group members took place as the student summarized responses of members about their needs across many self-help groups:

Student: What changes do you want?

Women: Education

Student: What do you value?

Women: Education

Student: What do you want for your children?

Women: Education

Student: What problems do you see?

Women: Education

Education was a reoccurring request of the women. One woman from village T. said, “We want to have awareness, read and write, like you. We want first education. It is most important for awareness and development.” Most of the teachers, administrators, and parents echoed this sentiment with equal passion. One teacher from B. said, “Children hold our country’s future.” Key informants noted that education generated “knowledge, understanding, ideas, opportunity, power, and the future.” They said youth could benefit from formal and informal sources of education, books, trainings from people outside the village, knowledge about agriculture, and cultural learning from community members.

The observations of the social work student provide a glimpse of the *current* village educational systems:

The NGO site was located next to a primary government school. Every day I came home, I saw the students sitting on the ground, repeating after one another and in unison, “A-a, B-b, C-c, D-d.” Teachers sat in the shade watching the students for much of the day. After weeks of exactly the same exercise, I realized many lessons were similarly unstimulating for the students. Each school was different; there was a lack of curriculum standardization. Other schools had inspired [enthusiastic] teachers but the facilities were bare. Many students had to walk into the woods to go to the bathroom. Colorful classroom pictures were rare. It did make me realize that all you REALLY need to teach students, or at least appear to be teaching, is an open field, one teacher, and a few young persons.

Key informants expressed concern that children have “unequal educational opportunities” as they stated that the quality of education depends on the family and village financial status. They noted a shortage of teachers, quality facilities, and teaching materials. Some key informants said that government teachers lacked “excitement” and “motivation” to teach.” They said a quality education would avoid rote, repetitive learning and stifling of creativity. Teachers complained of government regulations, parental noninvolvement, and heavy workloads. The student observed that the children in the schools were engaged in passive learning. She said teachers appeared to have a “distant, uninvolved approach.”

The key informants, particularly women self-help participants, said they wanted “a new model of education” for their children. One said, “We are literate but we want our daughters and

sons to have equal education. We want the best for them...to be intelligent, and have good character.” The student suggested a plan for the development of an improved rural educational curriculum. It built on the community organization and group skills that the women demonstrated during the formation of the self-help groups. Additionally, the student created an example of a creative learning module focusing on child self-expression. She tested the learning module with one cohort of school children. Next, she presented her ideas and evidence of the children’s learning to the leaders of the NGO program.

The key informants expressed particular concern about the need to keep girls and young women in schools. Self-help group members noted that running entrepreneurial enterprises requires literacy and knowledge of business management (Shakti, 2004). They recommended increased access of girls and young women to school midday meals, childcare, and assistance with paying for books and uniforms.

Not everyone in India is supportive of increasing female access to education. InfoChange (n.d.) describes state government cutbacks on literacy programs after women’s groups began to protest against the distribution and consumption of liquor. Liquor sales are a source of government revenue. Despite some national oppositional stakeholders, the rural northern Indian women, teachers, administrators, and parents stood clearly on the side of increased access to quality education for their children, particularly for girls and young women.

Implications and Summary

It appears that India is a nation that is undergoing significant industrialization, along with economic and social change while also clinging to gender, caste, class, tribal and agrarian traditions. Similar to rural areas in the United States, the rural Indian locale of the student field placement emphasized community, mutual aid, and informal resources. The region had insufficient access to health care, jobs, and education. Residents worried about youth drain and cultural dissolution. The rural people had higher rates of poverty and lower rates of education than their metropolitan counterparts. They demonstrated a sense of innovation and independence. They worked together in real and fictive kinship networks.

The data gathering process had limitations including convenience samples, informant self-report data, student recording of self-report data, no inter-reliability testing of the coding, language barriers, cross-cultural interpretation, and possible social desirability factors on the part of informants. For example, the student was instructed not to ask about the caste system although this 3500-year-old tradition affects the lives of Indian people (New World Outlook, 1999). Thus any recommendations should be considered with caution and the outcomes cannot be generalized to all rural Indian people. Triangulation of data, written field notes, and review by a university professor provide some mechanisms to increase data reliability and validity. However, due caution is warranted in acting on the recommendations that follow. More research is needed, particularly research with stronger empirical designs.

Empowerment

Empowerment efforts need to continue. Community or village based organization is a primary practice strategy for helping rural residents build stronger economic and services infrastructures. Women play a strong role in social change and practitioners should be mindful to actively include them in community change effort stages of assessment, planning, intervention,

and evaluation. Practices and efforts should be directed toward improving rural educational systems. Quality educational systems would increase opportunities for active learning. Girls should be supported to enter and especially, to *stay* in school. Policy change is needed to alleviate poverty and to decrease discrimination by class, caste, tribe, disability, region, and especially gender. Most critically, there must be increased enforcement and *implementation* of health, human services, and justice systems that follow the intent of the nondiscrimination policies.

Entrepreneurship

Entrepreneurship should also continue to be encouraged. However, it is not a substitute for public services. Success in entrepreneurship is not a given; many small businesses lose money. They are a terrific idea for adding new, private resources to rural public-private economic and social infrastructures, but are not sufficiently powerful to alleviate the large burden of poverty in India. The self-help model of rural women in northern India did appear to hold particular promise for supporting women in their efforts toward social and economic justice. They did generate income for some women and families. As such, they appear to be a valuable social and economic strategy for improving living conditions within rural Indian villages and regions.

Education

It is clear that education is the strongest area for change. It is noted that the need for improved education was identified across multiple self-help groups, NGO leaders, village leaders, parents, and teachers. The literature of the status of women in India similarly emphasizes a need for education for girls and young women (Dreze & Kingdon, 2001, Menon-Sen & Kumar, 2001). Since education is closely tied to jobs and social status, increased quality education may be a path out of poverty for many rural people. Technology may contribute to access to education and services. However, many of the resources for rural education are basic. Schools need toilets, books, and teaching materials. People living in great poverty should not have to quit school because they can't afford a school uniform. These are the resources that should be acquired first, while also beginning to design innovative educational systems. This innovation includes preparing future educators to engage school children in active learning.

A vast array of stakeholders will be needed to tackle the large infrastructure changes recommended by the women self-help group participants and educational system key informants. Perhaps social work community organizers can help residents build a stronger rural India. Perhaps rural Indian people can help build a stronger American social worker and a more effective American social system for rural areas. We have much to learn from each other as we start with what we know and build on what we have. And if we've really done our work well, perhaps one day we will hear the people of another country, *and* our own, say that they've "done it themselves."

References

AIDSmap. (2007, April 03). *Rural Indian HIV epidemic being neglected despite complex patterns, high prevalence*. Obtained electronically 5/28/2007 from www.aidsmap.com/en/news/5FCD707A-9D27-48C9-1C9B409733A0.asp

- APNIC (2000). Technology revolution empowers rural women. Obtained electronically 5/28/07 from www.apnic.net/mailin-lists/s-asia-it/archive/2000/11/msg00019.htm
- Arora, R., & Srinivasan, R. (2006, August). Gallop World Poll: Women in rural India. *The Gallop Poll Briefing* (Washington, DC), p. 18.
- At a glance: India*. (n.d). Retrieved on September 29, 2006 from http://www.unicef.org/infobycountry/india_statistics.html#6
- Bar-On, A. A., & Prinsen, G. (1999). Planning, communities and empowerment: An introduction to participatory rural appraisal. *International Social Work*, 42(3), 277-294.
- BBC News. (2004, July 7). *Women lead rural India's Internet rush*. Obtained electronically 5/28/07 from news.bbc.co.uk/2/hi/south_asia/3871529.stm
- Census of India*. (2001). Retrieved on September 29, 2002 from <http://www.censusindia.net/>.
- Daley, M. R., & Avant, F. L. (2004). Rural social work: Reconceptualizing the framework for practice. In T. Laine Scales, & C. L. Streeter (Eds.), *Rural social work: Building and sustaining community assets* (pp. 34-42). Belmont, CA: Thomson/Brooks/Cole.
- Davenport, J.A., & Davenport, J. (1998). Economic and social development and rural social work as a model of the generalist approach for the 21st century. In S. J. Jones, & J. L. Zlotnik (Eds.). *Preparing helping professionals to meet community needs: Generalizing from the rural experience* (pp. 45-58). Alexandria, VA: Council on Social Work Education.
- Dreze, J., & Kingdon, G. G. (2001). School participation in rural India. *Review of Development Economics*, 5 (1), 1-24.
- FOA (Food and Agriculture Organization of the United Nations). (2008). *Women in agriculture, environment and rural production*. Obtained electronically 01/22/2008 from www.foa.org/sd/WPdirect/Wpre0108.htm
- Hokenstad, M. C., & Midgley, J. (Eds.). (2004). *Lessons from abroad: Adapting international social welfare innovations*. Washington, D.C.: National Association of Social Workers.
- InfoChange (n.d.). *InfoChange India news and features development news on women in India*. Obtained electronically 5/28/2007 from www.infochangeindia.org/WomenIbp.jsp
- Kundu, A. (2006). *India: Social development report*. Oxford, UK: Oxford University Press.
- Locke, B. L., & Potter, L. A. (2005). Voices from the mountains: Living on and past welfare. In T. L. Scales and C. L. Streeter (Eds.). *Rural social work: Building and sustaining community assets* (pp. 263-274). Belmont, CA: Brooks/Cole/Thomson.
- Menon-Sen, K., & Kumar, A. K. S. (2001). *Women in India: How free? How equal?* Report of the Resident Coordinator in India for the United Nations. Obtained electronically 01/22/2008 from www.un.org.in/IMAGES/kmsbk_1-22.pdf
- Mukhopadhyay, S., Ray, S., & Bhatia, J. (2004). Mothers' perceptions and attitudes towards

- maternal morbidity in rural West Bengal: Finding from focus group discussions. *Indian Journal of Gender Studies*, 11, 369-387.
- Murty, S. (2004). Mapping community assets: The key to effective rural social work. In T. Laine Scales, & C. L. Streeter (Eds.), *Rural social work: Building and sustaining community assets* (pp. 278-289). Belmont, CA: Thomson/Brooks/Cole.
- Nandal, S. (2005). Extent and causes of gender and poverty in India: A case study of rural Hayana. *Journal of International Women's Studies*, 7, 182-190.
- New World Outlook. (1999). *Restorative justice and India's caste system*.
<http://gbgm-umc.org/nwo/99ja/india.html>
- O-Neil, J. Orchard, T., Swarankar, R. C., Blanchard, J. F., Gurav, K., & Moses, S. (2004). Dhandha, dharma and disease: Traditional sex work and HIV/AIDS in rural India. *Social Science & Medicine*, 59, 851-860.
- Panda, P., & Agarwal, B. (2005). Marital violence, human development and women's property status in India. *World Development*, 33, 823-838.
- Pande, R. (2007). Gender, poverty, and globalization in India. *Development*, 50(20), 134-140.
- Park, R. J. (1996, March). *The role of literacy training in NGO's efforts to improve the self-sufficiency of rural Indian women*. Paper presented at the World Conference on Literature, Philadelphia.
- Peel, L. (2007, May 03). *A million learn to read in the 'world's fastest literacy programme'*. Obtained electronically from news.independent.co.uk/world/asia/article2504645
- Perkins, J. M. (1993) *Beyond charity: The call to Christian community development*. Grand Rapids: Baker Books.
- Polack, R. J. (2004). Social justice and the global economy: New challenges for social work in the 21st century. *Families in Society*, 49, 281-290.
- Riebschleger, J. (2007). Social workers' suggestions for effective rural practice. *Families in Society*, 88, 203-213.
- Robb, M. (2005). International social work: Go global! *Social Work Today*, 5(1), 14-18.
- Sappenfield, M. (2007, May 5). Banding together, Indian women change their villages. *Christian Science Monitor*. Obtained 5/28/2007 from csmonitor.com/2007/0510/p01s04-wosc.htm
- Shakti: Changing lives in rural India. (2004). *The Project Shakti Newsletter*. Obtained electronically from www.hllshakti.com/sbcms/temp1.asp?pid=46802176.
- Singh, N. (2004). Building social capital through micro-finance: A perspective on the growth of micro-finance section with special reference to India. *Narsee Monjee Institute of Management Studies*. Downloaded 5/28/07 from <http://jobfunctions.bnet.com/whitepaper.aspx?&docid+171691&promo+Bank%20Financing>
- Srinivasan, S. (1997). Breaking rural bonds through migration: The failure of development for women in India. *Journal of Comparative Family Studies*, 28, 89-102.
- Srinivasan, S., & Bedi, A. S. (2007). Domestic violence and dowry: Evidence from a south Indian Village. *World Development*, 35, 857-880.

- Strauss, A., & Corbin, J. M. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.
- Sullivan, T. (2007, May 20). As India's economic miracle bypasses rural poor, Maoist rebels find recruits. *Lansing State Journal*, p. 22A.
- UNDP (United Nations Development Report). (1997). *Human Development Report*. New York: Oxford University Press.
- UPI [United Press International]. (1997, July 23). *Kitchen fires kill Indian brides with inadequate dowry*. New Delhi: Author.
- Weiss, I. (2005). Is there a global core to social work? A cross-national comparison of BSW graduate students. *Social Work*, 50, 101-110.

Worker Safety in the Child Welfare System

Sylvia Hawranick, MSW, Ed.D., Ohio University Department of Social Work

Peg McGuire, MSW, Ph.D, LISW, Ohio University Department of Social Work

Candell Livingston Looman, LSW, Ohio University Department of Social Work

Introduction

The tragedy of a rural child welfare social worker meeting her death during the process of carrying out her job duties is an unfortunate reality. Recently a child welfare worker in rural Kentucky was killed as she was in the process of providing supervised visitation for a young child and her family (Montaldo, 2006). It is understood by those who decide on the pursuit of a child welfare social work career that interactions with angry and sometimes violent clientele can and often will happen. While attempting to protect children and support families, child welfare social workers face a growing threat to their safety (North Carolina Division of Social Services and the Family and Children's Resource Program, 1998; Scalera, 1995). Shields et al. (2003) maintained that child welfare social workers charged with the task of questioning clients about private family and personal matters are at greater risk of personal injury. In a discussion of child abuse risk assessment models, English and Pecora (1994) indicated that there is practical use for a tool to determine the severity, frequency, and prediction of child abuse by high risk parents. To date there is no tool to assist in the assessment of danger to child welfare workers who are intervening in the lives of high risk populations.

Scalera (1995) observed that factors contributing to increased concern for worker safety are a collapse of family structure; poor housing conditions or homelessness; unemployment; lack of affordable health care; and substance abuse. These findings are in accord with the findings of English and Pecora (1994) who considered overall risk factors with regard to perpetrators of child abuse and found that economic status also had an independent effect on the urgency or "risk status" of child abuse cases.

Review of the Literature

Unique Problems and Characteristics of Working in Rural Areas

Dillon (1992) highlighted the growing violence toward child welfare social workers in a New York Times article entitled "*Social Workers: Targets in a Violent Society*". Dillon called attention to the violence faced by child welfare social workers and discussed several incidents of child welfare social worker death and injury during the course of the worker's duties. He maintained that the majority of child welfare social worker deaths occurred in rural areas which had witnessed a 21 percent increase in violent episodes toward child welfare social workers over a three year period. Although rural areas comprise 83 percent of the land in the United States, little social work research focuses on the unique problems social workers face when working with the rural population. Material discussing the issues facing child welfare social workers is

scant. Scalera (1995) over 12 years ago discussed the issue with regard to New Jersey child welfare social workers. To date these are the only accessible sources of information regarding the issue. Templeman et al., (2002) highlighted how a lack of literature results in a “one-size-fits all urban-centrist” phenomenon which is detrimental to the safety of rural child welfare social workers. The Templeman study identified two distinct needs which are unique to rural families: “mechanisms to minimize isolation and increase access to specialized services” (p.764).

Rural Poverty and Substance Abuse

Almost 8 million Americans live in poverty in rural areas (Menanteau-Horta et al., 2002) despite the economic growth of the last decade. Rural job growth and earnings continue to fall behind metro areas obstructing the ability to move welfare recipients into gainful employment (Gibbs, 2001).

Rural families have culturally unique characteristics which include an isolationist mentality leading to a lack of understanding and utilization of formal resources (Templeman et al., 2002). Because many rural social services clients are isolationist, they often reside in isolated areas affecting the child welfare social worker’s emergency response times, and the client-professional relationship.

Templeman et al. (2002) contended that rural client characteristics often impact child welfare social worker recruitment and retention rates. They expand on this trend by pointing out that decreased funding, high per-unit cost for services due to low population density, restricted mobility of families, and increased mileage cost contribute to the difficulty of transferring urban models normally taught in contemporary schools and departments of social work to rural models that are rarely taught. The lack of knowledge of rural models appears to lessen the retention rate of rural child welfare social workers due to a breakdown of understanding rural clientele. These barriers additionally contribute to increased worker safety concerns as child welfare social workers have more interaction with families outside of the agency than other social services professionals.

Studies performed by Burns et al. (2004) give credence to an increase in substance abuse and mental health issues experienced by high risk parents in the rural social welfare system (NCSACS/APAHA, 2004). The rise in methamphetamine use and production within rural settings has created further safety concerns for child welfare social workers. A study in a rural Midwest county found that nearly 25 percent of daily child maltreatment reports involved parent methamphetamine abuse (Haight et al., 2005). Lowe (2006) reported that methamphetamine use and production is spreading throughout the rural Appalachia Ohio counties and that caseworkers need to ensure their own safety when conducting home visits (personal communication, February 16, 2006). Caseworkers, who participated in the Statewide Training Assessment for the Ohio Child Welfare Training Program, reported that they sought out training and educational materials on methamphetamine labs in an effort to protect themselves as well as their clients (Institute of Human Services, 2003a).

Child welfare caseworkers reported in an Ohio Statewide Training Assessment that they feel an increased sense of danger when they cannot take another worker into the field with them. They cited three reasons which prevented taking an additional worker into the field: small agencies in which two workers in the field led to inadequate coverage in the agency; agencies which would not approve overtime if two workers responded to a report after hours; and supervisors who were unaware of danger and would not approve for two workers to respond.

Additionally, caseworkers cited a lack of cell phone coverage or lack of cell phone availability and an increased sense of danger (Institute of Human Services, 2003a).

Worker Perception of Safety in the Rural Workplace

One in every ten rural workers is pushed, shoved, or hit by one or more agency clients each year (Horejsi et al., 1994). While 97 percent of the respondents of this study reported being screamed or cursed at on at least one occasion in the previous 12 months, one-third of the workers reported being threatened with death at least once in the year prior to the study. Macdonald et al. (2001b) maintained that 84.4 percent of the respondents who reported feeling unsafe with clients were the front-line staff. These authors observed that child welfare social workers felt just as intimidated by threats of violence as actual acts of violence. Newhill (1996) found an occurrence rate of 75 percent for child welfare social workers, topped only by criminal justice workers and drug/alcohol workers. The results of these studies are echoed by Ringstad (2005) who found 86 percent of social workers experienced some type of violence during their career. Despite the high rates of occurrence, Macdonald et al., (2001a) found that nearly 25 percent of workers did not report an incident of violence.

Responses of Rural Child Welfare Social Workers

The annual conference of the National Association of Social Workers in West Virginia provided a venue for gathering information regarding the responses of child welfare social workers regarding the question of safety at work. The authors designed the workshop as a *focus group* from which information could be used to influence policy development at the agency, local, state, and national levels. There was no plan to meet the qualitative research definition of *focus group* as defined by Sherman & Reed (1994) in this workshop. Therefore the term *focus group* in this respect is a loose application. Information was collected in the form of summary notes rather than verbatim transcripts. Participants were also asked to complete a questionnaire regarding their years of experience in child welfare, demographic information, and the types and numbers of child welfare social work safety trainings that they have participated in. They were also asked to rate the trainings that they attended (if any) and provide an estimate of the numbers of events that they had experienced in which they felt that their personal safety was threatened while performing their job duties. They were encouraged to expand on these events if they felt comfortable in doing so. Of the 34 participants, 33 were women between the ages of 25-60. The mean number of years worked was 9.9 with a standard deviation of 7.4. With regard to threats to personal safety, 88.6 percent indicated that they had experienced at least 1 situation where they felt compromised.

Information gained from the surveys and subsequent *focus group* summary notes revealed that participants had been: shot at with bows and arrows; hit by beer bottles; threatened with hand guns and knives; pushed and shoved; received death threats; beaten in front of the court house; the recipient of a bomb threat; and threatened with disembowelment upon the client's release from prison (the worker was never informed about the release date of the client, despite the fact that she made the issue known to superiors). Participants emphasized that they usually travel to remote locations often alone and do not have adequate assistance during their sessions. Many participants voiced a concern about going alone on calls at night during their "on call" duties which all stated that they were required to engage in. Participants indicated that often their agencies are small and under funded. That, in tandem with their superiors' lack of understanding about the potential for violence from a particular family is often the recipe for a

dangerous client encounter. Participants also discussed the potential for bodily harm from dogs, chickens, pigs, raccoons, rats, cat, possums, goats, snakes, and roosters which many rural families have on their property. Issues regarding general health concerns surfaced during the session with regard to having been spat on from a client reported to have HIV and issues with lice, fleas, and roaches in client homes as well as sitting in chairs where clients have urinated. Several participants indicated that their clients had tried to get into their cars upon leaving a threatening scene, had lunged at them, run them off of the road, and had threatened to harm the worker's family members. Incidents involving physical violence toward family members are especially threatening in rural areas due to small population size which allows for more familiarity about family members and where they reside. Large urban populations often reside in areas that are condensed by high rise dwellings as opposed to the smaller rural populations residing in larger areas of land mass making criminal acts often easier to hide. Regarding the vast miles that workers have to travel, participants stated that they had encountered issues in snow and ice storms, floods, mud and mudslides, and the hazard of having to cross a creek with no bridge to a client's home. Participants voiced a concern about discovering that some clients had a history of violence which was either downplayed or undisclosed by the client. Participants also discussed the possibility of injury from falling through wooden porches, holding onto rotten hand rails, and falling down steep stairs. Finally, participants indicated that they were often threatened by their clients in the form of the client threatening to file slander charges against them and calling the governor's and their supervisor's office to file complaints.

Rural Child Welfare Social Worker Trainings

With regard to safety training of the 34 participants, 31.4 percent indicated that they had participated in safety trainings upon hire; 5.7 percent indicated that they participated in safety trainings quarterly; 11.4 percent indicated that they had participated in a safety training at least one time yearly; and 51.4 percent maintained that they had never participated in safety trainings. Of the 49.6 percent who did participate in safety trainings only 11.4 percent felt that the trainings were "somewhat important to their work". With regard to the safety training being "feasible to use in their work", approximately 46 percent of participants engaging in safety training believed the trainings to be a feasible component to their work responsibilities. Regarding the "ease of learning the safety techniques" 40 percent of participants who participated in safety trainings felt that the techniques were easy to learn. Participants were asked if the techniques that they learned were easily utilized in a threatening situation. Only 36 percent of those who participated in training felt that the techniques would be useful in a threatening situation. Finally, participants were asked how "easily the trainings were worked into their work schedules". Approximately 35 percent of participants felt that the trainings were practical with regard to their work schedules.

These statistics reveal that these rural child welfare social work participants overwhelmingly never received any type of safety trainings related to their jobs. Although participants who were offered trainings felt that the information was important and easily learned, they appeared to be disenchanted with the feasibility of the techniques to work in a threatening situation. Clearly, participants felt that the trainings offered to them were not easily worked into their schedules. This finding could have ramifications for agencies with regard to making trainings an important if not mandated part of child welfare social worker orientation.

Safety Issues in Social Work Education Child Welfare Field Practicum

In a study conducted by Messinger (2004), gay and lesbian social work students reported the general feeling of lack of safety and anxiety during their field placements. The students related this feeling to working with clients and within the agency atmospheres in general. Gelman (2004) found 30 percent of foundation-year MSW students were concerned about safety issues in the field practicum. Another 74 percent of the students were concerned about the quality of supervision they would receive and that they might be put into situations without sufficient preparation or support. These results are congruent with the Delphi study, which found a strong consensus from respondents that safety issues needed attention in field settings (Gelman, 1994).

In a national survey of field directors (258 respondents), 42 percent of social work programs reported having at least one student threatened by a client during the field experience. Yet only 12 percent of the agencies had formal safety policies against assaults and threats. The study found that nearly one-third (38 percent) of social work programs provide safety training to students. The majority of programs had mandatory safety training with half of the programs integrating safety training into existing course curriculum. Two-thirds of the field directors did not feel that the safety training offered by their social work programs was adequate (Cherrey Reeser & Wertkin, 2001). A study of violence with field placements in 1993, found that more than half of students reported their field sites did not have safety policies. Only half of the students in the study reported that their social work programs provided safety information in relation to practice (Tully et al. 1993).

In a similar study, students believed that field instructors are responsible for explaining safety concerns and risks concerning field placements. The study pointed out that students want field instructors to make them aware of safety procedures, formal or informal (Bogo et al. 1998; Cherrey et al. 2001).

Current Solutions to Enhance Child Welfare Social Worker Safety

Scalera (1995) advocates for child welfare social workers to have a mandated buddy system when clients have a history of violence or a conviction involving the use of a weapon. He argues that the use of the buddy system demonstrates a commitment and a sense of entitlement that promotes worker safety.

The participants at the annual National Association of Social Work conference in West Virginia also discussed safety options during the *focus group* session. Their recommendations included: finding out when a client (if imprisoned and has been threatening) is to be released from prison; ask clients to remove barriers from exits or ask if this could be done by the worker; carry mace or pepper spray; try to *stand* in a client's home if possible; back your car up so that the front is facing an exit; leave purses and bags in the car if possible; carry a dog whistle; carry a regular whistle; carry dog biscuits; obtain prior information about the family and environment; do a risk assessment on violence before a home visit; use a buddy system; increase cooperation with law enforcement; leave an increasingly tense situation; build a good *repairé* with the client and family; obtain a concealed weapon permit for off duty times; leave the home before the client; make a call list of colleagues pertinent to a case and let them know your location before you leave; take off jewelry; put long hair into a clasp or rubber band; take a clipboard and if it is necessary to sit down it can be used; be respectful and ask the client's permission before taking any action; take few if any notes during a conversation, keep eye contact; use verbal de-escalation; take note of your instincts; use an interview room at the agency if possible; know when the client is frustrated; make sure that the agency lobby and interview rooms are secure;

create alliances with family members; use flea collars in the cuffs of slacks and in car floor boards; use four wheel drive vehicles; use antennas designed to work in remote locations for cell phones; know where to find gas, food, and restrooms en route to a client's home; always keep an emergency cell phone charger in the car; have on hand disinfecting wipes; diaper wipes; lice spray; disinfectant spray; garbage bags; mentholated rub (to put under nose for bad smells); extra clothes and shoes; flashlight and batteries; spare glasses or contact lenses; shovel; rock salt; and cat litter. The participants also indicated that the worker should always lock their car doors, and if possible have an electronic opener and carry a spare set of keys in their pockets.

Discussion

Mandated Safety Training Recommendations

Social work schools, field education agencies, and child welfare agencies need to take responsibility for safety training within their respective environments. The literature continually cites social work and child welfare environments as being dangerous. These working environments require forced working relationships with an involuntary clientele, many of which are possible substance abusers and/or have mental health issues. As social workers, we are committed to insuring the safety of our clients. Social work schools, field education agencies, and child welfare agencies must also be committed to ensuring the safety of their clients: the students, interns, and child welfare professionals. These individuals must be equipped with the skills necessary to deescalate or prevent volatile situations from occurring. Scalera (1995) argues that agencies cannot, in good conscious, place new workers in the field prior to fully explaining the risks and the skills necessary to deal with them. "In Ohio, many county child welfare agencies mandate that their staff attend safety training...Some agencies offer safety training specific to their agency that includes agency safety policies and procedures" (Institute of Human Services, 2003a, p. 33). Mandating workers to participate in safety training and further requiring workers to repeat safety training periodically will consistently remind workers about constant dangers as well as up to date worker safety issues (Newhill, 1996). Role plays and simulations would be beneficial to incorporate into the training curriculum (Horejsi et.al.1994).

Effective and Adequate Training

Existing safety trainings need to be evaluated for their effectiveness and adequacy. The literature highlights that safety training provided in social work programs is inadequate (Cherry et al., 2001; Macdonald et al., 2001b). Newhill (1996) found that safety training workers received was adequate, yet 79 percent would have liked additional training. The findings from the workshop participants at the annual National Association of Social Workers conference in West Virginia echoes Cherry, Macdonald, and Newhill with regard to the finding that workers appear to be motivated to attend trainings but often feel that safety trainings need to be more feasible to their work as well as accessible and promoted by their agencies.

Formalize Safety Procedures

Formal safety procedures need to be developed and implemented. Child welfare agencies and law enforcement need to have written agreements which describe in detail how and when workers should call for emergency assistance (Brittain et al., 2004; Horejsi et al., 1994; North Carolina Division of Social Services and the Family and Children's Resource Program, 1998; Scalera, 1995). Agencies need to adhere to safety procedures and stress the importance of

reporting safety incidences for the worker's own safety as well as the safety of their peers. Research indicates *how* agencies respond to incidences influences the worker's view of the experience (Knight, 1999). The literature specifies that workers are hesitant to report incidents of violence or threats because of a perceived failure on the part of the worker in interaction with the client (Kadushin, 1992). All threats against child welfare social workers must be documented and reported to the supervisor regardless of the worker's perception of the threat or feeling a quilt about the client's situation. With formalized safety procedures in place, agencies can clearly alert all workers if safety incidences have occurred with clients on their caseload and file charges on behalf of the agency against the perpetrator if the incident warrants (Scalera, 1995).

Safety Committees within Child Welfare Agencies

Child welfare administrators should establish a worker safety committee (Scalera, 1995). The safety committee will ensure that the formal safety procedures are developed and implemented agency wide. In addition to formalizing safety procedures, the safety committee would be responsible for developing the agency support protocols. By establishing a safety committee, workers will have an assigned body to turn to for support and guidance. All safety incidences can be filtered through the safety committee in order for the agency to have a clearer picture of the safety issues which are affecting workers.

Clarity and Underreporting

Of all the literature reviewed, few articles clearly define worker safety. Operational definitions tend to be vague and are not standardized. It is believed that each study and participant could be evaluating worker safety from a different perspective. Many studies are believed to have high incidences of under reporting, however, few studies have evaluated the extent of the problem (Macdonald et al., 2001a). More research needs to be conducted to clarify operational definitions, as well as, an evaluation of under-reporting of violence against workers.

Summary and Implications for Social Work

Clearly the literature over the past decade with regard to safety in field education and in the workplace although scant, continues to mound. However, it appears that little is being done to assist in child welfare social worker safety as a result of the literature. The studies highlighted here have important implications for agency planning, worker training, and resource allocation for child welfare agencies. The recommendations are supported by the literature and implementation of the proposed recommendations is necessary. Students and employees continue to report a need for adequate safety training, yet the Counsel on Social Work Education and child welfare training programs have not mandated safety training. As a result, child welfare social workers must advocate for their own safety and ask agencies to commitment to the safety of their workers. Workers must be educated on the potential for violence within the workforce. It is possible that if more individuals are educated on the risks and obtain the necessary skills to diffuse volatile situations as well as gain support from child welfare agencies the rates of violence will decrease. Child welfare social workers "cannot effectively protect children or help families if they themselves are not safe" (Scalera, 1995, 1).

References

- Bongo, M. & Vayda, E. (1998). *The practice of field instruction in social work: Theory and process* (2nd edition). New York: Columbia University Press.
- Brittain, C. & Hunt, D. E. (Eds.). (2004). *Helping in child protective services: A competency-based casework handbook* (2nd edition). New York: Oxford University Press.
- Burns, B.J.; Phillips, S.D.; Wagner, H.; Ryan, B.; Richard, P.; Kolko, D.J.; Campbell, Y. & Landsverk, J. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *Journal of the American Academy of Child & Adolescent Psychiatry*, 43(8), 960-970.
- Cherrey Reeser, L. & Wertkin, R. A. (2001). Safety training in social work education: A national survey. *Journal of Teaching in Social Work*, 21(1/2), 95-113.
- Dillon, S. (1992, November 18). Social workers: Targets in a violent society. *New York Times*, pp.1, 86
- English, D.J., & Pecora, P.J. (1994). Risk Assessment as a Practice Method in Child Protective Services. *Child Welfare* 73(5) 451-473.
- Gelman, C. R. (2004, Winter). Special section: Field education in social work anxiety experiences by foundation-year MSW students entering field placement: Implications for admissions, curriculum, and field education. *Journal of Social Work Education*, 40(1), 39-54.
- Gibbs, R. (2001). Nonmetro labor markets in the era of welfare reform. *Rural America*, 16(3), 11-21.
- Haight, W., Jacobson, 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, 949-971.
- Horejsi, C. & Garthwait, C. (1994, March/April). A survey of threats and violence directed against child protection workers in a rural state. *Child Welfare*, 73(2), 173-179.
- Institute for Human Services (2003a) *Ohio Child Welfare Training Program statewide training assessment*. Columbus: Ohio Child Welfare Training Program. Retrieved on June 1, 2006 from www.octwp.com.
- Institute for Human Services (2003b). *Ohio Child Welfare Training Program statewide training assessment: Executive summary*. Columbus: Ohio Child Welfare Training Program. Retrieved on June 1, 2006 from www.octwp.com.
- Institute for Human Services (2003, September 30). *OCWTP Caseworker Competencies*. Retrieved on June 1, 2003 from www.ocwtp.com.
- Kadushin, A. (1992). *Supervision in social work*. (3rd edition). New York: Columbia University Press.
- Knight, C. (1999). The implications of BSW students' experiences with danger in the field practicum. *The Journal of Baccalaureate Social Work*, 4(2), 133-149.
- Littlechild, B. (1995). Violence against social workers. *Journal of Interpersonal Violence*, March, 10(1), 123-130.
- Macdonald, G. & Sirotych, F. (2001a). Reporting client violence. *Social Work*, 46(2), 107-114.
- Macdonald, G. & Sirotych, F. (2001b). Violence in the social work workplace: The Canadian experience. *International Social Work*, 48(6), 772-781.

- Messinger, L. (2004, Spring/Summer). Field education in social work out in the field: Gay and lesbian social work students' experiences in field placement. *Journal of Social Work Education*, 40(2), 187-204.
- Montaldo, C. (2006, October 19). Social worker killed, Kentucky couple arrested. *About.com: Crime/Punishment*. Retrieved October 7, 2007, from <http://aimme.about.com/b/a/257174.htm>.
- Newhill, C. E. (1996, October). Prevalence and risk factors for client violence toward social workers. *Families in Society: The Journal of Contemporary Human Services*, 8, 488-495.
- North Carolina Division of Social Services and the Family and Children's Resource Program (1998, July) A look at safety in social work. *Children's Services Practice Notes for North Carolina's Child Welfare Social Workers*, 3(2), 1-7. Retrieved on March 19, 2006 from http://ssw.unc.edu/fcrp/Cspn/vol3_no2.htm.
- Public Children Services Association of Ohio (PCSAO). (2006). 2005 child welfare social worker safety incident summary report. Retrieved on March 20, 2006 from http://www.pcsao/safety_incident_report.htm.
- Public Children Services Association of Ohio (PCSAO). (2005). *PCSAO FACTBOOK*, (7th edition). Columbus: Ohio.
- Raskin, M. S. (1994, Winter). The Delphi study in field instruction revisited: expert consensus of issues and research priorities. *Journal of Social Work Education*, 30(1), 75-89.
- Ringstad, R. (2005, October). Conflict in the workplace : Social workers as victims and perpetrators. *Social Work*, 50(4), 305-313.
- Rycus, J. S. & Hughes, R. C. (1998). A family-centered approach to child protection. In J.S. Rycus & R. C. Hughes (Ed.), *Field guide to child welfare: Vol. 1. Foundations of child protective services* (pp. 1 – 219).
- Scalera, N. R. (1995, March/April). The critical need for specialized health and safety measures for child welfare social workers. *Child Welfare*, 74(2), 337-351.
- Shields, G. & Kiser, J. (2003). Violence and aggression directed toward human service workers: An exploratory study. *Families in Society: The Journal of Contemporary Human Services*, 84(1), 13–20.
- Templeman, S. B. & Mitchell, L. (2002). Challenging the one-size fits-all myth: Findings and solutions from a statewide focus group of rural social workers. *Child Welfare*, LXXXI(5), 757-772.
- Tully, C. T., Kropf, N. P., & Price, J. L. (1993, Spring/Summer). Is field a hard hat area? A study of violence in field placements. *Journal of Social Work Education*, 29(2), 191-199.

Developing a Hybrid Research Course for Rural BSW Students

Monte Miller, School of Social Work
East Carolina University

Lena Carawan, School of Social Work
East Carolina University

Introduction

The literature on distance education in social work is limited (Petracchi & Patchner, 2000). Searching *Social Work Abstracts* with “distance education” as the search term yielded only 49 articles. The Council on Social Work Education has expressed that “as technology becomes more present in social work education it becomes viewed as simply part of the decisions faculty make to construct quality curricula (Wilson, 1999, p330).” Rural social work educators are often faced with the challenge of delivering social work courses in environments where distance makes it impractical for students to come to campus for classes. Distance education students have consistently stated that access and convenience are critical to meet their needs (Sullivan, 2001.) While technology for distance education continues to evolve, social work faculty has demonstrated reluctance in using the technology (Kleinpeter & Potts, 2000; Potts & Hagan, 2000; Rompf, 1999).

Many of the articles in the limited literature on distance education in social work indicate that distance learning outcomes, including knowledge and satisfaction, are not significantly different than outcomes for the same classes taught in a traditional manner (Haga & Heitkamp, 2000; Petracchi, 2000; Petracchi & Patchner, 2000; Petracchi & Patchner, 2001). However, the literature also indicates that there has been a lack of thoughtful planning in developing distance education social work courses and programs (Jeffery & Watkinson, 2005; Kleinpeter & Oliver,

2003; Kleinpeter & Glezakos, 2005; Pettrachi & Patchner, 2000). Thoughtful planning is particularly important in rural areas where geographical distance, infrastructure, and technology may be barriers to distance education.

Although the use of Interactive Television (ITV) is discussed frequently in the literature, the use of compressed video (CV) is absent. Also, the majority of the literature involved MSW programs (Wilke & Vinton, 2006). This paper addresses teaching BSW research in a rural state. It discusses the incremental use of teaching in three hour blocks, teaching in two eight hour blocks on weekends, and incorporating compressed video with one eight hour block on Saturdays to develop a hybrid BSW research course that fit the needs of rural BSW students. There were two research questions for this study. First, will a hybrid research course receive student evaluations similar to those of a traditional face to face research course? Second, will the students in hybrid course increase their knowledge about research?

Combination of Courses into a Hybrid Course

The combination of two sections of a BSW research course into a hybrid distance learning course will be presented in this article. Two sections of the same course were originally taught face-to-face at two sites that were 250 miles apart. One section was taught on the primary campus of the state university on Tuesdays and Thursdays. The second section was taught at an outreach site on three weekends. These two research courses were combined into one course that used compressed video and three intensive all day face-to-face Saturdays. Course evaluations and pretest/posttest research findings are presented. Strategies for teaching on compressed video and using other technology to supplement compressed video are discussed.

The rural social work program was charged with delivering its BSW program statewide. It was costly and time consuming for faculty to drive 250 miles to deliver the course over three

weekends. The roads to the distance education site were in poor condition. Inclement weather including blizzards, ice storms, and thunderstorms often made travel dangerous. Instructors who taught courses in the three weekends format all agreed that by midmorning on Sunday morning the students were exhausted, overwhelmed with new content, and not likely to be able to learn any additional material. In addition to the problems with travel and pedagogical concerns the rural social work program was not provided with any additional faculty to deliver the BSW program statewide. The hybrid course emerged as a way to address the needs of both rural students and faculty.

Good distance education fits with the social work premise that one “begins where the client is.” Rural areas have few if any public transportation options (Marks, Dewees, & Koralek, 1999.) For some rural students the use of compressed video and intensive Saturday face to face classes was more time and cost effective than coming to the university campus twice each week. The combination of compressed video and intensive Saturday face to face sessions eliminated the need for students to stay in a hotel over the weekend. It allowed students in geographically isolated rural areas to see their instructor every week instead of waiting several weeks between intensive weekend sessions. It also allowed the instructor to see the students every week. There was weekly contact without the need for weekly travel. Social work educators must reach out to students in rural areas to tap and develop the human resources which are present in communities (Saleeby, 1992). This is particularly important for rural communities because human resource pools may be smaller.

Compressed video involves one primary classroom from which the instructor teaches and several remote site classrooms. All of the classrooms have compressed video technology that allows students and instructors to see and communicate with each other in real time. Remote

sites are seen and heard by the instructor on a large screen television. Unlike Interactive Television (ITV), there is no need to use a telephone to call in questions to the instructor. When students have something to say they can hold up their hand and ask a question or make a comment. The video and audio are transmitted via digital transmission lines that make this real time interaction possible. It takes a moment for the communication to be broadcast across the digital lines so there is a slight delay that can result in students speaking at the same time or missing each others' comments. As students and instructors became familiar with the process, they quickly learned how to avoid these situations. Although digital transmission lines were available in this case, rural social work educators need to be aware of what resources are available in their area.

Teaching Social Work Research in Two Formats

As mentioned previously, a BSW research course was taught in two course sections to meet the needs of a rural state's BSW students. Section one, the traditional class, was taught at the state university on Tuesdays and Thursdays from 9:30 to 11:00 a.m. This class was taught in a very traditional fashion with lecture, group exercises, written assignments, and examinations.

Section two, the Block Three Weekends class, was taught at an outreach site approximately 250 miles from the state university in order to offer the course to rural outreach students. Section two was taught from 8:00 a.m. to 5:00 p.m. on Saturday and Sunday for three weekends. Lecture, group exercises, written assignments, and examinations were used for this course also, but the instructor used strategies to maintain the best learning environment possible. For instance, lectures never exceeded one hour, group activities were used more frequently, and students were required to leave the classroom during breaks. The same instructor, using the

same textbook and the same assignments, taught the courses to maintain comparability between the two courses.

Bloom's taxonomy of learning was applied throughout both of these courses as well as the hybrid course (Anderson & Krathwohl, 2001). The taxonomy involves three types of knowledge dimensions including Factual, Conceptual, and Procedural knowledge. Factual knowledge involves students learning the basic elements to be acquainted with a subject, such as research. Conceptual knowledge means that students can understand the interaction of the basic elements and how they interact within the framework or structure of a subject. Finally, Procedural knowledge involves knowing how to do something or in the case of research, how to formulate a proposal for future research.

Bloom's taxonomy also includes six different levels of learning (Pregent, 1994). The levels in ascending order are knowledge, comprehension, application, analysis, synthesis, and evaluation. Bloom's taxonomy of learning appears in Appendix A. Knowledge is level one on the taxonomy and is described as "being capable of recalling words, facts, dates, conventions, classifications, principles, and theories." Knowledge is a very concrete type of learning. Evaluation is level six and is described as "being capable of making a critical judgment based on internal and external criteria." Evaluation is an abstract type of learning when compared to Knowledge. The exams in all of the research courses involved measuring learning at the knowledge level. In contrast, written assignments required demonstration of "Analysis" as the minimum acceptable level of learning. Some assignments such as developing a research proposal or designing a single case research study required demonstration of the Evaluation level of learning.

For all the courses described in this paper the types of knowledge according to Bloom's taxonomy were measured in the following ways. Factual knowledge was measured using examinations containing multiple choice, true/false, and short answer items. Conceptual knowledge was measured through a written assignment. This assignment was an annotated bibliography of four research articles which required the student to identify each component of the article such as research question, methodology, and sampling. The students were required to be able to articulate the relationship between components. For instance, if the study described in one of the articles used random sampling, the student was required to understand and articulate that the results of the study were generalizable. Procedural knowledge was measured by the student submitting another written assignment. This assignment was an outline for future research on the topic of her or his choice. The outline was required to demonstrate an understanding of the convergence of research regarding the topic, provide a rationale for choices such as method and sampling, and justify the feasibility of the proposed study.

Development of Hybrid Course

Several factors including reduced resources, ensuring comparability across course sections, and attempting to better serve rural students led to the combination of the two course sections into a hybrid course. The hybrid course was offered on compressed video across the state at multiple sites on Thursdays from 5:30 to 7:00 p.m. and on three Saturdays from 8:00 a.m. to 5:00 p.m. The original plan for the course was to have the all day Saturday sessions in different locations, with the first and third Saturday sessions offered at the state university campus and the second Saturday session offered at the Outreach site. However, because of scheduling difficulties and lack of space at the Outreach site, all 3 Saturday sessions were offered at the state university campus.

Strategies for the Rural Hybrid Course

The rural hybrid course was developed carefully. Assistance from the Center for Teaching Excellence at the university, collaboration with the university's Outreach school, and consultation with other faculty were a part of the process. Critical decisions made in developing a course that involved both intensive Saturday sessions and compressed video meetings were made thoughtfully and guided by Bloom's taxonomy of learning as explained earlier in the paper (Anderson & Krathwohl, 2001.) The strategies and some educational techniques are presented below.

Intensive Saturday Session Strategies

The Saturday sessions were used for interactive activities that would have been difficult to conduct on-line or through compressed video. These Saturday sessions also helped the students to get to know each other and the professor. In many rural settings people, including students, tend to distrust outsiders. Seeing the students in person was reassuring to both the students and the instructor for this reason. Interactive group activities such as designing survey instruments, doing qualitative field observations, or selecting sampling and research methodologies for conducting needs assessments with populations at risk in rural areas were used to assist with developing Procedural knowledge as a group. Lunch was also provided for students in order to build a sense of community and to provide a respite from an all day class.

The Saturday sessions were important for developing a sense of cohesiveness in the class and a bond between the students. Cohesiveness was based on the instructor's observations of the class. As the class members got to know each other questions and discussions tended to involve the entire class rather than small groups or clicks within the class. The class members also referred to themselves as "we" in statements such as "we are very glad to have you here to teach

us on the weekend.” Class members frequently spent breaks and lunch periods together rather than splitting into small groups and going their separate ways.

Compressed Video Strategies

There were several strategies that were used to in an attempt to provide the best compressed video experience possible for the students and the professor in the hybrid course. In a compressed video course, Elmos or Power Point may be used for presentations. Elmos are like an overhead except that they broadcast across compressed video and have the capability of showing three-dimensional objects. Elmos are easiest to read if they are printed on light blue paper and use a minimum font size of 32. Power Point presentations should use high contrast colors for text/background. For example, yellow text with a dark blue background works well.

One strategy that was used during the rural hybrid course to make the compressed video portion of the class more student and professor friendly was having students introduce themselves the first day and tell a brief story about their experience with research. This ensured that every student would use the compressed video technology to speak during the first class. Other strategies were to call on students by name and acknowledge their contributions to class. Yet another strategy is to invite them to respond to class comments and lecture material and be assertive in calling on students to help them learn to use the technology. As with any class, a good sense of humor helps ease tension regarding new material or in this case, a new way of teaching and learning.

Course Evaluations

Quantitative Course Evaluation Measures

The course evaluations for the BSW Research class in the three different formats are presented in Table One. The Traditional Tuesday and Thursday class from 9:30 to 11:00 and the

Three Weekends class 8:00 to 5:00 were during the fall semester of one year. The hybrid course was taught during the fall semester of the following year. It consisted of compressed video 5:30 to 7:00 p.m. on Thursdays and three 8:00 a.m. to 5:00 p.m. Saturdays. The Course Evaluation forms were those the university used for all courses. The quantitative portion used a Likert type scale with 1 indicating poor and 5 indicating excellent. Individual items included 1) Clarity and course purpose/objective; 2) Distribution of course requirements; 3) Informational content of lectures; 4) Organization of lectures; 5) Presentation of lectures; 6) Varies the mode of presentation; and 7) Overall rating of the course. Mean scores and standard deviations are presented for each item.

Table 1

	Tues/Thurs Traditional Fall 1999 (n = 29)	3 Weekends Class Fall 1999 (n = 16)	Hybrid Course Fall 2000 (n = 28)
1) Clarity and course purpose/objective	M = 4.24 SD = 0.830	M = 3.94 SD = 0.680	M = 4.18 SD = 0.772
2) Distribution of course requirements;	M = 4.55 SD = 0.910	M = 3.94 SD = 0.772	M = 4.32 SD = 0.723
3) Informational content of lectures;	M = 4.14 SD = 0.915	M = 4.38 SD = 0.500	M = 4.29 SD = 0.763
4) Organization of lectures;	M = 4.41 SD = 0.907	M = 4.50 SD = 0.632	M = 4.39 SD = 0.832
5) Presentation of lectures;	M = 4.10 SD = 1.012	M = 4.31 SD = 0.946	M = 3.89 SD = 0.956
6) Varies the mode of presentation;	M = 3.38 SD = 0.903	M = 3.69 SD = 0.602	M = 3.36 SD = 0.989
7) Overall rating of the course	M = 4.17 SD = 0.928	M = 4.07 SD = 0.704	M = 3.71 SD = 1.117

A One Way Analysis of Variance (ANOVA) was conducted and showed no statistically significant differences between the three classes on the seven variables. Despite the lack of statistically significant differences the means show some differences between the classes that are

worth discussing. Variables one and two, clarity and course purpose/objective ($m = 3.94$) and distribution of course requirements ($m = 3.94$), were both rated lower for the Three Weekends class. Distribution of course requirement refers to the distribution of exams, written assignments, and assigned activities such as doing qualitative observation over the semester. Since the Three Weekends class only met for six days throughout the semester it was common to have a paper due, an exam to take, and an assigned research activity to do during one weekend. The time to meet with the students was in two 8 hour blocks on three weekends. The intensive weekend class format was paralleled by an intensive exam, papers, and research exercises schedule.

Variables three and four, informational content of lectures and organization of lectures, were rated similarly for all three classes. Variable five, presentation of lectures was rated slightly lower for the hybrid class with a mean of 3.89. Variable six, varies the mode of presentation, was similar for all three classes. Variable seven, overall rating of the course, was rated the lowest for the hybrid class with a mean of 3.71 compared to a mean of 4.17 for the Traditional Tuesdays and Thursdays class and a mean of 4.07 for the Three Weekends class.

Anecdotal comments from Hybrid Course

Anecdotal comments on the course evaluations for the hybrid course varied. There were several negative comments regarding the compressed video technology such as: “compressed video is a really hard way to learn,” “many times the compressed video was not working properly,” and “a lot of technological difficulties with compressed video.” The hybrid class also included three Saturdays of face-to-face teaching in a traditional classroom. There were some negative comments about the all day Saturday classes as well. These comments included

“Saturday classes are tough, by 3 p.m. we have all had enough,” “a Saturday class doesn’t seem to give one a break,” and “no more Saturday classes.”

On a more positive note, some students showed enthusiasm for the hybrid course. Comments included “great class,” “gets me fired up to do research,” “I was pleased for a first time CV class,” and “this class has provided me with life long skills for effective practice.”

Pretest Posttest Results

A Pretest/Posttest instrument designed by Rubin and Babbie (2008) was administered at the beginning of the hybrid course on the first Saturday session and at the end of the course during the final Saturday session. It was a 100 item True/False questionnaire that had been tested for reliability and validity. The questions were taken directly from the test bank for the Rubin and Babbie (2008) textbook. One question was “If a purposive sample was used to select participants for a study the results of the study are generalizable.” Another example is “Internal validity involves the relationship between the independent and dependent variables.” The maximum possible score on the questionnaire was 100. The mean pretest score was 69.18 (sd = 7.63). The mean posttest score was 75.76 (sd = 7.88). Dependent sample t-tests ($t = 3.202$, $p < .01$) indicated a significant difference between the pretest and posttest. This instrument measured both Factual and Conceptual knowledge on Bloom’s taxonomy of learning (Anderson & Krathwohl, 2001). The Factual and Conceptual knowledge was measured by the Rubin and Babbie pretest posttest instrument for this article. Within the course the theory constructs were measured by exams, several small written assignments, and one primary written assignment.

Discussion of Results

Teaching a hybrid course was a new experience for us as a rural social work educators. It was different teaching research over compressed video. In a traditional classroom, instructors

can see the students' faces are able to tell if they aren't getting a particular concept. Over compressed video instructors only get to see the students' faces if one student asked a question and the video technician zoomed in on the person. Instructors could see one person's face clearly, but not the groups' faces. It was also difficult when there were problems with the video or audio portions of compressed video. If only the video portion was working, instructors communicated via a white dry erase board. If only the audio was working, instructors communicated by voice and instructed the students to look at specific examples in their books. Sometimes it was a bit of a challenge but the challenges were solvable. The course evaluations confirmed that even though there were challenges the hybrid course and its technology were a viable way to deliver a BSW research class to students in isolated rural areas.

Although there were no statistically significant differences between the three classes, the data pose some areas of inquiry for future research. The scores for the hybrid class on variables one and two, clarity and course/purpose objective and distribution of course requirements, were similar to the traditional class scores.

The similar scores for the hybrid course on quantitative course evaluation variables three and four, informational content of lectures and organization of lectures, were encouraging. The instructors attempted to deliver the same information and organized the lecture content in a similar fashion as in the previously offered courses. The hybrid course score on quantitative variable six, varies the mode of presentation, was also encouraging as it was similar to the other two classes. Teaching research to BSW students requires a substantial amount of lecture because for most BSW students the social work research course is the first research course they have taken. This is especially true for rural BSW students as many of them have no previous college experience and some of them are first generation college students. They are learning new

content including the language of research, theories concerning research, research methodologies, and how research relates to social work as a discipline in evaluating practice and furthering social and economic justice.

Variable five, presentation of lectures, was rated lowest for the Hybrid class. This lower rating may be related to the compressed video technology and difficulties experienced with it, the all day Saturday classes, a combination of these variables or other variables not mentioned in the course evaluation. Social work educators should be mindful that a large range of attitudes towards technology, including computers and proficiency with them, still exists among social work students (Frey & Faul, 2005). However, this should not limit their use of technology in the classroom, but rather their approach to students. Variable seven, overall rating of the course, was rated the lowest among the three classes for the hybrid class. While this is not encouraging, the mean of 3.72 is closer to a score of 5, or excellent, than it is to a score of 1, or poor. The significant difference on the pretest/posttest questionnaire was positive, indicating an increase in research knowledge occurred for the students in the Hybrid course.

Limitations

There are numerous limitations to this study. The greatest limitation was that this study used a nonrandomized sample and had a low number of participants. The sample was one of convenience and the results from this hybrid course are not generalizable to other compressed video or mixed format courses. This study only involved the evaluation of one rural hybrid course that may have had unique qualities because it was the first time it was offered in the combined compressed video and intensive Saturday class meetings format. Both the professor and the students may have become more familiar with the compressed video technology as it was used during the semester. The course evaluation instrument has not been tested for reliability and

validity. The anecdotal comments on the course evaluations may not be representative of the entire class as students who took the time to write comments may have had stronger opinions than students who chose to not write comments. Finally, although the pretest/posttest scores showed a significant increase in research knowledge, the pre-experimental design did not control for any threats to internal validity. The increase in research knowledge cannot be attributed to the research class.

Summary

Despite the limitations, there were some indications that mixed format courses may be a viable educational strategy for rural social work programs. The evaluations of the hybrid course were similar to the Traditional Tuesdays and Thursdays class as well as the Three Weekends class on all of the variables and showed no statistically significant differences. The lower score on the overall rating for the course of the hybrid was not the desired outcome, but certainly satisfactory. A rating of nearly 4 (3.72) on a Likert type scale of 1 to 5 with 5 being excellent is acceptable. The anecdotal comments, while conveying both positive and negative views of the hybrid course, at least offered some positive feedback. The pretest/posttest questionnaire indicated some increase in research knowledge, although it cannot be claimed that the increase in research knowledge was caused by the course.

It should be noted this article focused on rural social work *education* rather than rural social work *practice*. Teaching research through distance education to students in a rural environment is intended to assist them to engage in practice oriented research. Practice oriented research is required in order to practice ethically (Rubin & Babbie, 2008.) The delivery of research education to rural locations will hopefully lead to increased professionalism in evaluating practice in these areas.

Administrators of rural social work programs should consider the use of distance education technology and traditional classroom learning for their courses. The distance education technologies such as internet based virtual classrooms and compressed video allow instructors in isolated rural areas to reach students who cannot attend a full time on campus BSW program. The traditional classroom learning allows students to meet their instructors and classmates in person. Instructors can make use of this traditional classroom learning time to teach skills or content that is not easily taught through distance education technologies. One example would be teaching students how to conduct interviews or complete assessments. The mix of distance education technology and traditional classroom learning provides flexibility to the students and the instructors. It also allows the instructor and students to get to know each other in a face to face manner which adds direct human interaction to the course.

There are additional advantages of teaching a class as a hybrid. If inclement weather or some other factor makes it impossible to conduct a traditional classroom session, the instructor has the option of using distance education technology to inform the students regarding alternative plans for completing assignments or checking in with them to reschedule the traditional classroom learning session. The course evaluation forms indicated comparable ratings for the hybrid class and traditional classes. This indicates that a hybrid course is a viable alternative to traditional classes which are conducted completely in classrooms. Instructors should consider developing hybrid courses to serve students in rural areas who may not be able to obtain a social work education in any other manner. The combination of distance education technology reducing the expense and danger of travel to class and the personal touch of some traditional classroom learning may be a very good fit for students in isolated rural areas.

Conclusion

While combined format courses such as the hybrid course described in this paper are not a panacea for rural BSW social work educators, they may offer a compromise that is a practical alternative to offering multiple course sections or not offering courses in rural and remote areas. As is always the case with evaluating educational methods, more research into mixed format classes would help social work educators make informed choices about the use of such classes. When considering strategies for the education of rural social work students using distance learning technology such as compressed video and having traditional classroom face-to-face time are not mutually exclusive. One important task is to continually assess hybrid and distance education courses in order to capitalize on successful components and improve components which demonstrate problems with the educational process. The purposeful selection and combination of technology and traditional teaching methods, based on the needs of diverse rural students, holds promise for rural BSW social work educators.

Appendix A **Bloom's Taxonomy of Learning**

Taxonomy of Knowledge Dimensions by Benjamin Bloom

Factual: learning the basic elements to be acquainted with a subject.

Conceptual: understanding the interaction of the basic elements and how they interact within the framework or structure of a subject.

Procedural: knowing how to do something.

Taxonomy of Learning Objectives from the Cognitive Domain by Benjamin Bloom

<u>LEVEL</u>	<u>TYPE OF PERFORMANCE</u>
6. Evaluation:	Be capable of making a critical judgment based on internal and external criteria.
5. Synthesis:	Be capable of accomplishing a personal task devising a plan of action.
4. Analysis:	Be capable of identifying the elements, relationships, and organizational principles of a situation.
3. Application:	Be capable of remembering knowledge or principles in order to solve a problem.
2. Comprehension:	Be capable of transposing, interpreting, and extrapolating from a certain body of knowledge.
1. Knowledge:	Be capable of recalling words, facts, dates, conventions, classifications, principles, theories, etc.

Bloom's taxonomy starts with very concrete tasks such as remembering Knowledge. As you move up the taxonomy the taxonomy requires more abstract tasks such as Analysis. Analysis involves being able to identify the elements, relationships, and organizational principles of a situation. This requires a higher level of abstract thought than Application, Comprehension, and Knowledge.

Pregent, R. (1994). *Charting your course: How to prepare to teach more effectively*. Madison, WI: Magna Publications, Inc.

Anderson, L., & Krathwohl, D. (2001). *A Taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives*. New York: Longman.

References

- Anderson, L., & Krathwohl, D. (2001). *A Taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives*. New York: Longman.
- Frey, A., & Faul, A. (2005). The transition from traditional teaching to web-based Technology. *Journal of Teaching in Social Work, 25*(1), 91-102.
- Haga, M., & Heitkamp, T. (2000). Bringing social work education to the prairie. *Journal of Social Work Education, 36*(2), 309-324.
- Jeffery, B., & Watkinson, A. (2005). Voices of off-campus social work students: Implications for social work program, delivery models and preparation for practice. *Canadian Social Work Journal, 7*(1), 127-141.
- Kleinpeter, C., Glezakos, A., & Potts, M. (2005). Distance education: The use of Blackboard Software in practice methods courses taught over ITV. *Professional Development, 8*(1), 38-47.
- Kleinpeter, C., & Oliver, J. (2003). Site development in a distance education program. *Journal of Technology in Human Services, 8*(1), 75-86.
- Kleinpeter, C., & Potts, M. (2000). Distance education: Teaching practice methods using Interactive television. *Professional Development, 3*(3), 37-43.
- Marks, E., Dewees, S., & Koralek, R. (1999). *Rural welfare to work strategies: Research Synthesis*. Claverton, MD: Macro-International Inc.
- Petracchi, H., & Patchner, M. (2000). Social work students and their learning environment: A comparison of interactive television, face-to-face instruction, and the traditional classroom. *Journal of Social Work Education, 36*(2), 335-346.
- Petracchi, H., & Patchner, M. (2001). A comparison of live instruction and interactive televised teaching: a 2-year assessment of teaching an MSW research methods course. *Research on Social Work Practice, 11*(1), 108-117.
- Petracchi, H., (2000). Distance education: What do our students tell us? *Research on Social Work Practice, 10*(3), 362-376.
- Potts, M., & Hagan, C. (2000). Going the distance: Using systems theory to design, implement, and evaluate a distance education program. *Journal of Social Work Education, 36*(1), 131-145.
- Pregent, R. (1994). *Charting your course: How to prepare to teach more effectively*. Madison, WI: Magna Publications, Inc.

- Rompf, E. (1999). Program guidelines for long distance education initiatives: Overcoming faculty resistance. *Arete*, 23(1), 11-22.
- Rubin, A., & Babbie, E. (2008). *Research Methods for Social Work*. Belmont, CA: Wadsworth/Thomson Learning.
- Saleeby, D. (1992). *The Strengths Perspective in Social Work Practice*. New York: Longman.
- Smith, M. (2006). Distance learning: The future has arrived. *The New Social Worker*, retrieved November 27 2007 from <http://www.socialworker.com/home/index.php> .
- Sullivan, P. (2001). Gender differences and the on-line classroom: Male and female Students evaluate their experiences. *Community College Journal of Research and Practice*, 25, 805-818.
- Wilke, D., & Vinton, L. (2006). Evaluation of the first web-based advanced standing MSW program. *Journal of Social Work Education*, 42,(3), 607-620.
- Wilson, S. (1999). Distance education and accreditation. *Journal of Social Work Education*, 35(3), 326-330.

Substance Abuse Program Availability and Child Maltreatment

Cindy Juby, Ph.D., Department of Social Work University of Northern Iowa

Introduction

While the empirical literature on child maltreatment is substantial, the vast majority of data is obtained from studies conducted in metropolitan areas. Very few have included rural populations or compare rural and urban populations, even though 21% of the U.S. population lives in rural areas (U.S. Census, 1999). Because urban study findings cannot be easily translated to rural settings, it is necessary for researchers to adequately represent rural populations, especially in studies that affect the well-being of children and their families.

The focus of this study is the state of Iowa. The purpose is to examine Iowan counties in order to determine the relationship between substance use, treatment program availability, and child maltreatment. The following hypotheses will be addressed in the study: the availability of certified substance abuse treatment programs will be associated with decreased child maltreatment rates, drug and DUI arrest rates will be higher for counties that do not have certified substance abuse treatment programs, child maltreatment rates will be higher in counties with high drug and DUI arrest rates, and variation will exist between nonmetropolitan/nonadjacent, nonmetropolitan/adjacent, and metropolitan counties.

National rates of child maltreatment have decreased in recent years (from 12.2 per 1,000 in 2000 to 11.9 per 1,000 in 2005); however, during that same period, rates in Iowa have dramatically increased. In 2001, Iowa's abuse rate was 18.0. In 2005, that rate increased to 20.9 confirmed cases; nearly double the national rate (USDHHS, 2007). The 2005 maltreatment rates in Iowa varied widely across counties, with a range of 8.1 in Sioux County to 59.1 in Wapello County (Iowa Kids Count, 2006).

Some professionals suggest Iowa's increased maltreatment rate is related to increased parental substance use, especially methamphetamine (University of Iowa Health Care Newsletter, 2005). Approximately ten percent of confirmed child abuse cases in 2003 were directly related to illicit drug use, and two-thirds of neglect cases had underlying components of parental substance abuse (University of Iowa Health Care Newsletter, 2005). One aspect of this study will be to further examine the relationship between substance use and child maltreatment.

While both rural and urban communities face many of the same challenges, the way in which these problems manifest themselves differ from urban to rural settings. Rural challenges involve a lack of resources, distance issues, and communication problems that may be less problematic for families living in urban areas (Mack & Boehm, 2001). For individuals with substance abuse issues, accessing treatment programs may be a challenge. In some rural areas, the nearest treatment facility can be as far away as 40 miles and the cost of fuel and travel time create major obstacles in these cases.

Literature Review

Child maltreatment

Limited research exists on the prevalence of child abuse and neglect in rural areas and, while urban explanations may at times parallel rural explanations, it is a fallacy that they are comparable to the extent that research of one population can be generalized to the other. Rural populations must be considered in child welfare studies in order to fully understand child abuse and neglect in this population. At least as far back as 1993, the U.S. Advisory Board on Child Abuse and Neglect recognized the dearth of information on rural child welfare when it stated, "The safety of children should not be a function of geography". Unfortunately, adequate research of this population continues to be lacking.

For the few studies that compare rural and urban child maltreatment, the findings are mixed. English, Marshall, Brummel & Orme (1999) found that rereferrals and recurrences of child maltreatment were higher for rural areas than for metropolitan areas, while other researchers (Sedlak & Broadhurst 1996; Strong, Del Grosso, Burwick, Jethwani, & Ponza, 2005; Weisheit & Donnermeyer, 2002) suggest that no significant differences exist in rates or changes in abuse or neglect for rural counties when compared to urban and suburban counties.

Likewise, Ernst (2000) reported increased rates of physical abuse and Menard and Ruback (2003) reported increased rates of sexual abuse in rural populations, while Cappelleri, Eckenrode, & Powers (1993) reported no urban-rural differences in the rates of sexual abuse or physical abuse. These inconsistent results may be due to methodological issues that are common when studying populations that are difficult to access. Relying on child maltreatment rates, which is commonplace for most rural studies, may not be the most accurate means of obtaining this information.

Substance Abuse

The child welfare system, in both rural and urban locales, is substantially impacted by substance abuse. An estimated nine percent of children in the United States live with at least one parent who abuses drugs or alcohol (USDHHS, 2003) and these children are more likely to be victims of maltreatment than children whose parents do not abuse drugs or alcohol (Haight, Jacobsen, Black, Kingery, Sheridan, & Mulder, 2005; Dube, Anda, Felitti, Croft, Edwards & Giles, 2001).

Numerous studies have identified parental drug and alcohol use as a correlate of child maltreatment. Kelleher, Chaffin, Hollenberg, and Fisher (1994) found, after controlling for DSM-Axis II and household factors, that drug and alcohol use tripled the risk of maltreatment and Leonard (2002) reported that studies in both the United States and New Zealand found significant associations between drug and alcohol use and child maltreatment. Similarly, other studies (Kelly, 2002; Miller, Smyth, & Mudar, 1999) reflect these findings and substantiate the relationship between these two variables.

While many studies of substance abuse utilize an aggregate measure that includes any substance used for mood-altering purposes, one particular drug has made headlines and appears to have a dramatic impact on child maltreatment. That drug, methamphetamine, is currently a major cause of child abuse and neglect (Kyle & Hansell, 2005) and is a considerable problem in the rural Midwest (Haight, et al., 2005; University of Iowa Health Care Newsletter, 2005). Children whose parents abuse methamphetamine are often exposed to toxic chemicals, violence, criminal behavior, and neglect as well as physical, sexual, and emotional abuse (Anglin, Burke,

Perrochet, Stamper, & Dawad-Noursi, 2000; Cretzmeyer, Sarrazin, Huber, Block, & Hall, 2003; Haight, et al., 2005).

Similar to child maltreatment, researchers concerned with the problems of substance abuse have focused their attention almost exclusively on urban America (Schoeneberger, Leukefeld, Hiller, & Godlaski, 2006). The studies that do exist often use arrest rates or treatment program usage as a measure of the extent of the problem.

Rural living was once considered a haven for those wishing to escape the crime and drug laden problems of the inner cities. Rural regions were protective areas where children could be raised without the fear urban parents often faced. Drug use was mainly limited to alcohol and tobacco use and the hard-core drugs, such as heroin and cocaine, were seen as urban evils.

Unfortunately, this view of rural living is changing. The farm crisis of the 1980s created a rural structure that is becoming similar to inner areas of major cities. The same social forces that molded the inner cities of today are now affecting rural areas: intergenerational poverty, out-migration of more prosperous and younger residents, and an accelerated downward spiral resulting in conditions similar to inner city ghettos (Schoeneberger, Leukefeld, Hiller, & Godlaski, 2006).

Disparities between urban and rural drug use began to diminish after 1985. That year marked the beginning of a temporary decline in overall drug use; however, rural rates declined more gradually than urban rates. By 1991, only two percentage points separated the two groups and the two percent disparity has remained constant since (Van Gundy, 2006).

Studies reveal a disturbing trend in rural substance use with the introduction of methamphetamine and OxyContin. The Drug Enforcement Agency currently considers methamphetamine the number one illegal drug in rural America (National Advisory Committee on Rural Health & Human Services – 2007 Report). Rural regions are ideal for maintaining methamphetamine labs as their proximity allows the producers to avoid detection from the powerful fumes emitted during the manufacturing process. Additionally, substances used in the production of methamphetamine (i.e. anhydrous ammonia, a commonly used fertilizer) are readily available for purchase in these areas.

Despite the media coverage of the methamphetamine and OxyContin epidemics, use of these substances is only one one-hundredth as common as alcohol use. The National Advisory Committee on Rural Health & Human Services (2007 Report) refers to alcohol as “universally, the substance of choice” among youth and adults in both rural and urban areas. However, while the use of alcohol is not exclusively a rural or urban problem, at least one study (Schoeneberger, Leukefeld, Hiller, and Godlaski, 2006) has found that alcohol use, including use to the point of intoxication, is higher in very rural areas.

Treatment Programs

Barriers to treatment exist, whether one lives in rural American or urban America, however, the types of barriers vary depending on the geographic area. A major barrier for those living in rural areas is the apparent lack of available services. Many rural communities do not have adequate substance abuse treatment facilities to deal with the growing problem of rural substance use (Haight, et al., 2005).

Political decisions that determine treatment locales are often based on the number of individuals needing treatment in an area. Because of the low numbers of individuals spread over vast areas, funding for rural treatment centers are stretched thin (Mack & Boehm, 2001). Even for those rural programs that do exist, services are more limited than in urban areas. Outmigration of professionals has led to a shortage of trained practitioners who can help identify

substance abuse and supervise treatment (Strong, Del Grosso, Burwick, Jethwani, & Ponza, 2005) and few providers are knowledgeable of rural culture (National Advisory Committee on Rural Health & Human Services, 2007).

In Iowa, 49 of the 99 counties lack a certified treatment facility and those seeking treatment often must travel to other counties to receive services. Surveys of welfare recipients in rural areas show that lack of transportation is a key barrier to accessing services in these communities (Strong, Del Grosso, Burwick, Jethwani, & Ponza, 2005). In 2000, one rural state spent 77% of welfare funding on transportation assistance and car repairs so their clients could access support services (Plein 2001). Travel time, combined with the cost of gas and vehicle maintenance, can be the determining factor for those seeking treatment. For many low-income rural residents, the time and cost are just too great.

The objective of the present study is to examine the effect substance abuse treatment availability has on child maltreatment in rural and small metro areas. Iowa, the focus of this study, is considered a rural state and is similar in structure to other rural Midwest counties in the United States.

Methodology

Sample

The ninety-nine counties in Iowa were the item of analysis for this study. The data were accessed using a variety of existing measures, including child maltreatment rates, drug and DUI arrest rates, and poverty and minority percentages.

In order to obtain an adequate sample size for the analysis and to obtain an average measure for the four year study period, data for the counties were entered four times each; once for every year from 2002 to 2005, for a total sample size of 396.

Measurement

Child Maltreatment The primary criterion variable in this study was child maltreatment. Child maltreatment was measured as a continuous variable using child maltreatment rates obtained from the 2005 Iowa Kids Count report. The rates reflect only substantiated cases and do not include all reported cases. Data were collected for four years, from 2002 to 2005.

Urban Influence The Beale Urban Influence Codes (Beale & Johnson, 1995; Butler & Beale, 1994) provide a rigorous measure for categorizing rural and non-rural areas. The measure consists of a system of codes that conflates area population with proximity to urban services. The codes range from 1 to 12, with larger numbers being assigned to the most rural and isolated counties. Because the codes are labeled according to the population of their largest city or town and their proximity to metro and micro areas, they can be categorized into three major groups: 1) metropolitan counties, 2) nonmetropolitan counties adjacent to metro areas, and 3) nonmetropolitan counties not adjacent to metro areas.

Treatment Availability Treatment availability was measured as a dichotomous variable with a value of "0" assigned to counties with no licensed substance abuse treatment program and a value of "1" assigned to those that have at least one licensed program. The data for this variable were obtained from the Iowa Department of Public Health, Division of Behavioral Health and Professional Licensure, 2007.

Substance Abuse Substance abuse data were collected from the Iowa Uniform Crime Reporting document (UCR, 2007). These data reflect drug and alcohol arrests per year by

county. Four different offenses related to substance use were included in the UCR report: Drug/Narcotic Violation, Drug Equipment Violation, Driving under the Influence, and Drunkenness. Drug Equipment Violation is often an offense given when an individual is arrested for Drug/Narcotic Violation. Similarly, Drunkenness is often an offense given to individuals arrested for Driving under the Influence. Using all four arrest offenses would create duplication; therefore, Drug/Narcotic Violation was the measure used to determine drug use and Driving under the Influence was the measure used to determine the DUI arrest variable. Drug Equipment Violation and Drunkenness data were excluded from the analysis.

Other Variables Minority and poverty status were included in the analysis, as well. These data were obtained from the 1999 Census for each of the 99 counties. Minority status was operationalized as the percent of the population that was non-White. The percentage of each county's poverty population at the time of the census was included as a continuous variable for the poverty measure.

Results

Description of the Sample

The most urban areas, those with Urban Influence Codes (UIC) of 1 and 2, made up 21% ($N = 84$) of the sample. Counties with Codes from 3 to 7 (nonmetropolitan counties adjacent to metro areas) totaled 152 (38%), and those with Codes from 8 to 12 (nonmetropolitan counties not adjacent to metro areas) totaled 160 (40%) (Table 1).

Table 1. Sample Characteristics ($N = 396$)

	<i>N</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>
Child Maltreatment Rate			19.3	0.9 - 59.1
Drug Arrest Rate			243.2	0.0 - 941.8
DUI Arrest Rate			395.0	0.0 - 1113.9
Poverty Rate			9.1	4.6 - 15.5
Minority Rate			4.1	0.2 - 18.4
Treatment Program in County	200	50.5		
Urban Influence Codes 1 & 2	84	21		
Urban Influence Codes 3 to 7	152	38		
Urban Influence Codes 8 to 12	160	40		

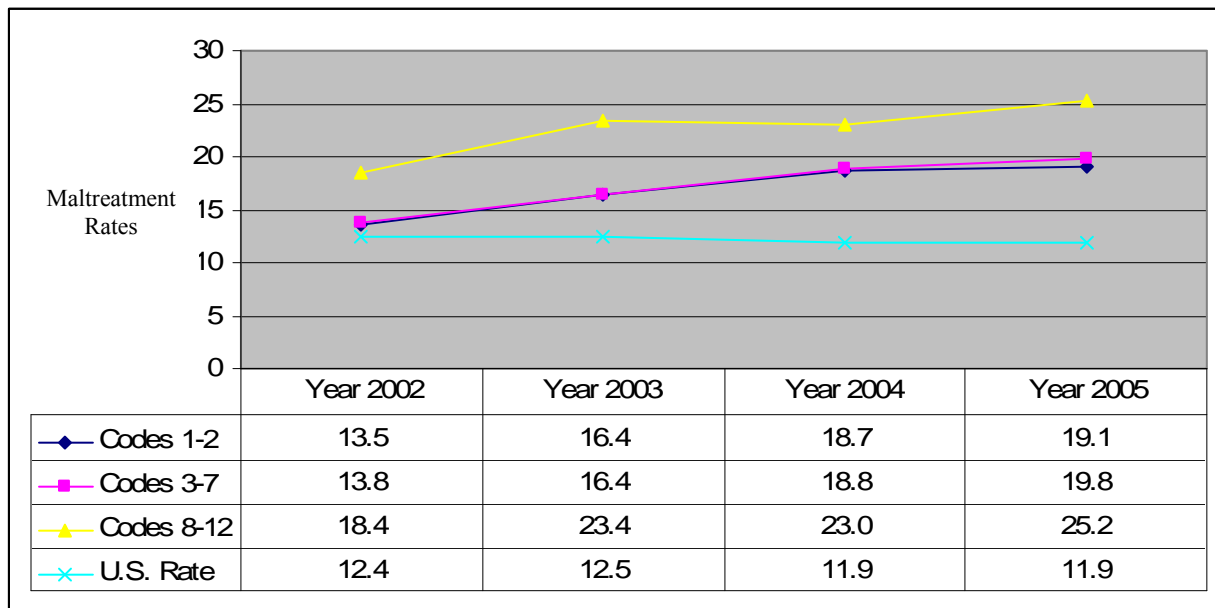
Drug arrest rates averaged 243.2 ($sd = 187.6$), while DUI arrest rates averaged 395.0 ($sd = 209.8$). At the time of the study, only 50 (50.5%) counties had licensed substance abuse treatment programs.

Minority status reflected little diversity within the state. Overall, minorities made up only 4.1% of the sample population, while minority percentages across counties ranged from

.20% to 18.4%. The overall poverty rate (9.1%) was lower than the 2000 U.S. average of 11.3% (Dalaker, 2001); however, rates ranged across counties from 4.6% to 15.5%.

The sample had an average maltreatment rate (number of children per 1,000) of 19.3; however, rates varied widely across counties. During the 2002-2005 study period child maltreatment rates ranged of .9 to 59.1. Maltreatment trends varied from rural to urban areas, with nonmetropolitan/nonadjacent counties (UIC = 8 to 12) having higher rates for every year of the study than nonmetropolitan/adjacent and metropolitan counties (Figure 1). Additionally, the very rural counties had an average child maltreatment for 2005 (25.2) that was more than twice the rate of the U.S. average for that year (11.9).

Figure 1. Child Maltreatment Rates by Urban Influence Compared to the U.S. Rate



Multivariate Analysis

Those variables that revealed significant correlations with child maltreatment were entered into a regression model to control for spuriousness and to determine the overall impact of the predictor variables on the criterion. For those counties with Urban Influence Codes of 1 or 2, treatment program availability and DUI arrest rates did not significantly correlate and, therefore, were not included in the analysis. The variables that did yield significant correlations failed to maintain their significance in the regression: minority status ($\beta = .243$), drug arrests ($\beta = .236$) and poverty status ($\beta = .095$) (Table 2).

Table 2. Regression Effects on Child Maltreatment Rates

	<i>Access Codes 1 & 2</i>	<i>Access Codes 3 to 7</i>	<i>Access Codes 8 to 12</i>
Poverty Status	0.095	.478***	.265***
Drug Arrest Rates	0.236	.235**	.377***
Minority Status	0.243	.007	---
Treatment Program	---	.001	.200*
DUI Arrest Rates	---	---	-.007
R²	.240	.298	.244

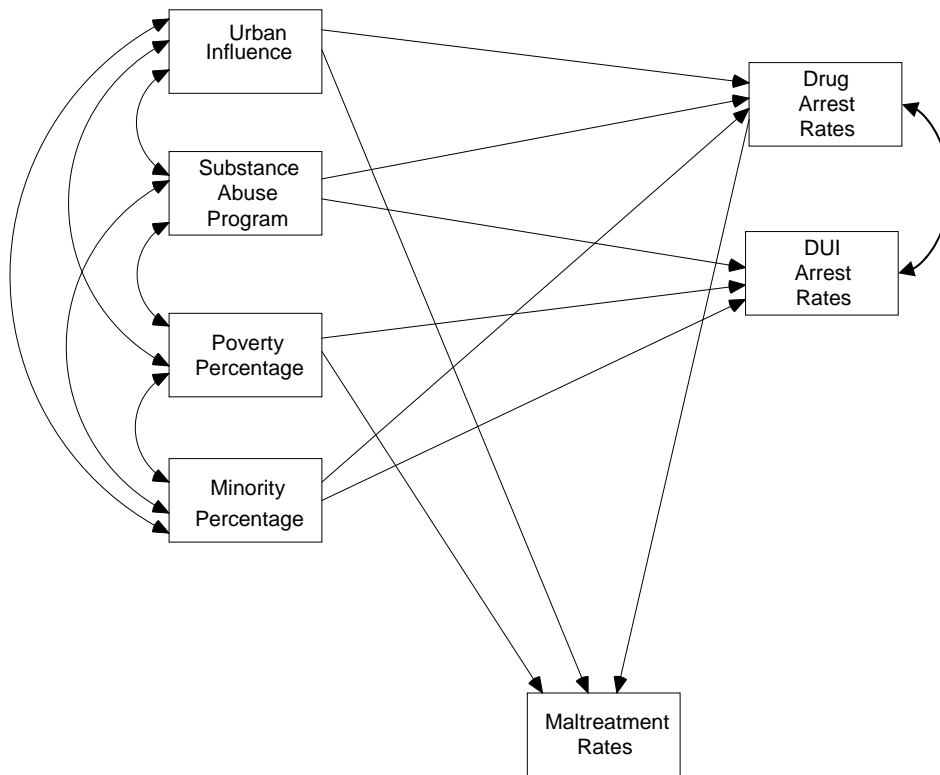
For those counties with Urban Influence Codes that ranged from 3 to 7 (nonmetropolitan/adjacent), increased poverty ($\beta = .478$) and higher drug arrest rates ($\beta = .235$) were associated with higher child maltreatment rates. Similarly, increased poverty ($\beta = .265$) and higher drug arrest rates ($\beta = .377$) were significant in the regression for Urban Influence Codes 8 to 12 (nonmetropolitan/nonadjacent), however, the availability of substance abuse treatment programs was also significantly associated with increased child maltreatment rates ($\beta = .200$) in these counties after controlling for the other variables. DUI arrest rates and minority status failed to maintain any significant impact on child maltreatment after inclusion in the regression analysis.

The overall impact of these variables on child maltreatment rates varied little across county codes. The variables for counties with Access Codes from 3 to 7 had the most impact ($R^2 = .298$), followed by Codes 8 to 12 ($R^2 = .244$) and Codes 1 and 2 ($R^2 = .240$).

Path Analysis

Path analysis determined the direct and indirect relationships between the predictor, criterion, and control variables in the study (Figure 2). Data for all four years of the study were included in the analysis. Each county was entered four times, once for each year, to arrive at an average for the four-year period. This increased the sample size from 99 to 396. The computer program AMOS (Arbuckle, 2006) was employed to obtain path estimates using maximum likelihood estimation (MLE) and to evaluate the overall fit.

Figure 2. Path Analysis using all Urban Influence Codes



The structural model indicated that counties with less urban influence ($\beta = .175$), higher poverty percentages ($\beta = .299$), and increased drug arrest rates ($\beta = .317$) had higher rates of maltreatment (Table 3). No other variables directly impacted child maltreatment; however, treatment program availability ($\beta = .061$) and higher minority rates ($\beta = .098$) indirectly impacted child maltreatment through other variables (Table 4). While urban influence directly impacted child maltreatment, it also provided an indirect effect ($\beta = -.050$) through drug arrest rates.

Table 3 Standardized Regression Weights

Regressions	β
Child Maltreatment - Urban Influence	.175
Child Maltreatment - Drug Arrests	.317
Child Maltreatment - Poverty Status	.299
Drug Arrests - Minority Status	.309
Drug Arrests - Program Availability	.194
Drug Arrests - Urban Influence	-.157
DUI Arrests - Poverty Status	-.123
DUI Arrests - Minority Status	.338
DUI Arrests - Program Availability	.220

Counties with large minority populations had increased drug ($\beta = .309$) and DUI ($\beta = .338$) arrest rates. Poverty was also associated with DUI arrest rates ($\beta = -.123$); however, the relationship was a negative one. DUI arrests did not have a significant impact on child maltreatment

Table 4. Indirect Effects

	Urban Influence	Treatment Program	Minority Percent	Drug Arrest Rates	Poverty Percent
Drug Arrest Rates	.000	.000	.000	.000	.000
DUI Arrest Rates	.000	.000	.000	.000	.000
Child Maltreatment Rates	-.050	.061	.098	.000	.000

The R^2 for this model was .227 and the fit values were CFI = .990, TLI = .595, and RMSEA = .053. Chi-square was non-significant at 10.5 ($p = .062$), with 5 degrees of freedom ($\chi^2/df = 2.01$). The ratio of the χ^2 to degrees of freedom is within the acceptable maximum value of 2 to 3, as recommended by Tabachnick and Fidell (1996). Overall, the results indicate an adequate fit between the proposed model and the data.

Discussion

The current study was designed to examine counties in Iowa to determine the relationship between substance abuse treatment availability, drug and alcohol arrests, and child maltreatment and to compare the effects across geographical regions. Poverty and minority status were included as extraneous and control variables.

The study was conducted as a preliminary report for a grant that would provide funding to expand this research in identifying gaps in programs and services and to examine the related effects of program and service availability/accessibility in poor, rural areas. The grant would allow for the direct interviewing of individuals rather than reliance on rates, which is a limitation of this study.

Hypothesis 1: Availability of certified substance abuse treatment programs will be associated with decreased child maltreatment rates.

Program availability was not directly or indirectly associated with child maltreatment in the path analysis and was positively related to child maltreatment in the regression for the nonmetropolitan/nonadjacent counties. This positive finding opposes the hypothesized direction; therefore Hypothesis 1 was unsupported.

While prior research suggests that improving available resources would reduce the rate of victimization, the empirical literature also provides possible reasons for these study results. It is important to first note that all the counties that lacked treatment programs were rural and, inherent in rural populations is a degree of proximity isolation.

Visibility of children and their families has been an issue of debate for research on the prevalence of child maltreatment, especially for minority and impoverished families (Barth, & Miller, 2001; Chibnall, Dutch, Jones-Harden, Brown, Gourdine, 2003; Sedlak & Broadhurst, 1996). For example, families in poverty frequently come into contact with professionals in order to receive assistance (i.e., financial aid). This contact increases the likelihood abuse will be noticed and reported. The challenge is determining if the increased incidence of maltreatment is due to increased visibility or some other factor like poverty.

Likewise, visibility may relate to child maltreatment in rural populations; however, the issue would be decreased, not increased, visibility. Isolation is a common characteristic of abusive families and rural areas provide more isolated places for child maltreatment to occur. Menard and Ruback (2003) found that child victimization rates did not vary across rural and urban locations; however, higher abuse reporting, substantiation, and sentencing rates were positively associated with urban areas.

The rural climate may also affect child maltreatment reporting. Rural locations are characterized by greater acquaintance density (more acquaintances in the community) (Menard & Ruback, 2003) and reporting may be more difficult when the reporter is familiar with the one being reported. Even police officers can be impacted by this phenomenon. Decker (1979) found that rural officers who grew up in the areas they work prefer to deal with problems informally rather than through government intervention. These rural characteristics can also affect drug and DUI arrest rates, making it appear that substance use in rural areas is lower.

Hypothesis 2: Drug and DUI arrest rates will be higher for counties that do not have certified substance abuse treatment programs

Drug and DUI arrest rates were higher for counties with treatment programs; therefore, the second hypothesis was unsupported. However, similar to the child maltreatment argument, drug and DUI arrests may be lower in the counties that lack programs (all rural counties) because of visibility and reporting issues.

Alternatively, this relationship could suggest that programs are located where the need is greatest. It is important to determine if this is the case or if individuals in more rural areas are being overlooked because they are less visible.

Hypothesis 3: Child maltreatment rates will be higher in counties with high drug and DUI arrest rates.

This hypothesis was supported for drug arrests but not for DUI arrests. Child maltreatment rates were higher in counties with increased drug arrests in the path analysis; however, this relationship varied across geographical regions in the regression analysis. While increased drug arrests were associated with increased child maltreatment rates for nonmetropolitan/nonadjacent and nonmetropolitan/adjacent counties, the relationship was not significant for the metropolitan counties. DUI arrest rates were significant only in the correlation and, even then, the relationship was negative instead of the anticipated positive finding.

While the empirical literature supports the drug use/child maltreatment relationship (Albert & Barth, 1996; Chaffin, Kelleher, Hollenberg, 1996), the DUI arrest finding is inconsistent with previous studies (Widom & Siller-Sturmhofel, 2001). The difference could be that DUI arrests are more associated with alcohol use and drug arrests with other types of substances. If that is the case, this finding could be indicative of differences between largely

rural and more urbanized states, suggesting that substance use and child maltreatment in rural states is a stronger predictor of maltreatment than alcohol use.

Another consideration is that part of Iowa's child abuse definition includes unlawfully manufacturing a dangerous substance in the presence of a child (Iowa Code 232.2), which often results in the reporting of abuse for children who are present at the time of their parent or guardian's drug arrest. The mandate creates an automatic association between drug arrest rates and child maltreatment rates.

Hypothesis 4: Variation will exist between nonmetropolitan/nonadjacent, nonmetropolitan/adjacent, and metropolitan counties.

Nonmetropolitan/nonadjacent counties had higher child maltreatment rates than the nonmetropolitan/adjacent and metropolitan counties. Additionally, the variables associated with child maltreatment varied across county type. None of the selected variables for the metropolitan counties maintained their significant relationship with child maltreatment in the regression. Poverty and drug arrests were significant for both the nonmetropolitan/adjacent and nonmetropolitan/nonadjacent counties, while only treatment program availability was significantly related to child maltreatment in nonmetropolitan/nonadjacent counties. These findings support Hypothesis 4.

Poverty Status

Included as an extraneous variable, poverty had a substantial impact on child maltreatment. Previous studies (Drake & Pandey, 1996; Lee & Goerge, 1999) support this relationship while some suggest the actual effect is indirect and mediated by stress. Stress has been conceptually and empirically associated with child maltreatment in the research literature (Whipple & Webster-Stratton, 1991; Hillson & Kuiper, 1994) and some researchers suggest this variable is a powerful predictor of maltreatment potential (Burrell, Thompson, & Sexton, 1994; Cadzow, Armstrong, & Fraser, 1999).

It is important to note that no path was established between poverty and drug arrest rates; however, counties with high poverty rates were significantly related to DUI arrest rates but not in the expected manner. Poorer counties actually had lower DUI arrest rates. This finding is inconsistent with previous studies (Smyth, et al., 1998) and warrants further research.

Minority Status

Counties with large minority populations were more likely to have treatment programs, as well as higher drug and DUI arrest rates. There is considerable agreement in the empirical literature that consideration of racial and ethnic values is critical in engaging and maintaining people substance abuse recovery (van Wormer, 2008). Because of the very small percentage of minorities in the state of Iowa, this fact may be overlooked. As a result, training on how to provide proper treatment to these populations may be lacking.

Minority status did not directly impact child maltreatment; however, it did provide an indirect effect. Various mediating variables have been identified in the relationship between minority status and child maltreatment and this study suggests that substance abuse may be one of those variables. Recognizing and treating indirect effects can reduce the time and money spent on treatment by directing focus on the true source of the problem.

In conducting the analysis, one county of particular interest was Wapello County in southeast Iowa. In 2005, Wapello had a child maltreatment rate of 59.1, compared to the U.S.

rate of 11.9. Within five years, drug arrest rates in Wapello increased 45% from 232.3 in 2000 to 336.7 in 2005. Iowa's 2005 drug arrest rate was 233.5. Wapello has an Urban Influence Code of 8 (nonmetropolitan/nonadjacent) and has a certified substance abuse treatment program. It also has the eighth highest poverty rate in Iowa.

Limitations

Many studies of rural populations use report rates to measure social occurrences and events. Child maltreatment rates and drug and DUI rates were used in this study, however, caution is necessary when interpreting this information. Report rates express the extent of the problem based on the number of cases reported, substantiated, or prosecuted. Many cases are not brought under the scrutiny of the child welfare or penal systems and, as a result, are excluded from the analysis. By excluding these data, important information about the variables under study may be overlooked.

Generalizability is limited in this study. While rural Iowa is similar in structure to other Midwest rural counties, these findings may not translate well to other rural areas of the country (i.e., Southern U.S. states).

Conclusion

This study indicates that poverty and increased drug arrests are associated with increased child maltreatment rates in nonmetropolitan/adjacent and nonmetropolitan/nonadjacent counties. It also signifies the importance of understanding the effects of rurality and minority status on increased substance use. Additional, more rigorous, studies are necessary to more accurately determine the extent of these relationships, and to examine poverty and substance use more closely.

Politically, rural populations have not been supported by federal or state governments (Mack & Boehm, 2001). Rural thought is rarely represented in the media, so policymakers mistakenly advocate for and create policies without rural needs in mind. As a result, most federal and state policies fail to consider that standards applied to large urban areas may not adequately address the unique needs of rural families.

Rural populations have also been largely ignored in the empirical literature. While data collection of this group is less accessible, and therefore less convenient, than urban groups, it is imperative that urban study results not be generalized to rural populations. In areas such as child maltreatment and substance abuse, rural issues differ from urban issues. Travel, accessibility of services, and proximity isolation are very real considerations for social service employees who work with individuals and families from rural areas.

Given its findings, this study indicates a need for rural studies that involve direct contact instead of an over-reliance on rates as measures of rural phenomenon. Social researchers need to be engaged in research of this neglected population in order to contribute to political developments that impact their functioning. Similarly, research can provide support for the need for resources in rural areas and can assist social workers in advocating for these resources.

References

- Albert, V.N. & Barth, R.P. (1996). Predicting growth in child abuse and neglect reports in urban, suburban, and rural counties. *Social Service Review*, 70(1), 58-82.
- Anglin, M.D., Burke, C., Perrochet, B., Stamper, E., & Dawad-Noursi, S. (2000). History of methamphetamine problem. *Journal of Psychoactive Drugs*, 32(2), 137-141.
- Arbuckle, J.L. (2006). *Amos 7.0 User's Guide*. SpringHouse, PA: Amos Development Corporation.
- Barth, R. P., & Miller, J. M. (2000). Building effective post-adoption services: What is the empirical foundation? *Family Relations*, 49(4), 447-455.
- Beale, C. & Johnson, K. (1995). Nonmetropolitan population continues post-1990 rebound. *Rural Conditions and Trends*, 6(2), 5-12.
- Butler, M.A. & Beale, C.L. (1994). *Rural-Urban Continuum Codes for Metro and Nonmetro Counties*. USDA-ERS, AGES 9425.
- Burrell, B., Thompson, B., & Sexton, D. (1994). Predicting child abuse potential across family types. *Child Abuse and Neglect*, 18(2), 1039-1049.
- Cadzow, S.P., Armstrong, K.L., & Fraser, J.A. (1999). Stressed parents with infants: Reassessing physical abuse risk factors. *Child Abuse and Neglect*, 23, 845-853.
- Cappelleri, J.C., Eckenrode, J., Powers, J.L. (1993). The epidemiology of child abuse: Findings from the second national incidence and prevalence study of child abuse and neglect. *American Journal of Public Health*, 83(11), 1622-1624.
- Chaffin, M., Kelleher, K., & Hollenberg, J. (1996). Onset of physical abuse and neglect: Psychiatric, substance abuse, and social risk factors from prospective community data. *Child Abuse & Neglect*, 20(3), 191-203.
- Chibnall, S., Dutch, N.M., Jones-Harden, B., Brown, A., Gourdine, R., Smith, J., Boone, A., & Snyder, S. (2003). *Children of color in the child welfare system: Perspectives from the child welfare community*. Department of Health and Human Services Children's Bureau. Administration for Children and Families.
- Child and Family Policy Center. (2005). Kids Count: 2002-2005 data. Retrieved June 1, 2007, from <http://www.cfpciowa.org/initiatives/iowa/kids-count/>.
- Cretzmeyer, M., Sarrazin, M.V., Huber, D.L., Block, R.I., & Hall, J.A. (2003). Treatment of methamphetamine abuse: Research findings and clinical directions. *Journal of Substance Abuse Treatment*, 24, 267-277.
- Dalaker, J. (2001). *Poverty in the United States: 2000*. Washington, DC: U.S. Government Printing Office.
- Decker, S. (1979). The rural county sheriff: An issue in social control. *Criminal Justice and Review*, 4, 97-111.
- Drake, B. & Pandey, S. (1996). Understanding the relationship between neighborhood poverty and specific types of child maltreatment. *Child Abuse & Neglect*, 20(11), 1003-1018.
- Dube, S.R., Anda, R.F., Felitti, V.J., Croft, J.B., Edwards, V.J., & Giles, W.H. (2001). Growing up with parental alcohol abuse: Exposure to childhood abuse, neglect, and household dysfunction. *Child Abuse and Neglect*, 25(12), 1627-1640.
- English, D.J., Marshall, D.B., Brummel, S., & Orme, M. (1999). Characteristics of repeated referrals to child protective services in Washington state. *Child Maltreatment*, 4(4), 297-307.

- Ernst, J.S. (2000). Mapping child maltreatment: Looking at neighborhoods in a suburban county. *Child Welfare*, 79(5), 555-572.
- 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, 979-971.
- Hillson, J.M.C., & Kuiper, N.A. (1994). A stress and coping model of child maltreatment. *Clinical Psychology Review*, 14(4), 261-285.
- Kelleher, Chaffin, Hollenberg, and Fisher (1994). The impact of parental alcohol or drug removals on foster care placement experiences: A matched comparison group study. *Child Maltreatment*, 12(2), 125-136.
- Kelly, S.J. (2002). Child maltreatment in the context of substance abuse. In J.E.B. Myers, L. Belmer, J. Briere, C.T. Hendrix, C. Jenny, & T.A. Reed (Eds.). *The APSAC handbook on child maltreatment* (pp. 105-115). Thousand Oaks, CA: Sage.
- Kyle, A.D. & Hansell, B. (2005). *The Meth Epidemic in America*. Washington, DC: National Association of Counties.
- Lee, B.J. & Goerge, R.M. (1999). Poverty, early childbearing, and child maltreatment: A multinomial analysis. *Children and Youth Services Review*, 21(9/10), 755-780.
- Leonard, K.E. (2002). *Alcohol and substance abuse in marital violence and child maltreatment*. In C. Wekerle & A. Wall (Eds.). New York: Brunner-Routledge.
- Mack, K. & Boehm, S. (2001). *Rural Child Welfare 101*. Children Voice Article, November 2001 [Electronic version]. Retrieved June 1, 2007, from <http://www.cla.org/printable/printpage.asp>.
- Menard, K.S. & Ruback, R.B. (2003). Prevalence and processing of child sexual abuse: A multi-data-set analysis of urban and rural counties. *Law and Human Behavior*, 27(4), 385-402.
- Miller, B.A., Smyth, N.J., & Mudar, P.J. (1999). Mothers' alcohol and other drug problems and their punitiveness toward their children. *Journal of Studies on Alcohol*, 60, 632-642.
- National Advisory Committee on Rural Health & Human Services – 2007 Report. [Electronic version]. Retrieved May 15, 2007, from <http://ruralcommittee.hrsa.gov/nacpubs.htm>
- Plein, L. C. (2001). Welfare reform in a hard place: The West Virginia experience. *Rockefeller Report*. Albany, NY: Rockefeller Institute.
- Sedlak, A.J. & Broadhurst, D.D. (1996). *The third national incidence study of child abuse and neglect: Final report*, Rockville, MD: Westat.
- Schoeneberger, M. L., Leukefeld, C. G., Hiller, M. L., & Godlaski, T. (2006). Substance abuse among rural and very rural drug users at treatment entry, *American Journal of Drug and Alcohol Abuse*, 32(1), 87-110.
- Smyth et al. (1998). Exploring the nature of the relationship between poverty and substance abuse: Knowns and unknowns. *Journal of Human Behavior in the Social Environment*, 1(1), 67-82.
- Strong, Del Grosso, Burwick, Jethwani, & Ponza (2005). *Rural research needs and data sources for selected human services topics* [Electronic version]. Retrieved May 23, 2007, from <http://www.mathematica-mpr.com/publications/PDFs/ruralneeds1.pdf>
- Tabachnick, B.G. & Fidell, L.S. (1996). *Using multivariate statistics*. (3rd ed.). New York: HarperCollins College Publishers.
- Uniform Crime Report (2007). *Iowa UCR report, Iowa/regional/U.S. comparison report*.

- [Electronic version]. Retrieved May 10, 2007, from <http://www.dps.state.ia.us/commis/ucr/index.shtml>
- U.S. Census Bureau (1999). *Summary 3 Data files*. [Electronic version]. Retrieved June 18, 2007, from <http://www.census.gov>.
- U.S. Department of Health and Human Services (2003). *Child Welfare Information Gateway*. [Electronic version]. Retrieved May 13, 2007, from <http://www.childwelfare.gov>.
- U.S. Department of Health & Human Services, Administration of Child, Youth and Families. (2007). *Child Maltreatment 2005: Reports from the states to the national child abuse and neglect data systems*. Washington, CD: U.S. Government Printing Office.
- University of Iowa Health Care Newsletter (2005). *Methamphetamine use in Iowa*. [Electronic version]. Retrieved May 30, 2007, from <http://www.uihealthcare.com/news/health/index.html>
- Van Gundy, K. (2006). *Substance abuse in rural and small town America*. [Electronic version]. Retrieved July 15, 2007, from http://www.carseyinstitute.unh.edu/documents/SubstanceAbuse_final7-14.pdf.
- Van Wormer, K. & Davis, D.R. (2008). *Addiction treatment: A strengths perspective* (2nd ed.). Belmont, CA: Thomson, Brooks/Cole.
- Weisheit & Donnermeyer (2002). Community characteristics associated with child abuse in Iowa. *Child Abuse & Neglect*, 27, 1145-1159.
- Whipple, E.E. & Webster-Stratton, C. (1991). The role of parental stress in physically abusive families. *Child Abuse & Neglect*, 15, 279-291.
- Widom, C.P. & Hiller-Sturmhofel, S. (2001). Alcohol abuse as a risk factor for and consequence of child abuse. *Alcohol Research & Health*, 25, 52-57.

Better Health through the Salud Para la Vida (Health for Life) Project

Susan Dollar, Ph.D., LCSW, Missouri State University

Helen Reid, Ph.D., Missouri State University

LaRaeda Sullivan, RN, James D. Warn Community Clinic

Introduction

Rural Missourians, like others across the nation, have witnessed a tremendous growth in the Latino population. Newcomers from Mexico and Central America are seeking economic and educational opportunities for their families, and many find work in the local poultry processing, building construction, furniture industries, and small businesses. Despite full-time employment, however, many do not receive the health care services they need to improve their lives. Given the poor health status of many low-income Latino families and the strain this places on health service systems, the importance of community health outreach becomes apparent. Social workers and allied health professionals are in the unique position to provide needs assessment, networking, and educational resources for human service providers and thus improve access for at-risk populations (Walker & Dollar, 2002).

A Culturally Sensitive Model

The Salud Para La Vida (Health for Life) project was designed to reduce health disparities among Latinos in five rural counties identified as either a geographic or low-income primary care Health Professional Shortage area. The project used a collaborative model involving several academic disciplines (social work, nutrition, nursing, audiology, physician assistant), as well as community agencies, University Extension, a federally qualified health center, and area churches to plan, deliver, and evaluate program components. Health disparities and access to care were addressed through the following program goals:

- A) Educating health profession students about the rural and Hispanic cultures and attracting health professionals into medically underserved areas;
- B) Developing cultural competency and medical Spanish skills among existing rural health care professionals; and
- C) Providing culturally appropriate preventative health services and clinical follow-up of chronic conditions among low-income Hispanics.

Literature Review

The Hispanic population in the five targeted rural counties of Barry, Newton, McDonald, Jasper, and Lawrence counties in southwest Missouri has increased by 290% over the last ten years. In 2,000 there were 268,020 residents; 59,883 were Hispanic (4.8%). In the year 2007, there were 248,217 residents; 41,245 residents (6.0%) were Hispanic (Missouri Census Data Center, 2007). Findings of an area survey (n=300) conducted by Dollar and Walker (2002) indicated that the majority of Hispanic respondents migrated from Mexico within the past five years to work in poultry processing and factory jobs. Over three-fourths of respondents had an annual household income of less than \$25,000 (19% less than \$10,000). Three-quarters reported that they spoke and read English poorly or not at all. Most (72%) did not have a doctor and could not afford health care (69%), experienced language barriers (72%), did not have transportation (19%), or could not take time from work (15%). Fifty-five percent listed discrimination as one of the barriers as well. These barriers to health care are similar to those found in other published studies (Riffe, Turner & Rojas-Guyler, 2008; Stone, Viruell-Fuentes & Acevedo-Garcia, 2007; Agency for Health Care Research and Quality, 2006 [AHRQ], 2006). Results of the Dollar and Walker survey also indicated that Hispanics underutilized health services, and (compared to the total population) were more seriously ill with secondary and complex health problems including: high blood pressure, diabetes, asthma, tuberculosis, respiratory problems, and arthritis (Walker & Dollar, 2002).

Significant geographic, financial and cultural barriers exist in rural areas concerning health care information and services. Rural residents in general, face more impediments to accessing human services than their urban counterparts, due in part to the scarcity of health services in rural areas and transportation difficulties (Betancourt, Carrillo, Greem & Maina, 2004). A large percentage of rural Hispanics are recent immigrants compared to their urban counterparts; 39.1% compared with 13.4% respectively, which may deter them from seeking services due to their immigration status or ineligibility for employee-based coverage (Rochin, 1997). A lack of health insurance is one major reason underutilized health services (AHRQ, 2006). Hispanics have the highest uninsured rates of any minority group with more than one third under the age of 65 without insurance (AHRQ, 2006). Rural Hispanics are even more likely to be uninsured than their urban counterparts (DeNavas-Walt, Proctor, & Smith, 2008; Valdez, Giachello, Rodriguez-Trias, Gomez, & de la Rocha, 1993). Finally, many have difficulty finding culturally appropriate treatment options; interpreters and bilingual providers; and the needed outreach activities to inform them about services (Blewett, Smaida, Fuentes, & Ulrich-Zuehlke, 2003). Negative attitudes and perceptions of Hispanics among non-Hispanic whites are seen as another significant barrier to accessing services (Cristancho, Garces, Peters, & Mueller, 2008; Jackson, 1995)

Methods

The three-year project required a number of planning steps. Initially, a local Latino advocacy group was contacted regarding the project to enlist their support with advice concerning inter-agency collaborations and important locations to target for health screenings and educational sessions. Next, focus group material from a previous study (Walker & Dollar, 2002) was analyzed to determine the key health indicators and other access issues needing to be addressed. This analysis formed the Salud para la Vida project design and evaluation plan, which developed systematic activities under each of the three program components:

Program Component A: Educating health profession students about the rural and Hispanic cultures and attracting health professionals into medically underserved areas.

Recruiting university students for the Rural Health Course involved collaborating with academic departments and direct contact with health professions students. A cross-listed method allowed credit within their major from two different departments. Students were introduced to rural health concepts, identified major health care problems of rural residents, evaluated current rural health care delivery systems, and discussed economic, political, social, and cultural factors affecting rural health care. Each student in the classroom participated in a fifteen-hour service learning experience while attending health fairs. Health Insurance Portability and Accountability Act (HIPAA) and National Institutes of Health (NIH) research training was provided to students to ensure that client confidentiality and informed consent were maintained.

Program Component B: Developing cultural competency and medical Spanish skills among existing rural health care professionals.

A total of 838 Latinos were recruited over three years for free health screenings and medical referral assistance in the five county region. Health fairs were advertised through church bulletins, local Latino radio and newspaper announcements, workplace flyers, and word-of-mouth. During the health fairs, bilingual/bicultural interpreters were available to assist voluntary participants with the free clinical assessments, informed consent forms, and referral assistance. A full-time case manager was hired to monitor those with chronic health conditions. Key indicators in the assessment included: Body Mass Index, blood pressure, cholesterol reading, blood sugar reading, vision, hearing, and immunizations. A health risk assessment for diabetes was also collected from participants along with demographic characteristics.

Program Component C: Providing culturally appropriate preventative health services and clinical follow-up of chronic conditions among low-income Hispanics.

Advertising through local hospitals and clinics proved to be the most effective means for recruiting health professionals for both educational programs. Many were interested in the continuing education units (CEUs) available for attending the cultural competency workshops. Another appealing aspect of the workshops was the fact that they were conducted in small towns which were easily accessible from their home or workplace. Over the three-year period, 348 rural human services professionals attended workshops on topics ranging from migrant health issues, food and culture, diabetes and heart disease prevention, and communication practices. A 2005 pre-test/post-test comparison (n=26) showed an increase of reported knowledge gained in cultural competence for the Jasper and McDonald county participants: on a 5-point scale, knowledge increased an average of 1.35 for participants which was a strong statistically significant change for increased knowledge (Wirth, 2007).

Results

Program Component A: Educating health profession students about the rural and Hispanic cultures and attracting health professionals into medically underserved areas.

Rural Health Course: A total of forty-one (n=41) undergraduate and graduate students from nursing, social work, dietetics, biomedical science, and public health were enrolled in the Rural Health course over a three-year period. An online version of the rural health course was later developed and continues to be successful in recruiting a range of academic majors and interests. A pre-test/post-test comparison (n=16) showed an increase of reported knowledge gained in cultural competence for students who attended the “Rural Health” course (on a 5-point scale where 5 = extremely informed, the pre-test average = 2.4 while the post-test average = 3.9).

Program Component B: Developing cultural competency and medical Spanish skills among existing rural health care professionals.

Medical Spanish and Cultural Competency Training: The medical Spanish course was taught through several mediums, including a classroom setting in a federally qualified health center, to a self-study Medical Spanish module. The CD-ROM self study course proved to recruit and retain more participants than the classroom setting, suggesting this type of technology may be more attractive to many with busy and varied work schedules. Fifty-one (n=51) health professionals successfully completed the courses over a three-year period. Evaluation pre/post testing in 2005 suggests there was not increased learning on the 11 learning objectives for the 5 respondents who took both pre/post-test assessments of the Spanish class. Even though the means showed increases of learning, the sample of 5 respondents was too small to attain statistical significance (Wirth, 2007).

Program Component C: Providing culturally appropriate preventative health services and clinical follow-up of chronic conditions among low-income Hispanics.

Health Screenings: It was determined that improvements in healthcare access did occur among low-income Hispanics as a result of outreach education and referral services (including Medicaid enrollment) taking place in nontraditional, church settings and in a clinical setting. A demographic profile gathered from 383 health fair participants in 11 health fairs from five rural counties showed the following characteristics: average age of 33, lived in southwest Missouri for three years, from 24 different towns, 67% Hispanic, 79% Catholic, 77% female, 67% from Mexico as country of origin, Spanish is primary language for 63%, rated their personal health (54% excellent or good, 42% fair, and 4% poor), 58% do not have a doctor, 32% said they didn't go to a doctor when they needed to and when asked why 41% said they couldn't afford to (Wirth, 2007). Variables included are socio-demographic characteristics and health care questions related to access to care.

Lessons Learned

There were two themes that emerged from the 3-year project which might benefit others involved in community outreach:

Stay connected with your audience

- Make connections in the community with those who have established records of success in working both formally and informally with leaders in the Latino community. These individuals will often help with interpreting or translating materials if needed.
- Conduct health fair screenings in conjunction with other planned community events. Examples include: providing screenings and educational materials at employee worksites during break times, following religious services, school, or festivals or other community events.
- Allow ample time to interact with participants. *Personal connection*, while important to all of us, may need further definition within a professional context and require additional training for volunteers or staff regarding cultural belief systems and practices. It was also important to train volunteers and staff regarding the Informed Consent form, voluntary participation and client confidentiality.
- Publicize events in Spanish and English through various media. Latino radio, newspapers, flyers in local shops and churches were useful outlets. Word of mouth proved to be the most effective means of communicating the importance and the legitimacy of the sponsoring organization. A bilingual services resource directory was also developed for health fair participants and area agencies.

Use of distance education technology

- University students enrolled in the rural health course and health practitioners in the medical Spanish course preferred online classes and CD ROM materials to classroom instruction. Both methods allowed them flexibility to complete their training at their own pace, and consultation was available via telephone and the email.
- The online rural health course required a community assessment through a photonovel assignment. The photonovel involved visiting a rural community to explore its makeup in terms of economic, geographic, demographic and community characteristics. Interviews were conducted to gain perspective on a chronic health condition or access issues and its impact on the community member.

Conclusion

The Salud para la Vida project was successful because of community support, but the importance of forming an effective consortium should not be overlooked. An early understanding among consortia members regarding their long-term commitments to the project was critical; particularly after grant funding had expired. All members carried out their commitments and this has led to other collaborative activities. Academic departments continue their collaborative grant writing to fund Latino health outreach, University Extension remains active in new immigrant community integration related to health, literacy and economic opportunities. The Area Health Education Center coordinated medical interpreter training in the region. The health clinic has a permanent bilingual nurse to provide referrals, clinical screenings and outreach. And the university continues to offer its rural health course and continue to seek additional funding for

Latino health outreach and research. The relationships that were built during the pilot project have remained healthy and will continue to be an integral component to sustaining efforts to improve health access and care for Latinos.

Acknowledgements: Missouri Foundation for Health; James Wirth, University Extension, University of Missouri-Columbia; Susan Hinck, Associate Professor, Department of Nursing, Missouri State University Carmen Boyd, Instructor, Department of Biomedical Sciences, Missouri State University; Regina Bowling, Director, Southwest Missouri Area Health Education Center.

References

- Agency for Health Care Research and Quality (2006). *National healthcare disparities report*. Retrieved August 27, 2008, from <http://www.ahrq.gov/qual/nhdr06/nhdr06.htm>.
- Betancourt, J.R., Carrillo, J.E., Green, A. R., & Maina, A. (2004). Barriers to health promotion and disease prevention in the Latino population. *Clinical Cornerstone*, 6(3), 16-26.
- Blewett, L., Smaida, S., Fuentes, C., & Ulrich-Zuehlke, E. (2003). Health Care Needs of the Growing Latino Population in Rural America: Focus Group Findings on One Midwestern State. *Journal of Rural Health*, 19, 33-41.
- Cristancho, D., Garces, M., Peters, K., & Mueller, B. (2008). Listening to Rural Hispanic Immigrants in the Midwest: A Community-Based Participatory Assessment of Major Barriers to Health Care Access and Use. *Qualitative Health Research*, 18, 633-646.
- DeNavas-Walt, C., Proctor, B., & Smith, J. (2008). U.S. Census Bureau, Current Population Reports, P60-235, *Income, Poverty, and Health Insurance Coverage in the United States: 2007*, U.S. Government Printing Office, Washington, DC, 2008. Retrieved on August 29, 2008 from <http://www.census.gov/prod/2008pubs/p60-235.pdf>
- Goode, T., Sockalingam, S., Brown, M., & Jones, W. (1999). *Linguistic Competence in Primary Health Care Delivery Systems: Implications for Policy Makers*. National Center for Cultural Competence. Washington DC: Georgetown University for Child and Human Development.
- Jackson, L. (1995). Stereotypes, Emotions, Behavior, and Overall Attitudes Towards Hispanics by Anglos. *Research Report #10*, JSRI East Lansing, MI: Michigan State University, the Julian Samoa Research Institute.
- Marin, G. & Marin, B. (1984). Stereotyping Hispanics: The differential effect of research method, label, and degree of contact. *International Journal of Intercultural Relations*, 8, 17-27.
- Missouri Census Data Center (2007). Population Estimates for Missouri, April 1, 2000 and July 1, 2007 by Major Race (alone), Categories and Hispanic by Sex, State and County Summaries. Retrieved August 28, 2008 from: <http://mcdc2.missouri.edu/pub/webrepts/casrh07/mor2county.pdf>
- Riffe, H., Turner, S., & Rojas-Guyler, L. (2008). The Diverse Faces of Latinos in the Midwest: Planning for Service Delivery and Building Community. *Health and Social Work*, 33(2), 101-110.
- Rochin, R. (1997). The Features and Roles of Rural Latinos: Cross-National Perspectives. *JSRI Occasional Paper #26*. The Julian Samora Research Institute, Michigan State University, East Lansing, MI.
- Stone, L., Viruell-Fuentes, E. & Acevedo-Garcia, D. (2007). Understanding the Socio-Economic, Health Systems & Policy Threats to Latino Health: Gaining New Perspectives for the Future. *Californian Journal of Health Promotion*, 5 Special Issue (Health Disparities & Social Justice), 82-104.
- Valdez, R., Giachello, A., Rodríguez-Trias, H. Gómez, & de la Rocha, C. (1993). Improving Access to Health Care for Latino Communities. *Public Health Rep*, 108(5), 534-539.
- Walker, S. & Dollar, S. (2002). *Health Needs of Latinos in Southwest Missouri: Issues, Concerns, and Barriers to Healthcare*. Southwest Missouri State University Faculty Research Grant, Springfield MO.

Wirth, James (2007). Summary Evaluation Report of Salud para la Vida: Grant years 2004, 2005, 2006, including extension of the grant through May 31, 2007. Missouri Foundation for Health, St. Louis, MO.

Rural Culture: Poetry

By Mary Murphy

Butter Churner

In the heart of the summer,
the rhythm
of the plunger
sloshing milk
against the churn
is the only sound
on the front porch.
Grandma,
in a straight back
cane chair,
reading a book,
her left hand
continuously beting a creation,
Gray hair
tied in a bun.
Long gingham dress.
Leather laced shoes.
Faded to white cotton apron.
A covey of cats of every shade
gathered at her feet
as devoutly as at a shrine,
tails flicking on the oak planks.
Looking up, she sees me.
Sitting on the banister,
hugging the post,
my dirty, bare feet
no where
near the floor,
watching her.
Smiling,
she folds
the page, and closes the book,
never losing rhythm
as she places it
beside her chair.
"Now child,
what have you seen today?"

Rooster

Rooster,
Wings flapping
and body leaping,
pecking me.
Cornered against the large wooden steps
of my grandparents' house
and I no taller than the fourth,
screaming at lung capacity.
The screen door slamming open
on the front porch,
rattling the old "Coke" thermometer
hanging on the outside wall.
Rushing, clumping steps
on the wooden circular porch
suddenly overwhelming all other sounds.
Grandma and Mama,
butcher knife and rolling pin.
Fear always changes.
Squawking and dashing across the yard,
toward the hen house,
a multi-colored bullet
passing Grandpa
on the walk
with a raised shovel.
The next day,
Grandma told me
you moved to Chicago
to be with your family,
and she would fix me
something nice
to celebrate.