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Difficulties in Undertaking Research with a Rural Low-income Cohort

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Abstract

Limited research has been undertaken in Canada on challenges with research participation of low-income rural residents. Namely, there exists a paucity of research on those living with less, and this is heightened when one examines the rural landscape of people. This paper explores some of the reasons for these challenges. It highlights the reality of social explanations in securing low-income research participants and offers additional suggestions as to why this type of research remains difficult. Additionally, it offers research protocol contingencies and identifies the importance of the need to study these rural participants in order to improve their health and everyday way of life.

Keywords: low-income research participants, research challenges, rural Canada, rural culture, healthy living

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1.0 Introduction

Undertaking research on low-income subjects is a challenge from the perspective of establishing a research forum. It is often difficult to know who the research subjects are, where to find them, and, finally, how to connect with them. It is also difficult to have them follow through with the research process. That is, can they sustain themselves during this period, or will there be a subsequent loss of subjects through attrition? If one adds the social variable of 'rural' as another dimension to undertaking research with a socioeconomically challenged cohort, the level of access to participants may be further compromised. This paper purposes to examine some of the difficulties in conducting research with a low-income rural population. And it seeks to identify some of the social conditions that serve to distance this particular cohort from the researcher. Additionally, it seeks to identify how these conditions serve to hinder the work of the research team, which is comprised of numerous interest groups that must identify, track, and connect with this much neglected rural population segment.

Interestingly, when one examines rural locations and small towns it may be difficult to identify these rural low-income people for several reasons. First, these transient rural and small community homeless are often faceless entities as there are no support homes, lodgings, or even half-way houses in many rural settings. Consequently, because they find temporary shelter with anyone who will take them in, they are known as 'couch-homeless'. Additionally, such individuals may not line up at food banks, or frequent soup kitchens because such social support services are unavailable in a rural setting due to the low population density. In the Canadian

interim report entitled: Understanding Freefall: The Challenge of the Rural Poor (2006) it is suggested that the rural poor

> …don't congregate in downtown cores. They rarely line up at homeless shelters because with few exceptions there are none. They rarely go to the local employment insurance office because the local employment insurance office is not so local anymore. They rarely complain about their plight because that is just not the way things are done in rural Canada (v).

Barnidge et al. (2013) suggest in their study of rural obesity (another sign of unhealthy lifestyle) that "a more comprehensive understanding of the barriers rural areas face to engage in environmental or policy change is needed" (p. 104). While it may be known that there is a rural poverty issue, rural low-income people are given little social, political, spiritual, or mental health-related attention. Rural poverty has been on the political agenda in Canada since 1971 through a special committee report known as the Croll Committee. However, up until 2006, no other Canadian government investigation has been undertaken. It is not surprising that these social issues are labelled 'silent poverty' (Walker, 1978) in the rural sphere. How do we know who these people are and how do we identify their unique issues, if they do not identify themselves as being low-income and are unwilling to participate in research that aims to improve on their everyday existence?

This paper describes the methodology of a low-income demographic study based in a rural Ontario county. The study organizers planned to incorporate three family support workshops designed to provide information on healthy food choices and their preparation as well as on parenting and finance assistance skills. Additionally, a free recreation component was made available to participating families to serve as a recreational outlet for the enhancement of their health and well-being. Unfortunately, although government funding was available for the research, the project was halted due to the difficulty of securing enough rural low-income study participants. This paper proposes to study the roots of this problem.

To that end, various themes found in the research literature were reviewed to highlight the challenges of locating and working with a low-income rural population sample. These are combined, with other social insights to account for the researchers' inability to secure an adequate sample population of research participants and to achieve other planned outcomes advanced by the research team.

2.0 Rural Research Participation

Research! America (2003) found in a public opinion poll that subjects are willing to participate in a research project around issues of an institution's reputation if the research would lead to advancements in their health and that of others, if they are assured of complete confidentiality and privacy, if it is recommended by a medical doctor, and if there are personal incentives to join in the research. If one applies these findings to a rural low-income population sector, there may be no institution in the rural setting to appropriately address the needs of low-income families, nor may there be one that is known to family members, that are formally representing the project. The low-income participants may not even be aware of any personal health challenges given their everyday social and physical survival strategies, and/or they may be too proud to seek assistance. They may be difficult to find as research

participants; hence, they do not focus on issues of confidentiality and privacy. Additionally, there may be no local medical doctor, and from their perspective, there may be no personal or financial incentives to join in a research study.

2.1 Reasons to Undertake Research with Rural Low-income Families

The importance of undertaking such research stems from previous research findings in the rural setting where there are numerous socio-structural barriers barring those in need from research participation that require analysis. The Canadian Institute for Health Information (2007) found that rural inhabitants have a surprisingly high level of health problems compared to their urban neighbors. They are sick more often and have a higher incidence of mortality; they also have high rates of circulatory and respiratory disorders, suicides, car accidents, obesity, and a high incidence of addictive behaviors such as smoking. Food security and hunger remain a troubling social dilemma in both rural and urban contexts as another part of the ideology of "silence about hunger amidst plenty" (Kneafsey, Dowler, Lambie-Mumford, Inman, & Collier, 2013, p. 101).

Interestingly, given this particular social problem in rural areas, there is limited research that examines the issue of lack of access to fruits and vegetables. Johnson, Sharkey, and Dean (2010) studied rural counties in the Brazos Valley, Texas, to monitor the fruit and vegetable intake of the local people. They found that older females with more education and those with greater social capital were more likely to be regular fruit and vegetable consumers. Hence, the importance of studying the rural poor as a sector and providing them with access to higher food and nutrition standards will ultimately lead to better health outcomes.

In rural southern United States, low-income rural minorities receive fewer health screenings compared to nonminority urbanites with higher incomes (Department of Health and Social Services, 1991; Office of Technology Assessment, 1990). Transportation issues, which include the lack of serviceable roads providing access to health-related resources, are a further challenge to low-income minorities. Additionally, there are weather-related issues that are often more problematic in a rural context (Bull 1998; Nemet & Bailey, 2000 in Zanjani, 2012). Bull (1998) notes that distance, rural terrain, and poor roads, combined with the lack of a reliable transportation system, and transportation vehicles, as well as extreme weather systems severely inhibits travel by rural residents. Residents with the social variables of low-incomes and limited education face even more social challenges.

The limited availability of health and social service resources only adds to the complexity of gaining access for rural residents. Brereton, Bullock, Clinch and Scott (2011) found that in rural Ireland over twenty-five per cent of rural households had no car; this was especially true in households with more senior residents. For younger participants in the study, child care posed a large problem in the absence of familial caregiver support. The limitations of the transportation network and the lack of social services in rural Ireland led to a more pervasive social exclusion for rural residents.

Church, Frost and Sullivan (2000) highlight some of the indicators that align with transportation and social mobility exclusion that were discovered in the United Kingdom. They note that in order to enhance access to transportation and further mobility, policy makers need to examine each individual's physical and/or psychological barriers, geographical location, travel distance, socio-economic

status, and various time-related issues , accessing mobility based on issues of safety and fear, and to take into account the design of public spaces. Within the rural sphere, those with children, of advanced age, and/or with learning disabilities will have greater difficulty physically accessing different forms of transportation. Given the outlying rural area, the limited access to supermarkets creates '"food deserts, i.e., areas where local residents do not have access to cheap and nutritious food" (Church et al., 2000, p. 199); in addition, there may be more limited access to all other household service venues. Low-income residents are usually hampered by the absence of car ownership which only serves to limit the quantity and quality of their food choices and access to other social opportunities. Without transportation, they are afforded fewer links to work and other social networks that facilitate economic advantage and they will also experience the issue of poverty of time (Church et al., 2000, p. 199) as an additional difficulty in organizing their lives. The inclusion of knowledge brokers in the research forum who recognize and appreciate the complexity of these transportation problems is necessary to elicit policy changes and lifestyle improvements for rural residents.

Dean, Sharkey, and Johnson (2011) found food security is problematic for rural senior Texans who are low-income, female, of minority status, and for those who may have fewer social and familial connections. These individuals were more likely to run out of food and have no financial resources to purchase any more food. These issues are resultant from structural deficits in the rural population setting. They suggest that neighborhoods that are safe, the provisions of accessible transportation, and providing both formal and informal access to programs that provide food can assist to counteract feelings of rural disparity.

Kneafsey et al. (2013) clearly identify that what is lacking in the research forum is knowledge of how families access secure food resources (p. 102). In their study of rural residents in the United Kingdom, they found that high food costs resulted in the greatest familial needs being affordable and healthy food. Low-income families were experiencing the most difficulty with purchasing affordable food and as a result found grocery shopping to be stressful. One way to cope was for them to grow more of their own food, despite their most frugal attempts at cost savings. The practicality of this approach was questionable as some foods could often be purchased more cheaply, at a market than through home production. Overall they found consumers to be disempowered and disenfranchised by a food system that was seen to be unsustainable and alienating to those most in need.

An examination of more specific social variables such as age and gender revealed yet another level of limited accessibility, whereby the eldest rural residents and women are met with heightened struggles. Age limits the ability of the more senior residents to access all resources. Single mothers are uniquely disadvantaged due to lower incomes and having children as dependents, as well as the lack of child care and other gender-related resources (Rogers, 1999; Government of Canada, 2006). That is, service providers cannot provide the level of services that are adequate to meet the needs of the rural sector and the challenge of the higher costs of longer distances, long distance calls, and the costs associated with fuel and travel (Bull, 1998). The level of care then becomes spatially differentiated due to rurality; however, it may be more "socially proximate" (Parr & Philo, 2003, p. 475). That is, while people are dislocated by space, often the rural landscape incorporates greater sociability that arises from long term relationships as shown in high levels of community activity participation and greater knowledge of community members

(Parr & Philo, 2003). Further, Morgan, Fahs & Klesh (2007) found men and youth to have larger issues with research participation in a rural New York county research study.

2.2 Unique Qualities of Rural Culture

The social geography of the rural sphere has a particular sociocultural value system and norms that relate to the setting. Enhanced neighborliness is often found due to the fact that fewer residents occupy the rural sphere with its overall lower population density (Milbourne & Doheny, 2012). However, from a service point of view, fewer residents may cause additional barriers to ensure confidentiality and privacy as well as providing services where anonymous intervention programs and strategies are desired (Bull, 1998). For example, when there are fewer service venues in a rural sector, an overlapping of contexts is a likely outcome for rural service users. That is, it is not uncommon to see and know the same people that make use of social services and other outreach programs/workshops.

Rural culture is based on the values of self-sufficiency and self-reliance. To rural residents, the ideal is "to do and care for oneself"(Bull, 1998, p. 41). Remarkably, Scharf and Bartlam's (2006, 2008) study of rural low-income seniors in the Midland and North-west regions of England found residents to be quite self-sufficient despite their need of State care. Goins, Williams, Carter, Spencer, and Solovieva (2005) found that rural seniors may underutilize available services in West Virginia due to the high value placed on self-sufficiency. Additionally, they found through their focus group intervention that: "the most socially isolated, socioeconomically disadvantaged, and most frail rural elders were not adequately represented" (p. 212). Hence, those most in need of care and support with more heightened physical and psychological needs were not part of the focus group voice and became further isolated, excluded and hidden in the layers of bureaucracy.

Milbourne and Doheny's (2012) study of rural residents in Wales highlights this self-reliant rural cultural theme: "…of the older people categorized as living in poverty in rural Wales, only 28 per cent considered that there were people living in their areas who could be described as poor" (p. 394). That is, these residents would be more likely to label someone else as having a low-income, but yet be unwilling to describe themselves as a low-income rural resident even when they fit into that particular social category.

Perhaps more importantly from a service delivery point of view, the success of rural service programs cannot be determined based on numbers alone. "If the criterion is numbers served, then the numbers are just not there" (Bull, 1998, p. 40). Hence, finding and keeping rural low-income participants in a research program forum based on numbers alone will not be a solid indicator of program delivery, nor program success. Zanjani and Rowles (2012) highlight the need for the sensitivity of research foci given the delicate human fabric to be found in socioeconomically disadvantaged families. Most importantly they note: "The inherent dilemma is that there is a need to understand and consider the sensitivity of an issue prior to any participant recruitment" (Zanjani & Rowles, 2012, p. 400).

Consistent with the knowledge of local community members, in rural health delivery studies it is found that even the choice of research community partners for a study, is an issue. Zanjani and Rowles' (2012) study of the rural aged, examines the use of extension agents who were university appointed and had connections to their representative communities through educational programs and delivery of services.

Typically these knowledge brokers reside and work in the very communities they serve and are seen to be trustworthy and diligent leaders through the people they work and represent. However, where this is not the case, local rural residents may be more suspicious of researchers that are from outside of their research jurisdiction.

3.0 The Proposed Study

The proposed study aims to work with low-income rural families to find ways to increase healthy living and the well-being of residents in a rural county of Ontario. Working with a health coach, families would be identified who then would participate in a series of workshops designed to assist them in improving their daily living patterns. For example, a dietician and nutritionist would lead a workshop for planning and cooking healthy family meals; they would also assist in teaching families about nutrition literacy, and the values of securing and growing their own food. Another workshop would be focused on the management of family finances which would be led by a rural specialist who has had experience working with vulnerable rural families. Lastly, another workshop would be geared to teaching enhanced parenting skills, which would be led by a rural family service provider specialist who would also be part of the planned service program for those rural families identified as being in need by social workers and medical specialists.

All family members would be given free access to a recreational center, which would have a kinesiologist and a rural sports director who would assist participants in monitoring their own health progress and level of recreation program participation. Swimming, basketball, volleyball, family games and other physical activities would be made available to all family members. Exposure to a fitness program and family fun time as a way of building positive and healthy family relationships is one of the purposes of this segment.

Visiting a local community garden facilitated by a food bank specialist would be another social and service link for the rural family participants. Participation as a family to envision what healthy vegetables can be grown, and how to grow them would be the goal. The supplying of seeds, with planting directions for a family garden would be part of this learning process. In order to have healthy and accessible food, one must learn about how such food is grown and sustained as part of the rural culture of food access and food supply. Supplying knowledge of quick and healthy food flavor such as the herbs and spices, which can be handy and affordable and make food more attractive and tasty to a growing rural family, could also be helpful.

Rural families could also sign up to workshops offered at a variety of time segments to meet their own scheduling needs. Additionally, assistance with financing transportation would be provided to rural participants in order to travel to the workshops, should funding be required by them. All information would be provided to participants free of charge, such as recipes, budgeting guidelines, and health-related information. The total delivery time of the intervention would be one full year for the entire workshop program, and each family would have free use of the available recreational services.

Given that research-received grant funding were to be available, one year would be used to plan, implement, and document the program with an academic health researcher, a rural academic researcher, and a PhD student. There would also be two community workers who would provide services to rural families, a rural food bank director, a dietician, a home economist, and a sports recreation director.

3.1 Rural Research Team Issues and Efforts

The time requirement and the necessary work commitments of the research team members are other issues of interest for such a rural research protocol. The research team must juggle their own work, service and volunteer schedules to travel to the team meetings, additionally finding a common time to meet amongst such variable work commitments can be difficult. Distance to travel to the rural meetings for those located outside of the county, or even within the county, given the vast rural geography is another point of consideration. Additionally, a clear understanding of the level of the expertise of each of the participating team members is warranted. Issues such as research protocol from an academic standpoint, to the delivery of workshops and services from a community service personnel standpoint, may be highly differentiated and misunderstood by diverse team players and be an additional part of the learning curve for all team members.

An added challenge of counting on research funds and budgeting for in-kind work release and supplies, only to have the monies withdrawn due to inability to secure participants, is problematic. Also, community agencies that were counting on supplying service through their institutional corridors only to have them withdrawn are seen as additional planning, work and service issues.

Further, another constraint to the research team is the knowledge that there is a need for such a service intervention, combined with the frustration of inability to deliver the rural program and the necessary services. If even one rural family were to make an improvement in its daily life habits to grow, prepare, and eat healthy food, recreate, budget, and nurture their family in the best way, then the project could be seen as successful. It might lead to its children to escape poverty, to mobilize, and resist socialization beyond their current vulnerable status. Additionally, successful interventions could help reduce the use of government services and programs and encourage rural families to seek better social conditions that lead to a higher quality of life in their later years.

Follow-through and follow-up details for the end of the research protocol were not established or further considered. Hence, would there be incentives to continue what the research participants learnt at the workshops and through the intervention?

The agency responsible for this research idea was a recognized agency of the appropriate kind—a health agency. A recognized agency usually gets referrals from other agencies and knowledge brokers in the community. The avoidance of such a protocol would severely hinder the research process.

Because participants may feel vulnerable, they need to be reassured of their safety. They may, for example, fear losing their children if the information is revealed about their individual plight. Low-income individuals may also have difficulties with speaking out in a group setting.

There are many unknowns to be addressed in planning workshops for a broad range of participants despite the good intentions of the researchers. For example, for the hands-on food preparation workshop, there would be no prior knowledge of the level of skills and ability of family participants. Would they require more or less time for the workshop? For the recreation component expanding the participant cohort to middle-income families could potentially increase not only the research participation rates but also their recreation levels. It is a known fact that while

middle-income families have the income to recreate and be more active, they generally choose not to participate actively in recreational activities.

The project, while being important and useful, will have many complexities and will involve a wide variety of players. Perhaps a better way to begin would be to conduct a pilot study to test the protocol on a few rural families and receive feedback from its members. People living with less may only be able to address their immediate life issues and manage a more limited focus on the long term. Hence, meetings more than once a week may be problematic as their personal responsibility balancing act is already in jeopardy. Because they may lack the necessary organizational skills, they may find their weekday hours to be already full.

The formerly successful small family-based agricultural enterprise has disappeared. It has been refashioned into a large and more industrialized operation. It is difficult to access the complexities of this new rural pattern and its inhabitants.

Lastly, government agencies and funding representatives need to examine the basic realities of the life of a low-income rural family. Government-funded employees may be far removed from the realities of day-to-day living in rural communities, and therefore be unaware of their research challenges and the requirements of low-income individuals and their families. Concurrent and complex social issues, which are both geographically and demographically widespread, must be addressed. These include the need to establish facilities to service the physical aspects of rural area dwellers such as healthcare clinics, healthy food supply outlets, and food banks, as well as those that serve the spiritual, psychological and educational realms. In some rural areas, the lack of a proper education leads to low levels of employment and poverty, which in turn introduces a loss of pride and depletes the human spirit. By conducting in-depth studies that identify the nature of the issues currently faced by many individuals in rural areas and bringing them to the attention of the proper authorities, power may be placed behind the voice of poverty.

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