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

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Since passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996, public discussion of welfare reform and most research efforts to assess the effects of new policies have focused on urban areas. Major studies and frequent newspaper headlines have portrayed the dimensions of welfare reform in Los Angeles, Miami, Boston, and other urban settings (e.g., Burton et al. 1998; Quint et al. 1999). Little attention is being paid to the consequences of the new policies for rural families and communities.

The reasons for this oversight of the rural dimensions of welfare reform are diverse:

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

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

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

CONCEPTUAL CONSIDERATIONS

The principal unit of analysis is the community because, we argue, communities are the primary environments in which welfare reform policies play out. Historically, sociologists—rural sociologists, in par-
ticular—have argued that three elements were embodied in the concept of community: location, social and economic systems, and common identity (Flora et al. 1992, p. 14). Thus, a community was a geographic unit with a set of social institutions that provided for the daily needs of its inhabitants. Because frequent and multiple types of social interaction occurred within that community, people developed a common identity and some degree of value consensus. Rural areas, it was argued, developed a greater sense of community than urban places (Tönnies 1963).

Today, these assumptions about rural/urban differences are increasingly questioned. It is becoming less true that rural people live, work, and shop within the same geographic community, even if that community is relatively remote. In this sense, the information age is merely an extension of the transformation in means of transportation and communication brought about by the industrial revolution (Allen and Dillman 1994). Still, it can be argued that those with the least resources in the society have the least access to transportation and communications technology, while the more affluent are becoming less location-bound with respect to access to jobs, social and commercial services, and leisure activities (Fitchen 1991).

Understanding how these tendencies play out in the rural-urban context for welfare recipients and those in transition from welfare to work is the subject of this chapter. Drawing on a transaction costs framework (Williamson 1975), we explore the extent to which the benefits of labor force participation are limited by a number of greater transaction costs in rural compared with urban areas. An obvious cost is the time and effort that rural welfare recipients must spend in travel to jobs and to support services.

THE IOWA CONTEXT

To provide a backdrop for understanding the context of welfare reform, we review population trends, labor market shifts, and the political landscape in Iowa. The information in this section is based on personal interviews with key informants—legislators, state government agency personnel, representatives of the private sector, nonprofit organizations, and advocacy groups—as well as the reports, memos, and documents shared by the informants during the interviews.
Population Trends

Iowa’s economic base and much of its population are moving from strictly rural areas to urban areas in the state. During the 1990s, the state’s population growth rate was 0.5 percent per year, while the nation as a whole grew by about 1 percent per year (Table 7.1). Slow growth in the 1990s reversed a trend of population loss in the state during the 1980s. Although the total state population grew, nearly half of Iowa’s 99, primarily rural, counties experienced population loss during this decade (Goudy, Burke, and Hanson 1999). We follow the contemporary

Table 7.1 Iowa State Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Iowa</th>
<th>U.S.A.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population (1996)^a</td>
<td>2,848,033</td>
<td>265,179,411</td>
</tr>
<tr>
<td>Percent rural (1990)^b</td>
<td>39.4</td>
<td>24.8</td>
</tr>
<tr>
<td>1990–1995 Growth^c (%)</td>
<td>2.3</td>
<td>5.6</td>
</tr>
<tr>
<td>Economic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1996 Per capita income^d ($)</td>
<td>22,330</td>
<td>24,436</td>
</tr>
<tr>
<td>1995–1996 Median household income^e (%)</td>
<td>34,888</td>
<td>35,287</td>
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<tr>
<td>Children in poverty, 1998^f (%)</td>
<td>15.5</td>
<td>18.9</td>
</tr>
<tr>
<td>Persons poor, 1997^g (%)</td>
<td>9.6</td>
<td>13.3</td>
</tr>
<tr>
<td>1997 Unemployment rate^h (%)</td>
<td>3.3</td>
<td>5.4</td>
</tr>
</tbody>
</table>

^c Goudy and Burke (1996). Change is calculated for the 1989–94 period in Iowa and for the 1990–95 period for the U.S.A.
convention of equating the term *rural* with nonmetropolitan (defined as places of less than 50,000 and open country situated outside metropolitan areas), and *urban* with metropolitan areas.\(^1\) The stability and the vitality of Iowa’s rural communities are a growing concern. The state lags the nation in per capita and median household income levels, but it experienced very low unemployment rates and a tight labor market in the late 1990s. Despite a healthy economy, 15.5 percent of Iowa’s children live in poverty (Table 7.1).

**Labor Market Shifts**

In the past three decades, Iowa’s employment structure has shifted away from high-wage manufacturing to lower-wage service and value-added agricultural processing jobs. The latter, although not minimum wage jobs, pale in comparison with the traditional manufacturing jobs they replaced. Iowa’s average earnings per job have increased slightly over the past decade; however, the state’s position relative to the rest of the United States has eroded. Nonfarm jobs in Iowa earned just 81 percent of the U.S. average in 1997 compared with 84 percent in 1987. This persistent erosion in labor earnings is “profoundly worse” in Iowa’s nonmetropolitan areas (Eathington, Swenson, and Otto 2000). In real terms, average nonfarm earnings in the state peaked in the late 1970s. Within Iowa, metro earnings per job (identified by place of work, not place of residence of the worker) have paid, on average, at least $5,000 more per year than jobs in nonmetro counties (Figure 7.1).

Eathington and her colleagues’ analysis of job growth over the past decade showed a “discernable qualitative difference in many of the kinds of jobs that are being created across the state,” (p. 29) with higher-quality jobs concentrated in the state’s metropolitan counties. Earnings trends during this period suggest a growing gap between metro and urban-nonmetro jobs on the one hand and rural adjacent and non-adjacent jobs on the other. In general, if the worker is able and willing to commute to the metropolitan area, job opportunities for residents of adjacent rural counties are undoubtedly greater than for those living in counties not adjacent to a metropolitan county. As shown later, commuting can be problematic for those seeking to move from welfare to work. Whether a wage differential exists specifically for low-skilled workers in rural Iowa compared with those in urban areas should be ex-
amined. Although Jensen, Keng, and Garasky (in this volume, p. 177) find that welfare recipients in rural Iowa report higher total quarterly wage income relative to their urban counterparts, available data do not allow the researchers to explore whether this difference is due to differences in wage rates, work effort, or the location of jobs held by the welfare recipients.

Since passage of PRWORA in 1996, Iowa has experienced relatively low unemployment rates, and it is generally accepted that anyone who wants to work can find a job. Low unemployment rates, however, mask a precarious situation for many low-skilled workers and their families in Iowa, particularly in its rural areas. Low wage scales, multiple job-holding, few worker benefits, and little job stability characterize economic activity in Iowa’s rural communities. Iowa has the sixth-highest rural multiple job-holding rate in the nation, with one in 10 workers holding down more than one job (Parker 1997). Besser (1998) showed that about half of Iowa’s rural firms in the retail trade and ser-
vice sectors (where many of the entry-level jobs for welfare recipients are located) provide health care benefits to their full-time workers. Health care benefits to part-time workers are much more scarce; about 9 percent of private-sector, part-time workers are covered (Besser 1998, p. 34). Because most welfare recipients are low-skilled, single women with one or more children, they are less likely than other low-skilled individuals to be able to hold down two (or more) low-wage jobs to make ends meet.

Policy Reforms

Iowa was an early adopter of welfare reform, implementing an Aid to Families with Dependent Children (AFDC) waiver program in late 1993, following broad, nonpartisan support in the legislature. Iowa’s waiver, named the Family Investment Program (FIP), was structured to shift the focus of welfare from ongoing cash assistance to self-sufficiency, with incentives to work (for early results of the FIP program, see Jensen, Keng, and Garasky, p. 177). These incentives included generous income disregards, transitional Medicaid, and child-care subsidies that would cushion the move from welfare to self-sufficiency. In addition, families were required to complete a plan to move off welfare as defined by a flexible, individualized contract between the recipient and the state. Noncompliance with the requirements of the contract resulted in the loss of benefits.

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

Three major challenges face the state’s welfare reform initiatives as PRWORA is implemented, according to state welfare administrators and policymakers interviewed. One involves a debate over the proper balance of education and training and workforce attachment. A second stems from the disproportionate number of recipients who remain on
welfare and experience multiple employment barriers. The third relates to the adequacy of Iowa’s service delivery system at the local level. Iowa enjoys its reputation as an education state, so the tension has become more focused as some decision makers question the federal restrictions on the funding of postsecondary education. As an Iowa Workforce Development administrator said, “We are not interested in moving people from FIP to working poor status.” A representative of the private sector criticized the current “work first” approach, however, as contrary to the state’s philosophy of human investment: “The state now wants to ‘invest’ in rickety old cars to take people to minimum wage jobs rather than putting those dollars into postsecondary education for welfare recipients.”

Program administrators view the implementation of a 60-month lifetime limit on FIP benefits as a serious challenge for many of the recipients who remain on the welfare rolls. Iowa’s FIP caseload decline mirrors the national trend. After peaking in 1994 at 40,659 cases, fewer than 30,000 were on the FIP rolls in 1997, and only 19,407 households were receiving cash benefits in early 2000 (Figure 7.2). Approximately half of Iowa’s FIP cases reside in metropolitan areas. A shift toward a more “difficult-to-serve” population raises questions about the state’s desire to reduce government staff and spending for a caseload that likely will require more attention and resources.

Finally, the changing expectations of the welfare system raise questions about the adequacy of Iowa’s service delivery system at the local level. Although state officials have been pleased with the 1993 policy reforms, they argue that changes in the thinking at the state level have been slow to “trickle down” to county offices. Overcoming inertia in the various departments of state government has required great effort, and devolution has yet to be, as one state agency administrator put it, “internalized” either at the state or local level. Program eligibility determination remains a function of DHS income maintenance staff, while developing and implementing a plan to move from welfare to work is the province of IWD’s PROMISE JOBS workers. Discussions of changes in staffing patterns and service delivery have moved slowly. In an effort to provide some flexibility at the local level, the state initiated family and community self-sufficiency grant programs to help local DHS offices address personal or community-wide systemic barriers to employment.
THE COMMUNITY CONTEXT OF WELFARE REFORM: UNDERSTANDING RURAL/URBAN DIFFERENCES

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

Program participation data suggest conflicting trends in the well-being of needy families with children. All seven counties saw a significant drop in the number of families on FIP rolls between 1993 and 1997. This finding might suggest that families are moving into jobs and improving their well-being. However, the number of K–12 students receiving free meals increased in all counties during the same period. This trend suggests that growing numbers of the families with school-age children are getting poorer. A summary of the population, employment, welfare program participation, and poverty characteristics of the seven counties is provided in Table 7.2.

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

Early reports from the project have identified that families in the study face a lack of many important resources that are essential for self-sufficiency: well-paying jobs for low-skilled workers, transportation,
child care, health services, support networks, and the financial means to meet basic needs. Community informants in all the study sites viewed transportation, child care, living-wage jobs, adequacy of emergency services, and a need for better interagency coordination as systemic barriers to meeting the needs of low-income families (see Fletcher et al. 1999; Litt et al. 2000). Although the personal and systemic barriers facing families appear to be common, dimensions of the problems and effective strategies to address them are different for urban and rural communities. One way of organizing our thinking about the differences in the dimensions of the challenge of moving from welfare to work is to apply Williamson’s (1996) analogy between the concept of friction in mechanics and transaction costs in economic exchange:

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

The differences in population density along the rural/urban continuum result in different accessibility and distance to services. Rural welfare recipients encounter fewer community resources locally and services that are accessible on a less frequent basis (Table 7.3). Rural residents moving from welfare to work find fewer job opportunities locally and must frequently travel long distances for employment. Commuting is problematic because private vehicle ownership is clearly not the norm among the rural poor. Rucker (1994) estimated that nearly 57 percent of the rural poor nationwide do not own a car. A recent analysis in rural Lee County (which includes Fort Madison, one of our study sites) found that only one in four adult FIP recipients owned and registered a vehicle (Fletcher and Jensen 1999). Although transportation is a ubiquitous problem for welfare families, effective solutions are likely to differ in rural and urban areas. A pattern of differing access and distance to services is particularly notable with respect to jobs and the range of support services that facilitate work and family well-being: job training and education, health care, child care, and emergency services. Rural/urban dimensions of each of these issues and the “frictions” or transactions costs incurred by welfare recipients as they participate in
Table 7.2 Population, Employment, Poverty, and Program Participation Statistics: Seven Iowa Counties

<table>
<thead>
<tr>
<th>Variable</th>
<th>Linn</th>
<th>Marshall</th>
<th>Lee</th>
<th>Buena Vista</th>
<th>Delaware</th>
<th>Franklin</th>
<th>Ringgold</th>
</tr>
</thead>
<tbody>
<tr>
<td>County population, 1997 (est.)</td>
<td>181,704</td>
<td>38,789</td>
<td>38,654</td>
<td>19,565</td>
<td>18,449</td>
<td>10,874</td>
<td>5,337</td>
</tr>
<tr>
<td>Change, 1990–97 (%)</td>
<td>7.7</td>
<td>1.3</td>
<td>−0.1</td>
<td>−2</td>
<td>2.3</td>
<td>−4.3</td>
<td>−1.5</td>
</tr>
<tr>
<td>Population of target community, 1996 (est.)</td>
<td>113,482</td>
<td>25,321</td>
<td>11,613</td>
<td>8,880</td>
<td>5,398</td>
<td>4,030</td>
<td>1,694</td>
</tr>
<tr>
<td>Minorities as % of K–12 students, 1997</td>
<td>8.1</td>
<td>11.6</td>
<td>7.4</td>
<td>16.3</td>
<td>1.7</td>
<td>7.3</td>
<td>0.8</td>
</tr>
<tr>
<td>(# of minority students)</td>
<td>(2840)</td>
<td>(795)</td>
<td>(535)</td>
<td>(709)</td>
<td>(69)</td>
<td>(150)</td>
<td>(8)</td>
</tr>
<tr>
<td>Hispanics as % of K–12 students, 1997</td>
<td>1.4</td>
<td>8.2</td>
<td>2.4</td>
<td>9.4</td>
<td>0.5</td>
<td>6.9</td>
<td>0.2</td>
</tr>
<tr>
<td>(# of Hispanics students)</td>
<td>(473)</td>
<td>(560)</td>
<td>(172)</td>
<td>(408)</td>
<td>(22)</td>
<td>(141)</td>
<td>(2)</td>
</tr>
<tr>
<td>Unemployed, 1997 (%)</td>
<td>2.6</td>
<td>3.1</td>
<td>5.5</td>
<td>2.2</td>
<td>4.9</td>
<td>3.2</td>
<td>3</td>
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<tr>
<td>Percent of total 1996 earnings in:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manufacturing</td>
<td>26.3</td>
<td>34.8</td>
<td>38.7</td>
<td>22.8</td>
<td>21</td>
<td>16.7</td>
<td>8.9</td>
</tr>
<tr>
<td>Services(^{a})</td>
<td>27.1</td>
<td>17.4</td>
<td>15.9</td>
<td>15.8</td>
<td>11.2</td>
<td>14.5</td>
<td>18.8</td>
</tr>
<tr>
<td>Median household income, 1993 ($)</td>
<td>37,430</td>
<td>31,868</td>
<td>29,498</td>
<td>30,452</td>
<td>30,754</td>
<td>28,342</td>
<td>23,324</td>
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<tr>
<td>Earnings per nonfarm job, 1997 ($)</td>
<td>30,311</td>
<td>25,525</td>
<td>26,280</td>
<td>20,547</td>
<td>21,446</td>
<td>20,987</td>
<td>18,563</td>
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<tr>
<td>% of all persons below poverty, 1995</td>
<td>7.8</td>
<td>9.5</td>
<td>11.6</td>
<td>9</td>
<td>10.9</td>
<td>9.6</td>
<td>15.9</td>
</tr>
<tr>
<td>% of children below poverty, 1995</td>
<td>11.2</td>
<td>13.3</td>
<td>17</td>
<td>11.5</td>
<td>14.5</td>
<td>12.9</td>
<td>21.1</td>
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<tr>
<td>% of pop. in FIP(^{b}) 1997</td>
<td>2.5</td>
<td>3.2</td>
<td>4.1</td>
<td>1.7</td>
<td>1.6</td>
<td>1.7</td>
<td>2.5</td>
</tr>
<tr>
<td>Change in ave. monthly no. of FIP recipients,</td>
<td>−22.9</td>
<td>−25.7</td>
<td>−23.7</td>
<td>−22.3</td>
<td>−25</td>
<td>−23.8</td>
<td>−15.5</td>
</tr>
<tr>
<td>1993–97 (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>% of population receiving food stamps, 1997</td>
<td>4.9</td>
<td>6.9</td>
<td>7.6</td>
<td>4.3</td>
<td>3.8</td>
<td>4.7</td>
<td>8.2</td>
</tr>
<tr>
<td>Change in no. receiving food stamps, 1993–97</td>
<td>−17.7</td>
<td>−11.6</td>
<td>−20</td>
<td>−12.1</td>
<td>−30.2</td>
<td>−20.2</td>
<td>−18.1</td>
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</table>
% of students w/free and reduced-price school meals, 1997–98

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<thead>
<tr>
<th></th>
<th>22.4</th>
<th>35.8</th>
<th>31.7</th>
<th>37.3</th>
<th>24.4</th>
<th>29</th>
<th>43.2</th>
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Change in no. receiving free/reduced meals, 1992–93 to 1997–98 (%)

<table>
<thead>
<tr>
<th></th>
<th>6.1</th>
<th>33.9</th>
<th>31.3</th>
<th>40.7</th>
<th>3.6</th>
<th>13.5</th>
<th>5.6</th>
</tr>
</thead>
</table>
Difference in % of students receiving free/reduced-priced school meals (1997–98 minus 1992–93)

|                | 0.1  | 7    | 8.3  | 6.8  | 1.9  | –2  | 0.9  |

\(^a\) Excluding retail and wholesale trade; financial, insurance and real estate services.

\(^b\) FIP = Family Investment Program.
<table>
<thead>
<tr>
<th>Service</th>
<th>Cedar Rapids (Linn)</th>
<th>Marshalltown (Marshall)</th>
<th>Fort Madison (Lee)</th>
<th>Storm Lake (Buena Vista)</th>
<th>Manchester (Delaware)</th>
<th>Hampton (Franklin)</th>
<th>Mount Ayr (Ringgold)</th>
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<tr>
<td>PROMISE JOBS/JTPA</td>
<td>*</td>
<td>*</td>
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<tr>
<td>Community college</td>
<td>*</td>
<td>*</td>
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<td>*</td>
<td></td>
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<td></td>
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<tr>
<td>Other college</td>
<td>*</td>
<td>*</td>
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<tr>
<td>Food pantry</td>
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<td>Soup kitchen</td>
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<td>Shelter</td>
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<tr>
<td>Adult males</td>
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<td>Children</td>
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NOTE: Names in parentheses in column heads are counties. An asterisk (*) indicates service located within the community itself.
the labor market are illustrated in the following section, in which the perspective of families and service providers are integrated.

**Job Opportunities**

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

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

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

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

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

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

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

Mount Ayr, Fort Madison, Storm Lake, and Hampton are located in counties that are not adjacent to a metropolitan area, and according to the estimates in Table 7.2, have experienced population decline in the 1990s. All except Storm Lake have not shown much, if any, net job growth, which means that generally one must look outside the county for openings for “good” jobs—those that pay a living wage, provide benefits, and are pleasant to perform. Manchester, located in Delaware County, which is adjacent to metropolitan Dubuque and Cedar Rapids, also has a lot of out-commuting. In Manchester, the local Iowa Workforce Development office reports few openings for full-time jobs with benefits and wages capable of supporting a family. Job opportunities in Dubuque or Cedar Rapids require 80- to 90-mile daily commutes. These commuting jobs are often unavailable to women making the transition from welfare to work because travel may complicate child care arrangements and usually requires the worker to have a reliable vehicle.

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

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

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

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

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

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

Support Services

Job training and education

According to many of the welfare recipients in our study, the only way to “get ahead” is to improve job skills through education and training. Iowa’s PROMISE JOBS program offers a range of employment
services and provides child care and transportation reimbursements for participants. The PROMISE JOBS staff members work with individual welfare recipients to draft the Family Investment Agreement, an individualized plan for moving from welfare to self-sufficiency. The extent to which job training services are co-located or well integrated with other human services varies considerably along the urban-rural continuum of our study sites.

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

For several reasons, Cedar Rapids and Marshalltown (the largest communities in the study) offer greater access to job training and education for welfare recipients compared with the smaller communities. These communities have taken steps to better integrate and coordinate employment services with the local community college. The availability of a city bus system in both communities offers residents an option (albeit not always convenient) of mass transit rather than having to rely solely on personal vehicles to access job training and education. A Cedar Rapids mother acknowledged the positive impact that the job training program has had on her ability to complete a two-year culinary arts degree at the local community college: “PROMISE JOBS has been helpful in making sure I get to school and [get] my monthly bus pass.” Interestingly, she foresees the need to move in order to get a good job: “The Cedar Rapids job market is pretty good, but my instructor advises us . . . to [go] to a big city and work because that’s where the most of the money is. Most of the money for the restaurant business is not really here.”
In contrast, local services for improving job skills and postsecondary education are much more limited in the five other communities. Although PROMISE JOBS staff members can be reached by telephone, they come to Storm Lake just one day per week and once every two weeks to Hampton; Mount Ayr residents must travel 35 miles to Creston to meet with PROMISE JOBS staff (Table 7.3). Four of the five smaller towns do not have community colleges; welfare recipients who need further training must rely on personal transportation to campuses that are from 20 to 40 miles away. Although the PROMISE JOBS program will reimburse recipients’ transportation expenses (at 16¢ per mile) to training sites, families need access to reliable vehicles, and that rarely is the case. A Mount Ayr mother without transportation commented, “I’m working with JTPA right now. We’re trying to figure out what I can do. Right now we can’t do nothing without my car.” A Storm Lake recipient sees distances to specialized training as a barrier to her career goal: “I’d like to take photography. I’ve called around and there’s nowhere in Storm Lake or Cherokee [25 miles away] . . . possibly Fort Dodge [70 miles away], but it’s so far away.”

Health care

Low-income residents of rural counties often experience difficulty with both availability of and access to adequate health care. Often the issue of availability is simply whether there are any physicians, mental health professionals, dentists, or family planning facilities at all. In rural towns, access involves whether anyone in the county is accepting Medicaid, how often the services are available, and, if there are no services, how far residents must travel to procure health services.

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

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

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

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

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

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

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

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

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

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

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

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

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

**Emergency services**

As is apparent from Table 7.3, emergency services such as shelters and soup kitchens are available only in larger towns. Even where services are available, however, they are often inadequate or are available on a very limited basis. A community informant in Marshalltown indicated the need to expand the capacity of a homeless shelter that now houses 15 people a night, but only during the months of November through May. “There are more homeless people in Marshalltown than we ever imagined,” he stated. The shelter administrator would like to be able to stay open year round. In towns that have no homeless shelter, local police or the ministerial association often distribute vouchers for gas, food, or a night’s lodging. In other areas, however, there are no local organizations that provide short-term shelter for the homeless.

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

**Proximity and Access: The Rural/Urban Difference**

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

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

RESEARCH AND POLICY IMPLICATIONS

A strong economy with record low unemployment and a tight labor
market suggests that Iowa is in a good position to move welfare fami-
ilies off the FIP rolls and into jobs. If the goal of welfare reform extends
beyond the reduction of welfare dependency to a reduction in poverty
and an improvement in family well-being, findings from current re-
search have implications for a new research and policy agenda. There
is a need to explore ways to improve the well-being of those who have
moved from welfare to work, to reduce barriers and the costs associat-
ed with obtaining and retaining jobs, and to explore alternatives for
those who are unable to find work. Perhaps the most challenging re-
search and policy questions relate to improving service delivery in rural
communities. Each of these issues is briefly discussed below.

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

At the federal level, further expansion of the Earned Income Tax Credit would directly benefit welfare families who have moved into low-paying jobs. At the state level, wage subsidies could take the form of expanded and refundable state earned income tax credits, as well as an expansion of the Child Health Insurance Program (CHIP), or vouchers for child care and transportation.

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

In-depth interviews with FIP families suggest that, despite low unemployment rates, some individuals cannot obtain jobs. Further research is needed to understand the dimensions of the barriers facing those who remain on the welfare rolls, but it seems clear that there are some who simply cannot get a job under current conditions, and there will be more of these individuals when the economy falters. Better assessments are needed of physical and mental health conditions that limit the employability of some welfare recipients. Little attention has been given to devising a mechanism for providing “jobs of last resort”
Small-scale demonstration sites in both rural and urban areas could provide very useful information about how to foster work skills among the difficult-to-employ and how to establish an appropriate scale for the investment required in such projects.

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

Notes

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


