INTRODUCTION

This second edition of *Encyclopedia of Rural America: The Land and People* is the first published by Grey House Publishing. The previous edition was published by ABC-CLIO in 1997. This 2-volume second edition—with 40% more data and 340 more pages—is heavy with new material and added features:

- **NEW Visions for Rural America**—a 110-page section of Primary Documents that includes 19 articles, book excerpts and speeches by the foremost authorities in the field. This section is divided into three directions for rural America—Industrialized, Sustainable, and Alternative. A detailed introduction to this section on page 1129, offers insight into these three distinct visions, and details the implications of each.
- **NEW and Updated Entries**—73 brand new essays, primarily focusing on major, recent concerns of not only rural, but also urban America: emergency management; disaster preparedness; management of natural resources; alternative energy, social movements, rural development, and sustainability. In addition, all articles from the first edition have been revised as needed, so this new edition offers a total of 305 articles that address the most pressing topics of concern to rural America, from Addiction to Workers' Compensation.
- **NEW Contributors**—this edition adds 121 names to the list of contributors to the first edition, creating a group of 380 of the strongest, most experienced authorities on rural America in the country today. For details, see About the Contributors, on page 1273.
- **NEW Timeline** –detailing important firsts in areas vital to rural America—such as accomplishments of various social movements, significant legislation, and technological advances.
- **Updated Bibliography**, with more than 215 new items, and **Index**

Addiction

An excess, compulsion, and inability to control a specific harmful or beneficial behavior; an incurable and inherited disease. After introducing the concept of addiction, this entry provides an overview of rural addiction in the following areas: definition, addiction patterns, addiction risks, addiction programs and services, and future trends. Drug and alcohol use are examples since more information is available about those rural addictions.

Concept of Addiction

Discussions about addiction often focus on behaviors that are viewed as negative or harmful. But there is another side to addiction that can be positive. There are individuals who take time every day or every other day to exercise. This behavior usually is encouraged as a way to maintain health. But what happens when exercising is increased to twice a day or three times a day? Is this an addiction? Is it an addiction or a good habit that went bad? What is labeled an addiction may not always be easy to distinguish from normal behavior. The choice can depend on perspective, setting, culture, circumstances, and degree of harm.

Addictions have been classified as genetically transmitted disorders, learned behaviors, maladaptive coping strategies, or a combination of all three. There are those who would limit the use of the addiction label only to compulsive involvement with mind- and mood-altering drugs. Others extend compulsivity to a variety of behaviors, including sex, eating, gambling, thrill seeking, and work that could have the potential to alter brain chemistry.

There is a widespread belief that rural areas offer protection from problems which include addictions. The idea that rural areas are protective and that rural people know each other well perpetuates the belief that there are fewer addictions in rural than in urban areas. However, a closer examination of addictive behaviors in rural areas, especially alcohol misuse and tobacco use—both smoked and smokeless—reveals discrepancies in the perception that addictive behaviors are less common. Nevertheless, there are few differences in the way urban and rural people look at addictions and cope with both the good and bad habits.

America's interest in addictions fluctuates and is fueled largely by political interest, celebrity involvement, and crime associated with addictions, especially to addictions like illicit drug misuse. Thus, addictions to drugs, alcohol, tobacco, sex, and eating move in and out of the media spotlight. There have been few, if any, distinctions made between rural and urban addictions except the recent attention to "meth" use and cooking as well as the medical misuse of prescription Oxycontin® (Leukefeld et al., 2007) in rural areas. A majority of the information about addictions has been developed with urban populations. However, information about addictions in rural areas is growing, but many studies are descriptively and geographically limited. For eating and sexual addictions, this also is the case for urban areas.

Rural Addiction Patterns

Incidence and prevalence data for addictions other than alcohol, tobacco, and other drugs are limited but increasing. It is important to note that the idea that addiction levels are lower in rural areas is not generally supported. For example, alcohol and drug addiction in rural America differs from urban areas, even as big city problems continue to seep into rural areas. This finding is supported by national data which indicates that alcohol and marijuana use are prevalent in rural areas, while other drugs are more common in urban areas.

Rural Addiction Risks

The popular media has underscored the idea that individuals living in rural areas are at risk for misuse of certain types of drugs, particularly "cooked meth" and

Oxycontin. What is less known is how rural areas increase the vulnerability of rural residents to other related risk factors that may further the negative consequences of addictions. For example, other health and mental health factors such as obesity, HIV/other sexually transmitted diseases, and tobacco use can add to the complexity of addiction risks and addictions.

Although specific estimates of the prevalence of rural obesity and being overweight vary by gender, it is estimated that more than half of those who live in rural America are overweight. Perhaps this is because rural area residents tend to be older and have lower incomes. Limited transportation and shopping also could make it more difficult to find healthy foods in rural areas. In addition, there can be fewer opportunities for structured exercise and less information made available about the benefits of nutrition and health.

Sexual risk and related HIV are issues in rural America, particularly in the Deep South (i.e., Alabama, Georgia, Louisiana, Mississippi, North Carolina, and South Carolina). Many rural areas in the Deep South report some of the highest rates of HIV/AIDS in the United States. According to the Centers for Disease Control and Prevention, from 2000 to 2003 the incidence of reported AIDS cases in the Deep South increased by over one-third (36 percent) compared to 4 percent in other areas of the South and 5 percent for the nation. In fact, the HIV infection rate was 14.6 per 100,000 people while the national prevalence was 11.6 per 100,000. In addition, five states in the Deep South are in the top 10 nationally for the prevalence of gonorrhea, Chlamydia, and syphilis. Overall, rural areas have poor health patterns which increase problems associated with addictions including higher rates of heart disease, diabetes, and infant mortality.

People who live in rural areas report more cigarette and smokeless tobacco use than individuals living in urban areas. Although this higher rate of use is a problem among adults, the most troubling findings are the high tobacco use among rural adolescents which was, for example, the highest increase in use at 78 percent from 1988 to 1996 (Kendall, 2000).

Rural Addiction Programs and Services

Rural addiction services are usually provided as outpatient services, with fewer staff than urban programs. For example, rural substance abuse inpatient detoxification treatment and residential treatment are usually received in the nearest large city. The productivity of rural programs appears to be lower than urban programs, which is largely related to the geographic distances that staff must frequently travel to area offices in order to provide accessible treatment. Another factor is the influence of drug abuse and crime, a relationship that appears to be more obvious in urban areas but is now apparent in many rural areas. It seems ill advised to suggest that there are differences between rural and urban areas in the link between drug use and crime (Leukefeld et al., 2002); however, treatment programs targeted to drug abusers involved in the criminal justice system are much more likely to be an urban phenomenon.

Although there are fewer addiction treatment and prevention services in rural areas when compared to urban areas, rural hospitals and public health clinics, like hospitals in urban areas, provide addictions-related information and services. However, rural hospitals, like urban hospitals, are generally used by patients for medical problems rather than for preventive services including addictions. Since little information is available about addiction-specific services, the availability of health services provides indicators of the availability of rural addiction services.

Perhaps the most important factor for obtaining health care is having health insurance. Health insurance not only influences a person's intention to seek health care, but it also increases the quality of care (Glied and Little, 2003). Rural residents are less likely to have health insurance coverage and consequently use fewer health services overall because they have lower-paying jobs (Faulkner and Schauffler, 1997).

Even if a rural resident has adequate insurance, a second barrier is finding a provider because almost two-thirds of rural areas have a shortage of health care providers (Probst et al., 2004). Although the percentages of individuals receiving primary care in urban and rural settings are about the same, the percentages who have access to their physician on nights and weekends are lower in rural areas since the number of rural family practitioners has declined (Ricketts et al., 2000). Rural emergency medical services are also limited as are rural hospitals that provide substance abuse treatment.

Final barriers for the use of rural health care and addiction services include education and poverty. Not only does education directly affect a rural person's well-being, it also affects the type of employment that provides quality health insurance coverage. For example, Probst et al. (2004) indicate that only 8.6 percent of white adults living in urban or metropolitan areas reported not completing high school, but 15 percent of

rural white adults did not have a high school education. Educational differences became even larger for rural African Americans (39.5 percent) and Hispanic (50 percent) adults. In addition, rural poverty has been shown to be as much as 28 percent higher than urban poverty (Brown and Hirschl, 1995).

Rural Attitudes

Rural life has advantages and disadvantages for addiction treatment and prevention. In general, rural people and rural communities have a more suspicious view of mental health services, including addiction services (Sullivan et al., 1993). This point of view can dampen help-seeking behavior in rural areas. An additional factor is that treatment, intervention resources, and self-help support groups, such as Alcoholics Anonymous and Overeaters Anonymous, are fewer and are spread thinner over wider geographic areas. Consequently, individuals must travel farther to obtain help to establish and maintain recovery. Given the ambivalence many individuals experience in early recovery, this distance may have a significant impact on recovery for individuals in rural areas.

Rural treatment programs and other rural institutions tend to be more personal and informal than urban organizations. The rural, small-town culture can enhance the personal involvement of such institutions like courts, hospitals, and churches in the addiction recovery process. There also are added benefits of community organizations working more closely together than in urban settings. However, roles and issues can overlap. For example, a physician may serve on the School Board, Bank Board, and the Community Mental Health Center Board and also be prominent in a political party. This complexity requires sensitivity to community concerns and particular attention to confidentiality. Thus, community relationship skills may be more important in rural areas than in urban areas in order to provide the most effective interventions for addicted people.

Future Trends

A major issue for the future is the limited resources available to rural Americans which is coupled with a need to know more about rural addictions overall. Resources in rural America are scarce, and professional help and self-help groups may not be available locally. Consequently, rural people will continue to travel some distance to obtain treatment. They will have limited local aftercare or treatment follow-up services to enhance recovery and decrease the chance of relapse. It is important to recognize that one treatment or intervention may not be appropriate for all rural Americans who need addiction treatment. For example, Appalachian East Kentuckians culturally are very different from Alaska Natives. Addiction services that do not take into account cultural differences will not be as effective.

Future rural addiction issues will most likely be shaped by multiple forces, including the following (Leukefeld et al., 1992): (1) Contrary to popular belief, there is drug use in rural areas, particularly alcohol and tobacco use and abuse. (2) As the proportion of older rural residents continues to increase, expertise will be needed to provide services for the elderly. (3) Based on National Household Survey data, rural residents often do not seek treatment for their addiction to drugs. Thus, rural areas can have hidden groups of abusers. Effective outreach could help to meet community-based drug and alcohol problems. However, given the scarcity of resources in rural areas, such outreach may not be a reality. Identification through traditional methods such as Driving Under the Influence programs could be most useful for beginning interventions. (4) Additional attention and treatment interventions should be targeted toward rural drug and alcohol users. Ritson and Thompson (1970) identified an additional important issue that will continue to influence the course of addictions in rural America—the difficulty of a person receiving anonymous care. (5) Finally, those who examine future trends and develop rural addiction interventions must remember that rural people consider themselves to be self-reliant, that rural populations are diverse, and that rural people pride themselves on being independent.

— Carl G. Leukefeld, Jamieson L. Duvall, and William W. Stoops

See also

Adolescents; Crime; Mental Health; Methamphetamine Use; Policy, Health Care; Public Services

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Adolescents

Those in the developmental stage of adolescence, starting at puberty and continuing to maturity or the legal age of majority; typically children aged 10 through 17.This article addresses strong families as the best environment in which to raise children. Contemporary changes in family structure have dramatic effects on children, and factors such as poverty, discrimination and distressed communities put adolescents at risk. A national agenda that supports adolescents and families can reverse this trend.

Strong Families: Best Environment for Raising Children

Research continues to note that many fathers and mothers lack the ability and commitment to be responsible parents. In a final report of the National Commission on Children (1991a) the authors recommend that individuals and society reaffirm their commitment to forming and supporting strong families as the best environment to raise children.

When families are strong and stable, young people have a basis to succeed in life. When families are vulnerable, children are less likely to achieve their potential. In 1990, 1.7 million families nationwide started with the birth of a new baby. Almost half (45 percent) of these families started at a disadvantage; the mother had not finished high school at the time of the child's birth, the parents were not married, or the mother was under the age of 20. Twenty-four percent of the families had at least two disadvantages, and 11 percent had all three (Center for the Study of Social Policy 1993). Some of these families will succeed, but many are at risk of instability and breakup, being dependent on public assistance, and financially insecure.

The family is a powerful institution to help children develop the skills they need to succeed in life. The early years are critical. Consistency and predictability are essential to help children develop a sense of mastery and control over their world. Experiences from the early years form the building blocks for sound physical health, intellectual achievement, and social and emotional well-being during adolescence. If they teach lessons in character building and getting along with others in the home, children learn the fundamentals to function in the wider world.

Child development begins before birth and continues into adulthood. If all goes well and they achieve successful milestones at each stage, children enter adolescence motivated to learn and with skills to relate well with others. Problems that are unresolved in early stages may reappear and become grater problems in later life.

The Nation Commission on Children (1991) believes that children and adolescents need clear, consistent messages about personal conduct and responsibility associated with living in community. Developing moral values and personal standards enables them to live in harmony with their families and others, a significant step in achieving a sense of positive development.

Families do not live in isolation. The development of children and adolescents is shaped by inherited characteristics and influences inside and outside the home including the church, school, and neighborhood. These factors interact to determine individual development. Changes in today's family impact the lives of children and adolescents. A father's absence correlates with emotional and financial deficits for children that are hard to overcome.

Changes in Family Structure Affect Children

The American family experienced many changes in recent years. Families are raising more children today without the support and presence of a father in the home. As a result, many children enter adolescence with a deficit of the emotional and financial support they need to succeed in life. In 200, there were 9.5 million single parent families with children in the United States. The percent of families with children headed by a single parent increased from 24 percent in 1990 to 28 percent in 2000. The vast majority of children in single-parent families are in female-headed families where they are more likely to be poor. About 39 percent of children in female-headed families were poor in 2001, compared to 8 percent in married-couple families.

Research shows that women generally earn less money than men, and absent fathers pay little child support. Two-thirds of the female-headed families received no child support in 1990. Although many parents of poor adolescents work, most have fewer financial resources, and less time to devote to supervision, education, and nurturing of their children. Thus, the healthy development of many youth is in jeopardy. This is especially true of children in rural areas where nearly 15 million (22.9 percent of the nation's children) lived in 1991. The Center for the Study of Social Policy (2004) calls it The High Cost of Being Poor.

In 2004, 5.6 million children lived in extreme poverty in this country. This is defined as living in a household with an annual income below $7, 610 for a family of three (Children Defense Fund 2005). Sherman (1992) found that children in rural areas are especially poor. They tend to receive less help from the government than children in metropolitan areas. Rural children are more likely to live in a home with an adult head who has not finished high school. Although the majority of rural children live with both parents; however, 19 percent live in a female-headed home, up from 10.3 percent in 1970. In recent years, rural areas had the fastest growth in the proportion of children in female-headed families. This might be a reflection of the decline in wages and employment opportunities over the last decade. Earnings in rural areas are less than metropolitan levels. In 1990, 500,000 rural parents were looking for employment. The median income for rural families in 1990 was $28,272 or 75 percent of metropolitan figures (Sherman 1992).

Factors That Put Adolescents at Risk

Research shows that many youth are at risk of not developing their potentials to lead productive lives. Loyer-Carlson and Willits (1993) found such factors as poverty, discrimination, parental unemployment, and disintegrating communities significant in impairing physical and emotional health of adolescents. These factors create a lack of self-motivation needed to succeed in school and in the workforce. One-in-four adolescents in this country, nearly seven million between the ages of 10 and 17, engage in social behavior that can lead to serious, long-term problems: school dropout, premature sexual activity, juvenile delinquency, crime and violence, and drug abuse (Dryfoos 1990).

In March of this year (2008) the Centers for Disease Control released an alarming report that found about one-quarter of female teens may be infected with a sexually transmitted infection (STI). Teens and young adults make up only one-quarter of the population, but account for nearly half of all STI diagnoses. A sexually transmitted infection makes them more vulnerable to HIV, the virus that causes AIDS. In 1992, nearly 10,000 young adults under the age of 25 had been diagnosed with AIDS. Most of them contracted HIV during their teen years.

The teen birth rate continues to decline (Child Trends 2006). However in 2004 there were 422,197 births to teens in the United States with great costs to society. Research shows that high teen birth rates correlate to increased poverty and low educational attainment. National studies indicate that children of teen mothers are at risk of developmental delays, behavior problems, early parenthood, failing academically, dropping out of school, or becoming delinquent. Over three-fourths of the unmarried teen mothers receive welfare at some point in their lives. One-out-of-three female-headed families started with a teen birth and almost half of all teen mothers are poor (Center for the Study of Social Policy 1993).

Increasingly, the work force demands better educated employees. Although, rural areas experienced a decline in recent years in the number of students who drop out of school, the numbers are still more than their metropolitan counterparts because rural youth are more likely not to complete their education by either returning to school or getting a GED. In this country, male high school dropouts between the ages of 16 and 19 can expect to earn about $5,700 per year. However, female dropouts earn only $3,109 per year (Children's Defense Fund 1992.). In 2001, the Center for the Study

of Social Policy found almost 1.4 million 16- to 19-year olds, across the country, not engaged in productive roles, in school, working, in the military or homemakers. Not participating in mainstream society has implications for most social ills. Examples these researchers cited included: crime and delinquency, substance abuse and drug trafficking, alienation and hopelessness, and mental illness.

In 1991, 130,000 youth, 10 to 17-years of age were in custody for violent crimes: rape, robbery, homicide, or aggravated assault. This was an increase of 48 percent since 1986 or 42,000 more arrests. Many of these were drug-related arrests (Center for the Study of Social Policy 2004). One-half to three-fourth of incarcerated youth nationwide are estimated to suffer from a mental health problem. In 1988, rural eighth graders were just as likely as eighth graders in metropolitan areas to indicate that they felt unsafe at school, that they had been threatened or someone offered to sell them drugs. Rural communities, although experiencing a higher rate than in the past, have fewer reported problems with hand-gun crimes than do metropolitan areas (Sherman 1992).

Dryfoos (1992) found few research studies on the behavior of rural adolescents. However, one study (Crockett 1987) suggested that rural adolescents with high grades and heavy involvement in academics are less likely to be sexually active than those with poor academic performance and low expectations for the future. This suggests the importance of a rigorous course of study for all students and the need to create more positive youth development opportunities.

A Call for a New Agenda

The Center for the Study of Social Policy (1993) called for a national agenda that supports families so that fewer children grow up in poverty. This will mean that community institutions, the family, and employment forge new partnerships to strengthen families. This agenda is neither new nor radical, according to these researchers. It is about renewing our commitment to help families succeed. These researchers cited free public schools, disabled veteran pensions, settlement houses, child labor laws, an eight-hour work day, minimum wage, the original aid to dependent children, mortgage deductions, and even the traditional school year calendar (which gave summers off for farm work), as examples of historic public-policy initiatives designed to help families meet the needs of their children. Social policies must reflect the realities of American families.

Helping adolescents to succeed is in the best interest of the nation. The future of the country depends on all of our young people, not just those who are better educated and more advantaged. Unless action is taken now the U.S. will be less free as a nation and unsafe in years to come.

— Irene K. Lee

See also

Addiction; Camps; Domestic Violence; Education, Special; Education, Youth; Family; Homelessness; Rural Demography; Policy, Rural Family; Policy, Socioeconomic; Poverty; Recreational Activities; Welfare

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African Americans

A racial group in the United States with ancestral heritage to Africa, also known as Black people. This article covers the various events and struggles that have been encountered by African Americans, with specific historical and demographic factors relating to rural America. The main focus encompasses the effects of race relations, political struggles, health care, and the educational system on rural African Americans. The major thrust of this article, therefore, will center on various institutions as they relate to African Americans in rural America.

Race Relations

African Americans are one of the most disadvantaged racial minorities in the United States. This is due in large part to the lack of institutional and personal resources. Negative race relations, both historically and currently, prohibit them from overcoming impoverished obstacles. This remains especially true in the rural South, where African Americans continue to cope with some of the most severe social and economic hardships, and where they continue to experience negative social prejudices.

The southern region of the United States currently is home to 92 percent of rural African Americans. About 19.4 percent of the total population in southern states is African American (compared with 12.2 percent in the Northeast, 10.5 in the Midwest, and 5.4 percent in the West). Of the entire Black population in the U.S., 53.8 percent reside in the South (U.S. Census Bureau 2000).

Life chances for rural African Americans historically have been restricted. They have experienced systemic barriers and deprivation. Rural African Americans were violently attacked and intimidated for many years. They also had no protection or support from the legal system. This was evidenced by the passage of "Jim Crow laws," which established the legal basis for the segregation of the races (Healey 2007). Jim Crow laws affected all parts of rural African Americans' lives from birth until death, completely segregating them in all public accommodations.

Political Struggles

African Americans in the rural South experienced restrictions of political rights and participation. During Reconstruction, however, the Fourteenth and Fifteenth Amendments were added to the Constitution to protect the voting rights of all male citizens including African Americans. After these two amendments were implemented, African Americans actively participated in political affairs, and were appointed or elected to public offices, including Supreme Court Justice. However, these gains disappeared soon after the Compromise of 1877, which required the Union to remove troops from the South who had been sent to protect African American citizens.

To further circumvent the Fourteenth and Fifteenth Amendments, Whites implemented such practices as the grandfather clause, poll taxes, and reading comprehension tests. The grandfather clause, introduced in the 1880s, stated that persons could vote only if their grandparents had voted. Most African Americans had no such eligible ancestors. Acting as prerequisites, exorbitant poll taxes, and reading comprehension tests often omitted the majority of this racial group from voting. The Supreme Court finally declared these

Legally enforced segregation, as shown in this 1945 photograph, was just one of the barriers to economic progress faced by African Americans in the rural South. © *Osborne / Corbis*

practices unconstitutional in 1915. Though the guise of discrimination has changed over the years, the rural African American is living proof of the perpetuation of a rather unsightly past (Healey 2007).

Economic Conditions

A major problem confronting rural African Americans today is severe economic conditions. These difficulties are magnified within the rural Black farm population. The rural South contains approximately one-third of all farms in the U.S. (U.S. Census 2000) where in the 1980s nearly 95 percent of the entire nation's Black-owned operations were located (Beaulieu 1988). The majority of Black-operated farms historically have been and still are dedicated to tobacco, livestock, and cash grain. These are agricultural industries with which African Americans traditionally are most familiar and are considered relatively secure even though they may not be very monetarily rewarding (Beauford and Nelson 1988).

Farmers in the South have the highest dependence on off-farm employment. Secondary income is far more critical to Southern farmers than to those operations in other segments of the country. For example, in the 1980s, about forty percent of Southern farm operators work 200 days or more in non-farming occupations. This is due mainly to the fact that a majority of southern farms are small scale and have low annual sales (Beaulieu 1988). Overall, the composite picture of the southern Black farmer is "one of low income, limited education, advancing age, and inferior social status" (Rogers, Burdge, Korsching, and Donnermeyer 1988: 331). Therefore, the rural South continues to be the most impoverished area in the country.