Culture in Evaluation #2: Rural

Tobacco Control Evaluation with Rural Populations

1. What are rural populations?

Most often the term is used in relation to an area’s population density. According to the US Census Bureau a rural area is defined as any area that is “not urban” with urban being defined as a settlement with 1,000 persons per square mile at the core and adjoining territories with at least 500 persons per square mile. Most counties in California have rural and urban areas, but a number of counties are predominantly rural (USDA, 2007).

The popular perception is that rural populations’ economies rely primarily on agriculture. However the largest income source of rural populations in the US is manufacturing, followed by agriculture, then retirement (Lawrence, 1997).

Rural populations are ethnically and linguistically diverse, and they belong to all social groups. Overall the rural population has fewer income opportunities and is less wealthy than the urban population. Services and outreach to rural populations might require multiple strategies. For instance migrant farm workers who speak little English will need a different approach than workers in the manufacturing industry.

Since 2000 most rural areas in the US have seen population growth. But unemployment rates are higher and access to health care is more limited for rural than for urban populations (USDA, 2006).

“Compared with metro residents, nonmetro residents report poorer health and more physical limitations. The range of health care providers and services in nonmetro communities is narrower than in metro areas, and nonmetro residents may experience greater financial and geographic barriers to access” (USDA, 2006).

2. Rural populations’ relationship to tobacco

- California’s rural population smokes more than its urban population. While most urban areas have a smoking prevalence of less than 16%, the rate in rural areas is up to 22% (California Department of Health Services, 2003).
The tobacco industry targets rural populations through advertisement and sponsorship of rural events such as rodeos and sports events. Combined with lower access to disease prevention services and health care, this makes rural populations extremely vulnerable to tobacco related diseases.

Health messages, including tobacco prevention messages, reach the rural population less frequently and through fewer networks.

Higher poverty levels in rural areas go hand-in-hand with higher smoking prevalence.

Smokeless tobacco has a strong tradition in rural populations.

Smoking and chewing are frequently affiliated with images of attractive frontier pioneerism.

Outlying rural areas are less likely the target of sting operations, for instance to check tobacco sales to youth.

3. Gaining access to the rural community

“New ideas and behaviors – such as research – are introduced most effectively into communities when they are endorsed by local opinion leaders who promote their adoption” (Lawrence, 1997).

Get to know local opinion leaders by connecting with local organizations, especially youth serving groups (church groups, clubs, service organizations, the local Boys & Girls Club, Boy and Girl Scouts, etc.).

Personal relationships are generally valued highly.

Learn about local issues by reading the local newspaper.

Make site visits to the towns, observe, and visit the sites that are part of the intervention, such as outdoor areas, multiunit housing complexes, etc.

Check statistics such as the US Census data to understand the local population composition and find out who lives where.

Find out when local events are held and connect with event organizers.

Beware that aligning yourself with one group might alienate another group. Learn about the political playing field and stay on “neutral ground” as much as possible.

Stress the importance of benefit to stakeholders to get buy-in. Give incentives, for instance including questions on a survey that are of interest to stakeholders in exchange for permission to do the survey.

4. Data collection strategies

Time and transportation demands are greater in rural areas that are more sparsely populated. This might affect sampling decisions. Rather than randomly sample from the entire area, clusters might be preferable to make data collection more feasible (see sampling tips and tools sheet on this website www.tobaccoeval.ucdavis.edu).

Reciprocity is an important value: if individuals and groups see that they are benefiting from your research they will be more likely to participate. Find out how you can be helpful to them and they will help you.
“Rural residents are often reluctant to answer questions from strangers” (Lawrence, 1997). It is therefore advisable to train locals to do the data collection.

Communication works differently in small rural counties than in urban areas. Find out what communication method works best. This could mean that more face-to-face communication is required and that e-mail communication does not work well.

Merchants in rural areas often do not sell to kids they don’t know - using outsider decoys might skew results of youth purchase surveys.

Research indicates that rural populations are less motivated to participate in research through advertisement than through discussion with personal acquaintances (Lawrence, 1997).

Meetings and trainings should be conducted on “neutral ground” such as schools.

Avoid stereotyping – remember that rural populations are diverse.

Have your survey instruments translated into the appropriate languages for work with non-native English speakers.

Check the tip sheets for evaluation with low SES and ethnic groups on this website when working with specific groups such as migrant farm workers.

Pilot test your instruments to make sure that they work for your specific target group.

Provide evaluation results to participating individuals and groups.

References and Resources


Citation Suggestion:

For more Tips & Tools and other resources, go to our website: http://tobaccoeval.ucdavis.edu