

## Rural Families Speak About Health and Wealth

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This poster provided preliminary information about the Rural Families Speak–Health (RFS-H) project. The overall objectives were to identify the interaction of health, finances, and hunger as it impacts well-being of rural women. The research question was to identify the connections between health and wealth for diverse rural low-income families in four participating states.

Access to healthier foods and the ability to buy healthier foods can be challenging for low-income Americans, especially those living in low-income neighborhoods or communities and in rural areas. Low-income families who are not White also seem to have more difficulty accessing healthier foods. Eating healthier foods leads to a healthier diet overall and is linked to improvements in basic health (Food Trust, 2012).

The RFS-H project utilized a mixed methods approach. The first year of data collection focused on quantitative data regarding health of family members and the generation of income. In Wave 1 (ultimately there will be three waves), data were collected in 11 states ( $N = 382$ ). The analysis for this poster used Wave 1 data from four states: California ( $n = 60$ ), Iowa ( $n = 80$ ), Washington ( $n = 55$ ), and Massachusetts ( $n = 51$ ).

Preliminary findings indicated that the participants from the four states were about the same average age (early 30s). They differed by state, however, in a number of ways. Participants from Iowa were less educated (74% with only high school education or less), whereas participants from both Massachusetts and California were more likely to have at least some college education. Participants from MA had the highest average hourly wage (\$11.65/hour) but worked the least average number of hours in the last month (61.8 hours), whereas Iowa had the highest average hours worked (120.4 hours). Related to health, about 85% of the participants in all four states were covered by Medicaid; very few had private health insurance. Most of the rural mothers indicated that they had difficulty finding doctors and dentists who would take Medicaid (especially in CA). Mothers in California and Massachusetts were more likely to eat less, because they lacked money for food. About 25% of the California, Massachusetts, and Washington mothers stated that they went hungry because of the lack of money for food. Related to finances, all of the mothers were generally dissatisfied with their current financial situations. Mothers in Iowa were slightly less dissatisfied than mothers from the other states.

In conclusion, all of these rural families indicated that they ate less because of lack of money for food. Therefore, more effort needs to be given to recruiting eligible families to participate in WIC and SNAP programs. Medicaid is the primary source of health insurance for rural low-income families' dental and medical care, but rural mothers have difficulty finding doctors and dentists who accept Medicaid patients. Therefore, doctors and dentists need to have incentives to accept Medicaid patients, and the stigma associated with Medicaid needs to be addressed.

### References

The Food Trust (2012). *The grocery gap: Who has access to healthy food and why it matters*. Retrieved from: <http://www.policylink.org/atf/cf/%7B97C6D565-BB43-406D-A6D5-CA3BBF35AF0%7D/FINALGroceryGap.pdf>

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