

RMJ

Rural Minnesota Journal

Women in Rural Minnesota

Fall 2008



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Seeking solutions for Greater Minnesota's future

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Table of Contents

Editor's note..... i

The Demographics of Rural Women: Now and the Future ... 1
Martha McMurry & Dr. R. Thomas Gillaspay, Minnesota State
Demographic Center

An analysis of data shows that rural women are still behind in several social and economic areas, such as education and earnings, but are catching up.

"I Always Put Myself Last": Rural Women and the Challenge of Work-Life Integration 11
Madeleine Alberts, Children, Youth and Family Consortium,
University of Minnesota

Rural women face particular difficulties in three areas of their day-to-day lives: finding adequate child care, the distances necessary to travel just live their daily lives, and the lack of options in finding a satisfying job.

Walking in Two Worlds: Helping Immigrant Women Adjust in Rural Minnesota..... 27

Cecil Gassis & Anne Ganey, YWCA of Mankato

Women coming to America face special challenges, but they are choosing rural America — and rural Minnesota — for particular reasons. This program is helping them adjust to their new lives.

Strengthening Social Capital to Tackle Poverty..... 33
Donna Rae Scheffert, Center for Community Vitality, University
of Minnesota

Women have a higher chance of winding up in poverty, especially if they are single mothers. But can moving to a rural area help? And are there simple ways communities can assist families in poverty to give them a hand up?

The Changing Role of Women in Minnesota Agriculture..... 57
Doris Mold, Sunrise Agricultural Associates

Women have been involved in agriculture since agriculture began, but often behind the scenes. Today women are receiving formal recognition as leaders on the farm and in the farming community.

Women’s Work: Productive Aging in Rural Minnesota..... 81

Jan Hively, University of Minnesota Senior Fellow (Retired)

It is well known that rural Minnesota’s population is getting older faster than the urban areas of the state. There are many ways the senior population can and are contributing to the welfare of their communities and themselves.

Women’s Health: Reproductive Health Services in Rural Minnesota 101

Kristen Tharaldson & Angie Sechler, Office of Rural Health & Primary Care, Minnesota Department of Health

Among the many issues facing health care in rural Minnesota is the access to reproductive health care services for women. Ready access to these services involves everything from cancer screenings to prenatal check-ups to teen health.

Choosing Place First: Remembrances and Observations About Entrepreneurship..... 127

Mary Mathews, Northeast Entrepreneur Fund

Starting one’s business is growing increasingly popular in rural Minnesota. Mathews discusses her experiences as president of the Northeast Entrepreneur Fund and her experiences as an entrepreneur herself.

About the Authors..... 139

About the Center 145

Editor's note

Marnie Werner

So where's the Journal?

That's the question I've been fielding for the last eight months. Yes, we did skip an issue. The Center has undergone some major changes in the last year, but those changes haven't affected our core mission, which is to generate timely, useful research on public policy issues affecting rural Minnesota and those who live there.

So, welcome back to the Journal. In this issue, we're going to talk in particular about women in rural Minnesota. What is it about life in rural Minnesota that makes circumstances different for women? That's the question we asked when we first set out to put this issue together. Is life really any different for women living outside the Twin Cities metro area compared to those who live within those seven counties?

We brought together a group of talented authors to address just those questions, and their answers can be found within these covers. From the economic and socio-demographic realities of being female in Greater Minnesota to integrating work, life and children to growing old here, our authors looked at, analyzed and discussed just what unique issues greet women here every day. And the answers are interesting.

There's the fact that jobs are fewer and farther between and generally lower paying.

Childcare options are scarcer and so is healthcare.

Living in a small town can be isolating, especially if you're not too fond of everyone knowing what you're doing every minute of every day.

And the distance and time involved in getting from point A to point B is an issue in itself. It just takes longer.

So why do we do it? Why do we stay? Some don't, but for those who do, the answer is different for every one of us. Many women

don't mind, even thrive, in the society of close-knit communities and would feel lost in a big city. There are friends and family to help out in a pinch, especially when it comes to looking after the kids. There's a certain freedom from fear, or at least from the tension of always needing to be on the lookout for trouble, again where children are involved. And then there are the people who just like the calmer life, the lower level of rush and crowds and traffic.

So in this issue of the *Rural Minnesota Journal*, we chose to examine what concerns are unique to rural women and how they can be addressed through public policy. Not because these are special problems or new problems or more important problems than those experienced by people in other parts of the state, men or women, but because our rural population holds so much possibility, and there may be things we can do to help let loose that potential.

Women are working outside the home and off the farm, helping to make ends meet, and that's nothing new. Women have worked alongside their husbands and fathers and brothers in households and on farms and businesses since families first set foot on the prairies and in the forests of this state. Women also keep the unpaid wheels of community moving, volunteering to help the elderly, running the local fundraiser or helping out in the classroom, providing valuable services that would otherwise cost somebody, most likely taxpayers, significant money.

Today, though, more than ever, rural women are moving into roles of leadership, too. They're graduating from college at a higher rate than ever, starting their own businesses at record rates, too, getting elected to local and state office and operating their own farms. They're taking the initiative and doing the best they can or better to improve their lives for themselves and their families.

So where does the *Journal* come in? We think more information is better than less when it comes to decision making, and even better is a discussion of that information and how it can be put to the best use.

When we started the *Journal* in 2006, we did so hoping that it would contribute to the conversation on public policy issues affecting rural life, and so far it has. This issue should be no exception.

The Demographics of Rural Women: Now and the Future

Martha McMurry & Tom Gillaspay

The lives of Minnesota women have changed dramatically in the past few decades. Both rural and urban women have been swept up in a huge tide of social change. Women have entered the labor force in massive numbers, they have attained much higher levels of education, and their earnings have increased. They have fewer children, are less likely to be married, and are economically independent as never before.

As this social revolution has played out, some of the differences between rural and metro women have disappeared, but many gaps remain. In particular, rural women continue to lag behind on measures of income and education.

In some respects, rural women have made greater strides than their male counterparts. Rural women achieve more education than rural men, and their earnings, while still considerably lower than men's, have grown faster.

Definition of "Ruralplex" and "Metroplex"

There are many ways to define "rural." In this report, Minnesota is divided into a "Ruralplex" and a "Metroplex." The Metroplex includes 14 counties in the Rochester-Twin Cities-St. Cloud Corridor. The remaining 73 counties make up the "Ruralplex."

For some of the historical comparisons going back to 1980, Olmsted County (Rochester) is included in the Ruralplex. This is done because the geographic areas used in the Census Public Use Microdata samples from different Census years do not always match. The geographic areas are comparable if Olmsted County is placed in the Ruralplex.

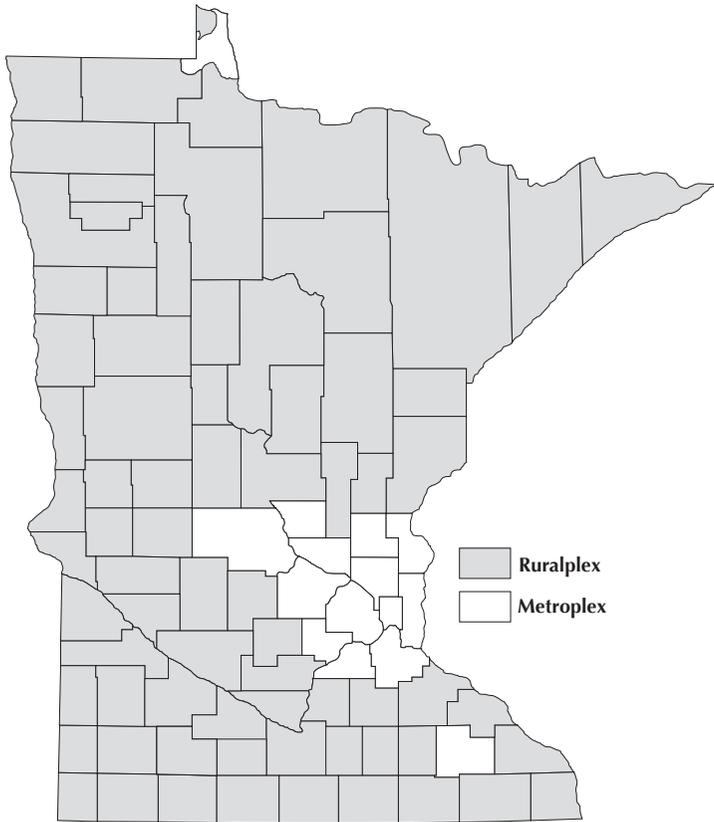


Figure 1: Ruralplex and Metroplex Minnesota.

Labor force participation rates converge

The huge influx of women into the labor force is one of the major social shifts of the past half-century. Women continue to work after they have children, they have broadened their range of occupations and are earning more money.

Current participation rates among women in the prime working-age group, 25 to 54, are almost identical in the Ruralplex and the Metroplex. The 2006 American Community Survey shows 82% of Ruralplex women in this age group were in the labor force, almost exactly the same as the 83% figure for Metroplex women. Among all women age 16 and over, workforce participation rates are higher for the Metroplex (68%) than for the Ruralplex (62%), attributable to the larger proportion of older, retired women in the Ruralplex.

Participation rates have grown for both Metroplex and Ruralplex women, but they have grown more for rural women. In 1980, Metroplex women ages 25 to 54 were considerably more likely to be

in the labor force than their Ruralplex counterparts, 71% compared to 62%. The difference was smaller in 1990, and by 2000 the gap had disappeared.

Fertility rates converge

Fertility rates in the Ruralplex and the Metroplex have also converged since 1980. Rural areas had slightly higher fertility rates in 1970; between 1970 and 1980, fertility rates dropped in both the Ruralplex and the Metroplex, but fell faster in the Metroplex. The result was a substantial rural/metro gap in the 1980 fertility rate: 79 births per 1,000 women age 15 to 44 in the Ruralplex, considerably higher than the Metroplex figure of 66.

Urban/rural fertility differences had disappeared by 1990, however. In fact, by 2000, fertility rates were actually lower in the Ruralplex than in the Metroplex. Since 2000 it appears fertility has risen in both areas, but the figure remains a bit lower in rural areas. Part of the reason for the lower rural fertility may be that rural areas have smaller proportions of immigrants, who have somewhat higher birth rates than native-born women.

Some differences in urban/rural fertility remain. Ruralplex women are likely to have their babies at younger ages: Ruralplex birth rates are higher for women under age 30, while for women over age 30, Metroplex rates are higher.

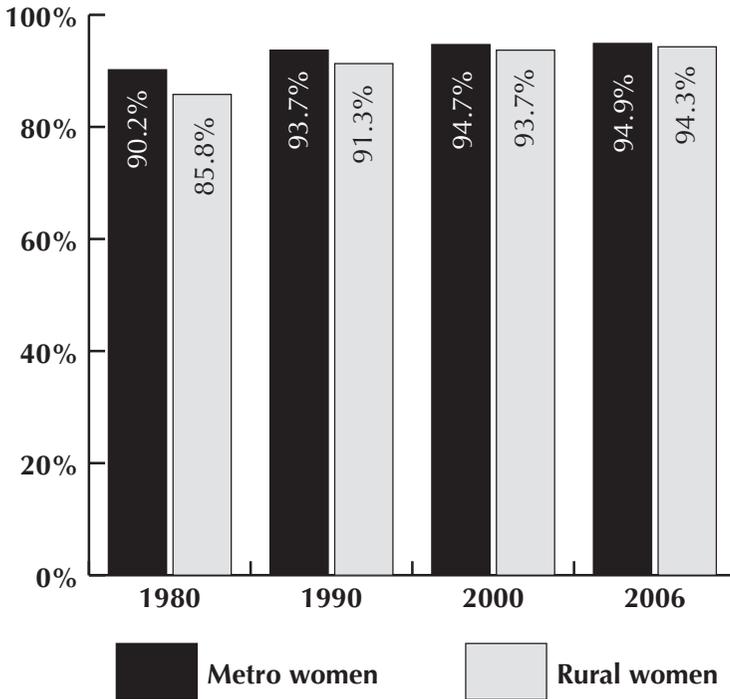
Ruralplex mothers are slightly more likely to be unmarried at the time of the baby's birth. In 2006, 32% of Ruralplex births were to unmarried mothers, compared to 30% of Metroplex births. This pattern is probably related to age: younger mothers are much more likely to be unmarried, and Ruralplex mothers are younger on average.

Marriage rates decline

Rural women are more likely to be married than metro women. In 2006, 71% of Ruralplex women ages 25 to 54 were married, compared to 63% of Metroplex women in the same age bracket. The proportion of women who are divorced is about the same, but Metroplex women are more likely to have never married, 22% compared to 14%. Marriage rates have fallen dramatically over the years, however: the proportion of Ruralplex women age 25 to 54 who are married fell from 84% in 1980 to 71% today.

Interestingly, Ruralplex women are more likely than Metroplex women to marry a man who has less education than they do, and the more education women have, the more likely they are to have a husband with less education.

Figure 2: Percentage of rural women and metro women graduating from high school, 1980 to 2006.



Source: U.S. Census Bureau Decennial Census and 2006 American Community Survey microdata. Olmsted County is included in Ruralplex.

Educational attainment increases

Educational attainment of Ruralplex women has increased significantly in the past quarter century. Among women 25 to 54, Ruralplex women have equaled Metroplex women in rates of high school completion, 95% compared to 94%. In 1980, Ruralplex women were less likely to be high school graduates than Metroplex women, but the gap had largely disappeared by 1990.

Though many more rural women now attend college, Ruralplex women continue to be less likely to attend college and the gap in college attendance has diminished only slightly over time. In 2006 American Community Survey data, 67% of Ruralplex women ages 25 to 54 had attended college, compared to 74% of Metroplex women.

Both metro and rural women have greatly increased their rates of college graduation. Since 1980, the proportion of women who

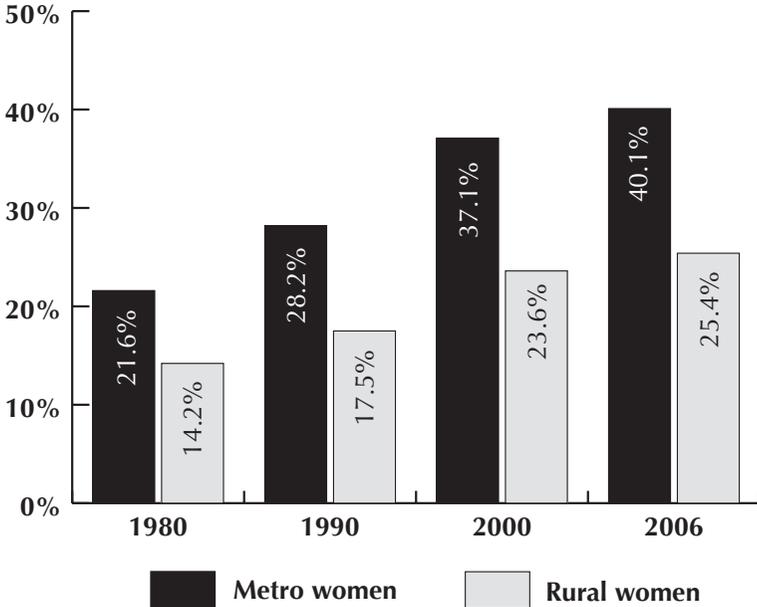
are college graduates has almost doubled in all areas. However, although more rural women are completing college, the gap between rural and metro women has increased. As of 2006, 40% of Metroplex women ages 25 to 54 were college graduates, compared to 25% of Ruralplex women.

Over the last quarter-century, women have surged ahead of men in educational attainment. In 1980, Ruralplex men ages 25 to 54 were more likely to be college graduates than Ruralplex women, 20% versus 14%. Women surpassed men by 2000, and by 2006 a higher percentage of women were college graduates than men, 25% versus 21%.

Despite growth, Ruralplex women have lower earnings

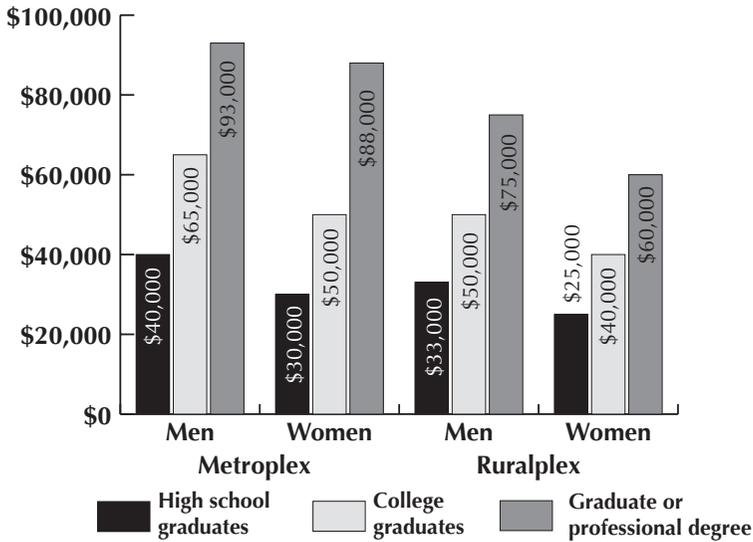
Since 1980, women’s earnings have increased more than men’s earnings, but Ruralplex women continue to earn substantially less than Ruralplex men or Metroplex residents. According to the 2006 American Community Survey, Ruralplex women who worked full-

Figure 3: Percentage of rural women and metro women graduating from college, 1980 to 2006.



Source: U.S. Census Bureau Decennial Census and 2006 American Community Survey microdata. Olmsted County is included in Ruralplex.

Figure 4: Annual median earnings of men and women in Metroplex and Ruralplex for high school, college and post-graduate degrees.



Source: 2006 American Community Survey microdata. Previous 12 months' earnings.

time year-round had median earnings of \$27,500. This compares to \$38,000 for Ruralplex men, \$39,000 for Metroplex women and \$50,000 for Metroplex men. Differences in earnings remain even after controlling for education. At all levels of educational attainment, Ruralplex women have the lowest earnings.

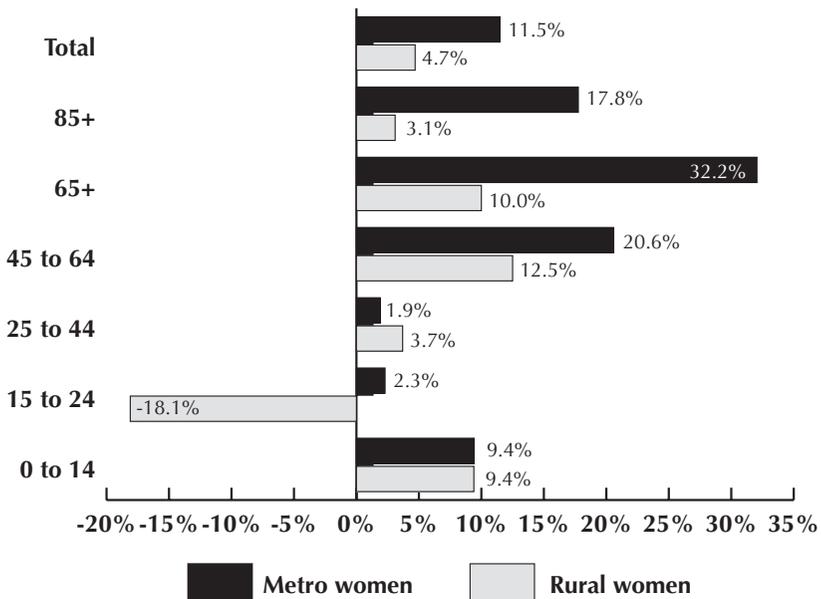
The occupational and industrial distribution of Ruralplex and Metroplex women workers are slightly different but probably do not explain the magnitude of their income discrepancies. Rural women are more likely to be employed in healthcare and are less likely to work as managers or in the financial sector.

Since 1980, median earnings of Ruralplex full-time working women have increased 236%, a bit less than the increase for Metroplex women but considerably higher than the gains for men.

Ruralplex women more likely to be poor

Women living in rural Minnesota are more likely to be below the official poverty line than are women in the Metroplex, 12% compared to 10%. Ruralplex women have higher poverty rates in every age group.

Figure 5: Projected percent change in female population in Metroplex and Ruralplex, 2005 to 2015.



Source: Minnesota State Demographic Center projections.

Many Ruralplex women who are not officially poor are not far above the poverty line. Almost 10% fall between 100% and 150% of poverty. Altogether, 33% of Ruralplex women are below 200% of the poverty level, compared to 22% of Metroplex women.

Ruralplex population is smaller, growing more slowly

Fewer women live in the Ruralplex than in the Metroplex, and the rural population is growing more slowly. From 2000 to 2006, the female Ruralplex population went up about 2%, compared to 6% for the Metroplex. About 35% of the state’s female population lived in the Ruralplex in 2006, down from 43% in 1970.

Slower growth is also anticipated for the future. From 2005 to 2015, the Ruralplex female population is projected to gain 5%, compared to 12% for the Metroplex. The percentage living in the Ruralplex is projected to fall gradually, to 33% in 2015 and 32% in 2035.

Less racial diversity in rural areas

Ruralplex women are less racially and ethnically diverse, although population diversity is growing in all parts of the state. The 2006 American Community Survey reported that 7% of Ruralplex women were nonwhite and /or Latino, compared to 17% of Metroplex women. In both regions, younger women are much more diverse than older women. Sixteen percent of Ruralplex girls under age 5 are nonwhite or Latino, compared to less than 1% of women 85 or older. The greater minority representation at younger ages means the population will be more diverse in the future.

Rural woman are older

Ruralplex women are on average older than Metroplex women. Eighteen percent are 65 or older, compared to 12% of Metroplex women. Twenty-three percent are between the ages of 25 and 44, well below the Metroplex figure of 29%. One exception to this general pattern is that women 15 to 24 make up a slightly larger proportion of the Ruralplex population, possibly reflecting the presence of many college and university campuses in rural areas.

Migration, however, is the major reason for the age differences. Young adults tend to move out of rural areas to urban areas. Older residents, who are not as mobile, make up a larger proportion of the population left behind.

As the Baby Boom ages, Minnesota's elderly population will grow rapidly, but this trend will be less evident in rural areas because of slower overall growth and the historical pattern of out-migration. Between 2005 and 2015, the number of women age 65 and older is projected to grow 32% in the Metroplex compared to 10% in the Ruralplex. At the same time, the population 85 and over is projected to grow 3% in the Ruralplex, a much lower rate than the expected 18% gain in the Metroplex. Among children and young adults age 25 to 44, Ruralplex population growth is expected to be similar to the Metroplex. The slow but steady growth of young families and the more modest growth in older households may make it easier for rural areas to accommodate the aging trend that is advancing upon us.

How are rural women different?

From a demographic perspective, Ruralplex and Metroplex women are similar in many ways, and the lives of both have changed enormously. Rural women are equally likely to finish high school and participate in the work force. Fertility rates are virtually identical, though Ruralplex women tend to have their children at younger ages.

The most striking differences remaining are education and earnings. Ruralplex women have substantially higher earnings than in the past, and are more likely to attend and graduate from college. However, the gap between Ruralplex and Metroplex women in higher educational attainment and earnings remain large.

“I Always Put Myself Last”: Rural Women and the Challenge of Work-Life Integration

Madeleine Alberts

“My sister’s going to quit her job because she can’t find daycare. ‘Don’t you love your job?’ I asked her. ‘Yeah, I do,’ she replied. ‘But I just can’t find child care I can afford without driving 40 miles round trip in the morning and the afternoon. I don’t have time to do that and I can’t afford it. And Mom just can’t take care of her anymore.’ I sighed in frustration. I WISH I had a job that I loved, and here she has one and has to quit because she can’t find someone close by to care for her three-year-old daughter.”

This story told to me recently illustrates three of the most significant challenges rural women face as they attempt to integrate the many roles in their lives — the difficulty of finding adequate child care in rural areas, the distances they have to drive just to live their lives, and the difficulty of finding satisfying jobs. This article will highlight the unique challenges often experienced by women who live in rural areas — work, parenting, family, self-care, relationship maintenance, eldercare and more, offer some thoughts about those challenges from experience and research, and share stories of some rural women who are living those challenges.

Introduction

Let me begin by introducing myself, so readers understand my background and experience related to this issue. I was a family educator for many years for the University of Minnesota Extension Service in rural Minnesota, and I still work for the University of Minnesota in another capacity, focusing on issues related to children, youth and families — but now I commute 140 miles round trip to the Twin Cities two days a week. I am a rural resident and farm wife whose husband is a partner in a large dairy operation. I am an employer who hires many rural residents. I am a grandmother who cares two days a week for my grandson. I am a daughter who

traveled many miles to care for aging and invalid parents in a rural area. I spent my entire growing-up years and half of my adult life as a “city kid,” so I have experienced firsthand the significant differences between city and rural living.

I’ve also learned something important while writing this article. There is very little research and few resources on the unique challenges of *rural* women in integrating work and life issues. After days, literally, of searching, most of what I have found is from other countries: Canada, Great Britain, Australia, New Zealand and more. I am certainly left with the feeling that this is an understudied area and one that merits some attention. Roughly 20% of the population in the United States lives in rural America, and 30% of Minnesota’s population is considered rural (Minnesota State Demographic Center). It certainly seems this number is sufficient to warrant greater attention to the needs of rural women integrating work and life. So this article will be based mostly on my experience, on stories from rural women, and from the few sources that I was able to find.

I also want to acknowledge that there are significant differences in “rural” Minnesota based on where one is located. Closer proximity to an urban center decreases many of the challenges I will be discussing, as long as one has the transportation and financial ability to obtain the resources the urban centers offer.

Finally, I am using many stories and examples from a few rural women who have most graciously shared their insights and experiences with me through a small and informal survey. All the stories and examples are true, but they have been changed so the people cannot be identified.

Balance is not the goal

The phrase “balancing work and family” has been used for years to talk about how people manage the many roles in their lives. Unfortunately, the word “balancing” seems to imply a sort of equality that simply is not realistic. Some roles, such as full-time employment, require much greater time commitment in terms of hours or percentage of a day than others. I prefer to talk instead about work-life integration, and that is the phrase I’ll be using throughout this article. I think about work-life integration as the ability to devote adequate time in one’s life to all of the roles that call for attention, *including self-care*, so that the overall result is a general feeling of satisfaction and well being *most* of the time, and that stress due to time and role demands is low *most* of the time. I certainly realize there are times in everyone’s life when role demands and stress will escalate due to unusual circumstances, and satisfying

integration will be less likely. And the work-life integration that is satisfying for one person may not be for another, depending on their personalities, priorities, values and needs.

For the most part, rural women face the same issues related to work-life integration as their urban and suburban counterparts. These include work/job/career requirements and satisfaction, childcare, parenting, family responsibilities, caregiving (defined generally as caring for adults vs. children), primary relationship maintenance, and care for self. But for rural women, nearly all of these roles are made more challenging by virtue of place — rural Minnesota.

Satisfying work that “pays the bills”

Opportunities for employment are much more limited in rural areas, and the jobs that are available tend to be low-skilled and pay less than similar jobs in urban areas. One study of low-income rural women found that 70% of poor rural mothers worked in the service industry (hotel, restaurant or health care) (Walker & Blumengarten, 2002, p. 2). These jobs often require working evenings, nights and weekends. Another source of employment in rural Minnesota is agriculture, which also typically requires working during non-traditional hours, making child care difficult.

One of the major studies of rural women in the U.S., *Rural Families Speak*, has followed more than 500 low-income rural mothers in 17 states over nearly 10 years. This study confirms what many rural residents already know — the rate of poverty is higher in rural areas, and access to jobs is critical to move out of poverty. So in addition to the normal challenges of integrating work and life, rural women are often struggling just to survive — and may work two or three jobs to make ends meet. The researchers also found that, given a choice, the mothers in the study rated job satisfaction and flexibility as more important than the amount of pay received, and would sometimes sacrifice a stable job because of lack of flexibility (Bauer & Katras, 2007, p. 2).

A low-income mother of two young children held a full-time, low-paying job in an urban center 30 minutes from her rural home. Her partner and father of her children is a Mexican immigrant who has worked at a large dairy farm about 20 minutes from home for many years. The couple only had one vehicle and couldn't afford childcare, so they worked opposite shifts to accommodate travel and childcare needs. Her employer told her they were going to change her schedule so she could open the store where she worked. This would mean she'd have to

be at work before her partner got home from his job. His job paid \$4 an hour more than hers, so she made the decision to tell her employer no. As a result, she was terminated. She eventually found another job with the flexibility she needed. But they struggle financially every single day.

Although skilled and professional jobs — such as teaching — can be found in small towns, they are limited and require college degrees or other training beyond high school, and on average fewer women in rural areas have college degrees. So women seeking higher-level employment often either have to move or commute to urban centers to find suitable employment.

A young woman who lives in a rural area holds a professional position in an urban center 45 minutes from home. Her work also requires teaching some evenings and Saturdays and traveling to other towns as part of her work. She reports that the commuting time adds an hour and a half to her work day — time that she could be spending with her husband and young daughter. But professional jobs in her field are just not available any closer to home. She also tends to do grocery shopping and running errands in the city after work, because prices are cheaper and it avoids another trip later. But that makes the day even longer for her.

One of the trends in rural areas that will certainly have an impact on women is the increase in self-employment. In a publication from the Rural Sociological Society, Stephen Goetz says, “If current trends continue, one rural worker will be self-employed for every three wage and salary workers by 2015” (Goetz, 2008, p. 1). A significant contributing factor is the exponential advances in technology that make things like telecommuting, home-based businesses, on-line teaching and more possible.

Child care

Child care of some sort is a necessity if women with young children work outside the home. In urban centers, although child care is expensive, there is generally a fair amount of reliable, quality, licensed care available. This is not the case in rural areas. Rural areas face particular challenges in the supply, quality, accessibility, and affordability of child care. The story at the beginning of this article illustrates one problem — having to travel a significant distance to obtain child care.

Another mother of a young child reported that she “basically had three choices for child care: a center in town, a home daycare in town, or a Christian-based daycare in the country near our home. We are lucky to have a quality daycare that our daughter enjoys, because we don’t have much for choice as a rural community.”

In addition to the general lack of availability of child care in rural areas, there is the problem of lack of regulated child care, especially during non-traditional work hours, such as very early mornings (3 a.m. shifts), evenings and overnights, and weekends.

Rural women tend to rely more heavily on informal sources of child care (family, friends) for a variety of reasons: they can’t afford full-time child care, they can’t find child care they trust, the few child care settings that are available are full and have waiting lists, or they work hours that child care is not available. One potential benefit of rural living is that families tend to stay in the communities in which they live. Even though a high number of rural young people are leaving their communities, there are also some who stay and others who move back when they have children. Thus, family care options may be more available to them if the family members are willing and able.

“Finding daycare on evenings or weekends is a challenge because my husband has chores late into the evening and I work some evenings and Saturdays each month. We are lucky to have family that can care for our daughter during these times usually.”

A mother of a newborn who lives in the country outside of a small town in rural Minnesota has roughly 15 family members within 15 miles who are willing to care for her child when she goes back to work. It’s something of a juggling act to schedule, but it’s a solution she and her husband are very satisfied with, for now.

In the *Rural Families Speak* study, researchers found that some women decided to stay home and care for their own children, at considerable financial sacrifice. Sometimes this was a value-based decision about staying home while their children were young, and other times it was because they couldn’t find child care they could afford or with which they were satisfied (Walker & Reschke, 2005, p. F5). Most of the women who worked “found ways of compromising their dual roles. Some of these compromises included working only while children were in school, working from home, working part-

time, or doing 'split shift parenting' with their partners" (Walker & Reschke, p. F6).

Quality child care is a persistent social challenge for all working families. But with rural families, the need for child care is complicated by the lack of options, the cost relative to income, and the distance families must often travel to access care. *One mom said, "On top of commuting 40 miles to work, I go ten additional miles out of my way to take my son to child care. That may not seem like a lot, but over time, it adds up. I wish I could find care closer to either work or home."* If you consider her dilemma based on Twin Cities mileage, it would be roughly equivalent to living in Apple Valley and working in downtown St. Paul, but instead of taking the straight route on I-35E, detouring to your child care setting in Richfield first.

Distance and transportation

If you live in rural Minnesota, you have to have a vehicle to get just about anywhere. It's not uncommon for children's schools to

"That is another thing: living in the country, you live far from everything you have to do, so there is time used there that some of my friends that live in town don't have. It takes them two minutes to get to church and it takes us 10. And now also is the expense of it. That gas price is a killer."

be 15 miles from home due to school consolidations in rural areas. While some small towns have grocery stores, residents in many areas have to travel 30 miles or more to get groceries. As one woman put it, *"A quick trip is NOT a quick trip in rural areas."* Although some medical centers have opened family practice clinics in small towns across Minnesota, doctors are still some distance from home for many rural families. The same is true of government centers, community action centers, and other places where families receive assistance.

While public transportation exists outside the urban centers in rural Minnesota, it can vary greatly in availability from county to county. In some cases there are commuter buses available for people going to work, and they are getting more use all the time. But they generally are scheduled around weekday, daytime jobs, not evening or weekend shifts. And they run once or twice each way, so they aren't really an option for running errands such as getting groceries. Dial-a-ride services are more helpful for these kinds of trips and are becoming more available around the state.

A rural woman who works as a computer specialist at a medical center in a larger community lives 20 miles away so she has a 40-mile

commute round trip every day. She was lamenting about how much the gas prices have hurt their family budget. In discussing options with her supervisor, she said, "If I could take the commuter bus, I'd do it, but it only goes to one place (in the large community) on the other side of town, and then how would I get here? And if we had a computer crisis late in the day and I had to stay late, I wouldn't have any way to get home." They are negotiating a way for her to work from home a couple of days a week.

Some community action centers or senior living centers provide transportation for rural residents. They are mostly staffed by volunteers and are often provided only by appointment.

All of these services help, but they don't even begin to meet the enormous transportation needs of rural Minnesota.

As a rural employer, I find that the most common reason employees are unable to come to work is lack of reliable transportation. We quite often pick up employees and take them home again because cars don't work, the weather is bad and they are afraid to drive, they don't have money for gas, or their shared car is being used for another purpose.

When I lived and worked in an urban center during an earlier time of my life, I always took public transportation from my suburban home to my downtown job. It was so much more relaxing than driving in rush hour traffic and it was more cost effective because of the reduced rates for bus passes provided by my employer. I was actually able to use my "bus time" for some of my self care. I wish I had that option now, commuting from my rural home to the University of Minnesota Minneapolis campus. I'd use it in a heartbeat.

Caregiving

Many people travel long distances to care for aging parents. That in itself is not unique to rural women. What is unique is the lack of available resources in rural areas to help when you are not there — home health care, assisted living, even nursing homes. While this has improved considerably in recent years, it's going to need to improve much more with the rapid growth of the senior population in rural Minnesota.

Rural seniors tend to like to stay in the communities in which they have lived. They have friends there, they have a sense of community and connection, they understand and like the community culture and norms and often are quick to guard that culture — sometimes to the frustration of younger community

members. But many rural towns are losing businesses and services, and seniors who live there may have difficulty accessing the services they need as their ability to get around decreases.

“Some rural seniors live miles from necessary services. With increasing frailty and health problems, many are unable to provide their own transportation to and from needed medical and business-related appointments. Public transportation does not exist in their communities. Poor roads and inclement weather add to these difficulties. When faced with dependence upon younger non-relatives for assistance in meeting these transportation needs, and with fewer people available to help, many seniors simply do not take advantage of these services, and their needs remain unmet” (Machir, 2003, p. F18).

Thus, the need for support of frail rural seniors often falls on their children — typically their daughters. Taking them to church, driving them to doctor appointments, helping them with financial matters, taking care of their physical needs — “sandwich-generation” women find themselves providing care for both their parents and their children. How to integrate this into their already busy lives is a great challenge for rural women.

When my parents were both dependent on others for their day-to-day living, they lived in a very rural area with no home health care or other related services within 20 miles — and even those were limited. The nearest city of any size was 60 miles away. My two siblings and I contracted with a distant relative, who was actually older than they were but in good health, to live with them 24/7 during the week, and the three of us rotated caring for them on weekends. It was a 400-mile round trip for me, 300 for my brother and about 150 for my sister. My mother was cantankerous and difficult to care for. My dad had so many needs that it became increasingly difficult for the older relative to care for them. We eventually had to move them both to a nursing home in a city 75 miles away. They were isolated there and my mother, particularly, was extremely unhappy. She died a couple of months later. This caring had gone on for four years, and I knew it was affecting my mental health. After my mother died, my 16-year-old daughter said to me, “Would you PLEASE get some counseling? I need my mother back.” I took her advice!

Self care

It seems by virtue of the fact that we are women, self care always falls to the bottom of our priority list. One farm woman expressed this well when she said, “The only time I get time for self-care is when I’m pregnant!”

Yet self-care and meeting your own mental, emotional and physical needs is at the heart of being able to integrate all of the things discussed in this article.

Self-care is not a dilemma that is unique to rural women, and so I'm not going to spend a lot of time on it here, even though the temptation is great. But one aspect of self care that can be a challenge in rural areas is social connection and support. "Social support has been recognized as one variable potentially mediating the negative effects of stress due to poverty" (Anderson, et.al., 2003, p. F4) — and, I would add, the general stresses of everyday life. But ironically, the kind of social support a person needs when they are particularly stressed can be difficult in rural areas because of the very thing people say they like best about rural communities — that everyone is connected and knows each other. So who do you talk to when your life is in chaos? Who do you talk to when you are in financial difficulty? Who do you talk to when your relationship is stressed? Finding kindred spirits you trust is not always easy in communities where everyone knows everyone else, and counselors and other professional advisors are not as available.

There also appears to be an increased stigma in rural areas regarding mental health treatment. When I was working for the Extension Service in rural Minnesota during one of the particularly difficult financial times for farmers, we tried to encourage farmers to go for counseling to help deal with the financial stress and related emotional stress. The resistance was quite incredible. It was a combination of not wanting to admit they needed help and not wanting anyone else to know.

Women tend to need to talk about their problems to work through them. Finding people to talk to in rural areas can be a challenge, particularly if you don't want others in the community to know about your problems. It's much easier to be anonymous in urban and suburban areas.

Parenting and family time

Like self-care, the challenge of caring for the primary relationships in life — children, spouses, partners — is not unique to rural women. And as with self-care, nurturing relationships and parenting are critical for family satisfaction and well-being. Stresses in other areas of life — like the time it takes to do things, the lack of resources available, poverty, lack of job satisfaction — all of these and others have the potential to create tension in those primary relationships and roles. Some of these stresses are more complicated in rural areas, for all of the reasons already discussed.

Volunteering

One rural woman summarized the challenges of volunteering in rural areas quite accurately:

I think there is an expectation in the rural areas that one will volunteer at church, school, as an EMT, on the township board, etc. It is the only way some functions will happen — through volunteers. It can be difficult because of the other obligations of children, extended family, work and so on. Volunteering is falling off; it is kind of coming to a head for rural women, with the older ones saying, "I've done my share." The older ones say the younger ones need to take over and figure it out.

There seems to be more pressure for people to volunteer in rural Minnesota because so many community functions depend so heavily on volunteers. This pressure seems to be less in more highly populated areas with more resources. In rural Minnesota, positions like township officers and county commissioners are largely volunteer. (Although there are minimal stipends, it doesn't come close to equaling the time spent on these activities.) Fire departments and ambulance crews are often staffed by volunteers in rural Minnesota. Interestingly, these local government and community service volunteer positions are rarely filled by women. But in churches, schools, 4-H clubs and other similar organizations, the volunteers are mostly women.

As with most aspects of rural life, distance plays a role in how, and how often, women volunteer. When they are juggling so many other roles, volunteering except where it directly concerns their children or family life often goes to the bottom of women's priority lists.

Farm women have different challenges

My own experience, research in which I was involved several years ago, and comments from rural farm women have convinced me that rural living for a farmer is different from rural living for a non-farmer. There are a number of reasons for this: The farm almost always comes first. If a cow is calving, if it's going to rain and crops need to be planted or harvested, anything else goes out the window. Whether it's attending children's events, going on a date, taking vacation or even just having regular meals, everything depends on the needs of the farm. A couple of women expressed this quite clearly:

We just do a lot of prioritizing as a family. I can't get too upset if supper happens at 5 p.m. or 9:30 p.m. If I insisted on a definite schedule, the whole thing would fall apart.

Because health insurance doesn't "come with the job" for farmers, they often have to buy it individually at exorbitant rates with high deductibles. Many farmers — usually the women — work off the farm primarily for health insurance. One farm wife talked about the challenges that this presents:

As an active farm woman, I help with field work, livestock, grain marketing and accounting and work a full-time job (and part-time at a local hospital). I am also a half-time college student (online). One challenge is that full-time/part-time jobs with affordable family health insurance benefits are difficult to find due to the rural area. Employers are few and far between and this forces people to hold onto jobs which are stressful.... You find yourself emotionally drained by a job that you would like to change, but unable to due to loss of health insurance and other benefits.

Other women identified the demands of farm life that they perceive to be different from their counterparts in town:

Unlike women in a city whose husbands are home by 5 or 6 p.m. or don't have to work weekends and then can lead a normal life, I am married to a dairyman who is out by 5:30 a.m. each morning and finally in the house between 7 and 9 p.m. After milking, he takes off Sunday for church and until about 3 p.m., when it is time for chores again. I not only have a job off the farm, I do all the farm books, which is another job, on top of the house and family and doing calves on Sunday nights.

It is difficult to keep up with household duties as farm/field work always takes top priority. Also, it can seem that farm work is more valued than housework. Farm work is difficult to schedule as it is hard to be reliable. Our best-laid plans may change in a moment due to a sick cow, or rain, or a breakdown in equipment. Other family members and friends find it frustrating to set up get-togethers or events as we can never commit ourselves 100%.

Our kids were not allowed to be in fall activities at school: there just wasn't time to get them to and from school (we live 15 miles from school). Also they were needed at home. So at our house, farming is always first.

A number of years ago I was involved in a research project in which a team of Extension educators interviewed dairy farm families about their perceptions of their quality of life. All of the challenges of farm living mentioned above also surfaced in that study. Dairy women talked about having multiple jobs: parent, cook, housekeeper, farm partner and its many related responsibilities, and often, off-farm employment on top of it all. Yet like the women surveyed for this article, they also said they loved rural living and wouldn't change a thing (Parlor Profiles, 1997).

So why do they stay?

In spite of the challenges, women identified many important strengths of rural living. At the top of their lists are people and relationships — the feeling of community and closeness, knowing their neighbors, and having good friends.

There is more family-and-friends time. Rather than traveling to the larger towns for entertainment, family and groups of friends get together to enjoy their company. We have a close group of friends, who also have young children, and it is a good time just to get together and let the kids play and parents talk and enjoy some fun. There is also a nice community feeling. People support the community and seem to be very involved with groups, organizations, and local businesses.

The benefits of rural living are that you know your neighbors, and almost all of them are good, honest, hard-working people, just like you. They go to your church, or the other one in town, their kids or grandkids are your kid's friends.

A second important strength of rural living identified by several women is safety. They believe their families — and in particular their children — are safer in rural Minnesota than they would be in more urban or suburban areas.

I had little fear if my children were outside playing in the woods or in the pasture. I felt they were safe. When they were in town at the grandparents (small town under 2,400), they could bike to the pool at a pretty young age. Again a safety factor.

Another strength of rural living is the accessibility of green space. There has been considerable attention paid in recent years to the importance of green space and nature in children's development and learning. A national Children and Nature Network has

developed with the goal of reconnecting children and nature. In rural areas, one doesn't have to go very far to find trees, lakes and rivers, wildlife, and wide open spaces.

They have space and freedom to shout, laugh out loud, and use their imaginations. They also have real responsibilities. We seldom watch TV and we don't play video games.

Other benefits are connection with nature and a comfort level with nature, whether it was rain or wind or good weather or thunder or snow.

Conclusion

Rural women face unique challenges in integrating their day-to-day life roles that their counterparts in urban and suburban areas do not experience in quite the same way. Less access to well-paying jobs with benefits, fewer options for child care, lack of resources for caregiving for elderly or disabled family members, and making adequate time for family, relationships and self are all more difficult for rural women. Researchers who studied women and work in a rural community identified several areas of research that are needed related to rural women and families. These include looking at "the effect of the rural context on women's work and family experiences," ways in which lack of work opportunities impact families and their economic well being, and child care needs in rural areas and how those needs might be met (Ames, et. al., 2006, p. 129).

Some of the challenges rural women face can't be changed — such as the distances to services and schools. But several potential research questions occur to me that might help shed light on how rural women can achieve a more satisfying integration of work, family and self:

- What can we learn from research and best practices in other countries about rural women and work-life integration? There is quite a lot of international work on many of the issues raised in this article that could help frame research questions.
- How can we create a system of child care in rural areas that encourages the development of more high-quality child care settings (home and center based) with greater geographic representation and more non-traditional hours?
- What models/best practices for rural transportation currently exist, how effective are they, and how could they be replicated? Given the increasing cost of fuel, the importance of transportation issues is multiplying exponentially in rural areas.

Commuting 20 miles to work, while it has been a time drain and somewhat of an inconvenience in the past, is now a major “budget breaker” for many rural families. Most urban areas have options for public transportation, biking or walking to work, or carpooling, but these options are just not there for most rural residents. Addressing systems and policies related to rural transportation is a key issue.

- How can communities and community institutions create opportunities for social support among rural women — with particular attention to the social needs of poor women, immigrant women, non-white women, lesbian women and others who are often marginalized in rural areas?

As a woman who has experienced life in the country, rural small towns, suburbs, and large cities during my life, I have a strong preference for rural living, where I find myself now. I see the same strengths in rural living as other women have expressed here, and the additional strength of quieter, less complicated surroundings. But as a woman nearing retirement age, I well understand the challenges my younger rural neighbors and families face. Many of them struggle every day with all of the issues discussed here. I believe their lives would be enhanced if answers to some of these questions could be found.

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Walking in Two Worlds: Helping Immigrant Women Adjust in Rural Minnesota

Cecil Gassis & Anne Ganey

Imagine waking up on a day like any other day. There is some unrest in your country, but you've been living with it for a while. There is no reason to think today will be any different. You get the kids off to wherever they are going. You leave the house, walk through quiet streets and start your day at work.

Suddenly, a commotion outside grabs your attention; shots are fired. A friend runs in the back door shouting, "You have to leave — they're coming for you!"

You leave. You leave with what you can carry with you, without going home for money or passports or even the kids. If you are lucky, your family meets up in a refugee camp. Eventually you land in another country, across the world. It's a place vastly different from your homeland. It's intensely cold and you have no clothing appropriate to the climate. You get in trouble with the law for doing things that were an accepted part of the culture at home. Although you were a respected and competent community member at home, here you do not know the language and can't communicate, and therefore can't find work. The culture seems to rush by around you; no one stops to say hello, much less to take the time to explain things. You don't understand the rush, but it is clear that everyone is caught up in it. You feel like a stranger in a strange land, but you are alone in this.

This is often the experience of refugees to the U.S. Other immigrants may choose to leave before they are forced out, but it's a decision made for safety or opportunity, much like the original immigrants to this country. Immigrants and refugees show incredible courage in making their journey here, but the need for courage continues once they arrive. A huge cultural gap between the home countries of many of our newest Americans and life in the States make the transition difficult. There is much we forget to explain,

much we assume people know.

Walking in Two Worlds (W2W), a program of the Mankato YWCA, is working to fill that gap. Cecil Gassis, herself an immigrant from Sudan, is the program coordinator. Cecil helps immigrants understand things Americans take for granted. Things like how to use and care for stoves, ovens, air conditioners, refrigerators, even homes; what cleaning supplies to use on specific surfaces without causing harm; laws regarding car insurance, child welfare, accepted cultural practices, where to access goods and services and how to get from place to place efficiently. Poverty is a driving force in their lives and Cecil helps new Americans understand how to find a job and what is expected of an employee to retain employment in the U.S.

Many of the situations immigrant women face stem from language barriers and cultural issues. American culture can feel very unfriendly. In Africa, a standard greeting takes five to ten minutes. It goes far beyond "Hi, how are you?" to include an update on the family, an assessment of what's new, offers of assistance or referrals to help and more. It's not unusual for a greeting to stretch into a half hour of sharing stories, referrals to herbalists for health issues, and an overall reassurance that you and your family are okay, at least for now. When Americans don't greet people at all, or don't take some time with the greeting, it can leave immigrants wondering how they offended you or feeling hurt themselves.

Work is very different in Africa as well. A standard work day is from 7 to 3 but it's very laid back. It includes a breakfast break somewhere between 9 and noon, and two prayer breaks; one at noon and one in the afternoon. If a person is ill, they don't come to work until they feel well again and they don't call in. When immigrants get their first jobs in the States, they don't understand the new set of rules regarding productivity, scheduled breaks, calling in when ill, etc. If they call in sick one day, they assume the boss knows they will be out until they feel better and they do not call in again.

Similarly, planning and appointment scheduling are foreign concepts. Cecil says, "We work from the *show up system*. You show up when you need something. There is no calling ahead and setting up appointments." Planning and appointment scheduling are strategies to be learned here. Once women learn that scheduling appointments makes life smoother, they are more likely to do so.

Some find life in a smaller town to be smoother. There are many aspects of small communities that lead New Americans to choose to live in rural areas. One of the main reasons is that the pace and navigation of the community are easier to manage while the density of urban settings is overwhelming. As one African woman put it,

urban areas have *"Too many people. It's fast, fast, fast!"* That density breeds competition, and many immigrants feel more welcomed and find goods and services more accessible and affordable in smaller communities. Walking is a preferred form of transportation. It takes less time to walk in a small community, leaving more time for the family. Cars present difficulties. The first is getting a driver's license, a process many immigrants find intimidating. After that, there is car insurance and maintenance to learn about and the costs are always more than expected.

Like American families, the number one priority of immigrants is their children. Many have found smaller communities to be safer and more secure for their families. They see their children rapidly influenced by urban culture and feel them slipping away from the family. In urban areas, *"There are many social issues, especially with kids who have grown up as refugees, in camps. The camps are very violent."*

The women are often alone in raising the children. Whether or not they arrive with a husband, childrearing is viewed as a woman's job with little participation from men. Large families are not unusual. In the Walking in Two Worlds Program, 82 women participate regularly with 244 children among them. That is an average of about three kids per family, but it is not unusual to see families of seven to ten children. This causes many complications: expense, the need for childcare and its high cost, transportation and juggling multiple schedules.

Women who arrive here alone are unsure who they can trust and often try to become attached to a man for protection. Cecil has seen this backfire. One woman lived with a man who had ruined his own credit. When she went to purchase a car so she could get to work, she discovered that he had been using credit in her name and ruined hers as well. For others this can lead to physical abuse or more children but no financial support for them.

Women also face problems with day-to-day issues such as housing. Many immigrants today are from mobile cultures and existed without the type of permanent structures for housing that four seasons require. Concepts of home ownership and maintenance are foreign. Handing them a sheet of written information is of no help. One woman with seven children was evicted after the sump pump stopped working and the basement of the house she was renting flooded. She had no concept of a sump pump. In fact everything about the house, the care and operation of the appliances, the windows, how to care for and maintain it, were unknowns to her.

Power dynamics often shift to older children who learn to speak and read English quickly. Cecil has assisted women who find out

their child is in trouble when they are kicked out of school. Letters had been sent home, but the child told Mom the letters said he was doing well in school. She had no way of knowing what they said. This is particularly true with male children but it happens with girls as well. Additionally, children serving as interpreters are problematic. They may not understand what is being said and give misinformation, or they may learn private information. Imagine a boy interpreting at a medical appointment for a menopausal mother or a girl interpreting for a father with prostate cancer. They may gain information better kept from them or better learned from a parent.

Smaller communities are less threatening for women alone. There are fewer people to get to know and they feel safer. Many immigrant women become isolated, afraid of going out of their new home due to safety or the fear of inadvertently doing something wrong. Add to that homesickness and depression can become a large issue.

For others, rural areas and the surrounding open space remind them of home and are healing. The W2W Participants work together on a community garden. The participants often speak about the healing aspects of the country setting, the physical health aspects of gardening. For women who have been isolated indoors in a new country, the work of gardening is very physical. It is a welcome workout.

They take turns harvesting from the garden and use it to help others. In August, when an immigrant family came to the community homeless and broke, the participants took them in, brought food from the garden, raised funds to house them temporarily and purchased clothing and diapers for the children. When a (different) family of relatives moved in with another family, creating a house of 10 hungry children, the garden was again accessed for additional food.

Many of the participants have made helpful connections through the community gardens and are now making referrals and helping newcomers navigate the community. New families are always brought to the garden.

On a golden evening near sunset, one of the ladies straightened her back, looked around the rural Minnesota garden and smiled saying, "I feel like I am in Africa. I feel like I am back home."

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What community leaders should know

- Be patient. People from almost all countries move at a slower pace than the standard American pace.
- Understand that the journey here has been long and hard, sometimes leaving scars. These are courageous people.
- Most immigrants have an education, but it was in their own language and they may not be literate in English. Many have degrees from colleges or universities that are not accepted here. Many of them speak multiple languages.
- Don't make assumptions about what people know or don't know. People in other countries live differently and by vastly different cultural concepts.
- Don't assume people understand household appliances and/or other technology.
- Expect to spend time explaining things. Leave time for questions and solicit questions to make sure people understand. Written information may not be helpful.
- Know that people may tell you they understand something when they don't. This is particularly true of written materials.
- Be respectful.
- Be accommodating, as much as possible, when people use the *show-up system*. Explain the way you'd like them to use your services.
- Use a professional interpreter when interpretation is needed. Using children for interpreting can be harmful or humiliating for the parent.
- Sending letters and other written materials to the home may not get your message across. Follow up with phone calls or request an answer to make sure the message was understood.

Strengthening Social Capital to Tackle Poverty

Donna Rae Scheffert

The death of Linda Wright's husband has left her and her two pre-school children in poverty, in isolation, and in transition. After being a full-time parent for several years, Linda is unsure what type of employment she can find. She is considering going back to school to finish her bachelor's degree or complete a technical program. And she plans to move from her Twin Cities home back to the rural hometown where she grew up so that she can be near her immediate and extended family.

Can moving to a rural community help Linda through her transition? Will the realities of living in a rural area live up to her expectations for being near friends and family? Can she get by and gain the opportunities she needs in rural Minnesota?

Linda is a hypothetical representation of a woman new to poverty. She is a recent widow with two pre-school children. For the past five years she has been a full-time parent living a middle class lifestyle in the suburbs of the Twin Cities. She must now remake her life after the death of her husband. She knows she will need to get a job. Prior to the birth of her children she was a waitress and worked at a retail store. Her one year of college several years ago started her on the path of her dream of being a nurse. She would like to renew her dream and seek additional education. Linda has a large, loving extended family in rural Minnesota. She is hopeful they will be able to help her find a job, housing, and child care. Now she has to make a decision: stay where she is or move to a rural community?

Some research would predict that Linda should stay in the city. Estimates from the National Longitudinal Survey of Youth suggest that moving from a rural area to an urban area reduces the amount of time women spend in poverty over their lifetime (National

Longitudinal Survey of Youth, 1979–2004). The *Rural Families Speak* study acknowledges that staying near parents or family members in low-wage markets reduces income earning potential. However, rural women may balance that dismal economic outlook with the benefits of social networks. These networks may include social supports from family members or supports from community members — an asset called social capital.

In this article, we hope to get beyond speaking in “theoretical terms” or “averages” to more closely examine the reality of a woman who makes the lifestyle choice to live in a rural area. We hope to overcome the tendency to idealize or stigmatize rural living, examining instead how informal and community supports in rural communities can be leveraged to support people in poverty. Because

Linda’s reasons to move to a rural area include: to raise her children in a safer environment, find a flexible job, be nearer grandparents, reconnect with old friends, enjoy natural amenities like the lake and woods, pay less for housing, and reduce the costs of transportation.

individual characteristics and choices matter, we will follow Linda’s storyline. To explore rural diversity, we will consider three areas of Minnesota: southern, western and northeastern counties. For each area, data about the cost of living, job availability and social networks is provided. Then, social capital and its ability to make a difference for people in poverty will be considered. Finally, we will describe concrete examples of how social capital has been leveraged to create supports for families in poverty.

Painting a picture of rural poverty and rural prosperity

The bucolic view of rural America as a place where “everybody knows your name” conflicts with the language of decline and disadvantage that dominates discussions of rural America in the popular press and the scholarly literature. A more accurate and descriptive picture of the quality of life for rural families in poverty is needed — for policy makers, local leaders, and for individuals in poverty who migrate from urban to rural areas.

Media frequently convey an image of poverty as homeless people in an urban setting. In reality, in the United States higher poverty rates are found in isolated rural areas, those that are not adjacent to metro areas (Jensen, Geotz, and Swaminathan, 2005).

There is something about living in a rural area that increases one’s odds of being poor. Two people with identical racial, age, gender, and educational characteristics in households with

the same number of adults and children and workers have different odds of being poor if one lives in a rural area and the other lives in an urban area. The one living in a rural area is more likely to be poor.... (Weber, Jensen, Miller, Mosley, and Fisher, 2005)

Rural communities are diverse. Some rural areas thrive both economically and socially; some areas are declining and socially divided; others fall somewhere along this continuum. A comprehensive picture of poverty and prosperity must include both economic and social indicators. Poverty can refer to low economic earnings; it can also refer to isolation and bleak social conditions. Prosperity can mean wealth; it can also mean a high quality of life.

A recent study of all counties in the United States analyzed an expanded set of determinants of poverty, namely factors related to economic, social, and political influence.

***Social capital, race and class relations, and political influence** directly affect a community's well-being. Numerous studies have found a positive association between economic development and **social capital**. Counties rich in social capital have lower family poverty rates, with the exception of metro areas where the effect of social capital was not statistically significant. **Ethnic and economic polarization** is positively associated with poverty. Counties that are **politically less competitive** (vote outcomes skewed towards a single party) also have higher family poverty rates. (Ruspinga & Goetz, 2007)*

A recent report to USDA Rural Development about "rural prosperity" paints a similar picture. These authors note that more than 300 very rural counties and 200 mixed rural counties are more prosperous than the nation as a whole when prosperity is defined as ***low unemployment rates, low poverty rates, low school dropout rates, and better housing conditions*** than the nation. Their analysis thus far suggests that prosperous rural non-core counties have:

- a robust mix of private sector industries
 - educated populations
 - **strong social capital**
 - stable population sizes, and
 - relatively homogenous populations in terms of ethnic ancestry.
- (Isserman, Feser, and Warren, 2007)

The authors note that those counties with population and economic growth can still “have high unemployment rates, high poverty rates, crowded and expensive housing, and difficulty getting and keeping children enrolled in schools. Growth does not guarantee the prosperity of a community’s residents or their community.”

Given the mixed views of rural poverty and rural prosperity, the decision to “move rural” should be made carefully — considering the mix of formal and informal conditions and supports available in a particular community.

Working hard to earn enough

Minnesota has a high percentage of women in the labor force (65.5%). Yet women are less economically secure than men in Minnesota. Women’s earnings in the labor force trail behind men’s. The household poverty rate for females over age 18 is 9.7%, while the poverty rate for males over 18 is just 7.1%. The median annual earnings for a male full-time worker is \$46,349, while women’s median income is 23% less (\$35,611). The percentage of families and people whose incomes in the past 12 months are below the poverty line illustrates inequities:

Linda, a white, single parent with two pre-school children, is considered to live below the poverty level if she earns \$17,600 or less annually. If Linda were a woman of color her likelihood of being in poverty would be even higher.
(2008 Poverty Guidelines)

- Married couple families2.7%
- All families with children under age 18.....10.3%
- Families with no husband present with related children under 18.....30.3%
- Families with no husband present with related children under 5.....44.4%

(U.S. Department of Commerce, Bureau of the Census, 2006)

Work does not guarantee that families will stay above poverty and be able to become economically sustainable. The likelihood of being among the working poor was higher for women who headed families and among those who worked in service occupations (Dolan, Seiling, Glesner, 2006).

Table 1 illustrates the gender differences in statewide median earnings by educational and industry characteristics. Wages for industries (service, health care, etc.) may also vary by geographic area, as Table 2 shows. Female-dominated industries such as

Table 1: Educational and industry characteristics for women.

Educational Attainment	Median Earnings (Dollars) of Women in Minnesota, 2006	Women's Earnings as a Percentage of Men's Earnings
Less than high school graduate	\$13,255	59.8%
High school graduate (includes equivalency)	\$20,650	65.1%
Some college or associate's degree	\$26,300	65.4%
Bachelor's degree	\$36,875	66.5%
Graduate or professional degree	\$49,164	66.4%
Industry Type	Median Earnings (Dollars) of Women in Minnesota, 2006	Women's Earnings as a Percentage of Men's Earnings
Full-time, year-round civilian workers 16 years and older	\$32,769	77.4%
Accommodation and food services	\$19,908	79.1%
Other services	\$25,035	71.8%
Retail trade	\$25,082	71.9%
Arts, entertainment and recreation	\$28,908	82.5%
Administrative support	\$28,230	90.9%
Health care and social assistance	\$32,122	66.8%

Source: Median earnings in past 12 months of workers by sex, and women's earnings as a percentage of men's earnings: 2006 (Income, Earnings, and Poverty Data from the 2006 American Community Survey, U.S. Census Bureau, p. 16).

Linda went to college for one year. She has work experience in retail trade and food service. Table 1 shows that according to statewide average earnings, her expected earnings would likely to be in the low to mid \$20,000 range with her education median of \$26,300 and her work experience area median \$19,980-\$25,082, but salaries can vary greatly by location. Additional education would increase her earning potential.

Table 2: Average annual salary for a full-time job in retail and health care, by location.

	Southern Minnesota county	Western Minnesota county	Northeastern Minnesota county
Retail	\$20,020	\$15,652	\$17,524
Health care	\$21,476	n/a	\$35,828

Source: 2007 Minnesota Department of Employment and Economic Development

food service and retail trade have lower wages overall than other industries. However, these jobs may be readily available in most areas of the state. Health care positions may offer higher wages; often they require certification or a degree, as higher-wage jobs generally do. The more education a woman has, the higher her earnings may be; however, a woman’s degree and work experience may not count for as much in rural areas. “ Individual level attributes and credentials” had less effect on poverty for rural women than urban women (Haynie and Gorman, 1999). In other words, experienced women with academic credentials living in rural areas may face “underemployment.”

Paying the bills

Linda has work experience in retail trade and one year of college with a major in health care. Table 2 shows the average annual salary in each of these fields in the target locations.

Linda would be under the poverty line working full-time in retail in the western and northeastern towns, thus qualifying for assistance. She would be over the poverty line in both fields in the southern community. Her continued education would pay off the most for her in the northeastern town. Retail and health care wages are similar in the southern town and there is no near employment in health care in the western community.

Linda will likely have a difficult time getting a job that makes enough to pay all the bills in a rural area. She will have to rely on formal or informal supports from others to make ends meet.

The Minnesota Jobs Now Coalition provides data about core cost of living expenses for each county in Minnesota. In the *Cost of Living in Minnesota* research, they identify a family’s basic needs and what it costs in that county to meet those needs. Costs are based

Table 3: Estimates of costs of living for an adult woman with two pre-school children.

Monthly and Annual Projected Costs	Southern Minnesota County	Western Minnesota County	Northeastern Minnesota County	Seven-County Metro Area of Minnesota
Housing (monthly)	\$557	\$503	\$503	\$855
Child care (two children, monthly)	\$657	\$584	\$794	\$990
Food (monthly)	\$407	\$407	\$407	\$407
Health Care (monthly)	\$334	\$334	\$334	\$334
Transportation (monthly)	\$411	\$399	\$443	\$421
Clothing/Other (monthly)	\$263	\$263	\$263	\$263
Net Taxes (annual)	-\$48*	-\$275*	\$211	\$449
Total monthly costs	\$2,581	\$2,215	\$2,955	\$3,719
Total annual costs	\$30,972	\$26,580	\$35,460	\$44,628
Hourly wage required to meet annual costs (40 hr. work week)	\$14.89	\$12.78	\$17.05	\$21.46
Linda's anticipated annual income for work in retail trade	\$20,020	\$15,652	\$17,524	\$26,052
Difference between annual costs and anticipated income	\$10,952	\$10,928	\$17,936	\$18,576

Source: 2006 Data from *The Cost of Living in Minnesota Family Wage & Budget Calculator*, retrieved September 2008, <http://www.jobsnowcoalition.org/>

*Includes estimated withholdings of federal income tax, payroll tax (FICA) and Minnesota income tax on an earner making the total estimated annual cost of living and credits for federal child care credit, federal child credit, earned income credit, Minnesota working family credit, and Minnesota child care credit based for a family including two children.

upon monthly budget requirements necessary to achieve a “no-frills” standard of living. These costs do not include money for payment of debt, for entertainment, restaurant meals, vacations or savings for emergencies, retirement or children’s college education. The basic needs standard falls short of what is usually called a middle-class standard of living.

Table 3 indicates that the gap between the living wage and the anticipated income is smallest in rural areas. Higher population

Table 4: Livable Wage Potential for a Newcomer to an Area.

	Southern Minnesota County (within 30 miles of a population center over 19,999)	Western Minnesota County (completely rural, not adjacent to a population center)	Northeastern Minnesota County (completely rural, not adjacent to a population center)	Seven-County Metro Area of Minnesota (urban and suburban)
Target wage to provide all basic costs for Linda and her family	\$14.89	\$12.78	\$17.05	\$21.95
Percent of jobs earning less than \$9.99/hr.	25%	24%	28%	12%
Percent of jobs earning between \$10-\$14.99	33%	34%	38%	21%
Percent of jobs earning between \$15-\$19.99	17%	16%	16%	17%
Percent of jobs earning between \$20-\$24.99	10%	9%	6%	12%

Source: Hourly Wages Earned by Workers in Counties and Minnesota (total, all industries, 2nd Quarter, 2007), <http://www.jobstocoalition.org/>

Table 5: Formal supports that could reduce needed wage.

Hourly wage needed to provide all basics	\$14.89	\$12.78	\$17.05	\$21.46
Hourly wage needed without child care costs	\$11.10	\$9.41	\$12.47	\$15.77
Hourly wage needed without housing costs	\$11.68	\$9.98	\$14.15	\$16.52
Hourly wage needed without food costs	\$12.54	\$10.43	\$14.70	\$19.11

Source: *Hourly Wages Earned by Workers in Counties and Minnesota (total, all industries, 2nd Quarter, 2007)*, <http://www.jobsnowcoalition.org/>

centers provide more and better jobs; they also have higher costs of living (Duncan, Whitener, Weber, 2002).

Distance from metro areas is a factor as we consider opportunities across Minnesota’s rural areas. The Census Bureau labels rural areas based on their adjacency to denser populations. Higher poverty rates are found in isolated rural areas (those that are non-adjacent to metro areas) (Jensen, Geotz, and Swaminathan, 2005).

The western and southern counties, with the smallest gaps between wages and costs of living, may be the best choices for Linda and her family. However, rural areas may not have a large number of available jobs for a newcomer. And if a position is open, what does the job pay?

The data in Table 4 assumes a person would be job seeking in their own county. In reality, commuting to jobs has become a daily routine for many Minnesotans. Those counties closer to higher population centers may have a larger pool for their job search.

The southern county is considered a rural area adjacent to a larger population center. This means that Linda would be within a reasonable commuting distance to a job. Both the western and the northeastern counties are completely rural. The seven-county metro area is a combination of urban and suburban; rural areas within these counties are very near larger population centers.

Table 4 includes data from the Jobs Now Coalition to answer the question, “What do jobs pay in the various rural areas, and how does that compare to the Twin Cities area?”

A large number of the jobs in the rural counties pay about the target wage or less than needed by Linda to support her family of

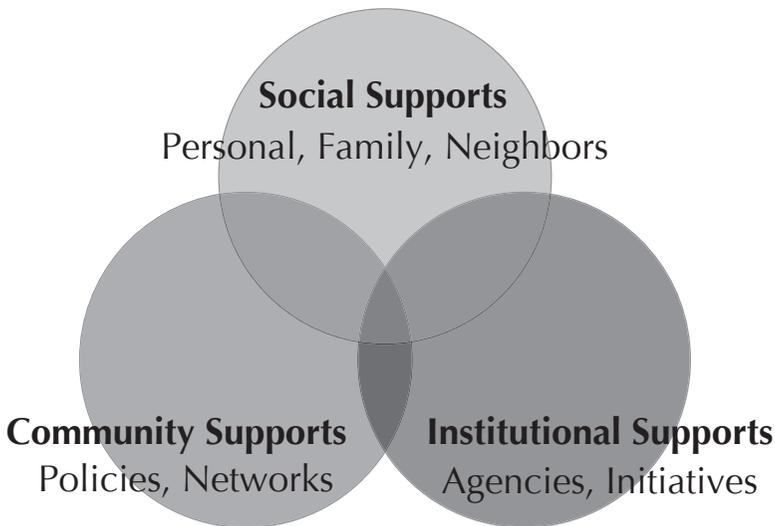


Figure 1: Poverty reduction supports diagram.

three. For example, in the western county 58% of the jobs pay less than \$14.99; Linda needs \$12.78 just to meet basic living needs.

If one or more formal or informal supports were accessed to reduce costs, the likelihood of Linda making ends meet is greater. Table 5 refigures what hourly wage would be needed if child care, housing or food costs were reduced to zero. Child care for two pre-school children would make the biggest difference, followed by housing and food supports. In reality, most supports are unlikely to take the expense of the item to zero. A mix of supports (food assistance, child care assistance or part-time care) is more likely.

Poverty reduction supports include social supports (family, friends, and neighbors), institutional supports (agencies and initiatives) and community supports (policies and networks) — see Figure 1. An example of social support is a friend dropping off dinner and/or picking up children from a school activity; institutional supports include federal, state or local agencies that assist people with food, shelter, clothing, energy, and housing as well as initiatives like free immunizations to children; and community supports include policies such as a city policy for livable wages or a school policy allowing free access to extracurricular activities for students eligible for free or reduced lunches. A combination of these types of supports is typically needed.

The following sections provide more details about each of these types of support.

Accessing formal supports

Making ends meet requires cunning management of gainful employment, affordable child care, affordable housing and monthly budgeting. Public or private assistance is often a piece of the management puzzle for low-income families.

Some rural areas find it challenging to bring formal support systems to their communities. Formal support systems may be inadequate or unavailable, and some families may avoid using them due to lack of information or perceptions about receiving assistance (Dolan, Seiling & Glesner, 2006). Recent analyses have shown deficiencies in Minnesota’s rural communities for child care assistance, insurance and mental health services.

Lack of affordable child care is most pronounced in sparsely populated areas (Davis and Weber, 2001). Child care assistance, a state-funded program, improves the affordability of child care for poor families in Minnesota. Eligibility is based on income and status of employment, education or workforce training programs. In 2001, Minnesota led the nation in child care assistance, with the fourth highest entrance eligibility limits (250% of the poverty rate) for child care assistance. Now, Minnesota ranks in the bottom ten of the 50 states, attributable to 2003 legislation reducing income limits and cutting \$200 million in state child care assistance. These funds were partially restored in 2006, the same year the National Women’s Law Center reported that Minnesota had among the longest waiting lists in the country for child care assistance (www.nwlc.org/pdf/StateChildCareAssistancePoliciesReport2006.pdf).

Linda may benefit from public policies that support:

- Child care assistance, public early education or Head Start
- Housing assistance
- Health coverage or individual premium offsets (medical and dental)
- Higher minimum wage and/or ordinance for local livable wages
- Educational scholarships & local access to higher education

Because rural employment is disproportionately characterized by low-wage, part-time and seasonal jobs, many workers are uninsured. Rural Minnesotans who are insured are less likely to have employer-sponsored policies, and their individually purchased policies often carry high premiums, deductibles and co-pays (Rural

Health Advisory Committee, Health Care Reform Work Group, 2007, www.health.state.mn.us/divs/orhpc/pubs/hcreform.pdf).

Other formal supports may be missing when rural women face depression or other stress-related problems. According to the Rural Institute at the University of Montana, rural residents are more likely than urban to downplay their symptoms and try to cope on their own, rather than risk being labeled mentally ill (Shirek, 2008). In 2002, rural Minnesota had 7.3 psychiatrists per 100,000 people, compared with 10 psychiatrists per 100,000 people in the Twin Cities. And most outstate psychiatric offices are located in regional centers, which may be inaccessible from some rural communities. The National Association for Rural Mental Health has also voiced concern about high turnover rates among mental health professionals in rural areas, perhaps precipitated by a scarcity of fellow practitioners, as well as a clash of urban and rural cultures.

Greater need for transportation and lack of public transportation options may impose barriers to labor force participation and employment for low-income adults. These are more constraining in rural areas than urban areas (Duncan, Whitener, Weber, 2002).

Tapping personal supports

Single mothers often need help to juggle tasks and manage life. Private assistance can help people manage practical tasks. This informal type of help is often referred to as “social support.” Studies have shown that the most frequent helpers for low-income mothers are their own mothers (Seiling, 2008).

A recent longitudinal study of rural low-income families (recipients of public assistance, especially food assistance) looked at the relationships among their lives, the vitality of the rural communities where they live, and the impact of public policies directly affecting them and found *social support serves as an essential resource for rural low-income families and helps them access resources they need when other services were not available. They also found that family and friends were the safety net for these families* (Bauer & Katras, 2007).

In a complementary study called “Making It Work,” low-income women were asked how often in the last month they received practical

Types of help Linda may anticipate receiving (in order of most likely to least likely):

- Emergency child care
- Regular child care
- Emergency transportation
- Regular transportation
- Housework
- Food
- Cash
- Rent

(Seiling, 2007)

help and how many people they felt they could call on for help. Results varied greatly.

Number of people to call on for practical help:

2% had no one to call on for help

51% had 1-5 people to help

18% had 6-9 people to help

30% had more than 10 people to help

(Dolan, Seiling & Glesner, 2006)

The longer the list of people to call on for help, the more secure is a person's "safety net."

The role of social capital

Social capital is the collective value of networks and the inclination to help one another that arises from those networks (Putnam, 2000). The helping role of neighbors, groups and communitywide initiatives can be essential to the quality of family life. Numerous research studies have found benefits for communities when high levels of social capital exist. The Saguaro report of Harvard University summarizes the benefits as stronger communities, better educational achievement of students, individual well-being, improved public health and economic prosperity for people and place (www.BetterTogether.org).

Linda and her family will benefit from going to establishments where they can meet people, play, and join with others civically. This will expand her networks and supports.

Studies of rural prosperity indicate that social networks affect rural prosperity. As described earlier, strong social capital was one of the eight factors common to prosperous rural counties. According to the study, prosperous rural counties have 4.4 social capital establishments (such as bowling centers, food service and drinking places, clubs, religious, grant-making and civic organizations) per 1,000 residents, compared to 3.2 in other counties (Isserman, Feser & Warren, 2008).

Strengthening social capital

Can strengthening social capital in communities be an effective approach to support families like Linda's? When people struggle to make ends meet, friends, family and community become a day-to-

day support system and sometimes the final safety net. The basic idea of social capital is that a person's relationships are an important asset, one that can be called on in a crisis, enjoyed for its own sake and leveraged for material gain. Conversely, the *absence* of social ties can have an equally important impact. A defining feature of being poor is that one is not a member of — or may even be actively excluded from — certain social networks and institutions that could be used to secure good jobs and decent housing (Woolcock & Narayan, 2005).

How strong is social capital in rural communities? The University of Minnesota Extension's Center for Community Vitality has reviewed the literature of social capital, considered the practical implications for communities, and has developed educational materials and assessment processes that give communities a new language to talk about the social capital they have available in their community. Based on their model, the role of social capital in Linda's life can be described in this way:

- ***Networks:***

Bonding networks are the close ties that Linda craves — the ones that lured her back to a rural area. Bonding networks are usually with family, friends and neighbors. Bonding networks are the ones that give people a sense of belonging and help them get by. (For example, if Linda's car died and she needed to get to work, these are the people Linda would call for a ride.) These relationships often serve as the social support for low-income families.

Bridging networks are weaker ties (like "friends-of-a-friend") where Linda may hear about jobs or find an in-road to cheaper housing. Resources like these are often exchanged through "who you know" rather than being publicized. These bridges are usually created with people who are from different social backgrounds or networks of occupations, organizations or neighborhoods. These ties can provide new opportunities.

Linking networks would facilitate Linda's access to formal support systems or may ease her entry into an unfamiliar educational institution that can improve her job opportunities. Linking networks are with private and public leaders of systems that have resources — like banks, foundations and institutions. They exist both within and outside the community.

- **Trust** is a key variable within these networks. Trust is the expectation that friends, family, networks and institutions can be relied upon. If Linda’s family does not trust the people within the educational systems, or the employers who Linda might go to, her hope may be depleted.
- **Engagement** is the interaction with others for enjoyment or to get things done. Only by actually being engaged with family & friends, other community members and institutions will Linda be able to tap their resources for her family’s future.

The dynamic presence of trust, engagement and networks make a difference for people in poverty. Extension’s Center for Community Vitality has encapsulated the elements of social capital in Figure 2. The inner ring focuses on examples of trust in each type of network; the next ring describes engagement. If both trust and engagement in each type of network are strong, they result in the connections shown in the outer ring.

Figure 2: The Community Social Capital model.

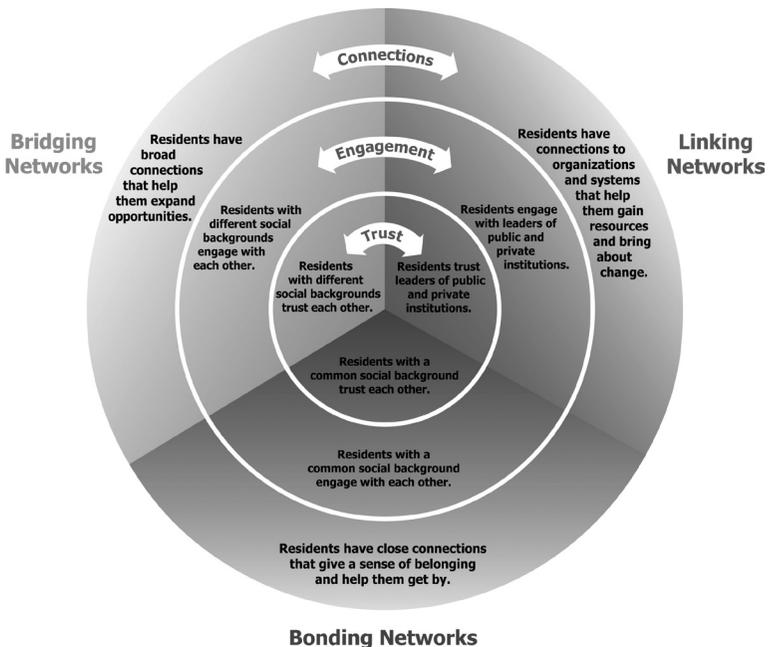
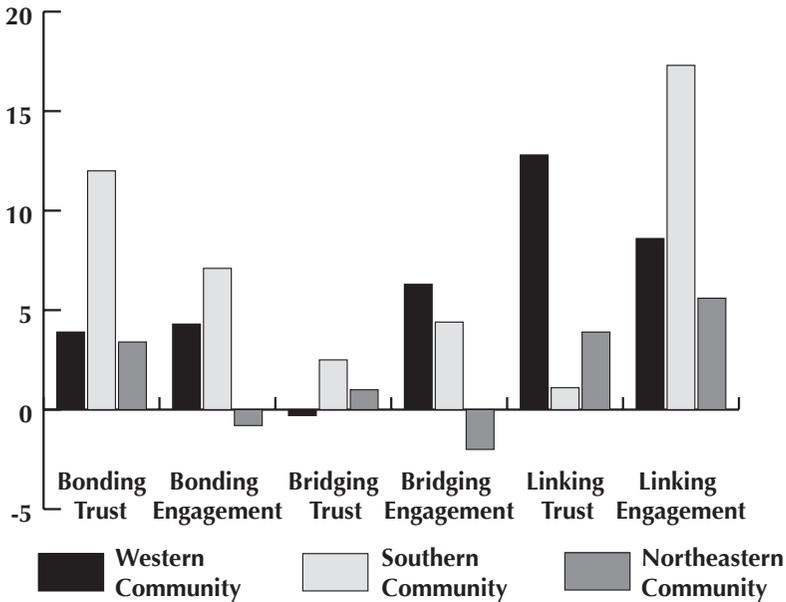


Figure 3: Differences in average social capital scores between low-income and higher-income women.

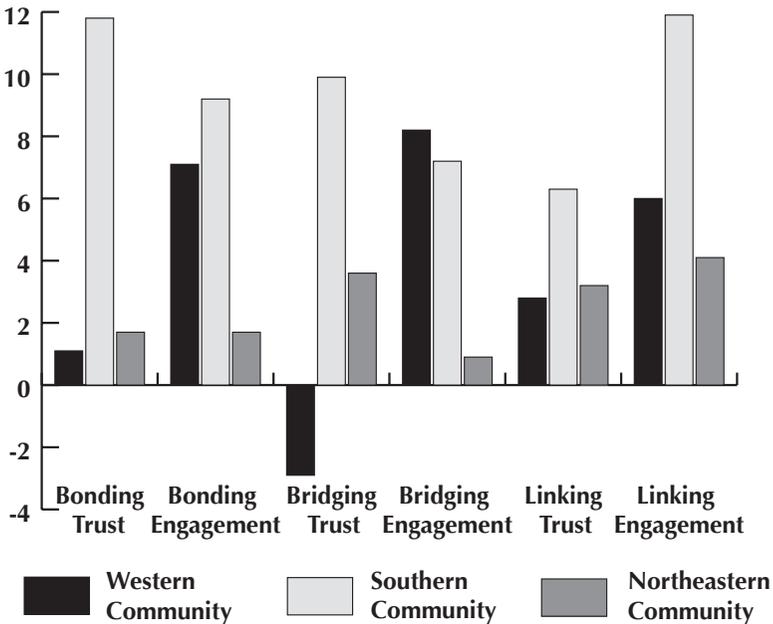


“Low income” in this chart means women living in households earning less than \$25,000 per year. The negative differences in Bonding Engagement and Bridging Engagement in Northeastern Community mean that low-income women in that community actually had higher levels of Bonding Engagement and Bridging Engagement. The following differences were large enough to be statistically significant: Bonding Trust in Southern Community; Bonding Engagement in Southern Community; Linking Trust in Western Community; and Linking Engagement in all three communities.

Strengthening social capital

For the past five years, Extension has been working to design and test a community survey tool to measure social capital in rural communities. This tool has now been tested in ten communities. Each round of testing has improved the quality of the survey. Beyond measurement, the community discussion stimulated through the community-based survey process provides a valuable language for community leaders and residents to discuss the ties that do and don’t exist in their social fabric. With the data and the discussion, communities identify assets to be tapped and grown, as well as gaps that should be addressed (Scheffert, Horntvedt, Chazdon, 2008).

Figure 4: Differences in average social capital scores between less-educated and more-educated women.



“Less educated” in this chart represents women with less than a high school diploma, a high school diploma or equivalent, or some college. “More educated” refers to women with an Associate’s degree or higher. The negative difference for Bridging Trust in Western Community means that less-educated women in that community actually had higher levels of Bridging Trust. The following differences were large enough to be statistically significant: Bonding Trust in Southern Community; Bonding Engagement in Western Community and Southern Community; Bridging Trust in Southern Community; Bridging Engagement in Western Community and Southern Community; Linking Trust in Southern Community; and Linking Engagement in Western Community and Southern Community.

Within the three communities we are comparing, the social capital averages are remarkably similar. However, how do networks, trust and engagement compare between people with fewer resources and people with more? Does educational level matter in communities? Figures 3 and 4 compare total responses of the lower-income and/or lower educated women respondents with those of other women in the community for each of six types of networks. The height of the column represents the size of the gap between low-income and/or less-educated women and higher-income and/or

more-educated women. If the low-income or less-educated group reported more social capital, the result is a negative number. The higher the column, the more socially separated these two groups of women are by either income or education and the tougher it likely is to break in, fit in and access the same resources higher-income and more-educated women have access to. Smaller gaps are preferable.

More inclusive communities include women in networks regardless of their economic or educational status. Since social capital is a resource that helps people get by, gain opportunity and access resources to bring about change, it is problematic if lower-income and less-educated women have less social capital. Opportunities to be supported by the community while in transition, stepping up economically or educationally are greatest in the communities with the smallest gaps.

For Linda, the northeastern community may be the one easiest to interact in because low-income women have higher levels of bonding engagement (with friends & families) and bridging engagement (with acquaintances). This is an excellent indicator that a newcomer will be able to create the networks they need to get by and gain opportunities.

The southern community has more differences in bonding trust, bonding engagement and linking engagement between low-income women and higher-income women. This could be a red flag signaling more difficulty for Linda in joining social groups (e.g., dinner with neighbors), interacting in a number of community-based activities and joining with others to create change or garner resources from institutions.

The western community falls in the middle on several scales. It is highest on bridging engagement and linking trust. This could signal to Linda that she would need to take more steps to become engaged with others and need to work harder to create a sense of trustworthiness with public and private leaders of institutions.

Education is also a factor that affects social capital. Figure 4 shows differences in social capital by educational level.

For Linda, who has completed one year of college, living in the northeastern community is where she would find that her level of education matters less in how trustworthy she is perceived and interacts with others. The western community is where more bridging trust is present (trust across different social backgrounds). The southern community shows the most differences on five of the six networks between less educated and more educated people. This could be a deterrent to Linda as she would need to work harder to build strong networks.

Improving quality of life with social capital

Communities that work together can create better conditions where people feel they belong, are able to get by, gain opportunities and access needed resources. Working together in a community requires commitment. Expectations and demands for network participation and reciprocity cost time and money (Seiling, 2007). Low-income single mothers are short on both time and money. That is why coalitions need to invest time in organizing themselves and identifying doable actions to access resources that improve conditions, especially for those struggling to make ends meet.

In 2007 and 2008, the University of Minnesota Extension engaged ten Minnesota communities with poverty rates of greater than 10% in a community leadership program to reduce poverty. (This program, *Horizons*, was funded by the Northwest Area Foundation and was implemented by the Extension Center for Community Vitality.) About 5,000 people were engaged in processes of dialogue, leadership training, goal setting and community action. The types of resources that this community action created would help Linda greatly during her transition. For example:

87% of people would like to do more to help people struggling to make ends meet. Most people believe their local elected officials could take specific action on poverty.

(Poll, Northwest Area Foundation, 2008, www.nwaf.org)

- **At a “Get to Know Your Neighbor Picnic”** Linda learns of a position available at a nearby doctor’s office.
- After Linda moves to her inexpensive apartment, a **community welcome basket** arrives. It provides her with coupons to local stores, a directory of formal supports in the community and a full list of available child care in the area.
- **A number of opportunities for her children makes Linda feel great about her decision to take them out of the city. A youth volunteer program** provides babysitting service to Linda while she applies for jobs and gets registered for classes. The local school offers **free lunches** during the summer for qualified families. **The activity fee is waived for low-income families**, so her children get access to sports and other activities. **A bus service to the regional center** will allow her children to swim in a community pool during the

summer. **A tutoring program** at the local school connects her children with senior volunteers.

- With the high price of fuel, Linda takes advantage of **vouchers to travel** to and from towns within the county for job seeking.
- Linda grows vegetables and meets people at the **free community garden plot**. The plot helps her save money, improves her children's nutrition, and strengthens her network of people in this informal setting.
- **A Hand-to-Hand network** connects Linda to used furniture she needs to furnish her home.
- Her job at the health care clinic leads her to participate in a **Certified Nursing Training** program offered by a regional community college that is being held for the first time in town. Graduates typically get jobs with benefits at the local nursing home.
- Over time, Linda is employed and able to commit to her new life in rural Minnesota. **A community action program** offers a program to sell refurbished homes to low-income families on a no-down-payment contract for deed at zero percent interest for 30 years.

Conclusion

Rural communities face some issues in having living-wage jobs and access to formal supports; however, the ability to strengthen the ties among community members for strong networks is a resource available to every community. Rural communities really are better when "everyone knows your name" and reciprocity exists to help one another out.

In the short-term, Linda will need to put together a combination of a living-wage job, affordable housing and child care, and social supports. If her community of choice has strong social capital, is not economically and ethnically polarized, and has a dynamic political system, she is more likely to thrive. If her community of choice does not have these characteristics, she will likely want to join or start a community coalition to improve social networks, reduce economic disparities and revitalize the stagnant local political processes. Being a newcomer to town and a single mother with pre-school children,

she may have to rely on others for community building.

A note of caution: Social supports and social capital should be considered as supplemental approaches, not substitutes for individual initiative and formal supports. One should not conclude from this paper that policy makers can leave the poverty reduction efforts to local communities themselves. Communities are unlikely to provide every support a low-income family needs.

In the longer term, Linda will likely wish to access higher education to move into a better paying job and purchase her own home. Once she is settled and more secure and her children are older, she will more easily be able to give back to others either through personal actions or civic engagement and leadership.

So, did Linda's move to a rural area prove to be a good choice? The results will depend upon the many factors examined in this paper. Strong support networks and social capital may make it more likely to answer the question, "Yes." In the Rural Families Speak study, one conclusion was:

"When mothers examine the trade-offs, their choice to stay in the network may be the best one for their family overall" (Seiling, 2007).

Linda will fare better in her new rural community if the community has strong social capital. Bonding networks will provide a sense of belonging and help her get by. Bridging networks will expand her opportunities. And a linking network like a community coalition that works to identify assets and gaps in quality of life for people struggling to make ends meet will access resources and create necessary changes.

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The Changing Role of Women in Minnesota Agriculture

Doris Mold

Women have always played an integral, although often unrecognized, role in agriculture in Minnesota, the United States and around the world. In Minnesota and the United States the number of women recognized as farmers in their own right has more than doubled from 1978, the first year the Census of Agriculture accounted for gender, to 2002, the most recent Census. It is also more common to see women in any number of agricultural professions in the past two decades. Additionally in the past decade, a greater number of women and girls are studying agriculture than ever before. On an international scale the United Nations Food and Agriculture Organization has estimated that women are “responsible for half the world’s food production” (Monchuk, 2006). This article explores the roles of women in agriculture in Minnesota, past, present and future.

Although women and girls have been involved in agriculture for all time, they have been little studied and in literature reviews of the subject matter, there is a dearth of material. Coupled with this, there is an even smaller core of material for women in agriculture in Minnesota. Overall, there is little information on women farmers, but even less on women engaged in other agricultural professions. Based on statistical sources, we can conclude that the involvement of women and girls, by and large, in agriculture is increasing and basic trends in societal development indicate that this should continue to be the case.

Women farmers

Women have farmed alongside their husbands and families since people started cultivating the land. Native Americans were the first women farmers in Minnesota, with limited cultivation of the land and the harvesting of wild rice (USAIN). Historians agree that

women's work was essential for the success of the American family farm (Webb, 1989). However, more often than not women have been viewed by society as a farm housewife or help mate and not a farmer or a farming partner. Research shows women have been filling the roles of farmer in their own right, farm manager or partner for longer than society gives them credit. Sometimes women themselves do not give themselves credit for the work they do: "Oh, I just run for parts or keep the books..." and so on. When asked about specific tasks, women often discover that they really do more for the farm than would at first be indicated.

Historical perspective

Frontier women farmers. Women homesteaded in Minnesota not only with their families and husbands, but as many as 2,400 women homesteaded for at least a year without a husband between 1863 and 1889. Webb estimates that this was about 4% of the total homesteaders who lived on the land during this time period, while others have estimated it at 4%-5%, although because of changes in homestead law it is not possible to obtain an absolute figure for the proportion of single women to total homesteaders (Webb, 1989). These women were in addition to the thousands of other women who were farming alongside their husbands or families as Minnesota was settled.

Webb (1989) found that most of the women on the land who gained title to the land had applied for it in their own name, rather than inheriting it from a male relative. Women who were widowed at the time of their application for land were the most common of the women homesteaders. She also found that many of these widows did not remarry nor did they have sons helping them with the farm, as most sons left home at an early age. Furthermore, she concludes that homesteading gave women the economic means to marry or not. Given that they were financially secure, many chose to homestead alone. Women homesteaders were actively farming their land, as evidenced by the amount of land that was being cultivated and the value of improvements that were made to the land. By the time most women gained title to their land their farms were providing them with income.

In Webb's research, she noted that women farmers, both widows and wives, have existed at all times. Wives were often left to manage farms as husbands went off to war, prospecting, preaching, serving in government or when their husbands moved to town or back East to earn money. The skills gained during these time periods served

them well as many of them ended up homesteading on their own (Webb, 1989).

Morain (2005-08) also examined the roles of pioneer women. In his study of Iowa pioneer farm women he found that although men and women filled different roles, they definitely worked in partnership on farms. It was not unheard of for women to help in the fields if there was pressure to get the crop in, as this was critical to the survival of most farm families. This partnership and working in the fields during high-pressure times would likely be the same for their Minnesota counterparts as similar cultures existed in the two states.

Transition from frontier to modern agriculture. There is little material that discusses the role of women and farming from frontier times to the time of World War II. However, there is a limited discussion of women's extensive list of farm chores; the separate farm roles that women and men played; that women's farm chores sometimes yielded additional income to help support the farm; and that gender roles were not as strict on the farm, as women engaged in men's work when their husbands fell ill (Iowa Pathways, 2005-08). Although a discussion of Iowa farm women, one would expect that the experiences of their Minnesota peers would not be dissimilar, again given the similarities of the farming cultures in the two states.

According to Schwartz (1942), little was known about the farm labor situation in the U.S. during World War I, 1917-18. However with the Great Depression, many people were out of work. Just prior to World War II there was an overabundance of agricultural laborers, and many were underemployed or unemployed, (Kaufman, 1949). The *Saturday Evening Post* (1942) noted that the use of women for field work and other heavier farm tasks had declined steadily to where female help normally was less than 1% of the officially reported work force prior to World War II. This was likely partly due to the fact that there was high unemployment and that men were given preference over women in jobs when they were available, so fewer women may have been working in these "heavier" tasks. No mention was made of farm tasks that historians say were traditionally filled by women: working with poultry, dairy and vegetable gardening. It is also likely that the work of women on farms was somewhat underreported due to not counting what were considered traditional jobs/tasks as not farming. Also, undervaluation of women's work and the societal norms as far as gender roles were likely partially to blame. Farm families were possibly reluctant to admit that females worked outside, or they may

have not recognized that the women were doing farm work.

Once the Second World War started there was a huge drain on the rural population both in men and women serving in uniform. In addition, many people moved to the city to fill jobs left by the people who were off to war. There was also a tremendous need for labor brought on by the massive war manufacturing effort (Schwartz, 1942; Kaufman, 1949). This migration of people out of rural areas left a shortage of agricultural workers. In response to this, Schwartz (1942) had said that women would make an excellent source of replacement workers, but that farmer thinking and government policy must be adjusted to the employment of females as a major element of hired agricultural labor. Women did indeed become a significant part of the labor force. Kaufmann pointed out that inexperienced women and children became part of the labor force from 1940 to 1943, and that agricultural output had increased by 21% during that time. According to a United States Department of Agriculture survey, by 1942 13% of farm workers nationally were women or girls, up from under 1% just a few years previous (*Saturday Evening Post*, 1942).

Although women from urban areas were part of this labor force (Schwartz, 1942), most of the women and girls working on farms during the War years were in fact from farms themselves (*Saturday Evening Post*, 1942). The Post indicated that these females were highly useful and had a good understanding of agriculture that was supplemented by additional training offered by 4-H clubs, high school courses in vocational agriculture, and agricultural colleges.

Modern era. There is another large gap in reporting on women farmers in the period after World War II. Snippets of information were published for the 1950s and '60s from Iowa and Nebraska indicating that farms and farming were changing, and this, coupled with the men who had returned from World War II, changed the roles of many women on the farm yet again. Farms became more specialized and mechanized during this time period. Scwieder (2005-08) noted that women stopped raising chickens, had smaller gardens and increasingly took off-farm jobs in the 1950s. Women were also recognized as working off the farm, but still able to do farm work, if needed, in the mid-1960s (Ganzel, 2007). The trends taking place in these Midwestern states were likely echoed in Minnesota, again due to similar cultural patterns.

Census data and more

We can really only speculate on the number of women farmers between frontier times up until the late 1970s as there were no

counts of farmers according to gender in the Census of Agriculture until 1978. Furthermore, farm data sources in the U.S. assumed that each farm had only one operator until 2002. This assumption was dropped when the 2002 Census of Agriculture and Agricultural Resource Management Survey (ARMS) were conducted. Both the Census and ARMS now count all operators both principal and secondary and ask for detailed information on up to three operators. Every farm has at least one operator, a farmer who makes the day-to-day decisions about the farm business. In the case of farms with more than one operator who makes decisions for the farm, one operator is designated as the principal operator while the others are designated as secondary operators (Hoppe et al., 2007).

The previous practice of reporting only one operator underreported the role of women on farms. Earlier Census surveys with only one operator provided only conservative estimates of women's participation as operators on the farm. The collection of data on multiple operators now helps to account for women involved in farming operations and the involvement of younger generations of farmers of both genders, which previously had been missed (Korb, 2005). Previously, when only one operator was reported, even when a husband-and-wife team were operating the farm, it was substantially more likely that the husband would be indicated as the principal operator. The same is true in regards to age. The more senior male operator would be reported as the principal and the other younger generation would be lost in the reporting.

While it is important to note the trends of women as principal operators, which has been increasing over time (Table 1), it is also important to note that there are many more women active in farming operations who were reported as secondary operators in the 2002 Census of Agriculture. In Minnesota, 6,370 women were reported as principal operators (representing 7.9% of the total number of principal operators), while another 20,156 were reported as secondary operators. In the U.S. there were 847,832 women reported as operators with 237,819 women reported as principals (USDA-NASS, 2004 p. 533, 536). On a national level this data suggests that in 1997, 40% of U.S. farms had at least one woman operator (Korb, 2005). ARMS data from 2004 indicated that 65% of the secondary operators reported were spouses (Hoppe, et al., 2007). The numbers of secondary women operators may even be on the conservative side as both women and men on the farm may not view the woman's role as that of an operator and therefore may not have reported the woman's involvement as an operator.

Table 1: Number of women principal farm operators, Minnesota and United States.

Year	Minnesota			United States		
	Women	Men	Women, % of Total	Women	Men	Women % of Total
1978 1/	2,208	100,755	2.1%	128,170	2,350,470	5.2%
1978 2/	2,208	100,755	2.1%	112,799	2,144,976	5.0%
1982 2/	2,532	91,850	2.7%	121,599	2,119,377	5.4%
1987 2/	2,757	82,322	3.2%	131,641	1,956,118	6.3%
1992 2/	2,931	72,148	3.9%	145,156	1,780,144	7.5%
1997 2/	3,617	69,750	4.9%	165,102	1,746,757	8.6%
1997 1/	4,205	74,550	5.3%	209,784	2,006,092	9.5%
2002 1/	6,370	74,469	7.9%	237,819	1,891,163	11.2%

Source: USDA, National Agricultural Statistics Service (NASS), Agricultural Census from 1987, 1992, 1997 and 2002
 1/Coverage Adjusted; 2/ Not Coverage Adjusted

Note: In 1978 the published numbers were adjusted for coverage — adjusted for incompleteness in the Census mail list. These are the figures labeled “1/ Coverage adjusted”. In 1982, due to lack of funding the coverage survey was not done, and the numbers for 1978 were ‘unadjusted’ to be comparable to the 1982 numbers. In 2002 a coverage adjustment survey was again done, and again, to provide comparability, the 1997 numbers were adjusted and these adjusted figures were published in the 2002 series. The 1978 Minnesota figures for women operators are the same and the reason for this is unknown according to USDA-NASS staff. The numbers that changed so dramatically between 1992 and 2002 are reflective of a change in the way farms are published in the Census. The 2002 Census of Agriculture was the first to be fully coverage adjusted, which means that the numbers include an estimate of the number of farms that were not on the Census mailing list. See 2002 Census Appendix C of Volume 1 for a full explanation of coverage adjustment. http://www.agcensus.usda.gov/Publications/2002/Volume_1_Chapter_1_US/us2appxc.pdf Farms with women principal operators are more likely than their male counterparts not to be on the Census mailing list.

The number of women principal operators has steadily increased over time, while the number of men farming as principal operators has been generally trending downward (Table 1). While Minnesota is seeing growth in women farmers, they are somewhat behind the level of increase nationally. The United States Department of Agriculture National Agricultural Statistics Service works on improving coverage for all farms by adding farms to their mailing list that have not been included in previous Census tabulations, either new farms or farms that may have been previously missed. The 2007 Census of Agriculture may reveal interesting data as more women farmers are included because of an increase in women farmers on the Census mailing list.

There are data on principal operators and their farm characteristics, but they are not necessarily as clear-cut as they may seem. For instance, a primary operator of either gender may have a secondary operator of the opposite sex. This makes for vague delineations on farm characteristics according to gender, as the secondary operators in both cases obviously impact the running of the farm. That being said, there are some differences that may be discerned between farms with women principal operators and those with men as principal operators for Minnesota farms overall.

Farms and acreage operated by women principal operators has gone up while those operated by men have declined in both number of farms and acreage (Table 2). Of the 6,370 women principal operators in Minnesota, 3,746 women were the sole operator / principal operator of their farm, including 518,875 acres. An additional 21,953 were either principal or secondary operators on an additional 21,143 farms, comprising 6,283,961 acres. (USDA-NASS, 2004, p. 558).

Farms with women as principal operators tended to be smaller in acreage than those headed by a male principal operator (Table

Table 2: Minnesota principal female and male operator farms and land farmed.

Number of	Female	Male
Farms 2002	6,370	74,469
Farms 1997	4,205	74,550
Acres 2002	956,511	26,555,759
Acres 1997	718,503	26,842,118

Source: 2002 Agricultural Census, NASS

Table 3: Minnesota farms with women principal operators, land farmed and average farm size.

	1987	1992	1997	2002
Total land in farms	500,157	584,567	718,503	956,511
Total farms	2,757 2/	2,931 2/	4,205 1/	6,370 1/
Farm size				
1-9 acres	NA	273	371	562
10-49 acres	NA	683	1,195	2,216
50-499 acres 3/	NA	1,720	2,367 4/	3,232
500 acres or more	NA	255	272	360
Average farm size 4/ Women principal operators only	181	199	171	150
Average farm size 5/ All farms farmed in MN	312 2/	342 2/	350 1/	340 1/

Source: USDA, National Agricultural Statistics Service, Agricultural Census 1987, 1992, 1997 and 2002

1/ Coverage adjusted

2/Not Coverage adjusted

3/ Census farm size categories changed over time for farms falling into this range.

All farms in a given year within this range were added together and are represented in the 50-499 acre total for each year.

4/Calculated by the author.

5/ Includes all Minnesota farms, those operated by men or women principal operators including those farms that may have women as secondary operators.

NA= data not available

3). Farms in all size categories have been increasing, but the most sizeable increase was for farms in the 10-49 acre category.

In 2002 nearly one-half of the Minnesota farms operated by women principal operators were in the smallest economic classes (less than \$1,000 annually, and \$1,000-\$2,499 annually), compared to 17% of all Minnesota farms. About 9% of the farms with women principal operators were in the largest economic class of \$50,000 or more, compared to 34% of all Minnesota farms (USDA-NASS, 2004, p. 39). The majority of farms farmed by women principal operators were sole proprietorships (92% versus 90.3% for all Minnesota farms). Most of the women owned all of the land they farmed (5,407 out of 6,370 or 85%) rather than renting some or all of their land. This is compared to 63.5% of all farms in Minnesota operating

only owned land. It is quite rare for a woman to rent all of the land that she farms in Minnesota. The numbers for women in sole proprietorship and full ownership land tenure categories has grown over the past few Censuses (USDA-NASS 1994 p. 23 and 2004 p. 39).

In a comprehensive look at the Census data on a national level, Korb (2005) found that at the national level, women typically start farming later in life, attributing this to inheritance of the farm. Of the women in the Census records she studied from 1978 to 1997, 20%-27% of them inherited their farms from men, while the figure for men inheriting from women hovers around 1% for any given Census. This may be one reason why women principal operators in Minnesota mainly own the land they farm, but it does not account for all of it. Another portion of the owned land may be coming from continuing an existing family farm. Nationally, the farms that are continuing from one generation to the next, according to Korb, are farmed mainly by male principal operators (60%-65% versus 30% for women). This dramatic difference reflects the fact that farms and farmland generally continue to be passed down through the male lines in families, rather than the female side. Research conducted by Haberman and Danes (2007) agrees with this data, that males are more likely to have the farm transferred to them. There is a family and societal expectation that sons will continue the farm while daughters are rarely considered in the equation.

The final category for women principal operators is new entrants, which number 42%-48% versus 10% for men, demonstrating that nearly half of women principal operators actually started their own farms. The differences between how women and men enter farming is quite striking, and although this study is national in scope the author ventures that the Minnesota experience likely follows these trends.

In the Census, farms are classified by North American Industry Classification System (NAICS) codes; these codes represent categories or farm types that account for 50% or more of the farm's sales. The two most popular farm types of women principal operators in the 2002 Census were other crop farming, 2,437 farms (or 38% percent of women-operated farms), and other animal production, representing 1,376 farms (22%), in 2002 (USDA-NASS 2004, p. 39). Census researchers have indicated that one of the most popular areas of other animal production is equine production. In the 1997 Census the most common types of farms for women principal operators were oilseed and grain farming (1,457 farms or 35%) and other animal production (735 farms or 17%), followed closely by beef cattle ranching and farming (614 farms or 15%).

Table 4: Overall farm involvement levels. 1/

Level of Involvement	1988	1995
Manages farm by herself	3%	2%
Shares equal responsibility	25%	31%
Bookkeeping, information, financial	23%	27%
Ag production during busy times	22%	14%
Running errands & household	21%	19%
Little or no direct contact	6%	7%

1/ Includes both women not employed off the farm and women employed off the farm.

Source: Danes 1996, Minnesota Farm Women: 1988 to 1995.

The change in farm types from one Census to another was fairly dramatic in oilseed and grain farming from 35% of all farms with women principal operators to 12% in 2002. Other types of farms only changed between 1% and 5 %.

Underestimation comes from both men and women. When asked generally how involved she is, a farm woman may reply that she “just helps out a bit.” But when asked about specific tasks (feeding, bookkeeping, decisions on buying and selling land), she may answer in the affirmative. She is actually more involved than she or anyone around her gives her credit for. In the Danes (1996) study of Minnesota farm women, this is magnified as she asked for responses to particular tasks/ activities. The responses show that farm women are highly involved in the operation and management of Minnesota farms.

Even if women do not merit inclusion as a primary or secondary operator, many of those left out are likely providing valuable services to the farming operation. In fact, research conducted by Danes (1996) suggests that the Census data only begins to tell the story of the role of Minnesota farm women and their roles in the family farm business. Danes surveyed 513 Minnesota farm women in 1988; in 1995 about 77% were re-contacted. She found that women were for the most part highly involved in the management and labor of the operation. Generally, those who were not employed off the farm were more involved, but even those women employed off the farm were providing valuable farm services. Nearly all women, regardless of off-farm employment status were involved in bookkeeping, recordkeeping, running errands and picking up supplies. Over half of those women not employed off the farm were doing regular work

on the farm, and were highly involved in most of the management duties of the farm.

Danes (1996) found that a somewhat smaller percentage of women were managing the farm by themselves than would be indicated by the percentage of women principal operators in the Census (Table 4 and Table 1). However, this could be explained by some women sharing equal responsibility in Danes' research being the listed principal operator in the Census.

Danes (1996) also found that the level of involvement on the farm was different depending on whether women were employed off the farm or not (Table 5). Women employed off the farm showed a higher involvement in bookkeeping and running errands, while half of those not employed off of the farm indicated that they share equal responsibility for the farming operation. A high number of women were making a valuable contribution to the workings of the farm: 96% of the women with no off-farm employment and 88% of those employed off the farm reported making some sort of concrete contribution to the farm. Additionally, the women with perhaps more minor, although key involvement, of running errands and the household were a relatively small percentage of the total population. Danes' work suggests that the recognition of women's work on farms has indeed been considerably less than it should be.

Table 5: Level of involvement, employed off the farm or not.

	Employed off Farm	Not Employed off Farm
Manages farm by herself	1%	2%
Shares equal responsibility	15%	50%
Bookkeeping, information, financial	33%	17%
Ag production during busy times	14%	12%
Running errands & household	25%	15%
Little or no direct contact	11%	3%

*1/ Includes both women not employed off the farm and women employed off the farm
Source: Danes 1996, Minnesota Farm Women: 1988 to 1995*

In 1988, 46% of the women were working off of the farm; in 1995 this had increased to 56%. In 1988, 42% of these women indicated that they were working to provide basic family necessities; by 1995 this number had climbed to 64%. These numbers suggest that women were working off the farm to help maintain family living

levels, but that it was still important for them to be active in the farming operation at some level. Even if they are not directly active in the farming operation on a day-to-day basis, many farm spouses help support the farm family and at times help the farm through lean times. Many families find that the lure of health insurance and regular cash flow from an outside paycheck are important to the vitality of the household (Danes, 1996).

Modern farm women continue on the multi-tasking traditions of their forebears: 37% of the women in the survey reported having a child younger than 18, and 39% reported caring for an elderly relative, while 17% reported both. While volunteer involvement has decreased somewhat over time, they were still active volunteering in educational, youth and civic organizations (Danes, 1996).

Like Danes, Zeuli and Levins (1995) found that the role of women in Minnesota agriculture was more pronounced than many thought, with more women actively farming and women owning 40% of all of the leased farmland in Minnesota. They also found that there were very few differences between the way women and men farm in similar circumstances and that it was important to separate the issue of how the land was farmed from that of gender. Another study posits that women finding barriers in productivist agriculture (high-intensity agriculture) have opted for post-productivist agriculture, possibly because they have a different belief system (Trauger, 2001). Trauger goes further to suggest that women may be helping to lead the alternative agriculture movement.

However, both studies agree that Minnesota women farmers have faced challenges related to gender, including: difficulty securing credit; having to prove themselves more than men in the community; and dealing with condescending sales staff. They also agree that the role of women producers has been studied very little and that it was important to have a better understanding of women farmers. The Zeuli and Levins study (1995) concluded that farming and low female participation warranted a closer look because of the equity and justice issues, especially given the heavy federal subsidies of the agricultural industry.

Another interesting view of Minnesota women farmers is through the Minnesota USDA Farm Service Agency (FSA) and their Farm Loan Program data. In June 2006 the number of women borrowers in the FSA's direct loan program was at 175, while as of June 2008 the number was 203. This showed that in the last two years the number of women FSA direct loan borrowers in Minnesota has increased by 16%. Women borrowers constitute 6% and 7% of the borrowers in the FLP Program in 2006 and 2008 respectively, when

compared to their male counterparts. Only 19 women operators in Minnesota accessed FSA's Guaranteed Loan Program, while the total operators that participated were 1,797. Perhaps even more interestingly is the involvement of women on Minnesota FSA County Committees (COC). Of the 319 COC members, 85 were women or 26.6% of the members (Tadesse, 2008). This high percentage of representation is much more in keeping with the percentage of women principal and secondary operators as reported in the 2002 Census of Agriculture for Minnesota.

Based on the available data and information, it is evident that the role of women in farming has always been important. Their involvement in and leadership of farming operations, however, has been increasing, possibly due in part to better recognition and reporting of their roles.

Women in the broader agricultural sector

Korb (2005) pointed out that the increase in women farmers points to an increase in activity by women in all segments of agriculture. Although no hard public data was available as to how many women are involved in agricultural careers and which agricultural careers they are involved with, the enrollment data from agricultural educational programs points to increased numbers of women and girls being trained in agriculture. This should, in theory, lead to more women in agricultural careers.

The entrance of women and girls into agriculture and related education programs has increased in a substantial way over the decades. This is particularly true in the case of the University of Minnesota College of Food, Agriculture and Natural Resource Sciences, where women now outnumber men in undergraduate degree programs. The natural extension of this is more women in agricultural careers and eventually more women in agricultural leadership positions.

No longer are women and girls a novelty in high school and college classrooms where agriculture is taught. With the education and experience in agriculture, women are stepping out into broader agricultural careers. However, it is difficult to track changes in where women are going in agriculture because of spotty tracking of post graduation placement by higher education institutions and the reluctance of private industry to supply information regarding their employees. That being said, assumptions may be drawn by turning to what we do know.

Students of agriculture

High school agricultural education and the FFA. One of the areas of agriculture that has seen tremendous growth in the involvement of women and girls is the FFA program. The number of females involved in the program has been steadily increasing ever since females were first allowed to join in 1969. (The organization was formed in 1928 for males only.) Formerly called the Future Farmers of America and more recently the FFA program, the mission of “the National FFA Organization is dedicated to making a positive difference in the lives of students by developing their potential for premier leadership, personal growth and career success through agricultural education” (National FFA Organization, 2008).

According to the National FFA Organization, 42% of the students enrolled nationwide in high school agricultural education classes were female, while 30% of all of the FFA advisors were female, and 37% of the enrolled FFA members were female (*Unmistakable Potential*, 2005-06 Annual Report of Agricultural Education, Team Ag Ed). In 2007, 38% of all FFA members were female and more than 50% of the state leadership positions were held by women (National FFA Organization, 2007). Given that females were first admitted for membership in 1969 on the national level and the first national female FFA president was elected in 1982, the progress made in leadership for female members has been quite substantial, especially when compared to other agricultural organizations.

Minnesota data shows that 9,942 females were enrolled in Agriculture, Food and Natural Resource Science (AFNR) programs (previously referred to as agricultural education programs) during the 2007-2008 school year, or almost one third of all 30,638 students enrolled (Tesch and Larson, 2008).

Minnesota FFA had a total of 9,017 members in the 2007-2008 membership year. Most data suggests that the breakdown is about 40%-45% female members and 55%-60% male in the membership numbers across time. The trend line is steady as to enrollment numbers over the past five years. However, in leadership roles the percentages are reversed. About 60% of those involved as officers on the various levels — chapter, region, state officers and those involved in leadership events and Career Development Events — are female. The trend for female Minnesota ANFR instructors has also been upward. The 2007-08 school year saw a total of 228 ANFR teachers, 26% of which were female (Tesch and Larson, 2008). The recent Minnesota trends are very similar to what the FFA is seeing nationally.

The FFA on both the state and national level has certainly accomplished its mission for the youth in its program, but perhaps more than any other agricultural organization it has provided a venue for females interested in agriculture to learn about agriculture and to exercise their interests, as well as serve as leaders, alongside their male peers. The high rate of female involvement indicates that young women are being encouraged to pursue agriculture. With almost 40 years since the first females were allowed into the FFA, we now have multiple generations of females who have participated in the organization, and their involvement has become part of the organizational culture. As this cultural attitude has changed, so may the broader cultural attitude towards women and girls in agriculture as the generations who have experienced significant female involvement in agriculture and agriculture leadership replace the generations who did not.

Collegiate agricultural education. The number of women in programs at the University of Minnesota in the College of Food, Agriculture and Natural Resource Sciences (CFANS) has been increasing over time. Data that was available for the past 20 years (Table 6) shows that there was a substantial increase from fall 1987 to fall 1997, with a leveling off of female enrollment from 1997 to 2007. Given the advancements in the involvement of young women in the FFA organization, it is natural to anticipate that many of these students would gravitate to a college education in agriculture, food and natural resources. The data appears to be bearing this out in regards to enrollment at the University of Minnesota's CFANS, on the St. Paul campus.

Table 6: Undergraduate student enrollment in agriculture, food, environment and related majors, University of Minnesota, St. Paul.

	Fall 1987 1/	Fall 1997 1/	Fall 2007 2/
Number of female students	281	467	1031
Percent of total enrollment	36.3%	56.7%	57.7%
Number of male students	493	356	757
Percent of total enrollment	63.7%	43.3%	42.3%
Total student enrollment	774	823	1788

1/ College of Agriculture, Food and Environmental Sciences

2/ College of Food, Agriculture and Natural Resource Sciences

Source: University of Minnesota, St. Paul, College of Food, Agriculture and Natural Resource Sciences, 2008

Data for a shorter time period at the University of Minnesota, Crookston (UMC) (Table 7) indicates that slightly more women than men were enrolled in associate degree programs at UMC, while more men than women were enrolled in a bachelor’s degree program. Although a lower percentage of women versus men are enrolled at UMC, the nine-year trend for enrollment has held steady, much as it has at the University of Minnesota, St. Paul, CFANS, for women agriculture and related studies majors in recent years. According to enrollment data provided by UMC, the most popular degree areas for women are those that involved equines. This follows the previously reported trend identified in the 2002 Census of Agriculture of the increase in the number of equine farms being operated by women.

It would have been interesting and instructive to be able to review data for a longer period of time for both the University of Minnesota St. Paul and Crookston in relation to women in agricultural majors, but earlier data was not available from either institution at the time of this writing. The data for UMC on bachelor’s program students would also be limited because they did not begin awarding four-year degrees until 1993.

Table 7: Undergraduate student enrollment at University of Minnesota, Crookston, agriculture, natural resources and related majors.

	Fall 1999	Fall 2003	Fall 2007
Associate degree			
Male enrollment	87	67	32
Female enrollment	114	94	51
Not available	0	3	0
Bachelor’s degree			
Male enrollment	494	596	619
Female enrollment	303	389	419
Not available	5	38	21
Total Enrollment			
Male enrollment, percent of total	57.9%	55.9%	57%
Female enrollment, percent of total	41.6%	40.7%	41.2%
Not available, percent of total	0.5%	3.4%	1.8%

Source: University of Minnesota, Crookston, 2008.

Based on the data that is available, it is evident that a large population of women is being educated in agriculture and related fields. The number of women in college degree programs has grown over the decades and one would expect some natural growth in enrollment in agriculture degree programs due to this general trend. The increase in women in agriculture also stems from the rising acceptance of this new generation of women in agriculture, by both their families, who are encouraging their selection of agriculture as a field of study and a subsequent career, and by society. Their involvement in organizations like the FFA also plays a sizeable role by making studying agriculture and a career in agriculture a natural extension of their earlier experiences. Furthermore, the rising number of women in agricultural fields and more mentors encouraging them certainly made a degree and career in agriculture appear to be more viable to a higher number of female students.

Careers after degrees

As was previously noted, very little information is readily available on people in agricultural careers, but the University of Minnesota has started to collect information on where their graduates go once they leave college. Survey data was collected from students graduating fall of 2006 and spring and summer semesters of 2007 (Marshall, 2008). Of those CFANS students surveyed, 77 of the women indicated where they were working once they graduated from the University. Of those 77 it appeared that at least 55 or 71% of the women were engaged in a career related to agriculture, food, natural resources and allied fields. Of the remaining women graduates, either their specified position or company was ambiguous as to its relation to the graduate's training or it definitely was unrelated to the training. In other cases they did not specify where they were working. In comparison, 68 men responding to the survey provided information as to where they worked. It was obvious in 63% of the cases that they were working for an agricultural, food, or natural resource firm/organization, while the remainder were ambiguous or definitely not related to their field of study. The remaining male graduates did not specify where they were working. In fact, of the 362 total students responding to the survey, about 60% did not specify where they were working. Although the data is extremely limited, it does provide some insight as to what initially happens once a student graduates. Recent women graduates from the University of Minnesota CFANS are entering their intended fields at a reasonably high percentage. It is unknown as to what the experience of earlier graduates was and what the retention rates are

in agricultural careers, but the initial data point to a high percentage of women entering agricultural careers.

Women in agricultural leadership

Kajer (1996) found that most farm organizations have recognized the value of women's participation but that women have historically filled subordinate leadership positions. He also found that farm organizations that were founded "primarily as protest movements in times of farm crisis and unrest were specifically structured to integrate women into the organization and give them access to leadership positions." However, other groups divided responsibilities along more traditional gender lines with women's committees or auxiliaries. Some organizations have encouraged and achieved a significant level of participation by women as members and leaders while others have a poor record of women's participation. Danes (1997) found that while one in two men reported participation in farm organizations, a little less than one in five women reported the same.

More recently, women-focused agricultural organizations have developed, providing women interested in agriculture a voice in agricultural policy, education and leadership. American Agri-Women came into being in 1974 with Minnesota forming an affiliate organization in 1978. American Agri-Women represents nationally over 35,000 women involved in production agriculture and other agricultural careers. Agri-Women initially formed from the efforts of farm women across the United States and broadened its membership in more recent years to women in all agricultural careers. Women Involved in Farm Economics (WIFE) formed in 1976 as another national organization with state chapters to provide women with a voice in agriculture. Although these organizations have several reasons for existing, one of the reasons for their initiation can certainly be tied to the lack of opportunities for women in agriculture and particularly in the area of agricultural leadership that was prevalent at the time of their inception. The women who were initially involved in forming these organizations had largely been held back from leadership in traditional farm and agricultural organizations. Their pent-up ability came out in the formation of their own organizations.

Kajer (1996) noted that traditional attitudes are an impediment to women rising in leadership roles in agriculture, but that gains have been made in recent years in some organizations. He indicated that overall attitudes toward women actively participating and filling leadership roles remain a barrier to more women becoming involved.

Although Kajer's work is over a decade old, what he observed is still true to some extent. Progress is being made in varying degrees, however. Certainly some of this progress may be attributed to more acceptance by broader society of different gender roles for both women and men and the increased recognition of the important role that women play in farming operations. Additionally, more women are studying agriculture and entering agricultural careers, whether it be farming or another agricultural profession and that has increased the size of the pool from which to draw. The increased numbers of women in agricultural careers are coming into their own and are taking on more leadership roles. Furthermore, there is a change in expectations among young women and their male peers as to their role in agriculture. The high rate of involvement in leadership roles of females in the FFA, which is unlike any other mixed gender agricultural organization, has shown a large number of women that they can and should be agricultural leaders, while their male counterparts have grown up with this as the norm. This has helped to lay the foundation for more women to be in leadership roles as they go out into the broader agricultural community.

Kajer's study states that more women should be involved in agricultural leadership, that leadership potential is being wasted, and the industry is suffering from the absence of women. "The increased involvement of farm women would not only increase the leader pool to draw from, but would also bring to the table special talents and interests in which women are thought to excel over men" (Kajer, 1996).

In a resource-based industry such as agriculture, where the management of limited resources is critical to the success of the business, it seems ridiculous that nearly half of the available resources in terms of the human leadership component would not be fully utilized by agricultural organizations and in some cases not utilized at all. There is tremendous untapped potential that is just beginning to be realized. As the newer generations of agriculturalists come to the fore, the expectation is that this underutilized resource will be more fully employed.

Conclusion

The changing role of women in agriculture is a combination of the new-found recognition for women's roles and the increase in the actual numbers of women seeking agricultural education and professions. The latter is evidenced by Census information; secondary and collegiate agricultural and FFA program enrollment; and first-job choices upon leaving college. Women are also increasing

their roles in agricultural leadership but generally at a slower rate than their gains in other aspects of agriculture.

To get a truer appreciation of the changing roles of women in agriculture, more study is needed. Based on the information and data reviewed for this article, it is obvious that there are few resources to go on to develop a full understanding of women's involvement and experiences in farming and more broadly in agriculture. The lack of information may be due to the lack of recognition or undervaluation of women's roles in agriculture or it may be that women are under recognized and undervalued because of the lack of information.

From a policy perspective it is important to ensure that women are understood and counted as their needs for services and programs may be different from those of their male counterparts. For example, a lack of funding on the federal level for collecting agricultural statistics creates problems in ensuring that women are fairly represented in statistical figures that may be used to determine policy decisions impacting farmers. As Zeuli and Levins pointed out, there are also potential equity and justice issues involving women, especially given the heavy federal subsidies of the agricultural industry. Bottom line, it is important for policy makers to understand who they are making policies for, whether it be on the basis of gender, age, ethnicity or any other factor that may influence the needs and experiences of those who the policies are meant to impact.

Furthermore, agriculture and society as a whole will benefit from a truer understanding of all of the people involved in agriculture.

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Women's Work: Productive Aging in Rural Minnesota

Jan Hively

Women's work: Overview

Traditional gender role expectations have guided the life course of most of the age 50+ women who have grown up in Minnesota. Following the lifework script, they have married, had children, managed the home, volunteered for community organizations such as the church and the PTA, supplemented the breadwinner's income through employment as needed, cared for children when they were young and for parents and spouse and perhaps siblings and neighbors when they needed help. In rural Minnesota, they are likely to have played a major role in farm maintenance as well as in homemaking – caring for the animals and gardening. All of these functions have been part of traditional "women's work."

The range of women's work has been broader than that of men. Men have been expected to focus on the role of wage earner, managing the farm or other business to generate income sufficient to maintain the home and family. Parenting and civic engagement have been peripheral rather than central to their responsibilities.

This article looks at how devotion to women's work creates economic challenges to security in later life, particularly for women in rural areas. On the other side of the coin, it describes the benefits of women's work as preparation for productive aging in later years. And it emphasizes the social and economic value of women's work — both to the healthy aging of individuals and to the connective tissue that binds healthy communities.

The rural policy challenges are to:

- Raise awareness about the value of women's work, lifelong, for healthy aging and community development, and
- Develop community supports that will foster the self-sufficiency and continuing contributions of older women

who have sacrificed economic independence while caring for others.

The economic challenges of women's work

Gender role differences have created special economic challenges for women:

- *Career opportunities have been sacrificed to meet family obligations.* Women's work has complemented the work of the head of household and fit within time constraints related to raising a family. The continuity implied by "career development" has often been disrupted by more immediate needs.
- *Employment that will generate needed income may not be possible* because of the need for caregiving for a spouse or parent or disabled child. When the Productive Aging Minnesota Survey asked older adults who were not employed but would like to be employed about what was keeping them from work, most said that caregiving or disabilities prevented employment. The vignette describing Virginia, in Willmar, illustrates the caregiver's situation. By the time her mother passed away, it was too late for her to return to the well-paid job she had enjoyed.
- *Women's work doesn't contribute to economic security in later life.* If a woman has not been employed, there is no pension fund building up to support retirement. Unpaid work — farm maintenance and homemaking, for example — doesn't get counted on the Social Security form.

Women face steeper obstacles than men in building a retirement nest egg. They live longer so they must pay for longer retirements. Their job histories are shorter, which translates into smaller 401(K) accounts. Even though the gap in pay between women and men is narrowing, women have typically interrupted their careers to care for children or parents. A recent Employee Benefit Research Institute survey showed that 25% of women have no savings at all for retirement (Dugas, 2008). Other studies show that on average, women have lower saving rates and are more likely to invest too conservatively. All of these factors, plus age discrimination that creates barriers for older job seekers, contribute to the statistics that elderly women are nearly twice as likely to be poor as elderly men and that the risk of poverty increases as women age (Lee and Shaw, 2008).

Virginia: Caregiving as a barrier to employment in Willmar

Responding to urging from her four older brothers, all of whom live out of town, Virginia, then a 64-year-old widow, left her job as a nurse anesthetist in the local hospital and moved her mother with severe dementia into her home. From her mother's estate, her brothers paid her for only the monthly cost for her mother's room and board, although Virginia was providing 24-hour care. No capital costs, such as repair for her gas heater, were reimbursed. Virginia had not worked long enough to receive a pension beyond modest Social Security. By the time her mother died, Virginia was 73, suffering from arthritis, walking with a cane and having a hard time getting by. She was no longer able to return to employment.

More challenges for women in rural areas

The challenges of meeting multiple demands are especially tough for rural women. One reason is that greater distances must be traveled between employment and eldercare and childcare, etc. Another reason is that "taking care of the home" often entails taking care of farm animals and vegetable gardens as well as members of the family.

When socio-economic status is examined, rural women are less educated and thus more likely to experience limited employment opportunities. Job openings in rural areas fall within a narrower range of occupations, offer less chance for promotion, are more likely to be part-time employment and/or employment without benefits, and are affected more negatively by economic cycle fluctuations than employment opportunities in urban areas (Haney, 1982). A 30-year Census analysis reported in 1998 showed that rural women have lower incomes and higher poverty rates than metro women in every comparison (McLaughlin, 1998).

The challenges for *older women* are especially great in rural areas.

- *Lack of benefits.* Farm families often lack the retirement and health benefits associated with other career employment. That is one reason why farmers remain longer on the job than workers in any other occupation. When the farmer dies, the widow is easily accepted as the next farm manager. The conditions and requirements of farming, however, make it difficult for older adults with increasing disabilities, whether male or female, to get the work done.
- *Transportation options.* There are fewer transportation options in rural areas to accommodate reduced mobility resulting

from chronic disabilities associated with aging — arthritis, loss of visual acuity, etc. If you can't drive yourself, it's easier to become isolated in rural areas.

- *Longer distances.* Whether from neighbors or doctors or job centers, distance increases the challenges to self-sufficiency in old age. It's tough to "go the extra mile," whether it's finding chore providers for the heavy work of the farm, keeping medical appointments, caring for grandchildren while their parents are at work, or finding employment to supplement limited income.
- *Separation from children.* In response to these expressed concerns about the lack of economic support for older rural women, listeners often say, "But women have their children around to care for them in later life." Not usually so! One factor that adds to the difficulty of aging in place in rural areas has been the continuing out-migration of younger generations. Farm women who grew up in supportive extended families bore children who grew up, went off to college — and never returned. Now in the metro area or beyond, the children are themselves parents and grandparents, finding it difficult to reach across the miles and provide support for their often-isolated parents.

Recognizing the assets of women's work later in life

In spite of the economic challenges that it generates, the broad range of women's work may be beneficial when it comes time for "retirement."¹ Because women have experienced a number of roles, they tend to see a broader range of opportunities for vital aging than do men, who too often say, "Work was my life. Now that I'm retired, I have no life."

If their income is adequate without employment, older women in rural Minnesota can and do continue or expand what they are already doing — working with the church, caring for grandchildren and great-grandchildren, engaging in arts and crafts, learning and / or helping older neighbors and family members. These activities contribute both to the health and wellness of the women themselves, and to their families and communities. Through women's work, older women are sharing their assets to help themselves and others.

Productive aging: More than busyness

The Productive Aging in Rural Minnesota 2000 interview survey of 55- to 84-year-olds in four mid-Minnesota counties inquired into time spent on activities with a clear economic value to the

community (Hively, 2001). The results showed that the rates of productivity of older adults in rural Minnesota were higher than they would be in the metro area:

Volunteering: 61% of the interviewees were volunteering, most of them through a church. This is the highest percentage in the nation! Most of the volunteer activities serve older adults, in comparison to those in the metro area, where the largest number of volunteer activities serve youth.

Child care: 46% of the 55- to 84-year-olds were caring for grandchildren. Among the caregivers, 40% cared for their grandchildren/great-grandchildren for more than 40 hours a week. These grandparents are providing essential care for parents who are traveling long miles to second or third jobs because their farm income is not adequate to support the family.

Caregiving: 39% were caring for sick or disabled family members, friends, or neighbors. This compares to 11% of older adults who were caregivers in the metro area in that year. In the rural area, caregiving extends beyond family to friends and neighbors. The gap between rural and urban rates speaks both to the higher proportion of older adults in rural areas and to the reduced availability of alternative care services in rural counties.

The elders in rural Minnesota are remarkably productive. They have to be. In many rural communities, over half of the residents are over age 65. County commissioners are still serving into their 80s. Business owners providing essential services, such as the pharmacy or grocery store, stay on the job longer than in the metro area. As the younger generations have moved away, the older adults who remain are doing the work that is needed to help themselves and each other. The vignette describing Dottie's work in Atwater illustrates this sense of commitment.

Dottie: Elders helping elders in Atwater

Dottie, a 74-year-old widow, still works three days a week in an assembly job at the local Sheltered Workshop, finishing packaging for work the clients complete. She is willing to adjust her work schedule for the volunteering she does for her town's Living at Home Block Nurse Program. Dottie drives other elders to visits with physicians in the neighboring town 15 miles away and is a "second set of ears" when requested by the elder. She is also willing to drive elders for referral visits to St. Cloud (55 miles) or Minneapolis (85 miles), often spending

the day during treatments and/or exams. Many times this includes running a few errands for the elder “while they are in town.”

Dottie has a grown daughter living in a neighboring town who has multiple sclerosis. She provides transportation and sometimes financial help for her daughter when the illness prevents her from working. At any fundraising event for civic/community organizations, Dottie volunteers her time, setting the tables with her own white table cloths and probably bringing a pan of bars or a decorated cake. Dottie picks up foodstuffs for two elders every month, and helps an elder set up her medications when needed. Even with chronic respiratory problems, Dottie is a ray of sunshine for all she helps. The elders love to have her come.

Women’s work creates connective tissue

“Aging in place” is actually an attractive option for rural women who are supported by the connective tissue of multi-generational families and friends. If their membership in a church or other institutional network is already established, they can count on support from volunteers even if they have no family in the area. It’s clear that the church is the heart of the community for older adults in rural Minnesota: 90% of the Productive Aging Survey interviewees said they were active members of a church or other religious institution, and more volunteer activities were organized through the church than through all of the other identified institutions put together.

There are many ways of contributing meaningful work within a community network where relationships have already been established. The two most common categories of volunteering cited by the Productive Aging Survey respondents involved hands-on service to other older adults:

- Direct social service: being an advocate, coach, companion, visitor, advisor
- Working with your hands: cooking for funerals, serving meals, cleaning, carpentry, home repair, driving

When asked why they were volunteering, the elders said their sense of responsibility to the community has expanded in their later years. They explained the shift by saying that now they “see the needs close up — and have the time and ability to do something about them.”

Women's work is meaningful work

In this consumer society, we think about “work” as what people are paid for that generates goods and services for the marketplace. So “retirement” brings an end to “work.” Unpaid contributions through activities such as parenting, volunteering, and caregiving are not counted as “work” and therefore are not valued.

Whether paid or unpaid, “work” is productivity that benefits individuals and their families and /or employers and /or communities. The bias so strongly favoring paid work negates the value of women’s work — and the work of all of the older adults, male or female, who are no longer employed. Unpaid women’s work — caregiving, volunteering — is essential for maintaining and renewing the society.

Communities will thrive if they encourage and support the productivity of citizens lifelong. They will receive the direct benefits of civic engagement and volunteering and will also lower the costs related to dependency.

When older adults are asked what is most important to them, they talk first about their families, next about the importance of self-determination (making decisions for themselves) and being self-sufficient, and next about doing something that is meaningful. They want to be productive and do meaningful work that is useful for themselves and /or others. Their productivity is what gives them their sense of identity.

What is “meaningful work”? You tend to see your work as “meaningful” when you are applying your skills in a focused effort to produce what you perceive to be beneficial results. What taps your special passion will be most meaningful. For all of us, as the poet David Whyte says, “Work provides an opportunity for discovering and shaping a place where the self meets the world.” Meaningful work sustains and energizes you.

What sustains and energizes you?

Last week, I asked a group of older women in an Age 55+ library program about what they are doing when they feel the “flow of upbeat energy” related to doing meaningful work. Here are a few of their responses:

- Learning
- Working with a group to achieve a goal
- Feeling connected
- Solving a problem
- Creating something

- Making a difference
- Feeling needed

As I have listened to responses about what gives meaning, there has been some consistency in the answers. What is “meaningful” is subject to diverse personal perspectives. In general, however, the process of achieving meaning:

- Requires focused effort — mindfulness
- Produces results
- Attracts acknowledgement, approval and often gratitude
- Matches up with the passions and skills of the worker
- Stimulates learning

Meaningful work is productivity that fits with this list of criteria. It’s important for employers and volunteer coordinators and older adults themselves, however, to cultivate a work environment that will encourage meaningful work, paid or unpaid. Whether volunteers or employees or self-employed entrepreneurs, older adults focus on the same attributes of “good work”:

- Flexible work arrangements, for work-life balance
- Social interaction: working with others to get things done, having fun
- Healthy lifestyle: time for breaks, access to nutrition and exercise
- Learning and growing: gaining new skills, keeping up to date, preparing for life transitions, for personal enrichment
- Meaningful work: doing something of value that is appreciated

Research connecting meaningful work to healthy aging

It’s time for us to create a new paradigm that fosters personal growth through meaningful work all the way through life. Negative perceptions about aging foster decline and actually reduce longevity. People with positive attitudes about aging live 7.5 years longer than those with negative attitudes (Levy, 2002).

Results from the Productive Aging in Rural Minnesota Survey showed that three-fourths (76%) of the interviewees reported that they were active and feeling healthy into their 80s. This statistic matches the national picture. In the Productive Aging Survey, over 90% of the women interviewees said that they felt as if they were in charge of their lives “most of the time” and were either “very”

or “mostly” satisfied with life. Those who were very satisfied with life were also being productive and felt that their work was valued. When asked what feedback they had received as they had made transitions associated with aging, those who volunteered felt that people valued them more. When asked about changes in value related to age, one astute interviewee said, “People in the community value you more, while the workplace values you less as you grow older” (Hively).

New brain research reinforces a commitment to promoting meaningful work, paid or unpaid, “through the last breath.” As reported by the psychiatrist and gerontologist Gene Cohen, brain cells regenerate throughout life (Cohen, 2005). Cohen sees positive effects that occur *because* of aging, not in spite of it, including: the integrated use of both lobes of the brain beginning in midlife, a creative spurt due to the concentration of dendrites in the age 55 to 70 period, and the integration of life experiences with adaptive learning resulting in greater practical wisdom for solving problems, resolving relationship issues and coaching others.

All of the recent research stimulates Gene Cohen to prescribe creative activity in a stimulating environment as “chocolate for the brain” for older adults. The vignette describing Evangeline’s work in Isle shows both how women’s work can be cultivated and how older adults can self-organize to enhance opportunities for education, employment and community development in rural Minnesota. Evangeline is insightful when she says, “There has never been any doubt that engagement is the first nourishment of the human organism. I am well fed.”

Evangeline: Education and entrepreneurship in Isle

As an older adult volunteer with a small stipend from Experience Works, Evangeline completed a degree and set up an applied arts studio to teach soft skills at a transitional housing facility in the small town of Isle. Now, Depot Studios is a non-profit that supports local families moving out of poverty by making and selling applied arts products. The Creative Center provides arts and craft classes for the community as a whole. The Production Site is a place with sewing machines and weaving looms that are used to produce rugs, wall hangings, scarves, fanny bags, etc. Someday Isle is a Main Street store where the products are sold. Artists donate their time as teachers and mentors in return for a place to work and a space to sell their creations. Prepared as entrepreneurs, they receive 100% of the profit from retail sales

of their products.

Evangeline says, “Depot Studios has developed a lively presence that gets involved in every issue that is relevant to a vibrant rural life.” The organization is promoting green tourism and farmers’ market projects, and launching fundraising and grant writing tools to help small regional non-profits to survive and thrive.

The value of women’s work to communities

Communities need residents who will keep the ball rolling. Certainly, they need civic leaders and volunteers who will leverage public services for residents in need. But they also need residents who can simply maintain self-sufficiency, taking care of themselves and family members, avoiding dependency.

The economic value of productivity – paid or unpaid

Over 90% of the care provided for frail elderly individuals is given by family caregivers. Imagine the cost to the public of providing this care if family care were not available. On a similar note, grandparents taking care of their grandchildren while the parents are working are taking the place of paid child care providers. Each of these older adult functions that fall into the arena of women’s work has economic value to the community. Actually, one might say that unpaid work such as caregiving that would otherwise have to be provided by the public sector has greater economic value to the community than paid work.

The Productive Aging in Rural Minnesota Survey asked for the specific number of hours of work women devoted to employment, volunteering, caring for children, and/or caregiving for those who were sick and/or disabled. The Productive Aging Survey Report priced out the economic value of hours worked at the rate of \$5.50 an hour, the minimum wage in 2000. When applied to the overall population in this age group of the four counties where the survey was conducted, the annual contribution amounted to *\$141 million worth of productivity.*²

Communities should recognize the economic value of unpaid as well as paid services, and demonstrate that they appreciate and support the productivity of their older adult citizens.

Expanding income: Earning opportunities to support self-sufficiency

Rural communities with an aging population should support the capacity of older women to be self-sufficient right up to the end of life, caring for themselves and each other and their communities. It

makes social and economic sense for communities to encourage and celebrate the continuation of what comes naturally for older women who have been caring for others much of their lives. It makes sense for older women to “keep on keeping on” as long as possible because doing some meaningful work contributes to their physical, mental, social, emotional, vocational, and spiritual health.

The Productive Aging Survey reported that 40% of the 55- to 84-year-olds were still employed. Most of the working 55- to 64-year-olds said they expected to work past 65, but some were already facing age barriers in their current employment. Of those not employed, 17% said they would like to find part-time employment.

As the baby boomers retire, Minnesota will face expanding labor shortages in health care and several other fields. Employer policies must shift to educate and retain older workers, thus maximizing the potential of an aging workforce. The first priority is flexible scheduling that allows older adults to plan their work time to fit with their family responsibilities and get-togethers. Like Bruce in the following vignette, innovative managers are creating adaptive models for staffing with older adults.

Bruce: Experienced workers self-organize in Crookston

Still in his 30s, Bruce was hired as the manager of a long-term care and rehab center in Crookston, staffed primarily by older women. During his second day on the job, a nurse came up to him and said, “I want Friday off for a family reunion.” His first reaction was to say, “You can’t do that! We are already short-staffed and I don’t have any substitutes.” The nurse responded, “I’ll find a substitute.”

By the time a few months had passed, Bruce had turned over to his employees the entire process of staffing the center’s activities. The older workers had developed a list of available substitutes — most of them retired — and provided training to make sure that the subs were up to date on current procedures. Bruce also brought in new hydraulic equipment so that older workers would not have to strain their backs when lifting residents or making beds, thus making sure he could retain every competent older worker as long as possible. Needless to say, his employees enjoy working for him.

There has been strong growth in older adult entrepreneurs. Nationally, the largest growth in entrepreneurs is in the age 55+ category, and slightly more than 50% of new entrepreneurs are women. “Entrepreneur,” in this case, may refer to a retiree who has

become a temporary worker or a self-employed consultant — not only the owner of a business start-up. But there are many business start-ups as well. In rural Minnesota, innovative programs fostered by economic development organizations such as the Regional Sustainable Partnerships encourage older women like Evangeline to turn their work into business enterprises. Examples include:

- *The Community Supported Agriculture (CSA) Project managed by aging Sisters in a convent near Morris.* Local residents pay an annual fee for grocery bags filled with homegrown produce distributed regularly throughout the growing season. Assisted by student workers, the Sisters add baked products using what's in the bag, accompanied by recipes so that customers can replicate the products. A poem or thought for the day may be added.
- *The Fillmore County Jail Bed and Breakfast in Preston.* A retired couple took on the task of renovating the county jail, an historic site, and managing it as a bed and breakfast that is promoted as a stop on the Southeast Minnesota "Bluff Country Green Route" by the organization "Renewing the Countryside."³

Ways to encourage productive aging in later life

Given the community benefits of productive aging, community planning should be maximizing the productivity of older adults — both men and women. Minnesota's six Area Agencies on Aging and the League of Minnesota Cities are now collaborating on an effort to develop what are called "elder-friendly communities" or "communities for all ages." They are focusing on aspects of community infrastructure similar to the checklist of community assets developed by the Minnesota Vital Aging Network in 2004.⁴ The community assets proven to be significant for vital aging include:

- Housing options: affordable and accessible housing for both renters and owners, convenient to community activities and services, plus a continuum of care when needed
- Services to support independence: transportation, housekeeping and yard work, home rehab and repair, home health care, easy access to service information
- Food and nutrition: home-delivered groceries and meals plus nutrition education
- Personal and economic security: safety, employment

- opportunities, financial and legal services
- Health care: affordable health care, respite care and hospice; physical, mental and spiritual activities that enhance well-being
- Quality of life: opportunities to participate in community life, including civic activities, creative arts activities, and education

Beyond reviewing and developing community assets, however, how can we combat ageism and focus attention on the capacity for productivity of older adults?

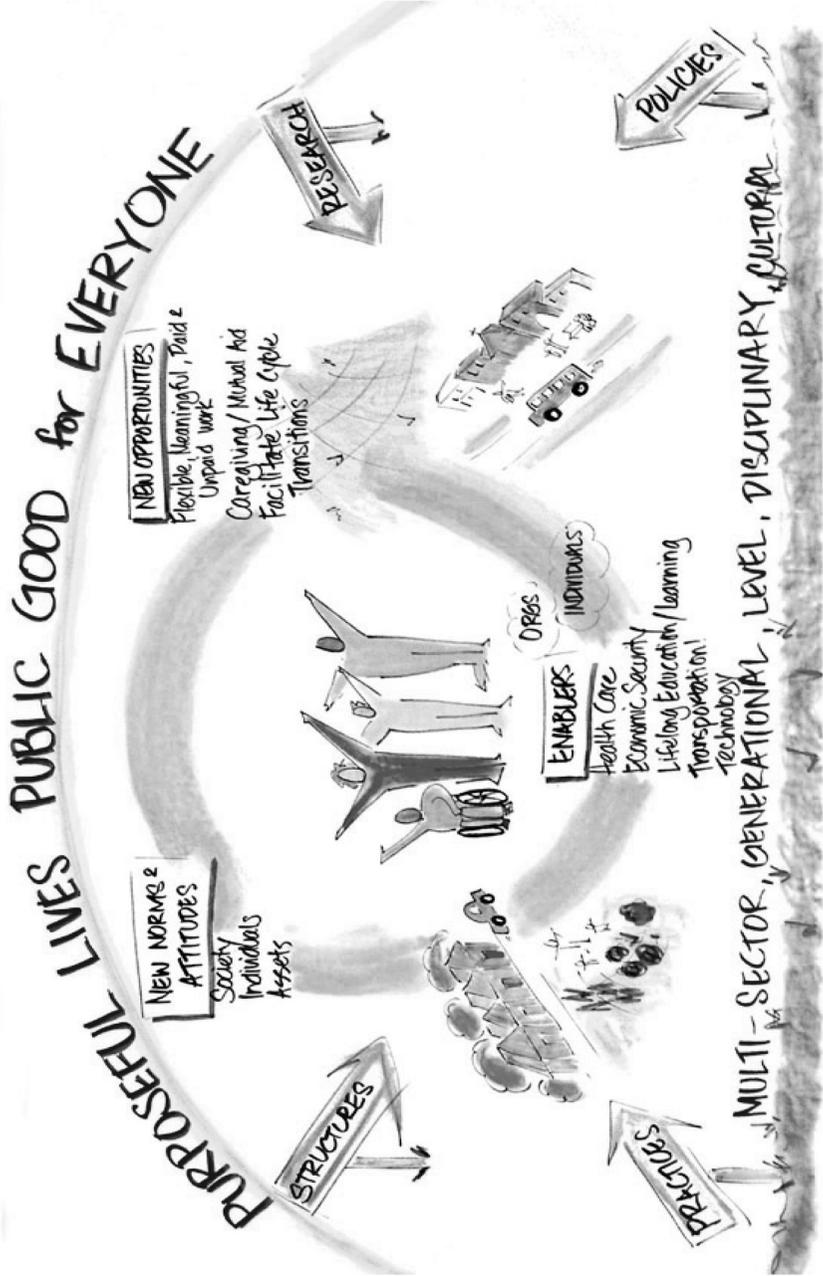
Raising awareness: "Purposeful lives create public good for everyone"

"Purposeful Lives Create Public Good for Everyone" is the message of the accompanying illustration (next page).⁵ People who are doing meaningful work, paid or unpaid, "through the last breath" are benefiting themselves and their communities. The three-fold challenge is to:

- 1) Develop new norms and attitudes by raising awareness about the strengths and capacities of older adults;
- 2) Create new opportunities for older adults to share their strengths through flexible, meaningful paid and unpaid work that is valued by communities and employers; and
- 3) Maintain the infrastructure to cultivate and support productive aging: health care, lifelong learning, transportation, technology, etc.

Recognizing and promoting the value of women's work is central to this challenge. There are a number of routes to address the challenge: by reporting on research, changing policies, changing practices, and/or changing structures. The effort cannot be accomplished by any one player. It's going to take multi-sector, multi-generational, multi-disciplinary, multi-cultural effort.

Minnesota as a state has accepted the challenge. Over the last decade, the Minnesota Department of Human Services (DHS) has produced outstanding reports and presentations to teach communities and employers about demographic change and the importance of cultivating and supporting productive aging. First through "Project 2030" and more recently through "Transform 2010," DHS has focused on Redefining Work and Retirement as one of five themes for action to prepare for the Age Wave that will double the



size and proportion of Minnesota's population over the age of 65 by 2030. DHS is seeking partnerships with employers to better provide paid and unpaid work opportunities for older adults.

Relatively small changes made by communities and employers can change expectations:

- Communities can offer awards and celebrations, develop a Vital Aging Council to monitor change, and participate in the Age Friendly Communities planning that is mentioned above.
- Employers can celebrate their older workers, offer educational renewal, provide greater flexibility, and review their human resource policies.

Renewing and retaining older workers

First organized in 1965 in Minnesota and three other states as "Green Thumb," Experience Works has been improving the lives of older adults through training, community service, and employment for over 40 years. Today, the federally funded program operates in 51 of the 87 Minnesota counties.

Picking up on the need for recognition of role models, Experience Works manages a national Prime Time Award program that solicits nominations of both individuals and employers to showcase the qualities that older adults bring to the workplace and the benefits they derive by continuing to work. Employers see that honorees have adapted to changing times and are now embarking on new careers in their 60s, 70s and 80s. Their new awareness creates more opportunities for *all* older adults who need or want to work.

The subject of the next vignette, Mary Ann, exemplifies the role that Experience Works plays in creating a bridge to employment for widows without pensions and older women with limited physical capabilities. As Mary Ann says, "Because I was a participant in Experience Works, nobody expected me to know everything, and I wasn't afraid to ask questions."

Mary Ann: Meaningful work brings self-esteem in Blackduck

A few years after her husband died, Mary Ann's severe health crisis left both her self-esteem and her physical capabilities limited. She couldn't stand or sit for long periods of time, which made it tough to find a job. She found that employers were looking for someone younger.

Experience Works worked with a variety of agencies

where clients could learn and practice new skills. Mary Ann worked for a year as an Experience Works activity aide at a Good Samaritan nursing home. Last September, she was hired by the Good Samaritan Society as a full-time kitchen employee in the same location. The new job is giving her an opportunity to master a new set of skills plus receive better pay and benefits. "What makes Mary Ann special is her willingness," says her supervisor. "She is flexible and will come in any of the hours when we need her, even on shifts nobody else wants to work. The residents always come first. She always has a smile." Mary Ann says, "It's not really like going to work. It's just giving the residents what they need. When I walk out and see the smiles on their faces, that is reward enough."

Every rural community should address the obstacles that inhibit the self-sufficiency, community participation, and productivity of older adults, particularly those who require employment to maintain basic economic security. Here are examples of what Mary Ann needed, and what was provided so that she could become a successful wage earner:

- *Mobility.* Mary Ann doesn't drive. She has made use of the community's transportation system. Rural communities require 24-hour, on-demand service to meet employer needs.
- *Accessibility.* Mary Ann's nursing home provides the accessibility required in all public spaces. Employers must pay attention to the need for compensating ergonomics to adapt to loss of visual acuity and other physical issues in the workplace.
- *Combating ageism.* Supervisors of older workers like Mary Ann are well aware of their value. For those who are not aware, it's important to enforce anti-discrimination laws by opposing forced retirement, ageist discrimination in the workplace, and rules denying access or eligibility to older adults.
- *Stipended jobs to provide needed services.* Experience Works is limited to funding approximately 900 older workers through training and transitional employment. Community funds should be used to support stipended community service jobs for older adults, supplementing allocations from Experience Works and Senior Corps (RSVP, Senior Companion, Foster Grandparent) programs.

Use technology to create opportunity

Communities can use new and old technologies to reduce barriers to productive aging. The expansion of broadband wireless throughout rural Minnesota is basic to the potential for change. If offered as a universal service, it can remedy the isolation of older women and others with disabilities. So can efficient use of the telephone. For example:

- *Building community.* Volunteers for the Telefriends phone project check daily on the health and safety of vulnerable older adults. The vulnerable adults call schoolchildren after school to help them with their homework. And the youth help the adults to use computers and send Internet messages to their family members.
- *Home-based employment.* Telecommuting is an excellent approach to link older adults to meaningful work — whether as entrepreneurs, paid workers or volunteers.

Getting generations together

Isolating older adults in seniors-only housing or senior centers reduces both their capacity to be employed and contribute to the community, and the capacity of younger adults to provide neighborly support services. Here are some ways that communities have encouraged getting the generations together:

- *Intergenerational planning.* The Center for Small Towns, based on the Morris campus of the University of Minnesota, convened a Future Fest to do intergenerational planning. College students and older adults met together to review the past and plan for the future. They drew pictures of what they'd like their towns to look like in the future, developed action plans, and then held a potluck and party where each generation taught a dance to the others. The project provided the platform for a recent major planning grant.
- *Multigenerational everything.* Surveys of Baby Boomers report that they want to be surrounded by people of all ages, not just Boomers. All older adults speak about the need for community centers and affordable housing convenient to services. But that does not mean seniors-only centers and seniors-only housing. Everyone will do better when they can easily share their strengths with each other.
- *"Craig's List".* One way of promoting the sale of women's work to community residents is to create a directory of chore

services, home rehab services, home cleaning services, food delivery services, transportation services, and other fee-for-service items. In some urban areas, a “concierge service” connects residents to a cluster of services such as these. Rural communities could be doing the same thing, promoting the expansion of services already provided to family and neighbors.

Women’s work and vital aging

Purposeful lives create public good. It’s important to consider the full range of meaningful work, paid or unpaid, accomplished by older women: grandparenting, lifelong learning and creative arts and church/community projects, plus volunteering and caregiving. Rural communities need to appreciate the value of the work accomplished by older adult women, and to empower more, particularly work for pay to address the needs of widows and other older adult females who lack retirement and health benefits associated with career employment.

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Endnotes

¹ Officially, someone is “retired” when he/she receives the first Social Security check, or when earnings and/or hours worked drop below 50%.

² Productivity: Hours reported for working, volunteering, caregiving, divided by 2000 to provide numbers of FTE workers, X \$5.50 per hour.

Annual economic value: 14,712 FTE = \$141,658,000

Work for pay: 6,710 FTE = \$73,810,000

Volunteering: 2,019 FTE = \$22,209,000

Caregiving for sick and disabled: 2,499 = \$27,489,000

Helping care for grandchildren & great-grandchildren:
1,650 FTE = \$18,150,000

³ See www.greenroutes.org.

⁴ Go to www.vital-aging-network.org and click on “Advocating for Vital Aging” to find the Vital Communities Toolkit.

⁵ This graphic was developed October 2006 at a national conference hosted by The Atlantic Philanthropies to explore ways of promoting the civic engagement of older adults. Permission has been given for public distribution.

Women's Health: Reproductive Health Services in Rural Minnesota

Kristen Tharaldson & Angie Sechler

Reproductive health [is] a "state of physical, mental and social well-being in all matters relating to the reproductive system at all stages of life ... and implicit in this are the right of men and women to be informed and have access to safe, effective, affordable and acceptable ... health care services."

— World Health Organization

A woman's initial entry to a lifetime of health care often happens with her need to obtain reproductive health services. However, rural areas of the United States frequently lack basic reproductive health services that many women living in more urbanized settings may take for granted. Preserving access to health care overall is a challenge for many rural communities, but in addition to the usual barriers like geographical isolation and limited public transportation, a declining number of providers are willing to practice obstetrics, and local family planning programs are disappearing. Lack of access to reproductive health services may lead to delays in seeking recommended prenatal care, regular Pap or mammogram screenings and timely sexually transmitted disease testing and treatment. Studies analyzing the impact of local access to reproductive services in rural areas are limited. However, using national data in conjunction with data specific to Minnesota, plus highlighting successful, local reproductive health programs, can provide some insight into the trends and challenges of ensuring reproductive health care for women living in rural Minnesota.

Defining rural

Inherent in any discussion about rural health care services is the question: What exactly defines "rural?" While some people may argue they know it when they see it, there is no single, universally accepted definition for rural. Instead, multiple definitions present

various implications for health policy. At a national level, the Office of Management and Budget (OMB) and the U.S. Census Bureau have developed their own definitions of rural. Since the federal government most frequently uses the county-based OMB metropolitan (metro), micropolitan (micro) and rural classifications as policy tools, most references to “rural Minnesota” will be using OMB’s definition unless specified otherwise. Metropolitan areas are classified as regions with at least one urbanized area of 50,000 or more residents plus outlying counties with 25% or more of the employed population commuting daily. Micro counties are counties with one or more urban clusters of 10,000-50,000 persons and include outlying counties with 25% or more commuting daily. Rural counties are all non-metro counties not meeting the micro classification. A complete list of OMB’s classification of Minnesota’s counties is available in Appendix A.

Reproductive health care services equal prevention

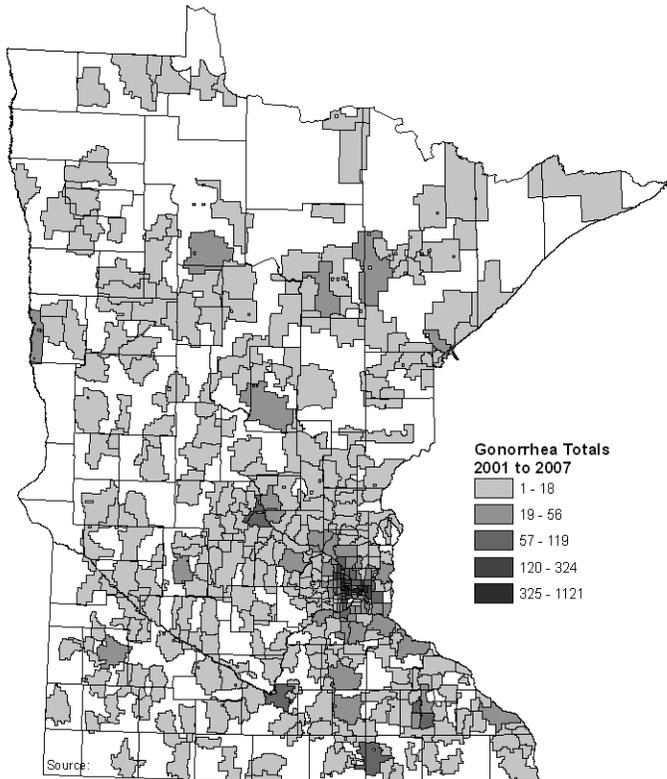
Reproductive health care services in rural communities often serve as an access point to primary care for women young and old. When providers are available, common types of reproductive health care services include sexually transmitted infection (STI) testing and treatment, teen pregnancy prevention programs, cancer screenings, and prenatal care.

Sexually transmitted infections

Sexually transmitted diseases are preventable and curable, making timely access to testing very important. STIs can lead to lifelong health problems and even death if undiagnosed. For women, special concern should be taken since STIs have been linked to tubal pregnancies, miscarriage, birth defects and infertility.

The older demographics characterizing rural Minnesota combined with a concentration of the population living in the Twin Cities metropolitan area often lead people to think that teen pregnancy and STIs are only urban issues. While it is true that STI statistics for 2007 continue to be highest in the Twin Cities, the greatest increase in STIs reported in 2007 occurred in Greater Minnesota (8% for chlamydia and 34% for gonorrhea). More attention is being given to the increasing rates of gonorrhea infection in rural areas of Minnesota. Although the cities of Minneapolis and St. Paul accounted for the highest rates of gonorrhea infection, incidence rates increased dramatically in Greater Minnesota for women (46%) (Figure 1).

Figure 1: Reported gonorrhea infections (females only), Minnesota, 2001-2007.



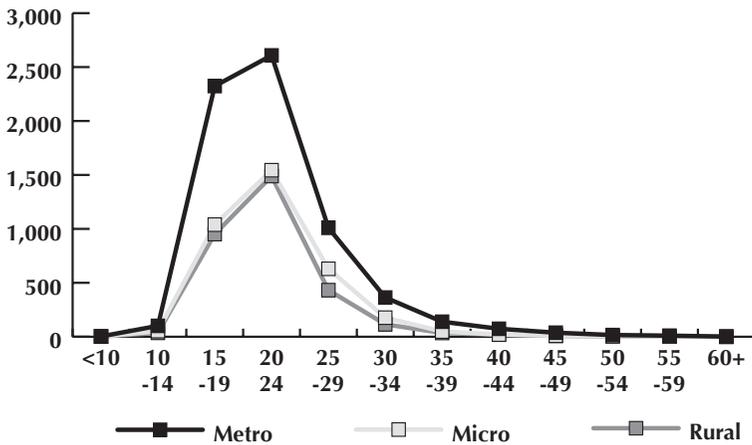
Source: MDH Infectious Disease Epidemiology, Prevention and Control Division.

Adolescent and young adult populations account for higher rates of STIs compared to other age groups whether they live in rural or urban regions of Minnesota (Figure 2).

Teen pregnancy

Teen pregnancy and childbearing has significant economic and social costs. According to the National Campaign to Prevent Teen Pregnancy, teen childbearing in Minnesota cost taxpayers at least \$142 million in 2004. Of these costs, 35% were federal costs and 65% were state and local costs. Minnesota's costs associated with *both* teen parents *and* their children in 2004 totaled \$149 million, including \$38 million for health care, \$56 million for child welfare, \$18 million for incarceration, and \$37 million in lost tax revenue. The average

Figure 2: Gonorrhea and chlamydia rates (per 1,000 females) by age group and region, Minnesota, 2001-2007.

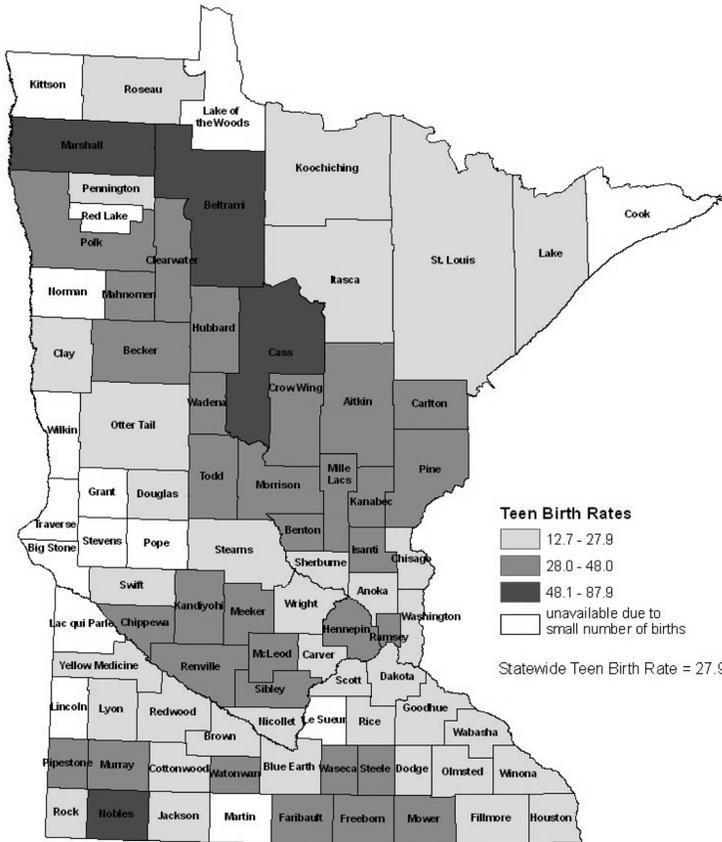


annual cost in Minnesota of teen childbearing (ages 13-19) is \$1,898 per teen birth, and costs associated with births to teens age 17 or younger is higher, at \$5,506. Nationally, the overall cost to taxpayers is estimated to be at least \$9.1 billion per year. Prevention of teen pregnancy offers a clear return on investment by improving the well-being of teens and their families and reducing the financial burden on taxpayers.

Giving birth as a teen is strongly associated with disadvantages in later life. Teen mothers are more likely to drop out of school, remain unmarried, live in poverty, and have additional children. In 2005, approximately 17% of births to teens in Minnesota were second births (www.childtrends.org). Children born to teens are more likely to have low birth weight, experience abuse and neglect, and enter the child welfare system. According to the National Campaign to Prevent Teen Pregnancy, daughters of teen mothers are 22% more likely to repeat the cycle as teen parents and sons of teen mothers are 13% more likely to be incarcerated. Some of the highest teen birth rates in Minnesota are in rural counties (Figure 3).

The U.S. teenage birth rate remains the highest in the developed world and about four times the European average. Teenagers in the United States begin having sexual intercourse on average a year or two before their European counterparts. More than 400,000 children are born to teen mothers in the United States each year. In contrast, Germany, Netherlands and France have the lowest teen pregnancy and STI rates in the world (Figures 4 and 5). These positive trends

Figure 3: Teen birth rates by county, Minnesota, 2004-2006.

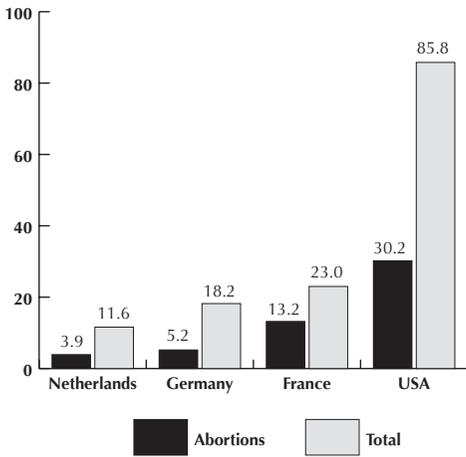


Source: MDH Infectious Disease Epidemiology, Prevention and Control Division.

date back to a mass campaign started 20 years ago that uses a single consistent message: Safe Sex or No Sex. Three Rs underline the social philosophy toward adolescent sexual and reproductive health in these countries: Rights, Responsibility and Respect.

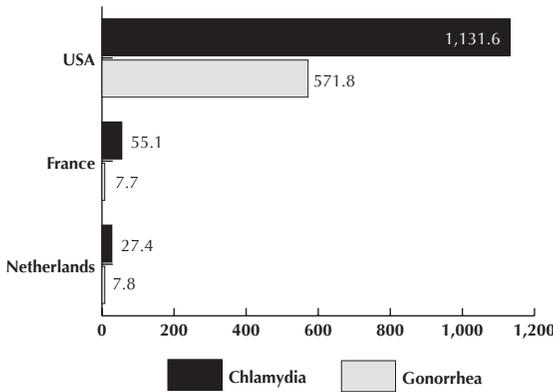
In Europe, discussions about healthy sexuality start at an early age. Mandated sexuality education is consistent in every school from kindergarten to 12th grade. Early discussion centers around respect for the human body. These early lessons help to minimize embarrassment about sexuality and prevent the mixed signals that the time has come to start having sex. When Europeans reach puberty, their educators spend less time and effort preventing young people from having sex and invest more time and effort educating and empowering young people to be responsible when

Figure 4: Teen conception rates, 15- to 19-year-olds per 1,000.



Source: Unicef's report on Teenage Births in Wealthy Nations, July 2001.

Figure 5: Teen STD rates, per 100,000.



Source: Alan Guttmacher Institute report on Sexually Transmitted Diseases Among Adolescents in Developed Countries, Feb. 2000.

they decide to have sex. This European approach creates greater social acceptance around sexuality, fostering a societal willingness to ensure access to reproductive health services for teens. With more social acceptance also comes a greater willingness among teens to seek out reproductive health services without facing stigma.

Cervical cancer screening

Minnesota has one of the lowest incidence and mortality cervical cancer rates in the United States. A failure to screen along with the failure to detect abnormalities during screening or adequately follow up on detected abnormalities are considered to be the primary reasons that approximately 175 Minnesota women are diagnosed with this preventable disease each year (Perkins, 2005).

Minnesota statistics indicate that women living outside the seven-county Metro area are 30% more likely to be diagnosed with an invasive cervical cancer compared to women living in the Metro area and are also somewhat more likely to be diagnosed at a later stage and at an older age (Table 1). Less effective cervical cancer screening is considered to be a factor explaining these urban/rural differences (Perkins, 2005).

Obstetric services and prenatal care

The disappearance of obstetrical services (OB) is a growing problem for many rural communities. In 2005, the National Advisory Committee for Rural Health and Human Services (NACRHHS) examined the viability of OB services in rural communities nationwide and reported that factors such as declining birth rates, excessive professional demands on OB physicians, physician payment and increasing cost of malpractice insurance were contributing to the “erosion of OB services in rural communities” (U.S. Department of Health and Human Services, 2005). Given

Table 1: *Cervical cancer incidence and mortality among non-Hispanic white women by residence, Minnesota, 1998-2002*

Residence of diagnosis	Incidence			Mortality		
	Cases	Rate	(95% CI)	Deaths	Rate	(95% CI)
Metro	328	5.5	(4.9, 6.1)	73	1.2	(0.9, 1.5)
Non-metro MSA	136	6.8	(5.7, 8.1)	41	2.0	(1.4, 2.7)
Rural	253	7.0	(6.2, 8.0)	56	1.3	(1.2, 1.6)

Metro: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington

Non-Metro MSA: Benton, Chisago, Clay, Houston, Isanti, Olmsted, Polk, St. Louis, Sherburne, Stearns, Wright.

Rural: Remaining counties.

Source: Minnesota Cancer Surveillance System (April 2005) and Minnesota Center for Health Statistics.

that most rural communities lack an obstetrician, family practice physicians working with other mid-level providers frequently fill the gap.

Physician workforce surveys are one of the best assessment tools available for knowing if OB services are declining in rural Minnesota. Workforce surveys ask physicians to select prenatal care, delivery, or both, to describe the obstetrical services they provide regardless of their specialty. A comparison of physicians practicing from 2003 to 2007 indicates an overall decline in the provision of OB care across rural, metropolitan and micropolitan areas of the state. However, similar to national trends, Minnesota’s workforce data shows a greater decline over time in the number of rural physicians providing obstetrical services (Table 2).

Access to obstetric care and its effect on birth outcomes was the subject of a study in 1990 in rural areas of Washington State. Researchers discovered that women living in rural communities lacking obstetrical providers in proportion to the number of births were less likely to deliver in their local hospital and had a greater proportion of complicated deliveries, higher rates of prematurity and higher costs associated with neonatal care compared to women from communities where most delivered in the local hospital (Nesbitt, 1990). While studies like this suggest there may be an association between a decrease in local availability of obstetric services and poorer birth outcomes, more research is necessary to confirm a causal relationship exists.

Delaying or receiving no prenatal care increases the risk of infant death. Analysis of birth outcome data in Minnesota suggests there is room for improvement in infant mortality rates specifically in

Table 2: Physicians providing obstetrical services regardless of specialty, 2003-2007.

	2003	2004	2005	2006	2007	Change of prenatal/delivery responses from 2003 to 2007	Change of total survey responses from 2003 to 2007
Metro	1,389	1,334	1,175	796	852	-39%	-26%
Micro	271	249	202	168	182	-33%	-21%
Rural	262	220	184	126	136	-48%	7%

Source: Office of Rural Health & Primary Care Physician Workforce Surveys.

rural regions of the state. A comparison of the infant mortality rates (IMRs) aggregated by time period for Minnesota’s metropolitan, micropolitan and rural counties, indicate that despite improvements in IMRs occurring in both metropolitan and micropolitan regions, infant deaths in rural Minnesota during the same time period remain the same (Table 3). Ensuring better access to reproductive health services in rural regions of the state could be the answer. The NACRHHS suggests this could be achieved by expanding the federal Maternal and Child Health (MCH) Services Block Grant program (Title V) to address the needs of rural communities lacking OB services or simply tracking the percentage of federal grants flowing to rural communities through the MCH block grant. The decision to live and raise a family in a rural area may be influenced by the availability of OB services.

Publicly funded reproductive services

Being uninsured or underinsured is common given the part-time, seasonal and low-income employment found in rural areas, making access to health care in rural areas a challenge for women with low incomes who cannot afford to pay out of pocket for preventative health services. Having publicly funded reproductive health programs ensures women are provided access to essential reproductive health services regardless of their financial circumstances. Five such programs are available: The Sage Screening Program, Title X, The Minnesota Family Planning Program, Family Planning Special Projects, and Positive Alternatives.

Table 3: Number and rate of infant deaths (per 1,000), Minnesota, 1996-2000 and 2001-2005

Region	1996-2000			2001-2005			% Change in rate
	Births	Deaths	Rate*	Births	Deaths	Rate*	
Metro	246,875	1,463	5.93	261,659	1,286	4.91	-17%
Micro	43,004	254	5.91	46,379	224	4.83	-18%
Rural	36,896	203	5.50	38,195	208	5.45	-1%
Minnesota*	326,784	1,920	5.88	346,245	1,722	4.97	-15%

*Includes births and deaths in which county of residence was missing.
 Source: MDH Minnesota Center for Health Statistics.

The Sage Program

Administered by MDH, The Sage Screening Program (Sage) was established in 1991 with the purpose of increasing women's accessibility to breast and cervical cancer screening in Minnesota. Sage provides free breast and cervical cancer screening and diagnostic follow-up for women whose household incomes are at or below 250% of the federal poverty line and are uninsured or underinsured. Since its inception, Sage has served over 110,000 women, provided more than 353,000 mammograms and Pap tests, arranged for or provided coverage for more than 38,775 diagnostic procedures for women with abnormal screening results, developed a service delivery network of more than 380 medical providers around the state, and funded Community Health Service Agencies and community-based organizations to recruit underserved women for screening. Sage is funded by a grant for the Centers for Disease Control and Prevention, the Susan G. Komen for the Cure and the State of Minnesota.

Title X

A long-time source of public funding helping women obtain reproductive health care services is the Title X family planning program launched in the 1970s. Title X has been the nation's only program solely dedicated to ensuring access to reproductive health services for women who are low-income. Title X funding is distributed by the federal government to more than 80 grantees nationwide who then distribute funds to 4,480 health centers in the program (Fowler, 2008). Health centers, like Planned Parenthood Centers, play an integral role in providing reproductive health services in underserved rural areas largely because of Title X funding. A large proportion of reproductive health services currently available to women living in Greater Minnesota is due to the presence of Planned Parenthood. Planned Parenthood of Minnesota/South Dakota South Central receives \$2.67 million of Title X money per year for Greater Minnesota which is used at 17 sites around the state, plus at 17 other sites run by three delegate agencies. The only other entity in Minnesota receiving federal Title X funds is St. Paul-Ramsey County Department of Public Health.

The Minnesota Family Planning Program

The Minnesota Family Planning Program (MFPP), administered by the Minnesota Department of Human Services (DHS), is a recent, five-year demonstration program approved by the Centers for Medicare and Medicaid (CMS). In 2001, the Minnesota Legislature

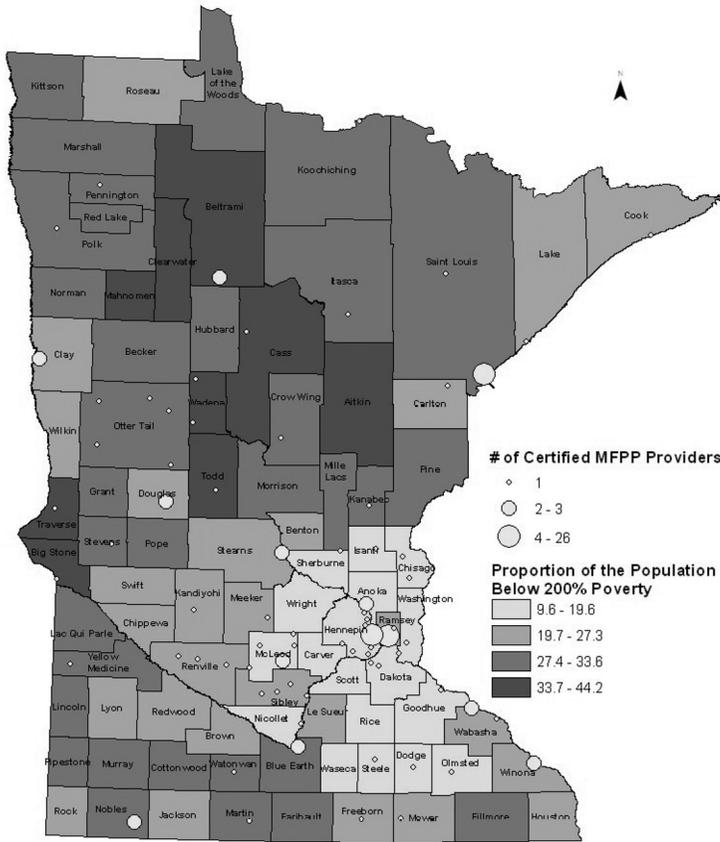
directed DHS to extend access to reproductive services for low-income individuals not enrolled in Minnesota's public assistance programs to determine if access to pre-pregnancy family planning services would reduce Medical Assistance and welfare costs. Services covered under MFPP must be provided by a Medicaid-certified provider and include office visits, family planning, testing and treatment for STIs, birth control and sterilizations. According to DHS Reports and Forecasts Division, data from July 2008 indicate that 25,562 people were served during fiscal year 2007 with a monthly average enrollment of 9,000. The cost effectiveness of the program is still being determined.

Providers are given the opportunity to become a "presumptive eligibility" (PE) provider under MFPP, which certifies them to make an immediate eligibility determination of a patient who qualifies for MFPP without delaying her need for reproductive health services. Presumptive eligibility is most suitable for smaller providers such as Federally Qualified Health Clinics, local community clinics and school clinics because it provides MFPP coverage for a minimum of one month and up to two months for women who qualify while also guaranteeing payment for services provided. There are currently 136 providers certified to make MFPP eligibility decisions throughout the state, with the largest concentration located in urbanized areas of Minnesota (Figure 6). Possible factors contributing to a scarcity of PE certified providers in some rural areas of Minnesota may be the lack of a provider presence and a certification process that has been described by some providers as complex and time consuming.

Family Planning Special Projects

Family Planning Special Projects (FPSP) is administered by the Minnesota Department of Health (MDH) and is a competitive grant program established in 1978 by the Minnesota Legislature. Grant funds are available for local public health departments, tribal governments and 501(c)3 nonprofit organizations to provide reproductive health services to low-income, high-risk individuals in Minnesota. Funding is distributed to each of the program's eight geographic regions, one being the seven county metro area and the seven remaining regions located in Greater Minnesota. Each region's allocated amount is calculated as a proportion of the total available dollars based on the number of women of reproductive age who are eligible for Medical Assistance. These grants are awarded through a competitive process so funding is not assured beyond each grant period. The FPSP Program is also subject to appropriation by the legislature every two years. In 2006, the program reported that 65,322

Figure 6: Certified Minnesota family planning program providers as of June 2008.



Source: Minnesota Department of Health, U.S. Census Bureau.

people were given information about family planning services, 28,045 women received family planning counseling, and 24,536 women obtained family planning method services of their choice. Currently, there are 24 grantees in Greater Minnesota receiving a total of \$2.63 million in FPSP grants per year. The money is used at clinic sites in 48 different counties. The FPSP program is another important resource for raising awareness about the importance of maternal and child health among rural women and provides much needed reproductive health services.

Positive Alternatives

The Positive Alternative Act, established by the Minnesota Legislature in 2006, makes \$2.5 million in public funds available annually through MDH for alternatives to abortion programs that support, encourage, and assist women in carrying their pregnancies to term and caring for their babies after birth. Grantees receive funds to connect women to community services including parenting classes, adoption services, and housing and employment assistance. Some grantees provide a limited amount of reproductive health care services including ultrasounds, prenatal medical care and STI testing and treatment. Recipients of the 2008-2010 grant funding cycle are concentrated primarily in urbanized areas of Minnesota with 10 in metropolitan, 11 in micropolitan and four in rural counties. Among the grantees in rural counties, one provides STI testing and treatment, one provides off-site ultrasounds in first trimester of pregnancy and none make prenatal care services available on-site. The program just completed its first two-year grant cycle; a detailed report assessing the program's impact on women's access to reproductive health care services in Minnesota is due this fall.

The strengths of rural communities

Rural areas are culturally unique, which paradoxically contributes both positively and negatively to the health care status among women living in a rural community. Women living in rural areas are less likely to have easy access to health care services, especially specialty care, specifically obstetric care and reproductive services. National studies have shown that rural residents tend to be older, lower-income, uninsured, more likely to have chronic health conditions and less likely to receive necessary preventive health care services (Eberhardt, 2001). However, women in rural areas often have strong social networks and social ties of long duration, allowing for easy collaboration and cooperation in improving their health status, regardless of the obstacles they may face. The following case studies highlight the strengths and challenges faced by rural clients who seek reproductive health services, their health care providers, and the champions who fight to maintain access to these services in rural Minnesota.

The Center Clinic — Dodge County

The Center Clinic is a volunteer-based clinic created to respond to the need for subsidized reproductive health care services in Dodge County. It provides women's yearly health exams and lab tests, healthy lifestyle counseling and information, pregnancy testing, birth

control supplies, diagnosis and treatment of sexually transmitted infections (STIs), and classroom and group presentations. It also provides mental health counseling and support groups for Latino women and teens. The Center Clinic is the sole provider of reproductive health services in the area outside of Rochester and Owatonna.

The strength of the clinic is the committed volunteers and their belief that rural teens and women deserve the same level of services enjoyed by their urban counterparts. The clinic began serving 35 clients in August of 2004. By 2007, The Center Clinic provided access for 580 patients, including 203 clients making initial visits and 377 client revisits. Most clients learn about the clinic from friends or relatives. The caseload at The Center Clinic is about half teens and half Latino women.

Rural teens face unique challenges to receiving reproductive health care services. Poverty, transportation challenges, and a lack of services add to the complexity. Raising social awareness for parents and teenagers is an important focus area for The Center Clinic. Many local parents do not believe that teens in rural areas face the same risks as those in large cities, while teens may feel their parents do not understand the issues they face and have a hard time talking to them. Local teens may also not believe that STIs are an area of concern for them.

Confidentiality is a major concern for adolescents seeking reproductive health care services. The Area Learning Center, an alternative high school, used to be in the same building as The Center Clinic. The building was owned by a private individual and not a public school, so students could access reproductive health care services during lunch or before and after school. These students, many considered high-risk for unplanned pregnancy and STIs, had easy access to health education and services. When the Area Learning Center moved to a neighboring town, these teens faced the challenge of locating another confidential and affordable reproductive health care provider.

Most Latino women who go to The Center Clinic have low incomes and are uninsured. The majority also need interpreter services. Many Latino clients are anxious when accessing health care services. The Center Clinic helps clients feel as though they are in control while at the clinic, since many do not feel very powerful in their day-to-day existence. The Center Clinic staff ensures that while they are cared for, nothing will happen to them that they do not approve of or agree with. The hope is that this empowerment will spill over into other arenas of their life, or at least help to sustain

them as they deal with the challenges of living and raising a family in poverty.

Romana Gonzalez, a community health outreach worker, interpreter and general office manager, is key to the clinic's success serving the Latino population. She is highly respected in the local Latino community. Trust is a huge concern and Romana lays the foundation of trust that gets clients in the door. Clinic staff then strive to deliver compassionate and culturally appropriate care by treating every patient with respect, dignity and kindness. They help clients navigate the complex human service and medical care systems. Many Latino women have partners who do not understand the importance of preventive health screening. Many will not allow their wife to be examined by a male health care provider. To address this cultural taboo, The Center Clinic attempts to have at least one female provider available during clinic hours.

Even with the health care services provided through The Center Clinic, there are still unmet needs due to resource constraints. Clinical services are limited to serving women and their partners seeking reproductive health services. The original goal was to provide a range of health care services to the entire uninsured population in Dodge County. Until this happens, staff must be creative when linking clients to other health care services because available services are limited or often not affordable. Resource constraints also impact STI screening efforts, although the MFPP will increase the clinic's screening capabilities.

Transportation is another huge issue for women who access services at The Center Clinic. Getting to Rochester, the nearest big city, can be compared to "getting to the moon" for many clients. To address this need, clinic staff have been known to transport a client who cannot find a ride or hand-deliver their contraceptives. Breaking down the transportation barrier enables their clients to take charge of their health.

Funding is an ongoing challenge. The Center Clinic received a \$5,000 start-up grant from a local collaborative in 2004 and again in 2005. The clinic received additional funding from the Office of Rural Health and Primary Care's Community Clinic Grant Program for several years. Currently, the only grant funding is through the Family Planning Special Projects program. The Center Clinic bills for some services through MFPP and the Sage program. Larger office space is needed to expand services and the clinic is moving toward this goal with help from the local United Way and a private memorial.

Jan Lueth, a public health nurse who championed the volunteer-based clinic from its inception, knew funding would be a challenge. "When we started this project, we said we would keep going until we hit a brick wall. Instead of walls, we have found stepping stones. It's been an interesting, challenging, but encouraging journey!" She serves as the volunteer clinic director and sees patients at weekly walk-in clinics and at two monthly evening clinics. She also does grant writing and other administrative duties.

Dr. Matthew Bernard serves as the Volunteer Medical Director and also works at a majority of the evening clinics. He believes that volunteers are the heart and soul of The Center Clinic. The physicians and nurse practitioners donate their time. A psychiatric resident sees clients at monthly evening clinics and leads a support group of Latino women, which is very well attended. A dedicated pool of volunteer nurses and a volunteer dietitian work clinics and provide other programs. The volunteer dietitian started walking groups in four communities and sees clients for individual assessments. Paid staff positions include a part-time registered nurse, a part-time community health outreach worker who provides interpreter services, and a part-time clerical/billing position. The individuals in these paid positions also volunteer their time. In-kind contributions were estimated at \$104,000 for 2007, which exceeds the clinic's general operating budget.

The clinic also relies on various community partners. Dodge County Human Services serves as the volunteer fiscal agent to manage grants. Kasson Mayo Family Practice Clinic provides physician services for the clinic. Weber and Judd provide medications at 5% over their cost. Mayo Regional Lab provides discounted lab prices. The food shelf next door allows the clinic to use their space at times. In 2007, The Center Clinic honored over 100 individuals and agencies for their contributions.

In 2008, The Center Clinic was honored by MOAPPP (Minnesota Organization on Adolescent Pregnancy Prevention and Parenting) as the Outstanding Program of the Year. A core of volunteers accepted the award with celebration of past achievements and anticipation of future success. "To receive recognition from an organization like MOAPPP is seen as truly an honor and a challenge to keep working towards our goals for our clinic and our clients," Lueth said.

The Center Clinic contributes to the future health care workforce in Minnesota by exposing students to the realities of caring for the uninsured. Augsburg nursing students and Mayo medical residents spend time at the clinic. They must consider how to access limited

community resources and cannot order every test they are trained to think is required. It may be their first exposure to teenagers sharing their social histories, including the number of sexual partners, depression, self mutilating behaviors and substance use. Rather than retaining long-held opinions about access to reproductive health care services without parental consent, they find themselves overwhelmed by the need for teens to have services available to them.

Lueth says students are often bewildered by the dedication and compassion of clinic staff toward the clients they serve. "It is like a messy closet. Once you have seen the mess, you can always shut the door, but now you know the mess is there hiding behind the door. Even if these professionals never set foot in a free clinic again, we hope they will use their position, education, influence and resources to impact our underserved populations."

Cass-Todd-Wadena County Public Health

The overall goal of Cass-Todd-Wadena County Public Health when providing reproductive health services is to increase capacity and resources to ensure rural health delivery of quality programming for women's health. The primary focus is on providing family planning and risk reduction services. Program goals include improving access to family services, reducing unintended pregnancy, improving the quality of women's health care services, and improving communication among providers through technology and collaboration. Ane Rogers, Family Health Supervisor from Cass County Public Health, Heidi Brings, Family Health Supervisor from Todd County Public Health, and Cindy Pederson, Family Health Supervisor from Wadena County Public Health, lead these efforts in their respective counties.

Unintended pregnancy is a high-priority public health issue in Cass, Todd and Wadena counties. This project targets all women of reproductive age with an emphasis on women with low incomes who are uninsured or underinsured. The majority of the population served is Caucasian, although there is a growing Latino community in Todd County (currently around 8% of the population). The American Indian population receives most reproductive health services from the Indian Health Service, but in outlying clinic areas they are often served through county programs.

This project uses a community clinic model of service delivery and works with family planning and general practitioners to serve women in a holistic manner. Public health nurses and midlevel practitioners use a risk assessment tool to screen for depression,

chemical use, domestic violence and other health related issues that may be addressed through available community resources. They also screen for a primary provider to ensure women have regular ongoing health care.

Many residents of Cass, Todd and Wadena counties live in isolation, miles away from medical services, and must travel 75-80 miles to receive subsidized family planning services. Thirty percent of these women delay or fail to seek medical care because of cost or insurance barriers. The most at-risk women have unreliable transportation. All three counties are designated Medically Underserved Areas and Health Professional Shortage Areas for primary care.

Funding is an ongoing challenge to maintaining reproductive health services in Cass, Todd and Wadena counties. Family Planning Special Project (FPSP) grants were not received after 2004 and as a result, clinics that had been operating under FPSP grant funding closed. The public health advisory committees from these counties viewed unintended pregnancy as a high priority and looked for other funding sources. In 2005, Cass-Todd-Wadena public health agencies were awarded a three-year federal Rural Health Services Outreach Grant for Women's Health Community Clinics. This grant program encourages the development of new and innovative health care delivery systems in rural communities that lack essential health care services through an emphasis on collaboration. Local public health departments, private medical clinics and community agencies are involved in collaborative activities to maintain reproductive health services in their area. Consortium members include Cass County Health, Human and Veterans Services, Todd County Public Health, Wadena County Public Health, CentraCare Clinic, Innovis Health – Walker, Innovis Health – Menahga, Pine River Family Center, Wadena Medical Center and Ottertail Wadena Community Action Council.

Open Door Clinic – Mower County Public Health

The Open Door Clinic in Mower County serves about 160 clients each year, including teens seeking birth control and STI screening, young adults who cannot afford care through traditional medical systems, Latino women without insurance or access to other reproductive health care services, and young males seeking STI diagnosis and treatment. Each year the number of clients served at the clinic increases.

Clients find out about Open Door Clinic services in a number of ways. Signs are posted in the Health and Human Services lobby,

laundromats, the public library and local community college. Pamphlets are available at the college, local schools, through the WIC program, and the multilingual Welcome Center. Several local providers refer clients to the clinic. Media efforts include articles in the local paper, occasional radio spots, and an ad on the back of local grocery store receipts. A common referral source is word of mouth.

A public health nurse coordinator and three public health nurses staff the Open Door Clinic. The coordinator manages the clinic, provides client counseling, and performs other duties as needed. One nurse provides lab services and helps with dispensing of medications. Another nurse assists the provider in patient rooms and helps with dispensing. A part-time clerical staff works on clinic nights. An interpreter is present at all clinics. Medical providers take turns rotating and volunteering their services; most work at the clinic twice a year.

One of the biggest challenges facing the Open Door Clinic is interpreter services. Scheduling the growing number of Latino clients is difficult because of the limited number of available interpreters. Currently all clinic appointments are in the evenings, although it would be optimal to offer daytime hours for clients who work second shifts. Another challenge is the number of different medical providers serving clients. While it is easier to recruit volunteer medical providers for a limited-time commitment, the drawback is that the clients seldom see the same provider.

Rural communities have come a long way in removing the stigma of family planning and STI testing, but more work needs to be done. The Open Door Clinic has filled a gap by providing confidential reproductive health services that many young people feel they desperately need. In smaller, rural areas where so many people know each other, teens seeking reproductive health services often avoid medical centers for fear of running into family, neighbors or friends. The local medical center does not have evening appointments for students who attend school, so the Open Door Clinic offers extended evening hours.

Financial barriers hinder access to reproductive health services. Janne Barnett, a family planning nurse at the Open Door Clinic, believes the demand for reproductive health services in rural areas will continue to increase. "Because STI and unintended pregnancy are here in rural areas just as they are in the urban areas, we need to continue to offer family planning services. With the economy, we are seeing more people who need these services."

Barnett believes the MFPP is a huge step to addressing this need. Because it is a newer program, many women who qualify

are unaware it exists. Getting on the program requires time and diligence on the part of patients and their health care provider. A public media campaign to inform rural providers and patients about the MFPP could be a step in the right direction.

Double Dutch Campaign — Redwood-Renville Community Health Services

Redwood-Renville Community Health Services staff were impressed by the success of international teen pregnancy prevention programs and decided to incorporate aspects of the European educational approach called “Double Dutch” to start their own campaign. Double Dutch emphasizes that abstinence is the best approach; however, if and when individuals decide to have sex, they will always use protection. The Double Dutch message is the woman always uses the pill or other contraceptive and the man always uses a condom. The pill protects from pregnancy and the condom prevents STIs. The program targets young men in particular to understand their responsibility for safer sex.

After a community assessment and input from a public hearing, the Redwood-Renville Board of Health took a clear position on family planning. Their position is: (1) family planning is proactive and needed, (2) a clear consistent message is Safe Sex or No Sex, (3) abstinence should be promoted as safeguarding against pregnancy and diseases, (4) preconceptual care and family planning are to preserve a woman’s ability to have a healthy baby and (5) educating people on how not to conceive is necessary to decrease unintended pregnancy and abortion rates. The Double Dutch campaign fit with their position and was funded entirely through a county tax levy.

Both men and women have been targeted with the Double Dutch campaign through condom distribution sites. Over 8,000 condoms were distributed in 2007 and are available 24/7 in baskets in the hallways of the county office building. Volunteers prepare the condom packets for distribution and minimal staff time is used to sustain the campaign. People hear about the campaign through word of mouth, newspaper ads, community presentations and brochures.

The program has not faced many challenges to date. Program champion Jill Bruns states, “When the facts are presented in a caring and respectful way, it is difficult to dispute the facts!” When one mother was upset after finding the condom packet and information in her son’s room, she was reminded that her son voluntarily took the packet and it presented a good opportunity to talk with him about her values and expectations. No matter how uncomfortable it is for parents to discuss sex, the lives and health of their children depend on it.

Community partners are on board with the Double Dutch campaign and see it as filling a gap in services and education around healthy sexuality, especially for young men. The opportunity to expand the campaign is promising. The Double Dutch concept was presented to other public health departments in southwest Minnesota and is being replicated in some counties. With STI rates climbing in Minnesota and nationally, especially among teens, the Double Dutch campaign provides a consistent message and approach for teens, their families and communities to reverse these trends.

Rice County Public Health

Rice County Public Health serves 350-400 women with low incomes in need of reproductive health services each year. The women are primarily under 30. A significant proportion of the women have a primary language other than English. The program aims to serve working women without health insurance through their employers and those who are not eligible for public programs such as Medical Assistance and MinnesotaCare.

The services provided are reproductive health examinations, diagnosis and treatment of sexually transmitted diseases for women and their partners, sexuality education and contraceptives. Clients find out about services through word of mouth, outreach materials available in English and Spanish, and through referrals from social services and health care providers.

There are two main barriers to access for women seeking reproductive health services in the area: transportation and cost. The nurse assigned to care for women living outside the two main population centers in Rice County has office time in both Faribault and Northfield to address the transportation issue. The subsidized program addresses the high cost of contraceptive methods. Compared to the cost of an unplanned pregnancy, contraception is not expensive.

Rice County Public Health also works with schools, nonprofits and other local organizations to comprehensively address the issue of adolescent pregnancy, which has increased in recent years. They partner with Project SIGHT, a countywide teen pregnancy prevention effort, and other organizations to augment education and outreach efforts.

The major source of funding for subsidized reproductive health services in Rice County is the Family Planning Special Project grant available through the Minnesota Department of Health. Because of the uncertainty around FPSP funds, Rice County Public Health is

not able to inform providers and clients if services will be available beyond the end of the grant period.

Rice County Public Health is the sole provider of subsidized reproductive health services in Rice County. Since the program contracts with four local clinics for services, it is important to communicate with practitioners and administrative staff about the details of the services and clients covered through the FPSP program. Community partners for clinical services include Cannon Valley Clinic/Mayo Health System, Allina Medical Clinic Faribault, Allina Medical Clinic Northfield, and the Women's Health Center of the Northfield Hospital. These clinics are generous in providing physical exams and other services at a reduced cost.

Mary Ho, Community Health Services Director in Rice County, sees hope in the statewide expansion of the Minnesota Family Planning Program (MFPP). "This program is available statewide, covers a broad range of services, and is not dependent on grant funding or constrained to a limited number of women who can participate. If women eligible for the MFPP could be served on that program, FPSP funds could be more available throughout Minnesota rather than limited to areas receiving the grants."

Conclusion

Reproductive health services are frequently a woman's introduction to a constellation of essential preventive health care services. Navigating the path leading to reproductive health care services can be a real challenge for women living in rural areas, especially given the declining number of practicing obstetricians, limited venues for accessing reproductive health care, mounting financial barriers and diminishing resources. Despite these challenges, Minnesota's rural communities have demonstrated the capacity for innovation and commitment to preserving the reproductive health care safety net for women. Passionate advocates working in partnership with rural communities provide the necessary leadership and lay the foundation for success. Collaboration between health care providers, consumers, educators, churches, employers and local government can increase access to rural health care services and improve overall population health. State and local policymakers can learn from rural health professionals what is required to provide reproductive health care services that are safe, effective, patient-centered, timely, efficient and equitable.

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Appendix A: Classification of Minnesota counties according to U.S. Office of Management and Budget (OMB).

Metropolitan	Micropolitan	Rural
Anoka	Beltrami	Aikin
Benton	Blue Earth	Becker
Carlton	Brown	Big Stone
Carver	Cass	Chippewa
Chisago	Crow Wing	Clearwater
Clay	Douglas	Cook
Dakota	Freeborn	Cottonwood
Dodge	Goodhue	Faribault
Hennepin	Kandiyohi	Fillmore
Houston	Lyon	Grant
Isanti	Martin	Hubbard
Olmsted	McLeod	Itasca
Polk	Mower	Jackson
Ramsey	Nicollet	Kanabec
Scott	Nobles	Kittson
Sherburne	Otter Tail	Koochiching
St. Louis	Rice	Lac qui Parle
Stearns	Steele	Lake
Wabasha	Wilkin	Lake of the Woods
Washington	Winona	Le Sueur
Wright		Lincoln
		Mahnomen
		Marshall
		Meeker
		Mille Lacs
		Morrison
		Murray
		Norman

		Pennington
		Pine
		Pipestone
		Pope
		Red Lake
		Redwood
		Renville
		Rock
		Roseau
		Sibley
		Stevens
		Swift
		Todd
		Traverse
		Wadena
		Waseca
		Watsonwan
		Yellow Medicine

Choosing Place First: Remembrances and Observations About Entrepreneurship

Mary Mathews

I am a rural woman, and I am an entrepreneur. I have lived all but eight years of my life in northeastern Minnesota, and while I now live in Duluth, I lived most of that time either in Hibbing, where I was born, or Eveleth, where I went to high school.

I grew up with an entrepreneurial role model, which was unusual on the Iron Range. My father, Abe W. Mathews, was an entrepreneur. He started his engineering company in the upstairs of our little home in Hibbing when I was three years old. Reportedly I would hang out in his office taking refuge from my older brother by hiding under Dad's drafting table. I learned early the benefits and challenges of a home-based business, although as Dad's business grew, he quickly moved out of the house into an office in downtown Hibbing.

I saw Dad having (what seemed to me) exciting adventures and trying new things. In the late 1950s, he bought a patent and began to design and build large door systems. Although the business was eventually sold, Electric Power Door still operates in Hibbing today and is a global business. The engineering company was initially formed to serve the mining industry and ultimately became part of Barr Engineering.

Some of Dad's ventures weren't so successful. In the 1960s, his company manufactured Trailmaker snowmobiles and in 1964 he sold 500 machines, which represented 25% of the national industry sales that year. The company subsequently lost market share when Dad and his partners decided, as engineers, that snowmobiles were intended for utility, not recreation, and designed them accordingly. Several years later, Dad built a foundry in Hibbing. While that business failed, the foundry was state of the art and is today Northern Castings LLC Internet.

Learning the entrepreneurial ropes

My first woman entrepreneur role model was Maxine Butler. She started a fabric shop in Hibbing around 1960 called Calico Cat Fashion Fabrics. She encouraged me as a young sewer and as a young woman. After I graduated from Iowa State University with a degree in textiles and clothing merchandising and spent four years working on the East Coast in the home sewing industry, I returned to Hibbing in 1975 and bought her business. I operated the business for eight years, learning first hand what it's like to worry about cash flow, making payroll and holding on to — and trying to grow — market share. Unfortunately, the 1970s saw the end of the independent fabric store era, the end of a business model life cycle.

My best business teacher was Mel Sachs, who owned Sachs Brothers Clothing next door to my fabric shop. Among many things I learned from Mel was the importance of turnover. Mel was ruthless about keeping his inventory fresh and current.

After my experience with Calico Cat, I worked for the Hibbing Chamber of Commerce as its executive director for eight years. I focused primarily on business development, helping very small businesses launch as well as larger businesses grow. What I enjoyed the most was helping an individual start the small business of his or her dreams.

In 1985, when Duluth attorney Nick Smith began formulating his vision for an organization that would enable people to start their own businesses with the aid of small loans, I committed to helping him make it a reality. In 1989, when the Northeast Entrepreneur Fund was launched, I hoped to be a board member — if I wasn't hired as staff. As it turned out, I was the first person hired, as president, and I have held that position ever since.

Rediscovering entrepreneurial roots

The Northeast Entrepreneur Fund is itself an entrepreneurial company whose tax status happens to be that of a nonprofit. Our mission is to help existing and aspiring entrepreneurs start and grow successful businesses. Our day-to-day function is to provide effective training, consulting and lending programs. Along the way — aiming at our larger, longer-term purpose — we seek to create a culture of opportunity and entrepreneurship in a region that has lost its historical entrepreneurial roots.

In the late 1800s, it was entrepreneurs, pioneers, and adventurers that discovered iron ore and timber here and built businesses using those natural resources. Those resulting enterprises, however, were often owned elsewhere (a century ago, that meant the East Coast;

today it would likely be overseas), and northeastern Minnesota became essentially a big company town serving those businesses. The people of this region had to figure out how to survive the boom-and-bust cycles of both the iron ore and timber industries. There were a few noteworthy entrepreneurs — like my dad — but not many, and they weren't visible role models in the region.

By the early 1980s, when the mines began to dramatically reduce their workforce and make improvements in technology and processes in order to survive, business and civic leaders in the region recognized that if and when mining regained its strength, the lost jobs wouldn't simply return. New strategies were necessary to respond in a new environment. As a region, we needed to be responsible for our own futures.

Organizations like the Northeast Entrepreneur Fund, the University of Minnesota-Duluth Center for Economic Development, and the UMD Natural Resources Research Institute were started in the 1980s to support and encourage the region's entrepreneurial talents — in effect, to take us back to our roots. Perhaps the biggest challenge for the economic development community in northeastern Minnesota was to build on what I might call the region's survivalist spirit and transform it into an entrepreneurial spirit. We needed to go from figuring out how to just get through the bust cycles (getting by) to starting and growing sustainable, profitable businesses (getting ahead). Indeed, that continues to be the vision and focus for business owners and their supporters in communities throughout the region.

Choosing place first

One of the difficult circumstances in rural America is frequently the (real or perceived) lack of a traditional career path — a ladder to success. Young people especially ask: If I want to progress, if I want to build a career in a rural community, how can I do that? In a larger community, even in Duluth, there are typically more opportunities for traditional jobs in business, education, government, etc. But in smaller communities, those opportunities to stay and succeed are few or even nonexistent. For women in rural communities, the problem of limited career options may be even more acute.

In my own experience as a chamber of commerce executive, I couldn't simply take a new position at a different business association because, in my community, the Chamber was the only one. For me to progress while remaining on that career path, I would have had to move to a new place.

I am committed to rural northeastern Minnesota. This is where I live and work, and where I long ago decided to stay. I didn't want

to move to a new place. There were times in the past 19 years that I might have changed jobs, as a way to expand my opportunities and experience, but it likely would have meant moving out of the region. Choosing place first, I elected instead, with ongoing board support, to grow the Northeast Entrepreneur Fund. For me, because of the commitment I had made, it was in reality my best — and perhaps my only — career option.

In retrospect, my decision to remain in an entrepreneurial management role with NEF was the right one. The original business plan for the company envisioned a staff of four. We now have a staff of 17 full-time and part-time employees. Our loan fund assets have grown from \$315,000 to nearly \$3.5 million. Holding fast to its mission and vision over the years, NEF has helped start, stabilize or expand more than 1,000 businesses.

The larger conclusion for me — based on my personal and professional experience — is that to attract and retain businesses and jobs in rural communities, we need to provide more than traditional career paths. We can encourage talented, ambitious people to consider entrepreneurship as a career and life choice. Entrepreneurship is more than an option for a few exceptional individuals. It is a realistic choice for many people who want to remain in (or relocate to) a rural community, and the skills necessary for starting and growing successful businesses can be identified and learned.

Developing entrepreneurial skills

In order to grow the Northeast Entrepreneur Fund, I had to continue to evolve as a manager. One of the most difficult transitions was moving out of providing direct client services (working *IN* the business) to becoming a full-time president, leader and strategist (working *ON* the business). Client work was fun and productive, more fun than long-range strategic planning, organizational development, and fundraising. It took me years to make the switch, much longer than it would have if I had had a coach or mentor guiding me and telling me that this was a normal transition. It is a transition that is necessary if a business is to grow.

Today I find equal or greater satisfaction in doing my executive work and in forward-focused thinking as I did in helping individual entrepreneurs grow. And I know that to stay ahead of the curve and keep our business growing, I need to keep learning and developing my entrepreneurial skills. I have a coach, a mentor, and consultants who help me today.

Building entrepreneurial skills and success for women has been an important focus for NEF. Women represent 54% of our

current individual clients. In 2004, NEF was designated a Small Business Administration Women's Business Center, one of only two in Minnesota and about 100 nationwide. As a Women's Business Center, we actively support networking lunches for women business owners, and we are a major sponsor of the annual Women's Expo in Duluth. At the 2008 Women's Expo, more than 200 attendees took advantage of several NEF-hosted workshops for current and aspiring women entrepreneurs.

Identifying and nurturing entrepreneurial skills for individual business owners is a key component of regional business success. This common-sense notion is supported by academic research and real-life experience alike. But it's even more critical for rural economies, where the resources for entrepreneurial development may be sparse or difficult to access.

Graduating to entrepreneurship

So where are some of the opportunities for regionally based entrepreneurial education and development? An exciting opportunity is unfolding among the eight community colleges located in northeastern Minnesota. The colleges include Lake Superior College, Fond du Lac Tribal & Community College, Vermilion Community College, Mesabi Range Community & Technical College, Hibbing Community College, Itasca Community College, Rainy River Community College and Pine Technical College. The Northeast Entrepreneur Fund is working as a resource with these institutions — half of whose students come from rural northeastern Minnesota — to pursue collaborative efforts for entrepreneurial development programs and curricula.

With support from NEF and the Northland Foundation, the Center for Rural Policy and Development conducted a study of community college entrepreneurship programs (Center for Rural Policy and Development, 2005). Surprisingly, many students already evidenced an already well-developed entrepreneurial orientation. More than 12% of the students surveyed reported that they had previously owned their own business or were otherwise self-employed, and 52% reported that they were considering owning their own business after graduation. Moreover, 54% indicated that someone in their immediate family had at some time owned a business.

However, the study did unveil some areas of concern. Only 35% of the students surveyed said that they had ever taken a class that would be useful in starting or operating their own business. And only 37% showed a propensity to stay in northeast Minnesota after

graduation, compared to 41% expressing a propensity to leave and 22% uncertain.

The reality is that nearly every course of study in the colleges could lead to a business as well as a job. An example is Rebecca Spengler, who moved swiftly from college student to entrepreneur and is now owner of a viable, small-town business.

Rebecca, raised in rural Babbitt, Minnesota, was transplanted in the early 1980s, as many were when the mines slowed operations on the Iron Range. During her teen years, she relocated with her family to the Twin Cities, where she finished high school. In 1989 she began studies at the University of Minnesota and then took an opportunity to work and live abroad. In her thirties, she returned to her northern Minnesota roots. She attended Vermilion Community College in Ely, where she graduated with an associate degree in business, an art-based business diploma and an entrepreneurship certificate.

While at Vermilion, Rebecca worked with the Entrepreneurial Campus Initiative to promote and encourage entrepreneurial activity on campus and in the community. She developed "E-Camp," an experiential business camp focused on teaching production, development and marketing skills to children 6 to 12 years old. She also worked with a business developer from the Northeast Entrepreneur Fund to develop a business plan and arrange financing for a business opportunity she had.

In June 2007, Rebecca purchased an existing laundry business and opened "A Laundry Room, Inc.," in Ely. Serving the needs of both local residents and tourists, she continues to upgrade to more efficient equipment and offers an engaging community service-based business with free wireless Internet access and drop-off laundry. With projects in process to include thermal hot water and other conservation technologies, her Laundromat seeks to be a community alternative energy model.

Today, this mother of three children is also a member of the board of directors of the Northeast Entrepreneur Fund.

Creating an entrepreneurial culture

My dream for rural entrepreneurship is this: Every man and woman who wants to live in a rural environment can figure out how to use their skills, experience, and education to create a sustainable job for themselves wherever they choose to live.

In his book *We Are All Self-Employed*, author Cliff Hakim argues that we can determine our own direction in our work life, whether we work for others or work for ourselves (Hakim, 2004). With job security increasingly a thing of the past, at every level of

employment and in every industry, workers must adopt a more entrepreneurial and responsible attitude toward their career and the world of work. Hakim challenges workers to be their own champions, actors rather than reactors, to find fulfillment. If in fact, “we are all self-employed,” then the work/career options open to us are limitless.

This mindset isn’t limited to entrepreneurs or people who aspire to be business owners. At the Northeast Entrepreneur Fund, we have many anecdotal reports from past training clients that, because they now understood business as a result of the business planning they did in our class or workshop, they were more valuable and productive in their regular jobs.

Entrepreneurship isn’t all about being a business owner. Entrepreneurship is one of those words that have many definitions. I think of it as a state of mind — finding, seizing and acting on opportunity, whether leading a company or working within a company. It matters little whether the context is for-profit, nonprofit, education or government. It’s about taking risks — risks that are calculated and considered — and finding solutions to problems.

Overcoming entrepreneurial isolation

One of the biggest issues for entrepreneurs is isolation. By this, I don’t mean remoteness from markets, or transportation problems, or difficulties finding suppliers or employers — although these are very real challenges for many companies. (And many are overcoming them through the Internet and telecommunications.) What I mean is more personal. Whether they are in an urban or rural setting, business owners (both women and men) often think and act alone, enjoying little interaction with other entrepreneurs who may be experiencing similar issues or considering similar opportunities.

In rural areas, the isolation is magnified by time and distance. I sat in on a group meeting of regional business owners recently and saw what happens when entrepreneurs take the time to talk to each other. Many of them did not know each other beforehand or perhaps had only a passing acquaintance. Some had traveled long distances. All had to adjust their schedules to attend. In the course of their discussion, though, it was fascinating to observe how quickly and naturally they found common ground. Opportunities emerged for them to collaborate on new projects across businesses. Suggestions for new business approaches began to surface. Shared business problems were met by practical solutions.

Every business starts small. Some stay small and employ the owner. Some grow large, often incrementally, sometimes rapidly.

Candy Reimer, owner of K&B Drive-In, south of Eveleth, recently told me that she is now manufacturing and selling her pasties (wrapped, meat-filled pastries popular on the Iron Range) to area grocery stores, supplementing her restaurant and catering business. By listening to the ideas of others — especially her customers — she had learned how to capitalize on the popularity of her pasties and maximize the use of her existing facility and equipment. As a result, her business is experiencing significant growth.

None of these observations about the process of growing an enterprise are new or necessarily profound, or even surprising to entrepreneurs themselves. A business model, product or distribution system may be revolutionary, but the skills an entrepreneur needs to manage and grow the business are not new. Learning from others who have gone before shortens the learning curve and increases the probability that the entrepreneur and the business will be successful.

Finally, creating an entrepreneurial culture also means supporting entrepreneurs — through success and failure. It means acknowledging, encouraging and applauding our neighbors who are entrepreneurs.

Launching the Greenstone Group

In my 35-year business career, first as a business owner and then in my role in growing the Northeast Entrepreneur Fund, I have naturally had the opportunity to conceive and introduce a number of new programs and services. I believe our newest effort, though, may have the most significant long-term impact on rural entrepreneurship and in transforming our culture. In January 2008, NEF launched the Greenstone Group, a 10-year initiative with more than 30 partner organizations and institutions from northeastern Minnesota and northwestern Wisconsin. The Greenstone Group seeks to foster a culture of entrepreneurship and strengthen entrepreneurs through professional coaching, peer support and coordinated business services.

In addition to my own experience, the idea for the Greenstone Group grew out of my reading about what others across the country were learning about entrepreneurship and applying it to rural economies. We had the opportunity to learn from the work of Tom Lyons and Gregg Lichtenstein at Advantage Valley in West Virginia. Their Entrepreneurial League System® builds a systems approach to entrepreneur development akin to a baseball farm system, which provides professional coaches and an organized system and strategy to grow the skills of baseball players (Lyons, 2002). We've also followed the progress of the Kellogg Foundation Rural

Entrepreneurship Initiatives and other efforts documented by the RUPRI Center for Entrepreneurship. All of this innovative research and thinking has inspired us to think hard about how to promote entrepreneurial development in our region.

The Greenstone Group aims to engage more than 500 already-established business owners over the next decade in building their entrepreneurial skills. This will be done primarily through their participation in “growth groups” where they can network with and provide mutual support to other like-minded entrepreneurs. The groups are led by a skilled and experienced business coach, who meets regularly with each participant and with the group as a whole. The coaching sessions revolve around identifying and meeting their needs for entrepreneurial development, while helping them develop and implement plans for significant business growth. Group members will also have access to a variety of service providers to support the needs of their businesses.

The ultimate payoff of the Greenstone Group will be seen in increased jobs and wealth in our communities, and in renewing an entrepreneurial spirit throughout the region.

As of September 2008, about 20 business owners are participating in two “growth groups” of business owners, with three more groups to be formed by the end of the year. It is noteworthy that as many as 40% of the current and anticipated group members are women business owners, as are two of the three coaches.

The responses of the participants so far reveal an untapped desire for entrepreneurial interaction, learning and support. To quote one women entrepreneur who is a member of the first “growth group” formed by the Greenstone Group initiative: “Who wouldn’t want to take advantage of pulling this knowledge out of people who’ve been in the same situation as you? What I’ve accomplished in the last month (has helped me to build) the solid foundation that I need to take my business to the next level.”

Another women entrepreneur described her Greenstone Group experience like this: “I feel like I have this team. It’s like those television commercials for the cell phones where the guy shows up and there are all these people behind him.”

Looking to the future of rural entrepreneurship

If we as a region make targeted investments of time and resources in entrepreneurs who have a dream to significantly grow their businesses, we will create new role models for further entrepreneurial opportunity. With an initiative like the Greenstone Group, we intend to showcase the success of these first entrepreneurs

to demonstrate to the region what is possible — inspiring and supporting other entrepreneurs to pursue growth.

We are still in the early stages of entrepreneurial renewal in northeast Minnesota. Expectations of quick payoff and short-term fixes will be inadequate to this rebuilding effort. The economic vitality of the region will require increased entrepreneurial commitment, greater community recognition for entrepreneurial businesses as they seek to innovate and grow, and a more intentional approach to entrepreneurial development.

How can interested individuals and organizations help promote the future of entrepreneurship? Here are just a few ideas:

- Encourage and support entrepreneurship education and financial literacy in K-16 classrooms and community education programs.
- Encourage teachers to include business examples — in any class — to illustrate or make relevant what is being learned.
- Use career days at school to include business ownership/ entrepreneurship as well as traditional job opportunities.
- Support your friends, relatives and neighbors who are taking an entrepreneurial risk.
- Participate in business associations, community groups and economic development organizations that support entrepreneurs and business growth.

Supporting rural entrepreneurs: How can state and local governments help?

Whether a business aims at significant growth or is primarily a lifestyle business, the entrepreneurial spirit leverages vitality and economic opportunity in rural communities. However, an entrepreneur's need for knowledge, skill development, support and capital is different at each stage of his or her development, and at each stage of the business's development. In fact, there is a continuum of need from "rookies" to the "major leagues" (using the Entrepreneurial League System analogy) and from microloan funds to venture capital funds. No one organization, agency or product can fill the needs of every entrepreneur.

Recognizing that business growth depends on entrepreneurial development, local and state governments can have the greatest impact by developing a "pipeline" approach that engages many partners and invests in strategies that grow entrepreneurs, as well as their businesses, to develop a "deal flow" for the next stage of growth. For example, venture capital is a good financial tool for

business development only if there are entrepreneurs who have reached a stage of development where they are prepared to use it productively to fuel growth. For early-stage entrepreneurs, other strategies such as microenterprise lending may be more effective in creating and expanding their business.

In the 2008 legislative session, Governor Pawlenty proposed the Strategic Entrepreneurial Economic Development (SEED) initiative. Members of the legislature introduced similar bills focused on rural business development and entrepreneurship. While these measures ultimately did not pass, with the exception of creating an Office of Entrepreneurship, they sparked a dialogue that needs to continue and expand.

Such a dialogue needs to bring together elected officials and public administrators throughout rural Minnesota with business leaders, community groups and economic development organizations. Perhaps most importantly, all of them need to engage rural entrepreneurs themselves to discover their varied needs and concerns. This outreach can be the spark for innovative strategies that promote an entrepreneurial culture, which in turn can be the linchpin for rebuilding and renewing rural communities.

Facts about women-owned businesses in Minnesota, 2006

- 199,540 businesses are owned by women (50% or more), employing 208,134 people and generating more than \$35 billion in sales.
- These businesses account for 40.1% of all privately held firms in the state.
- Between 1997 and 2006, the number of majority (51% or more) women-owned businesses increased by 42.3%.
- Among the 50 states and Washington, D.C., Minnesota ranks 17th in the number of privately held, majority (51% or more) women-owned firms.

Source: Center for Women's Business Research. See www.cfwbr.org.

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About the Authors

MARTHA MCMURRY is a senior research analyst with the State Demographic Center at the Minnesota Department of Administration in St. Paul. Her responsibilities include preparing population, household, and labor force projections and tracking demographic trends. She received a Ph.D. in sociology from Indiana University.

TOM GILLASPY has served as the Minnesota State Demographer since 1979. Prior to moving to Minnesota, Gillaspay held the position of demographer at the Andrus Gerontology Center, University of Southern California. He received his Ph.D. in economics from Pennsylvania State University, specializing in economic demography. He also holds a master's degree in agricultural economics. Born and raised in Texas, he received his undergraduate degree in economics from the University of Texas at Austin.



MADELEINE (MADGE) ALBERTS has worked in the field of family education for 20 years, first with the University of Minnesota Extension Service and currently with the Children, Youth and Family Consortium at the University of Minnesota as program coordinator. She earned her M.A. in Religious Studies with a focus in pastoral care and counseling from United Theological Seminary of the Twin Cities, and her B.A. in home economics from the University of Minnesota Duluth. She is also a Certified Family

Life Educator with the National Council on Family Relations, and past president of the Minnesota Council on Family Relations. Madge has been a frequent speaker around Minnesota on issues related to rural women and families, marriage and work-life integration. In her volunteer life, she teaches pre-marriage education classes in her church congregation. Madge lives on a family dairy farm near Pine Island, Minn., with her husband and his family, and has a daughter, four stepchildren, five grandchildren, and two siblings. Before moving to rural Minnesota in the mid 1980s, Madge lived in Duluth, White Bear Lake and Denver.



CECIL GASSIS is from Khartoum, Sudan, where she attended university and received her baccalaureate degree in Family Sciences with an emphasis in Community Health Management. Unlike other developing countries, there are many doctors in Sudan but very few CHWs. Her university was the only one in the country to offer her major, a profession that is greatly needed in her country. Her work in Sudan involved mobilizing the community to achieve

better health.

Gassis moved to the United States five years ago. She is currently living near Mankato and working at the Mankato YWCA, where she coordinates the Walking in Two Worlds program. She works with immigrants and refugees and has noted, "People have been here for over ten years but still have difficulties." The program focuses on empowerment, leadership, skill development and career paths as well as strong family and cultural connections.

ANNE GANEY, MPH, is the Executive Director of the YWCA of Mankato and is also a consultant working with others to build the capacity of community-based organizations. Anne's expertise is in grassroots, women's and culturally specific leadership development; coalition building; program development, implementation and evaluation; culturally specific program development and evaluation, nonprofit management and proposal development. Ganey developed one of 19 programs in the nation selected for participation in the PEW Partnership for Civic Change's *Wanted: Solutions for America*, a three-year study of what makes effective programs work.



Ganey was the Director of Prevention and Healthy Communities at Region Nine Development Commission in Mankato from 1991 to 2002 and has also worked statewide, including chairing the Star of the North Statewide Prevention Coalition and the State Incentive Grant Advisory Committee to redesign prevention services for the State of Minnesota. Ganey has a master's in Public Health from the University of Minnesota and a bachelor of science from Minnesota State University at Mankato. Ganey served a four-year term on the Mankato City Council, where she worked for affordable housing solutions, livable wage jobs, welcoming diversity and balancing planning with growth.



DONNA RAE SCHEFFERT is currently principal investigator for *Horizons: Community Leadership for Poverty Reduction*. Donna Rae supports Extension educators who deliver Leadership & Civic Engagement programs, providing expertise in leadership education. As a teaching specialist at the Humphrey Institute of Public Affairs, Scheffert teaches a graduate course in group process facilitation. She has been a guest instructor for Extension Services in

Pennsylvania, Indiana, Illinois, Washington, and Wisconsin. Major programs have been funded by the W.K. Kellogg and Northwest Area foundations. Scheffert is nationally known for writing and teaching about ethical leadership and authentic leadership.

Scheffert holds a master's degree with a focus on public leadership from Minnesota State University, Mankato, and has completed coursework toward a Ph.D. in adult development and education. **She received the** Distinguished Extension Campus Faculty Award in 2002 from the University of Minnesota Extension and the FUTURES award from Minnesota Rural Futures Inc. in 2006.

DORIS MOLD is an agricultural consultant, agricultural economist and educator, as well as a farm co-owner/operator. She teaches Farm and Agri-Business Management at the University of Minnesota for the MAST International Program. Her professional work has included curriculum development, educational program evaluation, program development, marketing, and economic analysis for and about agriculture. Mold holds both master's and bachelor's degrees in



agricultural and applied economics, plus a bachelor's of science degree in animal science and agricultural education, all from the University of Minnesota.

Mold currently serves as the Networking Chair for American Agri-Women and past Vice-President of Education. Mold is the Past President of Minnesota Agri-Women and serves as the advisor of the U of M Collegiate Agri-Women. She is a co-founder of the annual Women's Agricultural Leadership Conference and was recently elected chair of the USDA Advisory Committee on Agricultural Statistics. In her youth, Mold was active in 4-H and FFA programs and continues as an adult volunteer. She served as the chair of the Minnesota Agriculture in the Classroom Foundation. Mold founded the Minnesota State Fair Moo, Oink and Baa Booths, animal educational exhibits that educate over half a million Fair visitors about animal agriculture. Additionally, Mold is a member of, serves or has served with a number of other agricultural organizations.



JAN HIVELY was named a national Purpose Prize Fellow by Civic Ventures in 2006 for her work as a social entrepreneur. In 2001, while a Senior Fellow at the University of Minnesota, she founded the Vital Aging Network (VAN), a statewide network that promotes self-determination, community participation, and personal enrichment for and with older adults through education and advocacy. In 2006, Jan co-founded "SHiFT" — a non-profit community

network, based in downtown Minneapolis, empowering midlife transitions to find meaning and purpose in life and work. She also co-founded the Minnesota Creative Arts and Aging Network (MnCAAN), expanding opportunities for creative expression by older adults.

Jan came to her focus on vital aging from past careers in community outreach, planning, and administration for a half-dozen public and non-profit organizations. She has developed collaborative education projects throughout Minnesota and written about workforce development and lifework planning issues. In 2001, at age 69, Jan was awarded a Ph.D. in Education for Work and Community from the U of M. Her survey research was focused on "Productive Aging in Rural Minnesota." Most recently, Jan was named "Minnesota Gerontologist of 2008" by the Minnesota Gerontological Society.



KRISTEN THARALDSON is a senior state planner in the Office of Rural Health and Primary Care at the Minnesota Department of Health. She performs research and policy analysis for the Rural Health Advisory Committee, a governor-appointed committee that advises the commissioner of health and other state agencies on rural health issues. Her special interests include adolescent health, mental health, and eliminating health disparities

based on race and geography. Kristen recently completed a research project and report entitled *Language Access Services in Critical Access Hospitals for Patients with Limited English Proficiency in Rural Minnesota*. She also serves as a conference planner for the annual Minnesota Critical Access Hospital and Rural Health Conference. Kristen has a master's degree in public health/community health education from the University of Minnesota and obtained her undergraduate degree in biology from the College of St. Catherine.

ANGIE SECHLER is a research analyst in the Office of Rural Health and Primary Care (ORHPC) at the Minnesota Department of Health. She conducts research and policy analysis to identify and address subjects related to the health challenges facing Minnesota's rural communities. She has been with ORHPC since 2004 and has contributed to many ORHPC publications, including reports on rural pharmacy services, mental health care delivery, and the health status of rural Minnesotans. Her most recent publication was *Health Reform: Addressing the Needs of Rural Minnesotans*. Having grown up in a small, rural, agricultural community in Indiana, she has a special interest in rural health care delivery and how the environment and human behavior can influence the health of individuals living in rural communities. Angie has a B.A. in political science from Indiana University Bloomington and recently completed a Public Health Certificate in Core Concepts from the University of Minnesota's School of Public Health.





MARY MATHEWS is the founding president of the Northeast Entrepreneur Fund, a business development organization serving emerging and small businesses in northeast Minnesota and northwest Wisconsin. More than 85% of business owners who receive assistance from NEF are still in business two years later. From offices in Virginia, Grand Rapids, Duluth and Superior, NEF serves 11 counties covering a 30,000-square-mile area. The Greenstone Group,

a new 10-year initiative led by NEF, works with business, education and economic development partners to build the region's economy by targeting support and resources toward 500 entrepreneurs in the region who are committed to growing their businesses.

Mathews received the Small Business Administration's 2002 Upper Midwest Region Financial Services Advocate Award and the 2000 David A. Martin Entrepreneurial Leadership Award. She currently serves as vice chair of the board of directors of the Opportunity Finance Network and is a past board member and chair of the Association for Enterprise Opportunity. A member of the Arrowhead Growth Alliance, Mathews has over 25 years experience in economic development and is a former business owner. She is a graduate of Iowa State University and lives in Duluth.

About the Center for Rural Policy & Development

In 1997, a group of rural Minnesota advocates came together around a bold idea: to create a rural policy think tank that would provide policy makers, rural advocates and concerned citizens with an objective, unbiased and politically “unspun” examination of contemporary rural issues.

Funded through a public-private partnership, the Center for Rural Policy and Development today is an independent non-profit research organization dedicated to the objective study of the economic, social and cultural forces that are impacting rural Minnesotans and the communities they reside in. Over the years, our audience has grown to include state legislators, city and county officials, community leaders, business executives, college presidents, school superintendents and everyday citizens concerned about rural Minnesota and its future.

Hopefully, you will agree that RMJ is one of those resources worth having. To that end, we invite you to visit our web site at www.ruralmn.org to learn more about the Center for Rural Policy and Development, our resources and programs, and ways you can support RMJ.

