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THE UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

# INFLUENCE OF SELECTED SOCIAL FACTORS ON ATTITUDES TOWARD SOCIAL AND HEALTH RELATED ISSUES IN A MEDIUM-SIZED OKLAHOMA COMMUNITY

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SUBMITTED TO THE GRADUATE FACULTY

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BY

WALTER MASON MOORE

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INFLUENCE OF SELECTED SOCIAL FACTORS ON ATTITUDES

TOWARD SOCIAL AND HEALTH RELATED ISSUES IN A

MEDIUM-SIZED OKLAHOMA COMMUNITY

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# INFLUENCE OF SELECTED SOCIAL FACTORS ON ATTITUDES TOWARD SOCIAL AND HEALTH RELATED ISSUES IN A MEDIUM-SIZED OKLAHOMA COMMUNITY

## CHAPTER I

## INTRODUCTION

The problems of health care delivery, environmental problems, and social issues with health connotations are much discussed today and many possible solutions have been proposed. Many health professionals who believe they have pinpointed the cause of breakdown in health delivery have suggested possible alternatives. Attempts to control environmental pollution have been made, with considerable cost and inconvenience to the consumer. Yet few health professionals have ever considered what the local health consumer feels about these problems and the solutions proposed. The consumer has become perplexed and frustrated with so many ideas and proposals, many of which he does not understand. No one really asks him what he wants or feels is important in the health care system. Thus when a new concept in care is brought to the public to be implemented, he refuses to accept, largely because he is unacquainted with this new concept and has never been motivated enough to accept change.

Health professionals would have better success in programs if they first found out what people themselves think the problems are. Any

program should start from that point. Problems are real enough but people may not feel they are important; or they may reject a program because it would bring personal inconvenience. Many new concepts indeed have merit and they should have opportunities to provide solutions. Such cases call for a massive health education program to gain public acceptance. Knowledge is a prerequisite to understanding and cooperation. If customs or moral and religious beliefs block acceptance and cannot be materially changed by this educational program, a proposal may need to be dropped or modified. The first task, therefore, of those who would institute new programs is to determine existing public attitudes and identify their sources, in order to predict the factors that may effect a change in them.

The purpose of this study is to provide an insight into how the people of a given Oklahoma community perceive some specific current and pertinent issues of health, environment, and health-related social conditions, and their attitudes toward these issues. The results of this study should help shape the thinking of those who are in places of decision, so that the programs they attempt to implement may have the support of the majority of the citizens.

This study will also help decision-makers to anticipate attitudes of people on health and social related issues and to begin early health education programs whenever it should be deemed wise. Also it may give the people in a local community an insight as to their own attitudes and desires and perhaps stimulate local groups to a greater activity in bringing some of these desires to fruitation and changing some of the factors which cause undersirable attitudes.

## CHAPTER II

## LITERATURE REVIEW

Among numerous studies of public attitudes on health questions, some have merely attempted to determine what the attitudes are; whereas others have tried to determine factors which may underly and influence some of these attitudes. These factors may be subject to change. Coe (1) has discovered that attitudes change favorably after people become better acquainted with a program. Many programs have been initiated for the consumer, especially those in the low income group. Alpert (2) tried to determine whether these programs affect patient attitudes and satisfaction. He found that certain general attitudes remained unchanged, but where the people recognized a benefit from the program and primary care was received there generally was increased satisfaction.

### Problems in the Delivery of Health Care

Delivery of health care, especially primary care, has become an important issue in the United States with particular recognition as a problem of rural areas. Trends toward urbanization with specialization of physicians, practitioner dissatisfaction with rural community life, and a desire for continuing education, were reasons found by Bible (3) which have caused a maldistribution of physicians. A higher standard of living has encouraged the consumer to become more concerned about his health

and has generated a greater effective patient demand. The physician interested in maintaining a high quality of health care has limited his practice. According to a survey by Dowden (4) in 1968, sixty-seven percent of doctors said that if patient loads were increased the quality of care would necessarily be lowered. This limiting of practice has caused long delays in patients getting an appointment which has led to considerable dissatisfaction. Andrus (5) states that to meet health care needs of this country there must be a change in the health delivery system. The public, government, and press are demanding change. Walsh (6) states that the health delivery system urgently needs overhauling. Rosen (7) calls the system inefficient, uneconomical and poorly designed by present standards of capability, leaving millions of people inadequately served, if at all.

## Change Demanded in Health Delivery System

Many national leaders in various fields agree with Rosen. Labor has demanded a change in the system with major attention to problems for national health insurance. Three bills concerning this insurance have received prominent visibility before Congress--the Kennedy Health Security Act, the Nixon National Health Insurance Act as introduced by Senator Walter F. Bennett, and the American Medical Association's Health Care Insurance Assistance Act as introduced by Senator Clifford P. Hanson, called "Medicredit." "Medicredit" supporters state that the cost of the Kennedy plan would be enormous and some have estimated that the annual cost would reach as high as forty billion dollars. The Nevada State Medical Journal (8) states that the only proposals that seem to face the dollar and units arithmetic of a workable health care system rest on the basic

premise that most people prefer the principle of voluntarism rather than compulsion in health care. Richardson (9) states that the Kennedy bill assumes that the only way to assure adequate health coverage and to bring about needed improvements in the health care system is to have the federal government take over the entire system of health insurance in the country. He calls "Medicredit" essentially a financing approach which would have little effect on the organization and delivery of medical care or on controlling rising costs. "Medicredit" would inflate demands for services yet would not promote appropriate ways to use leverage of new funds to help influence the quality and efficiency of services. It would also encourage the growth of costly, privately sold individual health insurance in contrast to group insurance. The Nixon Administration plan, he further states, has the aim of building what is already in place, by regulating health insurance and concentrating public financing in areas of need, with strong incentives to improve organization and delivery of care.

## New Methods in Health Delivery Proposed

### Greater Use of Paramedical Personnel

Since the physicians are unable to cope with the growing number of people who want health care, and since medical schools may be unable to educate enough doctors in the forseeable future, new solutions appear to command serious attention. Walsh (6) states that a new cadre of health personnel will have to be developed. He suggests a team approach of paramedical personnel under guidance of a physician and trained to give first class medical care. Andrus (5) agrees, proposing a network of rural group practices linked with larger groups in larger communities, with backup

medical centers and helath teams with physician supervision. Graves (10) suggests the use of physician assistants who could be nurses trained to cover a particular area on a twenty-four hour basis and who would relieve the physician from emergency care, obstetrical and many night calls. Walsh (6) proposes that physician assistants be generalists with limited skills. Deur (11) suggests that the patient's first contact should be a trained "assistant" who with consultation with the physician either prescribes or initiates treatment or transfers the patient to the physician for the usual health care. Graves (10) favors using nurses trained by the physician to be his assistants in semi-isolated satellite settings to diagnose and provide treatment. President Nixon (12) in his special health message in 1971 stated: "One of the most promising ways to expand the supply of medical care and to reduce its costs is through a greater use of allied personnel, especially those who work as physicians' and dentists' assistants, nurse pediatriatric practitioners and nurse midwives." Such persons are trained to perform tasks which otherwise must be performed by the physician, freeing him to focus his skills where they are most needed and to treat many additional patients.

One should consider how physicians feel about this approach. Dowden (4) in his survey found twenty percent of M. D.'s willing to consider delegating more clinical chores to qualified aides, fifty-five percent willing to consider it in the future, and twenty-five percent altogether unwilling. Kaku, et al., (13) made a comparative study of health appraisals by seven physicians and four registered nurses and found that after nurses had been trained for three months in physical examination and diagnosis there were few serious differences in the accuracy of these appraisals

when the nurses and physicians examined the same patients. The most difficult adaptations in training nurses to be practitioners, according to Andrews (14), are the shifts in role and responsibility that physician and nurse must make and the shifts in expectations of their behavior and relationship that other provider personnel must make. Andrus (5) states that when these nurses made physical examinations, listening to hearts, conducted well-baby clinics, etc., the patients got better care than when he performed these services himself.

## More Use of Home Care

Another program which has resulted from the increased load in the hospital and the high cost of institutional care is the use of the public health nurse in providing home care services (15). Although not a new service, having been available in some cities for seventy-five years, such activities have been given new impetus by passage of the medicare law which provides for payment of home care services by nurses and others. Colyar (16) sees this as the answer to high hospital costs. Another advantage, according to Moore (17), besides the reduction of high hospital costs and the saving of a hospital bed for a more seriously ill patient, is that it permits a patient to recover in a more comfortable environment at home, where recovery is thus frequently more rapid and rehabilitation is happier because the family is involved. Continuity of service is unbroken, since the home care nurse is directly responsible to the patient's physician.

Blancke (18) identifies several problems in home care that must be rectified before this needed program can be really successful--the tendency of the physician to prefer practicing in institutions, the lack

of time for the doctor to visit patients in the home, and lack of coordination of the service to the overall health care system. Rohrer (19) gives two reasons for the minimal role of home care in the delivery of health care services: lack of public understanding of its use, and the reluctance of private and public insurers to include home care services on a broad basis as a benefit of insurance policies. He states that the American Hospital Association estimates that six percent of patients currently hospitalized could be adequately cared for with intermittent home health care services at a drastically reduced per diem cost.

## Health Maintainance Organizations

The Health Maintainance Organization (H.M.O.) (20) is an attempt to satisfy the health delivery needs in the nation which have attracted considerable attention. The plan is unique in providing the incentive for the physician to emphasize preventive care in order to keep his group of patients as healthy as possible. The organization is composed of physicians who have contracted with a group of citizens to provide medical care under a prepaid plan. The subscriber receives complete physician's care, including preventive care, office and house calls, hospital service, prescription drugs, special nursing and other health-care programs, and major medical coverage; all charges are paid directly to the H. M. O. plan. Organized labor has given its official endorsement to the program and several large corporations are investigating the feasibility of starting H. M. O. groups.

Berg (21) states that many people erroneously believe that prepaid group medicine is clinic care--impersonal, hurried, and undignified --and that the doctor-patient relationship as seen in private practice

does not exist. Organized medicine abhors prepaid groups because physicians who join them accept yearly salaries instead of charging fees for each visit. This violates the sacred concept of "fee-for-service." Another complaint is that this is a renouncement of "free choice of physician." According to Rowland (22), no one has devised a system which satisfies the consumer, who wants easy access to the physicians; which satisfies the physician, who wants the best scientific capability there is; and which simultaneously satisfies the many who foot the bill, whether it is in terms of a fee, an insurance premium, or a bill.

## Preventive Care

The high cost of health care and overcrowded physician schedules have generated interest in preventive care. A concensus is that more preventive care would reduce the need for curative care. Gallagher's (23) study found that preventive care was practiced by sixty-five percent of mothers with infants. Of the minority who did not practice, many had no concept of routine supervision for their infants. Some expressed fear of doctors; others saw no need to see a doctor until their infants were sick. There were transportation difficulties, baby-sitter problems and the expense of preventive care. Graves (10) uses the concept of preventive care in his community model, whereas Andrus (5) has already put into effect health education and public health activities in the home. He places an emphasis on prevention of disease and maintainance of health in the health care plan for the future.

## Image of Physician

In this concern about the high costs of health care and inadequacies of health delivery, the image of the physician has deteriorated.

One reason is his tendency to remain secretive about diagnosis, treatment and medical protocol. According to Berger and Suzor (24), the day is past when physicians can hide their ignorance behind meaningless terminology. Dorman (25), A. M. A. president in 1969, stated: "A reputation can only be changed by changing what people believe about us. In the case of the medical profession, if we want to build a patient-oriented relationship, we are going to have to make the people of this nation believe that the care of our patients and the welfare of the public are the paramount concern of us all."

However, most patients appear to hold their doctors in high esteem. A survey of 500 patients in ten cities by "Resident and Staff Physician" (26) revealed that 71.7% of the people surveyed believed their private physician had given excellent care, 16.1% good care, 4.5% fair care, and 1.3% poor care, with 7.1% not reported or not applicable.

## Environmental Problems

Popular indignation has made pollution preeminent among the nation's crises. Rockefeller (27) says that in a recent poll eighty-five percent of the people gave pollution as the number one problem even above the Viet Nam war. Massive production to answer public demand for their comfort has resulted in massive filth. Time (28) states that every year Americans junk seven million cars, one-hundred million tires, twenty million tons of paper, twenty-eight billion bottles and forty-eight billion cans. It is reported that the United States produces fifty percent of the world's industrial pollution. Each year the U. S. plants discard one hundred sixty-five million tons of solid waste and gush one hundred seventy-two million tons of smoke and fumes into the air. Moreover, chemicals

have replaced manure as fertilizer. Vast cattle feedlots have moved closer to cities and have contaminated water and pose a sanitation problem equivalent to that of a billion people. Rivers and lakes such as the Hudson River and Lake Erie have turned into sewers, killing fish and other forms of life and causing the spread of diseases such as hepatitis, typhoid and dysentery.

When pollution controls begin to affect the comfort and pocketbook of the public, a backlash against pollution control seems to result. Rockefeller (27) suggests slowing down production but warns this solution will be unpopular in economically depressed areas. Forcing shutdown of every factory that cannot meet strictly regulated standards will result in what is called "environmental unemployment." The majority of Alaskans (29) have become upset with conservationists who have blocked the building of the 789 mile pipeline to carry oil from the Alaskan north slope, since unemployment in that state is at a thirteen year high. Many companies declare that they will be forced to close if present standards are enforced. At stake are the jobs of thousands of workers. Luther Gerlach, University of Minnesota anthropologist, says, "Ecology is more divisive than black power, even more than the war in Viet Nam. Ecology demands more fundamental changes than any other revolution." (30). Floyd Oles, acting City Manager of Tacoma Washington, said that the pulp mill and smelter pollution in the city "smell like jobs" and he regretted Tacoma residents no longer boasted about smokestacks going up in the industrial area (30).

## Industrial Pollution

Despite these views the fight against pollution continues. Strict laws are being passed to enforce antipollution in discharge of wastes. For example, conservationists have won at least a temporary victory in halting the building of the intercoastal canal across Florida. In Oklahoma the Weyerhauser Company asked for permission to discharge wastes to the air in southeastern Oklahoma at more than three times the limit set by the state air pollution control council (31). Their request had already been rejected once and was expected to be turned down again. The Maine legislature voted strict antipollution laws on oil companies wanting to use their deep water harbors for their supertankers (32). Maine already had voted a fifty million dollar bond issue for better sewage treatment plants. In New Jersey a 231 million dollar bond issue to launch a massive clean water program passed easily (33).

It is estimated that in Oklahoma there are four thousand small businesses who are polluters and who are not controlled by an organized agency. Glenn Sullivan (34) of the Oklahoma Water Resources Board maintains that control by local ordinances is preferable to discouraging industry from coming into a city; the ordinance would insure what the city is getting when it guarantees to treat the industrial wastes of a factory. Cassel (35) says that the top level management of pollution-causing industries have become increasing aware of the need to limit the fouling of the atmosphere. For example, Monsanto of St. Louis, the nation's third largest chemical company, not only obeyed the regulations but also set out to be a model antipolluter (36). The company has found out that its constant monitoring of all its processes has increased efficiency and brought

profits as well as civic status. In addition valuable chemicals that previously went up the stack are being recaptured.

A painful, tragic lesson was learned by Londoners in 1952 when some four thousand people died in the four day fog mixed with polluted air from soft coal burning and industrial smoke (37). Subsequently about eight thousand more died later. Strict laws were passed by parliament as a result and British industry, complying with the regulations, has spent nearly a billion dollars in the past decade to clean up the emissions from its smokestacks.

## Solid Waste Pollution

Another form of pollution is the abandoned and junked cars which litter the countryside in many localities. Nissen (38) states that on the streets of New York alone more than fifty-six thousand cars were abandoned last year. In Chicago seventy-five thousand junked cars had to be towed off the streets in 1969. In Los Angeles one-hundred cars are abandoned every day. This problem has caught the attention of President Nixon who suggested the solution of increasing the purchase price of the car to include the cost of its disposal (39).

With the passage of antiburning laws in the interest of cleaner air, much solid waste previously disposed of by burning now had to be disposed of otherwise. According to Nissen (38) ninety percent of all trash in America is disposed of in dumps and incinerators. Wesley Gilbertson (40), former director of the solid waste program of the Department of Health, Education, and Welfare, has said that one-half of the communities in this country of 2,500 or more are not doing even a minimally acceptable job of solid waste collection and disposal. One reason is that the cities are

running out of room to dump their rubbish. One year's trash from only ten thousand people covers one acre of ground to a depth of seven feet.

A major concern in the solid waste problem is the apparent apathy of the average citizen. One example of this is the town of Texarkana, Texas which a few years ago, according to Time magazine, received notoriety when U. S. Department of Interior investigators found seventeen of Texarkana's twenty-four square miles were infested with rats, an estimated total of 900,000 in the town (41). This was thirty times the national average of one rat per two citizens. Many residents became adapted to the rats and, unconcerned about sanitation, tossed their garbage out the back door. The city could not enforce its rudimentary sanitation laws. As a result vacant lots became hills of rubber tires, empty cans, cardboard boxes and decaying scraps of food. The county sanitarian, W. T. Westbrook, tried to get revisions in the sanitary code, but to no avail. "Even if we had strict sanitation laws, it is doubtful the people would obey them," he said. Meanwhile the rats multiplied.

This is considered by many as a problem also in Oklahoma. Groseclose and Ball (42) say that garbage and unauthorized dumps line Oklahoma's roadsides, lakeshores, rivers, and streams, and litter thrown from car and truck windows clutter the landscape. In 1967 in Oklahoma county alone six hundred unauthorized dumps were seen from the air and it was estimated there were six hundred more not visible. Public apathy was considered the biggest problem. Another finding showed that where there were active collection systems in the town, the system only collects fifty percent or less of the total waste generated. As a result of this the State Board of Health adopted laws affecting solid waste disposal (43). After

July 1, 1971, any city over ten thousand would have to dispose of its solid waste by sanitary landfills or other acceptable disposal operation. Disposal by open burning or uncontrolled dumping or burial was prohibited. Towns between five and ten thousand were to comply by July 1, 1972, those between three and five thousand by July 1, 1973 and those less than three thousand by July 1, 1974. Enforcement of these laws will be a problem. Many communities still do not have mandatory garbage pickup, which would eliminate much of the indiscriminate dumping.

## Pesticide Poisoning

Pesticide poisoning over the past decades has increased in the United States (44). With increased use of these pesticides this problem has become serious. Dichlorodiphenyl-trichlorethane (D.D.T.), probably the most universal chemical used in spraying, had become popular in the world-wide battle against the pests carrying typhus, encephalitis, cholera, Rocky Mountain spotted fever and particularly malaria. It had undoubtedly saved millions of people from death by controlling the mosquitoes that carry malaria. It had doubled the yield from the U. S. cotton fields by controling the boll weevil. But scientists became convinced that D. D. T. was more a curse than a cure. Long after extermination of the bugs at which it is aimed, D. D. T. goes on performing its lethal work, washing from fields into rivers, floating in the atmosphere for years, and contaminating everything it touches. It is found in every kind of aquatic plant and life and almost every animal. Even mother's milk exhibits traces of D. D. T., two to three times as high as maximum standards for cow's milk set by the Food and Drug Administration. Now D. D. T. has been banned and it is forseen that other chlorinated hydrocarbons will also be banned. It is not certain

what will happen to the agricultural crops and to the control of arthropod-borne diseases if the spraying of insects is greatly decreased or curtailed. Eastern Oklahoma has numerous lakes and considerable backwater from the Arkansas Navigation System which are breeding grounds for the mosquito.

## Urban Renewal

With the strong trend toward urbanization in the last fifty years, the urban population has increased from one half to over two thirds of the total population of the United States. Many of the poorer people have crowded together into the more dilapidated sections of the city bringing worsening conditions through the years. In order to remove this blight from their city through improvement loans or condemnation proceedures, urban renewal programs were started. Some of these former slum areas are now being used for civic, educational and industrial expansion. Urban renewal is controversial (45). Some see it as necessary to prevent the growth of slums with all its evils and others condemn it as government intervention to throw people out of their homes.

## Abortion

In the past six years, abortion has become a subject of wide national debate. Guttmacher (46) declares that the United States is witnessing a rapid socio-medical revolution. Until 1967 abortion was permitted in each of the fifty states only to "preserve the life of the mother." In that year Colorado liberalized her abortion laws to "preserve health" as well. It also permitted abortion if a high liklihood of a severe fetal abnormality existed and if pregnancy resulted from a sex crime. By 1971 twelve states had similarly modified their abortion statutes and also four

more had removed abortion from the criminal code. In three of the states the removal from the criminal code was by the legislature, in one by popular plebiscite with fifty-six percent of the electorate favoring removal from the criminal code. The New York legislature's decision was by the narrow margin of one vote. Thus people have come face to face with the issue, physicians and the general public as well. Hall (47) states that the physicians and hospitals need to alter their attitudes concerning legalized pregnancy termination. The conservatism of the institutions and the professionals is seen as a barrier to obtaining full benefits for women and society under the new abortion laws. He complains that many doctors still cling to an old belief that they, not pregnant women, should decide who should have an abortion. Beer (48) states that the fetus is certainly more than a mass of cells of an organic growth. At the most it is an actual human life. For this reason, a physician with regard for the value and sacredness of human life will exercise great caution in ever advising an abortion.

A very provacative study by Gabrielson, et al. (49) gives the attitudes of 364 adolescent girls toward abortion. He found that girls currently practicing any religion were less accepting of any abortion than girls who had given up or never claimed religious practice. White respondents had a more accepting attitude toward abortion than blacks. Higher socio-economic status and a higher level of acceptance were positively correlated. A very strong relationship was seen between acceptance of abortion and age. Acceptance was greater for the older respondents. Girls favorably disposed toward abortion tended to be higher insocio-economic status, without current religious affiliation, and older.

## Ethnic Studies

Segregation is still a prominent factor in the United States, with many Blacks and other minorities confined to poverty areas (50). Chicago has 1,100,000 Blacks, which is almost one third of the population, and are overwhelmingly confined to Black poverty areas. This is true across the nation. Black Americans pay more for housing than White Americans comparatively and four times more likely to live in substandard housing. In Black slums in the United States, housing density is 3,071 units per square mile, almost double that of middle class urban areas one-hundred times greater than the suburbs. Density causes more fires, defeats garbage disposal, litters streets with junk cars. Of all Black Americans, including non-slum dwellers, says Time's Harris poll (51), 25% have leaky ceilings, 26% are overcrowed, 29% say that they have rats, 32% complain of faulty plumbing and 38% report having cockroaches. Poverty and discrimination condemns Blacks to bad housing. In a study of Alameda County, California, Lebowitz and Malcom (52) found that in determining the socio-economic status of a community, which he postulated could be used as a tool to determine health status, the demographic variables which appeared to be most significant were: percent Negro, crowdedness of housing, and median income. But Banfield in his book "The Unheavenly City," states that class is exceedingly important and that 15% to 20% of ghetto Blacks do not seem to make any progress (45). He states that this is not due to discrimination or lack of income, but in their class outlook: they are rigidly present-minded and they do not wnat to postpone immediate pleasure in order to secure some future gain. In this respect they are no different from lower class Whites. Even if all Blacks turned white overnight, their

problems would not change much because these problems are basically problems of class.

## Socio-economic Studies

Gallagher (23) found a frequent incidence of inadequate health in the lower two of five classes selected as to socio-economic status by the Hollingshead Two Factor Index of Social Position (occupation and education of household head). In these two classes he found lack of prenatal care and preventive checkups and lack of vaccinations for the infant. These two classes were the health "have-nots," the deprived and isolated segment, marked by apathy, lack of long-term goals, and marginal economic and education status. Steinman (53) postulates that persistently high rates of disease in the lower classes are due to a "cultural lag," and that, although poverty is much diminished, poor education and practices harmful to health persist. Battistella (54), in a study of a group of people over forty-five years of age, found that delay in the initiation of physician's care increased with age and occured more commonly among persons with a negative orientation to health and medical care. Contrary to expectations, delay was not found to occur more commonly among persons of low economic and social status and the socially isolated. Steinman (53) voiced the opinion that the poor would respond in great numbers to services that are generally acceptable and properly organized to provide a measure of privacy and dignity. Banfield, whose philosophy is that the basic problem is class outlook, says that it is imperative that those Blacks capable of making progress, the working and the middle class, be separated from the ghettos (45).

## Religious Factors

Religion is viewed by many as a major factor which influences attitudes concerning health and social issues. The study of Gabrielson (49), concerning attitudes of adolescents toward abortion, has already been mentioned. He found that girls currently practicing any religion were less accepting of abortion than girls who had given up a religion or never claimed to have had one. According to Senator Nelson of Wisconsin, "Never before have the basic Christian-Judiac beliefs been challenged as now with phony social reform propositions" (55). Tompkins (56) states that in the case of abortion, Christian teaching going back to the first century A. D. have specifically condemned it. No major Christian religion endorsed abortion, except perhaps for saving the mother's life, until the twentieth century. Catholics, Orthodox Jews, Mormons, Greek Orthodox, and the majority of Baptists and more fundamental sects oppose abortion.

A study of Kosa (57), director of Harvard's medical care research unit, shows the influence of religion on attitudes involving choice of a speciality by medical students. In a questionnaire to 2,630 medical students forty-four percent said they were Protestant, thirty percent Jewish, seventeen percent Catholic, seven percent had no affiliation, while two percent marked 'other' or did not answer the questionnaire. The majority of the Protestants preferred General Practice. The highest percent for surgical speciality were Catholic, while psychiatry and research drew most heavily from the non-affiliated students. Kosa said, "The four religious groups appear to be distinguished by specific value patterns, and students begin to select a field that promises work conditions satisfying their personal values," (page 6). He also found that the degree of religiosity

also tends to influence professional choices. Those who say that religion is very important in their lives tend to select general practice and to avoid psychiatry, internal medicine and research. They put a high value on certainty of knowledge and do not seem to mind long working hours. Religiosity cuts across lines of religious affiliation. Both the Protestant and the Catholic groups have a large number of highly religious students who have similar values and career choices. Likewise the non-religious students of the Protestant, Jewish, and non-religious groups agree in their respective behavior. Kosa concluded that religion is a subculture that instills its specific values in its members and gives influence to their career choices and perhaps professional performance.

## Home Environmental Studies

Environmental conditions around the home should be considered to play an influence in health and social attitudes. Some may consider this factor the same as the socio-economic factor; however, although these are closely related they are not identical. Many people of low socio-economic status have good home environmental conditions and a few in the upper and some in the middle have fair to poor environmental home conditions. These conditions become more problematic as density increases, but generally the responsibility of local environmental problems comes back to the individual. Chapman states that the responsibility of the individual is that he must be aware of himself as part of a unit (58). People ought to be taught how to dispose of their garbage, how to express a sense of community pride in good manners.

People who do show interest in community affairs are most likely to work toward a clean town with individual homes following sanitary rules.

Ryan, Oklahoma (59), is such a town. The people in this community cleaned their vacant lots, cut away high weeds and grass; residents and business men cleaned up around their properties, removed rubble and painted public picnic shelters. All was possible because individuals had an interest and donated their time. It was stated that further plans for maintainance and development of the town would depend on the invlovement and support of everyone living in Ryan. A civic pride and individual responsibility such as was found in Ryan is necessary for a clean environment. Likewise the environmental situation around the individual's home reflects his attitudes toward health and health-related problems.

## CHAPTER III

## THE HYPOTHESIS

Several helath-related subjects have been selected for this study in order to determine attitudes of respondents toward specific issues. The attitudes generally to be examined are: a) attitudes toward changing our present health delivery system, b) attitudes toward satisfaction with our present health delivery system, c) attitudes concerning environmental questions, d) attitudes toward preventive care, and e) attitudes toward a social issue which has health connotations, i.e., legalized abortion. In studying attitudes toward changing our present health system, willingness to accept new ideas will be determined. Some of the new ideas are: Use of paramedical personnel by the consumer, use of the nurse's station or health station instead of the doctor's office, use of home health care instead of the hospital, use of the Health Maintainance Organization program instead of the present system of health insurance, and the desire to have governmental National Health Insurance instead of the present system of private medicine. The respondents' attitudes toward preventive care will also be evaluated. In determining attitudes concerning environmental questions, the issues of solid waste disposal, pollution by industries, pesticide spraying and air pollution, and urban renewal will be considered. The respondents' views toward benefits of family planning will also be

determined. The subject of the legislation of abortion, a health-related social issue prominent today, will be considered as well as the degree of acceptance of abortion by each respondent. The right of the woman herself to choose to have an abortion if she so desires is also considered.

The above subjects will be evaluated in the light of several variables. Four primary variables to be used are: ethnicity, socio-economic status, environmental home conditions, and degree of religious activity by the respondent. Secondary variables are: sex, age, size of families, place of birth, political views, ownership or rental of the home, length of residence, and religious preference.

These subjects are listed in the form of hypotheses in their relationship to the primary variables.

Hypothesis 1: The attitudes toward changing the present health delivery system will differ by ethnicity, social class, environmental home conditions, and religious activity.

Proposition 1: Minority ethnic groups have a higher degree of desire to change the health delivery system than do majority ethnic groups.

Proposition 2: An individual's social class will be inversely related to the degree of desire to change the health delivery system.

Proposition 3: An individual's environmental home conditions will be inversely related to the degree of desire to change the health delivery system.

Proposition 4: People who are more actively involved in their religious groups will show less desire to change the health delivery system.

Proposition 5: Acceptance of new ideas in health care is inversely related to the size of the ethnic group in the community, to the socio-economic status of the citizen, to the quality of the local home environment, and to the degree of religious activity of the respondent.

Hypothesis 2: Dissatisfaction with the health delivery system will have the same correlation as "desire to change" and such views will be present to a stronger degree.

Proposition 1: The more the physician spends time with the patient to talk about his problem, the less dissatisfaction with the health delivery system.

Hypothesis 3: The attitudes concerning environmental questions are related to the ethnic and socio-economic backgrounds, to the environmental home conditions and to religious activity.

Proposition 1: The attitude toward mandatory trash and garbage pickup is positively related to the size of the ethnic group in the community, to the position on the socio-economic scale, to the local home environment, and to the degree of religious activity of the respondent.

Proposition 2: The attitude toward a stronger ordinance to prohibit large animals within the city is positively related to the size of the ethnic group in the community, is positively related to local home environment, is positively related to the degree of religious activity of the respondent. The middle, upper and lower socio-economic groups will favor a stronger ordinance in that order.

Proposition 3: The attitude toward urban renewal in residential areas is positively related to the size of the ethnic group in the community, to the position on the socio-economic scale, to quality of the family home environmental conditions, and to the degree of religious activity of the respondent.

Proposition 4: The attitude toward restricting industrial development to industries who can control their pollution is positively related to the size of the ethnic group in the community, to the position on the socio-economic scale, to the quality of the environmental home conditions, and to the degree of religious activity of the respondent.

Proposition 5: The attitude toward the benefit of pesticides in spraying programs is inversely related to the size of the ethnic group in the community, to the position on the socio-economic scale, to the quality of the environmental home conditions, and to the degree of religious activity of the respondent.

Hypothesis 4: Preventive care is positively related to the socio-economic status, the quality of the environmental home conditions, to the size of the ethnic group in the community and to the degree of religious activity of the respondent.

Hypothesis 5: The attitude favoring legalized abortion is inversely related to religious activity and is positively related to the socio-economic group, to the quality of the home environmental conditions, and to the size of the ethnic group in the community.

Some definitions from the hypotheses are as follows:

Socio-economic status - Class is determined using Green's scale based on the education of the wife, the total family income, and the occupation of the head of the household. Each family is assigned to an upper, middle and lower socio-economic group.

Environmental home conditions - This rating has been determined from a previous sanitary survey made by the Muskogee City-County Health Department in December 1971 of each individual home. Each home has been given an environmental rating and has been classed as good, fair, poor, or very poor quality environment.

Size of the ethnic group - The majority group is white, the major minority group is black, and the minor minority group is Indian.

Religious activity - This term indicates the degree of activity the individual is involved in, whether none, seldom, moderate, more than moderate or very active in his religious group as the respondent himself indicates.

# CHAPTER IV

## RESEARCH METHODS

### Community for Study

The community for study is the medium-sized city of Muskogee, Oklahoma, with a population of 37,331, according to the 1970 census. Located in central eastern Oklahoma, it is the natural center for several surrounding counties. Muskogee observed its one-hundreth anniversary in 1972. It is the hub of the oldest historical area in Oklahoma. Muskogee was originally the headquarters of an Indian agency for the five civilized tribes. In its earlier days it was a brawling, gun-fighting, hard-living town at the rail-head of the M. K. T. Railroad, a trading center for the Indians, a cowtown, and oilfield boom town. Today it has become a wholesale, retail and industrial center. It markets, processes and distributes to thirty-seven states crops, livestock and food products grown in the area. Today it is the center of activity for 109 processing, producing, and manufacturing organizations operating through national and international markets.

The prevailing climate is temperate and is influenced by the character of the air masses and pressure systems that travel across the continent. Occasionally severe invasions of cold Canadian air occur in the winter months, causing rather low temperatures. During the summer months this area experiences many times long periods of hot, dry weather.

The prevailing wind is southerly. During March, April and May, rapid weather changes occur, and severe local thunderstorms and tornadoes are most frequent during this period. The average temperatures for Muskogee are: Winter, 41.2 degrees; Spring, 60.5 degrees, Summer 80.0 degrees. The average growing season is 215 days between the average date of the last killing frost on March 31 and the average date of the first killing frost on November 1 (60).

In 1970 Muskogee became Oklahoma's first port city by the opening of navigation on the Arkansas River from the Gulf of Mexico, with all water access to all the ports of the world. Through a system of locks, ships rise to 617 feet above sea level. It is generally agreed that Muskogee is on the threshhold of great industrial expansion and that the next ten years will perhaps see greater percentage of change than any area in Oklahoma. Listed in the 1910 census as 25,278, Muskogee has had a gain of only 12,053 in sixty years, a 47.68% gain, while many other cities in Oklahoma have doubled, tripled and quadrupled. One reason for this may be its proximity to Tulsa, only fifty miles away. However, the prediction is that Muskogee will break out of its lethargy and come into its own in the years to come.

Bacone College, a private junior college, is located at the northeastern edge of Muskogee near the port. Established in 1885 as a mission to the Indians, it has grown to a college of several hundred students with all races accepted.

There are two hospitals in the city, the Muskogee General Hospital, a 275 bed-25 bassinet institution, and the Muskogee Veterans Administration Hospital with 288 beds. Muskogee county has practically all its medical forces based in Muskogee city and has a good ratio of medical

forces to its population. It acts as a medical center to the surrounding counties, as may be determined from Table 1.

Table 2 gives an ethnic analysis of the city and county and compares it to the surrounding counties. This table indicates a city with more than usual concentration of black people within the city and surrounding county. Although the Indian population is greater than the state average, heavier concentrations are found in the surrounding counties.

Although Muskogee won national recognition in 1966 by receiving the Distinguished Beautification Award, it does have some environmental problems. Visitors come from all over the United States to see the azaleas in full bloom on the hillside in Honor Heights Park, but few, if any, are ever guided to the eyesores of Coody Creek, to the mass of old automobiles on Border or on Hancock streets and to the many vacant lots which have been filled with rubble and overgrown weeds. In November 1971 under the direction of the author a windshield survey was initiated and completed by the City-County Health Department sanitarians. After surveyors were trained and chauffeured during the survey by the Muskogee County Medical Auxillary, the survey of the metropolitan area was completed. For purposes of the survey, the city was divided into four areas, north and south by the M. K. T. tracks and east and west by Okmulgee street. This was the first survey since 1961 and revealed some startling facts, as is seen in Tables 4 through 9.

In these tables it appears that the more severe problems are on the west side of town, especially in the northwest quadrant. Poor housing structure predominates here, as is seen in Table 4, the greatest problem being in the black areas on both sides of Shawnee street. Ten years have

TABLE 1

MEDICAL PERSONNEL MUSKOGEE AREA[a]

| County | Physicians | | Registered Nurse | | Licensed Practical Nurse | | Dentists | |
|---|---|---|---|---|---|---|---|---|
| | Number | Ratio to Population | Number | Ratio to Population | Number | Ratio to Population | Number | Ratio to Population |
| Muskogee | 91 | 1:654 | 170 | 1:350 | 136 | 1:438 | 18 | 1:3308 |
| Okmulgee | 32 | 1:1105 | 46 | 1:769 | 39 | 1:907 | 13 | 1:2720 |
| Wagoner | 7 | 1:3166 | 12 | 1:1847 | 6 | 1:3694 | 2 | 1:11081 |
| Cherokee | 12 | 1:1931 | 35 | 1:1662 | 15 | 1:544 | 3 | 1:7725 |
| Adair | 7 | 1:2163 | 7 | 1:2163 | 7 | 1:2163 | 1 | 1:15141 |
| Sequoyah | 6 | 1:3895 | 10 | 1:2337 | 17 | 1:1375 | 3 | 1:7790 |
| McIntosh | 10 | 1:1247 | 6 | 1:2079 | 5 | 1:3094 | 3 | 1:4157 |
| Total | 165 | 1:1159 | 286 | 1:668 | 225 | 1:1894 | 43 | 1:4447 |

[a]Compiled from: Muskogee General Hospital, Oklahoma Regional Medical Program Grant Application (Muskogee, Oklahoma), 1970, p. 5.

TABLE 2

ETHNIC ANALYSIS OF MUSKOGEE AND SURROUNDING AREA[a]

| Area | White | | Black | | Indian | |
|---|---|---|---|---|---|---|
| | Number | Per Cent | Number | Per Cent | Number | Per Cent |
| Muskogee City | 28,416 | 76.10 | 6,927 | 18.60 | 1,988 | 5.30 |
| Muskogee County | 46,524 | 78.10 | 9,898 | 16.60 | 3,110 | 5.28 |
| Okmulgee County | 27,675 | 78.20 | 5,463 | 15.40 | 2,128 | 6.20 |
| Wagoner County | 19,317 | 87.10 | 2,003 | 9.10 | 798 | 3.60 |
| Cherokee County | 17,175 | 77.40 | 638 | 2.90 | 4,316 | 19.50 |
| Adair County | 10,909 | 72.10 | 48 | .30 | 4,117 | 27.20 |
| Sequoyah County | 20,415 | 87.36 | 911 | 3.89 | 2,026 | 8.67 |
| McIntosh County | 9,600 | 76.97 | 1,308 | 10.49 | 1,547 | 12.40 |
| E.O.D.D. Totals | 152,615 | 79.81 | 20,269 | 10.60 | 18,042 | 9.44 |
| Oklahoma (1960) | 2,107,900 | 90.50 | 153,084 | 6.60 | 64,689 | 2.80 |

[a]Compiled from: Muskogee General Hospital, Oklahoma Regional Medical Program Grant Application. (Muskogee, Oklahoma), 1970, p. 2.

TABLE 3

AGE GROUPING BY SEX IN MUSKOGEE CITY[a]

| Age Group | Males | | Females | | Total | |
|---|---|---|---|---|---|---|
| | Number | Per Cent | Number | Per Cent | Number | Per Cent |
| 0 - 5 | 1,667 | 9.74 | 1,644 | 8.13 | 3,311 | 8.87 |
| 6 - 13 | 2,683 | 15.67 | 2,689 | 13.31 | 5,372 | 14.39 |
| 14 - 18 | 1,756 | 10.26 | 1,714 | 8.48 | 3.740 | 9.29 |
| 19 - 21 | 701 | 4.09 | 924 | 4.57 | 1,625 | 4.35 |
| 22 - 44 | 3,982 | 23.26 | 4,722 | 23.36 | 8,704 | 23.32 |
| 45 + | 6,332 | 36.98 | 8,517 | 42.15 | 14,849 | 39.78 |
| Total | 17,121 | 100.00 | 20,210 | 100.00 | 37,331 | 100.00 |

Age group studies from the 1970 census is shown in Table 3

[a]Compiled from: Muskogee Metropolitan-Planning Commission, Census Information, Pertaining to Age Groups, Muskogee County, Oklahoma, Part III (Muskogee, Oklahoma), February 1972, p. 2.

TABLE 4

HOUSING RATED AS TO ITS STRUCTURE IN MUSKOGEE

| Area | Total | | Good | | Fair | | Poor | |
|---|---|---|---|---|---|---|---|---|
| | Number | Per Cent | Number | Per Cent | Number | Per Cent | Number | Per Cent |
| Northwest | 3,527 | 100.00 | 1,716 | 48.7 | 1,390 | 39.4 | 421 | 11.9 |
| Northeast | 4,369 | 100.00 | 2,802 | 64.1 | 1,509 | 34.6 | 58 | 1.3 |
| Southeast | 2,956 | 100.00 | 2,171 | 73.5 | 725 | 24.5 | 60 | 2.0 |
| Southwest | 2,897 | 100.0 | 1,929 | 66.6 | 859 | 29.6 | 109 | 3.8 |
| Total 1971 | 13,749 | 100.00 | 8,618 | 62.7 | 4,483 | 32.6 | 648 | 4.7 |
| Total 1961 | 11,770 | 100.0 | 9,720 | 82.5 | 1,931 | 16.4 | 119 | 1.1 |

seen an increase in poor housing and a decrease in good housing. This indicates that old homes are not being replaced fast enough with good structural homes.

Table 5 reveals that approximately 50% of all vacant lots in the city are covered by weeds and twenty-five percent more are considered unsanitary. Only one-fourth of the lots are considered clean. Such a situation is ideal for breeding rats, flies and mosquitoes.

Table 6 reveals that on 48.8% of the premises in Muskogee refuse was improperly stored pending collection. In some areas garbage and trash were on the ground. On many lots were garbage cans without tight lids; other cans were rusted or overfilled. Many garbage cans were only large open drums or barrels, which are considered inadequate. The recommended storage container is a twenty to thirty gallon galvanized metal can with a fly- and rodent-proof lid and side handles. At the time of this writing there is no city ordinance requiring garbage and trash pickup. It is said that Muskogee is the only city above ten thousand in Oklahoma that does not require trash pickup, and about thirty percent of Muskogee's residents have none, neither private nor city pickup. Trash accumulates in yards or alleys until there is a truck load to haul away and dispose of in some unauthorized place. Some residents violate the air pollution law by burning. The report of the environmental survey of 1961 (60) strongly recommends "regulations requiring sanitary disposal of refuse by all residents from all premises within the city." To this date the city of Muskogee has disregarded this recommendation from knowledgeable and trained men in the health department.

Premises having piles of trash, junk and lumber not stacked

TABLE 5

VACANT LOTS IN MUSKOGEE

| Area | Total | | Clean | | Weeded | | Unsanitary | |
|---|---|---|---|---|---|---|---|---|
| | Number | Per Cent | Number | Per Cent | Number | Per Cent | Number | Per Cent |
| Northwest | 1,215 | 100.00 | 190 | 15.7 | 596 | 49.0 | 429 | 35.3 |
| Northeast | 444 | 100.00 | 164 | 36.9 | 247 | 55.6 | 33 | 7.5 |
| Southeast | 370 | 100.00 | 192 | 51.9 | 109 | 29.5 | 69 | 18.6 |
| Southwest | 298 | 100.00 | 73 | 24.5 | 125 | 41.9 | 100 | 33.6 |
| Total 1971 | 2,327 | 100.00 | 619 | 26.6 | 1,077 | 46.3 | 631 | 27.1 |

TABLE 6

DEFICIENCIES ON PREMISES IN MUSKOGEE

| Area | Premises | | Refuse | | Rubble | | Lumber | |
|---|---|---|---|---|---|---|---|---|
| | Number | Per Cent | Number | Per Cent | Number | Per Cent | Number | Per Cent |
| Northwest | 3,527 | 100.00 | 1,763 | 50.0 | 1,169 | 33.1 | 408 | 11.6 |
| Northeast | 4,369 | 100.00 | 2,014 | 46.1 | 709 | 16.2 | 191 | 4.4 |
| Southeast | 2,956 | 100.00 | 1,416 | 47.9 | 635 | 21.5 | 236 | 8.0 |
| Southwest | 2,897 | 100.00 | 1,522 | 52.5 | 735 | 25.4 | 315 | 10.9 |
| Total 1971 | 13,749 | 100.00 | 6,715 | 48.8 | 3,248 | 23.6 | 1,150 | 8.4 |

properly, as seen in Table 6, are classified as having rubble and lumber; 23% of homes have rubble and 8.4% have improperly stacked lumber. Rats and mice propagate ideally in this environment. There should be campaigns to eliminate rubble and a new ordinance, properly enforced, could remove this unsanitary blight from within the city. Since recommendations were made in 1961, little has been done to bring about removal.

Table 7 shows 9.2% of the homes have old sheds which harbor rats and insects and may be a fire danger. Old automobiles have been abandoned on 6.2% of the premises. Approximately 2,364 abandoned automobiles were counted and estimated within the city limits; and another 2,928 were found nearby but just outside the city. There is no abandoned car removal ordinance in the city except for those few cars which may be left on the city streets. A number of large containers which can hold water were found on 5.9% of the premises, making them likely places to breed mosquitoes. This is extremely important, since the Venezuelan Equine Encephalitis virus is encroaching into south Texas and threatening Oklahoma. The mosquito which carries the Venequeland Equine Encephalitis virus breeds abundantly in the county.

In 1961 the environmental health survey recommended that large animals such as cattle and horses be excluded from the city by ordinance. The number of premises having large animals, however, has increased from 1.1% to 2.2%, as is seen in Table 8, during the ten year span. There is now a greater public health danger to the city but still there is no ordinance. Poultry owners, however, have decreased, probably because raising chickens on a small scale is less profitable.

Table 9 shows that there has been a decrease in outdoor privies since 1961. With the increase of modern plumbing the number has fallen

TABLE 7

PREMISES WITH OLD AUTOS, POOR SHEDS
AND LARGE CONTAINERS

| Area | Old Autos | | | Poor Sheds | | | Large Containers | | |
|---|---|---|---|---|---|---|---|---|---|
| | Yards | Per Cent | Number | Homes | Per Cent | Number | Homes | Per Cent | Number |
| Northwest | 300 | 8.5 | 1,415 | 564 | 16.0 | 715 | 169 | 4.8 | 187 |
| Northeast | 185 | 4.2 | 561 | 180 | 4.1 | 242 | 256 | 5.9 | 304 |
| Southeast | 183 | 6.2 | 5,292 | 239 | 8.1 | 283 | 191 | 6.5 | 204 |
| Southwest | 177 | 6.1 | 1,531 | 290 | 10.0 | 348 | 207 | 7.1 | 217 |
| Total | 845 | 6.2 | 5,292 | 1,273 | 9.2 | 1,588 | 823 | 5.9 | 912 |

TABLE 8

PREMISES WITH LIVESTOCK AND POULTRY

| Area | Livestock | | | Poultry | | |
|---|---|---|---|---|---|---|
| | Homes | Per Cent | Number | Homes | Per Cent | Number |
| Northwest | 77 | 2.2 | 228 | 101 | 2.9 | 1,388 |
| Northeast | 63 | 1.4 | 328 | 43 | 1.0 | 544 |
| Southeast | 88 | 3.0 | 517 | 74 | 2.5 | 1,083 |
| Southwest | 75 | 2.6 | 637 | 83 | 2.9 | 821 |
| Total 1971 | 303 | 2.2 | 1,710 | 301 | 2.1 | 3,836 |
| Total 1961 | 135 | 1.1 | | 690 | 5.2 | |

from 1,416 to 573 as revealed in the 1971 survey. Of this latter number further investigation has revealed that many were on vacant lots or behind vacant houses. A large number more were found behind homes with installed toilets. After the survey simple condemnation proceedures by the Health Department reduced the number of privies to fewer than 250. Those remaining are still necessary until these homes have sanitary water facilities.

Mr. Bill Smith, Muskogee's City Manager, recognizes the environmental problem, and on assuming office on October 17, 1971, listed sanitation as a top priority. "I think before we can seriously consider compulsory garbage collection, we must improve our services. We have to convince people that we can give services they want and deserve," Smith said (61).

## Community Stratification

As has been stated earlier, in November 1971 an environmental survey of Muskogee was completed by the Muskogee City-County Health Department sanitarians. This was a windshield survey and 13,749 homes and environs were examined. Each house was rated as to good, fair or poor structure and environmental deficiencies around the house were noted. The results of this, have been seen in Tables 4 through 9.

From the information gathered on the condition of residential structures, a block map of the city was prepared, using the color code in Table 10 to color each individual block. This is the method recommended by Brown (62) in his "Community Block Survey."

Clusters of blocks of the same color were grouped together. Blue and dark green blocks were grouped into the upper stratum while yellow and red clusters were grouped into the lower stratum. Nearby areas

TABLE 9

PRIVIES, WELLS, DOGS, DRAINAGE AND LOW AREAS

| Area | Privy | | Wells | | Dogs | | Drain Areas | Low Areas |
|---|---|---|---|---|---|---|---|---|
| | Number | Per Cent | Number | Per Cent | Con-tained | Stray | | |
| Northwest | 383 | 10.9 | 11 | .31 | 165 | 559 | 102 | 78 |
| Northeast | 23 | .5 | 6 | .14 | 195 | 338 | 51 | 23 |
| Southeast | 96 | 3.2 | 2 | .07 | 105 | 334 | 94 | 39 |
| Southwest | 71 | 2.5 | 3 | .10 | 151 | 304 | 121 | 20 |
| Total 1971 | 573 | 4.2 | 22 | .16 | 616 | 1,535 | 368 | 230 |
| Total 1961 | 1,416 | 12.0 | | | | | | |

TABLE 10

COLOR CODES USED TO MAP INFORMATION ON THE CONDITION OF RESIDENTIAL STRUCTURES[a]

| Color Used | Condition of Dwelling Units on Each Block |
|---|---|
| Blue | All Good |
| Dark Green | More than 80% Good, Rest Fair |
| Light Green | Less than 80% Good, Rest Fair |
| Yellow | Good is more than Poor |
| Red | Good is less than Poor |

[a]Brown, Wayne G., Community Block Survey, U. S. Department of Health, Education and Welfare, Center for Disease Control (Atlanta, Georgia), no date, p. 3..

containing mixtures of colors, but predominately having the color of the adjacent stratum, were also added. The remaining residential areas were in the middle stratum, which consisted primarily of light green blocks. The range of housing condition is listed in Table 11 (63).

## Method of Sampling

In conjunction with the survey used inthis dissertation, a community disease and immunization survey was completed. For the sampling method of this latter survey the recommendations of Peavy and Dyal (64), as found in their manual, were carried out. Peavy and Dyal's method is intended primarily for use in a survey among children between six months and four years of age. In this survey described below, the purpose being different, the method was altered accordingly. Since this dissertation studies the influence of certain factors on attitudes of various groups selected out of the population, and is not intended primarily to make a cross-section of the community itself, the sampling method for the community disease and immunization survey, commonly called Health Index Survey, was used. If a cross-section of the community were desired, the rates could be adjusted accordingly.

Samples were taken from the three strata, as listed in Table 11, and had been determined on the basis of housing structure. The sample size (number of housing units to be interviewed) was determined by age group of epidemiological importance with respect to community disease and immunization. Since most antigens are administered early in life, children in the age group six months to four years were chosen as an index group to be used in calculation of sample size. Use of this age group would insure an adequate sample from among the adults.

For the "Health Index" survey, in order to obtain significant date for any defined area, at least fifty children six months to four years of age must be determined in the sample population. Thus fifty children of this age group in the upper stratum and fifty in the middle stratum were determined as a minimal sample. However, a sample of 135 for the lower class was recommended in order to get a higher confidence level.

With this sampling method the number of housing units to be visited were fixed in advance. When the census data of 1960 were used to determine the average number of children under five per housing unit, the following formulae were given for each separate stratum:

$$n = \frac{94.2}{\bar{c}} \quad \text{for upper and middle strata}$$

$$n = \frac{208.3}{\bar{c}} \quad \text{for lower stratum}$$

(where $\bar{c}$ = average number of children under five per housing unit, and where n = number of housing units in the sample.)

In the 1970 census there are 14,441 housing units in the city of Muskogee and 2,689 children under age five. These figures are used to determine the total number of interviews needed for the Health Index survey and thus also determine the total sample to be used for this dissertation.

Table 12 is prepared to show how the total number of interview sectors, by stratum, in Muskogee was determined and also the total number of interviews by stratum within the city.

Table 12 gives the total number of housing units to be used in the sample which is 2,124, column (e), with 504 housing units in each of the upper and middle strata and 1,116 in the lower stratum. The numbers in column (d) have been rounded off to a multiple of six because there are

TABLE 11

CHARACTERISTIC RANGE OF HOUSING CONDITION IN EACH STRATUM OF A COMMUNITY STRATIFIED ON THE BASIS OF HOUSING CONDITION [a]

| Stratum | Range of Housing Condition |
|---|---|
| Upper | 90% or more Good Housing, Less than 2% Poor |
| Middle | Less than 90% Good, Less than 10% Poor |
| Lower | Greater than 10% Poor; or Greater than 7% Poor if 20% or more of Structures are Fair |

[a]Brown, Wayne G. Community Stratification, U. S. Department of Health, Education and Welfare, Center for Disease Control (Atlanta, Georgia), no date, p. 13.

TABLE 12

REQUIRED NUMBER OF HOUSING UNITS AND INTERVIEW SECTORS FOR MUSKOGEE, OKLAHOMA

| Housing Units | Children under 5 | $\bar{c}$ b+a | $n$ Upper $= \frac{94.2}{\bar{c}}$ Middle $= \frac{208.3}{\bar{c}}$ Lower | n Adjusted to Multiple of Six | Interview Sectors (e) 6 |
|---|---|---|---|---|---|
| (a) | (b) | (c) | (d) | (e) | (f) |
| 14,441 | 2,689 | .186 | Upper 506<br>Middle 506<br>Lower 1,119 | Upper 504<br>Middle 504<br>Lower 1,116<br>Total 2,124 | Upper 84<br>Middle 84<br>Lower 186<br>Total 354 |

six interviews to be taken in each block selected. In column (f) the total number of interview sectors are listed by stratum. This number having been determined, a method of random sampling was next employed to place six interviews in each of 354 unknown blocks. Eight-four blocks were interview sectors in each of the upper and middle strata whereas 186 blocks were the interview sectors in the lower stratum.

When the environmental survey was made in November 1971, the city was divided into sixty divisions, twenty-one in the upper stratum, twenty-seven in the middle stratum, and twelve in the lower stratum, the strata being determined by housing quality. Each divisional area was approximately the same size. Each divisional area was then subdivided into block areas and each block area was divided into blocks which contained at least sixteen housing units. Sometimes two or more actual blocks were united in order to have sixteen housing units available for sampling. For the purpose of this present study the block areas and these revised blocks from the environmental survey were used.

The number of housing units in the environmental survey was also used in the selection of the interview sectors. They were:

| | |
|---|---|
| Upper stratum | 4,832 |
| Middle stratum | 6,199 |
| Lower stratum | 2,766 |
| Total | 13,797 |

The selection interval for each stratum is determined by the following formula:

$$\text{Upper} = \frac{4,832}{84} = 58 \text{ selection interval}$$

$$\text{Middle} = \frac{6,199}{84} = 73 \text{ selection interval}$$

$$\text{Lower} = \frac{2,766}{186} = 15 \text{ selection interval}$$

The housing units in each survey area were listed by block area in jequential order with the total as well as the cumulative housing given. A random number was selected, which would necessarily have to be less than the selection interval. The random number indicated the location of the first interview sector. Then follows the cumulation of the selection intervals until all interview sectors have been located within the block areas. This determines the number of interview sectors within each block area. Table 13 gives an example of this method using the upper stratum.

A similar method of sampling was used to determine which blocks were selected out of the previously chosen block areas. Table 14 is the example given, using Block Area 2 out of Table 13.

This method was used for each stratum in order to determine the number of interview sectors in each block area and then to determine which block in each block area would be the interview sector.

The next step was to determine the houses to be selected within each of the 354 chosen blocks. By use of a random table of six numbers based on sixteen possible numbers to be selected from (each block would have a minimum of sixteen housing units), six houses in each block were chosen.

These numbers within the block were next translated into house numbers. Thus each selected block was listed on a seperate three by five card with its six numbers. Entering the block by an automobile at the nearest geographical point so that the house numbers would be on the right, a driver counted the houses and listed the appropriate street addresses opposite the random numbers.

Table 15 gives an example of one of these three by five cards. In the upper left hand corner are three numbers. The first number is the

TABLE 13

METHOD TO DETERMINE NUMBER OF INTERVIEW SECTORS IN EACH BLOCK AREA

Selection interval = $\frac{4832}{84}$ = 58, Random number = 17

Example is from the Upper Stratum

| Block Area | Housing | | | Sectors Allowed |
|---|---|---|---|---|
| | Total | Cumulative | Cumulation of Selection Interval | |
| 2 | 217 | 217 | 17, 75, 133, 191 | 4 |
| 4 | 217 | 434 | 249, 307, 365, 423 | 4 |
| 8 | 294 | 728 | 481, 539, 597, 655, 713 | 5 |
| 9 | 241 | 969 | 771, 829, 887, 945 | 4 |
| 10 | 248 | 1217 | 1003, 1061, 1119, 1177 | 4 |
| 11 | 278 | 1495 | 1235, 1293, 1351, 1409, 1467 | 5 |
| 14 | 164 | 1659 | 1525, 1583, 1641 | 3 |
| 23 | 158 | 1817 | 1699, 1757, 1815 | 3 |
| 30 | 249 | 2066 | 1873, 1931, 1989, 2047 | 4 |
| 33 | 201 | 2267 | 2105, 2163, 2221 | 3 |
| 34 | 245 | 2512 | 2279, 2337, 2395, 2453, 2511 | 5 |
| 35 | 197 | 2709 | 2569, 2627, 2685 | 3 |
| 36 | 180 | 2889 | 2743, 2801, 2859 | 3 |
| 37 | 288 | 3177 | 2917, 2975, 3033, 3091, 3149 | 5 |
| 38 | 250 | 3427 | 3381, 3207, 3265, 3323 | 4 |
| 39 | 240 | 3667 | 3439, 3497, 3555, 3613 | 4 |
| 40 | 221 | 3888 | 3671, 3729, 3787, 3845 | 4 |
| 41 | 294 | 4182 | 3903, 3961, 4019, 4077, 4135 | 5 |
| 42 | 184 | 4366 | 4193, 4251, 4309 | 3 |
| 43 | 211 | 4577 | 4367, 4425, 4483, 4541 | 4 |
| 44 | 255 | 4832 | 4599, 4657, 4715, 4773, 4831 | 5 |
| 21 | 4832 | 4832 | Total | 84 |

TABLE 14

METHOD TO DETERMINE WHICH BLOCKS IN THE BLOCK AREAS ARE ASSIGNED INTERVIEW SECTORS

Selection interval = $\frac{217}{4}$ = 54. Random number = 45

Upper Stratum, Block Area

| Block | Units | Cumulative Total | Selection |
|---|---|---|---|
| 1 | 22 | 22 | |
| 2 | 23 | 45 | 45 |
| 3 | 41 | 86 | |
| 4 | 40 | 126 | 99 |
| 5 | 17 | 143 | |
| 6 | 29 | 172 | 153 |
| 7 | 45 | 217 | 207 |
| | 217 | 217 | 4 |

TABLE 15

CARD SHOWING INTERVIEW ASSIGNMENTS IN EACH BLOCK

1 - 2 - 7

1. 1301 East Broadway
3. 1307 East Broadway
5. 1311 East Boradway
6. 125 North "N" Street
12. 1325 East Okmulgee
14. 1329 East Okmulgee

stratum; 1 = upper, 2 = middle, and 3 = lower. The second number represents the block area. This block area number is not used in any other stratum. The third number represents the block. This number, however, is not unique to that block and would be found in other block areas.

This procedure of random sampling and selection of each address was carried out by the author. Since there were so few blocks in the lower stratum, some of the larger blocks were divided into two in order to have the required number. In actuality the sample turned up the following by stratum:

| | Housing Units |
|---|---|
| Upper stratum | 522 |
| Middle stratum | 480 |
| Lower stratum | 1,122 |
| Total | 2,124 |

For the purpose of interviewing, twenty-four addresses in close proximity were grouped together. These were four cards of six numbers (four blocks) making a total of eighty-eight sections of twenty-four numbers and one section of twelve numbers. Each of these eighty-nine sections was given to an interviewer who was responsible to interview at each address on the card.

## The Questionnaire

Several general subjects related to health are mentioned in the hypotheses, with positive statements concerning attitudes of people on these issues. It was necessary to develop a tool to measure the attitudes of the people toward these health-related subjects. Thus a questionnaire was selected to be that tool, and this questionnaire was developed. Most questions on this instrument have a scale of six possible answers with

degrees of agreement or disagreement. This questionnaire may be found in the appendix.

The first general subject to be dealt with in the questionnaire concerns "change in the health delivery system." A positive statement is given, "I am in favor of changing the present system of health care," and the respondent has a scale of choices to make. More specifically, new methods of health care, at least as far as the general public is concerned, are mentioned. One is "Home Health Care." The respondent has a choice between remaining in the hospital or having the public health nurse visit in the home. Another method mentioned is the use of paramedical personnel in primary care. A choice is made whether to use these people, with the knowledge that referral to a physician would be made in certain cases, or whether to use the physician only. Another question directly asks, "Is there a need for a health station to render services manned by paramedical personnel?" This does not have the personal aspect of the previous question and would probably elicit answers such as, "It is fine for others but not for me." A statement concerning health insurance and the new idea of Health Maintainance Organizations is made, giving a choice between this new program or using present day health insurance as it is. Then comes the choice favoring or rejecting federal payment for health services. These are the subjects dealt with in the first hypothesis.

The second group of questions deals with satisfactions and dissatisfactions with the health delivery system. Several health care subjects are mentioned in this questionnaire, whether the respondent can receive adequate medical care in the town, whether the emergency care is adequate, whether ambulance service is adequate, whether there are an

adequate number of physicians in the town and whether the respondents are satisfied that the physician spends enough time with them about their condition.

The third category of questions deals with attitudes concerning environmental issues. Garbage and trash is a problem in Muskogee; therefore a question concerning an ordinance for mandatory pickup has been placed in the questionnaire. Another related question is whether the city should do all the pickup or not. This latter question is a warm local issue. Also related is the no-burning law, the enforcement of which has caused increased amounts of garbage and trash which would otherwise have been previously burned. The response concerning a city ordinance to prohibit junk cars will give an insight to attitudes toward solid waste.

Opinions on other environmental issues are also sought, whether an ordinance should prohibit large animals within the city limits, whether urban renewal in residential areas is favored, whether polluting industries should be restricted, whether pesticides to kill mosquitoes are more beneficial or harmful.

Another question deals with attitudes toward preventive care. The question is asked whether the respondents get a checkup from a physician when they are well.

The last group of questions deals with the attitudes toward legalized abortion. Does the respondent favor a legislative bill to legalize abortion? A related question is whether an abovtion should be performed in the following cases if the doctor and the woman both agreed to have one done: under no circumstances, to save the mother's life only, up to fifteen weeks on any woman who desires it, up to six months, or anytime. The question whether the woman has the right to make a decision

concerning an abortion on herself, after she has consulted with a physician, is then asked. Related to this issue is whether family planning is a helpful program. This latter information will help in the evaluation of the results from the questions on abortion.

Other information in the questionnaire are two questions, one concerning the degree of religious activity and the other concerning political views. This information, along with other information, will be used as variables. The cover page of the questionnaire provides other information on other variables -- sex, age, number of persons in the family, ehtnic identification, church affiliation or preference, length of residence, ownership or rental of home, place of birth (state), occupation of household head, education of household head and wife, and family income last year. Socio-economic status is determined from a three factor index by Dr. Lawrence Green (65). The three factors are: 1) the number of years of school completed, preferably by the wife, 2) family income, and 3) occupation of the household head. He gives standardized scores for specific occupations (see appendix). When a family is scored on the three factors and each factor is multiplied by a given weight and the results are added, a total score is calculated which is called the Socio-Economic Status score or S. E. S. score. The range of scores is from a possible 85.7 in the upper class to 28.7 in the lower class. An example of how the S. E. S. score is determined is given in Tables 16 through 19.

Another variable used in this dissertation is not determined from information in the questionnaire. The measurement of the environmental home condition is taken from information compiled from the survey taken by the Muskogee City-County Health Department during November 1971.

TABLE 16

SOCIO-ECONOMIC INFORMATION

| No. | Years Education Wife | Family Income | Occupation |
|---|---|---|---|
| 1 | 9 | $ 4,500.00 | Truck Driver |
| 12 | 17 | 50,000.00 | Physician |
| 23 | 0 | 850.00 | Farm Laborer |
| 40 | 12 | 7,000.00 | Machinist |

TABLE 17

CONVERSION OF INFORMATION INTO SCORES

| No. | Years Education Wife | Family Income | Occupation |
|---|---|---|---|
| 1 | 44 | 44 | 45 |
| 12 | 73 | 81 | 83 |
| 23 | 28 | 28 | 21 |
| 40 | 53 | 50 | 53 |

TABLE 18

SOCIO-ECONOMIC SCORES MULTIPLIED BY WEIGHT

(Example - Interviewee #1)

| Category | Weight | | Score | | Total Score |
|---|---|---|---|---|---|
| Education | .5 | x | 44 | = | 22.0 |
| Income | .3 | x | 44 | = | 13.2 |
| Occupation | .3 | x | 45 | = | 13.5 |
| Socio-Economic Status Score | | | | = | 48.7 |

Each home was rated as to its exterior environment. Items rated were condition of the house, proper garbage storage, rubble and lumber on the premises, junk cars on the premises, presence of old sheds, presence and number of poultry, presence and number of large animals, presence of outdoor privy, presence of outdoor well, sewage problem, drainage areas. For the purpose of measurement of each house in this survey a rating is given as to its quality; Good housing = 100 points, Fair housing = 90 points, Poor housing = 80 points. For each of the items listed in table twenty in which the family was considered substandard, the equivalent points were deducted from the housing points already allocated. The result is the environmental score.

Following development of the questionnaire, a pretest was conducted on June 6, 1972. Seven workers, including the author, did fifty interviews in the three socio-economic areas and in white and black ethnic areas. Following this pretest a few changes were made in the questionnaire; some questions were deleted, a few were added.

## The Survey

Kickoff for the survey was June 16, 1972. Workers in the Muskogee City-County Health Department and were given careful instructions concerning the questionnaire and methods of interviewing. A list of twenty-four addresses was given to each worker, who was instructed to interview a mature person living at each address. Vacant houses were to be classified as such and refusals were to be listed. Each worker was to return if the people were not home. Notice was left at these addresses to call the Health Department. Some of these interviews were conducted by phone.

The survey ran for thirteen weeks and the last interview was

TABLE 19

COMPUTATION OF SOCIO-ECONOMIC STATUS SCORES

| Number | Education Score | | Family Income Score | | Occupation Score | | Total |
|---|---|---|---|---|---|---|---|
| 1 | 22.0 | - | 13.2 | - | 13.5 | = | 48.7 |
| 12 | 36.5 | - | 24.3 | - | 24.9 | = | 85.7 |
| 23 | 14.0 | - | 8.4 | - | 6.3 | = | 28.7 |
| 40 | 26.5 | - | 15.0 | - | 15.9 | = | 57.4 |

TABLE 20

SCORING FOR ENVIRONMENTAL HOME CONDITIONS

| Number | Item | Minus |
|---|---|---|
| 1. | Inadequate Garbage Storage | 5 |
| 2. | Presence of Rubble or Lumber | 10 |
| 3. | Presence of Old Automobiles 1= -5, 2-4 = -10, 5+ = | - 15 |
| 4. | Presence of Old Sheds | 5 |
| 5. | Poultry on the Premises | 5 |
| 6. | Large Animals on the Premises | 5 |
| 7. | Outdoor Privy on the Premises | 10 |
| 8. | Outdoor Well on the Premises | 5 |
| 9. | Problem of Sewage, other than Privy | 10 |
| 10. | Drainage Problem or Low Area | 5 |

done on September 15, 1972. Of the 2,124 houses selected for the survey, 1,802 interviews were completed; there were 151 refusals and 171 vacant houses.

| Homes | Number | Percent |
|---|---|---|
| Vacant | 171 | 8.05 |
| Refusals | 151 | 7.11 |
| Complete | 1,802 | 84.84 |
| Total | 2,124 | 100.00 |

Of the 1,802 completed interviews, 358 were done by the author. Nurses, sanitarians, and a few other Health Department employees were the principal interviewers. Some students at the L. P. N. school, Muskogee General Hospital, participated also after some training. A few interviews were made by other volunteer workers.

As the results came in, they were tabulated in a ledger book by the author. At the end of the survey the information given by each respondent was programmed for the computer and individual cards were punched. The computer then produced 246 two by two tables, their results are discussed in the next chapter.

# CHAPTER V

## THE RESULTS

The primary and secondary variables of this dissertation are listed on page 24. Each question considered in this study has been evaluated in the light of each variable and the results have been displayed in tables. These tables represent composite results derived from responses to the household interviews. Each table will be presented under its appropriate hypothesis and each hypothesis has several questions which are related to it. Hypothesis 1 deals with changing the health care system and involves six tables; hypothesis 2 deals with satisfaction of the present health care system and involves six tables; hypothesis 3 deals with environmental questions and has nine tables; hypothesis 4 is concerned with preventive care and has one table; hypothesis 5 is concerned with the question of abortion and has six tables.

Each table is now presented in relationship to its corresponding hypothesis. Following each group of tables an analysis of some of the results will be presented. Free discussion was allowed during the interviews during the survey and some of the reasons found in the analysis have been gathered from the respondents themselves. The truth or falsity of the hypothesis, however, will be considered in the concluding chapter.

These results of Table 21 indicate that of the people surveyed, more are not in favor of changing the health care system than are those in

favor. Only three groups indicate an attitude toward changing the health care system. They are the upper-upper class, the moderate liberals, and individuals born overseas. Each ethnic group evidences a tendency to disagree with the idea of changing the health care system; however, Blacks are almost evenly split on this issue. Men appear to be as likely as women to disagree with a change in the health care system and religious activity and family size do not distinguish those who agree from those who disagree. It is interesting to note that age groups 20 - 29 and 30 - 39 are almost equally divided on this issue; these two groups comprise 23.7% of the population. Those from the South and the Indian ehtnic group have the least desire for change.

The analysis of Table 22 reveals that all groups, save one, decidedly favor home care in preference to hospital care for the last week of illness. Only the Indian respondents are evenly split, with no group preferring the hospital outright. Those born overseas and the politically liberal group favor home care more than do the other groups. White and Black ethnic groups are similar in their views; the response of the lower classes are more positive than are those of the upper and middle classes.

These results also reveal that as environmental conditions around the home are poorer, desire for home care is more pronounced. The men appear to prefer home care almost as much as do the women. Religious activity, age, family size, birthplace, and political views do not show a tendency to distinguish those who prefer home care, according to these results.

It is observed in Table 23 that the groups generally prefer to wait to see a physician rather than receive immediate care from a paramedical. The groups who strongly prefer a physician are three: the

Hypothesis 1: The attitudes toward changing the present health delivery system will differ by social class, ethnicity, religious activity, and environmental home conditions.

TABLE 21

I AM IN FAVOR OF CHANGING THE PRESENT HEALTH CARE SYSTEM

Proposition 1: Minority ethnic groups have a higher degree of desire to change the health delivery system than do majority ethnic groups.

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 28.82 | 40.58 | 30.60 | 1045 | 58.1 | -11.76 |
| Black | 32.21 | 37.25 | 30.54 | 714 | 39.7 | - 6.04 |
| Indian | 22.50 | 42.50 | 35.00 | 40 | 2.2 | -20.00 |
| Total | 30.00 | 39.30 | 30.70 | 1799 | 100.0 | - 9.30 |

Proposition 2: An individual's social class will be inversely related to the degree of desire to change the health delivery system.

| Socio-Economic | | | | | | |
|---|---|---|---|---|---|---|
| Upper-upper | 35.71 | 28.58 | 35.71 | 14 | 0.8 | + 7.13 |
| Lower-upper | 29.67 | 43.96 | 26.37 | 182 | 10.1 | -14.29 |
| Upper-middle | 33.20 | 39.93 | 26.87 | 521 | 28.9 | - 6.73 |
| Lower-middle | 30.29 | 39.61 | 30.00 | 505 | 28.1 | - 9.32 |
| Upper-lower | 29.34 | 38.50 | 32.16 | 426 | 23.7 | -10.16 |
| Lower-lower | 20.40 | 33.55 | 47.05 | 152 | 8.4 | -13.15 |
| Total | 30.00 | 39.30 | 30.70 | 1800 | 100.0 | - 9.30 |

Proposition 3: An individual's environmental home condition will be inversely related to the degree of desire to change the health delivery system.

| Environmental | | | | | | |
|---|---|---|---|---|---|---|
| Good | 30.57 | 39.85 | 29.58 | 906 | 50.3 | - 9.28 |
| Fair | 30.32 | 38.65 | 31.03 | 696 | 38.7 | - 8.33 |
| Poor | 27.98 | 40.48 | 31.54 | 168 | 9.3 | -12.50 |
| Very Poor | 20.00 | 30.00 | 50.00 | 30 | 1.7 | -10.00 |
| Total | 30.00 | 39.30 | 30.70 | 1800 | 100.0 | - 9.30 |

TABLE 21 — Continued

Proposition 4: People who are more actively involved in their religious groups will show less desire to change the health delivery system.

| Religious Activity | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| None | 29.07 | 37.66 | 33.27 | 454 | 25.3 | - 8.59 |
| Seldom | 29.43 | 36.07 | 33.60 | 366 | 20.4 | - 5.64 |
| Moderate | 30.00 | 39.09 | 30.91 | 440 | 24.5 | - 9.09 |
| Moderate Plus | 29.92 | 46.15 | 23.93 | 117 | 6.5 | -16.73 |
| Very Active | 31.18 | 41.97 | 26.85 | 417 | 23.2 | -10.79 |
| Total | 30.00 | 39.30 | 30.70 | 1794 | 100.0 | - 9.30 |
| Other Demographic Variables: | | | | | | |
| Sex | | | | | | |
| Male | 30.57 | 37.75 | 31.68 | 445 | 24.7 | - 7.20 |
| Female | 29.89 | 39.78 | 30.33 | 1355 | 75.3 | - 9.90 |
| Total | 30.00 | 39.30 | 30.70 | 1800 | 100.0 | - 9.30 |
| Age | | | | | | |
| 13 - 19 | 28.58 | 45.71 | 25.71 | 70 | 3.9 | -16.13 |
| 20 - 29 | 39.82 | 40.73 | 19.45 | 216 | 12.0 | - 0.91 |
| 30 - 39 | 36.49 | 38.39 | 25.12 | 211 | 11.7 | - 1.90 |
| 40 - 49 | 29.44 | 43.15 | 27.41 | 248 | 13.8 | -13.71 |
| 50 - 64 | 32.82 | 36.58 | 30.60 | 451 | 25.1 | - 3.76 |
| 65 + | 22.79 | 38.60 | 38.61 | 601 | 33.4 | -15.81 |
| Total | 30.00 | 39.30 | 30.70 | 1797 | 100.0 | - 9.30 |
| Family Size | | | | | | |
| One Person | 23.76 | 36.03 | 40.21 | 383 | 21.3 | -12.27 |
| Two Persons | 30.30 | 37.99 | 31.71 | 637 | 35.4 | - 7.69 |
| Three - Five | 32.80 | 40.91 | 26.29 | 506 | 28.1 | - 8.11 |
| Six - Eight | 33.33 | 44.02 | 22.65 | 234 | 13.0 | -10.69 |
| Nine Plus | 31.58 | 42.11 | 25.81 | 38 | 2.1 | -10.53 |
| Total | 30.00 | 39.30 | 30.70 | 1798 | 100.0 | - 9.30 |

TABLE 21 — Continued

| Birthplace | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Oklahoma | 31.73 | 40.04 | 28.23 | 1084 | 60.3 | - 8.31 |
| South | 26.40 | 37.20 | 36.40 | 500 | 27.8 | -21.40 |
| Mid-West | 27.86 | 40.72 | 31.42 | 140 | 7.8 | -17.86 |
| East | 37.93 | 41.38 | 20.69 | 29 | 1.6 | -13.69 |
| West | 29.41 | 34.12 | 26.47 | 34 | 1.9 | -13.53 |
| Overseas | 50.00 | 20.00 | 30.00 | 10 | 0.6 | +30.00 |
| Total | 30.00 | 39.30 | 30.70 | 1797 | 100.0 | - 9.30 |
| Political View | | | | | | |
| Liberal | 32.10 | 46.32 | 31.58 | 190 | 10.6 | -14.22 |
| Moderate Liberal | 44.82 | 35.34 | 19.84 | 116 | 6.4 | + 9.48 |
| Moderate | 32.50 | 41.53 | 25.97 | 443 | 24.6 | - 9.03 |
| Mod. Conservative | 30.05 | 45.81 | 24.14 | 203 | 11.3 | -15.76 |
| Conservative | 27.78 | 41.35 | 30.87 | 324 | 18.0 | -13.57 |
| No View | 25.38 | 35.49 | 39.13 | 524 | 29.1 | -10.11 |
| Total | 30.00 | 39.30 | 30.70 | 1800 | 100.0 | - 9.30 |

upper-upper socio-economic group, those born in the Eastern United States, and the Indian ethnic group. Those preferring to see a paramedical provider are the 13 - 19 year old group, those born in the West, and those born overseas. Those who are evenly split are the not active and the seldom active religious groups, males, groups of all political views, those born in Oklahoma, all family sizes except the one person family, the 40 - 49 and the 50 - 64 age groups, the fair and poor environmental groups, the middle and lower socio-economic groups, and the White and the Black ethnic groups. It is interesting to note the strong preference of the upper-upper socio-economic group for the physician as contrasted to the weak preference of the remaining socio-economic groups.

Preference for a paramedical provider is strongest in the 13 - 19 age group, but his preference diminishes as the groups are respectively older. These results reveal that of those surveyed, females prefer physicians more than do the males. No definite pattern is revealed in the religious activity or political view groups.

It is revealed in Table 24 that all groups strongly feel a need for a health station which is manned by a paramedical. Although the upper-upper socio-economic group expresses less preference for such a station than do the other groups which are classified in this table, this group still has a strong desire for it. The very largest family group of nine or more persons and the 13 - 19 age group have the strongest positive views toward this station. There appears to be little difference among the three ethnic groups and among the socio-economic groups except for the upper-upper group as explained above. Neither religious activity nor environmental home conditions play any part in distinguishing the groups on this issue. It is interesting to note that as the age group becomes

Proposition 5: Acceptance of new ideas in health care is inversely related to the socio-economic status of a citizen to the quality of the local home environment, to the size of the ethnic group in the community, and to the degree of religious activity of the respondent.

TABLE 22

I PREFER HOME CARE TO HOSPITAL CARE
FOR LAST WEEK OF ILLNESS

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 60.29 | 30.05 | 9.66 | 1045 | 58.0 | +30.24 |
| Black | 65.36 | 28.77 | 5.87 | 716 | 39.7 | +36.59 |
| Indian | 42.50 | 40.00 | 17.50 | 40 | 2.2 | + 2.50 |
| Total | 61.90 | 29.70 | 8.40 | 1802 | 100.0 | +32.20 |
| Socio-Economic | | | | | | |
| Upper-upper | 57.14 | 28.57 | 14.29 | 14 | 0.8 | +28.57 |
| Lower-upper | 59.80 | 30.77 | 9.34 | 182 | 10.1 | +29.12 |
| Upper-middle | 59.12 | 33.01 | 7.87 | 521 | 28.9 | +26.11 |
| Lower-middle | 61.78 | 32.08 | 6.14 | 505 | 28.0 | +29.70 |
| Upper-lower | 64.64 | 25.76 | 9.60 | 427 | 23.7 | +38.88 |
| Lower-lower | 66.67 | 20.92 | 12.42 | 153 | 8.5 | +41.75 |
| Total | 61.90 | 29.70 | 8.40 | 1802 | 100.0 | +32.20 |
| Environmental | | | | | | |
| Good | 57.06 | 32.67 | 10.27 | 906 | 50.3 | +24.39 |
| Fair | 66.33 | 27.08 | 6.59 | 698 | 38.7 | +39.25 |
| Poor | 68.07 | 26.79 | 7.14 | 168 | 9.3 | +41.28 |
| Very Poor | 80.00 | 20.00 | 0.00 | 30 | 1.7 | +60.00 |
| Total | 61.90 | 29.70 | 8.40 | 1802 | 100.0 | +32.20 |
| Religious Activity | | | | | | |
| None | 62.20 | 29.23 | 8.57 | 455 | 25.3 | +32.97 |
| Seldom | 59.84 | 30.05 | 10.11 | 366 | 20.4 | +29.79 |
| Moderate | 62.50 | 30.68 | 6.82 | 440 | 24.5 | +31.82 |
| Moderate Plus | 64.96 | 24.79 | 10.25 | 117 | 6.5 | +40.17 |
| Very Active | 61.39 | 30.70 | 7.91 | 417 | 23.2 | +30.69 |
| Total | 61.90 | 29.70 | 8.40 | 1798 | 100.0 | +32.20 |

TABLE 22 -- Continued

Other Demographic Variables:

| Sex | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Male | 60.00 | 31.01 | 8.99 | 445 | 24.7 | +28.99 |
| Female | 62.49 | 29.33 | 8.18 | 1357 | 75.3 | +33.16 |
| Total | 61.90 | 29.70 | 8.40 | 1802 | 100.0 | +32.20 |
| Age | | | | | | |
| 13 - 19 | 57.14 | 35.71 | 7.15 | 70 | 3.9 | +19.43 |
| 20 - 29 | 61.57 | 33.80 | 4.63 | 216 | 12.0 | +27.77 |
| 30 - 39 | 64.45 | 29.38 | 6.17 | 211 | 11.7 | +35.07 |
| 40 - 49 | 58.23 | 32.93 | 8.84 | 249 | 13.8 | +25.30 |
| 50 - 64 | 62.25 | 28.38 | 8.87 | 451 | 25.1 | +34.37 |
| 65 + | 62.79 | 27.08 | 10.13 | 602 | 33.5 | +35.71 |
| Total | 61.90 | 29.70 | 8.40 | 1799 | 100.0 | +32.20 |
| Family Size | | | | | | |
| One Person | 60.16 | 31.25 | 8.59 | 384 | 21.3 | +28.91 |
| Two Persons | 63.42 | 29.69 | 9.89 | 637 | 35.4 | +36.73 |
| Three - Five | 61.34 | 31.56 | 7.10 | 507 | 28.2 | +29.78 |
| Six - Eight | 62.39 | 29.49 | 8.12 | 234 | 13.0 | +32.90 |
| Nine Plus | 57.89 | 42.11 | 0.00 | 38 | 2.1 | +17.78 |
| Total | 61.90 | 29.70 | 8.40 | 1801 | 100.0 | +32.20 |
| Birthplace | | | | | | |
| Oklahoma | 61.05 | 30.94 | 8.01 | 1086 | 60.4 | +30.11 |
| South | 65.80 | 25.20 | 9.00 | 500 | 27.8 | +40.60 |
| Mid-West | 55.71 | 35.00 | 9.29 | 140 | 7.8 | +20.21 |
| East | 51.72 | 41.38 | 6.90 | 29 | 1.6 | +10.34 |
| West | 61.76 | 32.35 | 5.89 | 34 | 1.9 | +29.41 |
| Overseas | 70.00 | 10.00 | 20.00 | 10 | 0.6 | +60.00 |
| Total | 61.90 | 29.70 | 8.40 | 1799 | 100.0 | +32.20 |

TABLE 22 — Continued

| Political View | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Liberal | 69.47 | 26.32 | 4.21 | 190 | 10.5 | +43.15 |
| Moderate Liberal | 53.45 | 41.38 | 5.17 | 116 | 6.4 | +11.07 |
| Moderate | 62.07 | 30.93 | 7.00 | 443 | 24.6 | +31.18 |
| Mod. Conservative | 66.01 | 28.08 | 5.91 | 203 | 11.3 | +37.93 |
| Conservative | 60.49 | 30.86 | 8.65 | 324 | 18.0 | +29.63 |
| No View | 60.00 | 27.43 | 12.57 | 525 | 29.2 | +32.57 |
| Total | 61.90 | 29.70 | 8.40 | 1801 | 100.0 | +32.20 |

TABLE 23

I PREFER WAITING FOR THE PHYSICIAN RATHER THAN SEE THE PARAMEDICAL NOW

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 48.13 | 43.35 | 8.33 | 1045 | 58.0 | + 4.78 |
| Black | 48.32 | 43.30 | 8.38 | 716 | 39.7 | + 5.02 |
| Indian | 55.0 | 25.00 | 20.00 | 40 | 2.2 | +30.00 |
| Total | 48.44 | 42.95 | 8.61 | 1801 | 100.0 | + 5.50 |
| Socio-Economic | | | | | | |
| Upper-upper | 85.72 | 0.00 | 7.14 | 14 | 0.8 | +85.72 |
| Lower-upper | 51.10 | 42.86 | 5.49 | 182 | 10.1 | + 8.24 |
| Upper-middle | 50.67 | 43.76 | 5.57 | 521 | 28.9 | + 6.81 |
| Lower-middle | 47.33 | 45.15 | 7.52 | 505 | 28.0 | + 2.18 |
| Upper-lower | 46.84 | 42.62 | 10.54 | 427 | 23.7 | + 4.22 |
| Lower-low | 41.83 | 37.25 | 20.92 | 153 | 8.5 | + 4.58 |
| Total | 48.44 | 42.95 | 8.61 | 1802 | 100.0 | + 5.50 |

TABLE 23 -- Continued

| Environmental | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Good | 52.32 | 39.07 | 8.39 | 906 | 50.3 | +13.28 |
| Fair | 44.70 | 46.70 | 8.60 | 698 | 38.7 | - 2.00 |
| Poor | 42.86 | 48.81 | 8.33 | 168 | 9.3 | - 5.95 |
| Very Poor | 46.67 | 36.67 | 16.66 | 30 | 1.7 | +10.00 |
| Total | 48.44 | 42.95 | 8.61 | 1802 | 100.0 | + 5.50 |
| Religious Activity | | | | | | |
| None | 45.05 | 45.71 | 9.24 | 455 | 25.3 | - 0.66 |
| Seldom | 44.54 | 43.99 | 11.47 | 366 | 20.4 | + 0.55 |
| Moderate | 52.50 | 39.55 | 7.95 | 440 | 24.5 | +12.95 |
| Moderate Plus | 49.57 | 44.44 | 5.99 | 117 | 6.5 | + 5.13 |
| Very Active | 50.84 | 42.21 | 6.47 | 417 | 23.2 | +18.63 |
| Total | 48.44 | 42.95 | 8.61 | 1795 | 100.0 | + 5.50 |
| Other Demographic Variables: | | | | | | |
| Sex | | | | | | |
| Male | 45.84 | 44.94 | 9.22 | 445 | 24.7 | + 0.90 |
| Female | 49.23 | 42.23 | 8.40 | 1357 | 75.3 | + 7.00 |
| Total | 48.44 | 42.95 | 8.61 | 1802 | 100.0 | + 5.50 |
| Age | | | | | | |
| 13 - 19 | 44.29 | 48.57 | 7.14 | 70 | 3.9 | -44.28 |
| 20 - 29 | 41.20 | 53.70 | 5.10 | 216 | 12.0 | -12.50 |
| 30 - 39 | 44.55 | 51.18 | 4.27 | 211 | 11.7 | - 7.63 |
| 40 - 49 | 48.19 | 42.57 | 9.24 | 249 | 13.8 | + 5.62 |
| 50 - 64 | 49.56 | 43.23 | 7.09 | 451 | 25.1 | + 6.23 |
| 65 + | 51.99 | 35.38 | 12.46 | 602 | 33.5 | +16.61 |
| Total | 48.44 | 42.95 | 8.61 | 1799 | 100.0 | + 5.50 |
| Family Size | | | | | | |
| One Person | 50.78 | 35.68 | 13.54 | 384 | 21.3 | +15.10 |
| Two Persons | 47.88 | 44.11 | 7.85 | 637 | 35.4 | + 3.77 |
| Three - Five | 49.11 | 44.18 | 6.51 | 507 | 28.2 | + 4.95 |
| Six - Eight | 44.44 | 48.29 | 7.27 | 234 | 13.0 | - 3.85 |
| Nine Plus | 47.37 | 44.74 | 7.89 | 38 | 2.1 | + 2.63 |
| Total | 48.44 | 42.95 | 8.61 | 1800 | 100.0 | + 5.50 |

TABLE 23 -- Continued

| Birthplace | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Oklahoma | 47.70 | 45.21 | 7.09 | 1086 | 60.4 | + 2.49 |
| South | 48.40 | 39.80 | 11.60 | 500 | 27.8 | + 8.60 |
| Mid-West | 54.29 | 35.71 | 10.00 | 140 | 7.8 | + 8.58 |
| East | 68.97 | 31.03 | 0.00 | 29 | 1.6 | +37.94 |
| West | 32.35 | 52.94 | 14.71 | 34 | 1.9 | -20.59 |
| Overseas | 30.00 | 50.00 | 20.00 | 10 | 0.6 | -20.00 |
| Total | 48.44 | 42.95 | 8.61 | 1799 | 100.0 | + 5.50 |
| Political View | | | | | | |
| Liberal | 46.84 | 44.21 | 8.95 | 190 | 10.5 | + 4.63 |
| Moderate Liberal | 44.83 | 51.72 | 3.45 | 116 | 6.4 | - 6.89 |
| Moderate | 48.53 | 44.92 | 6.55 | 443 | 24.6 | + 3.61 |
| Mod. Conservative | 48.28 | 47.78 | 3.94 | 203 | 11.3 | + 0.50 |
| Conservative | 47.84 | 42.90 | 9.26 | 324 | 18.0 | + 4.94 |
| No View | 50.09 | 36.76 | 12.76 | 525 | 29.2 | +13.33 |
| Total | 48.44 | 42.95 | 8.61 | 1801 | 100.0 | + 5.50 |

TABLE 24

THERE IS A NEED FOR A HEALTH STATION WITH A PARAMEDICAL

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 76.07 | 7.27 | 16.66 | 1045 | 58.0 | +68.00 |
| Black | 75.00 | 6.84 | 18.16 | 716 | 39.7 | +68.16 |
| Indian | 67.50 | 7.50 | 25.00 | 40 | 2.2 | +60.00 |
| Total | 75.50 | 7.10 | 17.40 | 1802 | 100.0 | +68.30 |

TABLE 24 -- Continued

| Socio-Economic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Upper-upper | 71.43 | 7.14 | 21.43 | 14 | 0.8 | +42.86 |
| Lower-upper | 78.57 | 8.24 | 13.19 | 182 | 10.1 | +70.33 |
| Upper-middle | 76.20 | 7.10 | 16.70 | 521 | 28.9 | +69.10 |
| Lower-middle | 76.04 | 7.73 | 16.23 | 505 | 28.0 | +67.31 |
| Upper-lower | 76.34 | 6.08 | 17.58 | 427 | 23.7 | +67.26 |
| Lower-lower | 65.36 | 6.54 | 28.10 | 153 | 8.5 | +58.82 |
| Total | 75.50 | 7.10 | 17.40 | 1802 | 100.0 | +68.30 |
| Environmental | | | | | | |
| Good | 73.62 | 7.95 | 18.43 | 906 | 50.3 | +65.67 |
| Fair | 78.08 | 5.87 | 16.05 | 698 | 38.7 | +72.21 |
| Poor | 76.79 | 7.74 | 15.47 | 168 | 9.3 | +64.29 |
| Very Poor | 63.33 | 6.67 | 30.00 | 30 | 1.7 | +56.66 |
| Total | 75.50 | 7.10 | 17.40 | 1802 | 100.0 | +68.30 |
| Religious Activity | | | | | | |
| None | 75.39 | 8.13 | 16.48 | 455 | 25.3 | +64.40 |
| Seldom | 75.68 | 5.46 | 18.86 | 366 | 20.4 | +70.22 |
| Moderate | 75.91 | 6.82 | 17.27 | 440 | 24.5 | +69.09 |
| Moderate Plus | 76.92 | 8.54 | 14.54 | 117 | 6.5 | +68.38 |
| Very Active | 74.58 | 7.43 | 17.99 | 417 | 23.2 | +67.15 |
| Total | 75.50 | 7.10 | 17.40 | 1798 | 100.0 | +68.30 |
| Other Demographic Variables: | | | | | | |
| Sex | | | | | | |
| Male | 75.95 | 6.96 | 17.09 | 445 | 24.7 | +68.99 |
| Female | 75.31 | 7.15 | 17.54 | 1357 | 75.3 | +68.16 |
| Total | 75.50 | 7.10 | 17.40 | 1802 | 100.0 | +68.30 |
| Age | | | | | | |
| 13 - 19 | 84.28 | 1.43 | 14.29 | 70 | 3.9 | +82.85 |
| 20 - 29 | 79.17 | 7.41 | 8.42 | 216 | 12.0 | +79.17 |
| 30 - 39 | 83.89 | 6.64 | 9.47 | 211 | 11.7 | +77.25 |
| 40 - 49 | 79.92 | 6.02 | 14.06 | 249 | 13.8 | +73.83 |
| 50 - 64 | 75.60 | 7.10 | 17.30 | 451 | 25.1 | +68.50 |
| 65 + | 68.28 | 8.31 | 23.41 | 602 | 33.5 | +59.97 |
| Total | 75.50 | 7.10 | 17.40 | 1799 | 100.0 | +68.30 |

TABLE 24 — Continued

| Family Size | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| One Person | 66.67 | 10.16 | 23.17 | 384 | 21.3 | +56.51 |
| Two Persons | 75.67 | 6.12 | 18.21 | 637 | 35.4 | +69.55 |
| Three - Five | 78.89 | 6.12 | 14.99 | 507 | 28.2 | +72.77 |
| Six - Eight | 80.35 | 8.12 | 11.53 | 234 | 13.0 | +72.23 |
| Nine Plus | 86.84 | 0.00 | 13.16 | 38 | 2.1 | +86.84 |
| Total | 75.50 | 7.10 | 17.40 | 1800 | 100.0 | +68.30 |
| Birthplace | | | | | | |
| Oklahoma | 77.72 | 6.54 | 15.74 | 1086 | 60.4 | +71.17 |
| South | 71.80 | 7.20 | 21.10 | 500 | 27.8 | +64.60 |
| Mid-West | 71.43 | 10.72 | 17.85 | 140 | 7.8 | +60.71 |
| East | 79.31 | 10.34 | 10.35 | 29 | 1.6 | +68.97 |
| West | 73.53 | 8.82 | 17.65 | 34 | 1.9 | +64.71 |
| Overseas | 70.00 | 0.00 | 30.00 | 10 | 0.6 | +70.00 |
| Total | 75.50 | 7.10 | 17.40 | 1799 | 100.0 | +68.30 |
| Political View | | | | | | |
| Liberal | 75.79 | 7.37 | 16.84 | 190 | 10.5 | +68.42 |
| Moderate Liberal | 81.03 | 4.31 | 14.66 | 116 | 6.4 | +76.72 |
| Moderate | 75.16 | 7.68 | 17.16 | 443 | 24.6 | +67.48 |
| Mod. Conservative | 82.27 | 4.93 | 12.80 | 203 | 11.3 | +77.34 |
| Conservative | 74.38 | 7.41 | 18.21 | 324 | 18.0 | +66.97 |
| No View | 72.38 | 7.81 | 19.81 | 525 | 29.2 | +64.57 |
| Total | 75.50 | 7.10 | 17.40 | 1801 | 100.0 | +68.30 |

progressively older the desire for the health station diminishes respectively; and as the family size is found to be larger, desire for the health station is found to be increased. Neither birthplace nor political views have any bearing on distinguishing the groups on this question.

Table 25 reveals that all groups prefer the present type health insurance rather than the H. M. O. type. Of those surveyed it is found that those born overseas and those born in the West, the three age groups from 20 - 49, and those who are not active religiously are less opposed to the H. M. O. type insurance than are the other groups. The upper-upper socio-economic group most strongly favor present health insurance. A larger percent of Whites are favorable to H. M. O. than are Blacks or Indians; however the difference is not great. There is no difference between males and females on this question. Environmental home conditions, relgiious activity, family size, or political views appear to have no effect on this issue.

The results of the survey on the issue in Table 26 reveal that taken as a group respondents moderately favor federal payment for health services. The two upper socio-economic groups are evenly divided on the issue whereas the moderate conservatives are only mildly in favor. The remaining groups are either moderately or strongly in favor of federal payment. Those groups who strongly favor the issue are the Black and Indian ethnic groups, the two lower socio-economic groups, the poor and very poor environmental home groups, the families of nine persons or more, and the liberal politically orientated group. Those who are more active religiously are less in favor of federal payment than are those who do little religious activity. As environmental home conditions and socio-economic status improve the approval of federal payment proportionally diminishes. Whites

TABLE 25

I PREFER THE PRESENT KIND OF HEALTH INSURANCE
RATHER THAN THE H. M. O. TYPE

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 51.10 | 19.33 | 29.57 | 1045 | 58.1 | +31.77 |
| Black | 59.47 | 11.22 | 28.31 | 713 | 39.6 | +48.25 |
| Indian | 57.50 | 10.00 | 32.50 | 40 | 2.2 | +47.50 |
| Total | 54.60 | 15.90 | 29.50 | 1798 | 100.0 | +38.70 |
| Socio-Economic | | | | | | |
| Upper-upper | 64.29 | 0.00 | 35.71 | 14 | 0.8 | +64.25 |
| Lower-upper | 56.59 | 20.33 | 23.08 | 182 | 10.1 | +36.25 |
| Upper-middle | 57.69 | 20.00 | 22.31 | 520 | 28.9 | +37.69 |
| Lower-middle | 56.04 | 15.25 | 28.71 | 505 | 28.1 | +40.79 |
| Upper-lower | 51.17 | 12.91 | 35.92 | 426 | 23.7 | +38.26 |
| Lower-lower | 45.40 | 8.55 | 36.05 | 152 | 8.4 | +36.85 |
| Total | 54.60 | 15.90 | 29.50 | 1799 | 100.0 | +38.70 |
| Environmental | | | | | | |
| Good | 55.80 | 17.24 | 26.96 | 905 | 50.3 | +38.56 |
| Fair | 55.03 | 15.52 | 29.45 | 696 | 38.7 | +39.51 |
| Poor | 48.81 | 11.90 | 39.29 | 168 | 9.3 | +36.91 |
| Very Poor | 40.00 | 6.67 | 53.33 | 30 | 1.7 | +33.33 |
| Total | 54.60 | 15.90 | 29.50 | 1799 | 100.0 | +38.70 |
| Religious Activity | | | | | | |
| None | 46.04 | 18.28 | 35.68 | 454 | 25.3 | +27.76 |
| Seldom | 58.47 | 17.76 | 23.77 | 366 | 20.4 | +40.71 |
| Moderate | 58.87 | 13.41 | 27.72 | 440 | 24.5 | +45.46 |
| Moderate Plus | 49.57 | 14.53 | 35.90 | 117 | 6.5 | +35.04 |
| Very Active | 57.22 | 13.90 | 27.88 | 416 | 23.2 | +42.32 |
| Total | 54.60 | 15.90 | 29.50 | 1793 | 100.0 | +38.70 |
| Other Demographic Variables: | | | | | | |
| Sex | | | | | | |
| Male | 56.63 | 17.97 | 25.50 | 445 | 24.7 | +38.66 |
| Female | 53.91 | 15.21 | 30.88 | 1354 | 75.3 | +38.70 |
| Total | 54.60 | 15.90 | 29.50 | 1799 | 100.0 | +38.70 |

TABLE 25 -- Continued

| Age | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| 13 - 19 | 55.71 | 18.57 | 25.72 | 70 | 3.9 | +37.14 |
| 20 - 29 | 50.92 | 26.93 | 23.15 | 216 | 12.0 | +24.99 |
| 30 - 39 | 48.82 | 19.90 | 31.28 | 211 | 11.7 | +28.92 |
| 40 - 49 | 62.90 | 11.29 | 25.81 | 248 | 13.8 | +51.61 |
| 50 - 64 | 52.77 | 17.74 | 29.49 | 451 | 25.1 | +35.03 |
| 65 + | 55.84 | 11.00 | 32.16 | 600 | 33.4 | +44.84 |
| Total | 54.60 | 15.90 | 29.50 | 1796 | 100.0 | +38.70 |
| Family Size | | | | | | |
| One Person | 54.83 | 11.22 | 33.95 | 383 | 21.3 | +43.61 |
| Two Persons | 52.12 | 16.17 | 31.71 | 637 | 35.4 | +35.95 |
| Three - Five | 56.83 | 19.21 | 23.96 | 505 | 28.1 | +37.62 |
| Six - Eight | 55.98 | 16.24 | 27.78 | 234 | 13.0 | +39.74 |
| Nine Plus | 52.63 | 13.16 | 34.21 | 38 | 2.1 | +39.47 |
| Total | 54.60 | 15.90 | 29.50 | 1797 | 100.0 | +38.70 |
| Birthplace | | | | | | |
| Oklahoma | 55.03 | 17.08 | 27.89 | 1083 | 60.3 | +37.95 |
| South | 55.00 | 12.20 | 32.80 | 500 | 27.8 | +42.80 |
| Mid-West | 53.57 | 17.86 | 28.57 | 140 | 7.8 | +35.71 |
| East | 51.73 | 17.24 | 31.03 | 29 | 1.6 | +34.48 |
| West | 44.12 | 23.53 | 32.35 | 34 | 1.9 | +20.59 |
| Overseas | 40.00 | 20.00 | 40.00 | 10 | 0.6 | +20.00 |
| Total | 54.60 | 15.90 | 29.50 | 1796 | 100.0 | +38.70 |
| Political View | | | | | | |
| Liberal | 58.42 | 16.32 | 25.26 | 190 | 10.6 | +42.10 |
| Moderate Liberal | 57.30 | 23.48 | 19.12 | 115 | 6.4 | +33.82 |
| Moderate | 50.79 | 16.90 | 32.51 | 443 | 24.6 | +34.09 |
| Mod. Conservative | 57.14 | 20.20 | 22.66 | 203 | 11.3 | +36.94 |
| Conservative | 62.35 | 14.19 | 23.46 | 324 | 18.0 | +48.16 |
| No View | 50.00 | 12.79 | 37.21 | 524 | 29.1 | +37.21 |
| Total | 54.60 | 15.90 | 29.50 | 1799 | 100.0 | +38.70 |

are considerably less likely to favor federal payment of health services than are Blacks and Indians, and men show a little less favor than women do. Moderately-sized families show less favor than do the very large or the very small families.

In summarizing the issues of hypothesis 1 we find that the majority are not in favor of changing the health care system, do not favor the paramedical provider over the physician, and do not favor H. M. O. insurance over that of the present type of health insurance; however, they strongly prefer home care rather than the hospital for the last week of illness, they see a great need for a health station with a paramedical provider, and they feel that federal payment for health services is urgently needed. The first three findings indicate that the respondents do not want change, whereas the last three indicate that they do want a change in the system of health care delivery. Their negativeness on the first three issues may indicate that they do not want to change a system with which they are already acquainted, no matter how inefficient it may be, for a system of which they have little knowledge. This same reason may be given for the rejection of the H. M. O. insurance, and to a certain extent for the rejection of the paramedical provider of care. On this latter issue the respondent feels that he needs the best trained professional, the physician, no matter how long he must wait. However, when certain ammenities are provided, which the respondent can understand and appreciate, he definitely is favorable. These ammenities are home care, a health station, and payment for health services by the federal government. He favors home care because it would be more convenient to be in surroundings with which he is familiar rather than to prolong his stay in the unfamiliar hospital. He sees the need for a health station manned by a paramedical provider to

TABLE 26

FEDERAL PAYMENT FOR HEALTH SERVICES IS URGENTLY NEEDED

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 45.74 | 26.22 | 28.04 | 1045 | 58.1 | +19.52 |
| Black | 75.99 | 8.42 | 15.59 | 712 | 39.6 | +67.57 |
| Indian | 67.50 | 5.00 | 37.50 | 40 | 2.2 | +62.50 |
| Total | 58.30 | 18.60 | 23.10 | 1797 | 100.0 | +39.60 |
| Socio-Economic | | | | | | |
| Upper-upper | 28.57 | 28.57 | 42.86 | 14 | 0.8 | 0.00 |
| Lower-upper | 35.36 | 38.67 | 25.97 | 181 | 10.1 | - 3.31 |
| Upper-middle | 49.43 | 24.61 | 25.96 | 520 | 28.9 | +24.82 |
| Lower-middle | 63.17 | 16.63 | 20.20 | 505 | 28.1 | +46.54 |
| Upper-lower | 70.43 | 8.69 | 20.88 | 426 | 23.7 | +61.74 |
| Lower-lower | 67.76 | 8.56 | 23.68 | 152 | 8.5 | +59.20 |
| Total | 58.30 | 18.60 | 23.10 | 1798 | 100.0 | +39.60 |
| Environmental | | | | | | |
| Good | 49.11 | 24.12 | 26.77 | 904 | 50.3 | +24.99 |
| Fair | 64.22 | 14.66 | 21.12 | 696 | 38.7 | +49.56 |
| Poor | 79.17 | 7.84 | 12.49 | 168 | 9.3 | +70.83 |
| Very Poor | 76.67 | 6.66 | 16.67 | 30 | 1.7 | +70.01 |
| Total | 58.30 | 18.60 | 23.10 | 1798 | 100.0 | +39.60 |
| Religious Activity | | | | | | |
| None | 59.91 | 18.50 | 21.59 | 454 | 25.3 | +41.41 |
| Seldom | 60.38 | 15.57 | 24.05 | 366 | 20.4 | +44.81 |
| Moderate | 58.08 | 15.95 | 25.97 | 439 | 24.5 | +42.13 |
| Moderate Plus | 49.57 | 24.79 | 25.64 | 117 | 6.5 | +24.78 |
| Very Active | 57.22 | 22.83 | 19.95 | 416 | 23.2 | +34.39 |
| Total | 58.30 | 18.60 | 23.10 | 1792 | 100.0 | +39.60 |
| Other Demographic Variables: | | | | | | |
| Sex | | | | | | |
| Male | 58.78 | 23.64 | 17.58 | 444 | 24.7 | +35.14 |
| Female | 58.05 | 17.06 | 24.89 | 1354 | 75.3 | +40.99 |
| Total | 58.30 | 18.60 | 23.10 | 1798 | 100.0 | +39.60 |

TABLE 26 -- Continued

| Age | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| 13 - 19 | 64.29 | 21.43 | 14.28 | 70 | 3.9 | +42.86 |
| 20 - 29 | 63.42 | 18.05 | 18.53 | 216 | 12.0 | +45.37 |
| 30 - 39 | 50.24 | 22.27 | 27.49 | 211 | 11.8 | +27.97 |
| 40 - 49 | 58.07 | 20.97 | 20.96 | 248 | 13.8 | +37.10 |
| 50 - 64 | 52.89 | 22.89 | 24.22 | 450 | 25.1 | +30.00 |
| 65 + | 62.67 | 13.00 | 24.33 | 600 | 33.4 | +49.67 |
| Total | 58.30 | 18.60 | 23.10 | 1795 | 100.0 | +39.60 |
| Family Size | | | | | | |
| One Person | 60.31 | 13.32 | 26.37 | 383 | 21.3 | +46.99 |
| Two Persons | 58.49 | 18.87 | 22.64 | 636 | 35.4 | +39.62 |
| Three - Five | 54.26 | 22.57 | 23.17 | 505 | 28.1 | +31.69 |
| Six - Eight | 59.41 | 19.66 | 20.93 | 234 | 13.0 | +39.75 |
| Nine Plus | 81.58 | 13.16 | 5.26 | 38 | 2.1 | +68.42 |
| Total | 58.30 | 18.60 | 23.10 | 1796 | 100.0 | +39.60 |
| Birthplace | | | | | | |
| Oklahoma | 60.30 | 18.74 | 20.96 | 1082 | 60.3 | +41.50 |
| South | 58.80 | 16.20 | 25.00 | 500 | 27.9 | +42.60 |
| Mid-West | 42.85 | 26.43 | 20.72 | 140 | 7.8 | +16.42 |
| East | 51.72 | 31.04 | 17.24 | 29 | 1.6 | +20.69 |
| West | 52.94 | 11.36 | 35.30 | 34 | 1.9 | +41.18 |
| Overseas | 60.00 | 10.00 | 30.00 | 10 | 0.6 | +50.00 |
| Total | 58.30 | 18.60 | 23.10 | 1795 | 100.0 | +39.60 |
| Political View | | | | | | |
| Liberal | 76.31 | 8.95 | 14.74 | 190 | 10.6 | +67.63 |
| Moderate Liberal | 55.65 | 23.48 | 20.87 | 115 | 6.4 | +32.17 |
| Moderate | 58.92 | 23.02 | 18.06 | 443 | 24.6 | +35.90 |
| Mod. Conservative | 41.38 | 33.99 | 24.63 | 203 | 11.3 | + 7.39 |
| Conservative | 48.77 | 24.38 | 26.85 | 324 | 18.0 | +24.39 |
| No View | 64.05 | 8.03 | 27.92 | 523 | 29.1 | +24.39 |
| Total | 58.30 | 18.60 | 23.10 | 1798 | 100.0 | +39.60 |

be used by other people, but for himself he would rather have a physician. He favors federal payment for health care, since it represents an opportunity to receive medical care at a cheaper price than he is now paying. His own convenience preferences are satisfied, his altruistic nature has found a release, and his pocketbook, so he thinks, may get some relief.

In considering the question of modifying the health care system, we have found that the upper-upper socio-economic group, the moderate liberal political group, and those born overseas group favor change whereas Blacks, men and women, and the two age groups between 20 - 39 are about evenly divided. Home care is preferred most by the overseas and the liberal groups, and the Indians are about evenly split. The paramedical is preferred by the 13 - 19 and the 20 - 29 age groups as well as by those born in the western United States and overseas. The upper-upper group, those from the East, and the Indians prefer the physician more than do the other groups. Those favoring the health station the greatest are the families of nine or more and the 13 - 19 and the 20 - 29 age groups, whereas the upper-upper group is least in favor. This latter group most strongly favors keeping the present type of health insurance, whereas those born overseas and in the West, the 20 - 29 and the 30 - 39 age groups, and the not active religiously show more desire for the H. M. O. than do the remaining groups. Concerning federal payment for health services, Blacks, Indians, the lower socio-economic groups, the poor and very poor environmental groups, the family of nine or more, and the liberal group prefer this method of payment more than do the remaining groups, whereas the two upper socio-economic groups and the moderate conservatives question this method the most.

It is interesting to note that those who are born overseas and

also those from the West show more desire for change and show more favor to new methods than do those from other areas. Although this former group is composed of only ten respondents, this consistency does show liberal thinking among this group. Those from overseas perhaps have seen other methods work, whereas those from the West may be more accustomed to facing new problems daily and are able to accept them better. The younger age groups, especially those from 20 - 29, are parents of young children and may feel the need of an adequate health system more than do the older groups. Teen-agers realize that they too will be parents soon. The younger person by nature is willing to accept new ideas and accept change more than would the older groups, those with liberal political views, by definition of the word, "liberal", would accept change sooner than would the conservatives who by definition desire the "status quo." Blacks have been the underpriviledged ethnic group and would welcome any change which might make their situation more tenable, and would therefore accept new ideas more readily. Indians are a little more conservative on some issues than are Blacks, such as not desiring change, preferring the physician more than the paramedical, and having little desire for home care; however, they appear strongly in favor of federal payment for health care. Their familiarity already with the governmental system of health care delivery may be the reason for their preference in this latter issue.

The upper-upper group, followed in some cases by the lower-upper group, consistently take the most conservative position on these issues except on the question of changing the system of health care delivery. They realize that change is needed, but they withdraw their support from specific measures where they realize that money must be spent, since they are pre-eminently the tax-paying group.

It is noted on several issues that the respondent's desire for new methods in health care is found to be less proportionally as environmental conditions improve, as socio-economic status is higher, as groups are older, and as they consist of smaller families. Economic security is one of the characteristics of the higher social classes as well as of those with better environmental conditions and smaller families. Therefore these groups would have less desire for new ideas in health care, since these issues do not primarily affect them. The older people also are satisfied with the present system because they are more secure financially or because their security is found through their elgibility in medicare.

Table 27 reveals that a large majority of people surveyed believe that medical care in the community is good. The upper-upper class and those born in the West are the most positive on this issue, but no group is negative; the overseas group, though positive, is the nearest to being evenly split. There is little difference on this question among the ethnic groups, the religious activity groups, or the sexes. The other groups differ little from their fellow classes, with only few exceptions: the upper-upper class, the nine or more size family, and the 13 - 19 age group, these three being the most positive, the very poor environmental group, those born overseas, and the liberal group being more negative than other groups of corresponding kinds. This survey also reveals that respondents who belong to larger family sizes are more firmly convinced that medical care is good in the area.

Table 28 reveals that the respondents as a whole are divided evenly on this issue. Six groups believe that hospital emergency care is adequate; they are the Indian, the upper-upper socio-economic class, the two lower socio-economic classes, the one person family, and those 65 and

Hypothesis 2: Dissatisfaction with the health delivery system will have the same correlation as "desire to change" and to a stronger degree.

TABLE 27

MEDICAL CARE IN THIS TOWN GENERALLY IS GOOD

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 63.54 | 15.69 | 19.87 | 1045 | 58.1 | +47.85 |
| Black | 68.40 | 15.61 | 16.99 | 712 | 39.6 | +53.79 |
| Indian | 75.00 | 12.50 | 12.50 | 40 | 2.2 | +62.50 |
| Total | 65.70 | 15.10 | 19.20 | 1798 | 100.0 | +50.60 |
| Socio-Economic | | | | | | |
| Upper-upper | 71.43 | 0.00 | 28.57 | 14 | 0.8 | +71.43 |
| Lower-upper | 70.17 | 15.47 | 14.36 | 181 | 10.1 | +54.70 |
| Upper-middle | 66.54 | 18.27 | 15.19 | 520 | 28.9 | +48.27 |
| Lower-middle | 65.34 | 16.24 | 18.42 | 505 | 28.1 | +49.10 |
| Upper-lower | 62.91 | 12.67 | 24.42 | 426 | 23.7 | +50.24 |
| Lower-lower | 66.45 | 8.55 | 25.00 | 152 | 8.5 | +57.90 |
| Total | 65.70 | 15.10 | 19.20 | 1798 | 100.0 | +50.60 |
| Environmental | | | | | | |
| Good | 66.92 | 15.70 | 17.38 | 904 | 50.3 | +51.22 |
| Fair | 64.08 | 15.08 | 20.84 | 696 | 38.7 | +49.00 |
| Poor | 69.64 | 11.90 | 18.46 | 168 | 9.3 | +57.74 |
| Very Poor | 46.66 | 16.67 | 36.67 | 30 | 1.7 | +29.99 |
| Total | 65.70 | 15.10 | 19.20 | 1798 | 100.0 | +50.60 |
| Religious Activity | | | | | | |
| None | 61.45 | 14.98 | 23.57 | 454 | 25.3 | +46.41 |
| Seldom | 63.11 | 15.57 | 21.32 | 366 | 20.4 | +47.54 |
| Moderate | 70.38 | 14.34 | 15.28 | 439 | 24.5 | +56.03 |
| Moderate Plus | 66.67 | 12.82 | 20.51 | 117 | 6.5 | +53.85 |
| Very Active | 67.55 | 16.34 | 16.11 | 416 | 23.2 | +51.21 |
| Total | 65.70 | 15.10 | 19.20 | 1792 | 100.0 | +50.60 |

TABLE 27 -- Continued

| Sex | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Male | 68.25 | 14.19 | 17.56 | 444 | 24.7 | +54.06 |
| Female | 64.92 | 15.44 | 19.64 | 1354 | 75.3 | +49.48 |
| Total | 65.70 | 15.10 | 19.20 | 1798 | 100.0 | +50.60 |
| Age | | | | | | |
| 13 - 19 | 70.00 | 8.57 | 20.43 | 70 | 3.9 | +61.43 |
| 20 - 29 | 67.12 | 16.66 | 22.22 | 216 | 12.0 | +50.46 |
| 30 - 39 | 65.40 | 20.85 | 13.75 | 211 | 11.8 | +44.55 |
| 40 - 49 | 65.73 | 17.74 | 16.53 | 248 | 13.8 | +47.99 |
| 50 - 64 | 65.78 | 13.78 | 20.44 | 450 | 25.1 | +52.00 |
| 65 + | 64.83 | 13.33 | 21.84 | 600 | 33.4 | +51.50 |
| Total | 65.70 | 15.10 | 19.20 | 1795 | 100.0 | +50.60 |
| Family Size | | | | | | |
| One Person | 62.41 | 14.10 | 23.49 | 383 | 21.3 | +48.31 |
| Two Persons | 64.15 | 14.63 | 21.22 | 636 | 35.4 | +49.52 |
| Three - Five | 67.93 | 16.83 | 15.24 | 505 | 28.1 | +51.10 |
| Six - Eight | 69.65 | 15.81 | 14.64 | 234 | 13.0 | +53.77 |
| Nine Plus | 71.05 | 7.89 | 21.06 | 38 | 2.1 | +63.16 |
| Total | 65.70 | 15.10 | 19.20 | 1796 | 100.0 | +50.60 |
| Birthplace | | | | | | |
| Oklahoma | 64.79 | 16.17 | 19.04 | 1082 | 60.3 | +48.62 |
| South | 66.40 | 13.20 | 13.40 | 500 | 27.9 | +53.20 |
| Mid-West | 66.43 | 14.28 | 19.39 | 140 | 7.8 | +52.15 |
| East | 72.41 | 10.35 | 17.24 | 29 | 1.6 | +62.06 |
| West | 82.36 | 11.76 | 5.88 | 34 | 1.9 | +70.60 |
| Overseas | 50.00 | 40.00 | 10.00 | 10 | 0.6 | +10.00 |
| Total | 65.70 | 15.10 | 19.20 | 1795 | 100.0 | +50.60 |
| Political View | | | | | | |
| Liberal | 60.31 | 21.05 | 18.94 | 190 | 10.6 | +39.26 |
| Moderate Liberal | 67.83 | 14.79 | 17.38 | 115 | 6.4 | +53.04 |
| Moderate | 66.82 | 17.60 | 15.58 | 443 | 24.6 | +49.22 |
| Mod. Conservative | 67.49 | 17.24 | 15.27 | 203 | 11.3 | +50.25 |
| Conservative | 65.43 | 15.12 | 19.45 | 324 | 18.0 | +50.31 |
| No View | 65.96 | 10.13 | 23.91 | 523 | 29.1 | +55.83 |
| Total | 65.70 | 15.10 | 19.20 | 1798 | 100.0 | +50.60 |

over. Eight groups have strong feelings that this emergency care is inadequate; they are those born overseas, those born in the East, the liberal political group, the 20 - 29 year old group, the very poor environmental group, and the lower-upper and the two middle socio-economic groups. The remainder are either mildly negative or evenly split. The Indians are unique among the ethnic groups in their positiveness that hospital emergency care is adequate. It is interesting to note that the two extremes of the socio-economic groups are positive whereas the middle groups are negative. Note should be taken of the difference between the lower-lower socio-economic class and the very poor environmental home condition group; the former is very positive on the question, whereas the latter is very negative, indicating that these two groups are not the same. There is some tendency for some groups to be distinguished from others of their own kind, those being the one-person family and over 65 age group, who respond positively, and the very poor environmental group, the 20 - 29 year old group, those born overseas, and the liberal political group, who respond negatively.

Respondents generally feel as revealed in Table 29, that ambulance service is adequate in the town with two exceptions: those born in the West feel that it is not, whereas those born overseas are evenly split. The remainder give a definitely positive response. There is not much difference among the various remaining groups; however, there is a slight tendency indicating that poorer environmental home condition groups respond more positively than do the better environmental groups, and the two age groups 20 - 29 and 30 - 39 respond less positively than do their fellow age groups. The other variables do not show any indication to differentiate.

TABLE 28

HOSPITAL EMERGENCY ROOM CARE IS ADEQUATE IN THIS TOWN

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 31.87 | 39.62 | 28.51 | 1045 | 58.1 | - 7.75 |
| Black | 35.96 | 35.39 | 28.65 | 712 | 39.6 | + 0.57 |
| Indian | 45.00 | 20.00 | 35.00 | 40 | 2.2 | +25.00 |
| Total | 33.70 | 37.50 | 28.80 | 1797 | 100.0 | - 3.80 |
| Socio-Economic | | | | | | |
| Upper-upper | 42.86 | 28.57 | 28.57 | 14 | 0.8 | +14.29 |
| Lower-upper | 31.49 | 42.54 | 25.97 | 181 | 10.1 | -11.05 |
| Upper-middle | 32.50 | 44.81 | 22.69 | 520 | 28.9 | -12.31 |
| Lower-middle | 31.49 | 42.38 | 26.13 | 505 | 28.1 | -10.89 |
| Upper-lower | 37.56 | 27.93 | 24.51 | 426 | 23.7 | + 9.63 |
| Lower-lower | 36.84 | 17.76 | 45.40 | 152 | 8.5 | +19.08 |
| Total | 33.70 | 37.50 | 28.80 | 1798 | 100.0 | - 3.80 |
| Environmental | | | | | | |
| Good | 33.30 | 39.38 | 27.32 | 904 | 50.3 | - 6.08 |
| Fair | 33.76 | 35.64 | 30.60 | 696 | 38.7 | - 1.88 |
| Poor | 37.50 | 34.53 | 27.97 | 168 | 9.3 | + 2.97 |
| Very Poor | 26.67 | 40.00 | 33.33 | 30 | 1.7 | -13.33 |
| Total | 33.70 | 37.50 | 28.80 | 1798 | 100.0 | - 3.80 |
| Religious Activity | | | | | | |
| None | 28.85 | 38.54 | 32.61 | 454 | 25.3 | - 9.69 |
| Seldom | 32.24 | 36.88 | 30.88 | 366 | 20.4 | - 4.64 |
| Moderate | 37.13 | 37.13 | 25.74 | 439 | 24.5 | 0.00 |
| Moderate Plus | 29.92 | 35.05 | 35.03 | 117 | 6.5 | - 5.13 |
| Very Active | 38.22 | 37.98 | 23.80 | 416 | 23.2 | + 0.24 |
| Total | 33.70 | 37.50 | 28.80 | 1792 | 100.0 | - 3.80 |
| Other Demographic Variables: | | | | | | |
| Sex | | | | | | |
| Male | 37.84 | 37.16 | 25.00 | 444 | 24.7 | + 0.68 |
| Female | 32.42 | 37.59 | 29.99 | 1354 | 75.3 | - 5.17 |
| Total | 33.70 | 37.50 | 28.80 | 1798 | 100.0 | - 3.80 |

TABLE 28 -- Continued

| Age | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| 13 - 19 | 37.15 | 35.71 | 27.14 | 70 | 3.9 | + 1.44 |
| 20 - 29 | 31.48 | 43.98 | 24.54 | 216 | 12.0 | -12.50 |
| 30 - 39 | 39.81 | 44.55 | 15.64 | 211 | 11.8 | - 4.74 |
| 40 - 49 | 31.86 | 44.76 | 33.38 | 248 | 13.8 | - 5.35 |
| 50 - 64 | 32.22 | 41.33 | 26.45 | 450 | 25.1 | - 9.11 |
| 65 + | 34.00 | 27.00 | 39.00 | 600 | 33.4 | + 7.00 |
| Total | 33.70 | 37.50 | 28.80 | 1795 | 100.0 | - 3.80 |
| Family Size | | | | | | |
| One Person | 34.20 | 25.33 | 40.47 | 383 | 21.3 | + 8.87 |
| Two Persons | 31.92 | 38.84 | 29.24 | 636 | 35.4 | - 6.92 |
| Three - Five | 33.87 | 42.58 | 24.55 | 505 | 28.1 | - 8.71 |
| Six - Eight | 37.18 | 43.59 | 19.23 | 234 | 13.0 | - 6.41 |
| Nine Plus | 39.47 | 44.73 | 15.80 | 38 | 2.1 | - 5.26 |
| Total | 33.70 | 37.50 | 28.80 | 1796 | 100.0 | - 3.80 |
| Birthplace | | | | | | |
| Oklahoma | 35.12 | 40.21 | 24.67 | 1082 | 60.3 | - 5.09 |
| South | 32.80 | 30.40 | 36.80 | 500 | 27.9 | + 2.40 |
| Mid-West | 29.29 | 36.43 | 34.28 | 140 | 7.8 | - 7.14 |
| East | 31.03 | 48.28 | 20.69 | 29 | 1.6 | -17.25 |
| West | 35.29 | 35.29 | 29.42 | 34 | 1.9 | 0.00 |
| Overseas | 0.00 | 80.00 | 20.00 | 10 | 0.6 | -80.00 |
| Total | 33.70 | 37.50 | 28.80 | 1795 | 100.0 | - 3.80 |
| Political View | | | | | | |
| Liberal | 30.00 | 49.48 | 20.52 | 190 | 10.6 | -19.48 |
| Moderate Liberal | 33.04 | 40.00 | 26.96 | 115 | 6.4 | - 6.96 |
| Moderate | 36.11 | 36.79 | 27.10 | 443 | 24.6 | - 0.68 |
| Mod. Conservative | 33.50 | 39.90 | 26.60 | 203 | 11.3 | - 6.40 |
| Conservative | 33.64 | 36.42 | 29.94 | 324 | 18.0 | - 2.78 |
| No View | 33.64 | 32.88 | 33.66 | 523 | 29.1 | + 0.58 |
| Total | 33.70 | 37.50 | 28.80 | 1798 | 100.0 | - 3.80 |

TABLE 29

AMBULANCE SERVICE IS ADEQUATE IN THIS TOWN

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 38.75 | 12.44 | 48.81 | 1045 | 58.2 | +26.31 |
| Black | 49.64 | 14.90 | 35.46 | 711 | 39.6 | +34.74 |
| Indian | 45.00 | 5.00 | 50.00 | 40 | 2.2 | +40.00 |
| Total | 43.20 | 13.20 | 43.60 | 1796 | 100.0 | +29.90 |
| Socio-Economic | | | | | | |
| Upper-upper | 57.14 | 14.29 | 28.57 | 14 | 0.8 | +42.85 |
| Lower-upper | 37.02 | 14.36 | 48.62 | 181 | 10.1 | +22.66 |
| Upper-middle | 37.89 | 14.42 | 47.69 | 520 | 28.9 | +23.47 |
| Lower-middle | 46.73 | 13.07 | 40.20 | 505 | 28.1 | +33.66 |
| Upper-lower | 46.71 | 12.71 | 40.38 | 426 | 23.7 | +33.20 |
| Lower-lower | 47.70 | 9.27 | 45.03 | 151 | 8.4 | +38.43 |
| Total | 43.20 | 13.20 | 43.60 | 1797 | 100.0 | +29.90 |
| Environmental | | | | | | |
| Good | 39.60 | 13.38 | 47.02 | 904 | 50.3 | +26.22 |
| Fair | 46.04 | 13.95 | 40.01 | 695 | 38.7 | +32.09 |
| Poor | 50.00 | 11.31 | 38.69 | 168 | 9.3 | +38.69 |
| Very Poor | 46.67 | 3.33 | 50.00 | 30 | 1.7 | +43.34 |
| Total | 43.20 | 13.20 | 43.60 | 1797 | 100.0 | +29.90 |
| Religious Activity | | | | | | |
| None | 40.53 | 12.55 | 46.92 | 454 | 25.3 | +27.98 |
| Seldom | 42.35 | 11.75 | 45.90 | 366 | 20.4 | +30.60 |
| Moderate | 43.61 | 15.53 | 40.86 | 438 | 24.4 | +28.08 |
| Moderate Plus | 45.29 | 7.69 | 47.02 | 117 | 6.5 | +37.60 |
| Very Active | 45.43 | 14.67 | 39.90 | 416 | 23.2 | +30.76 |
| Total | 43.20 | 13.20 | 43.60 | 1791 | 100.0 | +29.90 |
| Other Demographic Variables: | | | | | | |
| Sex | | | | | | |
| Male | 49.32 | 16.21 | 34.47 | 444 | 24.7 | +33.11 |
| Female | 41.16 | 12.27 | 46.57 | 1353 | 75.3 | +28.89 |
| Total | 43.20 | 13.20 | 43.60 | 1797 | 100.0 | +29.90 |

TABLE 29 -- Continued

| Age | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| 13 - 19 | 52.86 | 15.71 | 31.43 | 70 | 3.9 | +37.15 |
| 20 - 29 | 32.87 | 12.50 | 54.63 | 216 | 12.0 | +20.37 |
| 30 - 39 | 38.39 | 15.64 | 45.97 | 211 | 11.8 | +22.75 |
| 40 - 49 | 43.55 | 14.11 | 42.34 | 248 | 13.8 | +29.44 |
| 50 - 64 | 45.34 | 14.22 | 40.44 | 450 | 25.1 | +31.12 |
| 65 + | 45.74 | 11.36 | 42.90 | 599 | 33.4 | +34.38 |
| Total | 43.20 | 13.20 | 43.60 | 1794 | 100.0 | +29.90 |
| Family Size | | | | | | |
| One Person | 43.05 | 10.73 | 44.24 | 382 | 21.3 | +34.30 |
| Two Persons | 43.56 | 13.84 | 42.60 | 636 | 35.4 | +29.72 |
| Three - Five | 39.01 | 14.65 | 45.34 | 505 | 28.1 | +23.36 |
| Six - Eight | 44.87 | 10.68 | 44.45 | 234 | 13.0 | +34.19 |
| Nine Plus | 63.16 | 10.53 | 26.31 | 38 | 2.1 | +52.63 |
| Total | 43.20 | 13.20 | 43.60 | 1795 | 100.0 | +29.90 |
| Birthplace | | | | | | |
| Oklahoma | 44.92 | 13.86 | 41.22 | 1082 | 60.3 | +31.06 |
| South | 42.88 | 11.42 | 45.70 | 499 | 27.8 | +31.46 |
| Mid-West | 40.00 | 13.57 | 46.43 | 140 | 7.8 | +26.43 |
| East | 48.28 | 13.79 | 37.93 | 29 | 1.6 | +34.49 |
| West | 8.82 | 17.65 | 73.53 | 34 | 1.9 | - 8.83 |
| Overseas | 10.00 | 10.00 | 80.00 | 10 | 0.6 | 0.00 |
| Total | 43.20 | 13.20 | 43.60 | 1794 | 100.0 | +29.90 |
| Political View | | | | | | |
| Liberal | 42.63 | 17.76 | 40.01 | 190 | 10.6 | +25.27 |
| Moderate Liberal | 40.87 | 13.91 | 45.22 | 115 | 6.4 | +26.96 |
| Moderate | 44.02 | 16.93 | 39.05 | 443 | 24.7 | +27.09 |
| Mod. Conservative | 46.80 | 10.34 | 42.86 | 203 | 11.3 | +36.46 |
| Conservative | 42.59 | 10.18 | 47.23 | 324 | 18.0 | +32.41 |
| No View | 42.15 | 11.50 | 46.35 | 522 | 29.0 | +30.65 |
| Total | 43.20 | 13.20 | 43.60 | 1797 | 100.0 | +29.90 |

The findings of this issue in Table 30 reveal that the respondents as a whole feel most positively that they consult a physician as much as they should. There are only two groups who do not respond positively among all the groups, namely, the very poor environmental group, who give a definitely negative response, and the nine or more size family group which is evenly divided. A definite tendency in the findings indicate that satisfaction with the availability of a physician increases proportionately as the respondents are in a higher socio-economic class, a better environmental home group, or a small-sized family. There is little differentiation between the male and female responses. There is some indication that the age groups 20 - 29 and 30 - 39 feel that they do not consult a physician as much as they should. Blacks show a slight indication to be less satisfied than do the other ethnic groups. Those born overseas and the liberal political groups likewise believe that they consult their physician less than do the other groups of their own kind.

The results of Table 31 reveal that all groups of respondents feel that there are not enough physicians in the community. All groups, save three, indicate strongly that there is an inadequate number of physicians. These exceptions, who mildly feel that the number is inadequate, are the Indian ethnic group, the upper-upper socio-economic group, and the age group 13 - 19. It is interesting to note that the middle socio-economic classes respond more negatively to this question than do the two extreme socio-economic classes. The nine or more size family group and those born overseas feel the need of more physicians more strongly than do the other groups of their own kind. A mild differentiation among political groups reveals taht the liberal groups respond more negatively than do the conservatives. Religious activity and sex appear to play little part in

TABLE 30

I AM ABLE TO CONSULT A PHYSICIAN AS MUCH AS I SHOULD

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 72.73 | 23.92 | 3.35 | 1045 | 58.1 | +48.41 |
| Black | 63.26 | 32.54 | 4.20 | 713 | 39.6 | +30.72 |
| Indian | 75.00 | 17.50 | 7.50 | 40 | 2.2 | +57.50 |
| Total | 69.00 | 27.20 | 3.80 | 1798 | 100.0 | +41.80 |
| Socio-Economic | | | | | | |
| Upper-upper | 92.86 | 7.14 | 0.00 | 14 | 0.8 | +85.72 |
| Lower-upper | 81.76 | 15.47 | 2.77 | 181 | 10.1 | +66.29 |
| Upper-middle | 75.58 | 21.73 | 2.69 | 520 | 28.9 | +53.85 |
| Lower-middle | 66.74 | 29.90 | 3.36 | 505 | 28.1 | +36.84 |
| Upper-lower | 61.74 | 32.57 | 4.69 | 426 | 23.7 | +28.17 |
| Lower-lower | 57.52 | 34.64 | 7.84 | 153 | 8.5 | +22.91 |
| Total | 69.00 | 27.20 | 3.80 | 1799 | 100.0 | +41.80 |
| Environmental | | | | | | |
| Good | 74.67 | 22.13 | 3.20 | 904 | 50.3 | +52.54 |
| Fair | 65.00 | 30.99 | 4.01 | 697 | 38.7 | +34.01 |
| Poor | 62.50 | 32.15 | 5.35 | 168 | 9.3 | +36.31 |
| Very Poor | 30.00 | 63.34 | 6.66 | 30 | 1.7 | -33.34 |
| Total | 69.00 | 27.20 | 3.80 | 1799 | 100.0 | +41.80 |
| Religious Activity | | | | | | |
| None | 60.88 | 34.73 | 4.39 | 455 | 25.3 | +26.15 |
| Seldom | 69.67 | 25.41 | 4.92 | 366 | 20.4 | +44.26 |
| Moderate | 71.35 | 25.74 | 2.51 | 439 | 24.4 | +45.61 |
| Moderate Plus | 72.65 | 23.93 | 3.42 | 117 | 6.5 | +48.72 |
| Very Active | 73.56 | 23.07 | 3.37 | 416 | 23.2 | +50.49 |
| Total | 69.00 | 27.20 | 3.80 | 1793 | 100.0 | +41.80 |
| Other Demographic Variables: | | | | | | |
| Sex | | | | | | |
| Male | 69.15 | 29.27 | 1.58 | 444 | 24.7 | +39.88 |
| Female | 69.00 | 26.49 | 4.51 | 1355 | 75.3 | +42.51 |
| Total | 69.00 | 27.20 | 3.80 | 1799 | 100.0 | +41.80 |

TABLE 30 -- Continued

| Age | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| 13 - 19 | 72.86 | 21.43 | 5.71 | 70 | 3.9 | +51.43 |
| 20 - 29 | 66.20 | 30.09 | 3.71 | 216 | 12.0 | +36.11 |
| 30 - 39 | 63.98 | 32.67 | 2.85 | 211 | 11.7 | +30.81 |
| 40 - 49 | 72.29 | 26.11 | 1.60 | 249 | 13.9 | +46.18 |
| 50 - 64 | 69.34 | 26.89 | 3.77 | 450 | 25.1 | +42.45 |
| 65 + | 69.66 | 25.50 | 4.84 | 600 | 33.4 | +44.16 |
| Total | 69.00 | 27.20 | 3.80 | 1796 | 100.0 | +41.80 |
| Family Size | | | | | | |
| One Person | 73.11 | 22.98 | 3.91 | 383 | 21.3 | +50.13 |
| Two Persons | 68.24 | 27.67 | 4.09 | 636 | 35.4 | +40.57 |
| Three - Five | 69.96 | 26.48 | 3.56 | 506 | 28.1 | +43.48 |
| Six - Eight | 66.24 | 21.20 | 2.56 | 234 | 13.0 | +35.04 |
| Nine Plus | 44.74 | 47.37 | 7.89 | 38 | 2.1 | - 2.63 |
| Total | 69.00 | 27.20 | 3.80 | 1797 | 100.0 | +41.80 |
| Birthplace | | | | | | |
| Oklahoma | 68.33 | 27.89 | 3.78 | 1083 | 60.3 | +40.44 |
| South | 68.40 | 27.40 | 4.20 | 500 | 27.8 | +42.00 |
| Mid-West | 72.14 | 23.57 | 4.29 | 140 | 7.8 | +48.57 |
| East | 82.76 | 17.24 | 0.00 | 29 | 1.6 | +65.52 |
| West | 76.47 | 23.53 | 0.00 | 34 | 1.9 | +52.94 |
| Overseas | 60.00 | 40.00 | 0.00 | 10 | 0.6 | +20.00 |
| Total | 69.00 | 27.20 | 3.80 | 1796 | 100.0 | +41.80 |
| Political View | | | | | | |
| Liberal | 59.48 | 35.26 | 5.26 | 190 | 10.6 | +24.22 |
| Moderate Liberal | 72.18 | 25.22 | 2.60 | 115 | 6.4 | +46.96 |
| Moderate | 70.65 | 26.86 | 2.49 | 443 | 24.6 | +43.79 |
| Mod. Conservative | 76.85 | 22.16 | 0.99 | 203 | 11.3 | +54.69 |
| Conservative | 73.14 | 22.22 | 4.64 | 324 | 18.0 | +50.92 |
| No View | 64.88 | 29.97 | 5.15 | 524 | 29.1 | +34.91 |
| Total | 69.00 | 27.20 | 3.80 | 1799 | 100.0 | +41.80 |

TABLE 31

THERE ARE AN ADEQUATE NUMBER OF PHYSICIANS IN TOWN

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 18.66 | 60.96 | 20.38 | 1045 | 58.0 | -42.30 |
| Black | 19.83 | 60.33 | 19.84 | 716 | 39.7 | -40.50 |
| Indian | 30.00 | 37.50 | 32.50 | 40 | 2.2 | - 7.50 |
| Total | 19.40 | 60.20 | 20.40 | 1801 | 100.0 | -40.70 |
| Socio-Economic | | | | | | |
| Upper-upper | 35.61 | 42.86 | 21.43 | 14 | 0.8 | - 7.15 |
| Lower-upper | 18.68 | 65.38 | 15.94 | 182 | 10.1 | -46.70 |
| Upper-middle | 20.73 | 62.19 | 17.08 | 521 | 28.9 | -41.46 |
| Lower-middle | 19.80 | 63.56 | 16.64 | 505 | 28.0 | -43.76 |
| Upper-lower | 17.56 | 58.31 | 24.13 | 427 | 23.7 | -40.75 |
| Lower-lower | 17.65 | 42.49 | 39.86 | 153 | 8.5 | -24.84 |
| Total | 19.40 | 60.20 | 20.40 | 1802 | 100.0 | -40.70 |
| Environmental | | | | | | |
| Good | 19.53 | 60.82 | 19.65 | 906 | 50.3 | -41.29 |
| Fair | 20.35 | 58.89 | 20.76 | 698 | 38.7 | -38.54 |
| Poor | 16.08 | 61.31 | 22.61 | 168 | 9.3 | -45.23 |
| Very Poor | 10.00 | 63.34 | 26.66 | 30 | 1.7 | -53.33 |
| Total | 19.40 | 60.20 | 20.40 | 1802 | 100.0 | -40.70 |
| Religious Activity | | | | | | |
| None | 20.00 | 58.46 | 21.54 | 455 | 25.3 | -38.46 |
| Seldom | 18.86 | 58.47 | 22.67 | 366 | 20.4 | -39.61 |
| Moderate | 19.77 | 62.96 | 17.27 | 440 | 24.5 | -43.19 |
| Moderate Plus | 19.65 | 46.41 | 23.94 | 117 | 6.5 | -36.76 |
| Very Active | 18.71 | 61.39 | 19.90 | 417 | 23.2 | -42.68 |
| Total | 19.40 | 60.20 | 20.40 | 1795 | 100.0 | -40.70 |
| Other Demographic Variables: | | | | | | |
| Sex | | | | | | |
| Male | 21.34 | 59.77 | 18.89 | 445 | 24.7 | -38.43 |
| Female | 18.71 | 60.49 | 20.80 | 1357 | 75.3 | -41.78 |
| Total | 19.40 | 60.20 | 20.40 | 1802 | 100.0 | -40.70 |

TABLE 31 -- Continued

| Age | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| 13 - 19 | 25.71 | 40.00 | 34.29 | 70 | 3.9 | -14.29 |
| 20 - 29 | 30.56 | 57.87 | 11.57 | 216 | 12.0 | -27.31 |
| 30 - 39 | 18.95 | 67.30 | 13.75 | 211 | 11.7 | -48.35 |
| 40 - 49 | 20.88 | 57.03 | 22.09 | 249 | 13.8 | -36.15 |
| 50 - 65 | 17.96 | 64.07 | 17.97 | 451 | 25.1 | -46.11 |
| 65 + | 14.95 | 59.31 | 25.74 | 602 | 33.5 | -44.35 |
| Total | 19.40 | 60.20 | 20.40 | 1799 | 100.0 | -40.70 |
| Family Size | | | | | | |
| One Person | 15.89 | 56.51 | 27.60 | 384 | 21.3 | -40.62 |
| Two Persons | 15.85 | 64.68 | 19.47 | 637 | 35.4 | -48.83 |
| Three - Five | 25.05 | 58.38 | 16.57 | 507 | 28.2 | -33.33 |
| Six - Eight | 24.35 | 57.70 | 14.95 | 234 | 13.0 | -33.35 |
| Nine Plus | 7.90 | 60.53 | 31.57 | 38 | 2.1 | -52.63 |
| Total | 19.40 | 60.20 | 20.40 | 1800 | 100.0 | -40.70 |
| Birthplace | | | | | | |
| Oklahoma | 21.08 | 59.76 | 19.16 | 1086 | 60.4 | -38.68 |
| South | 14.40 | 62.60 | 23.00 | 500 | 27.8 | -48.20 |
| Mid-West | 20.72 | 54.72 | 23.56 | 140 | 7.8 | -35.00 |
| East | 31.04 | 55.17 | 13.79 | 29 | 1.6 | -24.33 |
| West | 20.59 | 58.82 | 20.59 | 34 | 1.9 | -38.23 |
| Overseas | 10.00 | 80.00 | 10.00 | 10 | 0.6 | -70.00 |
| Total | 19.40 | 60.20 | 20.40 | 1799 | 100.0 | -40.70 |
| Political View | | | | | | |
| Liberal | 18.42 | 67.37 | 14.21 | 190 | 10.5 | -48.95 |
| Moderate Liberal | 17.24 | 63.79 | 18.97 | 116 | 6.4 | -46.55 |
| Moderate | 19.64 | 63.20 | 17.16 | 443 | 24.6 | -43.56 |
| Mod. Conservative | 22.66 | 59.60 | 17.74 | 203 | 11.3 | -36.94 |
| Conservative | 20.37 | 59.57 | 20.06 | 324 | 18.0 | -39.20 |
| No View | 17.90 | 54.86 | 27.24 | 525 | 29.2 | -36.96 |
| Total | 19.40 | 60.20 | 20.40 | 1801 | 100.0 | -40.70 |

differentiating the respondents.

All groups in Table 32 strongly feel that the physician spends enough time with the respondents to adequately evaluate their condition. The upper-upper group makes an overwhelmingly positive response, and the nine or more size family group also responds very strongly. There is a slight difference among the environmental groups; the better groups respond more positively than do the poorer groups. There is no differentiation among the socio-economic classes, save the upper-upper class as noted above. The women feel more strongly than do the men that the physician spends enough time with them. Indians give a less positive response than do their fellow ethnic groups. Religious activity, age differences, birthplace, and political views do not appear to differentiate into any definite pattern on this issue.

It is interesting to note that men feel less strongly than do the women that the physician spends enough time with them. Also, the Indians who have been exposed to governmentally administered medicine are less satisfied than are the other ethnic groups that the physician spends enough time with them.

In summarizing the issues of hypothesis 2, the majority of respondents feel very strongly that medical care in the town is good and that the physician spends enough time with his patients. The respondents also feel that they consult the physician as often as they should and that ambulance service is good. They are about evenly divided on the question whether there is adequate emergency care in town. They testify strongly that there are not enough physicians in the town. These findings seem to indicate that the respondents are generally satisfied with the present medical care system. Thus these findings agree with the results from

TABLE 32

MY PHYSICIAN SPENDS ENOUGH TIME TO TELL ABOUT MY CONDITION

Proposition 1: The more the physician spends time with the patient to talk about his problem, the less dissatisfaction with the health delivery system.

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 74.45 | 19.71 | 5.84 | 1045 | 58.1 | +57.74 |
| Black | 76.89 | 16.53 | 6.58 | 714 | 39.7 | +60.36 |
| Indian | 67.50 | 20.00 | 12.50 | 40 | 2.2 | +47.50 |
| Total | 75.30 | 18.40 | 6.30 | 1799 | 100.0 | +56.90 |
| Socio-Economic | | | | | | |
| Upper-upper | 92.86 | 0.00 | 7.14 | 14 | 0.8 | +92.86 |
| Lower-upper | 75.27 | 18.13 | 6.60 | 182 | 10.1 | +56.04 |
| Upper-middle | 75.62 | 19.58 | 4.80 | 521 | 28.9 | +56.04 |
| Lower-middle | 74.85 | 20.00 | 5.15 | 505 | 28.1 | +54.85 |
| Upper-lower | 75.82 | 17.37 | 6.81 | 426 | 23.7 | +58.45 |
| Lower-lower | 72.37 | 14.47 | 13.16 | 152 | 8.4 | +57.90 |
| Total | 75.30 | 18.40 | 6.30 | 1800 | 100.0 | +56.90 |
| Environmental | | | | | | |
| Good | 76.05 | 18.43 | 5.52 | 906 | 50.3 | +57.62 |
| Fair | 75.00 | 18.10 | 6.90 | 696 | 38.7 | +54.90 |
| Poor | 73.21 | 18.45 | 8.34 | 168 | 9.3 | +54.76 |
| Very Poor | 70.00 | 26.67 | 3.33 | 30 | 1.7 | +43.33 |
| Total | 75.30 | 18.40 | 6.30 | 1800 | 100.0 | +56.90 |
| Religious Activity | | | | | | |
| None | 67.62 | 23.13 | 9.25 | 454 | 25.3 | +44.49 |
| Seldom | 74.86 | 18.85 | 6.29 | 366 | 20.4 | +56.01 |
| Moderate | 80.23 | 14.32 | 5.45 | 440 | 24.5 | +65.91 |
| Moderate Plus | 77.78 | 18.80 | 3.42 | 117 | 6.5 | +58.98 |
| Very Active | 78.90 | 16.79 | 4.31 | 417 | 23.2 | +62.11 |
| Total | 75.40 | 18.40 | 6.20 | 1794 | 100.0 | +56.90 |

TABLE 32 -- Continued

Other Demographic Variables:

| Sex | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Male | 68.99 | 22.47 | 8.54 | 445 | 24.7 | +46.52 |
| Female | 77.34 | 17.12 | 5.54 | 1355 | 75.3 | +60.22 |
| Total | 75.30 | 18.40 | 6.30 | 1800 | 100.0 | +56.90 |
| Age | | | | | | |
| 13 - 19 | 71.43 | 20.00 | 8.57 | 70 | 3.9 | +51.43 |
| 20 - 29 | 74.07 | 19.44 | 6.49 | 216 | 12.0 | +54.63 |
| 30 - 39 | 72.51 | 23.22 | 4.27 | 211 | 11.7 | +49.29 |
| 40 - 49 | 82.26 | 14.52 | 3.22 | 248 | 13.8 | +67.74 |
| 50 - 64 | 75.39 | 19.51 | 5.10 | 451 | 25.1 | +55.88 |
| 65 + | 74.21 | 16.97 | 8.82 | 601 | 33.4 | +57.24 |
| Total | 75.30 | 18.40 | 6.30 | 1797 | 100.0 | +56.90 |
| Family Size | | | | | | |
| One Person | 73.11 | 18.02 | 8.87 | 383 | 21.3 | +55.09 |
| Two Persons | 73.16 | 19.78 | 7.06 | 637 | 35.4 | +53.38 |
| Three - Five | 79.46 | 17.39 | 4.15 | 506 | 28.1 | +61.07 |
| Six - Eight | 76.07 | 17.23 | 4.70 | 234 | 13.0 | +56.84 |
| Nine Plus | 86.84 | 10.53 | 2.63 | 38 | 2.1 | +76.31 |
| Total | 75.30 | 18.40 | 6.30 | 1798 | 100.0 | +56.90 |
| Birthplace | | | | | | |
| Oklahoma | 76.38 | 17.80 | 5.82 | 1084 | 60.3 | +58.58 |
| South | 74.00 | 19.00 | 7.00 | 500 | 27.8 | +55.00 |
| Mid-West | 72.12 | 20.00 | 7.86 | 140 | 7.8 | +52.14 |
| East | 72.41 | 24.14 | 3.45 | 29 | 1.6 | +48.27 |
| West | 76.47 | 17.65 | 5.88 | 34 | 1.9 | +58.82 |
| Overseas | 70.00 | 20.00 | 10.00 | 10 | 0.6 | +50.00 |
| Total | 75.30 | 18.40 | 6.30 | 1797 | 100.0 | +56.90 |

TABLE 32 -- Continued

| Political View | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Liberal | 72.10 | 21.05 | 6.85 | 190 | 10.6 | +51.05 |
| Moderate Liberal | 74.14 | 19.83 | 6.03 | 116 | 6.4 | +54.31 |
| Moderate | 81.04 | 14.22 | 4.74 | 443 | 24.6 | +66.82 |
| Mod. Conservative | 72.90 | 19.21 | 7.89 | 203 | 11.3 | +53.69 |
| Conservative | 75.93 | 17.90 | 6.17 | 324 | 18.0 | +58.03 |
| No View | 72.33 | 20.80 | 6.87 | 524 | 29.1 | +51.53 |
| Total | 75.30 | 18.40 | 6.30 | 1800 | 100.0 | +56.90 |

hypothesis 1 that respondents would like to keep the present system but with improvements, these being emergency room care and the addition of more physicians in the system.

In evaluating the issue whether medical care in the town is good, all groups indicate with moderate strength that medical care is good with only those born overseas being mild on the issue. The upper-upper socio-economic group and those from the West give an overwhelming positive response. The Indians, the upper-upper and two lower socio-economic classes, the one person family and those 65 and over believe that emergency care in the town is adequate, whereas those born overseas and in the East, the liberal political group, the 20 - 29 year old group, the very poor environmental group, the lower-upper and two middle socio-economic groups feel strongly that it is not. Only those from the West is negative on the question whether ambulance service is adequate while the group from overseas is evenly divided. The upper-upper group is overwhelmingly positive in reporting that they see a physician as often as they should whereas the very poor environmental group is the only group who is negative on the issue, and decidedly so. The nine or more family size is evenly divided. All groups believe that there need to be more physicians, the strongest response coming from the group from overseas, the 13 - 19 age group, the upper-upper socio-economic group, whereas the Indians are the least positive on the issue. The upper-upper group, followed by the nine or more family size, most strongly states that the physician spends enough time with them as patients.

Those born overseas also respond negatively to the present health delivery system, in fact give the most negative response to almost every issue. The upper-upper group by contrast are the most satisfied with the

present medical care system. Those born overseas perhaps have seen an efficient medical care system working. The upper-upper class respondent, having economic security and social status, never has to wait to see a doctor; care therefore is immediate, so he is satisfied. It is interesting to note that although the nine or more family size is not as satisfied that they see the physician as much as they should, they are very satisfied with the amount of time he spends with them. The Indians feel that emergency care is adequate and though all groups believe that there are not enough physicians in the town the Indians are least positive in this belief. Since they have their own private clinics and attend the nearby Indian hospital, they probably are unacquainted with the number of physicians. The very poor environmental group is the only group which is not satisfied that they see a physician as much as they should. This may be due to the low economical situation found in this group, however, the lower socio-economic groups are positive in their response.

It is interesting to note that on four of six issues the upper-upper and the lower socio-economic classes have responded with a more positive attitude than have those from the middle classes. These four issues are: Medical care, emergency care, quality of ambulance service, and adequacy of number of physicians. Perhaps the two extreme groups are similar in that they get better care, one by paying their own way, the latter through welfare means. The middle classes, having less economic means than do the upper classes, and not being eligible for welfare as the lower classes, would have more difficulty seeing a physician and paying for the visit when they do.

The responses of the various age groups also show a similar distribution, the two extreme age groups being more positive than are the

middle groups on four issues. These four issues are: Medical care, emergency care, quality of ambulance service, and access to the physician. It appears that more dissatisfaction is seen in the 20 - 29 and the 30 - 39 year old groups, which would be the groups who would have children. These respondents indicate that they are not as satisfied with the present system of health care as are the other age groups such as the teen-age group, who have not faced the problems as yet, or the older groups, who have economic security or are on medicare. The 20 - 29 and the 30 - 39 age groups do feel, however, that the physician spends enough time with them.

These results indicate that respondents with large families are more satisfied with medical care in the town than are those of smaller families. Those with the poorest environmental home conditions feel that ambulance service is adequate more strongly than do those with better conditions. As socio-economic status increases, as environment around the home improves, as religious activity increases, and as political views become more conservative, there is an increasing percentage of respondents who answer positively on the issue whether they are able to see a physician as much as they should. This is also true on the issue whether there are an adequate number of physicians; the more conservative political views the respondents have, the greater the positiveness that there are an adequate number of physicians. It is also seen that the good environmental home group has a larger percent of those who feel that the physician spends enough time with them than do the poorer groups; likewise the upper-upper group is much more positive on this issue than are the remaining socio-economic groups, whose responses are about the same.

These results in Table 33 reveal that a very high majority of respondents favor an ordinance for mandatory garbage and trash pickup. All

groups are exceptionally positive on the issue. Those groups who are most in favor of such an ordinance are the ones born overseas, the upper-upper socio-economic class, the 20 - 29 year old group, those born in the Mid-West, and the good environmental group. There is very little difference between the ethnic groups, between the political groups, or between house owners and house renters on this issue. Religious activity and family size do not appear to play a part in differentiation. It does seem that the higher economic classes are more favorable to the issue than are the lower classes, and that the younger age groups are more in favor of the ordinance than are the older groups. Females favor the issue more than do the males. It is interesting to note that the very poor environmental group is more positive than most groups in wanting such an ordinance, for these people have more trash around their house than any other group.

Respondents, as expressed in Table 34, are about equally divided on whether garbage and trash should be picked up by the city exclusively. Those born overseas, the Indians and the 13 - 19 year old group favor the idea; the upper-upper class, the moderate conservatives, the very poor, poor, and fair environmental groups, the very active religiously, the Black, the upper-lower class, males, and those 65 and over oppose the city monopoly; the remainder are more evenly split. It appears that as environmental conditions worsen, opposition to the city monopoly increases. Males are more opposed to the city monopoly than are females. Opposition is seen more among respondents of older age than among those of younger age, and is more pronounced among smaller family groups than among the larger groups. House owners oppose the city monopoly more than do house renters. Religious activity and political views appear to play little part in differentiation. Comparison by birthplace reveals that those

Hypothesis 3: The attitudes concerning environmental questions are related to the ethnic and socio-economic backgrounds, to the environmental home conditions and to religious activity.

TABLE 33

I FAVOR A MANDATORY ORDINANCE FOR GARBAGE AND TRASH PICKUP

Proposition 1: The attitude toward mandatory trash and garbage pick-up is positively related to the size of the ethnic group in the community, to the position on the socio-economic scale, to the local home environment, and to the degree of religious activity of the respondent.

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 87.08 | 7.75 | 5.17 | 1045 | 58.1 | +79.33 |
| Black | 79.21 | 12.78 | 8.01 | 712 | 39.6 | +66.43 |
| Indian | 82.50 | 7.50 | 10.00 | 40 | 2.2 | +75.00 |
| Total | 83.80 | 9.70 | 6.50 | 1797 | 100.0 | +74.10 |
| Socio-Economic | | | | | | |
| Upper-upper | 85.72 | 0.00 | 14.28 | 14 | 0.8 | +85.72 |
| Lower-upper | 85.63 | 8.28 | 6.09 | 181 | 10.1 | +77.35 |
| Upper-middle | 88.27 | 7.50 | 4.23 | 520 | 28.9 | +80.77 |
| Lower-middle | 84.56 | 10.49 | 4.95 | 505 | 28.1 | +74.07 |
| Upper-lower | 80.28 | 10.80 | 8.92 | 426 | 23.7 | +68.48 |
| Lower-lower | 74.35 | 14.48 | 11.17 | 152 | 8.5 | +59.87 |
| Total | 83.80 | 9.70 | 6.50 | 1798 | 100.0 | +74.10 |
| Environmental | | | | | | |
| Good | 88.06 | 6.87 | 4.97 | 904 | 50.3 | +81.09 |
| Fair | 79.31 | 12.79 | 7.90 | 696 | 38.7 | +66.52 |
| Poor | 80.35 | 12.50 | 7.15 | 168 | 9.3 | +67.85 |
| Very Poor | 83.33 | 6.67 | 10.00 | 30 | 1.7 | +76.66 |
| Total | 83.80 | 9.70 | 6.50 | 1798 | 100.0 | +74.10 |

TABLE 33 -- Continued

Other Demographic Variables:

| Sex | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Male | 81.98 | 12.61 | 5.41 | 444 | 24.7 | +69.37 |
| Female | 84.49 | 8.78 | 6.73 | 1354 | 75.3 | +75.71 |
| Total | 83.80 | 9.70 | 6.50 | 1798 | 100.0 | +74.10 |
| Age | | | | | | |
| 13 - 19 | 87.14 | 7.14 | 5.72 | 70 | 3.9 | +80.00 |
| 20 - 29 | 91.66 | 5.55 | 2.79 | 216 | 12.0 | +86.11 |
| 30 - 39 | 85.78 | 9.95 | 4.27 | 211 | 11.8 | +75.83 |
| 40 - 49 | 83.07 | 10.08 | 6.85 | 248 | 13.8 | +72.99 |
| 50 - 64 | 84.00 | 9.77 | 6.23 | 450 | 25.1 | +74.23 |
| 65 + | 80.16 | 11.33 | 8.51 | 600 | 33.4 | +68.83 |
| Total | 83.80 | 9.70 | 6.50 | 1795 | 100.0 | +74.10 |
| Family Size | | | | | | |
| One Person | 79.38 | 11.48 | 9.14 | 383 | 21.3 | +67.90 |
| Two Persons | 83.18 | 10.54 | 6.28 | 636 | 35.4 | +72.64 |
| Three - Five | 87.33 | 7.73 | 4.34 | 505 | 28.1 | +79.60 |
| Six - Eight | 85.47 | 8.98 | 5.55 | 234 | 13.0 | +76.49 |
| Nine Plus | 84.21 | 10.53 | 5.26 | 38 | 2.1 | +73.68 |
| Total | 83.80 | 9.70 | 6.50 | 1796 | 100.0 | +74.10 |
| Birthplace | | | | | | |
| Oklahoma | 84.94 | 9.61 | 5.45 | 1082 | 60.3 | +75.33 |
| South | 79.60 | 11.40 | 9.00 | 500 | 27.9 | +68.20 |
| Mid-West | 88.57 | 5.00 | 6.43 | 140 | 7.8 | +83.57 |
| East | 89.65 | 10.35 | 0.00 | 29 | 1.6 | +79.30 |
| West | 85.30 | 11.76 | 2.94 | 34 | 1.9 | +73.54 |
| Overseas | 90.00 | 0.00 | 10.00 | 10 | 0.6 | +90.00 |
| Total | 83.80 | 9.70 | 6.50 | 1795 | 100.0 | +74.10 |

TABLE 33 -- Continued

| Political View | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Liberal | 84.74 | 8.95 | 6.31 | 190 | 10.6 | +75.79 |
| Moderate Liberal | 86.95 | 6.96 | 6.09 | 115 | 6.4 | +79.99 |
| Moderate | 84.65 | 9.93 | 5.42 | 443 | 24.6 | +74.72 |
| Mod. Conservative | 83.74 | 10.35 | 5.91 | 203 | 11.3 | +73.39 |
| Conservative | 82.40 | 12.35 | 5.25 | 324 | 18.0 | +70.05 |
| No View | 83.17 | 8.60 | 8.23 | 523 | 29.1 | +74.57 |
| Total | 83.80 | 9.70 | 6.50 | 1798 | 100.0 | +74.10 |
| House Ownership | | | | | | |
| Own | 83.66 | 9.59 | 6.75 | 1376 | 76.6 | +74.04 |
| Rent | 84.56 | 10.21 | 5.23 | 421 | 23.4 | +74.35 |
| Total | 83.80 | 9.70 | 6.50 | 1797 | 100.0 | +74.10 |

born overseas stongly favor the city monopoly; the remaining groups are about evenly divided. Comparison by socio-economic status reveals strong opposition to the city monopoly among the upper-upper group with little differentiation among the remainder.

Strong support for the present state law which prohibits burning within the city limits is observed in these results of Table 35. All groups favor the issue. Those who favor it the most are the upper-upper socio-economic group and those born in the East, West, and overseas; the Black, the two lower socio-economic groups, the poor environmental group, the one person family, and those 65 and over favor it the least. The Black shows more opposition to the law than does the White or Indian. Males oppose burning more than do females, teen-agers and medicare aged groups more than do the middle aged groups. As socio-economic status declines, desire for the law is lowered. House ownership, political views, religious activity, and family size seem to play little part in differentiation.

Table 36 reveals overwhelming support for an ordinance to remove junked cars from within the city. All groups strongly support the issue. There is little differentiation among these groups that would indicate any trends, only a mild tendency for the higher socio-economic classes to be more in favor of the ordinance than are the lower classes, the better environmental groups more than are the poorer groups, females more than are the males, house owners more than are house renters, and moderate-sized families more than those that are extremely large or extremely small.

Table 37 reveals that these respondents have strong support for this issue. There is not one group which opposes the issue or is evenly split. Those least in favor of this ordinance are the very poor

TABLE 34

GARBAGE AND TRASH SHOULD BE PICKED UP BY THE CITY ONLY

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 47.66 | 41.72 | 10.62 | 1045 | 58.1 | + 5.94 |
| Black | 34.17 | 55.46 | 10.37 | 714 | 39.7 | -21.29 |
| Indian | 62.50 | 25.00 | 12.50 | 40 | 2.2 | +37.50 |
| Total | 42.60 | 46.80 | 10.60 | 1799 | 100.0 | - 4.20 |
| Socio-Economic | | | | | | |
| Upper-upper | 21.43 | 71.43 | 7.14 | 14 | 0.8 | -50.00 |
| Lower-upper | 45.05 | 46.15 | 8.80 | 182 | 10.1 | - 1.10 |
| Upper-middle | 47.40 | 42.42 | 10.18 | 521 | 28.9 | + 4.98 |
| Lower-middle | 42.38 | 47.33 | 10.29 | 505 | 28.1 | - 4.95 |
| Upper-lower | 38.26 | 50.47 | 11.27 | 426 | 23.7 | -12.21 |
| Lower-lower | 38.81 | 48.03 | 13.16 | 152 | 8.4 | - 9.22 |
| Total | 42.60 | 46.80 | 10.60 | 1800 | 100.0 | - 4.20 |
| Environmental | | | | | | |
| Good | 47.79 | 41.50 | 10.71 | 906 | 50.3 | + 6.29 |
| Fair | 37.50 | 52.59 | 9.91 | 696 | 38.7 | -15.09 |
| Poor | 38.10 | 51.19 | 10.71 | 168 | 9.3 | -13.09 |
| Very Poor | 33.33 | 46.67 | 20.00 | 30 | 1.7 | -26.43 |
| Total | 42.60 | 46.80 | 10.60 | 1800 | 100.0 | - 4.20 |
| Religious Activity | | | | | | |
| None | 42.51 | 46.47 | 11.02 | 454 | 25.3 | - 3.96 |
| Seldom | 43.17 | 44.81 | 12.02 | 366 | 20.4 | - 1.64 |
| Moderate | 45.00 | 44.32 | 10.68 | 440 | 24.5 | + 0.68 |
| Moderate Plus | 45.30 | 49.57 | 5.13 | 117 | 6.5 | - 4.27 |
| Very Active | 39.33 | 50.60 | 10.07 | 417 | 23.2 | -11.27 |
| Total | 42.60 | 46.80 | 10.60 | 1794 | 100.0 | - 4.20 |
| Other Demographic Variables: | | | | | | |
| Sex | | | | | | |
| Male | 36.41 | 53.93 | 9.66 | 445 | 24.7 | -17.52 |
| Female | 44.72 | 44.43 | 10.85 | 1355 | 75.3 | + 0.29 |
| Total | 42.60 | 46.80 | 10.60 | 1800 | 100.0 | - 4.20 |

TABLE 34 -- Continued

| Age | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| 13 - 19 | 57.14 | 37.15 | 5.71 | 70 | 3.9 | +19.99 |
| 20 - 29 | 49.08 | 42.60 | 8.32 | 216 | 12.0 | + 6.48 |
| 30 - 39 | 50.24 | 41.23 | 8.53 | 211 | 11.7 | + 9.01 |
| 40 - 49 | 41.12 | 47.17 | 11.71 | 248 | 13.8 | - 6.05 |
| 50 - 64 | 39.69 | 49.44 | 10.87 | 451 | 25.1 | - 9.75 |
| 65 + | 38.60 | 49.42 | 11.98 | 601 | 33.4 | -10.82 |
| Total | 42.60 | 46.80 | 10.60 | 1797 | 100.0 | - 4.20 |
| Family Size | | | | | | |
| One Person | 41.78 | 48.05 | 10.17 | 383 | 21.3 | - 6.27 |
| Two Persons | 40.04 | 49.46 | 10.50 | 637 | 35.4 | - 9.42 |
| Three - Five | 45.85 | 44.46 | 9.69 | 506 | 28.1 | + 1.39 |
| Six - Eight | 43.59 | 43.16 | 13.25 | 234 | 13.0 | + 0.43 |
| Nine Plus | 50.00 | 42.11 | 7.89 | 38 | 2.1 | + 7.89 |
| Total | 42.60 | 46.80 | 10.60 | 1798 | 100.0 | - 4.20 |
| Birthplace | | | | | | |
| Oklahoma | 42.34 | 47.51 | 10.15 | 1084 | 60.3 | - 5.17 |
| South | 41.80 | 46.40 | 11.80 | 500 | 27.8 | - 4.60 |
| Mid-West | 44.57 | 45.00 | 11.43 | 140 | 7.8 | - 1.43 |
| East | 48.27 | 48.28 | 3.45 | 29 | 1.6 | - 0.01 |
| West | 47.05 | 44.11 | 8.84 | 34 | 1.9 | + 2.94 |
| Overseas | 70.00 | 20.00 | 10.00 | 10 | 0.6 | +50.00 |
| Total | 42.60 | 46.80 | 10.60 | 1797 | 100.0 | - 4.20 |
| Political View | | | | | | |
| Liberal | 44.21 | 46.32 | 9.47 | 190 | 10.6 | - 2.11 |
| Moderate Liberal | 45.69 | 42.24 | 12.07 | 116 | 6.4 | + 3.45 |
| Moderate | 41.31 | 49.67 | 9.02 | 443 | 24.6 | - 8.36 |
| Mod. Conservative | 38.42 | 54.18 | 7.40 | 203 | 11.3 | -15.76 |
| Conservative | 43.83 | 48.14 | 8.03 | 324 | 18.0 | - 4.31 |
| No View | 43.51 | 41.80 | 14.69 | 524 | 29.1 | + 1.71 |
| Total | 42.60 | 46.80 | 10.60 | 1800 | 100.0 | - 4.20 |
| House Ownership | | | | | | |
| Own | 42.24 | 47.90 | 9.86 | 1378 | 76.6 | - 5.66 |
| Rent | 43.94 | 43.23 | 12.83 | 421 | 23.4 | + 0.71 |
| Total | 42.60 | 46.80 | 10.60 | 1799 | 100.0 | - 4.20 |

TABLE 35

THE STATE LAW TO PROHIBIT BURNING IS A GOOD LAW

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 76.58 | 46.60 | 6.82 | 1012 | 57.8 | +59.98 |
| Black | 59.16 | 32.95 | 7.89 | 698 | 39.9 | +26.21 |
| Indian | 69.23 | 15.38 | 15.39 | 39 | 2.2 | +53.85 |
| Total | 69.50 | 23.10 | 7.40 | 1749 | 100.0 | +46.40 |
| Socio-Economic | | | | | | |
| Upper-upper | 71.43 | 0.00 | 28.57 | 14 | 0.8 | +71.43 |
| Lower-upper | 81.04 | 12.06 | 6.90 | 174 | 9.9 | +68.98 |
| Upper-middle | 79.16 | 15.88 | 4.96 | 504 | 28.8 | +63.28 |
| Lower-middle | 67.15 | 26.33 | 6.52 | 490 | 28.0 | +40.82 |
| Upper-lower | 60.14 | 30.55 | 8.81 | 419 | 23.9 | +29.59 |
| Lower-lower | 57.04 | 30.87 | 12.09 | 149 | 8.5 | +26.17 |
| Total | 69.50 | 23.10 | 7.40 | 1750 | 100.0 | +46.40 |
| Environmental | | | | | | |
| Good | 78.44 | 16.23 | 5.33 | 881 | 50.3 | +62.61 |
| Fair | 61.27 | 28.45 | 9.28 | 679 | 38.8 | +31.82 |
| Poor | 56.71 | 33.54 | 9.75 | 164 | 9.4 | +23.17 |
| Very Poor | 61.54 | 23.08 | 15.38 | 26 | 1.5 | +38.46 |
| Total | 69.50 | 23.10 | 7.40 | 1750 | 100.0 | +46.40 |
| Religious Activity | | | | | | |
| None | 67.94 | 23.48 | 8.58 | 443 | 25.4 | +44.46 |
| Seldom | 66.95 | 24.09 | 8.96 | 357 | 20.4 | +42.85 |
| Moderate | 71.29 | 22.11 | 6.60 | 425 | 24.3 | +49.18 |
| Moderate Plus | 77.98 | 15.60 | 6.42 | 109 | 6.2 | +62.38 |
| Very Active | 69.19 | 24.94 | 5.87 | 409 | 23.4 | +44.25 |
| Total | 69.50 | 23.10 | 7.40 | 1743 | 100.0 | +46.40 |
| Other Demographic Variables: | | | | | | |
| Sex | | | | | | |
| Male | 65.05 | 26.44 | 8.51 | 435 | 24.9 | +38.61 |
| Female | 70.95 | 21.97 | 7.08 | 1315 | 75.1 | +48.98 |
| Total | 69.50 | 23.10 | 7.40 | 1750 | 100.0 | +46.40 |

TABLE 35 -- Continued

| Age | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| 13 - 19 | 63.23 | 25.00 | 11.77 | 68 | 3.9 | +38.23 |
| 20 - 29 | 79.33 | 16.82 | 3.85 | 208 | 11.9 | +62.51 |
| 30 - 39 | 73.66 | 19.03 | 7.31 | 205 | 11.7 | +54.63 |
| 40 - 49 | 75.31 | 19.34 | 5.35 | 243 | 13.9 | +55.97 |
| 50 - 64 | 72.08 | 20.13 | 7.79 | 437 | 25.0 | +51.11 |
| 65 + | 60.92 | 30.21 | 8.87 | 586 | 33.5 | +30.71 |
| Total | 69.50 | 23.10 | 7.40 | 1747 | 100.0 | +46.40 |
| Family Size | | | | | | |
| One Person | 59.62 | 32.08 | 8.90 | 374 | 21.4 | +27.54 |
| Two Persons | 68.87 | 24.19 | 6.94 | 620 | 35.4 | +44.68 |
| Three - Five | 76.53 | 16.33 | 7.14 | 490 | 28.0 | +60.20 |
| Six - Eight | 71.37 | 20.26 | 8.37 | 227 | 13.0 | +51.11 |
| Nine Plus | 72.92 | 21.63 | 5.40 | 37 | 2.1 | +51.34 |
| Total | 69.50 | 23.10 | 7.40 | 1739 | 100.0 | +46.40 |
| Birthplace | | | | | | |
| Oklahoma | 69.41 | 23.20 | 7.39 | 1056 | 60.4 | +46.21 |
| South | 65.64 | 26.13 | 8.23 | 486 | 27.8 | +39.51 |
| Mid-West | 74.82 | 18.78 | 7.40 | 135 | 7.7 | +57.04 |
| East | 85.71 | 10.71 | 3.58 | 28 | 1.6 | +75.00 |
| West | 87.50 | 12.50 | 0.00 | 32 | 1.8 | +75.00 |
| Overseas | 80.00 | 10.00 | 10.00 | 10 | 0.6 | +70.00 |
| Total | 69.50 | 23.10 | 7.40 | 1747 | 100.0 | +46.40 |
| Political View | | | | | | |
| Liberal | 66.13 | 23.80 | 10.07 | 189 | 10.8 | +42.33 |
| Moderate Liberal | 70.27 | 19.82 | 9.91 | 111 | 6.3 | +50.45 |
| Moderate | 70.28 | 23.51 | 6.21 | 434 | 24.8 | +46.77 |
| Mod. Conservative | 77.04 | 18.88 | 4.08 | 196 | 11.2 | +58.16 |
| Conservative | 67.30 | 27.57 | 5.13 | 312 | 17.8 | +39.73 |
| No View | 68.44 | 22.09 | 9.47 | 507 | 29.0 | +46.35 |
| Total | 69.50 | 23.10 | 7.40 | 1749 | 100.0 | +46.40 |
| House Ownership | | | | | | |
| Own | 69.06 | 23.17 | 7.77 | 1338 | 76.5 | +45.89 |
| Rent | 71.00 | 23.07 | 5.93 | 411 | 23.5 | +47.93 |
| Total | 69.50 | 23.10 | 7.40 | 1749 | 100.0 | +46.40 |

TABLE 36

A CITY ORDINANCE TO PROHIBIT JUNKED CARS IS NEEDED

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 90.32 | 4.35 | 5.33 | 1012 | 57.9 | +85.97 |
| Black | 85.38 | 5.87 | 8.75 | 698 | 39.9 | +79.51 |
| Indian | 78.95 | 5.26 | 15.79 | 38 | 2.2 | +73.69 |
| Total | 88.10 | 4.90 | 7.00 | 1749 | 100.0 | +83.20 |
| Socio-Economic | | | | | | |
| Upper-upper | 85.71 | 0.00 | 14.29 | 14 | 0.8 | +85.71 |
| Lower-upper | 94.25 | 2.30 | 3.45 | 174 | 9.9 | +91.95 |
| Upper-middle | 90.67 | 3.97 | 5.36 | 504 | 28.8 | +86.70 |
| Lower-middle | 89.26 | 5.92 | 4.92 | 490 | 28.0 | +83.34 |
| Upper-lower | 83.77 | 6.45 | 9.78 | 419 | 24.0 | +77.32 |
| Lower-lower | 81.08 | 4.73 | 14.19 | 148 | 8.5 | +76.35 |
| Total | 88.10 | 4.90 | 7.00 | 1749 | 100.0 | +83.20 |
| Environmental | | | | | | |
| Good | 91.14 | 3.18 | 5.68 | 880 | 50.3 | +87.96 |
| Fair | 85.87 | 6.78 | 7.35 | 579 | 38.8 | +79.09 |
| Poor | 83.32 | 7.32 | 10.36 | 164 | 9.4 | +75.00 |
| Very Poor | 80.77 | 3.85 | 15.38 | 26 | 1.5 | +76.92 |
| Total | 88.10 | 4.90 | 7.00 | 1749 | 100.0 | +83.20 |
| Religious Activity | | | | | | |
| None | 85.75 | 5.88 | 8.37 | 442 | 25.3 | +79.87 |
| Seldom | 87.67 | 5.88 | 6.45 | 357 | 20.5 | +81.79 |
| Moderate | 89.17 | 4.47 | 6.36 | 425 | 24.4 | +84.70 |
| Moderate Plus | 87.16 | 5.51 | 7.33 | 109 | 6.2 | +81.65 |
| Very Active | 90.22 | 3.66 | 6.12 | 409 | 23.4 | +86.56 |
| Total | 88.10 | 4.90 | 7.00 | 1742 | 100.0 | +83.20 |
| Other Demographic Variables | | | | | | |
| Sex | | | | | | |
| Male | 85.49 | 7.14 | 7.37 | 434 | 24.8 | +78.35 |
| Female | 88.97 | 4.26 | 6.77 | 1315 | 75.2 | +84.71 |
| Total | 88.10 | 4.90 | 7.00 | 1749 | 100.0 | +83.20 |

TABLE 36 -- Continued

| Age | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| 13 - 19 | 83.83 | 7.35 | 8.82 | 68 | 3.9 | +76.48 |
| 20 - 29 | 87.98 | 6.25 | 5.77 | 208 | 11.9 | +81.73 |
| 30 - 39 | 91.22 | 4.88 | 3.90 | 205 | 11.7 | +86.34 |
| 40 - 49 | 86.42 | 5.35 | 8.23 | 243 | 13.9 | +81.07 |
| 50 - 64 | 90.39 | 4.80 | 4.81 | 437 | 25.0 | +85.59 |
| 65 + | 86.50 | 4.27 | 9.23 | 585 | 33.5 | +82.23 |
| Total | 88.10 | 4.90 | 7.00 | 1746 | 100.0 | +83.20 |
| Family Size | | | | | | |
| One Person | 84.19 | 5.36 | 10.45 | 373 | 21.3 | +78.83 |
| Two Persons | 89.67 | 4.68 | 5.65 | 620 | 35.5 | +84.99 |
| Three - Five | 89.39 | 4.90 | 5.71 | 490 | 28.0 | +84.49 |
| Six - Eight | 88.55 | 5.29 | 6.16 | 227 | 13.0 | +83.26 |
| Nine Plus | 81.08 | 5.41 | 13.51 | 37 | 2.1 | +75.67 |
| Total | 88.10 | 4.90 | 7.00 | 1747 | 100.0 | +83.20 |
| Birthplace | | | | | | |
| Oklahoma | 88.35 | 5.50 | 6.15 | 1055 | 60.4 | +82.85 |
| South | 86.42 | 3.91 | 9.67 | 486 | 27.8 | +82.51 |
| Mid-West | 90.37 | 5.93 | 4.10 | 135 | 7.7 | +84.44 |
| East | 89.29 | 3.57 | 7.14 | 28 | 1.6 | +85.72 |
| West | 93.75 | 3.13 | 3.12 | 32 | 1.8 | +90.62 |
| Overseas | 90.00 | 0.00 | 10.00 | 10 | 0.6 | +90.00 |
| Total | 88.10 | 4.90 | 7.00 | 1746 | 100.0 | +83.20 |
| Political View | | | | | | |
| Liberal | 87.83 | 5.29 | 6.88 | 189 | 10.8 | +82.54 |
| Moderate Liberal | 91.00 | 2.70 | 6.30 | 111 | 6.4 | +88.30 |
| Moderate | 91.94 | 3.92 | 4.44 | 434 | 24.8 | +88.02 |
| Mod. Conservative | 89.80 | 3.57 | 6.63 | 196 | 11.2 | +86.23 |
| Conservative | 91.35 | 4.17 | 4.48 | 312 | 17.8 | +87.18 |
| No View | 81.82 | 7.32 | 10.86 | 506 | 28.9 | +74.50 |
| Total | 88.10 | 4.90 | 7.00 | 1748 | 100.0 | +83.20 |
| House Ownership | | | | | | |
| Own | 88.72 | 4.56 | 6.72 | 1338 | 76.5 | +84.16 |
| Rent | 86.10 | 6.34 | 7.56 | 410 | 23.5 | +79.76 |
| Total | 88.10 | 4.90 | 7.00 | 1748 | 100.0 | +83.20 |

environmental group, followed by the 13 - 19 year old group. Strong support is also seen among those born overseas and in the Midwest and those in the lower-upper socio-economic group. Indians show less desire for such an ordinance than do the other ethnic groups. The upper-upper socio-economic class has less desire for prohibiting the animals than do the middle classes but more desire than the lower classes. The better environmental groups look with favor on this ordinance more than do the poorer groups. Men show less desire for the ordinance than do women, older groups less than do younger groups, and house renters less than do house owners. Little differentiation is seen among the religious activity groups, the family size groups, and the political view groups.

These responses in Table 38 reveal that there is moderate support for urban renewal in residential areas by the respondents as a whole. No group is opposed to the issue nor evenly split. Those from the Midwest give only mild support, as does the lower socio-economic group. There is strong support by the moderate sized and larger families, the younger aged groups, the liberal political group, the house renters and those whose length of residence is five years or less, the upper-upper and the upper-middle socio-economic groups, and the Blacks. The Whites show more opposition than do the other ethnic groups, the upper socio-economic classes favor the issue more than do the lower classes, the younger aged groups give a definite indication of favoring the issue more than do the older groups, the larger sized families favor urban renewal more than do the one or two person families, house renters definitely favor the question more than do the house owners, and those whose length of residence is less than fifteen years favor the issue more than do those who have lived in their house longer. Home environmental conditions, religious activities, sex,

TABLE 37

A CITY ORDINANCE TO PROHIBIT LARGE ANIMALS IS NEEDED

Proposition 2: The attitude toward a stronger ordinance to prohibit large animals is positively related to the size of the ethnic group in the community, to the local home environment, and to the degree of religious activity of the respondent. The middle, upper and lower socio-economic groups will favor a stronger ordinance in that order.

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 77.61 | 12.72 | 9.67 | 1045 | 58.1 | +64.89 |
| Black | 71.35 | 17.28 | 11.37 | 712 | 39.6 | +54.07 |
| Indian | 65.00 | 20.00 | 15.00 | 40 | 2.2 | +45.00 |
| Total | 74.90 | 14.70 | 10.40 | 1797 | 100.0 | +60.20 |
| Socio-Economic | | | | | | |
| Upper-upper | 71.43 | 14.29 | 14.28 | 14 | 0.8 | +57.14 |
| Lower-upper | 79.00 | 8.83 | 13.27 | 181 | 10.1 | +70.17 |
| Upper-middle | 79.42 | 13.27 | 7.31 | 520 | 28.9 | +66.15 |
| Lower-middle | 75.44 | 14.26 | 10.30 | 505 | 28.1 | +61.16 |
| Upper-lower | 69.95 | 17.61 | 12.34 | 426 | 23.7 | +52.34 |
| Lower-lower | 66.45 | 19.73 | 13.82 | 152 | 8.5 | +46.72 |
| Total | 74.90 | 14.70 | 10.40 | 1798 | 100.0 | +60.20 |
| Environmental | | | | | | |
| Good | 79.42 | 11.40 | 9.18 | 904 | 50.3 | +68.02 |
| Fair | 72.27 | 16.38 | 4.35 | 696 | 38.7 | +55.89 |
| Poor | 64.88 | 22.02 | 13.00 | 169 | 9.3 | +42.86 |
| Very Poor | 53.34 | 33.34 | 13.32 | 30 | 1.7 | +20.00 |
| Total | 74.90 | 14.70 | 10.40 | 1798 | 100.0 | +60.20 |
| Religious Activity | | | | | | |
| None | 69.61 | 17.84 | 12.55 | 454 | 25.3 | +51.77 |
| Seldom | 76.78 | 13.39 | 9.83 | 366 | 20.4 | +63.39 |
| Moderate | 80.41 | 11.62 | 7.97 | 439 | 24.5 | +68.79 |
| Moderate Plus | 71.80 | 17.95 | 10.25 | 117 | 6.5 | +53.85 |
| Very Active | 73.80 | 14.66 | 11.54 | 416 | 23.2 | +59.14 |
| Total | 74.90 | 14.70 | 10.40 | 1792 | 100.0 | +60.20 |

TABLE 37 -- Continued

Other Demographic Variables:

| Sex | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Male | 70.50 | 18.47 | 11.03 | 444 | 24.7 | +52.03 |
| Female | 76.29 | 13.44 | 10.27 | 1354 | 75.3 | +62.85 |
| Total | 74.90 | 14.70 | 10.40 | 1798 | 100.0 | +60.20 |
| Age | | | | | | |
| 13 - 19 | 58.58 | 30.00 | 11.42 | 70 | 3.9 | +28.58 |
| 20 - 29 | 71.29 | 18.98 | 9.73 | 216 | 12.0 | +52.31 |
| 30 - 39 | 74.40 | 14.70 | 10.90 | 211 | 11.8 | +59.70 |
| 40 - 49 | 76.21 | 15.33 | 8.46 | 248 | 13.8 | +60.88 |
| 50 - 64 | 78.22 | 11.33 | 10.45 | 450 | 25.1 | +66.89 |
| 65 + | 75.17 | 13.50 | 11.33 | 600 | 33.4 | +61.67 |
| Total | 74.90 | 14.70 | 10.40 | 1795 | 100.0 | +60.20 |
| Family Size | | | | | | |
| One Person | 72.74 | 13.84 | 13.32 | 383 | 21.3 | +59.00 |
| Two Persons | 77.68 | 13.84 | 8.48 | 636 | 35.4 | +63.84 |
| Three - Five | 74.65 | 15.84 | 9.51 | 505 | 28.1 | +58.81 |
| Six - Eight | 71.10 | 15.39 | 12.81 | 234 | 13.0 | +56.41 |
| Nine Plus | 71.05 | 15.97 | 13.16 | 38 | 2.1 | +55.26 |
| Total | 74.90 | 14.70 | 10.40 | 1796 | 100.0 | +60.20 |
| Birthplace | | | | | | |
| Oklahoma | 73.11 | 17.09 | 9.80 | 1082 | 60.3 | +56.02 |
| South | 77.40 | 11.20 | 11.40 | 500 | 27.9 | +66.20 |
| Mid-West | 80.72 | 7.14 | 12.14 | 140 | 7.8 | +73.58 |
| East | 75.86 | 17.24 | 6.90 | 29 | 1.6 | +58.62 |
| West | 61.77 | 23.53 | 14.70 | 34 | 1.9 | +38.24 |
| Overseas | 90.00 | 0.00 | 10.00 | 10 | 0.6 | +90.00 |
| Total | 74.90 | 14.70 | 10.40 | 1795 | 100.0 | +60.20 |

TABLE 37 -- Continued

| Political View | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Liberal | 80.52 | 12.63 | 6.85 | 190 | 10.6 | +67.89 |
| Moderate Liberal | 76.52 | 11.30 | 12.18 | 115 | 6.4 | +65.22 |
| Moderate | 76.75 | 14.89 | 8.36 | 443 | 24.6 | +61.85 |
| Mod. Conservative | 76.35 | 13.79 | 9.86 | 203 | 11.3 | +62.55 |
| Conservative | 74.07 | 14.81 | 11.12 | 324 | 18.0 | +59.26 |
| No View | 70.75 | 16.25 | 10.00 | 523 | 29.1 | +54.50 |
| Total | 74.90 | 14.70 | 10.40 | 1798 | 100.0 | +60.20 |
| House Ownership | | | | | | |
| Own | 75.36 | 14.24 | 10.40 | 1376 | 76.6 | +61.12 |
| Rent | 73.16 | 16.15 | 10.69 | 421 | 23.4 | +57.01 |
| Total | 74.90 | 14.70 | 10.40 | 1797 | 100.0 | +60.20 |

TABLE 38

URBAN RENEWAL IN RESIDENTIAL AREAS IS NEEDED

Proposition 3: The attitude toward urban renewal in residential areas is positively related to the size of the ethnic group in the community, to the position on the socio-economic scale, to the quality of the family home environmental conditions, and to the degree of religious activity of the respondent.

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 48.99 | 24.98 | 26.03 | 1045 | 58.1 | +24.01 |
| Black | 61.66 | 18.67 | 19.67 | 712 | 39.6 | +42.99 |
| Indian | 57.50 | 20.00 | 22.00 | 40 | 2.2 | +37.50 |
| Total | 54.30 | 22.30 | 23.40 | 1797 | 100.0 | +32.00 |

TABLE 38 -- Continued

| Socio-Economic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Upper-upper | 50.00 | 7.14 | 42.86 | 14 | 0.8 | +42.86 |
| Lower-upper | 50.82 | 27.07 | 22.11 | 181 | 10.1 | +23.75 |
| Upper-middle | 61.54 | 19.42 | 19.04 | 520 | 28.9 | +42.12 |
| Lower-middle | 53.66 | 22.37 | 23.97 | 505 | 28.1 | +31.29 |
| Upper-lower | 51.17 | 23.01 | 25.82 | 426 | 23.7 | +28.16 |
| Lower-lower | 44.08 | 26.32 | 29.60 | 152 | 8.5 | +17.76 |
| Total | 54.30 | 22.30 | 23.40 | 1798 | 100.0 | +32.00 |
| Environmental | | | | | | |
| Good | 55.42 | 21.34 | 23.24 | 904 | 50.3 | +34.08 |
| Fair | 53.59 | 23.57 | 22.84 | 696 | 38.7 | +30.02 |
| Poor | 51.19 | 23.81 | 25.00 | 168 | 9.3 | +27.38 |
| Very Poor | 50.00 | 16.66 | 33.34 | 30 | 1.7 | +33.34 |
| Total | 54.30 | 22.30 | 23.40 | 1798 | 100.0 | +32.00 |
| Religious Activity | | | | | | |
| None | 51.32 | 24.23 | 24.45 | 454 | 25.3 | +27.09 |
| Seldom | 55.46 | 20.49 | 24.05 | 366 | 20.4 | +34.97 |
| Moderate | 54.90 | 22.33 | 22.77 | 439 | 24.5 | +32.57 |
| Moderate Plus | 56.41 | 20.51 | 23.08 | 117 | 6.5 | +35.90 |
| Very Active | 55.77 | 22.60 | 21.63 | 416 | 23.2 | +33.17 |
| Total | 54.30 | 22.30 | 23.40 | 1792 | 100.0 | +32.00 |
| Other Demographic Variables: | | | | | | |
| Sex | | | | | | |
| Male | 55.86 | 24.32 | 19.82 | 444 | 24.7 | +31.54 |
| Female | 53.69 | 21.72 | 24.59 | 1354 | 75.3 | +31.97 |
| Total | 54.30 | 22.30 | 23.40 | 1798 | 100.0 | +32.00 |
| Age | | | | | | |
| 13 - 19 | 65.72 | 10.00 | 24.28 | 70 | 3.9 | +55.72 |
| 20 - 29 | 66.67 | 14.35 | 18.98 | 216 | 12.0 | +52.32 |
| 30 - 39 | 61.61 | 20.38 | 17.01 | 211 | 11.8 | +41.23 |
| 40 - 49 | 54.04 | 24.59 | 21.37 | 248 | 13.8 | +29.45 |
| 50 - 64 | 52.00 | 25.78 | 22.22 | 450 | 25.1 | +26.22 |
| 65 + | 47.50 | 23.83 | 28.67 | 600 | 33.4 | +23.67 |
| Total | 54.30 | 22.30 | 23.40 | 1795 | 100.0 | +32.00 |

TABLE 38 -- Continued

| Family Size | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| One Person | 50.39 | 21.93 | 27.68 | 383 | 21.3 | +28.46 |
| Two Persons | 49.52 | 26.42 | 24.06 | 636 | 35.4 | +23.10 |
| Three - Five | 59.21 | 19.21 | 21.58 | 505 | 28.1 | +40.00 |
| Six - Eight | 60.26 | 19.23 | 20.51 | 234 | 13.0 | +41.03 |
| Nine Plus | 68.42 | 21.06 | 10.52 | 38 | 2.1 | +47.36 |
| Total | 54.30 | 22.30 | 23.40 | 1796 | 100.0 | +32.00 |
| Birthplace | | | | | | |
| Oklahoma | 56.47 | 22.37 | 21.16 | 1082 | 60.3 | +34.10 |
| South | 53.00 | 20.40 | 26.60 | 500 | 27.9 | +32.60 |
| Mid-West | 43.57 | 30.71 | 25.72 | 140 | 7.8 | +12.86 |
| East | 58.62 | 24.14 | 17.24 | 29 | 1.6 | +34.48 |
| West | 44.12 | 11.76 | 47.12 | 34 | 1.9 | +32.36 |
| Overseas | 50.00 | 20.00 | 30.00 | 10 | 0.6 | +30.00 |
| Total | 54.30 | 22.30 | 23.40 | 1795 | 100.0 | +32.00 |
| Political View | | | | | | |
| Liberal | 61.57 | 17.89 | 20.54 | 190 | 10.6 | +43.68 |
| Moderate Liberal | 53.92 | 24.35 | 21.73 | 115 | 6.4 | +29.57 |
| Moderate | 58.47 | 21.45 | 20.08 | 443 | 24.6 | +37.02 |
| Mod. Conservative | 52.21 | 28.57 | 19.22 | 203 | 11.3 | +23.64 |
| Conservative | 53.71 | 22.53 | 23.76 | 324 | 18.0 | +31.18 |
| No View | 50.14 | 21.80 | 29.06 | 523 | 29.1 | +27.34 |
| Total | 54.30 | 22.30 | 23.40 | 1798 | 100.0 | +32.00 |
| House Ownership | | | | | | |
| Own | 52.90 | 24.49 | 22.61 | 1376 | 76.6 | +28.41 |
| Rent | 58.67 | 15.21 | 26.12 | 421 | 23.4 | +43.46 |
| Total | 54.30 | 22.30 | 23.40 | 1797 | 100.0 | +32.00 |
| Length Residency | | | | | | |
| 0 - 5 Years | 57.43 | 16.88 | 25.69 | 646 | 36.3 | +40.55 |
| 6 - 15 Years | 53.32 | 25.00 | 21.68 | 452 | 25.4 | +28.32 |
| 16 - 29 Years | 54.88 | 24.71 | 20.41 | 441 | 24.8 | +22.91 |
| 30 + Years | 47.09 | 27.09 | 25.82 | 240 | 13.5 | +20.00 |
| Total | 54.30 | 22.30 | 23.40 | 1779 | 100.0 | +32.00 |

birthplace, nor political views do not appear to differentiate in any recognizable trend.

Table 39 reveals that the respondents are very strong in their desire to restrict polluting industries. All groups give sound support for this restriction. The weakest support comes from the lower-lower class; however, they give more than moderate support. Strongest support comes from those born in the West and overseas, and in the upper-upper socio-economic class. Whites favor the issue more than do the other ethnic groups, the upper socio-economic groups more than do the lower groups, the better home environmental groups more than do the poorer groups, women more than do men, the three age groups 20 through 49 more than do the very young or older groups. There seems to be no differentiation among the religious activity groups, family size groups or political view groups. There does, however, appear to be a slight difference in the groups identified by birthplace; those born in Oklahoma and the South show less favor for the issue than those born elsewhere.

The results of Table 40 reveal moderate support for the premise that the spraying of pesticides is more beneficial than harmful. There is no one group which would indicate that pesticides are more harmful than beneficial; only the 13 - 19 year old group and the very poor environmental home group fail to show more than mild support for the premise. Strong support is seen from the nine or more family size group and the upper-upper socio-economic class. Men see the benefit of pesticides more than women do, older aged groups more than do the younger groups, the moderate political groups more than do the extremists, and the better home environmental groups more than do the poorer groups. Ethnical considerations, socio-economic status, degree of religious activity, size of family, or

TABLE 39

INDUSTRIES WHICH POLLUTE SHOULD BE RESTRICTED

Proposition 4: The attitude toward restricting industrial development to industries who can control their pollution is positively related to the size of the ethnic group in the community, to the position on the socio-economic scale, to the quality of the environmental home conditions, and to the degree of religious activity of the respondent.

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 87.18 | 5.35 | 7.47 | 1045 | 58.1 | +81.83 |
| Black | 75.15 | 8.71 | 16.14 | 712 | 39.6 | +66.44 |
| Indian | 72.50 | 7.50 | 20.00 | 40 | 2.2 | +65.00 |
| Total | 82.10 | 6.70 | 11.20 | 1797 | 100.0 | +75.40 |
| Socio-Economic | | | | | | |
| Upper-upper | 92.86 | 0.00 | 7.14 | 14 | 0.8 | +92.86 |
| Lower-upper | 93.37 | 4.42 | 2.21 | 181 | 10.1 | +88.95 |
| Upper-middle | 89.24 | 5.77 | 4.99 | 520 | 28.9 | +83.47 |
| Lower-middle | 81.00 | 7.92 | 11.08 | 505 | 28.1 | +73.08 |
| Upper-lower | 70.29 | 7.04 | 16.67 | 426 | 23.7 | +69.25 |
| Lower-lower | 63.16 | 8.55 | 28.29 | 152 | 8.5 | +54.61 |
| Total | 82.10 | 6.70 | 11.20 | 1798 | 100.0 | +75.40 |
| Environmental | | | | | | |
| Good | 87.61 | 5.20 | 7.19 | 904 | 50.3 | +82.41 |
| Fair | 78.16 | 8.04 | 13.80 | 696 | 38.7 | +70.12 |
| Poor | 72.03 | 10.72 | 17.25 | 168 | 9.3 | +61.31 |
| Very Poor | 63.33 | 0.00 | 36.67 | 30 | 1.7 | +63.33 |
| Total | 82.10 | 6.70 | 11.20 | 1798 | 100.0 | +75.40 |
| Religious Activity | | | | | | |
| None | 79.96 | 6.83 | 13.21 | 454 | 25.3 | +73.13 |
| Seldom | 80.06 | 7.93 | 12.01 | 366 | 20.4 | +72.13 |
| Moderate | 84.06 | 5.70 | 10.24 | 439 | 24.5 | +78.36 |
| Moderate Plus | 86.33 | 6.83 | 6.84 | 117 | 6.5 | +79.50 |
| Very Active | 82.93 | 6.73 | 10.34 | 416 | 23.2 | +76.20 |
| Total | 82.10 | 6.70 | 11.20 | 1792 | 100.0 | +75.40 |

TABLE 39 -- Continued

Other Demographic Variables:

| Sex | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Male | 79.05 | 10.81 | 10.14 | 444 | 24.7 | +68.24 |
| Female | 83.09 | 5.39 | 11.52 | 1354 | 75.3 | +77.70 |
| Total | 82.10 | 6.70 | 11.20 | 1798 | 100.0 | +75.40 |
| Age | | | | | | |
| 13 - 19 | 81.43 | 8.57 | 10.00 | 70 | 3.9 | +72.85 |
| 20 - 29 | 85.19 | 7.87 | 6.94 | 216 | 12.0 | +77.32 |
| 30 - 39 | 89.10 | 5.21 | 5.69 | 211 | 11.8 | +83.89 |
| 40 - 49 | 85.08 | 6.86 | 8.06 | 248 | 13.8 | +78.22 |
| 50 - 64 | 81.77 | 7.78 | 10.45 | 450 | 25.1 | +73.99 |
| 65 + | 77.50 | 8.84 | 16.66 | 600 | 33.4 | +71.66 |
| Total | 82.10 | 6.70 | 11.20 | 1795 | 100.0 | +75.40 |
| Family Size | | | | | | |
| One Person | 76.50 | 4.96 | 18.54 | 383 | 21.3 | +71.54 |
| Two Persons | 83.65 | 6.76 | 9.59 | 636 | 35.4 | +76.89 |
| Three - Five | 83.96 | 7.33 | 8.71 | 505 | 28.1 | +76.63 |
| Six - Eight | 82,90 | 7.26 | 9.84 | 234 | 13.0 | +75.64 |
| Nine Plus | 81.58 | 13.16 | 5.26 | 38 | 2.1 | +68.40 |
| Total | 82.10 | 6.70 | 11.20 | 1796 | 100.0 | +75.40 |
| Birthplace | | | | | | |
| Oklahoma | 82.81 | 7.76 | 9.43 | 1082 | 60.3 | +75.05 |
| South | 77.40 | 5.40 | 17.20 | 500 | 27.9 | +72.00 |
| Mid-West | 87.86 | 5.71 | 6.43 | 140 | 7.8 | +82.15 |
| East | 89.65 | 3.45 | 6.90 | 29 | 1.6 | +86.20 |
| West | 94.12 | 2.84 | 2.94 | 34 | 1.9 | +91.18 |
| Overseas | 90.00 | 0.00 | 10.00 | 10 | 0.6 | +90.00 |
| Total | 82.10 | 6.70 | 11.20 | 1795 | 100.0 | +75.40 |

TABLE 39 — Continued

| Political View | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Liberal | 80.53 | 4.21 | 15.26 | 190 | 10.6 | +76.32 |
| Moderate Liberal | 86.96 | 5.22 | 7.82 | 115 | 6.4 | +81.74 |
| Moderate | 82.17 | 8.35 | 9.48 | 443 | 24.6 | +73.82 |
| Mod. Conservative | 87.69 | 5.92 | 6.39 | 203 | 11.3 | +81.77 |
| Conservative | 86.42 | 5.25 | 8.33 | 324 | 18.0 | +81.17 |
| No View | 76.68 | 7.84 | 15.48 | 523 | 29.1 | +68.84 |
| Total | 82.10 | 6.70 | 11.20 | 1798 | 100.0 | +75.40 |

TABLE 40

PESTICIDES ARE MORE BENEFICIAL
THAN HARMFUL IN SPRAYING

Proposition 5: The attitude toward the benefit of pesticides in spraying programs is inversely related to the size of the ethnic group in the community, to the position on the socio-economic scale, to the quality of the environmental home conditions, and to the degree of religious activity of the respondent.

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 60.70 | 13.40 | 25.64 | 1045 | 58.1 | +47.36 |
| Black | 63.62 | 16.86 | 19.52 | 712 | 39.6 | +46.75 |
| Indian | 67.50 | 17.50 | 15.00 | 40 | 2.2 | +50.00 |
| Total | 62.20 | 14.90 | 22.90 | 1797 | 100.0 | +47.30 |

TABLE 40 -- Continued

| Socio-Economic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Upper-upper | 64.29 | 0.00 | 35.71 | 14 | 0.8 | +64.29 |
| Lower-upper | 53.59 | 14.37 | 32.04 | 181 | 10.1 | +39.22 |
| Upper-middle | 62.89 | 14.04 | 23.07 | 520 | 28.9 | +48.85 |
| Lower-middle | 65.15 | 13.47 | 21.38 | 505 | 28.1 | +51.68 |
| Upper-lower | 61.50 | 17.61 | 20.89 | 426 | 23.7 | +43.89 |
| Lower-lower | 61.84 | 16.45 | 21.71 | 152 | 8.5 | +45.39 |
| Total | 62.20 | 14.90 | 22.90 | 1798 | 100.0 | +47.30 |
| Environmental | | | | | | |
| Good | 61.39 | 13.94 | 24.67 | 904 | 50.3 | +47.45 |
| Fair | 65.23 | 14.66 | 20.11 | 696 | 38.7 | +50.57 |
| Poor | 55.55 | 19.65 | 23.80 | 168 | 9.3 | +36.90 |
| Very Poor | 46.67 | 20.00 | 33.33 | 30 | 1.7 | +26.67 |
| Total | 62.20 | 14.90 | 22.90 | 1798 | 100.0 | +47.30 |
| Religious Activity | | | | | | |
| None | 58.81 | 15.86 | 25.33 | 454 | 25.3 | +42.95 |
| Seldom | 62.84 | 14.21 | 22.95 | 366 | 20.4 | +48.63 |
| Moderate | 63.78 | 13.12 | 22.10 | 439 | 24.5 | +49.66 |
| Moderate Plus | 53.84 | 13.68 | 32.48 | 117 | 6.5 | +40.16 |
| Very Active | 46.10 | 15.38 | 18.52 | 416 | 23.2 | +50.72 |
| Total | 62.20 | 14.90 | 22.90 | 1792 | 100.0 | +47.30 |
| Other Demographic Variables: | | | | | | |
| Sex | | | | | | |
| Male | 67.59 | 15.54 | 16.87 | 444 | 24.7 | +52.05 |
| Female | 60.42 | 14.63 | 24.95 | 1354 | 75.3 | +45.79 |
| Total | 62.20 | 14.90 | 22.90 | 1795 | 100.0 | +47.30 |
| Age | | | | | | |
| 13 - 19 | 48.57 | 30.00 | 21.43 | 70 | 3.9 | +18.57 |
| 20 - 29 | 53.24 | 19.45 | 27.31 | 216 | 12.0 | +33.79 |
| 30 - 39 | 60.66 | 15.16 | 24.18 | 211 | 11.8 | +45.50 |
| 40 - 49 | 60.89 | 14.12 | 24.99 | 248 | 13.8 | +46.77 |
| 50 - 64 | 62.67 | 13.11 | 24.22 | 450 | 25.1 | +49.56 |
| 65 + | 67.66 | 13.01 | 19.33 | 600 | 33.4 | +54.65 |
| Total | 62.20 | 14.90 | 22.90 | 1795 | 100.0 | +47.30 |

TABLE 40 -- Continued

| Family Size | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| One Person | 64.49 | 11.23 | 24.28 | 383 | 21.3 | +53.26 |
| Two Persons | 62.89 | 14.78 | 22.33 | 636 | 35.4 | +48.11 |
| Three - Five | 59.41 | 17.23 | 23.36 | 505 | 28.1 | +42.18 |
| Six - Eight | 58.98 | 17.10 | 23.92 | 234 | 13.0 | +41.88 |
| Nine Plus | 81.59 | 7.89 | 10.52 | 38 | 2.1 | +73.70 |
| Total | 62.20 | 14.90 | 22.90 | 1796 | 100.0 | +47.30 |
| Birthplace | | | | | | |
| Oklahoma | 62.11 | 15.90 | 21.99 | 1082 | 60.3 | +46.21 |
| South | 62.80 | 13.60 | 23.60 | 500 | 27.9 | +49.20 |
| Mid-West | 60.72 | 11.43 | 27.85 | 140 | 7.8 | +49.29 |
| East | 62.07 | 31.04 | 13.79 | 29 | 1.6 | +37.93 |
| West | 61.76 | 8.82 | 29.42 | 34 | 1.9 | +52.94 |
| Overseas | 50.00 | 10.00 | 40.00 | 10 | 0.6 | +40.00 |
| Total | 62.20 | 14.90 | 22.90 | 1795 | 100.0 | +47.30 |
| Political View | | | | | | |
| Liberal | 55.79 | 17.37 | 26.84 | 190 | 10.6 | +38.42 |
| Moderate Liberal | 65.21 | 14.78 | 20.01 | 115 | 6.4 | +50.43 |
| Moderate | 66.81 | 15.35 | 17.84 | 443 | 24.6 | +51.46 |
| Mod. Conservative | 69.95 | 10.83 | 18.22 | 203 | 11.3 | +59.12 |
| Conservative | 60.50 | 15.12 | 24.38 | 324 | 18.0 | +45.38 |
| No View | 57.94 | 14.91 | 27.15 | 523 | 29.1 | +43.03 |
| Total | 62.20 | 14.90 | 22.90 | 1798 | 100.0 | +47.30 |

birthplace do not appear to differentiate the groups in any recognizable trend.

The results of Table 41 reveal that there is moderate support by the groups as a whole for the spraying program. Two groups, the very poor environmental group and the nine or more sized family group, state that the mosquitoes are not being controlled by the spraying program. The Blacks, the 20 - 29 year old group, those born in the West, and those of the liberal political group are evenly split. All the remaining groups feel that the program is effective. Strongest support comes from the Indians and from those born in the Midwest. The Black gives a more negative response to the question of the effectiveness of the spraying program than do the other two ethnic groups. The upper socio-economic groups believe more strongly that mosquitoes are being controlled than do the lower groups, the more active religiously more than do the less active, men much more than do women, the very oldest age group more than do the remaining groups, and the smalles sized families more than the larger families. Little differentiation is seen as to place of birth, political views, or length of residence.

It may be said in summary of the issues of hypothesis 3 that respondents very strongly favor environmental improvement and show support for antipollution ordinances. They very positively support an ordinance for mandatory garbage and trash pickup, a junk car ordinance, an ordinance to restrict industries which pollute, and an ordinance to prohibit large animals within the city limits. They show moderate favor toward the present state law to prohibit burning, feel that pesticides are more beneficial than harmful, and also are moderately in favor of urban renewal in residential areas. They have more than a mild belief that the spraying

TABLE 41

THE SPRAYING PROGRAM IN THE CITY
IS CONTROLLING MOSQUITOES

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 55.79 | 21.34 | 22.87 | 1045 | 58.0 | +34.45 |
| Black | 43.92 | 41.40 | 14.68 | 715 | 39.7 | + 2.52 |
| Indian | 65.00 | 15.00 | 20.00 | 40 | 2.2 | +50.00 |
| Total | 51.30 | 29.20 | 19.50 | 1800 | 100.0 | +22.10 |
| Socio-Economic | | | | | | |
| Upper-upper | 35.71 | 7.14 | 57.15 | 14 | 0.8 | +28.57 |
| Lower-upper | 54.40 | 14.84 | 30.76 | 182 | 10.1 | +39.56 |
| Upper-middle | 50.48 | 25.91 | 23.61 | 521 | 28.9 | +24.57 |
| Lower-middle | 52.27 | 31.68 | 16.05 | 505 | 28.0 | +20.59 |
| Upper-lower | 51.52 | 34.90 | 13.58 | 427 | 23.7 | +16.62 |
| Lower-lower | 48.03 | 34.87 | 17.10 | 152 | 8.4 | +13.16 |
| Total | 51.30 | 29.20 | 19.50 | 1801 | 100.0 | +22.10 |
| Environmental | | | | | | |
| Good | 53.75 | 23.62 | 18.63 | 906 | 50.3 | +30.13 |
| Fair | 49.35 | 34.00 | 16.65 | 697 | 38.7 | +15.35 |
| Poor | 50.59 | 34.53 | 14.78 | 168 | 9.3 | +16.06 |
| Very Poor | 26.67 | 53.33 | 20.00 | 30 | 1.7 | -26.66 |
| Total | 51.30 | 29.20 | 19.50 | 1801 | 100.0 | +22.10 |
| Religious Activity | | | | | | |
| None | 49.56 | 30.84 | 19.60 | 454 | 25.3 | +18.72 |
| Seldom | 48.36 | 31.15 | 20.49 | 366 | 20.4 | +17.21 |
| Moderate | 53.64 | 29.09 | 17.27 | 440 | 24.5 | +24.55 |
| Moderate Plus | 49.57 | 28.20 | 22.23 | 117 | 6.5 | +21.37 |
| Very Active | 53.72 | 26.37 | 19.91 | 417 | 23.2 | +27.35 |
| Total | 51.30 | 29.20 | 19.50 | 1794 | 100.0 | +22.10 |
| Other Demographic Variables: | | | | | | |
| Sex | | | | | | |
| Male | 55.95 | 25.84 | 18.21 | 445 | 24.7 | +30.11 |
| Female | 49.78 | 30.23 | 19.99 | 1356 | 75.3 | +19.55 |
| Total | 51.30 | 29.20 | 19.50 | 1801 | 100.0 | +22.10 |

TABLE 41 -- Continued

| Age | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| 13 - 19 | 47.14 | 34.29 | 18.57 | 70 | 3.9 | +12.85 |
| 20 - 29 | 44.45 | 35.65 | 18.90 | 216 | 12.0 | + 8.80 |
| 30 - 39 | 48.34 | 29.86 | 21.80 | 211 | 11.7 | +18.48 |
| 40 - 49 | 47.17 | 29.03 | 23.80 | 248 | 13.8 | +18.14 |
| 50 - 64 | 48.33 | 29.71 | 21.96 | 451 | 25.1 | +18.62 |
| 65 + | 59.14 | 25.58 | 15.28 | 602 | 33.5 | +33.56 |
| Total | 51.30 | 29.20 | 19.50 | 1798 | 100.0 | +22.10 |
| Family Size | | | | | | |
| One Person | 55.73 | 26.56 | 17.71 | 384 | 21.3 | +29.17 |
| Two Persons | 53.21 | 27.63 | 19.16 | 637 | 35.4 | +25.58 |
| Three - Five | 47.83 | 28.86 | 25.31 | 506 | 28.1 | +18.97 |
| Six - Eight | 48.29 | 34.62 | 17.09 | 234 | 13.0 | +13.67 |
| Nine Plus | 36.84 | 52.64 | 10.52 | 38 | 2.1 | -15.80 |
| Total | 51.30 | 29.20 | 19.50 | 1799 | 100.0 | +22.10 |
| Birthplace | | | | | | |
| Oklahoma | 50.05 | 31.15 | 18.80 | 1085 | 60.3 | +18.90 |
| South | 52.80 | 27.80 | 19.40 | 500 | 27.8 | +25.00 |
| Mid-West | 57.86 | 19.29 | 22.85 | 140 | 7.8 | +38.57 |
| East | 55.62 | 37.93 | 3.45 | 29 | 1.6 | +20.69 |
| West | 32.35 | 23.53 | 44.12 | 34 | 1.9 | + 8.82 |
| Overseas | 50.00 | 20.00 | 30.00 | 10 | 0.6 | +30.00 |
| Total | 51.30 | 29.20 | 19.50 | 1798 | 100.0 | +22.10 |
| Political View | | | | | | |
| Liberal | 46.31 | 37.37 | 16.32 | 190 | 10.6 | + 8.94 |
| Moderate Liberal | 56.89 | 24.13 | 18.98 | 116 | 6.4 | +32.76 |
| Moderate | 55.07 | 26.41 | 18.52 | 443 | 24.6 | +28.66 |
| Mod. Conservative | 50.74 | 25.62 | 23.64 | 203 | 11.3 | +25.12 |
| Conservative | 54.63 | 24.69 | 20.68 | 324 | 18.0 | +29.94 |
| No View | 46.94 | 33.78 | 19.28 | 524 | 29.1 | +13.16 |
| Total | 51.30 | 29.20 | 19.50 | 1800 | 100.0 | +22.10 |

TABLE 41 -- Continued

| Length Residency | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| 0 - 5 Years | 50.31 | 29.26 | 20.43 | 646 | 36.2 | +21.05 |
| 6 - 15 Years | 51.21 | 27.15 | 19.64 | 453 | 25.4 | +24.06 |
| 16 - 19 Years | 53.17 | 30.31 | 16.52 | 442 | 24.8 | +22.86 |
| 30 + Years | 52.28 | 30.71 | 17.01 | 241 | 13.5 | +21.57 |
| Total | 51.30 | 29.20 | 19.50 | 1782 | 100.0 | +22.10 |

program in the city is effective. They are almost evenly split on the issue that garbage and trash should be picked up solely by the city sanitation department. This it appears that the respondents are environmentally-minded; however, on the issue of pesticides, environmental improvement takes a secondary role to the increased production of food and other benefits which occur from spraying.

On several environmental issues, namely, mandatory garbage removal, no burning law, junk car ordinance, ordinance restricting polluting industries, and ordinance prohibiting keeping large animals, the upper socio-economic classes favor the ordinances more than do the lower classes. Similarly, the better environmental home conditions groups favor the ordinances more than do the poorer groups, such as the junk car ordinance, large animal ordinance, ordinance to restrict polluting industries, and city monopoly pickup; however, the good and very poor groups are more favorable than are the middle groups on mandatory garbage removal and the no burning law.

The different age groups have a consistent attitude toward environmental issues according to these findings. The younger ages favor mandatory garbage removal, city monopoly on pickup, and urban renewal more than do the older groups, but favor less the large animal ordinance, doubt the benefit of pesticides, and doubt the effectiveness of the spraying program more than do the older groups. The two extreme age groups more positively endorse the no burning law and the junk car ordinance than do the middle age groups, but less positively endorse the restriction of polluting industries. It appears that the older groups do not want to move and start again in a new place; they want to live their last days in familiar places. Therefore they oppose urban removal. Younger age groups

are more environmentally-minded; however, their love for horses is shown in their less favor for the large animal ordainance.

Women in this survey emerge more environmentally-minded than men. On all issues, including the pesticide issue, women support the environmentalist's view more than do the men. Perhaps women have more of the crusader instinct within them and are more concerned in social issues while the men's primary interest is to make a living. House owners are more favorable than renters toward an ordinance prohibiting large animals, but less favorable toward city monopoly on garbage pickup or urban renewal. On this latter issue they do not want to lose their homes whereas the renters would like to have better homes and better living conditions. Owners would not want the large animals around, for this would devalue their property. Many owners have disliked the city method of pickup and have turned to the private carriers and have liked their service better.

Those of the higher socio-economic classes are more stable economically and may be more environmentally-minded and would support ordinances that would keep the environment clean. More opposition by the lower classes come to be expected since a mandatory garbage pickup ordinance would require them to pay a small monthly fee for such service. Many pay nothing now and dispose of much of their trash now by open dumping since the no burning law was passed. This increases their opposition to this law. Junk cars are still a means of living for some of the lower classes and many a junk car is found in private yards where parts can be removed whenever they are needed, The lower classes show more opposition to the restriction of industries, since they look to this means as a source of increased employment. It is interesting to note that the middle classes are more in favor of prohibiting large animals than are those in

the upper-upper class, possibly because this latter group have many horses in fenced in yards in the suburbs. The lower classes would keep cows and horses as a means to increase their economy.

Those with poor environmental home conditions may be more opposed to the some of these ordinances for basically the same reasons the lower socio-economic classes opposed the issues. They could be against the city monopoly because some of their friends are private garbage carriers who would lose their opportunity of making a living. This is true of the Blacks, who also show strong opposition. Poorer environmental groups oppose the large animal ordinance because many of them have cows or horses around their homes. They feel that pesticides are more harmful than do the better environmental groups, possibly because they have little knowledge on the subject. They feel that the spraying program is less effective than do the upper groups, probably because very little spraying is done in their area; governmental spraying projects are usually carried on where the biggest taxpayers would have the opportunity to see the program, not necessarily where spraying is most needed. In the poorer areas, also, breeding places for mosquitoes are more prevalent.

As has been mentioned earlier, women appear more environmentally-minded than men according to this survey, perhaps they are more reform-minded and like to see positive community actions. This possibly is the outlet of many who seek escape from everyday drudgery. Also, they are the "housekeepers" who usually like to see things neat and clean. Many do not like to see the litter the men accumulate in their yard to be worked on at a later date. They view pesticides as a health hazard more than do the men, although the latter may be more acquainted with its benefits to agriculture. The women remain at home all day and may see that there

is little spraying around their homes, thereby having more knowledge of the lack of spraying in the area than do the men. House owners could oppose the city monopoly on garbage pickup since many of them are in the upper classes or middle classes using private carriers and like private service more than they do the city's service. Those who have lived longer than fifteen years in their residences are usually home owners and a higher percent of them are elderly people. Some love their places and would not want to move as they may be required to do if urban renewal comes into being.

As in other issues the group born overseas gives the most positive response to almost every environmental question. It appears that this group is more environmentally-minded and would like to see some reforms made. The Black ethnic group, who usually form a large percent of the lower socio-economic class, oppose city monopoly on garbage pickup, are more strongly opposed to the no burning law, and are more outspoken about the ineffectiveness of the spraying program generally, for reasons previously cited in comments upon the lower socio-economic classes.

Table 42 reveals that most respondents get a regular physical checkup from their physicians. A few groups who respond negatively to this question are the two lower socio-economic classes, the two lower environmental home groups, the no religious activity group, the 13 - 19 year old group, and the nine or more family size group. Evenly split are the Black and Indian ethnic groups, the fair environmental home group, the male sex, the one person family, and those with no political views. The two upper socio-economic groups and those born overseas and in the East get more physical checkups than do the other groups.

These findings indicate that those people who have more economic security and who live in a better home environment see their physicians more often and obtain more physical checkups. The vast majority of these are the Whites, more of whom get physical checkups than is the case with other ethnic groups. The upper socio-economic classes have more money and can buy their time with a physician; they have a better education and understand more the need for preventive care; many of the lower class respondents do not have the money and also do not see the need for a doctor unless they are sick. There appears to be a positive correlation between religious activity and seeing the doctor for checkups. Many of the religious groups emphasize keeping the body healthy and clean as a part of Christian duty. Women are more likely to see their need for checkups than are the men--partly because they must prepare for childbearing and family living, partly perhaps because men pride themselves on being healthy and not needing a doctor. The teen-age group are probably more healthy than other age groups and thus see no need for physical checkups. Economics plays a part in the low percentage of physical examinations for those over 65, the one person family (which includes a large number of those over 65), and the larger family sizes. Perhaps the reason for a low percentage of those in the liberal group get physical examinations is that people who call themselves liberal may more frequently be in the lower socio-economic groups. Those born overseas are more accustomed to travel and are more used to physical checkups. Much of the lower class was born in the South and in Oklahoma, hence the lower percentage of people from these areas who get physical checkups.

The large majority of respondents as seen in Table 43, favor

TABLE 42

I GET A PHYSICAL CHECKUP REGULARLY FROM A PHYSICIAN

Hypothesis 4: Preventive care is positively related to the socio-economic status, the quality of the environmental home conditions, to the size of the ethnic group in the community, and to the degree of religious activity of the respondent.

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 60.96 | 39.04 | 0.00 | 1045 | 58.0 | +21.92 |
| Black | 52.09 | 47.77 | 0.14 | 716 | 39.7 | + 4.32 |
| Indian | 52.50 | 47.50 | 0.00 | 40 | 2.2 | + 5.00 |
| Total | 57.30 | 42.70 | 0.10 | 1801 | 100.0 | +14.60 |
| Socio-Economic | | | | | | |
| Upper-upper | 85.71 | 14.29 | 0.00 | 14 | 0.8 | +71.42 |
| Lower-upper | 80.22 | 19.78 | 0.00 | 182 | 10.1 | +60.44 |
| Upper-middle | 64.49 | 35.32 | 0.19 | 521 | 28.9 | +29.17 |
| Lower-middle | 53.66 | 46.34 | 0.00 | 505 | 28.0 | + 7.32 |
| Upper-lower | 47.54 | 52.46 | 0.00 | 427 | 23.7 | - 5.12 |
| Lower-lower | 41.83 | 58.17 | 0.00 | 153 | 8.5 | -16.34 |
| Total | 57.30 | 42.70 | 0.10 | 1802 | 100.0 | +14.60 |
| Environmental | | | | | | |
| Good | 66.23 | 33.77 | 0.00 | 906 | 50.3 | +32.46 |
| Fair | 49.28 | 50.57 | 0.15 | 698 | 38.7 | + 0.29 |
| Poor | 45.24 | 54.76 | 0.00 | 168 | 9.3 | - 9.52 |
| Very Poor | 40.00 | 60.00 | 0.00 | 30 | 1.7 | -20.00 |
| Total | 57.30 | 42.70 | 0.10 | 1802 | 100.0 | +14.60 |
| Religious Activity | | | | | | |
| None | 45.27 | 54.73 | 0.00 | 455 | 25.3 | - 9.46 |
| Seldom | 54.92 | 44.81 | 0.27 | 366 | 20.4 | +10.11 |
| Moderate | 60.45 | 39.55 | 0.00 | 440 | 24.5 | +20.90 |
| Moderate Plus | 71.79 | 28.21 | 0.00 | 117 | 6.5 | +43.58 |
| Very Active | 64.75 | 35.25 | 0.00 | 417 | 23.2 | +29.50 |
| Total | 57.30 | 42.70 | 0.10 | 1795 | 100.0 | +14.60 |

TABLE 42 -- Continued

Other Demographic Variables:

| Sex | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Male | 50.56 | 49.44 | 0.00 | 445 | 24.7 | + 1.12 |
| Female | 59.47 | 40.46 | 0.07 | 1357 | 75.3 | +19.01 |
| Total | 57.30 | 42.70 | 0.10 | 1802 | 100.0 | +14.60 |
| Age | | | | | | |
| 13 - 19 | 37.14 | 62.86 | 0.00 | 70 | 3.9 | -25.72 |
| 20 - 29 | 58.80 | 41.20 | 0.00 | 216 | 12.0 | +17.60 |
| 30 - 39 | 59.24 | 40.76 | 0.00 | 211 | 11.7 | +18.48 |
| 40 - 49 | 62.25 | 37.75 | 0.00 | 249 | 13.8 | +24.50 |
| 50 - 64 | 59.20 | 40.80 | 0.00 | 451 | 25.1 | +18.40 |
| 65 + | 54.82 | 45.09 | 0.16 | 602 | 33.5 | + 9.62 |
| Total | 57.30 | 42.70 | 0.10 | 1799 | 100.0 | +14.60 |
| Family Size | | | | | | |
| One Person | 51.30 | 48.44 | 0.26 | 384 | 21.3 | + 2.86 |
| Two Persons | 60.13 | 39.87 | 0.00 | 637 | 35.4 | +20.26 |
| Three - Five | 60.75 | 39.25 | 0.00 | 507 | 28.2 | +21.50 |
| Six - Eight | 53.85 | 46.15 | 0.00 | 234 | 13.0 | + 7.70 |
| Nine Plus | 47.37 | 52.63 | 0.00 | 38 | 2.1 | - 5.26 |
| Total | 57.30 | 42.60 | 0.10 | 1800 | 100.0 | +14.60 |
| Birthplace | | | | | | |
| Oklahoma | 54.60 | 45.40 | 0.00 | 1086 | 60.4 | + 9.20 |
| South | 58.40 | 41.40 | 0.20 | 500 | 27.8 | +17.00 |
| Mid-West | 65.00 | 35.00 | 0.00 | 140 | 7.8 | +30.00 |
| East | 79.31 | 20.69 | 0.00 | 29 | 1.6 | +58.62 |
| West | 70.59 | 29.41 | 0.00 | 34 | 1.9 | +41.18 |
| Overseas | 80.00 | 20.00 | 0.00 | 10 | 0.6 | +60.00 |
| Total | 57.30 | 42.60 | 0.10 | 1799 | 100.0 | +14.60 |

TABLE 42 -- Continued

| Political View | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Liberal | 54.21 | 45.79 | 0.00 | 190 | 10.5 | + 8.42 |
| Moderate Liberal | 62.93 | 37.07 | 0.00 | 116 | 6.4 | +25.86 |
| Moderate | 59.59 | 40.41 | 0.00 | 443 | 24.6 | +19.18 |
| Mod. Conservative | 63.05 | 36.45 | 0.50 | 203 | 11.4 | +26.60 |
| Conservative | 62.65 | 37.75 | 0.00 | 324 | 18.0 | +25.30 |
| No View | 49.52 | 50.48 | 0.00 | 525 | 29.2 | - 0.96 |
| Total | 57.30 | 42.60 | 0.10 | 1801 | 100.0 | +14.60 |

family planning. There is not one group which opposes the program, nor any which are evenly split. Two groups, the very poor environmental home group and the lower-lower socio-economic class, are only mildly in favor of the program. Most strongly in favor are the two age groups 20 - 29 and 30 - 39, those born in the West, and the lower-upper class. Blacks are less strongly in favor of the program than are the other ethnic groups. Upper socio-economic classes and the better environmental home groups are more strongly in favor of the program than are the lower and poorer groups. Women are more strongly in favor than are men. Interest by the age groups rises from a high among the teen-age group to a peak in the child-bearing age and then falls gradually to a low in the medicare age. Interest is higher among family sizes which would include children than among those without children; however, less interest is seen among the very large families. Those born overseas and in the South show the least interest whereas those born in the West strongly favor the program. Political views and religious activity appear to have no relation to interest in the program. Presbyterians, Protestants, and Seventh Day Adventists strongly favor family planning whereas Catholics and Mormons demonstrate the least enthusiasm.

Table 44 reveals that most respondents are opposed to a legislative bill legalizing abortion, the opposition being of moderate strength. One group, the upper-upper socio-economic class, favors the bill by a large majority. The lower-upper class, the 20 - 29 year old group, and those from the East and the West are evenly split. The remaining groups oppose it, the leaders in opposition being the very poor environmental home group, the lower-lower socio-economic class, and the Indian. Not far

behind come the very active religious workers, the medicare age, the poor and the fair environmental home groups, the upper-lower class, and the Black. Among the ethnic groups, Whites are least strong in their opposition to the legalization of abortion. Upper socio-economic classes show more favor to the bill than do the lower classes; better environmental home groups show more favor to the bill than do the poorer groups. Those active religiously are more opposed to it than are those who are less active. Women show more opposition to the abortion bill than do the men. The childbearing age of 20 - 29 and 30 - 39 show less opposition than the reamining groups, medicare age being the strongest in opposition. There is a dramatic drop in opposition from the teen-age group to the 30 - 39 year old group. One person families, usually medicare-age people, show the greatest opposition among family sizes. Those from the South and from overseas are more strongly opposed, whereas those from the West and from the East are less strongly opposed. Those with liberal political views are less strongly opposed than are the conservatives. Among the church denominations, the Episcopalian and the Protestant groups favor the bill, whereas Presbyterians are evenly split. Strong opposition comes from the Nazarene, Seventh Day Adventist, Church of God, Holiness, and Church of Jesus Christ, the Catholic Church not far behind.

These findings in Table 45 reveal that the respondents as a whole mildly oppose the right of a woman to decide to have an abortion. Those who respond positively are the upper two socio-economic classes, the 30 - 39 year old group, and those born in the East. Those who are evenly split are the White and the Indian ethnic groups, the upper-middle socio-economic group, the good environmental group, the three religious groups

showing the least activity, males, the 20 - 29 and the 40 - 49 year old groups, families of six or over, those from Oklahoma and the Midwest, the liberal political group and those with no political views. The remaining oppose granting this right, the greatest opposition coming from the very active religiously, the very poor environmental group, the lower-lower socio-economic class, those 65 and over, the one person family, and those from the South. Indians and Blacks are much more opposed to right of a woman to decide to have an abortion than are the Whites, the lower socio-economic classes more than the upper, the poorer environmental groups more than the better, and the more active religiously than those who are less active. Women are more opposed to this right than are the men. The 20 - 29 year old group are less opposed than are other age groups. Those from the South and from overseas are more strongly opposed than are those from other areas, those from the East showing the least opposition. Those who call themselves conservatives are more strongly opposed than those who are called liberal.

Episcopal and Protestant groups favor the right of a woman to decide for abortion along with the Presbyterians and those with no affiliation. The Lutheran and Methodist groups are evenly split. Nazarene, Seventh Day Adventist, Church of God, and Holiness groups show the greatest opposition, with the Catholics and Assembly of God not far behind.

This question as seen in Table 46, whether a physician should do an abortion, had three possible responses with each respondent able to choose only one of the three. One choice is that the physician should do the abortion, another is that he should not do it under any circumstance, while the third choice is that he should not do it except to save the

mother's life. Of the group as a whole over 55% thought that only to save the mother's life should the physician perform the abortion, 16.3% felt that it was all right to proceed with the abortion if the mother wanted it, and 11.5% felt that the doctor should not perform it under any circumstance.

The two upper cosio-economic groups, those born in the East, and the 20 ÷ 29 year age groups respond most strongly in favor of letting the physician do the abortion. Those responding strongly that it should be done only to save the mother's life are the lower-middle socio-economic class, the very active religiously, and the moderate political view group. Those who feel most strongly that under no circumstance should an abortion be performed are those from overseas, the very poor environmental group, and the lower-lower socio-economic group. The majority of all groups, save one, maintain that the physician should never do an abortion except to save the mother's life. This one group, the upper-upper socio-economic class, strongly approves allowing the abortion whenever a woman wants to have it done.

Among the ethnic groups Whites most strongly approve the permission of the abortion. Both Indians and Whites strongly support allowing abortion only to save the mother's life, whereas Blacks moderately support the prohibition of abortion under any circumstance. It appears that the strong support for legalized abortion comes from the upper socio-economic classes, the upper-upper class showing the strongest support, whereas the lower classes maintain with considerable strength that abortions should never be done. Among the environmental groups, support is seen among the better groups, with strong opposition coming from the poorer

groups. The more active religious groups more strongly oppose abortion under any circumstance, whereas the less active would be more lenient. With considerable more strength than do men, women oppose abortion under all circumstances.

Among the age groups the child-bearing age groups of 20 - 29 and 30 - 39 most strongly favor abortion, the older groups being more opposed. The nine or more family size, paradoxically of all similar groups, most strongly approves allowing the abortion and at the same time of all similar groups most strongly opposes abortion under any circumstance. Those from the East and from the West most strongly approve abortion, and those from overseas most strongly oppose it. Political views do not seem to play any part in differentiation.

Among the church groups the Protestant, Episcopal, and Presbyterian denominations show the greatest percentage of responses favoring abortion, whereas the Church of Jesus Christ, Church of God, and Catholic groups most strongly oppose abortion under any circumstance.

In summarizing the issues of hypothesis 5 we see a strong positive voice for family planning programs from the respondents in general, but concerning the legalization of abortion there is a moderate negative voice. On the question of the right of a woman to decide to have an abortion, the respondents were mildly negative. Asked to make a choice whether the physician should perform the abortion, 16.3% said that he should, 11.5% said that he should not under any circumstances, 55.2% agreed that it should be done only to save the mother's life, whereas 17.0% had no opinion. It appears that any stigma for family planning programs which was present a few years ago has largely been erased. This stigma has been

Hypothesis 5: The attitude favoring legalized abortion is inversely related to religious activity and is positively related to the socio-economic group, to the quality of the home environmental conditions, and to the size of the ethnic group in the community.

TABLE 43

FAMILY PLANNING IS A VERY HELPFUL PROGRAM

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 80.00 | 5.84 | 14.16 | 1045 | 58.0 | +74.16 |
| Black | 62.51 | 20.98 | 16.51 | 715 | 39.7 | +41.53 |
| Indian | 80.00 | 10.00 | 10.00 | 40 | 2.2 | +70.00 |
| Total | 73.10 | 12.00 | 14.90 | 1800 | 100.0 | +61.10 |
| Socio-Economic | | | | | | |
| Upper-upper | 78.57 | 14.29 | 7.14 | 14 | 0.8 | +64.28 |
| Lower-upper | 90.66 | 2.20 | 7.14 | 182 | 10.1 | +88.46 |
| Upper-middle | 84.63 | 4.79 | 10.38 | 521 | 28.9 | +79.84 |
| Lower-middle | 75.45 | 12.67 | 13.88 | 505 | 28.0 | +62.78 |
| Upper-lower | 58.08 | 20.14 | 21.78 | 427 | 23.7 | +37.94 |
| Lower-lower | 45.39 | 22.36 | 32.25 | 152 | 8.4 | +23.03 |
| Total | 73.10 | 12.00 | 14.90 | 1801 | 100.0 | +61.10 |
| Environmental | | | | | | |
| Good | 81.13 | 6.30 | 12.57 | 906 | 50.3 | +74.83 |
| Fair | 67.15 | 15.92 | 15.93 | 697 | 38.7 | +51.23 |
| Poor | 58.93 | 22.62 | 18.45 | 168 | 9.3 | +36.31 |
| Very Poor | 46.66 | 30.00 | 23.34 | 30 | 1.7 | +16.66 |
| Total | 73.10 | 12.00 | 14.90 | 1801 | 100.0 | +61.10 |
| Religious Activity | | | | | | |
| None | 73.13 | 9.25 | 17.62 | 454 | 25.3 | +63.88 |
| Seldom | 71.59 | 12.29 | 16.12 | 366 | 20.4 | +59.30 |
| Moderate | 75.91 | 10.23 | 13.86 | 440 | 24.5 | +65.69 |
| Moderate Plus | 52.65 | 10.25 | 17.10 | 117 | 6.5 | +62.40 |
| Very Active | 71.46 | 17.02 | 11.52 | 417 | 23.2 | +54.44 |
| Total | 73.10 | 12.00 | 14.90 | 1794 | 100.0 | +61.10 |

TABLE 43 -- Continued

Other Demographic Variables:

| Sex | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Male | 65.84 | 13.48 | 20.68 | 445 | 24.7 | +52.36 |
| Female | 75.45 | 11.43 | 13.12 | 1356 | 75.3 | +64.02 |
| Total | 73.10 | 12.00 | 14.90 | 1801 | 100.0 | +61.10 |
| Age | | | | | | |
| 13 - 19 | 82.86 | 7.14 | 10.00 | 70 | 3.9 | +75.72 |
| 20 - 29 | 94.45 | 2.78 | 2.77 | 216 | 12.0 | +91.67 |
| 30 - 39 | 88.63 | 7.11 | 4.26 | 211 | 11.7 | +81.52 |
| 40 - 49 | 81.86 | 6.05 | 12.09 | 248 | 13.8 | +75.81 |
| 50 - 64 | 73.62 | 12.42 | 13.96 | 451 | 25.1 | +61.20 |
| 65 + | 54.65 | 19.61 | 25.74 | 602 | 33.5 | +35.04 |
| Total | 73.10 | 12.00 | 14.90 | 1798 | 100.0 | +61.10 |
| Family Size | | | | | | |
| One Person | 56.77 | 17.71 | 25.52 | 384 | 21.3 | +39.06 |
| Two Persons | 70.49 | 13.97 | 15.54 | 637 | 35.4 | +56.52 |
| Three - Five | 83.40 | 7.11 | 9.49 | 506 | 28.2 | +76.29 |
| Six - Eight | 84.19 | 7.26 | 8.55 | 234 | 13.0 | +76.93 |
| Nine Plus | 76.31 | 13.16 | 10.53 | 38 | 2.1 | +63.15 |
| Total | 73.10 | 12.00 | 14.90 | 1799 | 100.0 | +61.10 |
| Birthplace | | | | | | |
| Oklahoma | 76.39 | 11.05 | 12.46 | 1085 | 60.3 | +65.44 |
| South | 62.20 | 15.60 | 22.40 | 500 | 27.8 | +46.60 |
| Mid-West | 80.00 | 8.57 | 11.43 | 140 | 7.8 | +71.43 |
| East | 79.31 | 10.34 | 10.35 | 29 | 1.6 | +68.97 |
| West | 91.18 | 0.00 | 8.82 | 34 | 1.9 | +91.18 |
| Overseas | 60.00 | 20.00 | 20.00 | 10 | 0.6 | +40.00 |
| Total | 73.10 | 12.00 | 14.90 | 1798 | 100.0 | +61.10 |

TABLE 43 -- Continued

| Political View | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Liberal | 69.48 | 13.16 | 17.36 | 190 | 10.6 | +56.32 |
| Moderate Liberal | 79.31 | 10.35 | 10.34 | 116 | 6.4 | +68.96 |
| Moderate | 72.01 | 16.03 | 11.96 | 443 | 24.6 | +55.98 |
| Mod. Conservative | 82.27 | 6.90 | 10.83 | 203 | 11.3 | +75.37 |
| Conservative | 75.00 | 11.11 | 13.89 | 324 | 18.0 | +63.89 |
| No View | 69.27 | 10.88 | 19.85 | 524 | 29.1 | +58.39 |
| Total | 73.10 | 12.00 | 14.90 | 1800 | 100.0 | +61.10 |

TABLE 43 -- Continued

| Church | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Baptist | 74.52 | 12.02 | 13.46 | 824 | 47.1 | +62.50 |
| Methodist | 71.06 | 10.66 | 18.28 | 197 | 11.3 | +60.40 |
| Presbyterian | 67.30 | 4.76 | 7.84 | 63 | 3.6 | +82.54 |
| Catholic | 52.30 | 24.61 | 23.09 | 65 | 3.7 | +27.69 |
| Episcopalian | 80.00 | 10.00 | 10.00 | 20 | 1.1 | +70.00 |
| Church of Christ | 76.67 | 7.78 | 15.55 | 90 | 5.1 | +68.89 |
| Christian | 78.38 | 10.82 | 10.80 | 74 | 4.2 | +67.56 |
| Assembly of God | 86.84 | 7.89 | 5.27 | 38 | 2.2 | +78.95 |
| Holiness | 62.50 | 16.67 | 20.83 | 72 | 4.1 | +45.83 |
| Protestant | 89.65 | 0.00 | 10.35 | 29 | 1.7 | +89.65 |
| Church of Jesus Christ | 63.41 | 21.95 | 14.64 | 41 | 2.3 | +41.46 |
| None | 68.13 | 11.88 | 19.99 | 160 | 9.1 | +56.25 |
| Lutheran | 76.47 | 5.88 | 17.65 | 17 | 1.0 | +70.59 |
| Church of God | 68.75 | 18.75 | 12.50 | 32 | 1.8 | +50.00 |
| Seven Day Adventist | 83.34 | 0.00 | 16.66 | 12 | 0.7 | +83.34 |
| Mormon | 57.15 | 28.57 | 14.28 | 7 | 0.4 | +28.58 |
| Nazarene | 62.50 | 0.00 | 37.50 | 8 | 0.5 | +62.50 |
| Total | 73.10 | 12.00 | 14.90 | 1749 | 100.0 | +61.10 |

TABLE 44

I AM IN FAVOR OF AN ABORTION LEGALIZATION BILL

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 28.62 | 53.11 | 18.27 | 1045 | 58.0 | -24.49 |
| Black | 16.20 | 67.59 | 16.21 | 716 | 39.7 | -51.39 |
| Indian | 7.50 | 67.50 | 52.50 | 40 | 2.2 | -60.00 |
| Total | 23.30 | 59.10 | 17.60 | 1801 | 100.0 | -35.80 |

TABLE 44 -- Continued

| Socio-Economic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Upper-upper | 71.43 | 14.29 | 14.28 | 14 | 0.8 | +57.14 |
| Lower-upper | 45.61 | 38.46 | 15.93 | 182 | 10.1 | + 7.15 |
| Upper-middle | 29.37 | 50.67 | 19.96 | 521 | 28.9 | -21.30 |
| Lower-middle | 18.81 | 65.35 | 15.84 | 505 | 28.0 | -46.54 |
| Upper-lower | 14.99 | 68.61 | 16.40 | 427 | 23.7 | -53.62 |
| Lower-lower | 9.15 | 69.93 | 20.92 | 153 | 8.5 | -60.78 |
| Total | 23.30 | 59.10 | 17.60 | 1802 | 100.0 | -35.80 |
| Environmental | | | | | | |
| Good | 30.58 | 49.89 | 13.53 | 906 | 50.3 | -19.31 |
| Fair | 16.76 | 68.19 | 15.05 | 698 | 38.7 | -51.43 |
| Poor | 13.69 | 67.26 | 19.05 | 168 | 9.3 | -53.57 |
| Very Poor | 6.66 | 83.34 | 10.00 | 30 | 1.7 | -76.68 |
| Total | 23.30 | 59.10 | 17.60 | 1802 | 100.0 | -35.80 |
| Religious Activity | | | | | | |
| None | 29.89 | 49.67 | 20.44 | 455 | 25.3 | -19.78 |
| Seldom | 24.59 | 55.74 | 19.67 | 366 | 20.4 | -31.15 |
| Moderate | 23.64 | 59.32 | 17.04 | 440 | 24.5 | -35.68 |
| Moderate Plus | 17.94 | 63.25 | 18.81 | 117 | 6.5 | -45.31 |
| Very Active | 16.07 | 70.98 | 12.95 | 417 | 23.2 | -54.91 |
| Total | 23.30 | 59.10 | 17.60 | 1795 | 100.0 | -35.80 |
| Other Demographic Variables: | | | | | | |
| Sex | | | | | | |
| Male | 26.96 | 52.59 | 20.45 | 445 | 24.7 | -25.63 |
| Female | 22.03 | 61.31 | 16.66 | 1357 | 75.3 | -39.28 |
| Total | 23.30 | 59.10 | 17.60 | 1802 | 100.0 | -35.80 |
| Age | | | | | | |
| 13 - 19 | 21.43 | 57.14 | 21.43 | 70 | 3.9 | -35.71 |
| 20 - 29 | 37.96 | 47.68 | 14.36 | 216 | 12.0 | - 9.72 |
| 30 - 39 | 36.02 | 49.29 | 14.69 | 211 | 11.7 | -13.27 |
| 40 - 49 | 19.68 | 61.85 | 18.47 | 249 | 13.8 | -42.17 |
| 50 - 64 | 25.05 | 57.88 | 17.07 | 451 | 25.1 | -32.83 |
| 65 + | 13.79 | 66.94 | 18.27 | 602 | 33.5 | -53.15 |
| Total | 23.30 | 59.10 | 17.60 | 1799 | 100.0 | -35.80 |

TABLE 44 -- Continued

| Family Size | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| One Person | 14.36 | 64.58 | 20.06 | 384 | 21.3 | -49.22 |
| Two Persons | 25.59 | 56.36 | 18.05 | 637 | 35.4 | -30.77 |
| Three - Five | 26.43 | 59.17 | 14.40 | 507 | 28.2 | -32.74 |
| Six - Eight | 23.08 | 58.12 | 18.80 | 234 | 13.0 | -35.04 |
| Nine Plus | 21.05 | 60.53 | 18.42 | 38 | 2.1 | -39.48 |
| Total | 23.30 | 59.10 | 17.60 | 1800 | 100.0 | -35.80 |
| Birthplace | | | | | | |
| Oklahoma | 24.49 | 58.29 | 17.22 | 1086 | 60.4 | -33.80 |
| South | 16.00 | 64.80 | 19.20 | 500 | 27.8 | -48.80 |
| Mid-West | 30.00 | 33.57 | 16.43 | 140 | 7.8 | -23.57 |
| East | 48.27 | 41.38 | 10.35 | 29 | 1.6 | - 6.89 |
| West | 38.23 | 41.18 | 20.59 | 34 | 1.9 | - 2.95 |
| Overseas | 30.00 | 70.00 | 0.00 | 10 | 0.6 | -40.00 |
| Total | 23.30 | 59.10 | 17.60 | 1799 | 100.0 | -35.80 |
| Political View | | | | | | |
| Liberal | 30.52 | 53.68 | 15.80 | 190 | 10.5 | -23.16 |
| Moderate Liberal | 32.76 | 54.31 | 12.93 | 116 | 6.4 | -21.55 |
| Moderate | 23.93 | 61.85 | 14.22 | 443 | 24.6 | -37.92 |
| Mod. Conservative | 25.13 | 57.63 | 17.24 | 203 | 11.3 | -32.50 |
| Conservative | 24.69 | 59.87 | 34.54 | 324 | 18.0 | -35.18 |
| No View | 16.38 | 60.00 | 23.62 | 525 | 29.2 | -43.62 |
| Total | 23.30 | 59.10 | 17.60 | 1801 | 100.0 | -35.80 |

TABLE 44 -- Continued

| Church | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Baptist | 20.97 | 61.69 | 17.34 | 825 | 47.1 | -40.72 |
| Methodist | 27.41 | 50.26 | 22.33 | 197 | 11.3 | -22.85 |
| Presbyterian | 38.10 | 41.26 | 20.64 | 63 | 3.6 | - 3.16 |
| Catholic | 15.39 | 70.77 | 13.84 | 65 | 3.7 | -53.38 |
| Episcopalian | 55.00 | 30.00 | 15.00 | 20 | 1.1 | +25.00 |
| Church of Christ | 21.12 | 65.56 | 13.32 | 90 | 5.1 | -44.44 |
| Christian | 29.73 | 51.35 | 18.92 | 74 | 4.2 | -21.62 |
| Assembly of God | 26.32 | 60.53 | 13.15 | 38 | 2.2 | -34.21 |
| Holiness | 11.11 | 76.39 | 12.50 | 72 | 4.1 | -65.28 |
| Protestant | 41.37 | 34.48 | 24.15 | 29 | 1.7 | + 6.89 |
| Church of Jesus Christ | 14.63 | 75.61 | 9.76 | 41 | 2.3 | -60.98 |
| None | 30.63 | 48.76 | 20.61 | 160 | 9.1 | -18.13 |
| Lutheran | 23.53 | 64.71 | 11.76 | 17 | 1.0 | -41.18 |
| Church of God | 9.38 | 75.01 | 15.61 | 32 | 1.8 | -65.63 |
| Seven Day Adventist | 16.67 | 83.33 | 0.00 | 12 | 0.7 | -66.66 |
| Mormon | 14.29 | 57.15 | 28.56 | 7 | 0.4 | -42.86 |
| Nazarene | 0.00 | 75.00 | 25.00 | 8 | 0.5 | -75.00 |
| Total | 23.30 | 59.10 | 17.60 | 1750 | 100.0 | -35.80 |

TABLE 45

A WOMAN HAS THE RIGHT TO DECIDE
TO HAVE AN ABORTION

| Ethnic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| White | 41.30 | 43.68 | 15.02 | 1012 | 57.8 | - 2.38 |
| Black | 34.19 | 54.08 | 11.73 | 699 | 39.9 | -19.89 |
| Indian | 41.03 | 38.46 | 20.51 | 39 | 2.2 | + 2.57 |
| Total | 38.50 | 47.70 | 13.80 | 1750 | 100.0 | - 9.20 |

TABLE 45 -- Continued

| Socio-Economic | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Upper-upper | 78.57 | 14.29 | 7.14 | 14 | 0.8 | +64.28 |
| Lower-upper | 54.02 | 32.18 | 13.80 | 174 | 9.9 | +22.84 |
| Upper-middle | 44.25 | 40.48 | 15.27 | 504 | 28.8 | + 3.77 |
| Lower-middle | 35.31 | 53.67 | 11.02 | 490 | 28.0 | -18.36 |
| Upper-lower | 31.98 | 53.94 | 14.08 | 419 | 23.9 | -21.96 |
| Lower-lower | 26.00 | 56.00 | 18.00 | 150 | 8.6 | -30.00 |
| Total | 38.50 | 47.70 | 13.80 | 1751 | 100.0 | - 9.20 |
| Environmental | | | | | | |
| Good | 45.18 | 40.64 | 14.18 | 881 | 50.3 | + 4.54 |
| Fair | 31.18 | 55.00 | 13.82 | 680 | 38.8 | -23.82 |
| Poor | 33.54 | 53.05 | 13.41 | 164 | 9.4 | -19.51 |
| Very Poor | 34.62 | 61.64 | 3.84 | 26 | 1.5 | -27.02 |
| Total | 38.50 | 47.70 | 13.80 | 1751 | 100.0 | - 9.20 |
| Religious Activity | | | | | | |
| None | 43.24 | 38.74 | 18.02 | 444 | 25.4 | + 4.50 |
| Seldom | 40.90 | 43.98 | 15.13 | 357 | 20.4 | - 3.08 |
| Moderate | 41.41 | 47.06 | 11.53 | 425 | 24.3 | - 5.65 |
| Moderate Plus | 34.86 | 51.38 | 13.76 | 109 | 6.2 | -16.52 |
| Very Active | 29.58 | 59.90 | 10.51 | 409 | 23.4 | -30.32 |
| Total | 38.50 | 47.70 | 13.80 | 1744 | 100.0 | - 9.20 |
| Other Demographic Variables: | | | | | | |
| Sex | | | | | | |
| Male | 43.68 | 41.84 | 14.48 | 435 | 24.8 | + 1.84 |
| Female | 36.78 | 49.62 | 13.60 | 1316 | 75.2 | -12.84 |
| Total | 38.50 | 47.70 | 13.80 | 1751 | 100.0 | - 9.20 |
| Age | | | | | | |
| 13 - 19 | 32.35 | 45.59 | 22.06 | 68 | 3.9 | -13.24 |
| 20 - 29 | 48.56 | 43.27 | 8.17 | 208 | 11.9 | + 5.29 |
| 30 - 39 | 53.66 | 35.61 | 10.73 | 205 | 11.7 | +18.05 |
| 40 - 49 | 40.98 | 43.44 | 15.58 | 244 | 14.0 | - 2.46 |
| 50 - 64 | 37.76 | 47.82 | 14.42 | 437 | 25.0 | -10.06 |
| 65 + | 29.86 | 55.46 | 14.68 | 586 | 33.5 | -25.60 |
| Total | 38.50 | 47.70 | 13.80 | 1748 | 100.0 | - 9.20 |

TABLE 45 -- Continued

| Family Size | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| One Person | 31.28 | 52.67 | 16.05 | 274 | 21.4 | -21.39 |
| Two Persons | 40.00 | 46.77 | 13.23 | 620 | 35.4 | - 6.77 |
| Three - Five | 39.10 | 46.84 | 14.06 | 491 | 28.1 | - 7.74 |
| Six - Eight | 44.05 | 44.49 | 11.46 | 227 | 13.0 | - 0.44 |
| Nine Plus | 43.24 | 43.24 | 13.52 | 37 | 2.1 | 0.00 |
| Total | 38.50 | 47.70 | 13.80 | 1749 | 100.0 | - 9.20 |
| Birthplace | | | | | | |
| Oklahoma | 40.68 | 45.03 | 14.29 | 1057 | 60.5 | - 4.35 |
| South | 30.66 | 55.97 | 13.37 | 486 | 27.8 | -25.31 |
| Mid-West | 45.19 | 40.74 | 14.07 | 135 | 7.7 | + 4.45 |
| East | 60.71 | 28.57 | 10.72 | 28 | 1.6 | +32.14 |
| West | 40.63 | 50.00 | 9.37 | 32 | 1.8 | - 9.37 |
| Overseas | 40.00 | 60.00 | 0.00 | 10 | 0.6 | -20.00 |
| Total | 38.60 | 47.70 | 13.80 | 1748 | 100.0 | - 9.20 |
| Political View | | | | | | |
| Liberal | 48.15 | 43.39 | 8.46 | 189 | 10.8 | + 4.76 |
| Moderate Liberal | 41.44 | 47.75 | 10.81 | 111 | 6.3 | - 6.31 |
| Moderate | 33.87 | 53.00 | 13.13 | 434 | 24.8 | -19.13 |
| Mod. Conservative | 40.31 | 48.47 | 11.22 | 196 | 11.2 | - 8.16 |
| Conservative | 39.42 | 50.00 | 10.58 | 312 | 17.8 | -10.58 |
| No View | 37.01 | 42.91 | 20.08 | 508 | 29.0 | - 5.90 |
| Total | 38.50 | 47.70 | 13.80 | 1759 | 100.0 | - 9.20 |

TABLE 45 — Continued

| Church | Agree | Disagree | No Opinion | Number People | Percent People | Agree Minus Disagree |
|---|---|---|---|---|---|---|
| Baptist | 37.66 | 48.63 | 13.71 | 802 | 47.2 | -10.97 |
| Methodist | 40.31 | 46.07 | 13.62 | 191 | 11.2 | - 5.76 |
| Presbyterian | 50.82 | 34.43 | 14.75 | 61 | 3.6 | +16.39 |
| Catholic | 28.13 | 57.81 | 14.06 | 64 | 3.8 | -29.68 |
| Episcopalian | 72.22 | 16.67 | 11.11 | 18 | 1.1 | +55.55 |
| Church of Christ | 36.67 | 45.56 | 17.77 | 90 | 5.3 | - 8.89 |
| Christian | 33.80 | 52.11 | 14.09 | 71 | 4.2 | -18.31 |
| Assembly of God | 32.43 | 62.16 | 5.41 | 37 | 2.2 | -29.73 |
| Holiness | 28.99 | 63.77 | 7.24 | 69 | 4.1 | -34.78 |
| Protestant | 66.67 | 25.00 | 8.33 | 24 | 1.4 | +41.67 |
| Church of Jesus Christ | 28.21 | 53.85 | 17.94 | 39 | 2.3 | -25.64 |
| None | 46.20 | 37.34 | 16.46 | 158 | 9.3 | + 8.86 |
| Lutheran | 43.75 | 43.75 | 12.50 | 16 | 0.9 | 0.00 |
| Church of God | 28.13 | 65.63 | 6.24 | 32 | 1.9 | -37.50 |
| Seven Day Adventist | 16.67 | 58.33 | 25.00 | 12 | 0.7 | -41.66 |
| Mormon | 28.57 | 42.86 | 28.57 | 7 | 0.4 | -13.29 |
| Nazarene | 25.00 | 62.50 | 12.50 | 8 | 0.5 | -37.50 |
| Total | 38.40 | 47.90 | 13.80 | 1699 | 100.0 | - 9.20 |

TABLE 46

SHOULD PHYSICIAN DO AN ABORTION

| Ethnic | Never Do Abortion | Save Mother Only | Should Do Abortion | No Opinion | Number People | Percent People |
|---|---|---|---|---|---|---|
| White | 7.18 | 56.56 | 20.58 | 15.68 | 1045 | 58.0 |
| Black | 17.74 | 53.21 | 10.34 | 18.71 | 716 | 39.7 |
| Indian | 12.50 | 57.50 | 10.00 | 20.00 | 40 | 2.2 |
| Total | 11.50 | 55.20 | 16.30 | 17.00 | 1801 | 100.0 |

TABLE 46 -- Continued

| Socio-Economic | Never Do Abortion | Save Mother Only | Should Do Abortion | No Opinion | Number People | Percent People |
|---|---|---|---|---|---|---|
| Upper-upper | 7.14 | 14.29 | 50.00 | 28.57 | 14 | 0.8 |
| Lower-upper | 4.95 | 46.70 | 32.97 | 15.38 | 182 | 10.1 |
| Upper-middle | 6.91 | 55.85 | 20.35 | 16.89 | 521 | 28.9 |
| Lower-middle | 10.69 | 62.38 | 13.47 | 13.46 | 505 | 28.0 |
| Upper-lower | 16.63 | 53.86 | 10.08 | 19.43 | 427 | 23.7 |
| Lower-lower | 23.53 | 47.71 | 5.88 | 22.88 | 153 | 8.5 |
| Total | 11.50 | 55.20 | 16.30 | 17.00 | 1802 | 100.0 |
| Environmental | | | | | | |
| Good | 7.62 | 53.75 | 21.63 | 17.00 | 906 | 50.3 |
| Fair | 13.90 | 57.74 | 11.18 | 17.18 | 698 | 38.7 |
| Poor | 19.05 | 54.17 | 9.52 | 17.26 | 168 | 9.3 |
| Very Poor | 30.00 | 50.00 | 10.00 | 10.00 | 30 | 1.7 |
| Total | 11.50 | 55.20 | 16.30 | 17.00 | 1802 | 100.0 |
| Religious Activity | | | | | | |
| None | 9.23 | 47.69 | 22.42 | 20.66 | 455 | 25.3 |
| Seldom | 9.84 | 54.10 | 15.57 | 20.49 | 366 | 20.4 |
| Moderate | 10.23 | 57.27 | 17.50 | 15.00 | 440 | 24.5 |
| Moderate Plus | 14.53 | 58.12 | 12.82 | 14.53 | 117 | 6.5 |
| Very Active | 15.83 | 61.63 | 10.07 | 12.47 | 417 | 23.2 |
| Total | 11.50 | 55.20 | 16.30 | 17.00 | 1795 | 100.0 |
| Other Demographic Variables: | | | | | | |
| Sex | | | | | | |
| Male | 8.76 | 51.24 | 18.88 | 21.12 | 445 | 24.7 |
| Female | 12.38 | 56.60 | 15.40 | 15.62 | 1357 | 75.3 |
| Total | 11.50 | 55.20 | 16.30 | 17.00 | 1802 | 100.0 |
| Age | | | | | | |
| 13 - 19 | 8.57 | 52.86 | 12.86 | 25.71 | 70 | 3.9 |
| 20 - 29 | 8.80 | 47.69 | 30.56 | 12.95 | 216 | 12.0 |
| 30 - 39 | 9.48 | 48.82 | 27.96 | 13.74 | 211 | 11.7 |
| 40 - 49 | 9.64 | 59.04 | 15.66 | 15.66 | 249 | 13.8 |
| 50 - 64 | 9.53 | 57.21 | 15.52 | 17.74 | 451 | 25.1 |
| 65 + | 15.78 | 57.64 | 8.29 | 18.29 | 602 | 33.5 |
| Total | 11.50 | 55.20 | 16.30 | 17.00 | 1799 | 100.0 |

TABLE 46 -- Continued

| Family Size | Never Do Abortion | Save Mother Only | Should Do Abortion | No Opinion | Number People | Percent People |
|---|---|---|---|---|---|---|
| One Person | 17.19 | 52.60 | 9.63 | 20.58 | 384 | 21.3 |
| Two Persons | 10.32 | 54.47 | 18.05 | 16.96 | 637 | 36.4 |
| Three - Five | 9.27 | 58.59 | 18.54 | 14.60 | 507 | 28.2 |
| Six - Eight | 8.55 | 59.40 | 16.67 | 15.38 | 234 | 13.0 |
| Nine Plus | 18.42 | 36.84 | 21.05 | 23.69 | 38 | 2.1 |
| Total | 11.50 | 55.20 | 16.30 | 17.00 | 1800 | 100.0 |
| Birthplace | | | | | | |
| Oklahoma | 10.77 | 54.60 | 17.86 | 16.77 | 1086 | 60.4 |
| South | 14.40 | 52.00 | 8.80 | 17.80 | 500 | 27.8 |
| Mid-West | 6.43 | 51.43 | 24.28 | 17.86 | 140 | 7.8 |
| East | 10.34 | 44.83 | 31.04 | 13.79 | 29 | 1.6 |
| West | 8.82 | 52.94 | 29.41 | 8.83 | 34 | 1.9 |
| Overseas | 30.00 | 50.00 | 20.00 | 0.00 | 10 | 0.6 |
| Total | 11.50 | 55.20 | 16.30 | 17.00 | 1799 | 100.0 |
| Political View | | | | | | |
| Liberal | 10.53 | 53.16 | 21.05 | 15.26 | 190 | 10.5 |
| Moderate Liberal | 11.21 | 51.72 | 22.41 | 14.66 | 116 | 6.4 |
| Moderate | 8.35 | 60.27 | 18.05 | 13.33 | 443 | 24.6 |
| Mod. Conservative | 8.87 | 55.67 | 22.66 | 12.80 | 203 | 11.3 |
| Conservative | 11.42 | 58.95 | 16.36 | 13.27 | 324 | 18.0 |
| No View | 15.43 | 50.29 | 9.14 | 25.14 | 525 | 29.2 |
| Total | 11.50 | 55.20 | 16.30 | 17.00 | 1801 | 100.0 |

TABLE 46 -- Continued

| Church | Never Do Abortion | Save Mother Only | Should Do Abortion | No Opinion | Number People | Percent People |
|---|---|---|---|---|---|---|
| Baptist | 11.03 | 56.61 | 13.94 | 18.42 | 825 | 47.1 |
| Methodist | 10.66 | 52.28 | 18,90 | 17.26 | 197 | 11.3 |
| Presbyterian | 4.76 | 47.62 | 28.57 | 19.05 | 63 | 3.6 |
| Catholic | 18.46 | 60.00 | 10.77 | 10.77 | 65 | 3.7 |
| Episcopalian | 0.00 | 50.00 | 35.00 | 20.00 | 20 | 1.1 |
| Church of Christ | 11.11 | 56.67 | 17.77 | 14.45 | 90 | 5.1 |
| Christian | 13.51 | 51.35 | 22.97 | 12.17 | 74 | 4.2 |
| Assembly of God | 2.63 | 73.68 | 13.16 | 10.53 | 38 | 2.2 |
| Holiness | 13.89 | 62.50 | 9,72 | 13.89 | 72 | 4.1 |
| Protestant | 3.45 | 41.38 | 37.94 | 17.23 | 29 | 1.7 |
| Church of Jesus Christ | 29.27 | 46.34 | 4.88 | 19.51 | 41 | 2.3 |
| None | 11.88 | 46.25 | 22.51 | 19.36 | 160 | 9.1 |
| Lutheran | 11.76 | 64.72 | 24.52 | 0.00 | 17 | 1.0 |
| Church of God | 18.75 | 65.63 | 6.26 | 9.36 | 32 | 1.8 |
| Seven Day Adventist | 16.67 | 75.00 | 8.33 | 0.00 | 12 | 0.7 |
| Mormon | 14.29 | 42.86 | 14.29 | 28.56 | 7 | 0.4 |
| Nazarene | 0.00 | 87.50 | 0.00 | 12.50 | 8 | 0.5 |
| Total | 11.50 | 55.20 | 16.30 | 17.00 | 1750 | 100.0 |

attached to legalized abortion, an issue that evoked strong negative response. It would appear that women's rights, however, has entered into the third issue since the negative response is only 9.2% as compared to 35.8% on the abortion legalization question. This would indicate how people can be made to change their minds when a popular program is associated with a less popular one. Only 16.3% said outright that the physician should do the abortion whereas 11.5% indicated that rather than allow an abortion they would let the mother die. However, the large majority felt that the mother should have a chance to live, even though they were generally against abortion.

Whites and Indians strongly approve family planning whereas Blacks only moderately approve it. Indians most strongly oppose legalized abortion with Blacks not far behind; Whites only moderately oppose it. Indians and Whites are evenly split on the right of a woman to decide for the abortion whereas Blacks are moderately opposed to her right to choose. Responses from all three ethnic groups strongly support the limitation of abortion to instances where it would save the mother's life. Of the two other responses, Whites most strongly approve the unrestricted practice of abortion, whereas Blacks most strongly oppose abortion under any circumstance.

The upper and middle socio-economic classes strongly support family planning whereas the lower classes show only moderate support of the program. The two upper classes are the only classes in favor of the abortion legalization bill, the upper-upper class strongly supporting it whereas the lower-upper class shows only mild support. The upper-middle class is only moderately opposed to the bill whereas the remaining three

classes are strongly opposed. The right of a woman to decide for an abortion is strongly defended by the upper-upper class, moderately defended by the lower-upper class, evenly contested by the upper-middle class, and moderately opposed by the remaining three classes. One-half of the upper-upper class supports the practice of abortion under any circumstance, and one-third of the lower-upper class and one-fifth of the upper-middle class make a similar response. In the responses of the remaining three classes there is less than 15% support. Only a small percent, less than ten, of the upper and middle classes, state that under no circumstance should a physician do an abortion, whereas 16% to 23% of the lower classes feel this way. All groups, except the upper-upper class, strongly oppose (by 45% to 62%) the practice of abortion except to save the mother's life, this latter group having only 14% of respondents in favor.

The best environmental group strongly support family planning whereas the fair, poor, and very poor groups show progressively less desire for the program. Likewise the very poor group most strongly opposes the abortion legalization bill whereas the poor, fair, and good groups show progressively less opposition. On the question of a woman's right to decide for an abortion, the good group is about evenly split whereas the remaining groups are moderately opposed. One-fifth of the good group feel that the physician should do the abortion whereas the remaining groups have only 10% to support this position. Almost one-third of the very poor group feel that no abortion should be done under any circumstance and one-fifth of the poor group feel this way, whereas the positive response of the good and fair groups range from 7 to 13%. In all four groups, 50% or more of the respondents state that only to save the mother's life should an abortion be performed.

In the family planning issue very little differentiation in terms of the religious activity variable can be seen, except that the very active group has less desire for the program than do the other groups. However, on the issues related to abortion, differentiation is apparent. The very active religious group is most opposed to the legalization bill whereas the not active group is least opposed, the other groups finding their respective places between the two groups. On the issue of a woman's right to decide to have an abortion, the same differentiation is apparent: the very active is most opposed, the not active least opposed, with the remaining groups respectively in between. Concerning whether the physician should do an abortion, the not active give the strongest positive response, the very active the least positive. The very active group most strongly respond to the option that under no circumstance should an abortion be performed; the not active and seldom active by contrast least strongly respond to this option. All the groups state by a large majority that abortion should not be done except to save the mother's life; 61% of the very active support this position as do 47% of the not active, the remaining three groups falling in between.

Women more strongly support family planning than do the men but on every aspect of the abortion issue women take a more negative position than do men. Women are more opposed to the abortion bill and feel less strongly than do men that a woman has the right to decide to have an abortion. Slightly fewer women than men feel that it should not be done under any circumstance or only when the mother's life is endangered.

Consistently the 20 - 29 and the 30 - 39 year old groups, who are child-bearing groups, respond more positively to these issues of

hypothesis 5 than do the other age groups. Favor diminishes as one ascends the age ladder, the only exception being the 13 - 19 year old group, whose views usually coincided with the age groups 40 - 49 and 50 - 65. On the family planning issue those from child-bearing ages respond more positively, the 65 year old and over group showing the least favor. The same is true of the abortion legalization bill: the child-bearing ages respond more positively whereas the medicare age is most opposed. These two child-bearing groups are the only age groups supporting the woman's right to make a decision concerning an abortion, the remaining groups showing less favor with the Medicare age being moderately negative on the issue. On the question of whether the physician should perform the abortion, the percent favoring this issue is highest among those of child-bearing ages and less among those over 65. In the Medicare age group a higher percent feel that abortion should not be done under any circumstance than is the case among other groups. Although in all groups a high percent of the respondents feel that only to save the mother's life should the abortion be performed, the child-bearing ages choose this response less frequently, the 13 - 19 age group somewhat more so, and the remaining groups even more frequently.

The group composed of the one member family appears consistently more opposed to abortion, as studied in the issues of hypothesis 5, than do the other groups defined by family size. This group shows the least favor for family planning, the abortion legalization bill, and woman's right to choose to have an abortion. There appears to be little differentiation among the other size families on these three issues. Concerning the question whether the physician should perform the abortion, only 9%

of the respondents of this group approve, whereas 17% agree that abortion should not be done under any circumstance. Twenty-one percent of the group composed of families of nine or more agree that abortion should be performed, whereas 18% would not approve it under any circumstance. In the remaining groups the practice of abortion is supported over the prohibition of it by a ration of two to one. The majority of all groups defined by family size agree that abortion should only be done to save the mother's life; however, the group composed of the family of nine or more has a smaller majority approving this option than do any of the other groups.

Among groups defined by area of geographical origin, those from the East, the West, and the Midwest are more inclined to favor family planning and abortion than are those born in Oklahoma, the South and overseas. The latter two are considerably more negative on these issues. These two groups show least approval of the physician performing an abortion and most strongly support the proposition that abortion should not be done under any circumstance. All groups show a majority of respondents favoring the idea that an abortion should be done only to save the mother's life.

There appears to be little association between political views and these issues. The moderates appear to be more opposed to abortion than the conservatives, however, there is a slight tendency suggesting that the liberal groups favor abortion more than the conservative groups. The group which has no political views appears to the most opposed to abortion.

Blacks and Indians are much more opposed to abortion than are

the Whites, perhaps because they are the minority groups and would like to keep every possibility to have their numbers increased. Probably for the same reason the Whites are more favorable to abortion, for they see it as a means to decrease the population, the welfare rolls, and taxes.

There is a distinct association between socio-economic class and the respondent's views on family planning and abortion. The upper classes most strongly favor abortion, the middle classes are less in favor, and the lower classes are least in favor. The strong support of family planning and abortion by the upper classes may be explained as an expression of their desire to limit the propagation by those who are on welfare and thereby decrease the welfare rolls. The religious influence among the lower classes is a more prominent factor than it is among the upper classes and connot be eliminated from consideration.

Environmental home conditions likewise appear to influence responses on these issues. Very similarly to the socio-economic classes, the better groups favor abortion and family planning more than do the poorer groups. Environmental conditions and socio-economic class are related, and reasons for attitudes of these groups are perhaps the same. The poorer environmental groups showing little concern about cleaning up the conditions around the home may be accused also of showing little concern about size of families.

Religious activity appears as a definite factor in differentiating the groups. The more active religiously these groups of respondents are, the less the group favors abortion. This is seen on every question concerning the issue. However, on the family planning issue, only the very active religiously show a differentiation. They are more opposed

whereas the remaining groups are more in favor. To many people this is a moral and religious issue; abortion to them is the taking of a life, or "murder" as many respondents expressed it. Family planning, although seen by some respondents as the same as abortion, is generally considered more acceptable. Preventing a life is not as unacceptable as taking a life and would not be a moral or religious issue to most people in this community.

Women support family planning more than do men; however, men favor abortion more than women do. Women generally approve family planning. The religious element must be a considered factor here and if further studies were carried out one would anticipate a higher percentage of religious activity among women than among men. Men may be saying: "If the woman wants the abortion let her have it."

It is significant to note the consistent tendency of the child-bearing ages of 20 - 39 as favoring family planning and abortion more than the remaining groups. This fertile group is faced with these issues now. The older groups have passed this age and may feel that "I bore all my children, why can't they?" Children tend to relate the younger groups more to the home, and in an age when people experience greater opportunity for recreation and social relations while living in an economy where many women work, children can be considered a detriment. To people whose children are grown, children are considered a benefit. Grandchildren are enjoyed without the responsibility of rearing them. Teenagers appear to have the same views as those between 40 - 65, who usually are the ages of their parents.

The negative response of the one member family must be noted and considered on these issues. Data indicates this person is usually a widow

or widower over 65 and living alone. This group consistently holds the same views as those of Medicare age and the reasons for their attitudes would appear to be the same. The other family groups show no definite pattern of response.

The conservativeness of those from the South, Oklahoma, and overseas is also obvious. The South, including Oklahoma, has long been known as the "Bible Belt," and no doubt the religious question has emerged as a major factor in influencing the attitudes of those from these areas. The influence of customs and perhaps religion may be the contributing factors to the view held by those born overseas.

Consistent with the liberal and conservative persuasions the liberals should be more in favor of family planning and abortion than are the conservatives. However, the classification of respondents into groups according to political views was accomplished by a relative method with each respondent classifing himself which may have resulted in a large margin for error. A pattern in which conservatives are more conservative than liberals on these issues is evident from the data.

It is also noted that those denominations classified as "protestant" and are more formal in their worship, along with those who do not have a religious affiliation or preference, are more liberal in their attitudes toward abortion. The evangelical groups and "sect" religions, in company with the Mormon and Catholic groups, are more opposed to the issue. Social issues of the present have become more prominent in the more formalized church groups of the Protestant denominations in recent years. On the other hand the evangelical groups and the "sect" religions have avoided the "social gospel," placing more emphasis on salvation and

the future life. Catholics, along with Mormons, have traditionally opposed contraception for years and would be anticipated to continue their opposition to any such methods.

# CHAPTER VI

## CONCLUSION

Hypothesis 1 states that the attitudes toward changing the present health delivery system will differ by ethnicity, socio-economic class, environmental home conditions, and religious activity. The results that have been presented do reveal that there is a difference between groups formed by these variables; however, this difference is not as anticipated, According to proposition 1 minority groups have a higher degree of desire to change the health delivery system than do majority ehtnic groups. Therefore the Indian group should favor change the most with the Black group following; however, the results of the survey reveal that the Balcks have the strongest desire for change, the Whites following, while the Indians have the least desire. This may be thus because the Indians have their own system of free medicine. Although this group may not be completely satisfied with this type of medicine, they probably would not be willing to give up their exclusive program, where they are recognized as a group, to become a small part of a vast health system. The results of the survey indicate that this proposition is not supported and therefore may be considered false.

Proposition 2 indicates that an individual's social class will be inversely related to the degree of desire to change the health delivery system. Thus the lower socio-economic classes should have the strongest

desire to modify the system, the middle classes following, and the upper classes with the least desire to modify the system, the middle classes following, and the upper classes with the least desire for change. Survey results reveal a mixture of the six socio-economic groups with no differentiation apparent. This may be due to the fact that many of the people are uninformed of the present health system situation and perhaps irregardless of their socio-economic group they fear change more than dislike with their present situation. Since proposition 2 is not substantiated by the data it may therefore be considered false.

Proposition 3 indicates that an individual's environmental home conditions will be inversely related to the degree of desire to change the health delivery system. Thus it is expected that the very poor environmental home condition group would show the strongest favor for modification of the system. The results of the survey do reveal that the two poorer groups do have the least desire while the good and fair groups have the strongest desire for change; however, the poor group reveals less favor for modification than does the very poor group and the fair group reveals more desire for modification than does the good group. These results may indicate that although there is a tendency to separate into groups as the proposition has proposed, still there may be the lack of knowledge of the present health system which would be present in all groups of people and could cause deviations from the expected pattern. Thus it may be said that proposition 3 may be considered false and may not be accepted with any confidence.

Proposition 4 indicates that those who are actively involved in religious activity will show less desire to change the health delivery

system. It is expected, therefore, that those who are not active religiously will show the strongest desire for modification and those who are very active will show the least desire. Survey results reveal that the two least active groups do show the strongest favor for modification of the system and the two most active groups having the least favor for modification; however, the slightly active group is more desirous for change than is the not active group and the more than moderately active group show less desire for change than does the very active group. The same reason may be given here for this result as is given with proposition 3; although the tendency to separate into groups, as proposition 4 would indicate, does seem to be present, the inability to differentiate into sub-groups as expected may be due to the general population being uninformed concerning the present health care situation. Thus we may say that proposition 4 has some support from the data but may not be accepted with complete confidence.

Proposition 5 states that the acceptance of new ideas in health care is inversely related to the size of the ethnic group. We may expect, therefore, that the Indian group, followed by the Black group, would be more accepting of new ideas. Of the five issues involving new methods of care the results reveal that Blacks are the strongest in favor on three issues while the Whites are strongest on two issues. Indians have their own system of health care which already incorporates some of these new methods of care, therefore they do not see the need for these methods as readily as would those outside such a system. Thus the premise stated in the proposition involving the ethnic variable would be false on all five issues since it is not supported by the results.

Proposition 5 also states that the acceptance of new ideas in

health care is inversely related to the socio-economic status of the citizen. We may expect, therefore, that the lower socio-economic groups would have the strongest desire for change of the system while the upper groups would have the least desire. On two issues of the five no differentiation is seen; however, on the remaining three a definite differentiation is revealed with the results very close to what was expected but not completely so. Thus we may say that the premise given concerning the socio-economic variable in proposition 5 is false on two issues and would have some support on the remaining three issues but not accepted with complete confidence. The results concerning this variable may be due to the fact that of the two issues of no differentiation, the health station and the H. M. O. insurance, the latter is a completely new concept and no group, regardless of class, would take a definite position. The health station results, however, do show a slight tendency for some of the upper and middle classes to favor the station more than do the lower classes. Perhaps this latter group feels that the health station is a means by the upper and controlling classes to give them inferior care, which they may conceive that a health station with a paramedical is, whereas they want the same care as the controlling groups, namely, physician care.

A third portion of proposition 5 states that the acceptance of new ideas in health care is inversely related to the quality of the local home environment. We may thus expect that the very poor environmental group would be most desirous for these new methods of care and the good environmental group would have the least desire. Three issues reveal a definite differentiation, however, it is opposite of what is anticipated, On one other issue the results are as anticipated in proposition 5 except

for a small variation. The remaining issue is as is expected. Thus it may be said that the premise stated concerning the environmental home conditions variable is not supported by the data and may be considered false on three issues, has some support on one issue but may not be accepted with complete confidence, and is completely supported on the last issue. The results concerning this variable may be due to the fact that with the three issues proven false, namely, the health station, preference of a paramedical over a physician, and H. M. O. insurance, the latter method is a new concept and understood less by the poorer environmental groups than the better groups and therefore would be rejected because of its unknown quality. The same reasons for the rejection of the health station and the paramedical by the poorer environmental groups may be the same as given with the socio-economic variable. These poorer environmental groups prefer physician care more than they do inferior paramedical care, in their own estimation. The health station and the paramedical, they thus reason, has been proposed strictly for the participation of the lower socio-economic groups and for those of the poorer environmental classes, thus leaving more time for the physician to see the upper classes.

The last portion of proposition 5 indicates that the acceptance of new ideas in health care is inversely related to the degree of religious activity of the respondent. We therefore may expect that the very active religiously would be the least accepting of new ideas while the least active would be the most acceptable. Survey results reveal that this is not substantiated on three of the five issues and may be considered false and that the premise has some support from the data on the other two but the support is not sufficient to be accepted with complete confidence.

The results would indicate that religious activity plays little if any influence in the respondent's thinking concerning new methods of care. Many who are not active religiously are community conscious and expend their energies in this direction. On the question of federal payment for health services a tendency is seen for the more active religiously to be less in favor than the less active as the proposition porposes. This may be due to a strong religious heritage in our country to be opposed to interference by the government in matters of religion and therefore influencing the respondent to be opposed to government encroachment into the realm of the private. There is also a tendency for the more active religiously to prefer the physician over the paramedical more than do the less active. The very active appear to be more involved in church affairs and less involved in community affairs than are the less active who may be closer to the situation, the former not seeing the need of extension of care to include other areas than just physician participation.

In hypothesis 1 the issues considered here have been exposed to the four major variables in twenty-four combinations, sixteen of which may be considered false, seven give some support to the hypothesis and its propositions but may not be accepted with complete confidence, while one gives them complete support. To determine the degree of truth of the hypothesis in the light of the results of the survey, a rating is given of 0.00 for no support to the hypothesis, 0.50 for support but not with complete confidence, and 1.00 for complete support to the hypothesis. This gives hypothesis 1 a total of five points and when divided by twenty-four leaves a rating of 19.0% in which the results have agreed with the propositions. This is far below the standard of acceptance with complete

confidence. Thus hypothesis 1 may be considered false.

Some results are seen of the influence of the minor variables to the issues of hypothesis 1. Those in the age groups from twenty to forty years of age, the child-bearing age, are more favorable to changing the health delivery system than are those of other age groups. The family with only one member is strongly opposed to change and is generally opposed to new methods of care more than the other groups except for federal payment for health services and for home care. Those who were born overseas are more favorable to change than those from other geographical areas and are also strongest in favoring new methods of care. Liberal political groups definitely are more favorable to changing the health delivery system than are the conservative groups and which also includes incorporating the new methods of care.

Hypothesis 2 states that dissatisfaction with the present health delivery system will have the same correlation as in hypothesis 1 but to a stronger degree. Minority ethnic groups should be more dissatisfied than are the majority groups, lower socio-economic groups may be expected to have less satisfaction than have the upper groups, the poorer environmental home condition groups should reveal more dissatisfaction than the better groups, and more dissatisfaction should be found among the not active religious group than among the most active group. Survey results reveal that on all six issues involving the ethnic variable, the results were not as anticipated and since the premise involving this variable is not substantiated by data it may be considered false. The Indians show more satisfaction than do the Blacks who in turn appear to be more satisfied with the present health care in the community than are the Whites.

This may be due to the fact that health care is present for the Indian in his own system and he presumably likes the availability of it without cost. The Blacks are more favorable than the Whites perhaps because there are two black physicians who care for a tremendous amount of their own people and the people like their care. Many of the Balcks are on welfare and thus are able to be seen in physicians' private offices. On the other hand Whites, who are not on welfare and who are not economically able to pay for the care that they need, are very dissatisfied in not receiving health care services and would probably be seen by the physician with less enthusiasm than are those who give assurances of payment.

In hypothesis 2 five of the six issues involving the socio-economic variable are not supported by the data and may be considered false; however, on the sixth issue it is completely supported. Opposition to the present health care in the community appears to come mostly from the middle classes with the upper and lower classes appearing to be more satisfied. Probably this may be for the reason that the middle classes, who must pay for their care, are less able to pay for it than are the upper classes and yet do not receive the free care given to them as do the lower classes. It is also seen, as was anticipated in the hypothesis, that the lower classes do not see their physician as much as they should. This must be due to the neglect on their part to see their physician since care is available through means of welfare.

The environmental home conditions variable has its premise not substantiated on three issues of hypothesis 2, has some support for the premise by the data on two more issues but may not be accepted with complete confidence, and completely supports the premise on the remaining

one. One of the issues which does not support the premise is the question of whether medical care is good in the community. The very poor group is more positive in their answer than are the others; this may represent a portion of the welfare group and who are satisfied with the care. The upper class in their dissatisfaction perhaps feel that they should get better care for their money. The poorer environmental groups are more satisfied with ambulance service than are the better environmental groups. This may be due to the fact that the lower economic groups, of which the poorer environmental groups no doubt are a part, do not use ambulance service very much and are therefore unacquainted with this care.

The religious activity variable does not have its premise supported on four issues and may be considered false, one premise which receives some support from the results but may not be accepted with complete confidence, and one premise which is completely supported. On three of the issues considered false there is a slight tendency by the less active to be more dissatisfied with care in the community than the remaining groups but the tendency is not strong enough to give support to the hypothesis. It appears that religious activity has little bearing on what people think about medical care in their community. There is a strong tendency among the religiously active to be satisfied that they see a physician as much as they should. This perhaps may be due to a psychological factor, those who spend their time in religious activities generally have more consideration of others and therefore have less time to think about themselves.

Proposition 1 of hypothesis 2 states that as the time spent by the physician with the patient increases, patient dissatisfaction with the

health delivery system will decrease. This is not borne out in the results concerning the ethnic groups as the Indian indicates that he spends the least time of all the ethnic groups with the physicians yet he is the most satisfied of the three groups with the present system of health care in the community. Again the reason for this may be that the Indian is a member of an exclusive health care system who cares for him without cost and although it is not perfect and the physician does not spend enough time with him as he would like he would not be willing to give it up and be a member of the health care system as are the other ethnic groups. Proposition 1 completely agrees with the results involving the socio-economic and the environmental home group variables, those who are most satisfied with the care in the community are those who receive the most time from the physician. Concerning the religious activity variable the results of the survey reveal that there is some support for the premise but may not be accepted with complete confidence. Thus in proposition 1 we have one instance where the premise is considered false, another instance with some support for the premise but may not be considered with complete confidence, and two instances which gives complete support.

In hypothesis 2 there are twenty-eight combinations of issues being exposed to the four major variables. Nineteen of these combinations are considered false, four give some support to the premise but may not be accepted with complete confidence, and five give complete support. Using the same system of rating as outlined previously, hypothesis 2 has a rating of 25.0%, still far below the standard of acceptability. Thus hypothesis 2 may be considered false.

Minor variables also influence the results of hypothesis 2.

Women demonstrate more obvious dissatisfaction with the present system of health care than do men. The teenage group and those of past 65 Medicare age are more favorable to the present system while those in age groups from twenty to forty show more dissatisfaction. The families of nine or more persons and the families composed of one member appear more likely to be satisfied with present medical care than are those from families of other sizes. Persons originally from the West and from the East rank highest in their satisfaction with present medical care and those of foreign birth rank lowest. The liberal political oriented groups are definitely less satisfied with the present system of health care in the community than are those of conservative groups.

Hypothesis 3 states that attitudes concerning environmental questions are related to the ethnic and socio-economic backgrounds of respondents, to their environmental home conditions, and to their degree of religious activity. It is revealed in the results of the survey that White respondents seek solutions to environmental problems more than do the Indians or Black respondents; those from the higher socio-economic groups desire community solutions to environmental questions more than do those of the lower groups; the better environmental home conditions respondents demonstrate more apparent interest in these problems than do those from the poorer groups; and those who are more active religiously are more positive on these issues than are those who are not active. These are the findings of the survey generally on all environmental issues in this dissertation, however, on the specific issues of hypothesis 3 this is not always the case.

Proposition 1 of hypothesis 3 states that the attitude toward

mandatory trash and garbage pickup is positively related to the size of the ethnic group in the community. Thus Whites are expected to be most positive, Blacks following, and Indians least positive; however, the data does not substantiate this premise concerning the two minority groups, Indians are more positive than Blacks. Perhaps this is because there are so many private garbage collectors who are black and many of their friends do not want to see them lose their means of a living. Proposition 1 further states that the attitudes toward this issue is positively related to the respondent's position on the socio-economic scale. This premise is given some support by the results but may not be accepted with complete confidence. Attitudes concerning this issue are positively related to the local home environment. This premise is also given some support by the results but may not be accepted with complete confidence since the very poor group surprisingly showed much favor for the ordinance. Perhaps the wife, who is usually the respondent, would like to see some of the trash around the home be moved even though forced to do so. This proposition further states that attitudes concerning mandatory garbage and trash pick-up are positively related to the degree of religious activity of the respondent. The results reveal little differentiation between the religious activity groups and one cannot say that the results give any support to the premise. Perhaps many of the respondents who are active religiously and also are in the lower economic classes as well as being black have let their ethnic and socio-economic status influence their beliefs more than perhaps their religious views. Thus in proposition 1 there are two instances where the premise is not considered true and two instances where the premise is given some support by the results but may not be accepted

with complete confidence.

Proposition 2 of hypothesis 3 states that the attitude toward a stronger ordinance to prohibit large animals within the city is positively related to the size of the ethnic group in the community, to the local home environment, and to the degree of religious activity. It further states that the middle, upper, and lower socio-economic groups will favor a strong ordinance in that order. The premises involving the ethnic and environmental home conditions groups are completely supported according to the data, the socio-economic premise is supported some by the data but is not accepted with complete confidence, while the results do not support the religious activity premise and may be considered false. It appears that religious activity has very little influence on the people's attitude toward a large animal ordinance. Thus in proposition 2 there are two instances supported by the data, one which may be considered false, and one which gives some support to the premise but may not be accepted with complete confidence.

Proposition 3 of hypothesis 3 states that the attitude toward urban renewal in residential areas is positively related to the four major variables. The premises involving all four variables were not substantiated by the results and may be considered false. Whites who should be most in favor of the program, according to the proposition, are found to be most against it. Whites contain most of the landlord group and perhaps would lose some of their rent houses through urban renewal. Blacks, who are most in favor of the program, are mostly tenants and would be happy to have nicer homes to live in. The upper-upper class follows the expected pattern and is strongest in favor of urban renewal in residential

areas. However, the lower-upper class surprisingly shifts out of its expected position and shows less desire for the program than does four of the remaining five groups. Possibly the bulk of the landlord group is in this socio-economic class or perhaps those who do social work and hate to see people moved out of their homes belong to this class. The very poor environmental home group has moved from its expected position to become more in favor of the program. Perhaps they would like to see some of the conditions around their home cleaned up in such a program; the situation around their home has become so bad that they realize that they cannot remedy it without outside help. Only the not active religious group has found its expected place according to this proposition. Religious activity probably has very little influence on respondents' attitudes toward urban renewal.

Proposition 4 states that the attitudes toward restricting industrial development to those industries which can control their pollution is positively related to the four major variables. The results of the survey reveal that the ethnic and socio-economic premises are supported by the results, the environmental home conditions and religious activity premises are supported somewhat by the data but may not be accepted with complete confidence.

Proposition 5 states that attitudes toward the benefit of pesticides used in spraying is inversely related to the four major variables. The results reveal that the ethnic, socio-economic, and environmental home conditions premises are not supported by the data and may be considered false. The religious activity premise, however, is not supported by the results and may not be accepted with any confidence. Blacks are least in

favor of spraying, however, there is little difference between them and the Whites. No differentiation whatever is seen among the socio-economic groups, all see the benefit of pesticides with more strength given to the upper-upper class. This group apparently places more emphasis on the economic value of pesticides rather than the environmental harm it may do. The very poor environmental group give the least emphasis to the benefit of pesticides and strangely have become the environmentalists of that group for reasons unknown.

Thus hypothesis 3 has twenty combinations of issues being exposed to the major variables. Eleven of these combinations may be considered false, five are somewhat supported by the data but may not be accepted with complete confidence, and four are completely supported by the results of the survey. Using the same rating as for hypothesis 1 and 2 it is found that hypothesis 3 has a rating of 32.5%. This hypothesis may be considered false.

Among the minor variables women are more sensitive to environmental issues than are the men. Teenagers and those of Medicare age show less interest in environmental problems as do those who are the sole member of the family. Those native to Oklahoma and those from the South show less concern for the environment, whereas those from overseas evidence great concern. On environmental issues there appears to be more interest among the political liberals than among the conservatives.

Hypothesis 4 states that preventive care is positively related to the four variables. The ethnic and religious activity premises have been found to have some support from the results of the survey but may not be accepted with complete confidence; however, the socio-economic and the

environmental home conditions premises are completely supported. The rating for this hypothesis may be considered to be 75.0%. Hypothesis 4 may be considered that it is somewhat supported by the survey data but it may not be accepted with complete confidence.

Hypothesis 5 states that the attitudes favoring legalized abortion is positively related to the ethnic, socio-economic, and environmental home conditions variables, but is inversely related to the religious activity variable. Table 44 of this dissertation gives the results of the combination of the four major variables with this issue. All four premises have been found to be completely supported by the data giving hypothesis 5 a rating of 100.0%. Hypothesis 5 may be considered substantiated by the results of the survey.

Thus it is found that hypothesis 1, 2, and 3, may be considered false, hypothesis 4 as being somewhat supported by the survey findings but may not be accepted with complete confidence, and hypothesis 5 as being completely supported by the data results.

In evaluating the major variables the environmental home conditions variable appears to have been the most accurate in determining the results of the hypotheses with socio-economic as the next most accurate. Ethnic appears to have been the least accurate. On environmental issues, ethnic, socio-economic, and environmental home conditions appear to be equally effective. The latter two are most influential in hypothesis 4. Environmental home conditions appears to be the most important and accurate variable in hypothesis 1 and 2. All four are equally important in hypothesis 5.

The minor variables also appear important in these issues. In

considering the modifications of the health care system, sex, age, and political views appear to be the most important; likewise, they are more significant in influencing satisfaction with the present health care system. The environmental issues reveal that sex, age, and place of birth are of more relative importance whereas preventive care relates more to sex and fmily size. In considering the issue of abortion, sex, age, family size, birthplace, and political views, are all important inferences, according to results from this study.

It does appear that selected social factors may have influenced attitudes of respondents toward social and health-related issues in this Oklahoma community. In this dissertation we have attempted also to show to what extent these attitudes have been influenced. Although extensive in its scope this study has not answered all the questions concerning the effect of these social factors on the attitudes of respondents toward health and social issues. In this study only the influence of single factors has been examined. Further study should be made of the combination of these factors upon the respondents' attitudes. While this basic data is already collected it would require more complex computor analysis to produce these findings. For example, it would be interesting how the White person in the upper socio-economic class views an issue as compared to the Black person of the same group; or how teenagers who are not active religiously consider these issues in comparison with a similar group who are very active in religious organizations. Three factor studies could be determined since there are enough respondents in this survey to make such a study feasible. It would also be helpful to analyze the socio-economic groups in terms of their component characteristics such as education,

family income, and occupation, and examine the influence of these three factors separately upon the various issues studied.

Another study could be completed in this same community the year or more following the present one with consideration of these same issues in order to determine attitude change in these groups, and to examine possible associated factors. Small scale surveys could focus on these groups who have shown unusual deviation from the base pattern with possible causes of this deviation studied more exclusively. A survey in similar or dissimilar communities would produce valuable comparative information as well as data as to unique influences significant to health care attitudes in such settings.

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# APPENDIX A

# HEALTH INVERVIEW SURVEY

Interview Sector Number | Housing Unit Number | Area Number

Interviewer | Date

Address of Household_____ Telephone Number_____

Respondent: Household Head_____ Spouse_____

Mature Child_____ Other: Specify_____ Respondent's Age_____

Occupation of Household Head | Number Working

_____ | _____

## EDUCATION

| | Household Head | | Wife |
|---|---|---|---|
| 1. | ____ | Postgraduate Work | ____ |
| 2. | ____ | College Graduate | ____ |
| 3. | ____ | College 1-3 Years | ____ |
| 4. | ____ | High School Graduate | ____ |
| 5. | ____ | 10-11 Years | ____ |
| 6. | ____ | 7-9 Years | ____ |
| 7. | ____ | 0-6 Years | ____ |
| 8. | ____ | Unknown | ____ |

## FAMILY INCOME LAST YEAR

| | | |
|---|---|---|
| 1. | ____ | Less than 1,000 |
| 2. | ____ | 1,000 - 1,999 |
| 3. | ____ | 2,000 - 4,999 |
| 4. | ____ | 5,000 - 9,999 |
| 5. | ____ | 10,000 - 14,999 |
| 6. | ____ | 15,000 - 24,999 |
| 7. | ____ | 25,000 - 49,999 |
| 8. | ____ | Above 50,000 |

Length of Residence_____

Own_____ Rent_____

Number Persons_____ Ethnic Identification _____

Church Affiliation or Preference

_____

Place of Birth: (State)
Household Head_____

Spouse_____

## HOUSEHOLD ROSTER

| | | SEX | |
|---|---|---|---|
| | AGE | M | F |
| 1._____ | | | |
| 2._____ | | | |
| 3._____ | | | |
| 4._____ | | | |
| 5._____ | | | |
| 6._____ | | | |
| 7._____ | | | |
| 8._____ | | | |
| 9._____ | | | |

QUESTIONS TO ASK

1. Do you get a check-up from a physician when you are well?

   Yes_____ No_____ Rarely_____

2. If answer is other than "yes", why? Check those appropriate:

   A. _____ Wait too long in the office
   B. _____ Cost too much.
   C. _____ Don't have time to go.
   D. _____ Unimportant to get check-up.
   E. _____ Physician disinterested.
   F. _____ Physician doesn't give good examination.
   G. _____ Distance too far.
   H. _____ No transportation.
   I. _____ Just neglected to do so.
   J. _____ Other: State reason _____
   _____

3. If you had been hospitalized and was recovering and would receive adequate care from each of the two following situations, which would you prefer:

   A. To have apublic health nurse visit you one hour per day in your own home in order that your hospitalization period may be reduced, or:
   B. To remain the complete time in the hospital until you have completely recuperated?

   A._____ B._____ Don't Know _____

4. If you were sick, in order to receive care, which situation would you prefer:

   A. To be seen by a physician at his office by awaiting your turn for an appointment, or:
   B. To be seen more immediately by someone on the health team who is not a physician, such as a trained nurse or a person trained in diagnosis and treatment who works under the direction of a physician and who would refer certain cases beyond his ability to the physician.

   A._____ B._____ Don't Know_____

5. There is a need for a health station to render services described in 4-B.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

6. There are now an adequate number of physicians in the town.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

7. I am able to see a physician as much as I should.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

8. Emergency care is adequate in this town.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

9. Ambulance service is adequate in this town.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

10. I feel that medical care generally in this town is good.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

11. A program of federal payment for health services is urgently needed.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

12. I am in favor of a mandatory ordinance for garbage and trash service.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

13. I am in favor of a stronger ordinance to prohibit large animals, (horses, cows, etc.) within the city limits.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

14. I am in favor of urban renewal in residential areas.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

15. Industrial development near Muskogee should be restricted to industries which control their pollution.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

16. Pesticides do more good than harm in a spraying program to kill mosquitoes.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

17. I would prefer to have health insurance as it is today rather than pay a flat fee each year for health insurance, to a group of doctors who would be responsible for routine care as well as checking me over periodically.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

18. I am in favor of changing the present system of health care.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

If in favor of change, give reason: _____

19. Do you feel your physician spends enough time with you to tell you about your condition or one of your family's condition?

| Agree | Disagree | No Opinion |
|---|---|---|
| _____ | _____ | _____ |

20. Rate your activity in your church or religious group.

| Not Active | Slightly Active | Moderately Active | More than Moderately Active | Very Active | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

21. Rate your views politically.

| Liberal | Moderately Liberal | Moderate | Moderately Conservative | Conservative | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

22. All trash and garbage service should be by the City Sanitation Department.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

23. The spraying program is controlling mosquitoes in Muskogee.

| Strongly Agree | Agree | Undecided | Disagree | Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

24. I am in favor of an ordinance to prohibit junk cars in Muskogee.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

25. I believe that the state law to prohibit burning in Muskogee, which has been in effect since July, 1971, is a very good law.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

26. Family planning is a very helpful program.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

27. Do you know where the Health Department is? Yes_____ No_____

28. Have you used services at the Health Department? _____ Which service?

_____ Immunization
_____ Maternity
_____ X-Ray
_____ Child Health
_____ Family Planning
_____ Glaucoma & Diabetes Screening
_____ Venereal Disease
_____ Other (Identify): _____

_____ Home Health Care
_____ Heart Clinic
_____ Guidance Center
_____ General Medical
_____ Sanitation
_____ Dental
_____ Pharmacy

29. I am in favor of a legislative bill which would legalize abortion.

| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | Don't Know |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

If favoring, give reason for legalizing abortion. _____

_____

30. If a woman consulted with a physician to have an abortion and he agreed to perform it, my view on whether the physician should do this or not would be:

_____ No abortion under any circumstance
_____ May abort to save mother's life only
_____ May perform abortion up to 15 weeks on any woman who desires it
_____ May perform abortion up to 6 months if woman desires it
_____ May abort fetus in utero any time before birth
_____ Don't Know

31. Do you feel a woman has the right to make a decision concerning an abortion on hereself after she has consulted with a physician?

Yes_____ No_____ Don't Know_____

# APPENDIX B

## RATING OF SOCIO-ECONOMIC STATUS

### TABLE 1

SCORES FOR CODING EDUCATION BY NUMBER OF YEARS OF SCHOOL COMPLETED

| Scores | | Category | Total Years |
|---|---|---|---|
| Males | Females | | |
| | | **College** | |
| 69 | 73 | 5 or more | 17+ |
| 63 | 66 | 4 | 16 |
| 61 | 63 | 3 | 15 |
| 59 | 61 | 2 | 14 |
| 57 | 60 | 1 | 13 |
| 55 | 56 | (1) | (1) |
| | | **High School** | |
| 52 | 53 | 4 | 12 |
| 48 | 48 | 3 | 11 |
| 46 | 46 | 2 | 10 |
| 45 | 44 | 1 | 9 |
| | | **Elementary School** | |
| 42 | 41 | 8 | 8 |
| 39 | 36 | 7 | 7 |
| 36 | 34 | 5 and 6 | 5 or 6 |
| 33 | 32 | 3 and 4 | 3 o4 4 |
| 31 | 30 | 1 and 2 | 1 or 2 |
| 29 | 28 | None | 0 |

(1) 1 year of special trade school, secretarial college, or other vocational education beyond high school.

TABLE 2

SCORES FOR CATEGORIES OF FAMILY INCOME

| Annual Income Category | Scores by Region | | | | |
|---|---|---|---|---|---|
| | North-east | North-central | South | West | United States |
| $50,000 or more | 79 | 81 | 81 | 78 | 79 |
| $25,000 to $49,999 | 71 | 72 | 73 | 70 | 72 |
| $15,000 to $24,999 | 63 | 64 | 65 | 62 | 64 |
| $12,000 to $14,999 | 57 | 58 | 60 | 57 | 58 |
| $10,000 to $11,999 | 54 | 54 | 57 | 53 | 54 |
| $9,000 to $9,999 | 51 | 51 | 54 | 50 | 52 |
| $8,000 to $8,999 | 49 | 49 | 52 | 48 | 50 |
| $7,000 to $7,999 | 47 | 47 | 50 | 46 | 48 |
| $6,000 to $6,999 | 44 | 44 | 4[illegible] | 44 | 46 |
| $5,000 to $5,999 | 42 | 42 | 46 | 42 | 43 |
| $4,000 to $4,999 | 40 | 40 | 44 | 40 | 41 |
| $3,500 to $3,999 | 38 | 38 | 42 | 38 | 40 |
| $3,000 to $3,499 | 37 | 37 | 40 | 37 | 38 |
| $2,500 to $2,999 | 35 | 35 | 39 | 35 | 37 |
| $2,000 to $2,499 | 33 | 34 | 37 | 33 | 35 |
| $1,500 to $1,999 | 31 | 31 | 35 | 31 | 33 |
| $1,000 to $1,499 | 29 | 29 | 33 | 29 | 31 |
| Less than $1,000 | 25 | 25 | 28 | 26 | 26 |

TABLE 3

AVERAGE SCORES FOR CATEGORIES OF MAJOR OCCUPATIONAL GROUPS

| Scores | Section of Standardized Scores List | Major Occupational Groups |
|---|---|---|
| 63 | A | Professional and technical workers. |
| 59 | B | Managerial workers, officials, and proprietors, except farm. |
| 56 | C | Clerical, sales, and kindred workers. |
| 52 | D | Craftsmen, foremen, and skilled workers. |
| 49 | E | Operatives and semiskilled workers. |
| 46 | F | Service workers; farmowners, tenants, and managers. |
| 42 | G | Laborers, except farm and mine. |
| 34 | H | Farm laborers and foremen. |
| 53 | I | Members of the Armed Forces. |

# APPENDIX C

## STANDARDIZED SCORES FOR SPECIFIC OCCUPATIONS

### TABLE 1

### PROFESSIONAL AND TECHNICAL WORKERS

| Occupation | Score |
|---|---|
| Accountants and auditors | 63 |
| Actors | 59 |
| Airplane pilots and navigators | 66 |
| Architects | 69 |
| Artists and art teachers | 61 |
| Athletes | 58 |
| Authors | 62 |
| Chiropractors | 63 |
| Clergymen | 54 |
| College presidents, professors, and instructors NEC | 66 |
| Dancers and dancing teachers | 50 |
| Dentists | 83 |
| Designers | 63 |
| Dietitians and nutritionists | 62 |
| Draftsmen | 59 |
| Editors and reporters | 64 |
| Engineers, technical: | |
| Aeronautical | 69 |
| Chemical | 69 |
| Civil | 66 |
| Electrical | 68 |
| Industrial | 65 |
| Mechanical | 66 |
| Metallurgical and metallurgists | 68 |
| Mining | 68 |
| NEC | 66 |
| Entertainers NEC | 49 |
| Farm and home management advisers | 62 |
| Foresters and conservationists | 55 |
| Funeral directors and embalmers | 60 |
| Lawyers and judges | 73 |
| Librarians | 56 |
| Musicians and music teachers | 56 |
| Natural scientists NEC: | |
| Chemists | 65 |
| Other natural scientists | 66 |
| Nurses, professional | 64 |
| Nurses, student professional | 59 |
| Optometrists | 81 |
| Osteopaths | 83 |
| Personnel and labor relations workers | 65 |
| Pharmacists | 75 |

TABLE 1 -- Continued

| Occupation | Score |
|---|---|
| Photographers | 57 |
| Physicians and surgeons | 83 |
| Public relations and publicity writers | 66 |
| Radio operators | 58 |
| Recreation and group workers | 55 |
| Religious workers | 52 |
| Social and welfare workers, except group | 59 |
| Social scientists | 66 |
| Sports instructors and officials | 59 |
| Surveyors | 53 |
| Teachers NEC | 60 |
| Technicians, medical and dental | 64 |
| Technicians, testing, electronic and electrical | 58 |
| Technicians, other engineering and physical sciences | 58 |
| Technicians NEC | 56 |
| Therapists and healers NEC | 70 |
| Veterninarians | 81 |
| Professional, technical, and kindred workers NEC | 62 |

TABLE 2

MANAGERIAL WORKERS, OFFICIALS, AND PROPRIETORS, EXCEPT FARM

| Occupation | Score |
|---|---|
| Buyers and department heads, store | 60 |
| Buyers and shippers, farm products | 51 |
| Conductors, railroad | 55 |
| Credit Men | 60 |
| Floormen and floor managers, store | 54 |
| Inspectors, public administration: | |
| Federal public administration and postal service | 59 |
| State public administration | 55 |
| Local public administration | 56 |
| Managers and superintendents, building | 45 |
| Officers, pilots, pursers, and engineers, ship | 55 |
| Officials and administrators NEC, public administration: | |
| Federal public administration and postal service | 64 |
| State public administration | 60 |

TABLE 2 -- Continued

| Occupation | Score |
|---|---|
| Local public administration | 57 |
| Officials, lodge, society, or union | 58 |
| Postmasters | 58 |
| Purchasing agents and buyers NEC | 62 |
| Managers, officials, and proprietors NEC, salaried: | |
| Construction | 61 |
| Manufacturing | 65 |
| Transportation | 60 |
| Communications, utilities, and sanitary services | 63 |
| Wholesale trade | 61 |
| Retail trade: | |
| Food and dairy products stores | 56 |
| Eating and drinking places | 53 |
| General merchandise and limited-price variety stores | 60 |
| Apparel and accessories stores | 58 |
| Furniture, housefurnishings, and equipment stores | 60 |
| Motor vehicles and accessories | 58 |
| Gasoline service stations | 51 |
| Hardware, farm equipment, and building material | 58 |
| Other retail trade | 58 |
| Banking and other finance | 64 |
| Insurance and real estate | 65 |
| Business services | 66 |
| Automobile repair services and garages | 55 |
| Miscellaneous repair services | 59 |
| Personal services | 56 |
| All other industries (including NR) | 63 |
| Managers, officials, and proprietors NEC, self-employed: | |
| Construction | 57 |
| Manufacturing | 60 |
| Transportation | 56 |
| Communications, utilities, and sanitary services | 59 |
| Wholesale trade | 60 |
| Retail trade: | |
| Food and dairy products stores | 49 |
| Eating and drinking places | 51 |
| General merchandise and limited-price variety stores | 53 |
| Apparel and accessories stores | 60 |
| Furniture, housefurnishings, and equipment stores | 60 |
| Motor vehicles and accessories | 60 |
| Gasoline service stations | 51 |
| Hardware, farm equipment, and building material | 58 |
| Other retail trade | 56 |
| Banking and other finance | 68 |
| Insurance and real estate | 65 |
| Business services | 62 |

TABLE 2 -- Continued

| Occupation | Score |
|---|---|
| Automobile repair services and garages | 52 |
| Miscellaneous repair services | 52 |
| Personal services | 53 |
| All other industries (including NR) | 56 |

TABLE 3

CLERICAL, SALES, AND KINDRED WORKERS

CLERICAL AND KINDRED WORKERS

| Occupation | Score |
|---|---|
| Agents NEC | 60 |
| Attendants and assistants, library | 49 |
| Attendants, physicians' and dentists' offices | 60 |
| Baggagemen, transportation | 51 |
| Bank tellers | 54 |
| Bookkeepers | 54 |
| Cashiers | 48 |
| Collectors, bill and account | 52 |
| Dispatchers and starters, vehicle | 54 |
| Express messengers and railway mail clerks | 56 |
| File clerks | 50 |
| Insurance adjusters, examiners, and investigators | 60 |
| Mail carriers | 55 |
| Messengers and office boys | 44 |
| Office machine operators | 54 |
| Payroll and timekeeping clerks | 55 |
| Postal clerks | 56 |
| Receptionists | 50 |
| Secretaries | 57 |
| Shipping and receiving clerks | 49 |
| Stenographers | 56 |
| Stock clerks and storekeepers | 49 |
| Telegraph messengers | 44 |
| Telegraph operators | 55 |
| Telephone operators | 53 |
| Ticket station and express agents | 57 |
| Typists | 51 |
| Clerical and kindred workers NEC | 54 |

TABLE 3 -- Continued

SALES AND KINDRED WORKERS

| Occupation | Score |
|---|---|
| Advertising agents and salesmen | 61 |
| Auctioneers | 54 |
| Demonstrators | 51 |
| Hucksters and peddlers | 45 |
| Insurance agents, brokers, and underwriters | 60 |
| Newsboys | 38 |
| Real estate agents and brokers | 60 |
| Stock and bond salesmen | 64 |
| Salesmen and sales clers NEC: | |
| Manufacturing | 61 |
| Wholesale trade | 58 |
| Retail trade | 50 |
| Other industries (including NR) | 57 |

TABLE 4

CRAFTSMEN, FOREMEN, AND SKILLED WORKERS

| Occupation | Score |
|---|---|
| Bakers | 47 |
| Blacksmiths | 43 |
| Boilermakers | 51 |
| Bookbinders | 52 |
| Brickmasons, stonemasons, and tile workers | 49 |
| Cabinetmakers | 49 |
| Carpenters | 46 |
| Cement and concrete finishers | 44 |
| Compositors and typesetters | 56 |
| Cranemen, derrickmen, and hoistmen | 48 |
| Decorators and window dressers | 53 |
| Electricians | 56 |
| Electrotypers and stereotypers | 57 |
| Engravers, except photoengravers | 55 |
| Excavating, grading, and road machinery operators | 53 |
| Foremen NEC: | |
| Construction | 53 |
| Manufacturing: | |
| Metal industries | 57 |

TABLE 4 -- Continued

| Occupation | Score |
|---|---|
| Machinery, except electrical | 58 |
| Electrical machinery, equipment, and supplies | 59 |
| Transportation equipment | 60 |
| Other durable goods | 54 |
| Textiles, textile products and apparel | 52 |
| Other nondurable goods (including unspecified manufacturing) | 57 |
| Railroads and railway express service | 51 |
| Transportation, except railroad | 56 |
| Communications, utilities, and sanitary services | 58 |
| Other industries, including NR | 55 |
| Forgemen and hammermen | 49 |
| Furriers | 52 |
| Glaziers | 52 |
| Heat treaters, annealers, and temperers | 50 |
| Inspectors, sealers, and graders, log and lumber | 48 |
| Inspectors NEC: | |
| Construction | 54 |
| Railroads and railway express agencies | 50 |
| Transportation (except railroad), communications, and other public utilities | 55 |
| Other industries, including NR | 55 |
| Jewellers, watchmakers, and gold and silversmiths | 51 |
| Job setters, metal | 52 |
| Linemen and servicemen, telephone, telegraph, and power | 57 |
| Locomotive engineers | 54 |
| Locomotive firemen | 56 |
| Loom fixers | 41 |
| Machinists | 53 |
| Mechanics and repairmen: | |
| Air conditioning, heating, and refrigeration | 53 |
| Airplane | 56 |
| Automobile | 48 |
| Office machine | 55 |
| Radio and television | 52 |
| Railroad and car shop | 48 |
| NEC | 50 |
| Millers, grain, flour, feed, and similar products | 43 |
| Millwrights | 52 |
| Molders, metal | 46 |
| Motion picture projectionists | 50 |
| Opticians and lens grinders | 54 |
| Painters, construction and maintenance | 44 |
| Paperhangers | 41 |
| Pattern and model makers, except paper | 64 |
| Photoengravers and lithographers | 58 |

TABLE 4 -- Continued

| Occupation | Score |
|---|---|
| Piano and organ tuners and repairmen | 49 |
| Plasterers | 47 |
| Plumbers and pipefitters | 53 |
| Pressmen and plate printers, printing | 55 |
| Publishers | 59 |
| Rollers and roll heads, metal | 49 |
| Roofers and slaters | 42 |
| Shoemakers and repairers, except factory | 38 |
| Stationary engineers | 57 |
| Stonecutters and stone carvers | 43 |
| Structural metal workers | 52 |
| Tailors | 41 |
| Tinsmiths, coppersmiths, and sheet metal workers | 53 |
| Toolmakers, diemakers, and setters | 56 |
| Upholsterers | 46 |
| Craftsmen and kindred workers NEC | 52 |
| Former members of the Armed Forces | 47 |

TABLE 5

OPERATIVES AND SEMISKILLED WORKERS

CLASSIFIED WORKERS

| Occupation | Score |
|---|---|
| Apprentices: | |
| Automobile mechanics | 45 |
| Bricklayers and masons | 48 |
| Carpenters | 48 |
| Electricians | 51 |
| Machinists and toolmakers | 51 |
| Mechanics, except automobile | 49 |
| Plumbers and pipefitters | 49 |
| Building trades NEC | 46 |
| Metalworking trades NEC | 50 |
| Printing trades | 49 |
| Other specified trades | 48 |
| Trade not specified | 49 |
| Asbestos and insulation workers | 53 |

TABLE 5 -- Continued

| Occupation | Score |
|---|---|
| Assemblers | 49 |
| Attendants, automobile service and parking | 45 |
| Blasters and powdermen | 45 |
| Boatmen, canalmen, and lockkeepers | 47 |
| Brakemen, railroad | 54 |
| Busdrivers | 48 |
| Chainmen, rodmen, and axmen, surveying | 46 |
| Checkers, examiners, and inspectors, manufacturing | 53 |
| Conductors, bus and street railway | 51 |
| Deliverymen and routemen | 50 |
| Dressmakers and seamstresses, except factory | 42 |
| Dyers | 41 |
| Filers, grinders, and polishers, metal | 49 |
| Fruit, nut, and vegetable graders and packers | 24 |
| Furnacemen, smeltermen, and pourers | 47 |
| Graders and sorters, manufacturing | 43 |
| Heaters, metal | 49 |
| Knitters, loopers, and toppers, textile | 44 |
| Laundry and drycleaning operatives | 44 |
| Meatcutters, except slaughtermen and packinghouse workers | 51 |
| Milliners | 48 |
| Mine operatives and laborers NEC: | |
| Coal mining | 40 |
| Crude petroleum and natural gas extraction | 51 |
| Mining and quarrying, except fuel | 43 |
| Motormen, mine, factory, logging camp, or other industry | 43 |
| Motormen, street, subway, or elevated railroad | 51 |
| Oilers and greasers, except automobile | 46 |
| Packers and wrappers NEC | 44 |
| Painters, except construction and maintenance | 46 |
| Photographic process workers | 52 |
| Power station operators | 56 |
| Sailors and deckhands | 47 |
| Sawyers | 37 |
| Sewers and stitchers, manufacturing | 40 |
| Spinners, textile | 39 |
| Stationary firemen | 46 |
| Switchmen, railroad | 54 |
| Taxicab drivers and chauffeurs | 43 |
| Truck and tractor drivers | 45 |
| Weavers, textile | 40 |
| Welders and flame cutters | 49 |

TABLE 5 -- Continued

OPERATIVES AND KINDRED WORKERS NEC

MANUFACTURING INDUSTRIES

| Occupation | Score |
|---|---|
| Durable Goods: | |
| Lumber and wood products, except furniture: | |
| Logging | 40 |
| Sawmills, planing mills, and millwork | 41 |
| Miscellaneous wood products | 40 |
| Furniture and fixtures | 40 |
| Stone, clay and glass products: | |
| Glass and glass products | 50 |
| Cement, concrete, gypsum, and plaster products | 44 |
| Structural clay products | 40 |
| Pottery and related products | 46 |
| Miscellaneous nonmentallic mineral and stone products | 47 |
| Metal industries: | |
| Blast furnaces, steelworks, and rolling and finishing mills | 48 |
| Other primary iron and steel industries | 46 |
| Primary nonferrous industries, including unspecified metal | 49 |
| Cutlery, handtools, and other hardware | 46 |
| Fabricated structural metal products | 48 |
| Miscellaneous fabricated metal products | 48 |
| Not specified metal industries | 49 |
| Machinery, except electrical: | |
| Farm machinery and equipment | 48 |
| Office, computing, and accounting machines | 52 |
| Miscellaneous machinery | 50 |
| Electrical machinery, equipment, and supplies | 51 |
| Transportation equipment: | |
| Motor vehicles and equipment | 49 |
| Aircraft and parts | 53 |
| Ship and boat building and repairing | 45 |
| Railroad and miscellaneous transportation equipment | 44 |
| Professional and photographic equipment and watches: | |
| Professional equipment and supplies | 51 |
| Photographic equipment and supplies | 55 |
| Watches, clocks, and optical devices | 49 |
| Miscellaneous manufacturing industries | 43 |
| Nondurable Goods: | |
| Food and kindred products: | |
| Meat products | 46 |

TABLE 5 -- Continued

| Occupation | Score |
|---|---|
| Dairy products | 49 |
| Canning and preserving fruits, vegetables, and seafoods | 39 |
| Grainmill products | 44 |
| Bakery products | 45 |
| Confectionery and related products | 43 |
| Beverage industries | 48 |
| Miscellaneous food preparations and kindred products | 42 |
| Not specified food industries | 45 |
| Tobacco manufactures | 40 |
| Textile mill products: | |
| Knitting mills | 42 |
| Dyeing and finishing textiles, except wood and knit goods | 41 |
| Floor covering, except hard surface | 40 |
| Yarn, thread, and fabric mills | 38 |
| Miscellaneous textile mill products | 41 |
| Apparel and other fabricated textile products: | |
| Apparel and accessories | 43 |
| Miscellaneous fabricated textile products | 42 |
| Paper and allied products: | |
| Pulp, paper, and paperboard mills | 50 |
| Paperboard containers and boxes | 48 |
| Miscellaneous paper and pulp products | 49 |
| Printing, publishing, and allied industries | 50 |
| Chemicals and allied products: | |
| Synthetic fibers | 48 |
| Drugs and medicines | 54 |
| Paints, varnishes, and related products | 48 |
| Miscellaneous chemical and allied products | 53 |
| Petroleum and coal products: | |
| Petroleum refining | 57 |
| Miscellaneous petroleum and coal products | 46 |
| Rubber and miscellaneous plastic products: | |
| Rubber products | 50 |
| Miscellaneous plastic products | 47 |
| Leather and leather products: | |
| Leather, tanned, curried, and finished | 42 |
| Footwear, except rubber | 42 |
| Leather products, except footwear | 42 |
| Not specified manufacturing industries | 42 |
| NONMANUFACTURING INDUSTRIES, INCLUDING NR | |
| Construction | 45 |
| Railroads and railway express | 46 |
| Transportation, except railroads | 49 |
| Communications, utilities, and sanitary services | 51 |

TABLE 5 -- Continued

| Occupation | Score |
|---|---|
| Wholesale and retail trade | 44 |
| Business and repair services | 46 |
| Personal services | 40 |
| Public administration | 48 |
| All other industries, including NR | 43 |

TABLE 6

SERVICE WORKERS AND FARM MANAGERS

SERVICE WORKERS

PRIVATE HOUSEHOLD WORKERS

| Occupation | Score |
|---|---|
| Babysitters, private household | 41 |
| Housekeepers, private household: | |
| Living in | 37 |
| Living out | 24 |
| Laundresses, private household: | |
| Living in | 21 |
| Living out | 22 |
| Private household workers: | |
| Living in | 25 |
| Living out | 24 |

SERVICE WORKERS, EXCEPT PRIVATE HOUSEHOLD

| | |
|---|---|
| Attendants, hospital and other institutions | 46 |
| Attendants, professional and personal service NEC | 47 |
| Attendants, recreation and amusement | 42 |
| Barbers | 44 |
| Bartenders | 47 |
| Boarding and lodginghouse keepers | 46 |
| Bootblacks | 22 |
| Chambermaids and maids | 25 |
| Charwomen and cleaners | 40 |
| Cooks | 44 |

TABLE 6 -- Continued

| Occupation | Score |
|---|---|
| Counter and fountain workers | 44 |
| Elevator operators | 40 |
| Hairdressers and cosmetologists | 51 |
| Housekeepers and stewards | 48 |
| Janitors and sextons | 39 |
| Kitchen workers NEC | 39 |
| Midwives | 50 |
| Porters | 38 |
| Practical nurses | 57 |
| Protective service workers: | |
| Firemen, fire protection | 55 |
| Guards, watchmen, and doorkeepers | 44 |
| Marshals and constables | 47 |
| Policemen and detectives: | |
| Public | 55 |
| Private | 52 |
| Sheriffs and bailiffs | 53 |
| Watchmen (crossing) and bridge tenders | 40 |
| Ushers, recreation and amusement | 43 |
| Waiters | 46 |
| Service workers NEC | 43 |
| **FARMERS AND FARM MANAGERS** | |
| Farmers (owners and tenants) | 38 |
| Farm managers | 49 |

TABLE 7

LABORERS, EXCEPT FARM AND MINE

LABORERS CLASSIFIED

| Occupation | Score |
|---|---|
| Carpenters' helpers | 25 |
| Fishermen and oystermen | 26 |
| Garage laborers, car washers, and car greasers | 42 |
| Gardeners | 25 |
| Longshoremen and stevedores | 44 |

TABLE 7 -- Continued

| Occupation | Score |
|---|---|
| Lumbermen, raftsmen, and woodchoppers | 23 |
| Teamsters | 22 |
| Truckdrivers' helpers | 38 |
| Warehousemen NEC | 50 |
| LABORERS NEC | |
| DURABLE GOODS | |
| Lumber and wood products, except furniture: | |
| Sawmills, planing mills, and millwork | 26 |
| Miscellaneous wood products | 26 |
| Furniture and fixtures | 38 |
| Stone, clay, and glass products: | |
| Glass and glass products | 45 |
| Cement, concrete, gypsum, and plaster products | 40 |
| Structural clay products | 40 |
| Pottery and related products | 40 |
| Miscellaneous nonmetallic mineral and stone products | 40 |
| Metal industries: | |
| Blast furnaces, steelworks, and rolling and finishing mills | 44 |
| Other primary iron and steel industries | 41 |
| Primary nonferrous industries | 44 |
| Fabricated structural metal products | 42 |
| Cutlery, hand tools, and other hardware | 42 |
| Miscellaneous fabricated metal products | 43 |
| Not specified metal industries | 42 |
| Machinery, except electrical: | |
| Farm machinery and equipment | 43 |
| Office computing, and accounting machines | 46 |
| Miscellaneous machinery | 43 |
| Electrical machinery, equipment, and supplies | 46 |
| Transportation equipment: | |
| Motor vehicles and motor vehicle equipment | 46 |
| Aircraft and parts | 47 |
| Ship and boat building and repairing | 40 |
| Railroad and miscellaneous transportation equipment | 41 |
| Professional and photographic equipment and watches: | |
| Professional equipment and supplies | 46 |
| Photographic equipment and supplies | 51 |
| Watches, clocks, and optical devices | 40 |
| Miscellaneous manufacturing industries | 41 |

TABLE 7 -- Continued

NONDURABLE GOODS

| Occupation | Score |
|---|---|
| Food and kindred products: | |
| Meat products | 42 |
| Dairy products | 45 |
| Canning and preserving fruits, vegetables, and seafoods | 26 |

Key for Abbreviations
NEC is not elsewhere classified
NR is not reported

THE GRADUATE COLLEGE OF THE UNIVERSITY OF OKLAHOMA

ANNOUNCES THE FINAL EXAMINATION OF

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FOR THE DEGREE OF DOCTOR OF PUBLIC HEALTH

Wednesday, July 18, 1973, 3:30 p.m.
619 N.E. 14th Street

COMMITTEE IN CHARGE:

Professor Charles M. Cameron, Chairman
Professor William W. Schottstaedt
Associate Professor Mitchell V. Owens
Associate Professor B. L. Foote
Assistant Professor Alan P. Chesney

OUTLINE OF STUDIES

MAJOR CONCENTRATION: Health Administration

Principles of Health Planning, Fundamentals of Supervision, Principles of Care Administration, Health Economics, Health and the Law, Methods and Materials in Health Education Systems Analysis of Health Science Administration, Health Administration Seminar.

OTHERS:

Ecology of Health, Human Growth and Development, Research Methods, Environmental Health, Demography, Problems of Comparative Government, Special Problems in Health Planning, Community Organization and Action Problems, Health Attitudes.

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Born in Beggs, Oklahoma, July 16, 1917. Graduated from Central High School, Muskogee, Oklahoma, 1934. Graduated from Oklahoma Baptist University, Shawnee, Oklahoma, with a Bachelor of Science, May, 1940. Attended Baylor University Graduate School one year. Received Doctor of Medicine, University of Oklahoma School of Medicine, 1945. Internship in Missouri Baptist Hospital, St. Louis, Missouri, 1945-1946. Member U.S.

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DISSERTATION

# INFLUENCE OF SELECTED SOCIAL FACTORS ON ATTITUDES TOWARD SOCIAL AND HEALTH RELATED ISSUES IN A MEDIUM-SIZED OKLAHOMA COMMUNITY

The purpose of this research was to determine the influence of social factors on attitudes of respondents toward social and health related issues. A questionnaire of 31 questions was designed in order to determine the attitudes on the following issues: (1) adequateness of the present health delivery system, (2) changing the health delivery system and instituting new ideas of health care, (3) introduction of possible solutions to environmental problems, (4) use of physical checkup as a means of preventive care, and (5) the legalization of abortion.

Respondents interviewed were 1802 who were selected by a random sample. They were classified into various groups by four major variables, namely, ethnicity, socio-economic status, environmental home conditions, and degree of religious activity. Classification by minor variables included sex, age, family size, birthplace, political views, houseownership, length of residence, and church denomination. Ethnic groups were White, Black, and Indian. Socio-economic status was determined by using a three factor scale by Lawrence Green using the education of the wife, the total family income, and the occupation of the head of the household. Environmental home conditions were determined from a survey completed the previous year in which every home in the community was rated as to its exterior environment. The respondent rated himself as to his religious activity.

The results were tabulated and then programmed for the computer and individual cards were punched. The computer then produced 246 two by two tables, which were condensed and produced in its completeness in the dissertation.

Respondents generally did not favor changing the health delivery system, were negative to the new idea of the Health Maintainance Organization concept, and preferred to see the physician rather than the paramedical. They preferred home care than remain in the hospital for the last week of care and felt that federal payment for health services was urgently needed. On local health care issues the respondents were positive in their attitude except that they were dissatisfied with hospital emergency room care and also felt that the number of physicians in the town was insufficient. The majority of respondents were favorable to programs which may have possible solutions to environmental problems, however, concerning the question of pesticides they felt that spraying was more beneficial than harmful. Most respondents received physical checkups as a means of preventive care and were strong in their disfavor of legalized abortion.

It was found in this community among the respondents surveyed that the social factors used as variables did influence their attitudes on the social and health related issues. Environmental home conditions appeared to be the most accurate variable in predicting attitudes of the respondents, with the socio-economic status variable next most accurate.