

Small Towns and Welfare Reform: Iowa Case Studies of Families and Communities

Cynthia Needles Fletcher
Department of Human Development and Family Studies

Jan L. Flora
Department of Sociology

Barbara J. Gaddis
Department of Human Development and Family Studies

Mary Winter
Department of Human Development and Family Studies

Jacquelyn S. Litt
Department of Sociology

Iowa State University
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Abstract

This paper examines rural-urban differences in the implementation of welfare reform policies using Iowa as a case study. Information was gathered at the state, community, and family levels to study community-level implications of the policy mandate to move families off the welfare rolls and into the workforce. State and community interviews with key informants were conducted using The Urban Institute's *Assessing the New Federalism* state and community case study protocols. Seven communities/counties, including one metropolitan city, were selected to form a rural-urban continuum. Within those communities, five recipient families were selected for intensive interviews every six months over a three-year period.

Differences between the metropolitan area and the rural communities were related to differences in population density. Although the problems appear to be universal, solutions may be different for urban and rural communities. The most important differences that manifested themselves along the rural-urban continuum were related to accessibility and distance to jobs and support services. Rural welfare-recipient families moving from welfare to work encountered fewer services locally. When services were available locally, access was less frequent. This pattern was particularly notable with respect to accessibility of jobs, job training and education, health care, child care, and emergency services.

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Passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 set in motion a bold experiment in social welfare policy. A new era of state and local responsibility for welfare policies and programs began. PRWORA created a new fiscal relationship between states and the federal government, established the Temporary Assistance for Needy Families (TANF) federal block grants to the states, and set a five-year lifetime limit on TANF-funded assistance to needy families. In the intervening years, public discussion of welfare reform and most research efforts to assess the effects of new policies have focused on urban areas. Major studies and frequent newspaper headlines have portrayed the dimensions of welfare reform in Los Angeles, Miami, Boston and other urban settings (e.g., Burton et al., 1998; Quint et al., 1999). Little attention is being paid to the consequences of the new policies for rural families and communities.

The reasons for this oversight of the rural dimensions of welfare reform are diverse: the invisibility of rural poverty and rural welfare recipients and the erroneous view that poverty is more pervasive in urban than rural areas; the difficulty of addressing a multiplicity of circumstances (rural poverty occurs under more diverse circumstances across communities than is true for urban poverty) coupled with the small absolute number of poor people in rural communities; an urban bias in Federal government agencies such as Health and Human Services; and—perhaps equally as important—the view among rural residents that hard work leads to financial success and therefore poverty is an indicator of lack of effort (Vidich & Bensman, 1968). Poverty and welfare status are often seen as due to character flaws (an individual problem) rather than having systemic roots (a social problem) (Ryan, 1972).

This paper draws upon data from the Family Well-Being and Welfare Reform in Iowa project, a mixed-method longitudinal study of welfare reform in seven communities. The goal of the project is to understand how families and communities are affected by welfare reform. Although the interviews with state and community informants were conducted approximately 6 to 12 months after the passage of PRWORA and the story has continued to unfold since that time, many of the institutional issues identified in this round of research are ones with which policy makers are still grappling. A series of semi-annual in-depth interviews with families have allowed the study team to continue to monitor effects from the welfare recipients' viewpoints and to keep track of changes that are occurring in the seven communities.

The next section of the paper provides a conceptual interpretation for analyzing rural-urban differences in welfare reform's implementation and impacts. It is followed by a brief description of the social, economic and policy context at the time PRWORA was implemented in Iowa that draws upon findings from the project's state-level case study. Findings from seven community case studies and a qualitative study of recipient families living in the same communities are reported in the fourth section. By drawing upon interviews with key informants in community organizations as well as with recipient families, a rich understanding of the personal and contextual issues of welfare reform in rural Iowa comes to light. It is a complex story that suggests that, although there are many overall similarities, policies and procedures for implementing welfare reform need to be scrutinized through a rural-urban optic. The three imbedded components of the study complement each other and help clarify the policy issues facing a rural state and its communities. In the final section of the paper, we discuss specific recommendations for welfare policy and program design.

Conceptual Considerations

The principal unit of analysis used in this paper is the community, since we will argue that the community context is the primary ambit in which welfare reform policies play out. Historically, sociologists—rural sociologists, in particular—argued that three elements were embodied in the concept of community—location, social and economic system, and common identity (Flora et al., 1992, p. 14). Thus, a community was a geographic unit with a set of social institutions that provided for the daily needs of its inhabitants. Because frequent and multiple types of social interaction occurred within that community, people developed a common identity and some degree of value consensus. The study of these processes resulted in the assignment of a greater sense of community to rural than to urban places (Töennies, 1887/1963). Today, these assumptions about rural-urban differences are increasingly questioned. It is becoming less and less true that rural people live, work, and shop within the same geographic community, even if that community is relatively remote. In this sense, the information age (Allen & Dillman, 1994) is merely an extension of the transformation in means of transportation and communication brought about by the industrial revolution. Still, it can be argued that those with the least resources in the society are most likely to experience limited access to transportation and communications technology, while their neighbors are becoming less location-bound with respect to access to jobs, social and commercial services, and leisure activities (Fitchen, 1991).

Understanding how these tendencies play out in the rural-urban context for welfare recipients and those in transition from welfare to work is the subject of this paper. Drawing upon a transaction costs framework (Williamson, 1975), we explore the extent to which the benefits of labor force participation are limited by a number of transaction costs that are greater in rural

compared to urban areas. An obvious cost is the time and effort that rural welfare recipients must spend in travel to jobs and to support services.

The Iowa Context

Demographic, economic and political trends provide a backdrop for understanding the context of welfare reform in Iowa. A brief overview of population trends, labor market shifts, and the political landscape on which welfare policies were shaped at the state level draws upon a state-level case study of welfare reform in Iowa. The information in this section of the paper is based on personal interviews with key informants—legislators, state government agency personnel, representatives of the private sector, nonprofit organizations, and advocacy groups—as well as the reports, memos, and documents shared by the informants during the interviews.

Populations Trends

Iowa's economic base and much of its population are moving from strictly rural areas toward urban areas in the state. The population has experienced a growth rate of 0.5 percent per year during the 1990s, while the nation as a whole grew by about 1 percent per year (Table 1). Slow growth in the 1990s reversed a trend of population loss in the state during the 1980s. Although the total state population grew, nearly half of Iowa's 99 counties, primarily rural counties, experienced population loss during this decade (Goudy, Burke & Hanson, 1999). In this paper, we will follow the contemporary convention of equating *rural* with nonmetropolitan (defined as places of less than 50,000 and open country situated outside metropolitan areas), and *urban* with metropolitan areas.¹ The stability and the vitality of Iowa's rural communities is a growing concern. The state lags the nation in per capita and median household income levels,

but experienced very low unemployment rates and a tight labor market in the late 1990s. Despite a healthy economy, 15.5 percent of Iowa's children live in poverty (Table 1).

Labor Market Shifts

In the past three decades Iowa's employment structure has shifted away from high-wage manufacturing to lower-wage service and value-added agricultural processing jobs. The latter, while not minimum wage jobs, pale in comparison with the traditional manufacturing jobs they replaced. Iowa's average earnings per job have increased slightly over the past decade; however, the state's position relative to the rest of the U.S. has eroded. Nonfarm jobs in Iowa earned just 81 percent of the U.S. average in 1997, compared to 84 percent in 1987. This persistent erosion in the value of labor is "profoundly worse" in Iowa's nonmetropolitan areas (Eathington, Swenson, & Otto, 2000). In real terms, average nonfarm earnings in the state peaked in the late 1970s. Within Iowa, rural earnings per job have paid, on average, about \$5,000 less per year than jobs in urban counties. Whether rural jobs (identified by place of work, not place of residence of the worker) were located in a rural nonadjacent county or a county that was adjacent to a metropolitan area made little difference in terms of pay (see Figure 1).

Eathington and her colleagues' analysis of job growth over the past decade shows a "discernable qualitative difference in many of the kinds of jobs that are being created across the state," with higher-quality jobs concentrated in the state's metropolitan counties (p. 29). In all, there is evidence that the earnings gap between growth centers and smaller counties is widening—a perplexing trend given the state's high and growing workforce participation rates and very low unemployment rates. In general, job opportunities for residents of adjacent rural counties are undoubtedly greater than for those living in counties not adjacent to a metropolitan

county, *if the worker is able and willing to commute to the metropolitan area.* As is seen later in this paper, commuting can be problematic for those seeking to move from welfare to work.

Whether a wage differential exists specifically for low-skilled workers in rural Iowa compared to those in urban areas needs to be examined. Although Jensen, Keng and Garasky (2000) find that welfare recipients in rural Iowa report higher total quarterly wage income compared to their urban counterparts, available data do not allow the researchers to explore whether this difference is due to differences in wage rates, work effort, or the location of jobs held by the welfare recipients.

Since passage of PRWORA in 1996, Iowa has experienced relatively low unemployment rates and it is generally accepted that anyone who wants to work can find a job. Low unemployment rates, however, mask a precarious situation for many low-skilled workers and their families in Iowa, particularly in its rural areas. Low wage scales, multiple jobholding, few worker benefits, and little job stability characterize economic activity in Iowa's rural communities. Iowa has the sixth-highest rural multiple jobholding rate in the nation, with one in 10 workers holding down more than one job (Parker, 1997). Besser (1998) shows that about half of Iowa's rural firms in the retail trade and service sectors (where many of the entry-level jobs for welfare recipients are located) provide health care benefits to their full-time workers. Health care benefits to part-time workers are much more scarce; about nine percent of private-sector, part-time workers are covered (Besser, 1998, p.34). Because most welfare recipients are low-skilled, single women with one or more children, they are less likely than other low-skilled individuals to be able to hold down two (or more) low-wage jobs to make ends meet.

Policy Reforms

Iowa was an early adopter of welfare reform, implementing an Aid to Families with Dependent Children waiver program in late 1993 following broad, nonpartisan support in the legislature. Iowa's waiver, named the Family Investment Program (FIP), was structured to shift the focus of welfare from on-going cash assistance to self-sufficiency, providing incentives to work. These incentives included generous income disregards, transitional Medicaid, and child-care subsidies that would cushion the move from welfare to self-sufficiency. In addition, families were required to complete a plan to move off welfare as defined by a flexible, individualized contract between the recipient and the state. Noncompliance with the requirements of the contract results in the loss of benefits.

The administration of Iowa's social welfare programs is highly centralized. Income maintenance workers in local Department of Human Services (DHS) offices determine eligibility and cash benefit levels by using uniform guidelines established by the state. DHS contracts with the Iowa Department of Workforce Development (IWD) to deliver job training to FIP clients through PROMISE JOBS (Promoting Independence and Self-Sufficiency through Employment, Job Opportunities, and Basic Skills)—Iowa's job training program. Relatively few changes were made in FIP to comply with PRWORA.

Three major challenges face the state's welfare reform initiatives as PRWORA is implemented, according to state welfare administrators and policy makers interviewed. One involves a debate over the proper balance of education/training and workforce attachment, a second stems from the disproportionate number of recipients who remain on welfare and experience multiple employment barriers, and a third relates to the adequacy of Iowa's service delivery system at the local level. Iowa enjoys its reputation as an education state, so the tension

has become more focused as some decision makers question the federal restrictions on the funding of post-secondary education. Said an Iowa Workforce Development administrator, “We are not interested in moving people from FIP to working poor status.” A representative of the private sector criticized the current “work first” approach, however, as contrary to the state’s philosophy of human investment: “The state now wants to ‘invest’ in rickety old cars to take people to minimum wage jobs rather than putting those dollars into post-secondary education for welfare recipients.”

Program administrators view the implementation of a 60-month lifetime limit on FIP benefits as a serious challenge for many of the recipients who remain on the welfare rolls. Iowa’s FIP caseload decline mirrors the national trend. After peaking in 1994 at 40,659 cases, fewer than 30,000 were on the FIP rolls in 1997 and only 19,407 households were receiving cash benefits in early 2000 (Figure 2). Approximately half of Iowa’s FIP cases reside in metropolitan areas. A shift toward a more “difficult-to-serve” population raises questions about the state’s desire to reduce government staff and spending for a caseload that likely will require more attention and resources.

Finally, the changing expectations of the welfare system raise questions about the adequacy of Iowa’s service delivery system at the local level. Although state officials have been pleased with the 1993 policy reforms, they argue that changes in the thinking at the state level have been slow to “trickle down” to county offices. Overcoming inertia in the various departments of state government has required great effort, and devolution has yet to be, as one state agency administrator put it, “internalized” either at the state or local level. Program eligibility determination remains a function of DHS income maintenance staff while development and implementation of a plan to move from welfare to work is the province of

IWD's PROMISE JOBS workers. Discussions of changes in staffing patterns and service delivery have moved slowly. In an effort to provide some flexibility at the local level, the state initiated family and community self-sufficiency grant programs to help local DHS offices address personal or community-wide systemic barriers to employment.

The Community Context of Welfare Reform: Understanding Rural-Urban Differences

The fundamental view underlying the project is that the effects of welfare reform—whether positive, negative, or mixed—will be felt initially and directly by welfare recipients, the communities in which they live, and the institutions that provide direct services to needy families. The study is taking place in seven communities (all county seats), selected along a rural-urban continuum and presenting a range in population size, the presence or absence of a sizable Hispanic population, adjacency or nonadjacency to a metropolitan area, and geographic dispersion throughout the state (see Figure 3). One metropolitan city, Cedar Rapids (Linn County) was included as a comparison point with the rural (nonmetropolitan) communities. The six rural study sites vary in population from Marshalltown (Marshall County), a manufacturing town in central Iowa with a population exceeding 25,000 to Mount Ayr (Ringgold County), a very rural community in southern Iowa with fewer than 2,000 people. Marshalltown, Storm Lake (Buena Vista County), and Hampton (Franklin County) have growing numbers of Hispanic residents. Among the six rural study sites, only Manchester (Delaware County) is adjacent to metropolitan areas. Fort Madison is in Lee County, which borders both Illinois and Missouri.

Program participation data suggest conflicting trends in the well-being of needy families with children. All seven counties saw a significant drop in the number of families on the FIP rolls between 1993 and 1997. This finding might suggest that families are moving into jobs and

improving their well-being. The number of K-12 students receiving free meals increased in all counties during the same period however. This trend suggests that growing numbers of the families with school-age children in these seven counties are getting poorer. A summary of the population, employment, welfare program participation, and poverty characteristics of the seven counties is given in Table 2.

The community case studies draw upon 12 to 20 personal interviews with community leaders and 2 group vignettes conducted with frontline service providers in each of the study sites, all carried out in late 1997. The research protocol for the case studies was shared by The Urban Institute and was adapted from its on-going national study, *Assessing the New Federalism*. Key informants included elected officials, representatives of local human service agencies and nonprofit organizations, health care providers, and employers. In addition, in-depth semistructured interviews with five recipient families in each community have been conducted every six months over a three-year period. The 35 families were randomly selected from the FIP rolls and were first interviewed in late 1997. Due to attrition, 22 families remained in the study in late 1999. Teams of local extension staff who work in the targeted communities interviewed community informants and the FIP families. The multiple data sources and methods of analysis permitted a deeper understanding of the complexity and contextual diversity of welfare reform discussed in this section (Greene, 2000).

Early reports from the project have identified that families in the study face a lack of many important resources that are essential for self-sufficiency: well-paying jobs for low-skilled workers, transportation, child care, health services, support networks, and the financial means to meet basic needs. Community informants in all the study sites viewed transportation, child care, living-wage jobs, adequacy of emergency services, and a need for better interagency

coordination as systemic barriers to meeting the needs of low-income families (see Fletcher et al., 1999; Litt et al., 2000). While the personal and systemic barriers facing families appear to be common, dimensions of the problems and effective strategies to address them are different for urban and rural communities. One way of organizing our thinking about the differences in the dimensions of the challenge of moving from welfare to work is to apply Williamson's analogy between the concept of friction in mechanics and transaction costs in economic exchange:

In mechanical systems we look for frictions: do the gears mesh, are the parts lubricated, is there needless slippage or other loss of energy? The economic counterpart of friction is transaction cost: ... are there ... delays, breakdowns, and other malfunctions? Transaction cost analysis entails an examination of the comparative costs of planning, adapting, and monitoring task completion...(1996, p.58).

The differences in population density along the rural-urban continuum result in differential accessibility and distance to services. Rural welfare recipients encounter fewer community resources locally and services that are accessible on a less frequent basis (see Table 3). Rural residents moving from welfare to work find fewer job opportunities locally and must frequently travel long distances for employment. Commuting is problematic because private vehicle ownership is clearly not the norm among the rural poor. Rucker (1994) estimates that nearly 57 percent of the rural poor nationwide do not own a car. A recent analysis in rural Lee County (which includes Fort Madison, one of our study sites) found that only one in four adult FIP recipients owned and registered a vehicle (Fletcher & Jensen, 1999). Although transportation is a ubiquitous problem for welfare families, effective solutions are likely to differ in rural compared to urban areas. A pattern of differential access and distance to services is particularly notable with respect to jobs as well as to the range of support services that facilitate work and family well-being: job training and education, health care, child care, and emergency

services. Rural-urban dimensions of each of these issues and the “frictions” or transactions costs incurred by welfare recipients as they participate in the labor market are illustrated in the following section in which the perspective of families and service providers are integrated.

Job Opportunities

Access to jobs is a keystone of welfare reform and of poverty reduction. With low unemployment rates, a business manager in Marshalltown described current economic conditions as a “window of opportunity” for individuals with limited skills and work experience. Community informants in every community reported wide availability of sales and service jobs paying wages in the \$5-\$6 per hour range. These jobs may provide the opportunity to gain work experience but are unlikely to generate the income and benefits to move to self-sufficiency or to offer opportunities for career advancement.

Members of the business and education communities in Cedar Rapids, the growing metropolitan city in the study, believe the local economy to be quite strong. Cedar Rapids does offer some telemarketing and manufacturing jobs that operate around the clock and pay better-than-average wages to dependable employees with minimal skills. In 1997, many companies were paying \$7-\$8 per hour to attract entry-level workers, although a business representative acknowledged that these workers might have problems with child care and transportation because most are not “8 to 5” jobs. Several telemarketing firms in the city offer more attractive starting wages, although they need people who are available evenings and weekends—but provide mostly part-time employment with no benefits. The existence of a fairly extensive city bus system coupled with a new van service (after city buses no longer run) to shuttle workers from some low-income neighborhoods to swing shift jobs enhances welfare recipients’ potential

access to jobs in this community. As one Cedar Rapids mother describes the situation, however, the existence of bus service does not necessarily guarantee her access to the job:

I could have had a job on the 15th [of the month] but I didn't have a vehicle. It takes about half an hour to 45 minutes just to get downtown on the bus. Then another 20 minutes after transferring to the appropriate bus. The buses don't even start out here until 6:15 in the morning. So how the heck can I get to work by 6:30?

Even if the city can continue to expand its mass transit system, families must cope with what one informant described as “a high cost of living...that depletes families’ disposable income.” A Cedar Rapids official assessed the progress of welfare reform in his community, “Child care, transportation, and a strong economy are needed to make welfare reform work; work has been the main focus but there has not been an emphasis on the support system.”

Job opportunities within the six rural study sites vary considerably. Marshalltown, Storm Lake, and Hampton host food processing plants that operate multiple shifts. In general, there is a labor shortage in Marshalltown; businesses need both entry-level and technically-skilled people. A major goal of the local economic development committee is to attract businesses to Marshalltown that offer higher salaries associated with nonentry-level jobs so the community wage base, which is currently in the \$8-\$9 per hour range, increases. In 1997, the pork plant in Marshalltown offered starting wages of \$7 an hour to unskilled workers “on the floor” under a “fast start” system in which the worker would plateau at \$9.45 per hour by the end of two years. These jobs require physically demanding work and offer little scheduling flexibility to accommodate the needs of children. “For now there is certainly no lack of opportunity to work for people willing to put in an honest day’s work,” said a Storm Lake plant manager. From a third to a half of the packing plant workforce in rural Iowa consists of immigrant workers, since

U.S. workers are reluctant to take these less-than-desirable jobs at such modest pay. The more or less steady supply (interrupted in one of the communities by a raid of illegal workers by the Immigration and Naturalization Service in August 1996) of immigrant workers has tended to keep wages from rising as much as one would expect in the tight labor situation of the past three or four years. Because of the demanding working conditions, lack of child-care support, and lack of scheduling flexibility, only a few of the welfare recipients had previously worked in these plants, and none worked there during the period of our interviews.

In Hampton, despite high productivity in agriculture, various community informants cited the problem of a lack of well-paying jobs. A local business manager said that most jobs at his company are production-line work for which they require high school graduates able to “read, write, and follow directions.” This manager reports that some welfare recipients turned down jobs offered them, saying they can “make more money on welfare.” One former FIP recipient, the wife in a family with several children, put it somewhat differently, “There aren’t enough good-paying jobs. . . You have to go to a bigger town. In order for people to make it any more, you have to be getting \$12 to \$16 per hour.” Her husband added, “When I went through PROMISE JOBS. . . he [the PROMISE JOBS worker] said, ‘Well, if you find a job, you might have to find a job with minimum wages.’ I said, ‘Hey, when you got family you can’t even make it on minimum wages—that won’t even pay for gas driving back and forth.’”

Mount Ayr, Fort Madison, Storm Lake, and Hampton are located in counties that are not adjacent to a metropolitan area, and according to the estimates in Table 2, have experienced population decline in the 1990s. All except Storm Lake have not shown much, if any, net job growth, which means that generally one must look outside the county for openings for “good” jobs—those that pay a living wage, provide benefits, and are pleasant to perform. Manchester,

located in Delaware County, which is adjacent to metropolitan Dubuque and Cedar Rapids, also has a lot of out-commuting. In Manchester, the local Iowa Workforce Development office reports few openings for full-time jobs with benefits and wages capable of supporting a family. Job opportunities in Dubuque or Cedar Rapids require 80- to 90-mile daily commutes. These commuting jobs are often not available to women making the transition from welfare to work because travel may complicate child-care arrangements and usually requires the worker to have a reliable vehicle.

There is a general perception among the rural welfare recipients in the study that there are no jobs in their communities that will pay them a living wage. “Good” jobs are in the “bigger towns” and that requires reliable, personal transportation. A Mount Ayr woman was asked about the job opportunities around there:

There’s not any—not for me anyway. I’ve applied at Blimpies, I’ve applied at Places, CGI, HyVee. . . I’ve even asked the neighborhood center if they needed help. They said, ‘Not now.’ I went out to Mount Ayr Products [a local factory] once. It’s been a while. They weren’t hiring; they were laying people off.

Many Mount Ayr residents travel to Osceola (46 miles away) and even Des Moines (85 miles away) for work because well-paying jobs in Ringgold County are hard to find and few new jobs have been created. A local manager explains that typical jobs available for entry-level workers include nonskilled production, waiting tables, retail, clerical, and construction. A starting wage of \$5.50 is common for such jobs and salaries increase little, if any, over the years. Some persons get their first work experience in the nursing home, which is feeling increased competition for workers from home health care. Small local manufacturing firms pay “higher” wages (between \$6 and \$7 per hour) for seasonal work involving occasional short-weeks, layoffs, and overtime hours.

In Fort Madison, a workforce staff person stated that just about anyone could find a minimum wage job without benefits, but finding a “better-paying job with benefits” was more difficult. Local extension staff suggested that if persons “have the skills there’s all sorts of jobs wanting.” A community leader concurred, describing the county as “employee poor.” Yet one mother in Fort Madison explained that it was a lack of local jobs that hinders her economic independence:

Lack of jobs. You have to go to Burlington (40 miles) or Keokuk (20 miles away) to get a real good job any more. Even kids. High school kids are even going to those towns to get after-school jobs. Do you think the community is doing anything to deal with these problems? No. Wal-Mart wanted to buy some property on the west end of town a couple of years ago. The city council wouldn't let them do it because they wouldn't be locally owned. They would have been Wal-Mart owned, and that's not a local thing. Everything in this town has to be locally owned for the city council to allow them into it. . . It would be nice if there were more businesses that weren't privately owned. A lot of businesses here are run just by their families. There isn't a job for anyone else to come in and get a job. . . Even some factories would do. . .

Community representatives may speak of an “employee” shortage in Fort Madison, but from the perspectives of welfare recipients there is a “good job” shortage. Clearly, one’s perspective on economic development is related to social location—and the opportunities in one’s community.

Support Services

Job training and education— According to many of the welfare recipients in our study, the only way to “get ahead” is to improve job skills through education and training. Iowa’s PROMISE JOBS (PJ) program offers a range of employment services, and provides child-care and transportation reimbursements for participants. The PJ staff members work with individual welfare recipients to draft the Family Investment Agreement, an individualized plan for moving

from welfare to self-sufficiency. The extent to which job training services are co-located and/or well integrated with other human services varies considerably along the urban-rural continuum of our study sites.

Cedar Rapids has developed a strong collaborative approach to the delivery of services through neighborhood family resource centers, and has worked closely with the local community college to provide job-training services at convenient locations throughout the city. Consumers of these services acknowledge and appreciate the efforts to integrate services. A FIP recipient in Cedar Rapids commented, “I didn’t have to go out there [to the community college located on the edge of the city] and take a placement test. [College staff] came to PROMISE JOBS where we could take the placement test there.” Marshalltown’s Workforce Development Center is one of the first in the state to institute the “one-stop shop” concept, housing several employment-related services, including PROMISE JOBS and Job Training Partnership Act (JPTA) staff under one roof. The center is located near the community college that offers basic skills training and General Equivalency Diploma (GED) completion to FIP recipients.

Cedar Rapids and Marshalltown (the largest communities in the study) offer greater access to job training and education for welfare recipients compared to the smaller communities for several reasons. These communities have taken steps to move toward greater integration and coordination of employment services with the local community college. The availability of a city bus system within both communities offers residents an option (not always a convenient option) of mass transit rather than having to rely solely on personal vehicles to access job training and education. A Cedar Rapids mother acknowledged the positive impact that the job training program has had on her ability to complete a two-year culinary arts degree at the local community college: “. . . PROMISE JOBS has been helpful in making sure I get to school and

[get] my monthly bus pass.” Interestingly, she foresees the need to move in order to get a good job: “The Cedar Rapids job market is pretty good, but my instructor advises us...to [go] to a big city and work because that’s where the most of the money is. Most of the money for the restaurant business is not really here.”

In contrast, local services for improving job skills and post-secondary education are much more limited in the five other communities. Although PROMISE JOBS (PJ) staff can be reached by telephone, PJ workers come to Storm Lake just one day per week and once every two weeks to Hampton; Mount Ayr residents must travel 35 miles to Creston to meet with PJ staff (see Table 3). Four of the five smaller towns do not have community colleges; welfare recipients who need further training must rely on personal transportation to campuses that are from 20 to 40 miles away. Although the PROMISE JOBS program will reimburse recipients’ transportation expenses (at \$.16 per mile) to training sites, families need access to reliable vehicles and that rarely is the case. A Mount Ayr mother without transportation commented, “I’m working with JTPA right now. We’re trying to figure out what I can do. Right now we can’t do nothing without my car.” A Storm Lake recipient sees geographic distances to specialized training as a barrier to her career goal: “I’d like to take photography. I’ve called around and there’s nowhere in Storm Lake or Cherokee [25 miles away] ... possibly Fort Dodge [70 miles away], but it’s so far away.”

Health care— Low-income residents of rural counties often experience difficulty with both availability of and access to adequate health care. Often the issue of availability is simply whether there are any physicians, mental health professionals, dentists, or family planning facilities at all. In rural towns, access involves whether or not anyone in the county is accepting

Medicaid, how often the services are available, and, if there are no services, how far residents will need to travel in order to procure health services.

In Manchester, one community leader succinctly laid out the problem. “Health care for low-income families is pretty nonexistent. . . [in this county].” He went on to say that because of dissatisfaction with Medicaid reimbursements, no dentist in the county is accepting new Medicaid patients. A welfare recipient in Marshalltown expressed her frustration with availability of dental care, “Why isn’t our insurance any good? Why do we have to travel from town to town to see a specialist for a root canal? I have to take [my daughter] to Iowa City to have it done.” Iowa City is 75 miles one way. Another Medicaid patient acknowledged the presence of services, but without a choice of providers. “. . . Delaware County is a pretty high poverty county, so they didn’t have very good medical care. There was one dentist we could choose from.”

In Hampton, there are no local family planning services. A doctor from Iowa Falls, some 20 miles away, comes to town once a week to see uninsured pregnant women, but is taking no new patients. Medicaid patients must go to Mason City, a 30-mile commute. Similarly, in rural Mount Ayr, there are no local family planning services; residents must seek help from a private physician or go to Planned Parenthood in Creston (35 miles away).

Even programs aimed at disease prevention and designed for low-income people are often only available in rural communities on a limited basis. One young mother, recently employed, described her experience with the Women, Infants and Children (WIC) feeding program this way:

I was on with [WIC] before, but my problem was that I had to take time off work to go see them. I can’t afford to do that. . . It might be different, but the last time they were here, they were only here Friday mornings from 9:00 to 3:00. When you got there at 9:00 in the morning, you could have waited 45 minutes, because everybody else was

there at 9:00. I can't afford to take the time off to go. . . It's an excellent program. It's fantastic. You can't go wrong with it. But I can't afford to take time off just to go.

For rural residents with special needs children, services are rarely available locally at any cost. This lack of availability is especially difficult for those with low incomes and unreliable transportation. The mother of an infant with multiple special needs in Manchester takes him to Cedar Rapids to physical therapy once a week, an hour there, and an hour back. In addition, she takes him to a physician in Cedar Rapids for regular check ups, and travels to Iowa City once every three months for consultations with a specialist. This same mother is looking for a job in town because her car is not sufficiently reliable for commuting to another town. Another informant drove 100 miles round trip two times a week for two years to a speech pathologist for her son. She had to discontinue her visits because of vehicle problems. The mother of an autistic child tells her story:

I called my doctor in Iowa City—his autistic doctor in Iowa City. He's no longer in practice. So now I had to sign on with a doctor in Des Moines. This afternoon I have to go through paperwork to resubmit him with a doctor. . . So now I have to go to [my family practice physician], he has to write a letter stating that [the Iowa City physician] is no longer in practice and [my family physician] wants us to go and get another doctor.... Well, this is our third diagnosis because we've been to Minneapolis because they wanted to try out this new doctor in Minneapolis. She's wonderful. But her Minnesota title won't fit Iowa. So then two years later we go to Iowa City. I loved [the Iowa City physician], he helped me in a lot of different ways, but he didn't tell us he was quitting. So here we go. . .

For mental health care many rural residents are required to travel to larger population centers for treatment. One informant traveled 60 miles roundtrip to see a physician for depression. The travel necessitated his taking a day off work every other week for several months.

Child care— Despite the notion expressed by one state official that “child care is the cornerstone of success in welfare reform,” many low-income rural residents experience continuing problems in securing adequate and affordable care for their children while they are at work or are obtaining an education or training. Child-care centers are a rarity in rural communities; most recipients rely on home day care providers or relatives to care for their children. Only 6 percent of the potentially eligible children (if eligibility was expanded to the federal maximum) receive child-care subsidies in Iowa (Administration for Children and Families, 1999). In regard to the lack of child care during second and third shift and a severe shortage of infant care, the issues facing rural and urban families appear to be similar: there is a scarcity of such services. As one mother put it:

They have their own little group here. . . the day care providers that are registered all have their little group. They don't babysit past a certain time and they only babysit certain hours. Nobody will babysit on weekends. So how do you deal with that? What do you do in your case? Find somebody that will. She's not registered. How did you find her? A girl that works for _____. She takes her kids there and has had them for a year and really likes her.

However, often rural families face problems due solely to their more remote locations. In some small towns there are no registered child-care centers. One community informant in Hampton questioned the quality of nonlicensed providers because many lack formal training and take in more children than they should. But a recipient in Hampton seemed pleased with the unregistered provider she had for her daughter, even if there were certain inconveniences:

[My daughter] was the youngest of 6 [children] per day—never more than that. My babysitter is fantastic with her—excellent with babies. I wouldn't trade her for the world. . . the only thing I'm not satisfied with is that the provider is taking too many days off. In the month of October, she will be taking 8 days out of 22 days off. . . it's more of an inconvenience for me trying to find a backup babysitter that will take her all 8 days. It's too hard on [my daughter] for her to go to one person for two days, then to go someplace else, and the next week go someplace else. It's hard on her, plus you have to pay a little extra because they are

considered a “drop in.” It gets to be expensive and mind wracking.

Availability of transportation to deliver children to providers is a common problem. One mother muses that what would really help her become more self-sufficient would be “. . . if they had more care in the workplace so you could take your kids with you.”

The cost of child care relative to income is another issue. As one Head Start staff person put it, “if you’ve got two children in child care and you’re not making very much money, then child care is a big part of your income.” When asked what would be of greatest benefit to her in helping her toward self-sufficiency, a FIP recipient in Storm Lake replied, “a day care that was affordable.”

For rural children with special needs, local care may not be available at any cost. One mother of an autistic child travels 40 miles for respite care. She says, “They have got me on with [a local social service agency]...to have someone come in my home, but there’s no one in our area. So they have to hire someone from our area to help me with respite in the home. Well, there’s nobody for me. So I’m still driving to Mason City to take advantage of [respite care].”

Emergency services— As is apparent from Table 3, emergency services such as shelters and soup kitchens are available only in larger towns. Even where services are available, however, they are often inadequate or are available on a very limited basis. A community informant in Marshalltown indicated the need to expand the capacity of a homeless shelter that now houses 15 people a night, but only during the months of November through May. “There are more homeless people in Marshalltown than we ever imagined,” he stated. The shelter administrator would like to be able to stay open year round.

In towns that have no homeless shelter, local police or the ministerial association will often distribute vouchers for gas, food or a night's lodging. But in other areas, there are no local organizations providing short-term shelter for the homeless.

All of the communities report having emergency food available, but often that is accessible on a limited basis. In Hampton the pantry is open Tuesdays and Fridays from 10 a.m. until noon. All counties report limits on the amounts of food available, and the number of times a year a recipient may actually receive groceries.

Proximity and Access: The Rural-Urban Difference

Our analysis of seven community case studies in Iowa suggests that differential effects of welfare reform policies hinge on differences in the proximity of jobs and access to support services. Urban centers offer more job opportunities and support a scale of auxiliary social services that cannot be matched in rural communities. Our data suggest that welfare recipients who live in or adjacent to urban areas have potential access to more jobs, and jobs that pay higher wages compared to recipients who live in remote rural communities. Capitalizing on proximal jobs requires access to reliable, affordable transportation however. The feasibility of establishing cost-effective mass transit systems depends, in part, on population density and, therefore, is more likely to exist in urban areas. Families making the transition from welfare to work need an array of support services that may include job training, health care, child care, or a range of emergency services. Our interviews with welfare families and community informants suggest that increasing the accessibility and quality of these services will likely enhance family well-being and the ability of families to move toward self-sufficiency.

It is clear that welfare recipients in the more rural communities in our study have less access to support services compared to their urban counterparts. Some services (e.g., job training consultations, WIC clinics, or food pantries) are offered infrequently –as little as once per week for limited hours–in rural communities, compared to daily offices hours in urban areas. Other services (e.g., community college course offerings, homeless shelters, or registered infant care) simply do not exist in many rural communities. Whereas rural families with adequate resources often can overcome many of the constraints of rural communities, those who are faced with the challenge of moving from welfare to work often find the distances to jobs and lack of support services to be serious barriers. Further research is needed to explore the extent to which both personal and systemic barriers are present among rural welfare recipients. Better information about the magnitude of these barriers and their influence on employment is critical as we face the reauthorization of the PRWORA and as states with sizable rural populations go forward with strategies to move families from welfare to work.

Research and Policy Implications

A strong economy with record low unemployment and a tight labor market suggests that Iowa is in a good position to move welfare families off the FIP rolls and into jobs. If the goal of welfare reform extends beyond the reduction of welfare dependency to a reduction in poverty and an improvement in family well-being, findings from current research have implications for a new research and policy agenda. There is a need to explore ways to improve the well-being of those who have moved from welfare to work, to reduce barriers and the costs associated with obtaining and retaining jobs, and to explore alternatives for those who are unable to find work.

Perhaps the most challenging research and policy questions relate to improving service delivery in rural communities. Each of these issues is briefly discussed below.

The drop in the FIP caseload suggests that, under current economic conditions, many recipients are moving into the labor force. Evidence from our case studies suggests, however, that those who are working frequently receive low wages and no benefits. The average earnings of Iowa's welfare recipients who found work was \$9,176 per year, according to data submitted by the state to the U.S. Department of Health and Human Services, indicating that many welfare leavers had only intermittent work or part-time work (Tweedie, Reichert & O'Connor, 1999). If, indeed, the state does not want to "...move people from the FIP rolls to working poor status," there is a need to address policies that "make work pay." For FIP recipients who have jobs, but due to low wages or limited work hours are unable to earn enough to become self-sufficient, policies that subsidize wages need to be considered. A critical question is the extent to which there should be urban-rural differentials in these subsidies. Clearly uniform subsidies, whether administered on the state or federal level, are simple to administer. Whether they are "fair" is another matter. If thresholds for such subsidies should reflect some predetermined level of self-sufficiency (i.e., at what income level is one "needy" and eligible for the subsidy?), there is a need to develop a better understanding of both basic living costs and employment costs in rural and urban areas. To date, there is not a strong scientific basis for arguing for (or against) such geographic cost-of-living variations (see Citro & Michael, 1995, p. 61). Similarly, the qualitative data from service providers and welfare recipients in seven Iowa communities suggest that there may be different levels of costs associated with managing the transactions inherent in labor force participation along the rural-urban continuum. If this is the case, policy adjustments that can offset higher transaction costs faced by some welfare recipients should be considered.

For example, individuals who face long commutes to work or job training might have commuting time counted in the calculation of work requirements.

At the federal level, further expansion of the earned income credit would directly benefit welfare families who have moved into low-paying jobs. At the state level, wage subsidies could take the form of expanded and refundable state earned income credits, as well as an expansion of the child health insurance program, and/or vouchers for child care and transportation.

There are recipients who remain on the welfare rolls because of a set of barriers to employment. We know more about the nature of these barriers among urban compared to rural populations (see Danziger et al., 2000). Quality, affordable child care is an on-going challenge, particularly for parents who are offered entry-level jobs at nontraditional hours. Many struggle to find affordable, reliable transportation. At the community level, system-wide efforts to expand quality, affordable child care and transportation could be effective strategies that would benefit a broad range of families and workers. How to make these services sustainable in rural communities is not well understood.

In-depth interviews with FIP families suggest that, despite low unemployment rates, there are some individuals who cannot obtain jobs. Further research is needed to understand the dimensions of the barriers facing those who remain on the welfare rolls, but it seems clear that there are some who simply cannot get a job under current conditions and there will be more when the economy falters. Better assessments of physical and mental health conditions that limit the employability of some welfare recipients are needed. Little attention has been given to devising a mechanism for providing “jobs of last resort” (see Ellwood, 1988; Sherwood, 1999). Small scale demonstration sites in both rural and urban areas could provide very useful

information about how to foster work skills among the difficult-to-employ and how to establish an appropriate scale for the investment required in such projects.

Finally, findings from our study have implications for service delivery in rural communities. Exploring ways to remove the disadvantages inherent in the set of support services currently available in rural communities will not be easy. Although some of the rural communities in our study had established ways to exchange information among service providers with a goal of achieving greater coordination, none had taken the next step of planning for a seamless system. Clearly, eliminating policies that create barriers to pooled funding and service integration is one step. High quality, accessible services—ranging from job training to mental health services to basic social services—along with transportation to get there, could enhance the well-being of rural welfare recipients and facilitate their transition from welfare to work.

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Table 1**Iowa State Characteristics**

	Iowa	United States
Population Characteristics		
Population (1996) ^a	2,848,033	265,179,411
Percent rural (1990) ^b	39.4%	24.8%
Growth (1990-1995) ^c	2.3%	5.6%
Economic Characteristics		
Per capita income (1996) ^d	\$22,330	\$24,436
Median household income (1995-1996) ^e	\$34,888	\$35,287
Percent children in poverty (1998) ^f	15.5%	18.9%
Percent persons poor (1997) ^g	9.6%	13.3%
Unemployment rate (1997) ^h	3.3%	5.4%

^a U.S. Bureau of the Census. (1998, January). Estimates of the population by states (ST-97-3).

<http://www.census.gov/population/estimates/state/ST9097T1.txt>

^b U.S. Bureau of the Census. <http://www.census.gov/population/censusdata/urpop0090.txt>

^c Goudy, W., & Burke, S.C. (1996). Iowa's counties: Selected population trends, vital statistics, and socioeconomic data (1996 ed.). Ames, IA: Iowa State University. Change is calculated for the 1989-94 period in Iowa and for the 1990-95 period for the U.S.

^d U.S. Bureau of the Census, Bureau of Economic Analysis. (1998). Regional Accounts Data, table 4.

<http://www.bea.doc.gov/bea/dr/spitbl-d.htm>

^e U.S. Bureau of the Census. <http://www.census.gov/hhes/income/income96/in96med1.html>

^f U.S. Bureau of the Census. (1999, March). http://www.census.gov/macro/031999/pov/new25_003.htm

^g U.S. Bureau of the Census. (1998, March). <http://www.census.gov/macro/031998/pov/toc.htm>

^h Department of Commerce. (1997, October). Statistical Abstract of the United States 1997. p. 401.

Table 2**Population, Employment, Poverty, and Program Participation Statistics: Seven Iowa Counties**

Item\County	Linn	Marshall	Lee	Buena Vista	Delaware	Franklin	Ringgold
Population							
County population, 1997 (estimate)	181,704	38,789	38,654	19,565	18,449	10,874	5,337
% change 1990-97	7.7	1.3	-0.1	-2.0	2.3	-4.3	-1.5
Population of target community, 1996 (estimate)	113,482	25,321	11,613	8,880	5,398	4,030	1,694
Minorities as % of K-12 students, 1997 (# of minority students)	8.1 (2840)	11.6 (795)	7.4 (535)	16.3 (709)	1.7 (69)	7.3 (150)	0.8 (8)
Hispanics as % of K-12 students, 1997 (# of Hispanics students)	1.4 (473)	8.2 (560)	2.4 (172)	9.4 (408)	0.5 (22)	6.9 (141)	0.2 (2)
Employment and Income							
% Unemployed, 1997	2.6	3.1	5.5	2.2	4.9	3.2	3.0
% of total 1996 earnings in --							
Manufacturing	26.3	34.8	38.7	22.8	21.0	16.7	8.9
Services *	27.1	17.4	15.9	15.8	11.2	14.5	18.8
Median household income (\$) 1993	37,430	31,868	29,498	30,452	30,754	28,342	23,324
Earnings per nonfarm job (\$) 1997	30,311	25,525	26,280	20,547	21,446	20,987	18,563
Poverty							
% of all persons below poverty, 1995	7.8	9.5	11.6	9.0	10.9	9.6	15.9
% of children below poverty, 1995	11.2	13.3	17.0	11.5	14.5	12.9	21.1
Program Participation							
% of population on Family Investment Program (FIP), 1997	2.5	3.2	4.1	1.7	1.6	1.7	2.5
% change in average monthly number of FIP recipients, 1993-97	-22.9	-25.7	-23.7	-22.3	-25.0	-23.8	-15.5
% of population receiving food stamps, 1997	4.9	6.9	7.6	4.3	3.8	4.7	8.2
% change in number of persons receiving food stamps, 1993-1997	-17.7	-11.6	-20.0	-12.1	-30.2	-20.2	-18.1
% of students on free & reduced-price school meals, 1997-98	22.4	35.8	31.7	37.3	24.4	29.0	43.2
% change in number of students receiving free meals (1992-93 - 1997-98)	+6.1	+33.9	+31.3	+40.7	+3.6	+13.5	+5.6
Difference in % of students receiving free/reduced-priced school meals (1997-98 minus 1992-93)	+0.1	+7.0	+8.3	+6.8	+1.9	-2.0	+0.9

*excluding retail and wholesale trade; financial, insurance and real estate services

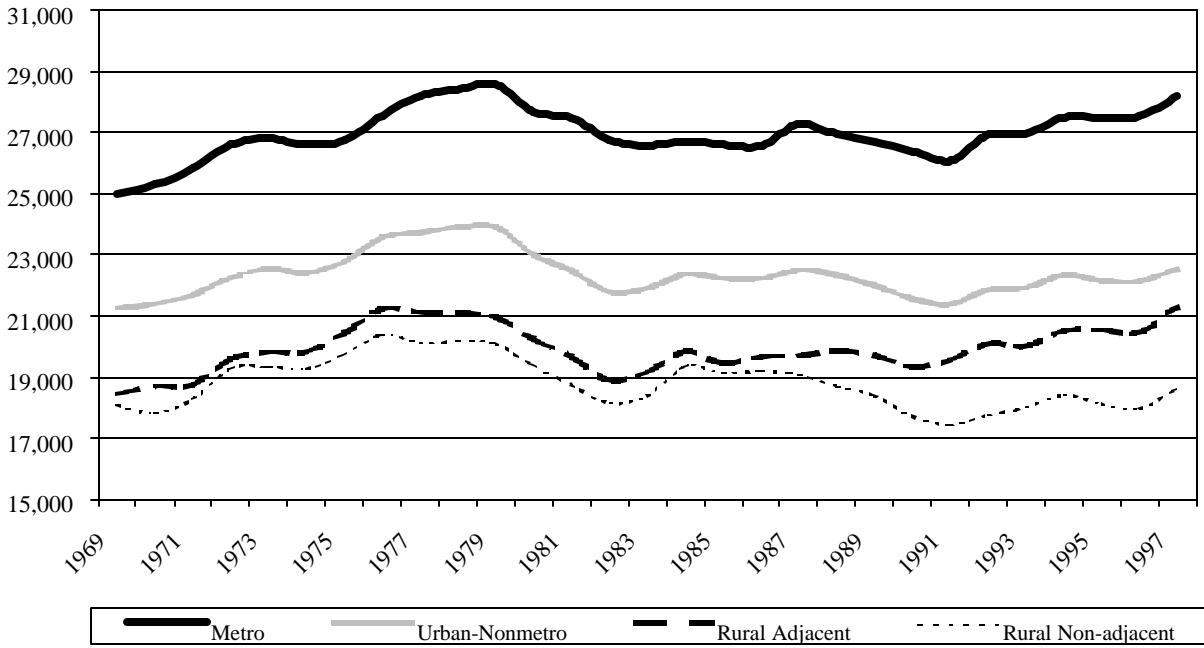
Table 3**Proximity of Services for Seven Iowa Communities**

Service	Community (County)						
	Cedar Rapids (Linn)	Marshalltown (Marshall)	Fort Madison (Lee)	Storm Lake (Buena Vista)	Manchester (Delaware)	Hampton (Franklin)	Mount Ayr (Ringgold)
PROMISE JOBS/JTPA	*	*	*		*		
Community college	*	*		*			
Other college	*	*		*	*		
Food pantry	*	*	*	*	*	*	*
Soup kitchen	*	*					
Shelter:							
Adult males	*	*	*				
Adult females	*	*	*				
Children	*	*					
Youth	*	*					
Mental health	*	*	*	*	*	*	*
Drug/alcohol treatment	*	*	*	*	*	*	*

*Indicates service located within community itself

Figure 1

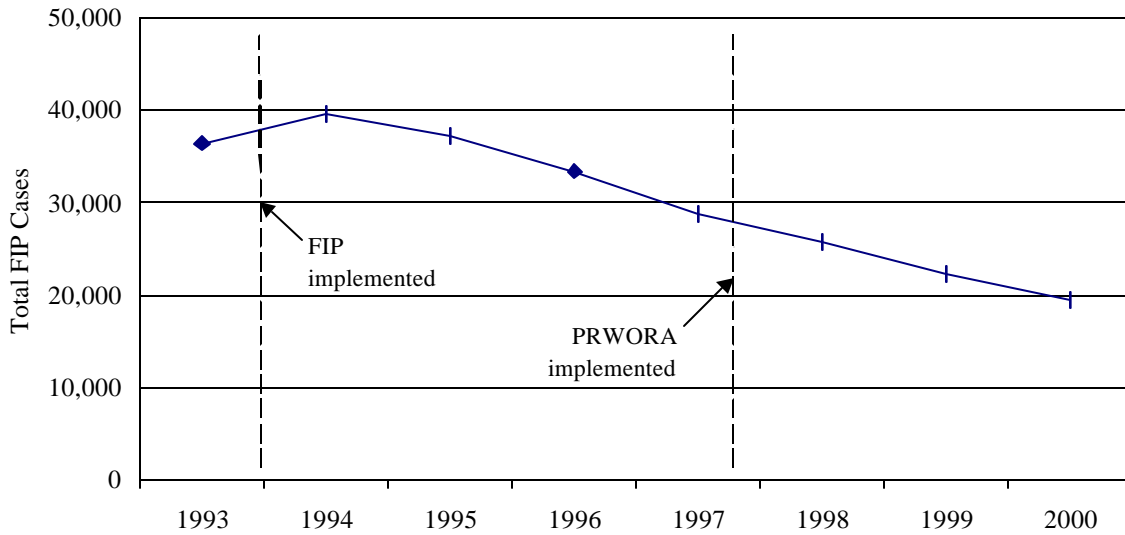
Iowa Nonfarm Earnings Per Job by County Type: 1969-1997 (in 1997 \$)



Source: Regional Economic Information System, U.S. Bureau of Economic Analysis. Earnings adjusted for inflation using price indices for gross domestic product, personal consumption expenditures, from the National Income and Product Accounts.

Figure 2

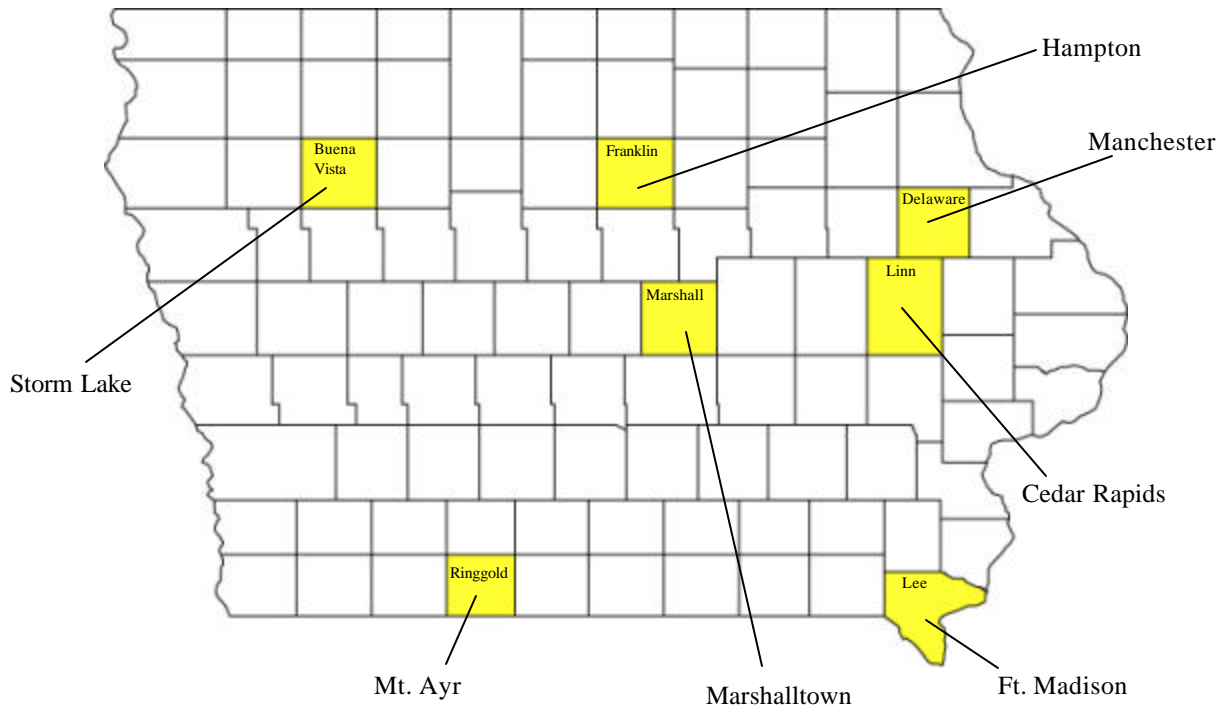
Total (Regular and Unemployed Parents) Family Investment Program Caseload in Iowa: 1993-2000



Source: Iowa Department of Human Services, Report Series A-1, January caseloads.

Figure 3

Seven Iowa Communities Selected for Study



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Endnotes

¹ A metropolitan area must have a central city of at least 50,000 population. Based on commuting patterns and county boundaries, smaller places and open countryside can be included within a Standard Metropolitan Area (SMA). The official census definition of rural, which was devised when the bulk of the population lived outside major cities, is open country and villages of less than 2,500 population. As the society has urbanized that definition has become less and less relevant.