

A STUDY OF AWARENESS, USE, SATISFACTION, AND
PRIORITIES FOR CHILDREN AND YOUTH
SERVICES IN TULSA, OKLAHOMA

By

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CHAPTER I

INTRODUCTION

State governments are concerned with the planning, implementation, dissemination, and evaluation of services provided by agencies which attempt to meet the needs of children and youth. Before effective planning, implementation, dissemination, and evaluation of human services agencies can be done, research on the needs of children and youth is necessary to assist in the decision-making process. One research process used by states in planning of human services is the needs assessment.

Definition

The needs assessment process is defined as "the determination of the extent and characteristics of the areas of dysfunction as a basis for planning and developing community human service systems" (Project Share, 1976, p. 1). Hall and Johnston (n.d.) state that

a needs assessment is a means of estimating or determining the significance or importance of unmet necessities created by some situation or condition of living, as well as identifying those necessities already provided. Assessing needs is primarily a data collection activity and is a valuable method of locating service delivery gaps and substantiating unmet needs in a community. (p. 4.1.3.)

The question can be asked, "Why do a needs assessment?" One answer is that

more effective policy and program implementation based on information gathered is an important goal of any policy making group, and is the underlying consideration for why a needs assessment should be done. The information obtained in the needs assessment activity will provide decision and policy makers with the justification for new programs and services where appropriate, and will warrant new or additional financial allocations as needs are identified. (Hall and Johnston, n.d., pp. 4.1.3.-4.1.4.)

The Education Commission of the States (1976, pp. 2-4) explains the difference between human needs and service needs simply by stating that "needs assessment looks first at the human needs and then responds to them by developing services." They define the needs assessment formula as "an on-going process whereby: (1) the human needs of children are identified and (2) service options to meet needs are identified."

Need for Research

Himelrick and Aitken (1976) reviewed three state models, Idaho, North Carolina, and Texas, which provide a variety of approaches and techniques in needs assessment procedures. Additional states which have published needs assessments dealing with services for families with children and youth are Maine (Children and Youth Services Planning Project, 1977), Texas (Office of Early Childhood Development, 1974), Colorado (Behavioral Research and Evaluation Corporation, 1975), North Carolina (Heasley, C. W., 1976), Iowa (Iowa Council for Children, 1977), Virginia (Hall, A. & Johnston, E. B.), Oregon (Governor's Task Force on Early Childhood Development, 1976), Massachusetts (Committee for Children and Youth, 1976), and South Carolina (South Carolina Department of Social Services, 1977). In Oklahoma, the Department of Economic and Community Affairs (DECA) conducted the Children's Services Coordination Project which used the needs assessment process. In a project progress

report (Powell, 1978, p. 1), the purpose of the project was "to identify human needs of children and families in Oklahoma in order to determine service gaps and possible service duplication." The Children's Services Coordination Project was a state-wide needs assessment of families with children and youth. The staff of the project conducted 2,976 interviews with randomly selected families in the state. Twenty-six speakouts were held by the staff throughout the state for families and representatives of vendor services to meet and discuss the needs of families. Data from the Children's Services Coordination Project included consumer survey interviews with 492 families in Tulsa, reports of three Tulsa community speakouts and summaries of pertinent social and demographic information, and a summary of child and youth services available in Tulsa.

In recent years, several other needs assessment studies have been completed in Tulsa. The Program Director of the University of Oklahoma Juvenile Personnel Training Program held staff meetings throughout the State of Oklahoma, including Tulsa, with 181 staff members for needs assessment interviews for agency programs providing "direct services to youth and their families, i.e., counseling, shelter, and employment services" (Walker, 1978, p. 3). Entitled, For Children's Sake--Awareness, Advocacy, Action, the Child Advocacy Survey conducted by the Junior League of Tulsa, Inc., contained an assessment concerning seven program areas dealing with children (1978). In 1976, The Comprehensive Priority Study of Resources and Needs for Human Services in the City of Tulsa was compiled and published by the Community Service Council of Greater Tulsa (A United Way Agency). The purpose of the study was to provide an assessment of public and some non-public programs included in the human

services delivery system in Tulsa. It is expected that results of the present study will add to and verify existing information related to the current knowledge base relating to needs of children and youth in Tulsa.

Purpose of the Study

The purpose of the study is to update information related to the needs assessment process in the city of Tulsa, Oklahoma, by conducting further in-depth analysis of the Tulsa area data generated in the state-wide needs assessment project (Wines, M. & Powell, J. A., 1978). A further purpose was to compare the earlier Community Service Council of Greater Tulsa needs assessment study, entitled The Comprehensive Priority Study of Resources and Needs for Human Services in the City of Tulsa, Oklahoma, with the results of this study.

CHAPTER II

REVIEW OF LITERATURE

Introduction

The previous chapter has defined the needs assessment process and identified other states' needs assessments. This review is limited to the six previous needs assessment studies in the city of Tulsa, Oklahoma. These studies were (1) The Comprehensive Priority Study of Human Services, 1976, hereafter termed Priority Study; (2) For Children's Sake--Awareness, Advocacy, Action, 1978; (3) Needs Assessment, Grant #77D04/08-002, 1977-78; (4) Needs Assessment for 1977-78 Workshop; (5) Child Care Worker Curriculum, 1977; and (6) Title XX, County Needs Assessment Summary.

Review of Previous Needs Assessments

The Comprehensive Priority Study of Human Services

In 1976, The Comprehensive Priority Study of Human Services (hereafter termed Priority Study) was completed by the Community Service Council of Greater Tulsa (CSC). This study was part of the Tulsa Community Development Block Grant Program Project 001014. The purpose of the study was to survey "human services delivery systems" in Tulsa by collecting data from (1) a variety of service provider organization

representatives, (2) participants' knowledge, (3) random sample household surveys, (4) the range and kinds of human services, and (5) recently-published studies concerning Tulsa. The exploratory survey identified needs and suggested directions for future in-depth analysis of particular areas of the city. Volunteers completed the study during an eight-month period.

The "human services delivery system" included programs in the areas of recreation and leisure time, safety, employment, education, health, social services, information referral, mental health, day care, income maintenance, legal services, housing, transportation, and subsistence allowances which encourage "the physical, emotional, social, and economic well-being of individuals and families" (Community Service Council of Greater Tulsa, 1976, p. 6). The study process was the development of (1) a framework for an inventory of services which used the United Way of America's Services Identification System (UWASIS), (2) assessment by programs which constituted the inventory of services, (3) a priority assessment of programs, and (4) recommendations for short- and long-term planning. The study process work was divided into four subcommittees. One of these subcommittees, the Needs Identification Subcommittee, was responsible for identifying human service needs from individuals and groups in the city of Tulsa. To identify the human service needs, past studies, statistical information, Vision 2000 District plans, random sample surveys, and other information sources were implemented (Community Service Council of Greater Tulsa, 1976).

The random sample surveys are of particular significance in this review. The subcommittee designed a questionnaire for two separate samples, a city-wide (City Survey) sample of 299 households and a

200-household sample from fifteen lower/moderate income census tracts (Lower Income Survey), in Tulsa to identify concerns in the areas of housing, day care, health care, education, recreation, and transportation. The sample area of the Lower Income Surveys did not include the Model Cities area because the residents of this area were already involved in a Model Cities Program needs assessment (Community Service Council of Greater Tulsa, 1976).

A random block selection process was used. The interviews were conducted after 5:00 p.m. on days between May 24 and June 16, 1976. The data from these interviews were in four groups: (1) the city sample, (2) the elderly subsample (from the larger city sample), (3) the lower income sample, and (4) area sub-groups.

Major findings of the Priority Study were as follows:

1. Throughout the city-wide sample, "physical activities other than team sports" was a preference. In low-income households "physical activities other than team sports" is the additional activity most desired.
2. The city sample reported the greatest concern for year-round care for children under six. The lower-income households appeared to show major concern for year-round day care.
3. The city-wide respondents were (1) most concerned about their children's willingness to study and keep up with classes and (2) "early childhood programs" as a highly desirable educational opportunity.
4. Health: A large number of city-wide respondents and lower-income respondents reported they had medical doctors they used regularly for their children. The city-wide respondents and

lower-income respondents indicated using a family dentist. A small number of city-wide and lower-income households reported (1) current dental problems with their children and (2) dental checkups in the last year. Health problems concerning drugs, medical care, not having a regular doctor, and not knowing where to go for medical assistance were frequently reported by respondents in north and downtown areas of Tulsa. Two child health areas of concern for all Tulsa families in both the city sample and lower-income group were (1) not being able to contact doctors after office hours and weekends and (2) payments for medical care and drugs.

5. Recreation and leisure time for adults showed a small number of the city respondents and lower-income respondents reporting a need for more organized adult activities.
6. Education: Out-of-school youth and adult respondents in the city-wide survey appear most interested in attending informal classes offered by the park and recreations department, junior colleges, community college, physical fitness programs, and college. Lower-income respondents showed high interest in learning and improving basic skills and vocational training.
7. Health--Adults: The entire city and lower-income samples reported the major adult health concern was paying for medical care and drugs.
8. Income maintenance for all sections of the city had a fairly high level of insufficient incomes reported. The lower-income sample reported not having sufficient income to meet basic

needs.

9. **Legal Services:** A large number of the city sample respondents who reported a need of legal services obtained them from a private attorney. The Legal Aid Society and court-appointed attorneys were additional sources. The most significant finding about legal services was the city-wide lack of awareness of legal aid services.
10. **Housing and Neighborhood:** City-wide concern for property safety was reported. Lower-income respondents frequently reported a concern of inadequate housing space (relative to household needs).
11. **Employment:** City-wide respondents indicated "being in a job with no chance of advancement." Lower-income households expressed concern about finding a job. It appears that employment counseling is not perceived as a means to solve these concerns.
12. **Social Adjustment:** In the city-wide and low-income samples, a large number of respondents were interested in talking with someone about their problems.
13. **Information and Referral:** All areas of the city, except the south, showed a lack of awareness of services of information and referral and reported an awareness of neighborhood improvement organizations. The lower-income respondents appear to have a greater lack of awareness for information about human services.
14. **Transportation:** It appears that transportation is not a significant concern. Three areas of inconsistency appeared in

this area from earlier results of the questionnaire: (1) transporting children to recreation programs; (2) transporting children to school, especially kindergarten; and (3) transportation to medical services.

For Children's Sake--Awareness, Advocacy,

Action Program Series

A series of seven (7) needs assessment studies by the Junior League of Tulsa, Inc., under the guidelines of the Association of Junior Leagues, Inc., was conducted in Tulsa, Oklahoma. The survey, entitled For Children's Sake--Awareness, Advocacy, Action, was the first part of a four-year, nation-wide program in Child Advocacy. The seven surveys covered the following areas of concern: (1) child abuse and neglect, (2) adoptions, (3) foster care, (4) learning disabilities (LD), (5) early periodic screening and diagnostic testing (EPSDT), (6) prenatal care, and (7) day care.

The reports of the seven surveys were qualitative rather than statistical studies. The study respondents were not selected by statistical sampling procedures. All seven reports asked respondents, "what are needs of children," "how are these needs met," "what needs are not met and what could be done," and "what could be done about improving the quality of services." Table I summarizes the findings of the survey.

Needs Assessment Grant #77D04/08-002

The Program Director of the University of Oklahoma Juvenile Personnel Training Program conducted a needs assessment interview with

TABLE I

SUMMARY OF FINDINGS FROM FOR CHILDREN'S SAKE--AWARENESS, ADVOCACY, ACTION PROGRAM SERIES NEEDS ASSESSMENT STUDIES

Research Components	Service Areas Surveyed						
	Child Abuse	Adoption	Foster Care	LD	EPSDT	Child Care	
<u>Sample</u>	<ul style="list-style-type: none"> •3 physicians •1 nurse •1 DISRS caseworker •1 private institute worker •1 court referee Juvenile Bureau D.C •1 Parents Anonymous •1 Sunshine Services 	4 adoptive parents	<ul style="list-style-type: none"> •2 private institutes •3 agencies •4 foster families 			1 respondent	<ul style="list-style-type: none"> •22 parents providers public adminis- trators day care organizers •3 parents •15 providers •4 public adminis- trators
<u>Methods</u>	8 interviews	interview questionnaire	interview	interview	interview	<ul style="list-style-type: none"> •3 types questionnaire by J.M. Viladas Co. •22 interviews Jan., Feb., March, 1976. •Linear analysis of each question before a sectional analysis of the interviews 	
<u>Findings</u>	<ul style="list-style-type: none"> •Reported cases in 1975 50, 40, 10, 25, 170, 365, 50-60 from agencies •Respondents-factors which contribute to abuse •Respondents' sugges- tions for change. •Programs in Tulsa County: Hillcrest - <u>At Risk</u> Parents Anonymous 	<ul style="list-style-type: none"> •Tulsa County had 393 adoptions in 1975 •Respondents would like to see change in adoption procedure •DISRS Adoption •May 1, 1976, Tulsa County had 86 children who were potentially adopt- able •23 children who have legal impediment 	<ul style="list-style-type: none"> •Tulsa has several agencies for foster care referral •Respondents indicated that there was a variety of children for foster care •Respondents indicated families must meet 8 criteria as a foster family •Many respondents indicated a great 	<ul style="list-style-type: none"> •MERC Resource Program 17 classes of 12 students each by certified LD teachers •L.D. classrooms - 28 classes with 20 kids •Junior High Resource teachers - 10 groups with 25 each •Senior High - 1 resource center •High Challenge 	<ul style="list-style-type: none"> •Providers are CMC, Hillcrest, St. John •Communication ser- vices not effective •Administered by DISRS •Low usage of trans- portation provided •10,600 eligible children who are AFDC recipients in Tulsa •It appears there is some confusion 	<ul style="list-style-type: none"> •Clinics located at Hillcrest, St. John's, Moton, Tulsa County Health Dept., South- east Tulsa Health Center, Margaret Hudson Program, Catholic Social Services, and more •Classes to teach pre- natal care and parenting are held at Red Cross, City- 	

TABLE I (Continued)

Research Components	Service Areas Surveyed					
	Child Abuse	Adoption	Foster Care	LD	EPSDT	Child Care
<u>Findings</u>	<p>St. Francis Hospital Family & Children's Services Children's Medical Center Tulsa Psychiatric Foundation Child Abuse Registry (DISRS) 24-Hour Hotline</p>	<p>but are otherwise eligible for adoption</p> <ul style="list-style-type: none"> • 555 children receiving institutional care 	<p>agency need for black foster families</p> <ul style="list-style-type: none"> • Need for quality foster care • Agency need for improved communication system of foster care procedure • Family respondents indicated: <ul style="list-style-type: none"> -more monies needed -unclear guidelines -need for home visits -more voice in children's progress -reasons for 6% drop out rate • Respondents made suggestions concerning quality of care and its alternatives 	<ul style="list-style-type: none"> • Funding • In-service training • More programs 	<p>by the providers in the areas of visitation and testing package</p> <ul style="list-style-type: none"> • Transportation is not adequate 	<p>County Health Dept. (Family Planning), Planned Parenthood, and others</p> <ul style="list-style-type: none"> • St. Francis Hospital has perinatal care center • An extensive publicity system is used for the programs, including speakers, door-to-door canvassing, and media • Transportation is not adequate

181 staff members of member agencies of the Oklahoma Association of Youth Services, Inc., which is composed of 29 community-based agencies for the purpose of insuring quality services for human agency services and be an advocacy for Oklahoma youth. The majority of Youth Service agencies offer parent education, effectiveness training, crisis intervention services, group and family counseling, youth employment services, recreation, alternative schools, and emergency shelters for youth.

The staff assessment of programs given highest priority for the year 1977 were (1) Parent Effectiveness Training, Youth Effectiveness Training; (2) Crisis Intervention, Family Therapy; (3) Group Counseling; (4) Management by Objective; and (5) Shelter Houseparent Training. Programs for the year 1978 were prioritized by staff in order as follows: (1) Drug Abuse/Alcoholism, (2) Family Counseling, (3) Gestalt Therapy, (4) Parenting Education, (5) Child Abuse, (6) Public Relations, (7) Legal Issues, and (8) Individual Counseling (Walker, 1978).

Needs Assessment Workshop

The Needs Assessment for 1977-78 Workshops indicated prioritized training topics for staff (administrators, case workers, and child care workers) of the University of Oklahoma Juvenile Personnel Training Program (Tunnell, 1977, p. 1).

The training topics included the following:

1. Child Development: discipline in institutional care, observing and recording children's behavior, physical and psychological child development, learning theory and practice, learned behavior model.
2. Counseling included group, family dynamics, reality, drug,

- micro-counseling, non-directive.
3. Health and safety included first aid, medication, drug education.
 4. Education of child care workers in the areas of mealtimes, living routines, group structure, and program activities.
 5. Case management to increase effective time management, treatment goals, staff administration (communication skills, change/stress, team effectiveness, problem solving), and grant writing.
 6. Effectiveness training in parent effectiveness and therapeutic effectiveness (morals vs. pragmatic).
 7. Legislation concerned with children's rights in the home, public school system, and institution.
 8. Sex education included birth control, responsible expression, and venereal disease and control.
 9. Values clarification.
 10. Media usage of films, cassettes, tapes.

Child Care Worker Curriculum

The Development of Specialized Child Care Worker (for juveniles) Curriculum of the University of Oklahoma Juvenile Personnel Training Program was divided into three subject areas. The three areas were skill training, general subject area, and staff issues (Tunnell, 1977, p. 1).

Skill training reported suggested topics for development of a child care worker curriculum in crisis intervention, confrontation and communication skills, behavior modification and observation skills, restraint and limit setting, relationship building, and group dynamics.

General subject areas covered the suggested topics of planning programs and activities of campus and institutional setting, child development including Erik Erikson's eight stages of development, sexual development, role modeling, discipline and interpretation of behavior, children's rights (legal, moral, spiritual), Maslow's Hierarchy of Needs, and personal hygiene including nutrition, medication, and effects of drugs.

Staff issues indicated topics of child care worker/administrator role, staff conflict and communication, needs of personnel, organization structure and children, self-awareness, and power.

Title XX County Needs Assessment Summary

The County Needs Assessment Committee proposed the following new services or service expansion for the program year 1978-79: (1) The Homemaker-Home Health Aids Via Third Party contracts, (2) increased funding for out-patient psychiatric or psychological services for all ages, (3) purchase of transportation via third party contracts, (4) development of day care for adults and increased day care for children, (5) development of community-based residential care for the physically and mentally handicapped and adolescents such as for the dependent and neglected, (6) more comprehensive community-based services for adolescent parents, and (7) initiate community-based services for teaching effective parenting.

Summary

In summary, the six previous needs assessment studies concerning human service agency services in the city of Tulsa indicated common

areas of interest in day care, educational opportunities for youth, children's health and adult health, legal services, transportation, youth employment and training, drug and alcohol education and abuse, information and referral, public welfare assistance, counseling, services for handicapped, parenting and teenage parenting, juvenile delinquency, and child abuse.

CHAPTER III

METHODS AND PROCEDURES

Introduction

This project was part of a larger state-wide needs assessment project entitled the Children's Services Coordination Project. The final report of the Children's Coordination Project is entitled Voices of Oklahoma Families (Wines & Powell, 1978). The larger project included interviewing consumers, summarizing social and demographic indicators, holding public speakouts, and summarizing vendor services. Basically, the state-wide project included consumer surveys randomly selected to represent 0.001 of the population of each of the eleven State Planning Regions (see Figure 1). Tulsa, one of the two urban areas in the project, is in Region 6. Details of the research design and sampling procedures for the larger project are outlined in Voices of Oklahoma Families (Wines & Powell, 1978). Methods and procedures reported here are those used for Tulsa, Region 6. Methods and procedures for collection of data for (1) social and demographic indicators, (2) consumer surveys, (3) speakouts, (4) vendor services are reviewed.

Selected Demographic and Social Indicators

Existing data sources were used to compile selected demographic and social indicators related to population, economic factors,

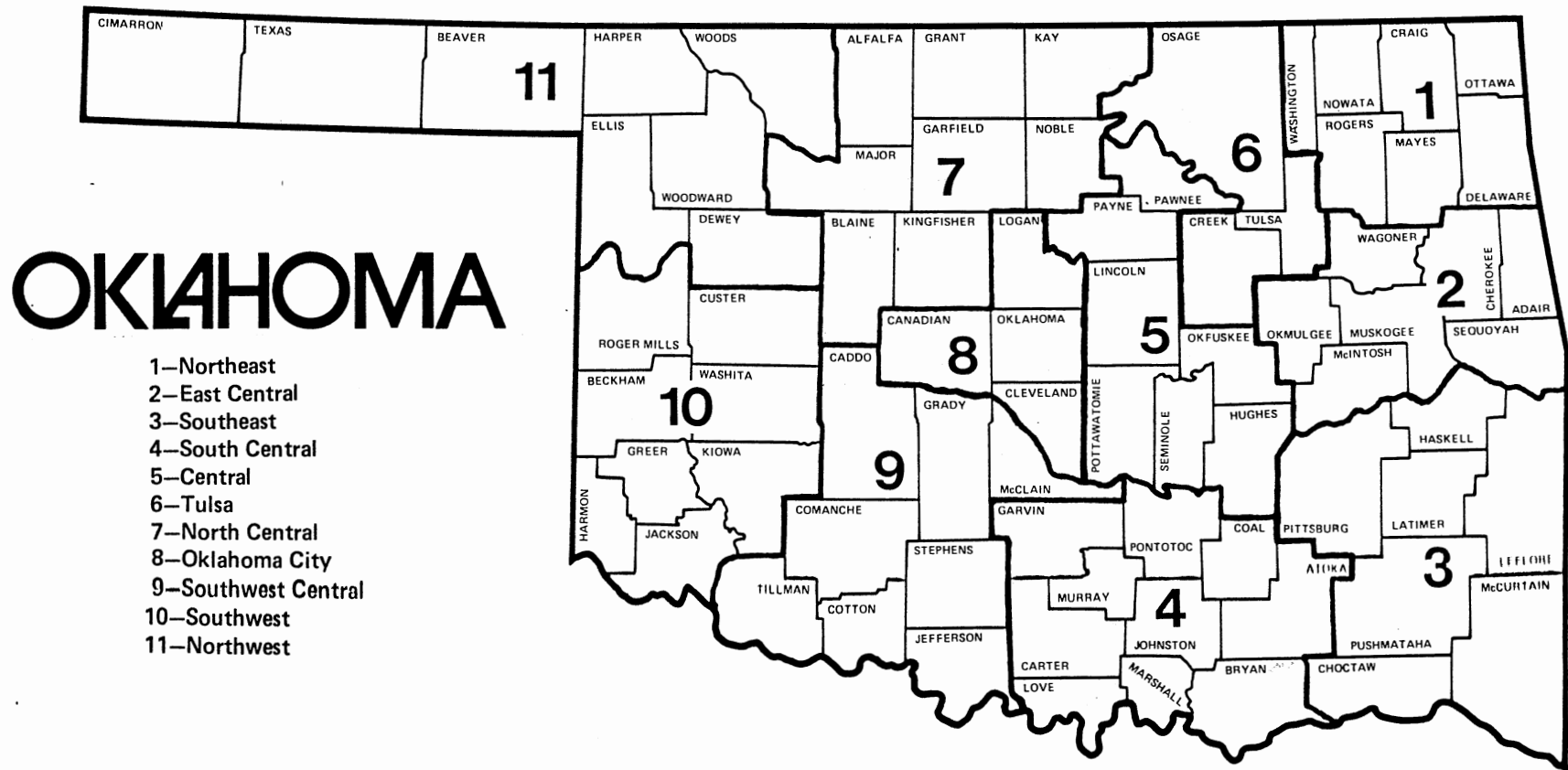


Figure 1. State Planning Regions, July 1, 1976

education, health, and family functioning. These indicators are descriptive data, providing an important base by which to interpret the findings of other parts of the study. The major source of information for the selected demographic and social indicators was the County Data Book for Social Services Planning in Oklahoma, Title XX Evaluation and Planning Assistance Project, School of Social Work, University of Oklahoma (Chess and Bryan, 1976). Other major sources were Selected Demographic Information, Each County in Oklahoma (Oklahoma State Department of Health, 1977) and State of the State: Oklahoma, 1974 (Office of Community Affairs and Planning, 1974).

Population data included percentages of persons under 20 years, of school age, and under school age, and percentages of White, Black, Indian, and others. Economic data focused on the mean percent of families below poverty level (\$3,601) and below 125% of poverty level (\$4,501). Education data showed school population under 20 and median years of schooling completed (State F/12.1; M/12.1). Health data covered percentages of mothers with little or no prenatal care, percentages of low-birth-weight live births, and percentages of total live births to teenage mothers. Family functioning data involved divorce rate, percent of housing lacking some or all plumbing, public assistance AFDC families percent of change from 1970-75, number of persons receiving medical services percent of change from 1970-75, and rates for juvenile arrest, school dropout, and drug arrest.

Consumer Surveys

Sampling Design and Survey Instrument

The original sample from the city of Tulsa included 506 surveys (506,000 \times 0.001 = 506). Fourteen surveys were eliminated from the data analysis due to incompleteness. The final sample included 492 usable surveys. The needs assessment instrument was an interview designed for use with adults in households with children under the age of 18. A copy of the interview instrument can be found in Appendix A. Major categories of response variables were: (1) awareness of services, (2) importance of services, (3) use of services, (4) satisfaction with services, and (5) priorities for service development. A list of all demographic and response variables is in Appendix B.

Within the city of Tulsa, the random selection process was used to determine the sample. Stratified maps from the Oklahoma Department of Health were used to classify areas of the city by socio-economic level. Areas were classified as (1) low, (2) medium, and (3) high income. For each income level, all the areas so designated were numbered, and one area was chosen by random selection for surveying. One-third of the sample was drawn from each area (506 \div 3 = 168).

Each socio-economic area was further divided by random selection into four sub-areas for sampling. The number of individual dwelling units (IDU's) to be sampled for a sub-area was determined by dividing the area quota of 168 by 4 or 42 IDU's per sub-area. In each sub-area, the blocks were numbered, and the starting block and individual dwelling units were selected. The blocks in the area were numbered, and one block was randomly selected as the starting point. The individual

dwelling unit was determined by randomly selecting a number from one to five, and each so designated N-th unit was surveyed until the area quota was reached. In summary, the multi-stage design for Tulsa was as follows:

<u>Stage</u>	<u>Sample Unit</u>
1	<u>City</u> stratified by
2	<u>Socio-economic</u> area
3	Socio-economic <u>sub-area</u> randomly selected
4	<u>Block</u> randomly selected
5	<u>IDU</u> randomly selected

City areas sampled are illustrated in Figure 2.

Training Session for Consumer Surveys

A training session for volunteers was held at the Tulsa Area Vocational-Technical School located on Memorial and 33rd in Tulsa. The trainers were the DECA staff members and Project Director. The volunteers were three women from Tulsa Association for Children Under Six (TACUS), five women from an Early Childhood Education student organization from Tulsa University (TU), and eight outreach workers from Tulsa Human Services Association. The session agenda included training in the random sample procedure, procedural rules, interview techniques, and role-playing of interview situations.

Data Collection Procedures

After completion of training, surveyors were given pre-selected survey assignments. The low income areas were surveyed by Tulsa Human Services Outreach workers, and the middle and higher income areas were

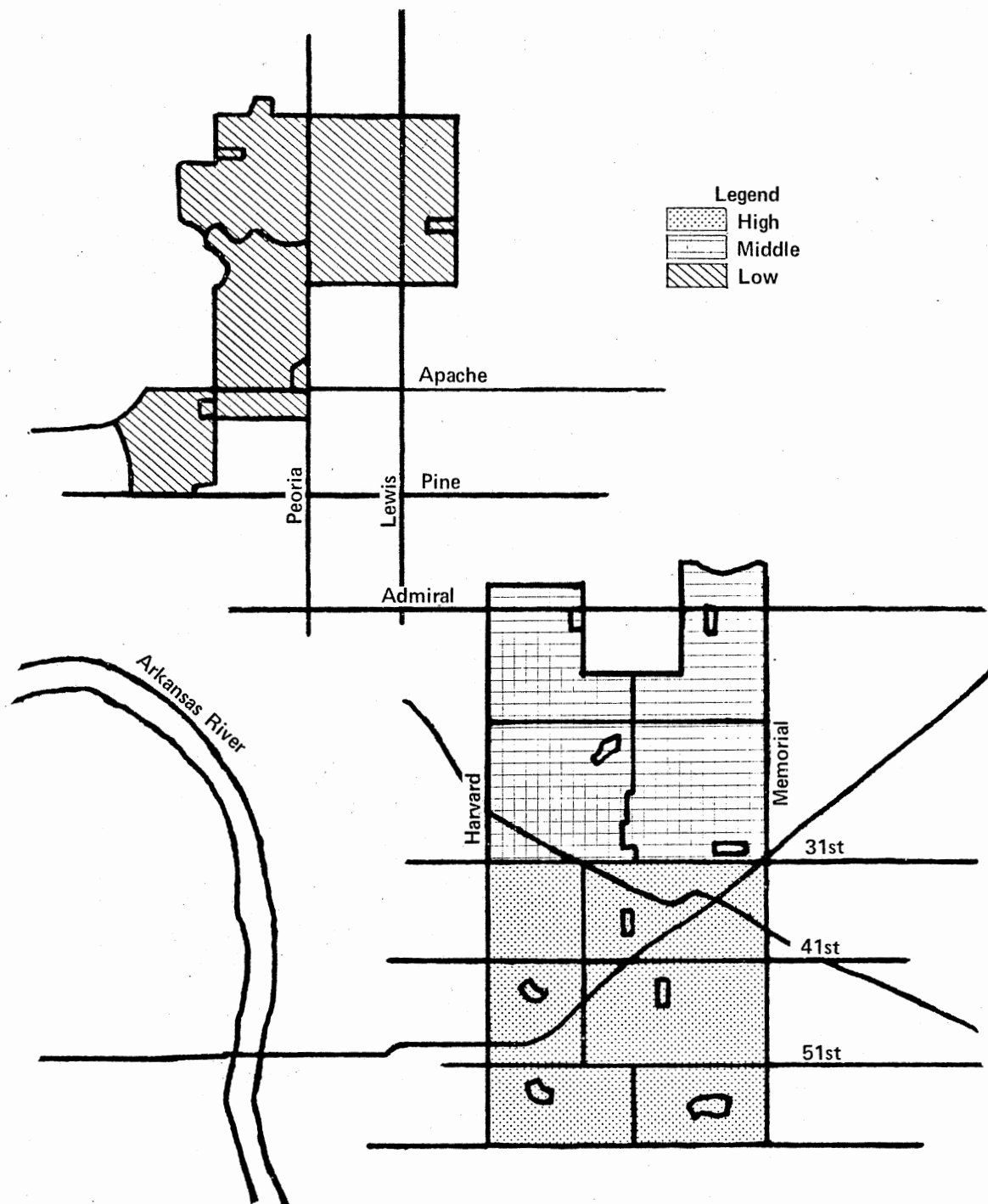


Figure 2. Tulsa Areas Surveyed

surveyed by the TU students, TACUS volunteers, and Children's Service Coordination Project staff. The following procedural rules were in effect:

1. Daily Report. Daily reports of all consumer survey contacts were kept by each interviewer. A copy of the daily report form is included in Appendix C. The interviewer recorded the outcome of the contact under the appropriate category on the daily report, i.e., survey completed, not home, no children under 18, or "other."
2. Households with No Children Under 18. When, upon contact, it was determined that no children 18 or under were part of the household all or part of the time, the interviewer recorded the contact and moved to the next N-th household.
3. Respondents Who Declined to Participate. If the contact declined to participate, the interviewer recorded the contact on the daily report and went to the next N-th household.
4. Call-Back Rule. If the designated contact was not home, two additional call-backs were made. The call-backs were recorded and circled on the daily report. If no contact could be made after two call-back attempts, the Substitution Rule was used.
5. Substitution Rule. If the IDU could not be contacted after two call-backs, the next higher number designated IDU was substituted. For example, if the IDU in an area was every 4-th IDU, the interviewer selected IDU's #4, #8, #12, #16, #20, and #24. If the predetermined number of interviews for that area was 4, only #4, #8, #12, and #16 were needed. If #12 could not be reached after two call-backs, #20, the next higher numbered

IDU, was substituted.

6. Variation Rule. Interviewers were instructed to use the principle of variation in determining direction from the IDU established as the starting point in each area. For example, if the interviewer worked every IDU north of the starting point in one area, the direction would be changed in the next area. Also, the principle of variation was used in determining time of day contacts were made, i.e., morning, afternoon, or evening. This information was recorded on the daily report for each interviewer (Wines and Powell, 1978, pp. 278-279).

Speakouts

The three speakouts held in Tulsa were: (1) Southeast Tulsa Speakout, held at Tulsa County Area Vocational-Technical School on May 9, 1978; (2) Central Tulsa Speakout, held at Will Rogers High School on May 16, 1978; and (3) North Tulsa Speakout, held at Washington High School on May 18, 1978. Locations of speakouts are indicated in Figure 3. Speakouts were open to the public, especially people interested in children and youth. The purpose of the speakouts was to assess public opinion and improve interaction between service providers and families with children and youth.

Speakout locations and schedules were advertised through television spot announcements and the local newspaper. Representatives from local service agencies were contacted by the Children's Services Coordination Project staff and asked to present a brief description of their respective functions and programs to the speakout participants. Some of the human service agencies represented were Vocational Technical Education,

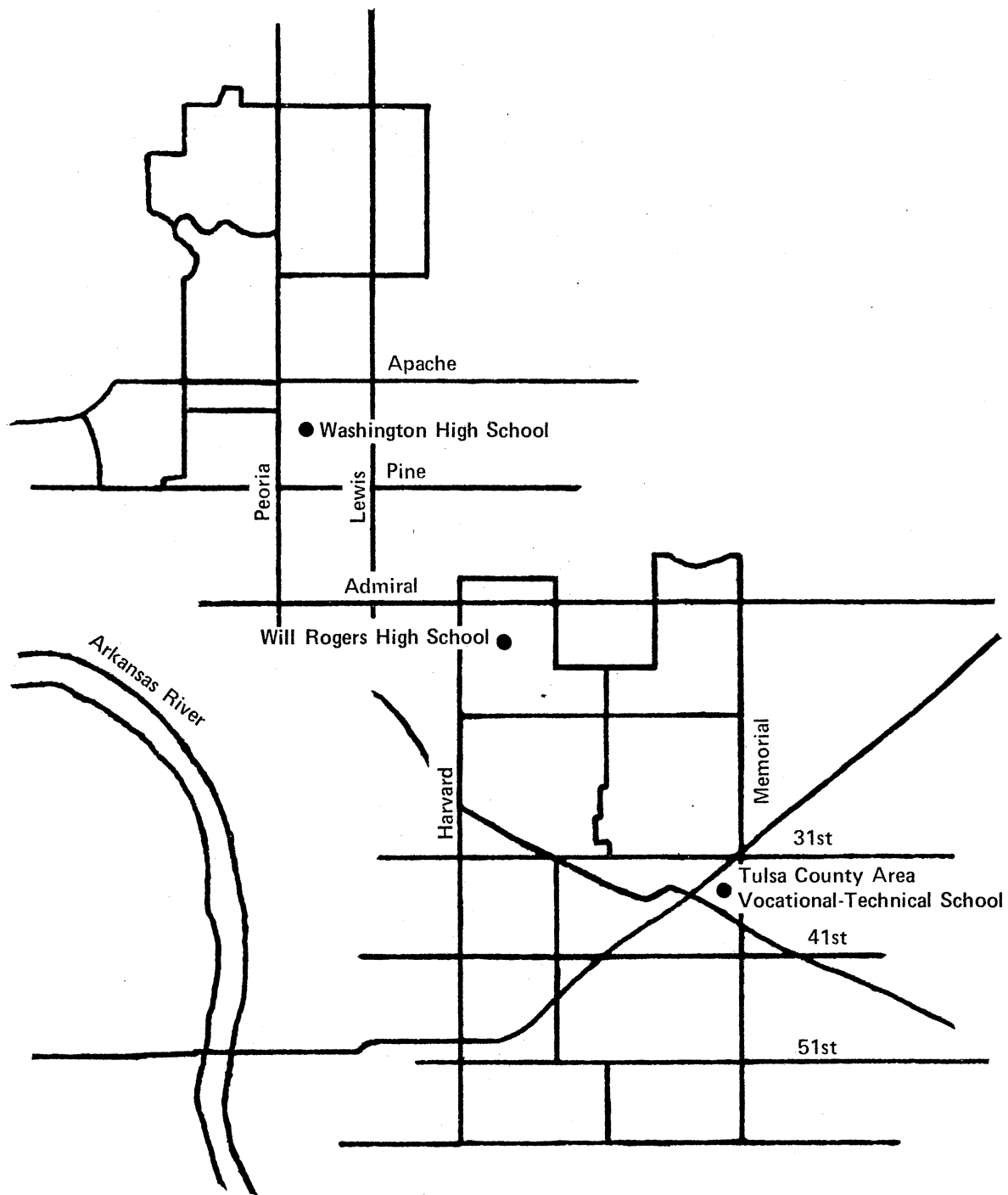


Figure 3. Tulsa Speakout Locations

Youth Services, Margaret Hudson Program, Thoreau Community School, Family and Children's Services, Inc., Friends of Day Care, Friends on Wheels, and Children's Medical Center. A sample of a speakout agenda is located in Appendix D. After each human service agency representative spoke briefly to the audience, all the participants divided into discussion groups. Discussion group leaders led the groups in discussing major areas of concern to families with children and youth and suggested actions and/or solutions.

Vendor Services

Summaries of vendor services for the city of Tulsa were prepared from existing directories and other printed material. Major source of this data was a computerized listing of Human Services obtained from the Oklahoma Department of Institutional, Social, and Rehabilitation Services (DISRS). In addition to this source, other sources used were local multi-service directories, mental health directories, employment and job training directories, listings of licensed day care services, and educational directories. Personal and telephone interviews were used to verify and update available information, to the extent possible.

Services in Tulsa County were summarized according to the following categories:

1. Cultural and recreational
2. Alcohol and drug related programs
3. Educational services
4. Employment and skill training services
5. Multi-services programs
6. Medical and rehabilitation services

7. Mental health services
8. Pre-school and day care
9. Public information and referral services
10. Residential services

Data Analysis

The 492 consumer surveys were coded by the Children's Services Coordination Project staff and Family Study Center staff. The data were transferred to computer cards and eventually to magnetic tape. Data were analyzed on the Oklahoma State University IBM 370-158 Computer using SAS (Statistical Analysis Systems) programming. Because the consumer survey yielded primarily nominal level data, chi-square analysis was the major technique used. Calculations of frequencies and percentages were also used. Results of the three speakouts, summaries of the social and demographic data, and summaries of available vendor services are presented in table form in Chapter IV.

CHAPTER IV

RESULTS AND DISCUSSION

Introduction

This chapter will present a summary of the social and demographic indicators for Tulsa County and Region 6, a description of the consumer survey sample, analysis of the consumer survey data, speakout results, and the summary of vendor services for Tulsa County and Region 6. Additionally, comparison of results of this data with previous needs assessment data will be made.

Social and Demographic Indicators

The city of Tulsa is located in Tulsa County. The data for social and demographic indicators, shown in Table II, reflect the county totals. Table II also shows a comparison with Osage and Creek Counties, the counties comprising Region 6. The Tulsa metropolitan area extends into both Osage and Creek Counties (see map, Figure 4). The social and demographic indicators showed the estimated total population of Tulsa County to be 417,200 (July, 1975). Tulsa County's percentage of persons under 20 is 37.47%, 1.4% higher than the state average of 36%. Percentage of school age population is 28.9%, compared to the state average of 29%. Tulsa's percentage of children under school age, 8.5%, is higher than the state percentage of 7.7%. With

TABLE II
 SELECTED DEMOGRAPHIC AND SOCIAL INDICATOR DATA, REGION 6

Social Indicator	CREEK	OSAGE	TULSA
<u>Population*¹</u>			
Estimated total, July '75	48,600	32,000	417,200
Percent of persons under 20 (state 36%)	37.0	34.5	37.4
Percent of school age (state 29%)	28.7	27.6	28.9
Percent under school age (state 7.7%)	8.3	6.9	8.5
Percent of White (state 88.8%)	90.0	87.5	87.7
Percent of Black (state 6.7%)	5.2	2.8	9.1
Percent of Indian (state 4.1%)	4.6	9.4	3.0
Percent of Other (state 0.4%)	0.2	0.3	0.3
<u>Economic*¹</u>			
Mean percent of families below poverty level (\$3,601) (state 19.8%)	14.7	12.8	9.0
Mean percent of families below 125% of poverty level (\$4,501) (state 28.3%)	21.7	19.2	12.8
<u>Education*¹</u>			
School population under 20	12,096	5,081	97,324
Median years of schooling completed (state F/12.1; M/12.1)	F/10.8 M/10.2	F/11.6 M/11.3	F/12.3 M/12.4

TABLE II (Continued)

Social Indicator	CREEK	OSAGE	TULSA
<u>Health*2</u>			
Percent of mothers with little or no prenatal care (state 10.7%)	11.5	9.3	11.3
Percent of low-birth-weight-live births (state 7.6%)	7.6	6.0	7.5
Percent of total live births to teenage mothers (state 22.7%)	25.0	24.1	19.9
<u>Family Functioning*1,*3</u>			
Divorce rate 1975 (state 7.6%)	8.4	6.5	9.7
Percent of housing lacking some or all plumbing (state 7.0%)	10.3	7.1	2.3
Public assistance AFDC families percent of change 1970-75 (state 29.1%)	36.8	12.0	34.0
Number of persons receiving medical services, percent of change 1970-75 (state 13.5%)	0.0	2.5	27.7
Juvenile arrest rate (state = 50.7 per 1,000 juveniles)	below	above	below
School drop out rate (state = 1.5% per 100 school enrollees)	below	above	below
Drug arrest rate (state = 1.98 per 1,000 population)	below by ½	below	below

*Percent calculated from data available from the following sources:

- #1 County Data Book for Social Services Planning in Oklahoma, Title XX Evaluation & Planning Assistance Project, School of Social Work, University of Oklahoma, 1976.
- #2 Selected Demographic Information, Each County in Oklahoma, Oklahoma State Department of Health, Nov., 1977.
- #3 State of the State: Oklahoma, 1974. Office of Community Affairs and Planning, Oklahoma City, Oklahoma, 1974.

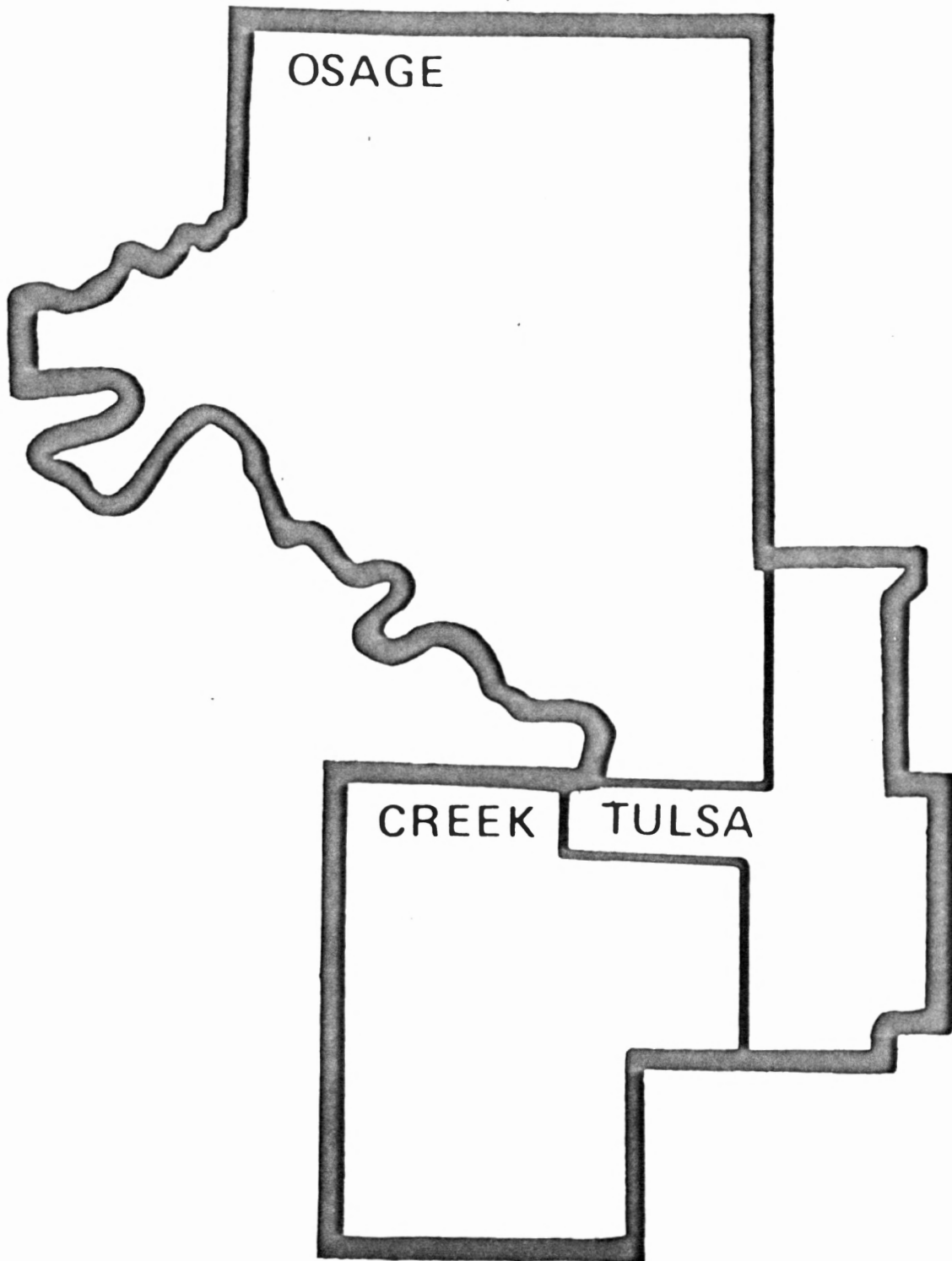


Figure 4. Tulsa Region

regard to race, 87.7% of the Tulsa population is White, compared to the state percentage of 88.8%; 9.1% is Black, compared to 6.7% for the state; 3.0% is Indian, lower than the 4.1% for the state; and percentage of "Other" for Tulsa is 0.3%, compared to 0.4% for the state.

The percent of families below the 1976 poverty level (\$3,601) is 9.0%, compared to 19.8% for the state; and the percent of families below 125% of the 1976 poverty level (\$4,501) is 12.8%, compared to 28.3% for the state. The school population under the age of 20 is estimated to be 97,324. The median years of schooling completed for Tulsa is F/12.3 and M/12.4, which is slightly above the state mean of F/12.1 and M/12.1. In reference to health, the percent of mothers with little or no prenatal care is 11.3%, compared to the state average of 10.7%; the percent of low-birth-weight live births is 7.5%, almost the same as the state's 7.6%; and percent of total live births to teen-age mothers is 19.9%, compared to 22.7% for the state.

The Tulsa County divorce rate was reported to be 9.7% in 1975, compared to the state average of 7.6%. In Tulsa County, the percent of housing lacking some or all plumbing, a frequently used indicator of quality of life, is a low 2.3%. The percent of change from 1970-1975 in public assistance to AFDC families in the state is +29.1%, while Tulsa County is above that percentage of change with a +34% change from 1970-1975. Tulsa (+27.7%) is also above the state average (+13.5%) in percent of change for persons receiving medical services from 1970-1975. Tulsa County is below the state rate for school dropouts (state = 1.5% per 100 school enrollees), drug arrests (state = 1.98% per 1,000 population), and the juvenile arrest rate (state = 50.7% per 1,000 juveniles).

Description of the Consumer Survey Sample

Table III describes the characteristics of the Tulsa consumer survey sample. All interpretations of needs and concerns expressed in the survey results should be interpreted in relation to the characteristics of this sample.

TABLE III
CONSUMER SURVEY DESCRIPTION OF SAMPLE
N = 492

Variable	N ¹	Percent of Respondents
<u>Age Class</u>	410	
Less than 30 years		22.1
31-50 years		68.5
Over 50 years		9.3
<u>Family Status</u>	488	
Two-parent family		71.5
One-parent family		28.5
<u>Educational Level</u>	460	
Less than 12 years, no H.S. diploma		11.7
High school diploma or GED		37.2
Partial college		29.6
College degree (B.S. level)		14.3
Advanced degree		7.2
<u>Employment Status</u>	481	
Working		44.5
Unemployed or laid off		9.8
In school		4.2
Other		41.6
<u>Occupation²</u>	492	
Professionals, including farm owner		16.8
Managers		5.4
Clerical, sales		13.4
Craftsmen		2.8
Operatives		2.8

TABLE III (Continued)

Variable	N ¹	Percent of Respondents
<u>Occupation² (Continued)</u>		
Service Workers		7.1
Laborers		1.9
Armed Forces and other		0.6
Students		4.3
Housewives		44.8
<u>Income Level</u>	453	
Under \$3,999 per year		8.4
\$4,000-\$7,999 per year		18.3
\$8,000-\$11,999 per year		13.2
\$12,000 and over		60.0
<u>Number of Children</u>	492	
1		0.2
2		19.1
3		36.4
4		23.0
5		12.6
6		5.1
7		2.0
8		0.6
9		0.2
10		0.2
11		0.2
12		0.2
<u>Ages of Children</u>	491	
Oldest child under 6		15.3
Oldest child under 13		33.4
Oldest child under 18		51.3
<u>Time in Community</u>	486	
Less than 6 months		6.9
6 months-1 year		7.6
1 year 1 month-5 years		26.5
More than 5 years		58.8
<u>Time in Home</u>	485	
Less than 6 months		13.2
6 months-1 year		11.3
1 year 1 month-5 years		35.5
More than 5 years		40.0
<u>Presence of Relatives in Community</u>	484	
Yes		41.1
No		52.1

TABLE III (Continued)

Variable	N ¹	Percent of Respondents
<u>Sex</u>	435	
Male		14.0
Female		85.7
<u>Race</u>	425	
White		78.3
Black		17.8
Indian		2.3
Other		1.4

¹N = Number of coded responses.

²According to Bureau of the Census, U. S. Department of Commerce codes for classification of occupations.

Consumer Survey Data Analysis

Results of consumer survey data will be presented according to these basic response categories: (1) Awareness of Services, (2) Use of Services, (3) Satisfaction with Services, and (4) Priorities for Program Development. The grouping of questions under each category is shown in Appendix B, Part II, Response Variables.

Awareness of Services

To determine consumer survey respondents' general level of awareness of services, participants were asked, "To the best of your knowledge, which of these children's services does Tulsa County have?" Results are indicated in Table IV. Of the 23 services mentioned, Tulsa residents reported highest levels of awareness for Food Stamps (84.6%),

TABLE IV

PERCENTAGES OF RESPONSES INDICATING AWARENESS OF SERVICES

Service	Tulsa N=492	Child Age			Income Level				Family Status		Educational Level				
		Oldest Child Under 6 N=75	Oldest Child Under 13 N=164	Oldest Child Under 18 N=252	Under \$3,999/yr. N=38	\$4,000- 7,999/yr. N=83	\$8,000- 11,999/yr. N=60	\$12,000- over N=272	One Parent N=139	Two Parents N=349	1 ^a N=54	2 N=171	3 N=136	4 N=66	5 N=33
1. Headstart	68.9	68.0	72.6	67.0	84.2	60.2	68.3	71.7*	66.2	70.2	62.9	78.3	67.7	66.7	72.7
2. School for Deaf	33.9	40.0	29.3	35.3	23.7	18.1	25.0	41.5**	22.3	38.7**	29.6	32.2	30.8	45.5	69.7**
3. School for Blind	36.0	38.7	29.8	39.2	26.3	19.3	26.7	43.0**	23.7	40.9**	33.3	31.1	34.6	45.5	75.8**
4. Counseling	63.8	60.0	60.3	67.5	63.2	46.9	60.0	70.6**	48.9	69.9**	55.6	54.4	71.3	78.8	84.9**
5. Immunization Clinics	80.1	77.3	83.5	78.9	76.3	56.6	81.7	87.9**	65.5	85.9**	68.5	81.9	84.6	83.3	96.9*
6. Dental Care	51.2	56.0	55.5	47.2	39.5	45.8	58.3	52.2	47.5	52.7	46.3	46.8	54.4	65.2	63.6*
7. Food Stamps	84.6	81.3	84.1	86.1	76.3	80.7	80.0	88.2	80.6	86.2	74.1	86.6	86.0	84.9	93.9
8. Foster Care	58.9	58.7	56.1	61.1	26.3	31.3	70.0	69.9**	35.3	68.8**	38.8	50.9	65.4	80.3	90.9**
9. Recreational Programs	65.7	64.0	60.4	69.8	44.7	40.9	53.3	78.3**	47.5	73.6**	50.0	66.7	69.8	74.2	93.9**
10. Welfare Assistance	84.1	82.7	86.0	83.7	76.3	74.7	80.0	88.9**	79.9	85.9	79.6	83.0	88.2	89.3	93.9
11. Family Planning	75.2	77.3	76.2	74.2	60.5	60.2	70.0	81.6**	64.8	79.7**	61.1	78.9	75.0	81.8	84.8*
12. Visual Screening	55.5	41.3	56.7	59.1*	47.4	38.5	41.7	63.9**	42.5	61.0**	48.5	50.3	53.7	77.3	87.9**
13. Hearing Screening	55.7	45.3	58.5	57.1	42.1	34.9	48.3	64.7**	41.0	62.2**	48.2	52.1	55.2	78.8	81.8**
14. Speech & Hearing Therapy	41.0	40.0	35.4	45.2	31.6	21.7	23.3	50.7**	25.9	47.6**	27.8	35.1	42.6	62.1	78.8**
15. Special Illness	39.2	30.7	30.5	47.6**	23.7	18.1	31.7	48.9**	24.5	44.9**	25.9	32.8	44.9	54.5	63.6**
16. Assistance for Costly Medical	22.9	30.7	28.7	28.6	47.4	32.5	18.3	26.1*	28.1	29.2	35.1	28.6	23.5	24.2	42.4
17. Day Care	60.8	64.0	58.5	61.5	60.5	42.2	56.7	68.0**	51.8	64.5	53.7	62.6	58.8	71.2	84.9*
18. Care for Mentally Retarded	51.0	41.3	45.1	57.9*	36.8	30.1	45.0	60.3**	33.8	57.9**	35.2	50.8	56.6	63.6	69.7*
19. Nutrition Information	42.7	40.0	37.2	47.2	42.1	24.1	36.7	49.6**	30.9	47.9**	38.9	40.3	42.7	53.0	75.8*
20. Youth Programs for Job Training	64.2	61.3	65.2	64.3	71.1	50.6	65.0	66.9*	53.2	68.8*	57.4	65.5	63.2	66.7	84.9*
21. Juvenile Delinquency Programs	52.2	50.7	53.0	52.4	52.6	34.9	50.0	56.9**	43.2	56.2**	46.3	50.9	53.7	57.6	75.8*
22. Drug Programs	56.9	50.7	53.6	60.7	39.5	42.2	46.7	66.2**	38.1	64.5**	38.9	61.4	57.3	60.6	84.8**
23. Parent Education	45.3	45.3	49.4	42.5	23.7	30.1	55.0	50.4**	30.2	51.9**	33.3	41.5	46.3	62.1	69.7**
24. Other	4.5	4.0	4.3	4.8	13.2	7.2	10.0	1.1**	2.6	9.4**	7.4	2.3	2.9	1.5	3.0

* $\chi^2 = p < .05$ } For each group with an asterisk in the right column for a particular variable,
 ** $\chi^2 = p < .001$ } the frequencies are significantly different at the levels indicated.

^a1 = No High School; 2 = High School; 3 = Partial College; 4 = College Degree; 5 = Advanced Degree

Welfare Assistance (84.1%), and Immunization Clinics (80.1%). The Tulsa residents' awareness of these programs were identical to the awareness of the entire state-wide sample in Voices of Oklahoma Families (Wines and Powell, 1978).

Data analyzed by child-age group indicated that parents of children of all ages were more aware of these same three services than of other services. Chi-square analysis indicated that the differences in awareness were statistically significant for Visual Screening, Care for Mentally Retarded, and Special Illness. Families with older children were more highly aware of these services than families with younger children.

There were statistically significant differences in levels of awareness between income levels for 22 of the 23 services listed. Respondents with incomes under \$3,000 indicated highest level of awareness for Headstart (84.2%); respondents reporting \$4,000-\$7,999 income indicated highest level of awareness for Food Stamps (80.0%). The \$12,000-over income respondents reported highest levels of awareness for Welfare Assistance (88.9%) and Food Stamps (88.2%). In general, the lower-income group reported greater awareness for Headstart.

Analyzing awareness of services by family status, one-parent families reported greater awareness of Food Stamps and Welfare Assistance; while two-parent families reported greater awareness of Food Stamps, Welfare Assistance, and Immunization Clinics. There were significant differences in levels of awareness, with two-parent families being more aware of 18 of the 23 services. The greatest degree of differences in awareness between one- and two-parent families were for Foster Care Programs, Recreation Programs, and Drug Programs.

In analyzing the data by educational level, the advanced degree group reported greater awareness of services than the other four groups. Significant differences appeared in levels of awareness for 19 of the 23 services.

In summary, those most likely to need services were the least aware of available services. This finding for the Tulsa data is consistent with the state-wide data reported in Voices of Oklahoma Families (Wines and Powell, 1978).

How Awareness of Services is Gained

An additional question related to awareness of services concerned communication systems which exist between consumers and providers of services. The survey participants were asked, "How did you learn about the service?" Figure 5 indicates responses of Tulsa residents. Table V indicates the percentage of responses showing how awareness of services is gained. The highest percentage of all respondents indicated that their main source of information was "Friends, family, neighbors," followed by "Media" and "School." By child-age group, there were significant differences between "Media" and "School" with parents of older children indicating these categories more frequently for gaining information than other child-age groups. The \$12,000-over income group reported "Media" as their source of information with significantly greater frequency (55.5%) than other income groups. Also, those with college degrees and advanced degrees indicated significantly higher frequencies of "Media" as their source of information than did other educational levels. Apparently, as educational level goes up, reports of the "Schools" and the "Media" for sources of service information

Figure 5. Sources of Service Awareness

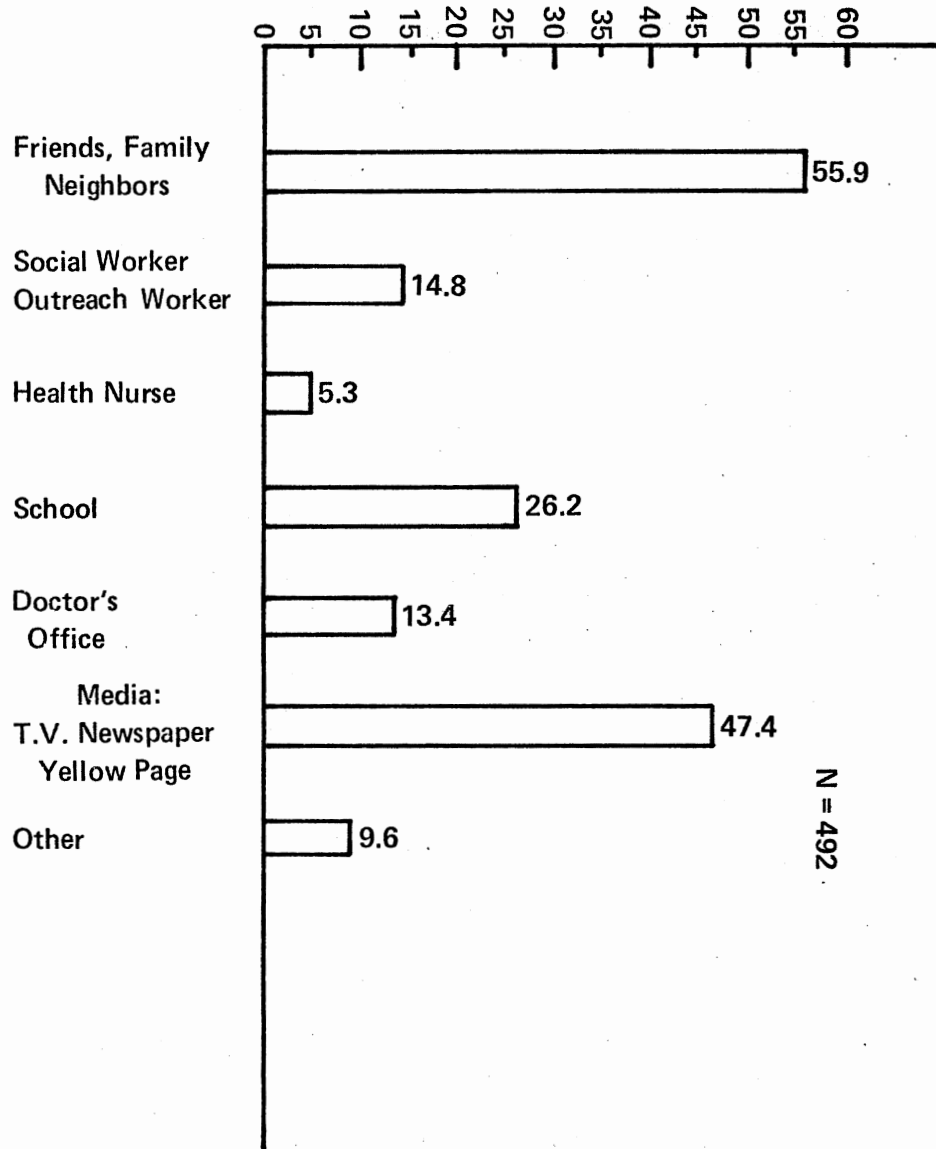


TABLE V

PERCENTAGES OF RESPONSES INDICATING SOURCES OF INFORMATION ABOUT SERVICES

Source of Information	Tulsa N=492	Child Age			Income Level				Educational Level					Family Status	
		Oldest Child Under 6 N=75	Oldest Child Under 13 N=164	Oldest Child Under 18 N=252	Under \$3,999/yr N=38	\$4,000- 7,999/yr N=83	\$8,000- 11,999/yr N=60	\$12,000- over N=272	1 ^a N=54	2 N=171	3 N=136	4 N=66	5 N=33	One Parent N=139	Two Parents N=349
1. Friends, family neighbors	55.9	62.7	59.1	52.0	60.5	56.6	70.0	53.7	46.3	60.8	61.8	34.9	54.5**	61.2	54.2
2. Social Worker Outreach Worker	14.8	22.7	14.0	13.1	39.5	44.6	11.7	2.6**	33.3	14.0	10.3	1.5	6.1**	33.8	7.6**
3. Health Nurse	5.3	4.0	5.5	5.6	10.5	7.2	5.0	4.4	9.3	4.7	3.7	4.5	9.1	7.2	4.3
4. School	26.2	14.7	26.8	29.4*	10.5	25.3	26.7	29.8	20.4	27.5	26.5	25.8	33.3	28.1	22.3
5. Doctor's Office	13.4	10.7	11.6	15.0	10.5	19.3	15.0	12.5	11.1	11.7	13.2	9.1	12.1	15.1	12.9
6. Media: Newspaper, Yellow Pages, T.V.	47.4	33.3	48.2	51.2*	18.4	40.9	43.3	55.5**	22.2	39.8	50.0	60.6	72.7**	32.4	53.3**
7. Other	9.6	13.3	6.7	10.3	5.3	3.6	0.0	13.2**	9.3	5.9	8.8	13.6	33.3**	1.4	12.89**

* $\chi^2 = p < .05$ } For each group with an asterisk in the right column for a particular variable,
 ** $\chi^2 = p < .001$ } the frequencies are significantly different at the levels indicated.

^a1 = No High School; 2 = High School; 3 = Partial College; 4 = College Degree; 5 = Advanced Degree

also increases. By family status, there were significant differences in reports of "Social Workers," the "Media," and "Other" as sources of information about services with one-parent families indicating significantly higher degree of dependence on "Social Worker" and two-parent families indicating significantly higher reliance on "Media" and "Other" as sources of information.

In summary, respondents indicated highest levels of awareness for Food Stamps, Welfare Assistance, and Immunization Clinics. "Friends, family, and neighbors" was the category most frequently identified as the source of awareness of services across all age groups, income levels, educational levels, and family status.

Satisfaction With Services

Tulsa participants were asked about their general level of satisfaction with (1) all services used, (2) recreational facilities, (3) education, and (4) welfare guidelines. Table VI indicates results related to satisfaction with services. In the city-wide sample, 58.8% indicated satisfaction with services in general; 57.7% indicated satisfaction with recreational facilities, and 63.4% reported satisfaction with education. Only 27.0% reported satisfaction with welfare guidelines. Consumer survey responses indicated significant differences by child-age group with satisfaction with recreational facilities and education, with parents of youngest children less satisfied with these services than parents of older children. In all categories, there were significant differences in satisfaction by income level. Those with highest income reported greater satisfaction with services in general, recreation, and education. It is important to note that the least

TABLE VI
SATISFACTION WITH SERVICES

Group	Services in General		Recreational Facilities		Education		Welfare Guidelines	
	N	% Satisfied	N	% Satisfied	N	% Satisfied	N	% Satisfied
<u>TOTAL TULSA</u>	492	58.8%		57.7%		63.4%		27.0%
<u>Child Age</u>	405		479	**	475	**	469	
Oldest Child Under 6	63	63.5	72	50.0	71	54.9	73	26.0
Oldest Child Under 13	144	59.7	158	56.3	159	63.5	157	31.2
Oldest Child Under 18	197	56.4	249	61.0	245	66.1	239	24.1
<u>Income Level</u>	376	**	442	**	437	**	432	**
Under \$3,999/yr.	34	58.8	36	47.2	35	45.7	38	34.2
\$4,000-\$7,999/yr.	78	39.7	79	30.4	78	30.8	78	19.2
\$8,000-\$11,999/yr.	49	57.1	59	47.5	58	58.6	57	36.8
\$12,000-over/yr.	215	65.1	268	68.3	266	75.6	259	27.0
<u>Family Status</u>	402	**	476	**	472	**	466	
Two-Parent Family	275	62.6	344	64.5	340	74.1	329	26.1
One-Parent Family	127	50.4	132	40.2	132	37.9	137	29.2
<u>Education Level</u>	374	**	449	**	444	**	438	
1 No High School	48	60.4	52	38.5	53	35.9	52	21.2
2 High School	149	64.4	168	62.5	166	68.1	161	30.4
3 Partial College	104	50.9	133	60.2	128	64.1	133	32.3
4 College Degree	47	65.9	13	73.0	64	87.5	60	18.3
5 Advanced Degree	26	76.9	33	54.5	33	78.8	32	12.5

** p < .001 For each group with an asterisk in the column for a particular variable, the frequencies are significantly different at the levels indicated.

satisfied groups are those just above the poverty level with incomes of \$4,000-\$7,999. There were significant differences in satisfaction of one-parent and two-parent families with services in general, recreational facilities, and education. Those with higher educational levels were generally more satisfied with services in general, recreational facilities, and education. In summary, consumer survey respondents indicated significant differences in satisfaction with services by child's age in recreational facilities and education; by income level in all four categories; by family status in three categories (1) services in general, (2) recreational facilities, and (3) education; and by education level in the same three categories.

Transportation

A question associated with satisfaction with services was asked concerning transportation. The question was, "Are there transportation problems for your family?" There were significant differences in transportation problems reported by income level, family status, and educational level (Table VII). One-parent families (51.1%), families in which parents had no high school education (55.6%), and low-income families (59.5%) indicated that transportation was a problem; while only 13.1% of two-parent families, 15.1% of more-educated families, and 11.2% of higher-income families indicated transportation was a problem. To summarize, although transportation does not appear to be a significant problem for the total sample of Tulsa residents, it is indeed a problem for those with lowest income and education and for one-parent families in Tulsa.

TABLE VII
 RESPONSES BY GROUP INDICATING PROBLEMS
 WITH TRANSPORTATION

Group	N	Problems With Transportation, Percent
<u>Tulsa</u>	N = 485	24.1
<u>Child Age</u>	N = 484	
Oldest Child Under 6	74	29.7
Oldest Child Under 13	160	26.9
Oldest Child Under 18	250	20.4
<u>Income Level</u>	N = 446	
Under \$3,999/yr.	37	59.5
\$4,000-\$7,999/yr.	81	59.3
\$8,000-\$11,999/yr.	60	21.7
\$12,000-over/yr.	268	11.2
<u>Family Status</u>	N = 481	
Two-Parent Family	137	13.1
One-Parent Family	344	51.1
<u>Education Level</u>	N = 453	
1 No High School	54	55.6
2 High School	168	21.4
3 Partial College	132	18.9
4 College Degree	66	3.0
5 Advanced Degree	33	12.1

Use of Services

The state-wide consumer survey contained questions related to three categories of service use: (1) general use, (2) use of medical and dental services, and (3) use of services of developmental agencies for children under six (Wines and Powell, 1978). The Tulsa results are reported for (1) general use and (2) use of medical and dental services.

General Use of Services

For the basic list of 23 services, responses of Tulsa consumers were analyzed by age of child, income level, educational level, and family status. Table VIII indicates percentages of respondents reporting use of specific services. The findings for the city-wide sample indicated greatest reported use of Immunization Clinics (16.5%), Food Stamps (12.8%), Family Planning (11.9%), and Welfare Assistance (11.8%). Data by age of child showed significant differences for use of six services--Headstart, Immunization Clinics, Dental Care, Family Planning, Visual Screening, and Hearing Screening. Families with children under six reported a higher percentage of use of Immunization Clinics, Food Stamps, Welfare Assistance, and Family Planning than did the families whose oldest child was under 13 and whose oldest child was under 18.

By income level, there were significant differences in reported use of 11 of 23 services. Families with lower levels of income indicated significantly higher use of Headstart, Foster Care, Counseling, Food Stamps, Welfare Assistance, Family Planning, Assistance for Costly Medical Care, and Day Care. Respondents in the \$4,000-\$7,999 income range indicated high use of Drug Programs (9.6%).

TABLE VIII
PERCENTAGES BY GROUP OF RESPONDENT REPORTING USE OF SPECIFIC SERVICES

Service	Tulsa N=492	Child Age			Income Level				Educational Level					Family Status	
		Oldest Child Under 6 N=75	Oldest Child Under 13 N=164	Oldest Child Under 18 N=252	Under \$3,999/yr N=38	\$4,000- 7,999/yr N=83	\$8,000- 11,999/yr N=60	\$12,000- over N=272	1 ^a N=54	2 N=171	3 N=136	4 N=66	5 N=33	One Parent N=139	Two Parents N=349
Headstart	5.3	4.0	8.5	3.6*	15.8	14.5	3.3	1.8**	7.4	5.9	5.9	0.0	0.0	13.7	2.0**
School for Deaf	.4	0.0	1.2	0.0	0.0	0.0	1.7	0.4	0.0	0.0	0.7	1.5	0.0	0.7	0.3
School for Blind	.8	0.0	0.6	1.2	0.0	1.2	3.3	0.3	1.9	0.0	0.7	1.5	0.0	1.4	0.6
Counseling	5.9	2.7	7.9	5.6	5.3	16.9	8.3	2.9**	1.8	7.0	1.5	3.0	3.0	9.4	4.6*
Immunization Clinics	16.5	28.0	19.5	11.1**	21.0	21.7	25.0	12.9	24.1	22.2	16.9	6.1	0.0**	20.1	15.2
Dental Care	5.1	2.7	8.5	3.6*	7.9	4.8	8.3	4.8	9.3	1.7	5.1	7.6	9.1	5.8	4.9
Food Stamps	12.8	18.7	12.2	11.5	39.5	42.2	10.0	1.1**	29.6	9.4	8.8	0.0	0.0**	30.2	5.4**
Foster Care	1.2	1.3	0.6	1.6	5.3	3.6	0.0	0.4*	3.7	0.6	0.7	0.0	0.0	2.9	0.6
Recreational Programs	7.3	5.3	6.7	8.3	7.9	3.6	8.3	8.8	5.6	8.8	5.2	12.1	9.1	5.0	8.3
Welfare Assistance	11.8	17.3	11.6	10.3	55.3	30.1	1.7	2.2**	29.6	13.5	8.1	0.0	0.0**	30.9	4.0**
Family Planning	11.9	20.0	15.2	7.5**	21.1	31.3	10.0	5.9**	14.8	14.6	10.3	1.5	0.0**	25.2	6.9**
Visual Screening	8.5	10.7	12.8	5.2*	5.3	7.2	10.0	9.9	7.4	7.6	7.3	15.2	9.1	2.2	10.9**
Hearing Screening	7.1	10.7	10.4	4.0*	2.6	3.6	6.7	9.6	7.4	5.3	5.9	15.2	12.1	0.0	10.0**
Speech & Hearing Therapy	2.6	1.3	4.3	2.0	2.6	0.0	1.7	3.7	1.8	.6	4.4	6.1	3.0	0.0	3.7*
Special Illness	1.4	1.3	1.2	1.6	2.6	2.4	0.0	1.1	0.0	1.2	0.7	3.0	3.0	1.4	1.4
Assistance for Costly Medical	2.4	1.3	2.4	2.8	10.5	4.8	3.3	0.4**	5.6	1.2	1.5	0.0	0.0	3.6	2.0
Day Care	5.1	6.7	7.3	3.2	5.3	14.5	1.7	3.7**	7.4	5.3	3.7	4.5	6.1	7.9	4.0
Care for Mentally Retarded	1.2	1.3	1.2	1.2	2.6	3.6	1.7	0.0*	0.0	1.7	0.0	1.5	0.0	2.2	0.9
Nutrition Information	2.0	2.7	2.4	1.6	7.9	1.2	0.0	2.2	5.6	0.6	2.9	1.5	3.0	2.9	1.7
Youth Programs for Job Training	2.8	0.0	4.3	2.8	2.6	6.0	6.7	1.1*	1.8	4.7	1.5	0.0	0.0	5.0	2.0
Juvenile Delinquency Programs	1.6	0.0	1.2	2.4	0.0	3.6	3.3	1.1	1.9	1.8	.7	0.0	0.0	2.2	1.4*
Drug Program	2.6	1.3	3.1	2.4	0.0	9.6	1.7	1.5**	1.9	2.9	.7	1.5	0.0	5.0	1.7*
Parent Education	4.9	5.3	6.1	3.6	0.0	9.6	6.7	4.0	1.9	4.7	4.4	6.1	0.0	9.4	3.2**
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

* $\chi^2 = p < .05$ } For each group with an asterisk in the right column for a particular variable,
 ** $\chi^2 = p < .001$ } the frequencies are significantly different at the levels indicated.

^a1 = No High School; 2 = High School; 3 = Partial College; 4 = College Degree; 5 = Advanced Degree

The data indicated significant differences by educational level in use of Immunization Clinics, Food Stamps, Welfare Assistance, and Family Planning. The "No High School" group reported the highest percentage of use of these programs. By family status, one-parent and two-parent groups showed significant differences in use of 11 of 23 services. Single-parent respondents recorded higher percentages of use of 8 of the 23 services--Headstart, Counseling, Food Stamps, Welfare Assistance, Family Planning, Juvenile Delinquency, Drug Programs, and Parent Education. Two-parent families indicated significantly higher use than one-parent families for Visual Screening, Hearing Screening, and Speech and Hearing Therapy.

Use of Medical and Dental Services

To determine general use of medical and dental services, respondents were asked when their children had been last examined by a doctor and a dentist and whether the services provided were public, private, or both. Results are indicated in Table IX. Over half of the respondents reported that their children had been examined by a doctor within "6 months or less" (53.8%).

There were significant differences in recent use of medical and dental services by age of child, income level, education level, and family status. Significantly more parents of children under six indicated their children had been examined by a doctor within "6 months or less." By income level, lowest- and highest-income levels reported that their children were examined by a doctor within "6 months or less." By family status, two-parent families indicated their children had been examined by a doctor more recently than one-parent families.

TABLE IX
RECENCY OF MEDICAL EXAMINATIONS

Time Period	Tulsa N=470	Age Group*			Income Level**				Educational Level**					Family Status**	
		Oldest Child Under 6 N=75	Oldest Child Under 13 N=164	Oldest Child Under 18 N=252	Under \$3,999/yr N=38	\$4,000- 7,999/yr N=83	\$8,000 11,999/yr N=60	\$12,000- over N=272	1 ^a N=54	2 N=171	3 N=136	4 N=66	5 N=33	One Parent N=139	Two Parents N=349
6 mos. or less	53.8	70.3	48.4	52.1	57.2	37.5	31.5	61.1	53.7	49.7	49.6	79.4	77.4	41.9	58.6
More than 6 mos. to 12 mos.	31.3	17.6	40.1	29.8	20.0	42.5	38.9	29.8	25.9	33.3	34.6	15.8	22.6	32.1	30.7
13 mos.-18 mos.	9.8	6.8	6.4	13.0	17.1	12.5	16.7	6.5	11.1	11.5	9.0	3.2	0.0	16.8	7.1
19 mos.-2 yrs.	2.1	2.7	1.3	2.5	0.0	2.5	5.6	1.5	1.9	1.8	3.7	1.6	0.0	5.4	0.9
More than 2 yrs.	2.3	1.3	3.2	2.1	5.7	3.7	7.4	0.8	7.4	1.8	3.0	0.0	0.0	3.8	1.8
Never	0.6	1.3	0.6	0.4	0.0	1.3	0.0	0.3	0.0	1.8	0.0	0.0	0.0	0.0	0.9

* $\chi^2 = p < .05$ } For each group with an asterisk on the right of a particular variable,
 ** $\chi^2 = p < .001$ } the frequencies are significantly different at the levels indicated.

^a1 = No High School; 2 = High School; 3 = Partial College; 4 = College Degree; 5 = Advanced Degree

The highest percentage of all respondents indicated "6 months or less" (47.2%) for recent use of services by a dentist (Table X). By age group, families with children under 13 and 18 reported more recent use of dental services. A very high percentage of parents whose oldest child was under six indicated they had "never" been to a dentist (40.5%). By income level, the Under \$3,999, the \$4,999-\$7,999, and the \$12,000-over income levels had used a dentist within "6 months or less." The \$8,000 income level families reported few had used the dentist recently, with 42% indicating within "more than 6 months to 12 months."

When respondents were asked if services used were public, private, or both, the highest percentage of use reported by all respondents was for private services (69.9%). The percentage of use of public services was 20.8%, and the percentage for both public and private services was 9.2% (Table XI).

Summary

To summarize, Immunization Clinics, Food Stamps, Family Planning, and Welfare Assistance were services more frequently used. Respondents indicated higher usage of Headstart, Dental Care, Visual Screening, Hearing Screening, and Speech and Hearing Therapy than other categories. Drug programs were used more frequently by the \$4,000-\$7,999 income group. Forty-seven percent of respondents indicated they had used medical and dental services within "6 months or less." One-parent families reported less frequent use of medical and dental services than two-parent families. The highest percentage of medical and dental services were provided by a private doctor and dentist.

TABLE X
REGENCY OF DENTAL EXAMINATIONS

Time Period	Tulsa N=464	Age Group**			Income Level**				Education Class**					Family Status*	
		Oldest Child Under 6 N=75	Oldest Child Under 13 N=164	Oldest Child Under 18 N=252	Under \$3,999/yr N=38	\$4,000- 7,999/yr N=83	\$8,000- 11,999/yr N=60	\$12,000- over N=272	1 ^a N=54	2 N=171	3 N=136	4 N=66	5 N=33	One Parent N=139	Two Parents N=349
1. 6 mos. or less	47.2	37.8	48.1	49.3	48.5	37.8	26.0	53.0	37.7	41.6	47.2	71.4	58.1	38.8	50.7
2. More than 6 mos. to 12 mos.	28.9	16.2	35.7	28.5	18.2	27.9	42.0	29.2	15.1	33.1	33.8	12.7	35.5	30.6	27.8
3. 13 mos.-18 mos.	11.2	1.4	8.4	16.1	9.1	17.7	10.0	9.8	15.1	12.6	8.6	6.4	0.0	15.7	9.7
4. 19 mos.-2 yrs.	2.4	2.7	.6	3.4	3.0	2.5	2.0	1.9	1.9	1.8	4.7	1.6	0.0	2.5	2.4
5. More than 2 yrs.	2.6	1.3	4.5	1.7	3.0	7.6	8.0	0.4	9.4	3.0	1.6	0.0	0.0	5.8	1.5
6. Never	7.6	40.5	2.6	.9	18.2	6.3	12.0	5.7	20.8	7.8	3.9	7.9	6.5	6.6	7.9

* $\chi^2 = p < .05$
 ** $\chi^2 = p < .001$ } For each group with an asterisk on the right of a particular variable,
 the frequencies are significantly different at the levels indicated.

^a1 = No High School; 2 = High School; 3 = Partial College; 4 = College Degree; 5 = Advanced Degree

TABLE XI

TYPE OF MEDICAL AND DENTAL SERVICES USED

Type of Service	Tulsa N=466	Age Group**			Income Level**				Education Level**					Family Status**	
		Oldest Child Under 6 N=75	Oldest Child Under 13 N=164	Oldest Child Under 18 N=252	Under \$3,999/yr N=38	\$4,000- 7,999/yr N=83	\$8,000- 11,999/yr N=60	\$12,000- over N=272	1 ^a N=54	2 N=171	3 N=136	4 N=66	5 N=33	One Parent N=139	Two Parents N=349
Private	69.9	25.3	28.9	77.3	19.3	20.5	52.9	93.6	30.6	65.5	79.5	95.4	100.0	29.5	84.8
Public	20.8	60.6	62.8	14.3	77.4	61.5	23.5	1.5	65.3	25.0	10.3	3.1	0.0	63.1	5.6
Both	9.2	14.1	8.3	8.4	3.2	17.9	23.5	4.9	4.1	9.5	10.3	1.5	0.0	7.4	9.7

** $\chi^2 = p < .001$ For each group with an asterisk on the right of a particular variable, the frequencies are significantly different at the levels indicated.

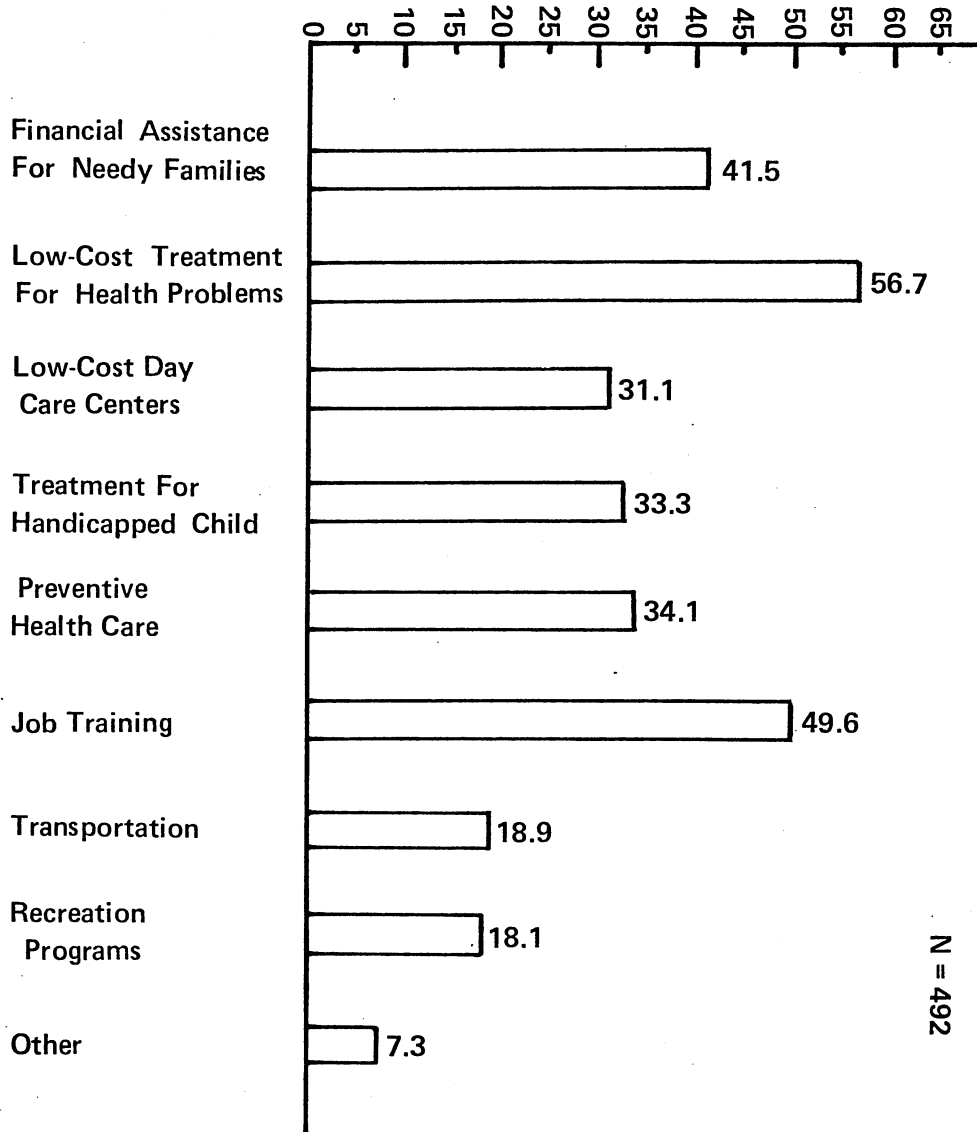
^a1 = No High School; 2 = High School; 3 = Partial College; 4 = College Degree; 5 = Advanced Degree

Priorities for Service Development

From a limited list of nine programs, Tulsa residents were asked to select three programs they would like to see developed in the county. The nine programs were: (1) Low-Cost Treatment for Health Problems, (2) Financial Assistance for Needy Families, (3) Low-Cost Day Care Centers, (4) Treatment for Handicapped Children, (5) Preventive Health Care, (6) Job Training, (7) Transportation, (8) Recreation Programs, and (9) Other. Figure 6 indicates priorities for program development reported by Tulsa residents. The program most often identified by Tulsa residents was Low-Cost Treatment for Health Problems. This finding was consistent with the state-wide findings (Wines and Powell, 1978) and generally for all groups in Tulsa. Figure 7 indicates program priorities by income level. Low-Cost Treatment for Health Problems, Job Training, and Low-Cost Day Care Centers were the three programs most highly indicated by all income levels for program development. Significant differences in priority by income level were noted for Financial Assistance for Needy Families, Treatment for Handicapped Children, Preventive Health Care, and Recreation Programs. Highest-income residents placed much higher priority on Treatment for Handicapped Children and Preventive Health Care than lower-income groups. All groups indicated low priority for Transportation and Recreation Programs.

Figure 8 shows priorities for Program Development by education level. The highest percentage of respondents with less than high school education indicated priorities for Financial Assistance for Needy Families (68.5%), Low-Cost Treatment for Health Problems (68.5%), and Job Training (59.3%). Low-Cost Treatment for Health Problems and Job

Figure 6. Percentages of Responses Indicating Priorities for Program Development



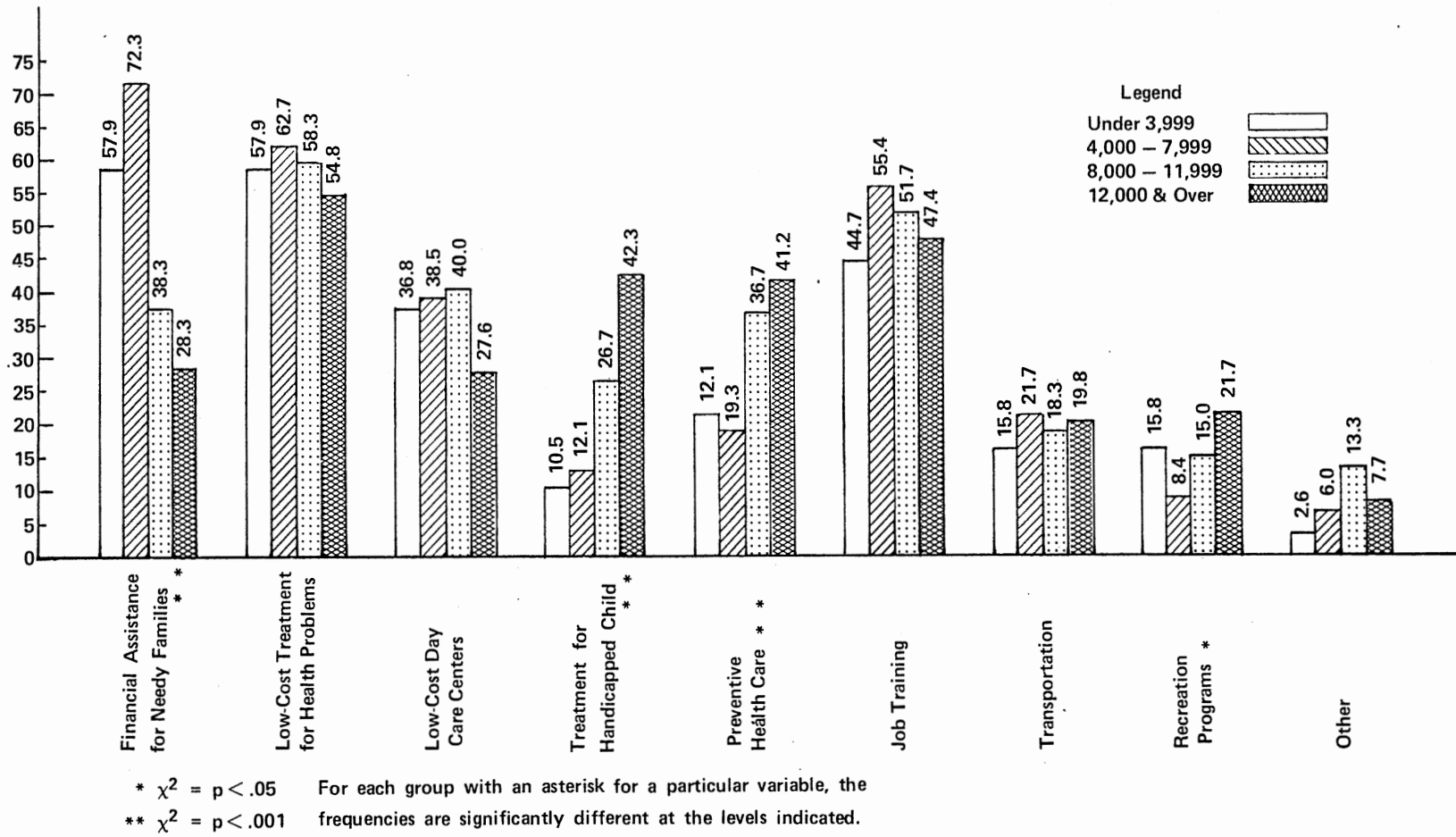


Figure 7. Percentages of Responses by Income Level Indicating Priorities for Program Development

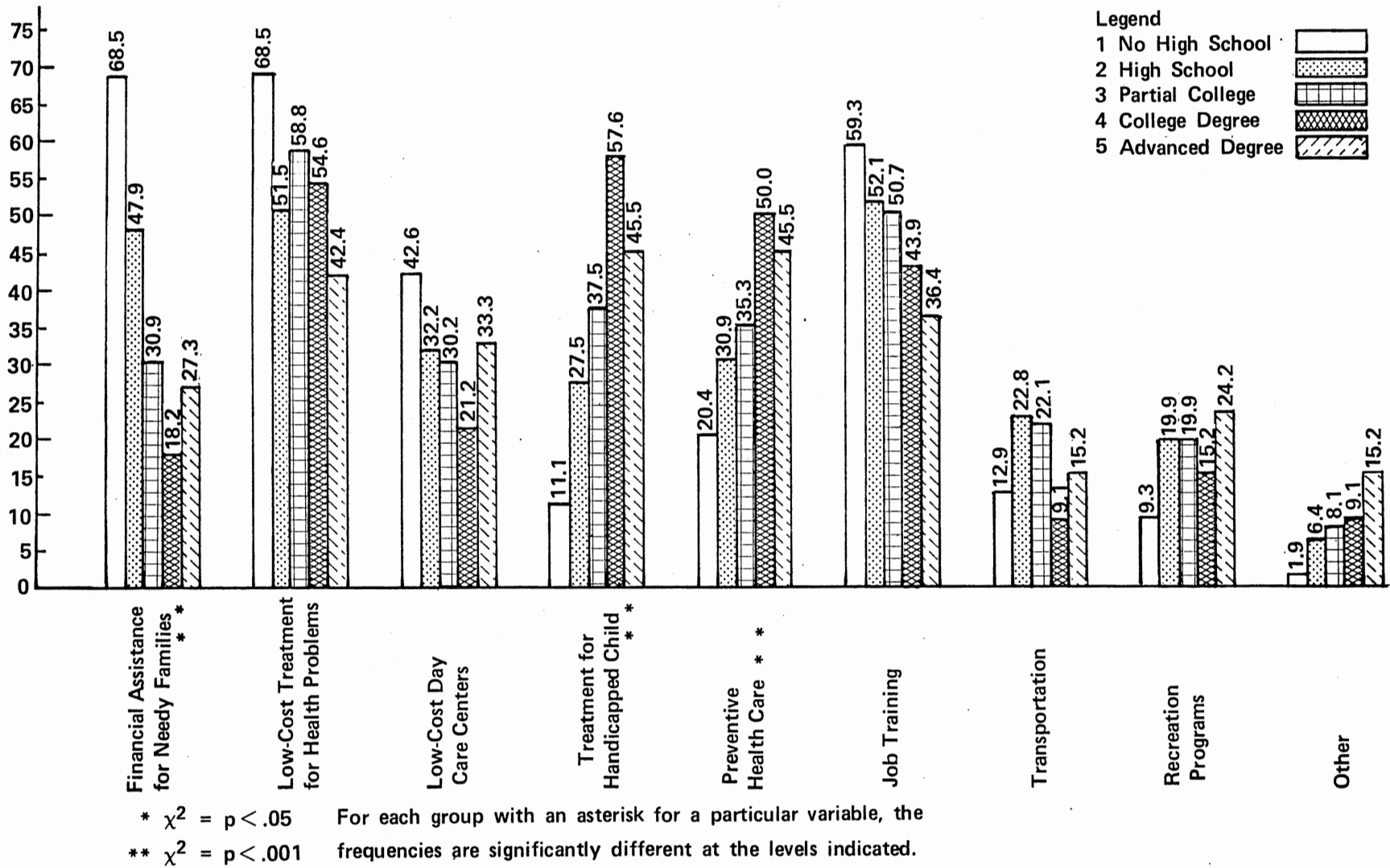


Figure 8. Percentages of Responses by Educational Level Indicating Priorities for Program Development

Training were indicated by all education levels as the two priorities for program development. Those with college degrees indicated the highest priority for Treatment for Handicapped Children. The lowest percentages of responses were for Transportation and Recreation.

Figure 9 reports percentages of responses by family status. One-parent families reported the highest priorities for Financial Assistance for Needy Families (59.7%), Low-Cost Treatment for Health Problems (57.6%), and Job Training (51.1%). More one-parent families reported a desire than two-parent families for Low-Cost Treatment for Health Problems (56.7%), Job Training (49.0%), Low-Cost Day Care Centers (35.2%), and Transportation (22.3%). Recreation and Transportation received lowest percentages of responses.

Figure 10 indicates priorities for program development by age group. Low-Cost Treatment for Health Problems, Job Training, and Financial Assistance for Needy Families were priorities for families in all three age categories. There were significant differences in priorities for development of Low-Cost Day Care Centers, Treatment for Handicapped Children, and Job Training. Parents whose oldest child was under six indicated significantly higher priority for Low-Cost Day Care Centers; parents whose oldest child was under 18 indicated significantly higher priority for Treatment for Handicapped Children and Job Training.

From these programs identified as needing development in Tulsa County, respondents were then asked, "Of these choices, which do you feel is most important?" Results are presented in Table XII. Tulsa residents gave highest priority for program development to Job Training (22.4%), Financial Assistance for Needy Families (16.3%), and Low-Cost Treatment for Health Problems (15.7%). Lowest priorities were for

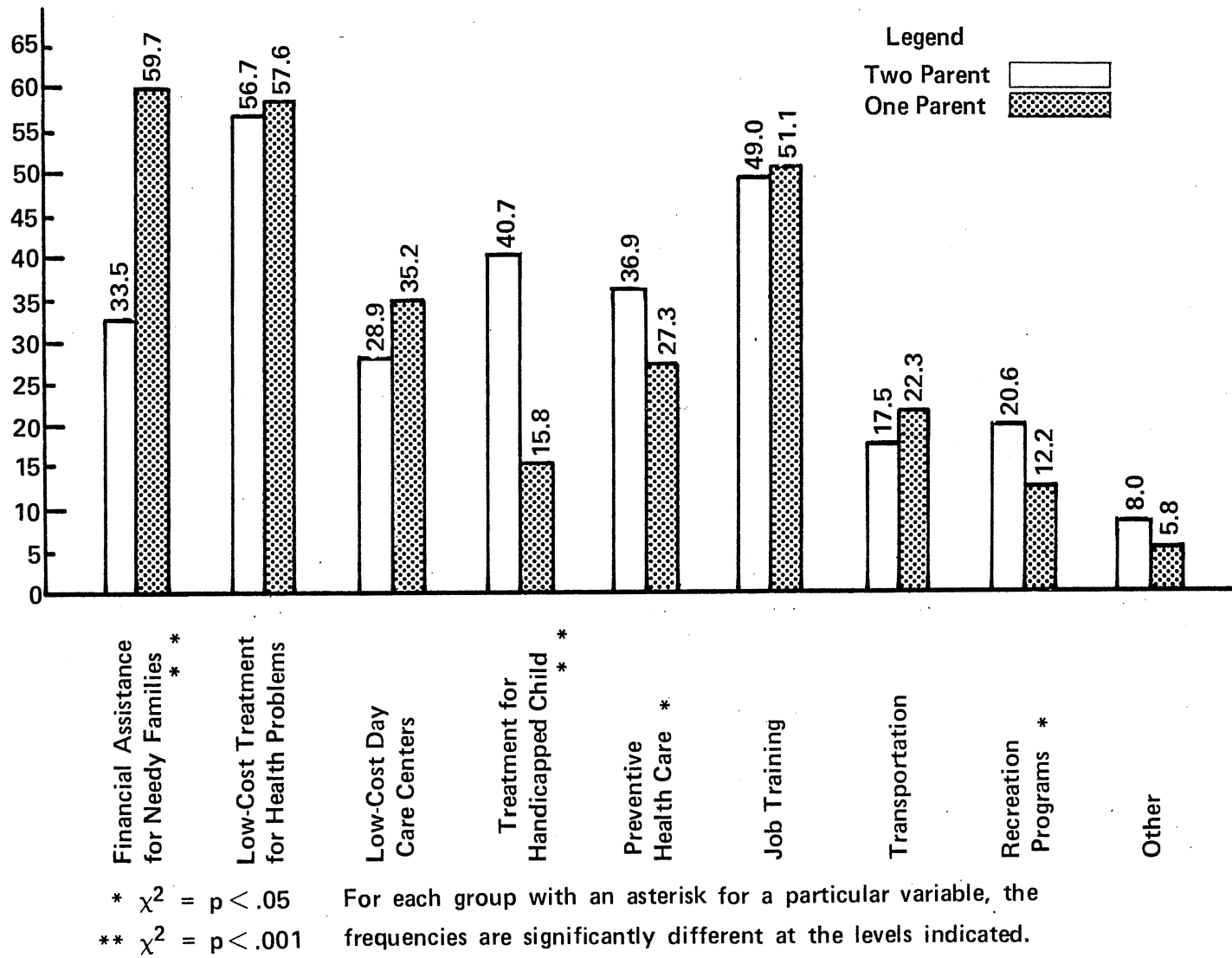


Figure 9. Percentages of Responses by Family Status Indicating Priorities for Program Development

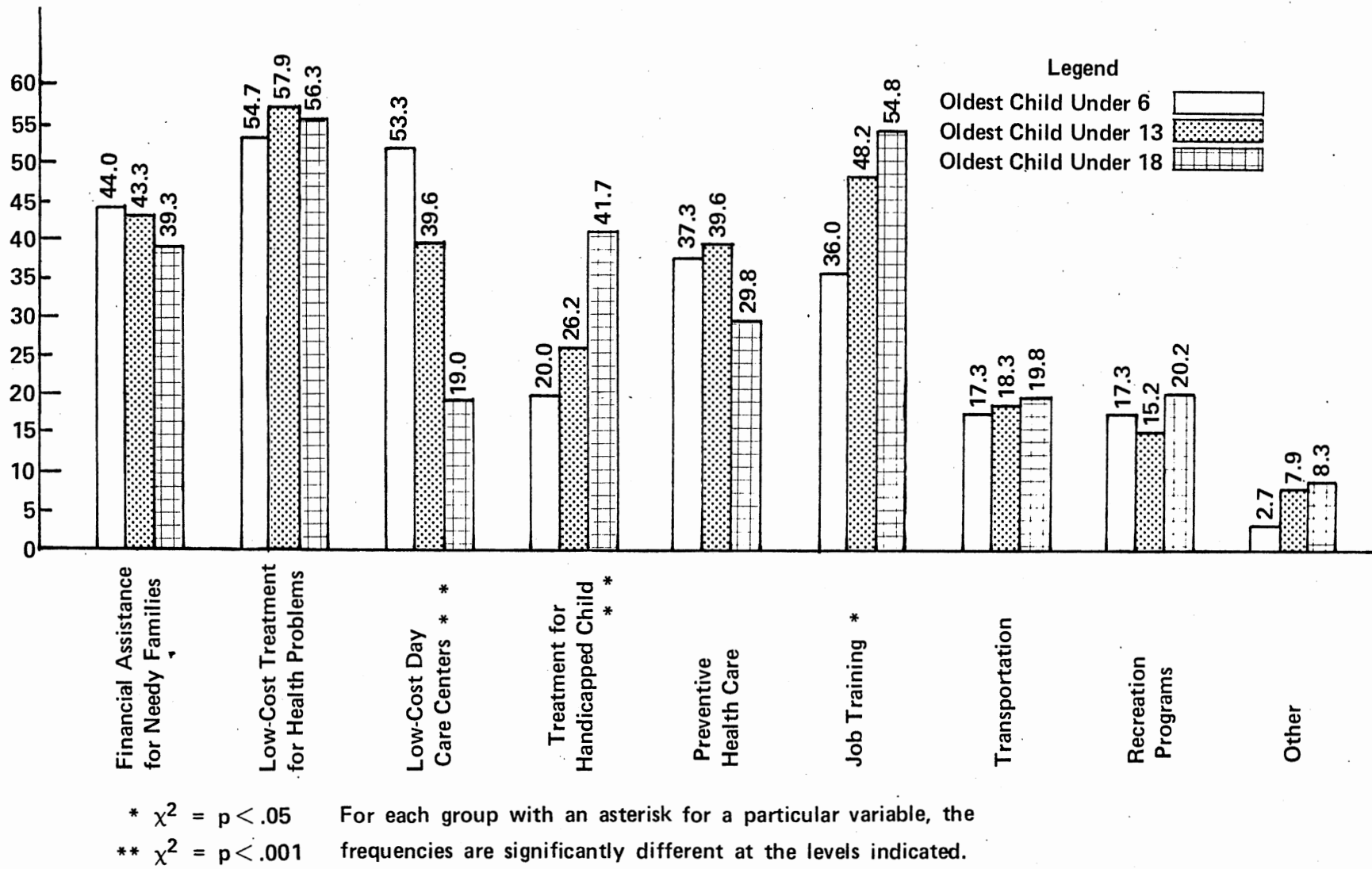


Figure 10. Percentages of Responses by Age Group Indicating Priorities for Program Development

TABLE XII

WHAT PROGRAM DO YOU FEEL IS "MOST IMPORTANT" FOR PROGRAM DEVELOPMENT

Program	Tulsa N=460	Age Class*			Income Level**				Education Level**					Family Status	
		Oldest Child Under 6 N=68	Oldest Child Under 13 N=158	Oldest Child Under 18 N=233	Under \$3,999/yr N=32	\$4,000- 7,999/yr N=76	\$8,000- 11,999/yr N=56	\$12,000- over N=259	1 ^a N=50	2 N=160	3 N=131	4 N=59	5 N=31	One Parent N=125	Two Parents N=332
Financial Assistance for Needy Families	16.3	20.6	15.8	15.0	37.5	28.9	10.7	9.7	32.0	17.5	12.9	5.1	9.7	23.2	13.6
Low-Cost Treatment for Health Problems	15.7	13.2	16.5	15.9	3.1	14.5	19.6	16.6	14.0	18.1	13.7	20.3	12.9	13.6	16.6
Low-Cost Day Care Center	6.5	11.8	9.5	3.0	6.2	10.5	3.6	6.2	10.0	7.5	5.3	3.4	12.9	8.0	5.7
Treatment for Handicapped Children	13.0	5.9	11.4	16.3	9.4	5.3	7.1	16.6	4.0	8.8	13.7	30.6	9.7	7.2	15.4
Preventive Health Care	13.0	19.0	15.8	9.4	6.2	5.3	14.3	16.6	4.0	14.4	9.9	20.3	25.8	8.0	15.1
Job Training	22.4	22.1	20.2	24.0	21.9	26.3	25.0	21.6	26.0	21.3	28.2	13.6	12.7	27.2	20.8
Transportation	4.1	4.4	4.4	3.9	0.0	5.3	7.1	3.5	6.0	3.1	5.3	1.7	3.2	4.0	3.9
Recreation Program	5.0	1.5	3.2	7.8	12.5	1.3	7.1	5.0	2.0	7.5	5.3	0.0	3.2	4.8	5.1
Other	3.9	1.5	3.2	5.1	3.1	2.6	5.4	4.3	2.0	1.9	5.3	5.1	9.7	4.0	3.9

* $\chi^2 = p < .05$ } For each group with an asterisk in the right column for a particular variable,
 ** $\chi^2 = p < .001$ } the frequencies are significantly different at the levels indicated.

^a1 = No High School; 2 = High School; 3 = Partial College; 4 = College Degree; 5 = Advanced Degree

Recreation Programs (5.0%) and Transportation (4.1%).

To summarize, when asked to select three programs needing development, Low-Cost Treatment for Health Problems was the service most often identified as a priority for service development by Tulsa residents. Financial Assistance for Needy Families and Job Training were also identified as priorities for service development. Treatment for Handicapped Children and Preventive Health Care were identified as next in priority by respondents. Transportation and Recreation Programs were lower priorities for development. Job Training (22.4%), Financial Assistance for Needy Families (16.3%), and Low-Cost Treatment for Health Problems (15.7%) were given highest priority for program development when respondents selected their one "most important" choice.

Speakouts

The results of the three Speakout group discussions are summarized in Table XIII. The following paragraph summarizes major concerns expressed by those attending the three speakouts.

Participants of all three speakouts indicated concern about Parent Education. Participants of two speakouts reported concern in the areas of Job Training and After School Care for School-Age Students. Speakout participants of one speakout discussed Drug and Alcohol Abuse Prevention, and participants of one speakout expressed interest in Social Activities for Junior High School Students.

In addition to group concerns expressed, all individuals attending the speakouts were asked to rank programs needed in order of importance from a limited list of 11 programs which had been identified by Children's Services Coordination Project staff. The speakout questionnaire

TABLE XIII

SUMMARIES OF CONCERNS EXPRESSED BY SPEAKOUT PARTICIPANTS

Major Areas of Concern Expressed	Suggested Actions and Solutions		
	North Tulsa Speakout Date: May 18, 1978 Location: Washington High School	Central Tulsa Speakout Date: May 16, 1978 Location: Will Rogers High School	Southeast Tulsa Speakout Date: May 9, 1978 Location: Tulsa County Area Vocational-Technical School
Parenting and/or Parent Education	Concentrate on aspects of parenting; Clarify parent's vs. school's responsibilities	Revise current programs; Employ neutral agency to offer information	Lobby legislature; Increase Parent Coalition
Job Training	Restructure current programs; Expand Vo-Tech facilities/programs	O.J.T. programs; Increase funding/decrease waiting	
After School Care		Concentrate on quality vs. quantity; More low-cost programs	
Drug and Alcohol Abuse Prevention		Revise current programs; Develop quality, unbiased sources of information youth will respect	
Junior High School Students' Social Activities			Develop a entity for planning and coordinating children and youth services
Others mentioned	Increase funding for Margaret Hudson Program; More Northside Coordinating Committee meetings; Loosen Federal Employment Assistance regulations		

results from all three speakouts, summarizing individual rankings of programs needed in order of importance, are presented in Table XIV. "Parenting" programs were ranked first in order of importance by participants attending all three speakout meetings. The speakout participants' major area of concern was Parent Education, and the speakout questionnaire results showed concern in the areas of Parent Education; but both of these results differed from the consumer survey respondents' identification of priorities for program development.

Vendor Services

Table XV summarizes the vendor services available in Planning Region 6, including Creek (Sapulpa), Osage (Pawhuska), and Tulsa (Tulsa) Counties. Tulsa is the largest metropolitan area in Tulsa County and shows the highest number of service vendors. Listing all of the services summarized is beyond the scope of this report. A complete listing of these services is part of the Children's Services Coordination Project raw data and is on file in the Department of Family Relations and Child Development, Oklahoma State University, Stillwater, Oklahoma.

Tulsa Consumer Survey and Speakout Findings

Compared to Priority Study Findings

Table XVI indicates the general areas of concern in this study which can be compared to findings of the earlier Tulsa Priority Study (Community Service Council of Greater Tulsa, 1976). The Priority Study is discussed in detail in Chapter II of this document. Briefly, the Priority Study was an exploratory survey to identify the range and kinds of human service needs of Tulsa households and to make suggestions for

TABLE XIV

SUMMARY OF INDIVIDUAL RANKINGS OF PROGRAMS NEEDED IN ORDER OF IMPORTANCE

<p>Central Tulsa Results Date: May 16, 1978 Location: Will Rogers High School</p>	<p>Southeast Tulsa Results Date: May 9, 1978 Location: Tulsa County Area Vocational- Technical School</p>	<p>North Tulsa Results Date: May 18, 1978 Location: Washington High School</p>
<p style="text-align: center;">Program Rankings</p> <ol style="list-style-type: none"> 1. Parenting (Child Rearing) 2. Job Training 3. Low-Cost Day Care Centers 4. Alcohol and Drug Abuse Prevention 5. Treatment for Handicapped Children 6. Education in Prenatal Care for High School Mothers 7. Preventive Health Care 8. Child Abuse Prevention 9. Transportation 10. Financial Assistance for Needy Families 11. Recreation Programs 	<p style="text-align: center;">Program Rankings</p> <ol style="list-style-type: none"> 1. Parenting (Child Rearing) 2. Alcohol and Drug Abuse Prevention 3. Job Training 4. Preventive Health Care 5. Low-Cost Day Care Centers; Child Abuse Prevention 6. Transportation; Recreation 7. Treatment for Handicapped Children; Education in Prenatal Care for High School Mothers 8. Financial Assistance for Needy Families 	<p style="text-align: center;">Program Rankings</p> <ol style="list-style-type: none"> 1. Parenting (Child Rearing) 2. Preventive Health Care 3. Job Training 4. Education in Prenatal Care for High School Mothers 5. Child Abuse Prevention 6. Alcohol and Drug Abuse Prevention 7. Treatment for Handicapped Children 8. Financial Assistance for Needy Families 9. Recreation Programs 10. Transportation 11. Low-Cost Day Care Centers

TABLE XV

CHILDREN'S SERVICE VENDORS BY COUNTY AND MAJOR CITY

Region 6 Vendors	CREEK Sapulpa	OSAGE Pawhuska	TULSA Tulsa	TOTALS
I. CULTURAL & RECREATIONAL	11	4	17	32
II. ALCOHOL & DRUG	2	2	8	12
III. EDUCATION:				
School Age Population Under 20	12,096	5,081	97,324	114,501
Public Schools	37	25	165	227
Private Schools	-	1	6	7
Teachers:				
Public Schools	611	315	4,652	5,578
Special Education	28	24	355	407
Guidance Counselors	17	7	195	219
Regional Education Centers	-	-	1	1
IV. EMPLOYMENT & JOB TRAINING	5	3	15	23
V. MULTI-SERVICE	8	5	64	77
VI. MEDICAL & REHABILITATION	11	5	53	69
VII. MENTAL HEALTH	3	2	7	12
VIII. PRESCHOOL & DAY CARE	24	10	151	185
IX. INFORMATION & REFERRAL	5	5	23	33
X. RESIDENT	3	1	8	12
----- SERVICES OBTAINED OUTSIDE LOCAL AREA (*Outside Region)	Vinita* Stillwater* Tulsa OKC*	Bartlesville* Ponca City* Stillwater* Vinita* Tulsa	OKC*	

TABLE XVI
 COMPARABLE AREAS OF CONCERN IN VOICES OF OKLAHOMA
FAMILIES (1978) AND THE COMPREHENSIVE
PRIORITY STUDY (1976)

Area of Concern	VOF 1978	Priority 1976
Recreation/youth	X	X
Day care	X	X
Education/youth		X
Education/adult		X
Health/children		X
Adult recreation		X
Adult health (physical and mental)		X
Income maintenance		X
Legal services		X
Information and referral		X
Housing		X
Transportation	X	X
Youth and Employment Training	X	X
Drug and Alcohol	X	X
Medical and dental service	X	X
Rehabilitation services (screening and therapy)	X	
Immunization clinics	X	
Public welfare assistance (food stamps, nutrition, foster care)	X	
Counseling	X	X
Family Planning	X	
Headstart (Early Childhood Education)	X	X
Lost-Cost health treatment	X	
Handicapped services (deaf and blind; screening)	X	
Parenting	X	
Juvenile delinquency	X	

future directions of services.

Comparisons between the two studies can be made in the areas of health and medical services, recreation, education, job training, transportation, and day care. Where possible, results of the Priority Study and this study will be compared on a city-wide basis and by (1) income level, (2) educational level, (3) family status (one-parent/two-parent families), and (4) age of oldest child.

Health and Medical Services

In the Priority Study (Community Service Council of Greater Tulsa, 1976), a large percentage of respondents indicated that they did not have adequate money to pay for care and drugs (24% city; 31% lower income); and concern was expressed about not being able to contact a doctor after hours and/or on weekends.

In this study, the Tulsa sample indicated the most important programs for development were Job Training (22.4%), Financial Assistance for Needy Families (16.3%), and Low-Cost Treatment for Health (15.7%). In reported use of health and medical services, those more frequently used were Immunization Clinics (16.5%) and Welfare Assistance (11.8%). Least used were programs of Dental Care (5.1%) and Assistance for Costly Medical Care (2.4%). Immunization Clinics were used most by families with children under six (28.0%) and those at the three lower-income levels (21.0%, 21.7%, 25.0%, respectively). Dental Care was used most by families whose oldest child was under 13 (8.5%). Welfare Assistance was most frequently used by families with children under six (17.3%), by those at the lowest-income levels (55.3% and 30.1%, respectively), and by those with less than high school education (29.6%). High levels of

awareness were indicated for programs of Immunization Clinics (80.1%).

In summary, surveys in 1976 and 1978 identified the need for assistance with cost of medical care. Tulsans report heavy use of Immunization Clinics and other services available; however, available services do not appear to be sufficient to meet the needs of Tulsa residents for affordable medical and dental care. Tulsa residents continue to place very high priority on development of services for "Low-Cost Treatment for Health."

Education

In the Priority Study (Community Service Council of Greater Tulsa, 1976), 59% of the city respondents and 56% of the lower-income sample indicated opportunities in early childhood education as "very helpful." Suggestions were made for the need for more resource people from the community in the classroom (59% city; 46% lower income), field trips (51% city; 53% lower income), identification of learning problems (43% city; 50% lower income), and vocational training (35% city; 36% lower income).

This study found that Headstart was used more by families whose oldest child was under 13 (8.5%); by two income groups--under \$3,999 (15.8%) and \$4,000-\$7,999 (14.5%); by three education groups--no high school (7.4%), high school (5.9%), and partial college (5.9%); and by one-parent families (13.7%). Respondents indicated much awareness of Headstart as an educational program (68.9%). Respondents at all income levels indicated great awareness for Headstart. Two-parent families (70.2%), families whose oldest child was under 13 (72.6%), families reporting parents with high school education (78.3%), and families

reporting parents with advanced degrees (72.7%) reported greater awareness for Headstart. Both studies have indicated that Tulsans have a high appreciation for the value of early childhood education programs.

Job Training Related to Education

The Priority Study (Community Service Council of Greater Tulsa, 1976) reported 35% of the city-wide respondents and 36% of the lower-income sample showed an interest in vocational training.

In this study, highest priorities for development of programs for Job Training were reported by low-income (\$4,000-\$7,999) respondents (55.4%), respondents with no high school (59.3%), respondents with high school educations (52.1%), one-parent families (51.1%), and families with children of all age groups.

Persons using the services of job training were from families whose oldest child was under 13 (4.3%) and from two income groups--\$4,000-\$7,999 (6.0%) and \$8,000-\$11,999 (6.7%). Two-parent families (68.8%) and those with college (66.7%) and advanced degrees (84.9%) reported highest awareness for job-training programs. A finding of particular interest is that families at either end of the income continuum indicated higher awareness for job training than middle-income groups. In both studies, Tulsans have consistently shown an interest in vocational and job-training programs, with job training receiving highest priority for program development in this 1978 study.

Transportation

In the earlier Priority Study (Community Service Council of Greater Tulsa, 1976), respondents indicated a transportation problem relative to

each of the following activities: (1) getting medical and dental prescriptions filled (6% city; 7% lower income), (2) getting children to day care facilities (5% city-wide; 3% lower income), (3) going grocery shopping and getting to recreation programs (5% city; 6% lower income).

In this study, compared to other areas given priority for development, transportation ranked fairly low for all groups. However, when asked if they were experiencing transportation problems, those at lowest income levels (59.5% and 59.3%, respectively), those at lowest educational levels (55.6%), and one-parent families (51.1%) indicated that they did indeed have problems with transportation. Apparently, even though transportation continues to be a problem for some segments of the Tulsa community, respondents rate other areas (e.g., low-cost treatment for health problems) as more important for development.

Recreation

In the Priority Study (Community Service Council of Greater Tulsa, 1976), 55% of the city-wide respondents and 39% of the lower-income group indicated their children participated in physical activities other than organized team sports (gymnastics, judo, karate, baton twirling). Other programs frequently reported were (1) organized team sports for boys, (2) group and troop activities, (3) artistic and craft pursuits, and (4) organized team sports for girls. When asked what kept children from using recreation facilities, answers given were (1) difficulty getting to the facility safely on their own (35% city; 39% lower income), long distance to nearest facility (22% city; 33% lower income), high cost of programs (17% city; 24% lower income), and inconvenient times programs offered (19% city; 15% lower income).

Analyzed by use, respondents in this study indicated much lower levels of use of recreation than other services. The highest amount of reported use was by those with college educations (12.1%).

Day Care

In the Priority Study (Community Service Council of Greater Tulsa, 1976), families were concerned about year-round care for children under six (30% city; 20% lower income), care in case of family emergency (21% city; 12% lower income), care of children for temporary relief of parent (18% city; 16% lower income), and care of children on drop-in basis (15% city; 18% lower income). In this study, fairly high priority for development of day care services was indicated by all income groups (Figure 8). Compared by ages of oldest child, families with oldest child under six (53.3%) and families with school-age children (39.6%) rated day care as a priority for program development, compared to only 19% of families with oldest child under 18.

With regard to awareness of day care services, highest-income (68.0%) and lowest-income (60.5%) groups were more aware than other groups (Table IV). Highest use of day care was reported by those in the \$4,000-\$7,999 income range (14.5%). However, those with both lowest (7.4%) and highest (6.1%) education levels reported higher levels of use of day care than other groups.

An interesting finding is that those with the lowest educational levels and highest educational levels rated day care as a higher priority than those in the median education level. This finding may indicate that regardless of, or because of, improved opportunities for education, particularly for women, there will continue to be a need for

development of day care services.

The area of day care remains a unique situation because apparently Tulsa families continue to require day care independent of the factors of income, education opportunities, or family status.

Speakout Results Compared to 1976 Priority Study

Results of the three Tulsa speakouts of this project have been discussed elsewhere in this document. Generally, results of the speakouts support the needs identified by the Priority Study (Community Service Council of Greater Tulsa, 1976) and this study for Job Training and Day Care. Those attending the speakouts placed a very high priority on parent education, an area not generally identified as important by respondents in the previous Priority Study (Community Service Council of Greater Tulsa, 1976) or by survey respondents in this study.

CHAPTER V

SUMMARY

The main purpose of this study was to update the information related to the needs assessment process in Tulsa, Oklahoma, by reviewing the earlier needs studies and by comparing the earlier Community Service Council needs assessment data, The Comprehensive Priority Study of Human Services, 1976, with the Tulsa area data from a comprehensive state-wide needs assessment for child and youth services, Voices of Oklahoma Families (Wines and Powell, 1978). The comparison and update were to give a more comprehensive perspective of the needs of families for services for children and youth in Tulsa.

A review of the literature was conducted to identify the previous needs assessment studies conducted in Tulsa. These studies were related to human services provided for families in order to identify their needs in the areas of recreation, employment, job training, education, health, day care, transportation, learning disabilities, screening, and therapy.

The collection of the data for this study was part of a larger state-wide study of needs for children and youth services in the state, Voices of Oklahoma Families (Wines and Powell, 1978). The methods and procedures of the study included (1) collecting and summarizing data on social and demographic indicators, (2) conducting 492 consumer surveys, (3) conducting three Tulsa speakouts, and (4) reviewing available vendor services. The social and demographic indicators were used as a base to

interpret the study findings. A multi-stage random sample design was used in surveying families in low, middle, and high socio-economic areas in Tulsa.

Major findings are summarized according to: (1) Awareness of Services, (2) Satisfaction with Services, (3) Use of Services, and (4) Priorities for Service Development. Of 23 services available, families of this study showed highest levels of awareness for Food Stamps, Welfare Assistance, and Immunization Clinics. In general, families most aware of services were those least likely to need them. It was a consistent finding in this study and in the state-wide project (Wines and Powell, 1978) that those families most likely to need services were the least aware of services. "Friends, family, and neighbors" followed by "Media" and "School" were the communication systems most used by families to gain awareness of vendor services. "Media" and "School" were reported more frequently as source of information by families with older children and higher education and income levels.

Tulsa families appeared to be fairly satisfied with "services in general." They were satisfied with education and recreation but were not as well satisfied with welfare guidelines. There were significant differences in levels of satisfaction by income level, educational level, and family status.

Tulsa families reported that they used most the services of Immunization Clinics, Food Stamps, Family Planning, and Welfare Assistance. Families with younger children used the services of Immunization Clinics, Food Stamps, and Welfare Assistance more than families with older children. There were significant differences by level of income in use of 11 of 24 services, with the two lower-income groups indicating highest

use.

At the time of this study, 53% of the families interviewed said they had used medical services in the last six months; and 47% indicated they had used dental services for their children in the last six months. The majority reported using private medical and dental services. It may be noted that 40% of families with young children had "never" used the services of a dentist for their children. One-parent families reported less recent use of medical and dental services than other families.

Families in this study most often identified health-related services--Low-Cost Treatment for Health Problems, Financial Assistance for Needy Families, Preventive Health Care, and Treatment for Handicapped Children--as priorities for service development. These priorities are consistent with the state-wide project findings (Wines and Powell, 1978). Visual and Hearing Screening, Visual and Hearing Therapy, Special Illness, Assistance for Costly Medical Care, Care for Mentally Retarded, and Low-Cost Treatment for Handicapped Children were services not being highly used.

In relation to Financial Assistance for Needy Families, lower-income households in the Priority Study (Community Service Council of Greater Tulsa, 1976) indicated they did not have adequate funds for medical care, drugs, and dental care. In addition to lack of funds, this study found a low awareness of Assistance for Costly Medical Care and Dental Care, low use of Dental Care and Assistance for Costly Medical Care. These findings are supportive of the major priority of all groups for development of Low-Cost Treatment of Health Problems.

Families in both this study and the earlier Priority Study (Community Service Council of Greater Tulsa, 1976) did not rank day care as

a major concern. In the present study, however, all income groups gave "Low-Cost Day Care Programs" a fairly high priority for service development. The highest and lowest education and income groups rated "Low-Cost Day Care" as a higher priority than the medium levels of income and education. These same groups reported a higher level of usage of day care services than did the medium levels. Although the picture is not totally clear, it appears that day care is a need and an issue with both lowest education and income groups and the highest education and income groups in Tulsa. If this is the case, programs to support advanced levels of education and income will probably not lessen the need for day care services.

"Job Training" was the service selected by Tulsa families as most important for program development. It also received low rankings in awareness and use. Families of the earlier Priority Study (Community Service Council of Greater Tulsa, 1976) identified vocational training as an area of concern. Also, in the area of early childhood education, families of the present study reported a high degree of awareness and use of Headstart programs. This is a consistent finding with Priority Study families (Community Service Council of Greater Tulsa, 1976) who indicated a concern for early childhood education programs in Tulsa.

More than 50% of the families in this study were satisfied with recreation services in general; and compared to medical and health services, recreation was not a high priority for program development. Recreation was most highly used by families with higher education.

Transportation was another low priority for service development reported by families in this study. Transportation services had a low level of awareness and appeared to be a difficulty for lower-income

families, families with younger children, and single parents. As indicated in the Priority Study (Community Service Council of Greater Tulsa, 1976), transportation appears to be linked to other areas of concern such as medical services and recreation.

In summary, the findings of this study indicated areas of greatest need for child and family services in Tulsa and identified groups which appear to have special needs. On an overall basis, areas of greatest need appear to be (1) Low-Cost Treatment for Health Problems, (2) Job Training, and (3) Financial Assistance for Needy Families.

Two groups appear to have very special unmet needs in regard to child and youth services: (1) families with incomes just above the poverty level (\$4,000-\$7,999) and (2) single parents. Families with incomes just above the poverty level appear to be receiving fewer services than other groups. They indicated less satisfaction with services in general, recreation, education, and welfare guidelines than both lowest- and highest-income groups. They report less recent use of medical services than other groups, and they report significantly higher use of Drug Programs than lowest- and highest-income groups. This group reports far greater priority for program development (72.3%) than lowest-income families (57.9%) for "Financial Assistance for Needy Families." One possible conclusion is that lowest-income families qualify for many more assistance programs for child and youth services than these families. Further investigation of ways to serve the needs of these minimum resource families is needed.

Another family group in Tulsa with special needs appears to be the single-parent family. There were significant differences between single-parent and two-parent families in awareness for 18 of 24 services. In

all cases, two-parent families were more aware of these services than one-parent families. Single-parent families gain information concerning services from the "Social Worker" more often than other groups who use "Friends, family, and neighbors" and the "Media." Single-parent families were consistently less satisfied than two-parent families with services in general, recreation, and education. However, they were more satisfied with welfare guidelines than two-parent families. As indicated in previous data, transportation is a difficulty for these families. Single parents reported a higher use than two-parent families of Headstart, Counseling, Food Stamps, Welfare Assistance, Family Planning, and Juvenile Delinquency and Drug Programs than other services.

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APPENDIXES

APPENDIX A

CONSUMER SURVEY INSTRUMENT

CODING INSTRUCTIONSChildren's Services
Coordination ProjectPARENT'S QUESTIONNAIRE

(for coding purposes)

_____ Questionnaire # (4 digits, right justified on coding sheet, 0001)

_____ Region (record Region Number)

_____ Data Set (1 = all completed before October 15, 1977)
(2 = all completed after October 15, 1977)

_____ Date (# of month, day, year; 10/15/77)

_____ Area (Record County Name & Numeral on Questionnaire; Record only
numeral on computer sheet)

_____ Type of Area (Urban = 0, Rural = 1; see detailed sheet)

_____ Sex of Respondent (Male = 1, Female = 2, No Response = 9)

_____ Race of Respondent

- Code: 1. Caucasian
-
2. Black
-
3. American Indian
-
4. Other
-
9. No Response

INTERVIEWER'S NAME

_____ (Record Alphameric, left justified)
(extra spaces blank)

AND OCCUPATION

_____ (Do not code)

We represent the State of Oklahoma (show seal and letter of introduction), and we are doing a survey to find out what kind of improvements can be made in the services to children and youth in Oklahoma. Your house has been picked at random so that we can get an overall picture of what Oklahoma's citizens think about this. A number of people may have opinions similar to yours. Your opinion is important to us because your viewpoint and those of others like you may not be known otherwise. Your cooperation in this survey may actually be helpful in improving the children's services in Oklahoma. Since we are interested in surveying only households with children 18 years old or younger, do you have children of this age? (If no, record and thank contact.) (If yes), "We would appreciate a few minutes of your time to answer some questions about your opinion. Let me assure you that your responses are completely confidential."

GIVE RESPONDENT LIST

1. To the best of your knowledge which one of these children's services does _____ County have?

- | | |
|--|--|
| 1. Head Start Programs | 15. Special Illness: TB, Cerebral Palsy, Handicapped |
| 2. School for the Deaf | 16. Assistance for Costly Medical Care |
| 3. School for the Blind | 17. Day Care |
| 4. Counseling Services | 18. Care for the Mentally Retarded |
| 5. Immunization Clinics | 19. Nutrition Information |
| 6. Dental Care | 20. Youth Programs for Vocational and Job Training |
| 7. Food Stamps | 21. Juvenile Delinquency Program |
| 8. Foster Care | 22. Drug Program |
| 9. Recreational Programs | 23. Parent Education |
| 10. Welfare Assistance | 24. Other (added to coding sheet) |
| 11. Family Planning - Venereal Disease | |
| 12. Visual Screening | |
| 13. Hearing Screening | |
| 14. Speech and Hearing Therapy | |

2. Which three do you think most important?
(Mark only 3. Record by numbers above.)

2. - 1. Most Important _____
2. - 2. Very Important _____
2. - 3. Important _____

3. - 1. Do you use any of these services?

3. - 2. If so, which ones?

3. - 3. If not, why?

3. - 4. How did you learn about the services?

1. friends, family, neighbors
2. social worker, out-reach worker
3. health nurse
4. school
5. doctor's office
6. newspaper, yellow pages, T.V.
7. other _____

CODE

Mark a 1 in each numbered space on code sheet. Make a 0 in each blank space.

____ Record number in corresponding space on code sheet. Must be same as #1.
__99 No response.

1 Yes
0 No
9 No Response

Code same as #1.

Record according to the following:
1 Do not need
2 Use private facilities
3 Other
9 No response

Mark a 1 in space corresponding to each number. Make a 0 in each blank space.

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____

- CODE
3. - 5. Have you used these services in the past?
- 1 Yes
0 No
9 No Response
3. - 6. How often do you use these services?
- 1 Seldom
2 Occasionally
3 Regularly
4 Never
- Record numeral which corresponds to response.
- 1 _____
2 _____
3 _____
4 _____
9 No Response
3. - 7. Are you satisfied with these services?
- 1 Yes
0 No
2 No Opinion
9 No Response
4. Please pick the three programs you would most like to see developed in _____ County.
(Record only 3.)
1. Financial assistance for needy families
2. Low-cost treatment for health problems
3. Low-cost day-care centers
4. Treatment for handicapped children
5. Preventive health care
6. Job-training
7. Transportation
8. Recreation Programs
9. Other _____
- Mark a 1 in the space corresponding to each numeral. Put a 0 in each blank space.
- 1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
5. Of these three choices, which do you feel is most important?
- Record numeral which corresponds to response. Must be same as for response in #4.
- _____ Numeral
99 No Response
98 Incorrect response to #5
97 Incorrect response to #4
6. Are there any services provided for high school mothers in this area, i.e., prenatal care education, etc.?
- 2 Don't know
1 Yes
0 No
9 No Response
7. Now, just a few questions about you and your family. How many children do you have?
- _____ Record number of children.
99 No Response

	<u>CODE</u>
8. What are their ages?	Record ages of children, youngest age first. Use 0 for less than 1 year. If more than 10 children, record ages of youngest 10. (Use <u>9</u> to fill in blanks.) <u>98</u> in first 2 columns on left of response is inappropriate
9. Would you please tell your age?	Record age in corresponding spaces. <u>99</u> No Response
10. What was the highest grade you completed in school?	Record number of grade. 1 - 12 13 1 yr. of college 14 A.A. Degree or 2 yrs. of college 15 3 yrs. of college or other training 16 college degree 17 master's degree 18 Ed.D. or Ph.D. or M.D. <u>99</u> No Response
11. Are you married, divorced, widowed, or single?	1 married 2 divorced 3 widowed 4 single 5 married - separated 9 No Response
12. - 1. When were your children last examined by a physician?	1 six mo. or less 2 more than 6 mo. to 12 months 3 13 mo. to 18 mo. 4 19 mo. to 2 yrs. 5 more than 2 yrs. 6 Never 9 No Response
12. - 2. When were your children last examined by a dentist?	1 six mo. or less 2 more than 6 mo. to 12 months 3 13 mo. to 18 mo. 4 19 mo. to 2 yrs. 5 more than 2 yrs. 6 Never 9 No Response

13. Was it done by a private or public facility?

CODE

1 private
2 public
3 both
9 No Response

14. Has there been any follow-up care?

1 Yes
0 No
9 No Response

15. - 1. If you have a child under 6, has he been to any developmental agency for example, screening for learning, developmental or behavioral problems?

1 Yes
0 No
9 No Response

15. - 2. If so, where?

Mark a 1 in the corresponding space. Be sure to mark all responses. Fill in a 0 in all blank spaces.

1 Headstart
2 County Health Clinic
3 Public School
4 Children's Hospital
5 Education Service Center
6 Private Doctor
7 Volunteer organization
8 Other

9 0 - Q N A
1 - Q is applicable

16. - 1. Now about your job. Were you working last week, unemployed, laid-off, in school, or what?

1 Working last week
2 Unemployed or laid off
3 In school
4 Other
9 No Response

16. - 2. Working _____
What kind of work do you do on your job?

Code according to Bureau of the Census, U.S. Dept. of Commerce (See detailed list). Mark a 1 in the corresponding space. (If blank, mark 0's.)
1 Professional, technical, and kindred workers

CODE

- 2 Manager, officials, proprietors, except farm
- 3 Clerical, sales, kindred workers
- 4 Craftsmen, foremen, kindred workers
- 5 Operatives, kindred workers
- 6 Service workers, including private households
- 7 Laborers
- 8 Armed forces and other

-
- 9 0 - Q N A
 - 1 - Q is applicable

CODE same as above.
Mark a 1 in the corresponding space.

16. - 3. Unemployed or laid off _____
What did you do on your last job?

16. - 4. Keeping House _____

17. Current Income Range ("I am going to read some categories which correspond to combined family income for one year. Listen and tell me which category represents your combined family income from all sources for one year.")

- 1 Yes
 - 0 No
 - 9 No Response
-
- 1 Under \$2,000
 - 2,000 - 3,000
 - 2 4,000 - 5,999
 - 6,000 - 7,999
 - 3 8,000 - 9,999
 - 10,000 - 11,999
 - 4 12,000 - 13,999
 - 14,000 - 15,999
 - 5 16,000 - 24,999
 - 6 25,000 - 40,999
 - 7 41,000 - 59,999
 - 8 60,000 - more
 - 9 No Response

(Data Set 1 has only
4 codes, Set 2 has
8 codes)

	<u>CODE</u>
18. - 1. Are you satisfied with the welfare guidelines?	1 Yes 0 No 2 No opinion 9 No Response
18. - 2. If your child should have physical, emotional, or other problems, is there any agency that can treat or refer your child?	1 Yes 0 No 2 No opinion 9 No Response
18. - 3. Are you satisfied with the recreational facilities in this community?	1 Yes 0 No 2 No opinion 9 No Response
18. - 4. Are you satisfied that your child can receive a good education in this community?	1 Yes 0 No 2 No opinion 9 No Response
19. Are there transportation problems for your family?	1 Yes 0 No 9 No Response
20. How long have you lived in this community?	1 less than 6 mo. 2 6 mo. to 1 yr. 3 1 yr. 1 mo. - 5 yr. 4 5 yr. 1 mo. or more 9 No Response
21. How long have you lived in this home?	1 less than 6 mo. 2 6 mo. to 1 yr. 3 1 yr. 1 mo. - 5 yr. 4 5 yr. 1 mo. or more 9 No Response
22. Does your immediate family live in this community? (You or your spouse's)	1 Yes 0 No 3 Some do 9 No Response

CODE

23. Do you have any comments on this survey?
(DO NOT CODE)

AREA
(Record by Numerals)

01 Adair	27 Grant	53 Nowata
02 Alfalfa	28 Greer	54 Okfuskee
03 Atoka	29 Harmon	55 Oklahoma
04 Beaver	30 Harper	56 Okmulgee
05 Beckham	31 Haskell	57 Osage
06 Blaine	32 Hughes	58 Ottawa
07 Bryan	33 Jackson	59 Pawnee
08 Caddo	34 Jefferson	60 Payne
09 Canadian	35 Johnston	61 Pittsburg
10 Carter	36 Kay	62 Pontotoc
11 Cherokee	37 Kingfisher	63 Pottawatomie
12 Choctaw	38 Kiowa	64 Pushmataha
13 Cimarron	39 Latimer	65 Roger Mills
14 Cleveland	40 Le Flore	66 Rogers
15 Coal	41 Lincoln	67 Seminole
16 Comanche	42 Logan	68 Sequoyah
17 Cotton	43 Love	69 Stephens
18 Craig	44 McClain	70 Texas
19 Creek	45 McCurtain	71 Tillman
20 Custer	46 McIntosh	72 Tulsa
21 Delaware	47 Major	73 Wagoner
22 Dewey	48 Marshall	74 Washington
23 Ellis	49 Mayes	75 Washita
24 Garfield	50 Murray	76 Woods
25 Garvin	51 Muskogee	77 Woodward
26 Grady	52 Noble	

TYPE OF AREA
(0 = Urban, 1 = Rural)

<u>1</u> Adair	<u>1</u> Grant	<u>1</u> Nowata
<u>1</u> Alfalfa	<u>1</u> Greer	<u>1</u> Okfuskee
<u>1</u> Atoka	<u>1</u> Harmon	<u>0</u> Oklahoma
<u>1</u> Beaver	<u>1</u> Harper	<u>1</u> Okmulgee
<u>1</u> Beckham	<u>1</u> Haskell	<u>0</u> Osage
<u>1</u> Blaine	<u>1</u> Hughes	<u>1</u> Ottawa
<u>1</u> Bryan	<u>1</u> Jackson	<u>1</u> Pawnee
<u>0</u> Caddo	<u>0</u> Jefferson	<u>1</u> Payne
<u>0</u> Canadian	<u>1</u> Johnston	<u>1</u> Pittsburg
<u>1</u> Carter	<u>1</u> Kay	<u>1</u> Pontotoc
<u>1</u> Cherokee	<u>1</u> Kingfisher	<u>1</u> Pottawatomie
<u>1</u> Choctaw	<u>1</u> Kiowa	<u>1</u> Pushmataha
<u>1</u> Cimarron	<u>1</u> Latimer	<u>1</u> Roger Mills
<u>0</u> Cleveland	<u>1</u> Le Flore	<u>1</u> Rogers
<u>1</u> Coal	<u>1</u> Lincoln	<u>1</u> Seminole
<u>0</u> Comanche	<u>0</u> Logan	<u>1</u> Sequoyah
<u>0</u> Cotton	<u>1</u> Love	<u>0</u> Stephens
<u>1</u> Craig	<u>0</u> McClain	<u>1</u> Texas
<u>0</u> Creek	<u>1</u> McCurtain	<u>0</u> Tillman
<u>1</u> Custer	<u>1</u> McIntosh	<u>0</u> Tulsa
<u>1</u> Delaware	<u>1</u> Major	<u>1</u> Wagoner
<u>1</u> Dewey	<u>1</u> Marshall	<u>1</u> Washington
<u>1</u> Ellis	<u>1</u> Mayes	<u>1</u> Washita
<u>1</u> Garfield	<u>1</u> Murray	<u>1</u> Woods
<u>1</u> Garvin	<u>1</u> Muskogee	<u>1</u> Woodward
<u>0</u> Grady	<u>1</u> Noble	

APPENDIX B

CHILDREN'S SERVICES CONSUMER SURVEY

VARIABLE CLASSIFICATION

I. Demographic Variables**A. Personal Characteristics of Respondent**

Age (9)
Race
Sex
Marital Status (11)
Educational Level (10)
Employment Status (16-1)
Occupation (16-2)

B. Family Characteristics

Income Level (17)
Number of Children (7)
Ages of Children (8)
Time in Community (10)
Time in Home (21)
Presence of Relatives in Community (22)

II. Response Variables (Total = 21)**A. Awareness of Services****1. General**

Of Which Services is Individual Aware (1)
How Was Awareness Gained (3-4)

B. Importance of Services

Three Most Important Services (2)

C. Use of Services**1. General**

Which Services Presently Used (3-1) (3-2)

2. Medical and Dental Services

When Child Last Seen by Doctor (12-1)
When Child Last Seen by Dentist (12-2)
Private or Public Facility (13)

D. Satisfaction with Services**1. General**

General Satisfaction with Facilities (3-7)

2. Specific

Satisfaction with Recreational Facilities (18-3)

Satisfaction with Educational Facilities (18-4)

E. Miscellaneous Questions

Satisfaction with Welfare Guidelines (18-1)

Is Family Experiencing Transportation Problems (19)

Forced Choice Program Development Question (4, 5)

APPENDIX C

DAILY REPORT--CONSUMER SURVEY CONTACTS

DAILY REPORT - CONSUMER SURVEY CONTACTS

Interviewer _____

Date _____

Location Town: _____

Region: _____

Area: _____ Low Income
 _____ Middle Income
 _____ High Income

<u># OF TOTAL CONTACTS:</u>	Survey Completed	Not Home	No Children 18 or Under	Declined to Participate	Other (Describe)
<u>Mark under appropriate column each household contacted</u>					
Morning (8:00 A.M. - 12:00 Noon)					
Afternoon (12:01 P.M. - 6:00 P.M.)					
Evening (6:01 P.M. - 10:00 P.M.)					
COLUMN TOTAL					
TOTAL DAILY CONTACTS MADE					

APPENDIX D

TULSA SPEAKOUT AGENDA

VITA²

Janet W. Williams

Candidate for the Degree of

Master of Science

Thesis: A STUDY OF AWARENESS, USE, SATISFACTION, AND PRIORITIES FOR CHILDREN AND YOUTH SERVICES IN TULSA, OKLAHOMA

Major Field: Family Relations and Child Development

Biographical:

Personal Data: Born in Blackwell, Oklahoma, May 5, 1945.

Education: Graduated from Nathan Hale High School, Tulsa, Oklahoma, in May, 1963; received Bachelor of Science degree from Oklahoma State University in Stillwater, Oklahoma, with a major in Family Relations and Child Development in May, 1969; completed requirements for the Master of Science degree in May, 1979.

Professional Experience: Teacher, St. John's Hospital Child Development Center, Tulsa, Oklahoma; teacher, St. Francis Hospital Ava Maria House (Child Care Center), Tulsa, Oklahoma; manager, Yale Drop Inn Nursery, Tulsa, Oklahoma; teacher, Tulsa County Vocational-Technical School, Tulsa, Oklahoma; counselor, Tulsa Area Manpower Authority Consortium, Tulsa, Oklahoma; graduate research assistant, Oklahoma State University, Family Relations and Child Development Department, 1977-78; research associate, State Department of Vocational and Technical Education, Stillwater, Oklahoma.

Professional Organizations: National Association for the Education of Young Children, Oklahoma Association for Children Under Six, Tulsa Association for Children Under Six, Oklahoma Vocational and Guidance Association.