

Community-based Research Education in Eastern Kentucky CREEK Students Study Faith-based Community Outreach, Oral Health and Cancer Prevention Coalitions





THE ROLE AND IMPACT OF OUTREACH MISSIONS PROGRAMS IN RURAL COMMUNITIES Author: Cindy Glass, University of Kentucky, Department of Sociology **Purpose:** This study is a two-pronged ethnographic study of community outreach programs, from the perspectives of both the recipients of the services and those who volunteer their time and/or money to provide the services. The overarching purpose of this study is to take a behind-the-scenes look at the function of outreach missions programs within rural communities in order to determine what role these programs play in assisting impoverished people meet basic needs. This study also seeks insight into the views of a local church congregation regarding how the members feel about the services the church provides to the community and related issues regarding volunteer service.

Method: The researcher chose a church in Madison County which provides financial assistance to the needy on a regular basis. Through interviews with approximately fifteen recipients, she probed issues such as how the client first heard of the program, how often this or similar programs are utilized by the recipient to meet basic needs, what personal issues led the recipient to be in need of assistance, and what the recipient feels could be done within the local community to address the needs of the impoverished. The researcher also talked with the volunteers of the program to find out their views on the program, including how the volunteer first became involved with the outreach program, how they feel about the services being provided and what they feel could be done to improve the program. Additionally, input is currently being sought from members of the congregation, including to what extent the congregants are involved in similar programs, how often they volunteer, their reasons for volunteering and what they feel their particular congregation should (or should not) do to further the outreach program. This information will be obtained through a brief questionnaire sent to the members of the congregation. **Results:** Interview analysis indicates that approximately half of the recipients utilize outreach programs on a regular basis to meet basic needs, primarily utility bills and rental assistance. The study also reveals that most recipients have very negative feelings about having to rely on outreach services, whether it is on a regular or sporadic basis, primarily emotions of shame and embarrassment. The volunteers appear very dedicated to the purpose of helping the less fortunate, but because this particular program is funded by donations and bequests of members of the congregation, this program is limited in its ability to meet the needs found within this community. Input from the congregation members is still underway and will be reported in the final analysis. **Conclusions**: The final analysis of this project will be provided to the Missions Committee of the participating church. The goal of the researcher is for the participating church to utilize the information gained during the interviews to focus on ways it could better serve the needy within the local community. The comments of the recipients and the results from the survey of the congregation should guide the outreach program as it works to meet the needs of the impoverished in this rural community. The study will also help the church understand "what, when, where and why" its members volunteer in outreach programs, so that it can build on its current mission to better serve the community.



Author: George F. Bills, University of Kentucky, Department of Sociology Purpose: The shift from a regime of medicalization to a regime of biomedicalization has been changing the basis of trust (and more deeply, ontological security) that Americans have in expert medical knowledge. Cancer prevention coalitions, organized through the Special Populations Network of the National Cancer Institute, reflect this shift as they attempt to promote community participation in cancer prevention and control activities among medically underserved populations. This dissertation research project attempts to map local cancer prevention networks in two Area Development Districts of eastern Kentucky. The research not only describes the social networks that connect state and federal programs to local communities, but also explores how expert knowledge and popular science in media are used to sustain a worldview that supports belief in federal level cancer control policies and practices. Method: This study followed a critical ethnographic methodology (Carspecken, 1996), involving five stages. These include : 1) compiling the primary record; 2) preliminary reconstructive analysis; 3) dialogical data generation; 4) describing system relations; and 5) system relations of findings. Stage 1 included observation of cancer prevention coalition activities in two Area Development Districts (ADDs) in eastern Kentucky. Social network methods were used in stage 1 to gather descriptions of the coalitions in the Kentucky River and Cumberland Valley ADDs and to connect those local coalitions to state and federal level programs. Also, newspaper stories and academic journal products from the Appalachian Community Cancer Network (ACCN) at the University of Kentucky were gathered as well. Stage 2 included preliminary analysis of patterns of interaction and activities performed by coalitions and analysis of how cancer prevention activities are depicted in regional media. Stage 3 is currently underway and the author is collecting sociometric data on a typical coalition in the Cumberland Valley ADD along with freelisting data on terms relevant to coalition activities. This will be supplemented with data from a focus group discussion around media themes. **Results:** Cancer prevention activities carried out by coalitions are examined as forms of emotional labor. Emotional labor in the coalitions appears to have ritual and performative elements that facilitate local collective identities as health conscious citizens and attempts to "stake" a "sacred canopy" sufficient to ward off community fears about death through cancer. In many ways the coalitions have only replicated the political hegemony of class (corporate) and gendered influence that shapes health care in Kentucky as well as the United States. **Conclusions:** Multidimensional dialogue around health issues in eastern Kentucky would include environmental interests, drug abuse prevention and treatment interests, health reform advocates and others that presently appear to largely uninvolved with cancer prevention activities in the region.

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Cancer Prevention Coalitions in Eastern Kentucky: Doing the Emotional Heavy-lifting on the Commodity Frontier













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Oral health in Kentucky, especially in eastern Kentucky is a chronic problem. According to the Center for Disease nd Prevention (CDCP) in 2004, Kentucky ranked #2 in the nation for loss of natural teeth. There are a number of factors such as broad based structural inequalities, cultural beliefs and attitudes, and environmental factors that work together to contribute to poor oral health in eastern Kentucky. The purpose of this study is to examine the social relations of food and drink consumption to the perception of oral health and provide a better understanding of the stimuli in the structural

Method: The study to examine the social construction of food and drink consumption will be conducted primarily through ethnographic research methods whereby the researcher will travel to the city of Hazard in Perry county, Kentucky to conduct three participant observations in discount supermarkets. As a control group, three participant observations will also be conducted in discount supermarkets in Lexington, Kentucky. The goal of the observation is to understand parent-child interaction and ascertain tactics used by children to persuade parents to buy certain food and drink items. Tactics can be, but not limited to, asking, tantrums, threats, and bargaining. Also, I will be looking for verbal and non-verbal responses from the parents. The verbal and non-verbal responses can be, but not limited to, smiles, laughing, hugs, frowns, shrugs, anger, pointing, scolding, and disappointment. I will be looking for shoppers with children estimated between the ages of 3 to 16. Also, I will collect additional data by conducting five unstructured interviews in Hazard, Kentucky. The goal of the unstructured interviews will be to understand the negotiation process that takes place amongst family members and the meanings

Results: Preliminary results indicate that of all the aisles in the store, children seem to be the least active in the produce area and most active in the cookie aisle. The shopping experience and control over what is purchased seem to differ by family dynamic. Also, negotiation processes seem to be used most by parents whom had children of the opposite sex. When the ratio is one parent to one or more children of the same sex, parent displayed an emotionless control of purchases. When the ratio is one parent to one or more children of opposite sex, parent showed emotion of either fulfillment or frustration to child's desires. In the case of two parents with one or more children, control of purchases were dominated by mother. Father

Conclusions: The analysis of this project will be provided to the Hazard Dental Clinic, Centering Pregnancy program, and the Center for Excellence in Rural Health in Hazard, Kentucky so that results can assist them in better addressing dental