



	Child Care Availability	Child Care Need
<b>Oklahoma</b>	<b>135,226</b> licensed slots	<b>370,931</b> children with working parents <b>2.7</b> children per slot
<b>Rural counties</b>	<b>24,390</b> licensed slots	<b>79,456</b> children with working parents <b>3.3</b> children per slot
<b>Non-rural counties</b>	<b>110,836</b> licensed slots	<b>291,475</b> children with working parents <b>2.6</b> children per slot
<b>Arkansas</b>	<b>122,860</b> licensed slots	<b>293,408</b> children with working parents <b>2.4</b> children per slot
<b>Rural counties</b>	<b>33,333</b> licensed slots	<b>98,074</b> children with working parents <b>2.9</b> children per slot
<b>Non-rural counties</b>	<b>89,527</b> licensed slots	<b>195,334</b> children with working parents <b>2.2</b> children per slot

Rural choices are limited. *“We have one day care, but need two. [There] needs to be at least one more so there is a choice.”* It is not uncommon for older siblings to be the caretakers for younger children in the family. One teen lamented, *“Sometimes on the weekend my mom goes into work. I’ve got to stay at home for six to eight hours.”*

Rural parents, concerned about their children’s care, are often forced to forego work, education or any other activity outside the home. *“I think it would help our economic position here dramatically to allow some moms to do some things — if she knew her kids were going to be taken care of adequately.”* Inflexible hours prevent night-shift workers from being able to use community child care. The expense of child care provides a barrier to employment for some families. *“I’m a single mother and I can’t afford to work [out-*

*side the home] and pay for child care.”* The lack of child care in rural areas keeps people from pursuing needed education. *“My daughter could not get anyone to watch her children so she could go back to school.”*

Most focus group participants and key informants in Oklahoma and Arkansas wanted more child care in their communities. *“...some kind of pre-school, day-care, something. I truly believe that ... would help us more than any one single thing here.”*

Some preferred programs that would help children become ready to attend school. *“...not just daycare from the standpoint that we’re talking about wiping their noses and cleaning their bottoms ... we’re talking about an educational-type preparation. I think it would help our kids tremendously when they started kindergarten.”*

## Medical and Health

There is little difference between rural and non-rural infant death rates in Oklahoma. The rate of infant deaths is substantially lower in the rural counties of Arkansas than it is in other areas of the state. One in four rural Oklahoma and Arkansas women do not receive prenatal care during the first trimester of their pregnancy. This prenatal care rate in Oklahoma is about the same in rural and non-rural areas. In Arkansas, a slightly higher rate of women in rural areas do not receive prenatal care during their first trimester than is the case in non-rural parts of the state. In both states, deaths from both cancer and heart disease occur at higher rates in rural counties than in non-rural portions of Oklahoma and Arkansas.

Health care was the top issue in Arkansas focus groups. Participants were concerned about the access, quality, cost and the lack of insurance coverage. Several spoke passionately about inadequate emergency room care. *“They close at certain hours—it’s terrible. My mother-in-law died in my arms. After-hours and weekends, we are scared.”*

In Oklahoma, while the combined focus group participants placed more priority on other issues, health care concerns were abundant, especially among the adults. Poor residents in both states explained what had to be done to get medical help. *“Our oldest daughter had been denied four or five places ... before [we] finally got [a state assistance insurance card], and we have to drive—even further [to get care].”* *“Our little boy gets sick ... like ... four times a month and I’ll have to drive him all the way to [a town 35 miles away] to see the doctor.”* If you are lucky, *“You have to sit at the ... clinic all day to be seen.”* If you are not, *“You sit in the clinic—if you can find a ride—and still cannot be seen that day.”* *“Like the time my baby was sick. I couldn’t get him all the way [to the nearest city] and they couldn’t see him here. They couldn’t get me in that day—maybe tomorrow and the other one at least a week before they could see him.”*

Oklahoma and Arkansas share a looming health care crisis in their rural counties, which differ in important ways from other areas that make access to health care more difficult. Rural areas typically

“One man went to the ... clinic with heart problems and stayed all day — couldn’t get in. They sent him home and he died that night.”



HEALTH PROFILE	Infant Deaths; Rate per 1000 Live Births	Mothers without Prenatal Care in First Trimester; % of All Births	Cancer Deaths; Rate per 100,000 Population	Heart Disease Deaths; Rate per 100,000 Population
<b>Oklahoma</b>	362 7.2 per 1000	12,629 25.2%	9,749 281.8 per 100,000	14,677 424.2 per 100,000
Rural counties	75 7.3 per 1000	2,641 25.7%	2,553 331.3 per 100,000	4,181 542.5 per 100,000
Non-rural counties	287 7.2 per 1000	9,988 25.1%	7,196 267.6 per 100,000	10,496 390.3 per 100,000

<b>Arkansas</b>	317 8.4 per 1000	8,369 22.1%	6,085 227.2 per 100,000	8,260 308.4 per 100,000
Rural counties	108 7.5 per 1000	3,617 25.0%	2,557 272.7 per 100,000	3,713 396.0 per 100,000
Non-rural counties	209 8.9 per 1000	4,752 21.3%	3,528 202.6 per 100,000	4,547 261.2 per 100,000

lack a sufficient number of people to support a health care practice. Transportation to care is almost non-existent. A few programs offered vans for transporting older people to medical care for a small fee if advance arrangements were made, making access difficult.

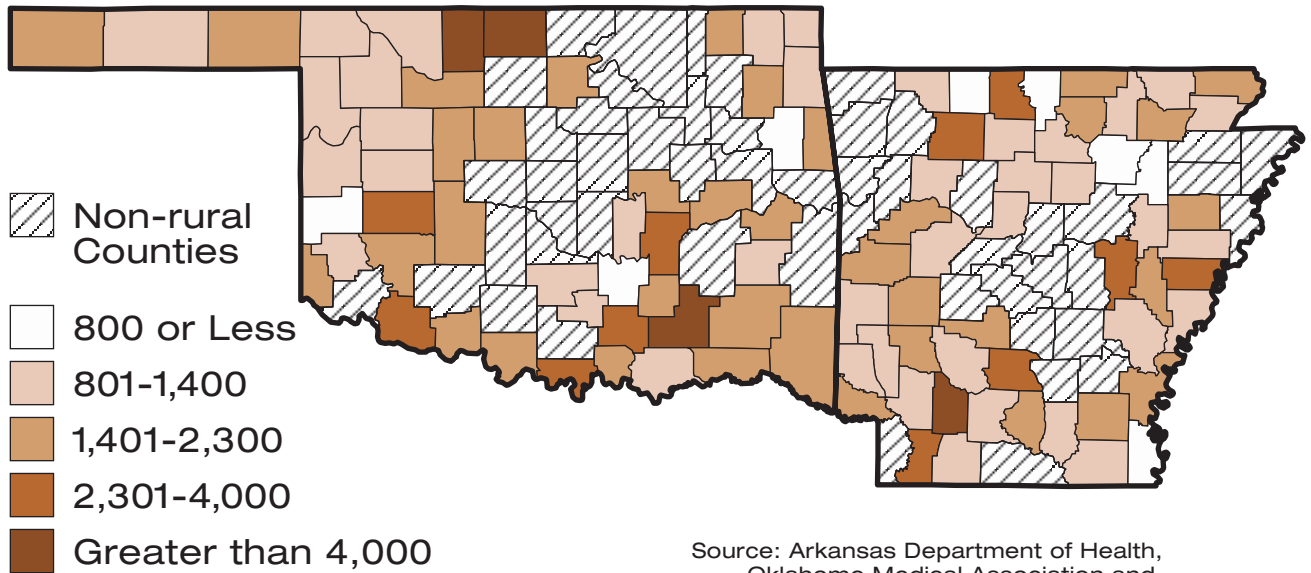
Because rural clinics and hospitals are small or far away, health professionals are in short supply. There are more than a thousand people in rural Oklahoma and Arkansas competing for the time and attention of each physician, compared to less than half that number in non-rural counties. Nurses pick up some of the slack with one nurse for every seventy-eight people in rural Oklahoma and every seventy-one people in rural Arkansas, a rate comparable to non-rural areas. Dental services are more sparse in rural communities, with nine rural Oklahoma and Arkansas counties having no

dentist at all. *“The Health Department Clinic is gone. If you get sick, you have to drive 40 miles. We have no doctors, no services. Have to go out of town to a dentist.”* One key informant explained that *“Health choices are limited.”* In his community, *“There is only one doctor — in [a town several miles away]...”* Others added, *“And the pediatrician comes — I don't know if he comes up one day a week or a couple of times a month or something; you couldn't get in.”* and *“... basically, we really don't have a hospital that can deliver babies or do open heart surgeries or any of the other things. It's just kind of a first aid type thing.”*

Experts report that rural residents are up to twenty percent (20%) less likely to receive regular medical check-ups. Typical of the comments made by rural Oklahoma and Arkansas residents was *“If I get sick I have to lay down in the bed and just be sick until I can get myself well.”* Key informants agreed, *“The poverty-level kids don't have medical check ups.”* *“... try to get*



## Number of People for Each Licensed Physician



Source: Arkansas Department of Health, Oklahoma Medical Association and Oklahoma Osteopathic Association

*someone in there that doesn't have insurance and no money. I mean it's a problem."*

Such reduced health care is dangerous in Oklahoma and Arkansas rural communities where aging populations, with higher rates of chronic conditions and disability, need and should use health care more. Agriculture ranks among the most hazardous industries. Oklahoma farmers and Arkansas timber workers are at very high

risk for fatal and non-fatal injuries. Health care is essential in rural communities.

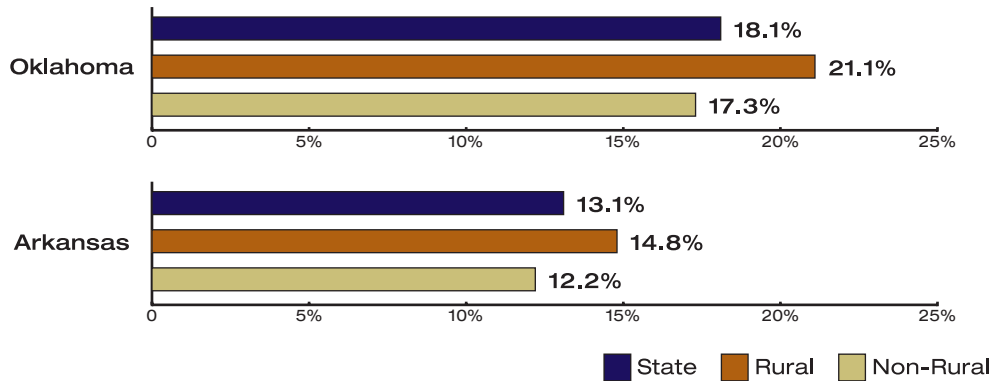
Health insurance coverage is hard to come by. Employer-based insurance is often unavailable or unaffordable. Rural residents explained, *"[My husband] works on a farm, so they really don't have insurance."* *"At the nursing home we have insurance, but I can't afford it."* Those

	Physicians	Nurses	Dentists
<b>Oklahoma</b>	<b>6,582</b> 1 physician for every 524 people	<b>43,349</b> 1 nurse for every 80 people	<b>1,707</b> 1 dentist for every 2,021 people
<b>Rural counties</b>	<b>659</b> 1 physician for every 1,175 people	<b>9,903</b> 1 nurse for every 78 people	<b>240</b> 1 dentist for every 3,227 people
<b>Non-rural counties</b>	<b>5,923</b> 1 physician for every 452 people	<b>33,446</b> 1 nurse for every 80 people	<b>1,467</b> 1 dentist for every 1,824 people
<b>Arkansas</b>	<b>5,224</b> 1 physician for every 512 people	<b>41,940</b> 1 nurse for every 64 people	<b>1,084</b> 1 dentist for every 2,466 people
<b>Rural counties</b>	<b>886</b> 1 physician for every 1,058 people	<b>13,203</b> 1 nurse for every 71 people	<b>266</b> 1 dentist for every 3,525 people
<b>Non-rural counties</b>	<b>4,338</b> 1 physician for every 400 people	<b>29,170</b> 1 nurse for every 60 people	<b>812</b> 1 dentist for every 2,138 people



## Health Insurance

Estimated Percent of Population Without Health Insurance



who purchase insurance find themselves impoverished. *“My husband’s insurance for [the] family is like \$500. That’s almost all of his check.”* Private insurance is prohibitively expensive. *“... it takes a big part of everything they have to just keep up their insurance.”* While the actual number or rate of people who have no health insurance is elusive, estimates developed by health planners in both states indicate that a lot of Oklahomans and Arkansans have no insurance, with even higher rates in each state’s rural areas. One in five rural Oklahomans and one in seven rural Arkansans has no health insurance coverage. Because of the government-funded Children’s Health Insurance Program (CHIP), children are more likely to have health insurance coverage than adults in both states.

Almost everyone in the rural areas of Oklahoma and Arkansas understands that their

community’s lack of health services hurts its ability to grow and prosper. *“Health care ... is the key component to keeping rural communities vital. Hospitals are in need of doctors, specialists are limited without having to drive a considerable distance — they are financially just barely making it. This is one of the most critical issues if you’re a young family moving somewhere. If your wife is pregnant and there is no doctor or you have 3 or 4 children and no pediatrician in town, that is a big consideration.”*



## Community Services

Almost sixty billion federal dollars a year come into Oklahoma and Arkansas in the form of grants, salaries, wages, procurement contracts, direct payments to individuals, business subsidies, agricultural subsidies, loans, insurance and other expenditures or obligations. At a state level, Arkansas takes in about three thousand dollars more per person than Oklahoma receives. On a per capita basis, both Oklahoma and Arkansas bring more federal dollars into rural counties than into non-rural counties. Arkansas does substantially better than Oklahoma. Arkansas receives more than fifteen thousand federal dollars (\$15,057 in 2002) for every person living in Arkansas rural counties, compared to about half that amount (\$8,161 in 2002) in Oklahoma rural counties. About the same proportion of the population in the rural and non-rural counties of Oklahoma and Arkansas receive public assistance payments.

The tremendous amount of federal money received in Oklahoma and Arkansas rural communities seems to

miss the most needy families. Several had difficulty even accessing needed social service benefits because of complex rules that appeared to work against their efforts to improve their family's situations. *"If you need assistance, you are in a tight spot. Because if you get a job that would pay you just a little bit more money, but if you go over just this one little bitty spot, then you have no child care. You have nothing to help you out, ... you are over qualified for all the assistance, but yet you are not really making enough money. You are going to have ten dollars left over to last you a month."* Service qualifications put families in hopeless situations. One rural woman, now the primary support in her home, explained that her husband, now age 50 and disabled, *"worked for the federal government, and federal government workers do not pay social security. He worked for 27 years and so he had paid into a private retirement fund which you don't get until you are 65. But they took away our food stamps because he had that private fund sitting there—so it is rough right now."*

"Given the chance, we can compete with anybody — socially and economically, but for various reasons, we are not given the same opportunities. ... we are almost on our own."



	Federal Funds Received	Children and Adults Receiving TANF
<b>Oklahoma</b>	<b>\$28,502,926,536</b> <b>\$8,260</b> per person	<b>77,022</b> <b>2.0%</b> of population
Rural counties	<b>\$6,319,644,553</b> <b>\$8,161</b> per person	<b>14,521</b> <b>1.9%</b> of population
Non-rural counties	<b>\$20,666,952,190</b> <b>\$7,722</b> per person	<b>55,501</b> <b>1.9%</b> of population
<b>Arkansas</b>	<b>\$30,112,211,674</b> <b>\$11,264</b> per person	<b>50,689</b> <b>1.9%</b> of population
Rural counties	<b>\$14,119,162,056</b> <b>\$15,057</b> per person	<b>19,120</b> <b>2.0%</b> of population
Non-rural counties	<b>\$14,722,283,401</b> <b>\$8,482</b> per person	<b>31,569</b> <b>1.8%</b> of population

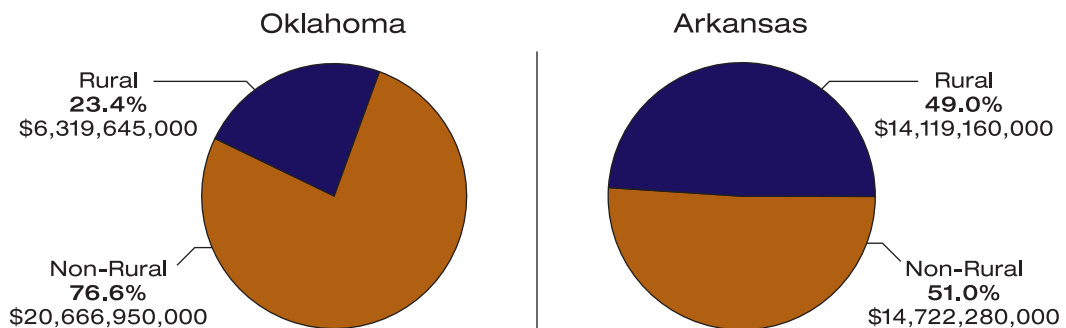
Community services, including utilities, technology, media, banks, financial services and social services, emerged as a priority concern in Oklahoma focus groups. Rural families from both states fretted over high costs, poor reliability, little competition and the miserly amount of help available.

As expected, the largest daily newspapers in both states are published in non-rural areas. Rural areas are served primarily by weekly newspapers. One-half (50.0%) of Oklahoma’s weekly newspapers and almost sixty percent (59.8%) of Arkansas’s are published in rural areas.

Technology, purported to be a tool for moving rural America forward, has yet to fulfill its promise in rural Oklahoma and Arkansas. Rural residents recounted various rural technological problems. *“I have had four cell phones that were burned out — ruined in the last year — due to power surges.” “It’s just the phone line — it’s poor. Sometimes you get bumped off [the computer].” “Internet is slow and I have been bumped off one time in the middle of a test and panicked.” “Have a new tower, but ... the old analogue works, where the new service doesn’t. [There is] only one internet service provider ... Power surges ruin the answering machine ...”* The cost of tech-



### All Federal Funds Received



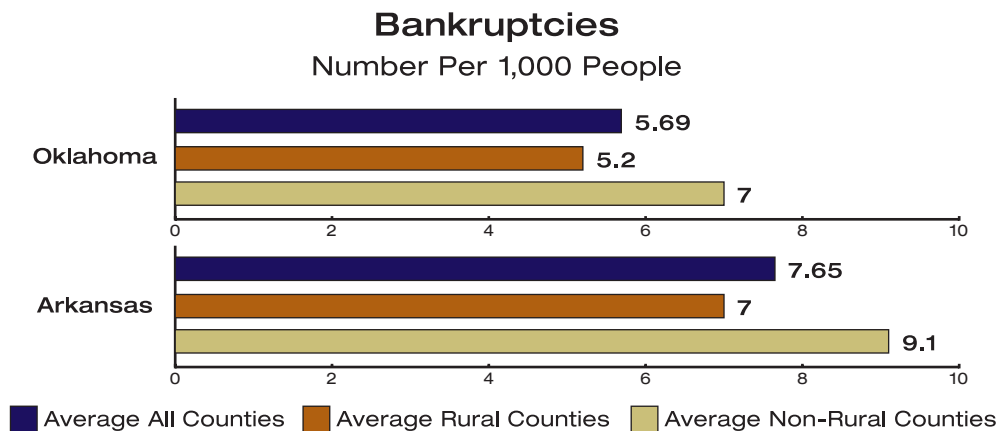
nology exceeds the resources of low income rural families. *“My kids would like to have a computer ... for school ... but we can’t afford it because of the jobs, because of the bills.”* Access to computers in town libraries is only possible when transportation problems can be solved. As a result, *“technology is not perceived as being as helpful in the rural communities as it is in the cities.”*

Adults listed the high cost of utilities as a major concern. *“We are struggling—my light bill has doubled, and the water bill.”* Frequently forced by economics to not pay utility bills until cut-off notices are received, families trade off which bills they pay each month. Even the telephone, considered a necessity in rural communities, is beyond what many rural Oklahoma and Arkansas families can afford. Focus group participants in both states rarely used banking services. *“I don’t use banks — can’t afford to — don’t have collateral.”* Some go out of town to use private financial services to secure loans in order to make it through the year.

If banks weren’t used, neither was bankruptcy which frequently offers resolution

to people in dire economic straits. The three most common reasons that people file for bankruptcy are divorce, loss of a job and medical bills. State-level data indicates that both Oklahoma and Arkansas rank poorly in those characteristics. Bankruptcy filings are up in both Oklahoma and Arkansas, with Arkansans filing bankruptcy more frequently than Oklahomans. While Arkansas rural counties have higher unemployment, a larger proportion of residents are without medical insurance in rural Oklahoma. High divorce rates plague the rural areas of both states. Even given the financial difficulties of living in rural areas, filing bankruptcy appears to not be a strategy employed as commonly in rural areas as it is in the non-rural portions of Oklahoma and Arkansas.

Several made suggestions in an effort to improve social services in rural communities. *“Providing a resource directory of services would be helpful”* for those seeking assistance. *“Need to have food — food pantries at the very least.”* It was believed that things would be better for children and families if they just had *“ready access*



*to services they need - emotionally, physically, and spiritually just so that it was easier.” Some saw the solution as “lots and lots more DHS child caseworkers. There are not enough and the ones we do have are overworked and get burned out.” Others thought solutions lie in “education and*

*living skills.” Some worried that offering services would make people dependent. “But I really don't know what a small community could do to help other than just your friends and your churches and things like that because then it would become a crutch for so many.”*

## conclusions

Overall, rural Oklahomans and Arkansans demonstrated the strong sense of connectedness that often comes from having deep family roots in their communities. Most residents have strong ties to their friends and neighbors, often treating everyone with the care and concern usually reserved for family. Family occupies a special place for most rural residents. Family is why many people live in rural Oklahoma and Arkansas. Family is why many people stay. Rural residents are connected to their communities, their churches, their schools, and the land. This connectedness provides the bonding necessary to enable rural communities to come together for collective action and positive change.

The complexities of rural life give rise to inevitable contradictions. Many rural residents expressed feeling particularly safe, yet were concerned about local crime, drug abuse and alcoholism. Policy-makers and residents alike extolled the virtues of small towns, yet yearned for growth.

Rural residents detailed, and statistics documented, several

major concerns. In rural Oklahoma and Arkansas, employment opportunities are limited. Available jobs rarely provide wages or benefits allowing a family to be self-sufficient. Health care, child care, transportation and shopping are frequently substandard, far away or simply unaffordable. Other than school sports and church activities, there is little for young people in the way of entertainment, recreation or jobs. Substance abuse, alcoholism, teen pregnancy and prejudice are common. While the concerns expressed by rural families may not be different than those of non-rural families, rural problems are exacerbated by isolation and distance.

Throughout history, rural communities have been called upon to demonstrate their strength and resiliency, whether responding to changing economic fortunes or acts of nature. These traits remain vital today as rural communities struggle with current economic and social difficulties. Strength and resiliency characterize the individual and collective attributes which will improve the opportunities and brighten the outlook for children in rural areas, attributes critical to creating a sustainable future for rural Oklahoma and Arkansas.



# recommendations

In many respects, the rural communities examined in *Rural Kids Count* were as different from each other as they were from their non-rural counterparts, creating special challenges for anyone trying to develop a single plan to help them all. In spite of their differences, two similarities with implications for effective rural advocacy surfaced repeatedly. First, individuals in each rural area had an extraordinary ability to bond with their neighbors, creating a supportive community dynamic. Second, each rural area had extreme difficulty accessing community development resources outside their community. Progress in rural Oklahoma and Arkansas requires that outside resources partner with rural residents in a manner which builds upon their similarities, while respecting their differences.

The following recommendations are designed to be a starting point for policy discussions and options for action.

## Employment

- Educate rural residents about Earned Income Tax Credit
- Promote child care subsidies for rural working families
- Increase the minimum wage
- Improve regulations related to demolishing dilapidated rural housing
- Support business development incentives to stimulate investment, create jobs and diversify employment opportunities in rural areas

- Support incentives to stimulate construction or rehabilitation of quality and affordable housing in rural areas
- Provide job training and skill development opportunities for rural youth

## Social Concerns

- Provide opportunities to engage rural youth in meaningful leadership development and volunteer service in their communities
- Develop policies and funding resources to expand the quality and scope of rural prevention programs that address child and adolescent health risk behaviors, including early sexual activity and substance abuse
- Promote funding to replicate “best practice” teen pregnancy prevention strategies and program models in rural communities
- Promote funding to replicate “best practice” substance abuse prevention strategies and program models in rural communities
- Provide programs in rural school, community and congregational settings that help parents improve their parenting and family communication skills (infants through teens)
- Encourage programs in rural areas that increase positive adult mentors for children and youth



## Medical and Health Care

- Educate rural residents about available health coverage, such as Children's Health Insurance Programs (CHIP)
- Identify and inventory health, mental health and dental care networks in rural communities, determining referral patterns, access by low-income rural residents and distribution of providers to inform rural health care planning
- Make health insurance more broadly available in rural areas in a manner which promotes market stability with the provision of "bare-bones" plans with additional benefits available for an added fee or waivers to provide a combination of public and private payments for benefits
- Increase funding for early health assessments and identification of rural children and students who are likely to need specialized health care
- Promote the use of information technologies that provide access to health care specialists for rural residents
- Introduce health care screening and information into non-traditional rural settings (grocery stores, libraries, child care centers)

- Promote incentives for non-rural health providers to accept referrals from rural health care providers
- Identify potential health care professionals interested in practicing in rural communities and offer student loan and scholarship incentives

- Support rural emergency medical service (EMS) providers with adequate compensation and travel reimbursement
- Re-evaluate rural health care reimbursement rates and the health policy definitions designating which locations in the state are rural
- Encourage school, community and congregational programs that promote good health practices and healthy lifestyles

## Education

- Add money management and consumer education programs to rural school curriculum, after-school programs and adult continuing education opportunities
- Support quality early childhood education programs in rural communities
- Enhance the quality of instruction for rural students with disabilities
- Increase access to English as Second Language (ESL) classes in rural communities
- Provide adult education to rural residents seeking new employment or advancement, including career counseling and ESL classes
- Offer opportunities for rural students to participate in learning experiences that involve youth-planned volunteer service and provide school course credit for these activities
- Encourage state and federally funded after-school initiatives to include a special focus on rural programs



## Services and Supports

- Promote funding for programs that subsidize vehicle ownership in rural areas
- Improve para-transit opportunities for rural people with disabilities
- Provide “lifeline” programs offering reduced-rate telephone service to low-income rural families
- Promote fair-lending practices in rural areas

- Encourage rural financial institutions to employ bilingual personnel



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# attachment one

quantitative data: numbers & rates

<b>PROFILES</b>	<b>Population</b>	<b>Total # of people, 2000</b>	<b>2000 US Census, SF3, P8</b>
	<b>Population Change</b>	<b>% change in population between 1990 and 2000</b>	<b>2000 US Census, SF3, P8; 1990 US Census, SF3, P1</b>
	<b>Child Population</b>	<b>Population under age 18, 2000</b>	<b>2000 US Census, SF3, P8</b>
	<b>Senior Population</b>	<b>Population age 65 and over, 2000</b>	<b>2000 US Census, SF3, P8</b>
	<b>Dependency Ratio</b>	<b># of dependents (children under age 15 and adults age 65 and over) for each 100 workers (age 15 through 64), 2000</b>	<b>2000 US Census, SF3, P8</b>
	<b>Mobility</b>	<b>% of individuals (age 5 and over) who moved or did not move from 1995 to 2000</b>	<b>2000 US Census, SF3, PCT21</b>
	<b>Race and Hispanic Origin</b>	<b># and rate of population by race and Hispanic Origin, 2000</b>	<b>2000 US Census, SF3, P6 and P7</b>
	<b>Disability</b>	<b># and rate of population with at least one disability by age, 2000</b>	<b>2000 US Census, SF3, PCT26</b>
	<b>Out-of-Wedlock Births</b>	<b># and % of births to mothers who were not married, 2002</b>	<b>Arkansas Department of Health; Oklahoma State Department of Health</b>
	<b>Two-Parent Families</b>	<b># and % of 2-parent families with children, 2000</b>	<b>2000 Census, SF3, P17</b>
	<b>Change in Rate of Two-Parent Families</b>	<b>% of change in the rate of 2-parent families between 1990 and 2000</b>	<b>2000 Census, SF3, P15; 1990 US Census, SF3, P19</b>
	<b>Single Parent Families with Children</b>	<b># and % of single parent families with children, 2000</b>	<b>2000 Census, SF3, P17</b>
	<b>Divorces and Annulments</b>	<b># of divorces and annulments; # of divorces/ annulments per 100 marriages, 2000</b>	<b>Arkansas Department of Health; Oklahoma State Department of Health; Oklahoma Marriage Initiative</b>
	<b>Grandparents Responsible for Raising Own Grandchildren</b>	<b># of grandparents responsible for raising their own grandchild(ren); % of all grandparents living with their own grandchild who have financial responsibility for that child, 2000</b>	<b>2000 US Census, SF3, PCT8</b>
	<b>Poverty</b>	<b># and % of population living below 100% and below 50% of poverty, 2000</b>	<b>2000 Census, SF3, P87 and P88</b>
	<b>Poverty by Age</b>	<b># and % of population living below 100% of poverty, by age, 2000</b>	<b>2000 Census, SF3, P87</b>
<b>Poverty by Selected Races and Nationalities</b>	<b># and % of population living below 100% of poverty, by selected race and nationality, 2000</b>	<b>2000 Census, SF3, P159 A-H</b>	
<b>Poverty by Selected Family Types</b>	<b># and % of population living below 100% of poverty by family type, 2000</b>	<b>2000 Census, SF3, P90</b>	

<b>EMPLOYMENT</b>	<b>Per Capita Income</b>	<b>Amount of income per person, 2000</b>	<b>2000 Census, SF3, P82</b>
	<b>Median Income for Families with Children</b>	<b>Amount of income for families with children, 2000</b>	<b>2000 Census, SF3, PCT39, PCT40 and PCT 41</b>
	<b>Median Income for Female-Headed Single Parent Families with Children</b>	<b>Amount of income for female-headed single parent families with children, 2000</b>	<b>2000 Census, SF3, PCT39, PCT40 and PCT 41</b>
	<b>Average Weekly Wage</b>	<b>Amount of weekly wage, average for 2002</b>	<b>US Department of Labor, Bureau of Labor Statistics</b>
	<b>Self-Sufficiency Income/Family Income Standard</b>	<b>Amount of money required to achieve self-sufficiency in a family with two working parents, one preschooler and one infant, 2002, increased to account for inflation to December 2003</b>	<b>Oklahoma Self-Sufficiency Standard, 2002; Arkansas Family Income Standard, August 2003</b>
	<b>Unemployment Rate</b>	<b>Unemployed men and women as a percent of the labor force, average of unemployment rates from January 2003 to October 2003</b>	<b>US Department of Labor, Bureau of Labor Statistics</b>
	<b>Males, Age 16-64, Not in the Labor Force</b>	<b># and % of men age 16 through 64 who are not in the labor force, 2000</b>	<b>2000 US Census, SF3, PCT35</b>
<b>TRANS-PORTATION</b>	<b>Commute to Work, 30 Minutes or Longer</b>	<b># and % of workers age 16 and over working outside the home traveling 30 minutes or more to work, 2000</b>	<b>2000 US Census, SF3, P31</b>
	<b>Commute to Work, 1 Hour or More</b>	<b># and % of workers age 16 and over working outside the home traveling 1 hour or more to work, 2000</b>	<b>2000 US Census, SF3, P31</b>
	<b>Occupied Housing Units Without a Vehicle Available</b>	<b># and % of occupied housing units without vehicles, 2000</b>	<b>2000 Census, SF3, H44</b>
<b>HOUSING</b>	<b>Counties Without Affordable Rent</b>	<b>% of state, rural counties and non-rural counties in which the fair market rental value of a 2-bedroom house or apartment is equal to or less than 40% of the county's median income, 2002</b>	<b>National Low Income Housing Coalition (NLIHC)</b>
	<b>Occupied Housing that is Rental Property</b>	<b>% of occupied housing that is renter-occupied, 2000</b>	<b>2000 US Census, SF3, H7</b>
	<b>Population Living in Mobile Homes</b>	<b>% of population living in mobile homes, 2000</b>	<b>2000 US Census, SF3, H33</b>
<b>CHURCHES-FAITH</b>	<b>Religious Participation</b>	<b>% of population who are members of or attend a specific church, 2000</b>	<b>Glenmary Research Center, 2000</b>
<b>SOCIAL CONCERNS</b>	<b>Births to Teens, Ages 15-19</b>	<b># of births to teens age 15 through 19; rate per 1000 females age 15 through 19, 2002</b>	<b>Arkansas Department of Health; Oklahoma State Department of Health</b>

<b>SOCIAL CONCERNS</b>	<b>Disconnected Teens, Ages 16-19</b>	<b># and % of teens age 16 though 19 not attending school and not working, 2000</b>	<b>2000 US Census, SF 3, PCT38</b>
	<b>Juvenile Drug Abuse Arrests</b>	<b># of arrests of youth under age 18 for manufacturing, selling or possessing drugs, 2002; rate of drug arrests per 100,000 children</b>	<b>Arkansas Crime Information Center; Oklahoma State Bureau of Investigation High School Diploma, Age</b>
<b>EDUCATION</b>	<b>25 and Over # and % of population age</b>	<b>25 and over with a high school diploma or higher, 2000</b>	<b>2000 US Census, SF3, P37</b>
	<b>Bachelors Degree or Higher, Age 25 and Over</b>	<b># and % of population age 25 and over with a bachelors degree or higher, 2000</b>	<b>2000 US Census, SF3, P37</b>
	<b>ACT Scores</b>	<b>Average ACT score for all high school graduates taking ACT test , 2002</b>	<b>Arkansas School Information Site (www.asis.org); Oklahoma Office of Accountability</b>
<b>CHILD CARE</b>	<b>Availability</b>	<b># of child care slots licensed by the state, 2002</b>	<b>Arkansas Department of Human Services, 2002 Statistical Report; Oklahoma Department of Human Services, 2002 Annual Report</b>
	<b>Need</b>	<b># of children age 12 and under who live with two parents who both work or a single working parent, 2000; compared to # of licensed child care slots, 2002</b>	<b>2000 US Census, SF3, P46 (count for Oklahoma using unpublished data, projected count for Arkansas) Arkansas Department of Human Services, 2002 Statistical Report; Oklahoma Department of Human Services, 2002 Annual Report</b>
<b>MEDICAL AND HEALTH</b>	<b>Infant Deaths</b>	<b># of infant deaths under the age of 1 year; # of infant deaths per 1000 live births, 2002</b>	<b>Arkansas Department of Health; Oklahoma State Department of Health</b>
	<b>Mothers Without Prenatal Care in First Trimester</b>	<b># and % of mothers not receiving prenatal care during their first trimester, 2002</b>	<b>Arkansas Department of Health; Oklahoma State Department of Health</b>
	<b>Cancer deaths</b>	<b># of deaths from cancer; rate of cancer death per 100,000 population, 2002</b>	<b>Arkansas Department of Health; Oklahoma State Department of Health</b>
	<b>Heart Disease Deaths</b>	<b># of deaths from heart disease; rate of heart disease death per 100,000 population, 2002</b>	<b>Arkansas Department of Health; Oklahoma State Department of Health</b>

<b>MEDICAL AND HEALTH</b>	<b>Physicians</b>	<b># of licensed physician; # of people for every physician, 2002</b>	<b>Arkansas Department of Health; Oklahoma State Medical Association; Oklahoma Osteopathic Association</b>
	<b>Nurses</b>	<b># of licensed nurses; # of people for every nurse, 2002</b>	<b>Arkansas Department of Health; Oklahoma State Department of Health</b>
	<b>Dentists</b>	<b># of licensed dentists; # of people for every dentist, 2002</b>	<b>Arkansas Department of Health; Oklahoma Dental Association</b>
	<b>Health Insurance Coverage Estimated</b>	<b>% of children and adults without health insurance coverage, 2001</b>	<b>2001 Arkansas Survey of Health Insurance - ACHI; Center for Health Policy Research of the Oklahoma Medical Research Foundation</b>
<b>COMMUNITY SERVICES</b>	<b>Federal Funds Received</b>	<b>Federal expenditures of obligations for grants, salaries, wages, procurement contracts, direct payments to individuals, other direct payments, direct loans, guaranteed or insured loans, and insurance. Federal funds received per person, 2002</b>	<b>Federal, State and Local Governments: 2002 Consolidated Federal Funds Report</b>
	<b>Children and Adults Receiving TANF</b>	<b># of and % of children and adults receiving TANF, 2002</b>	<b>Arkansas Department of Human Services, 2002 Statistical Report; Oklahoma Department of Human Services, 2002 Annual Report</b>
	<b>Newspapers</b>	<b>% of weekly newspapers published, 2003</b>	<b>FINDERBINDER, Edmond, Oklahoma (for both states)</b>
	<b>Bankruptcies</b>	<b>Rate of personal bankruptcy (Chapter 7 and 13) filings per 1000 people, 2002</b>	<b>Administrative Office of the US Courts</b>



# attachment two

emerging themes from  
focus groups  
and key informants

Text Used to Discuss Topic 6	FOCUS GROUPS					
	Both States (7 focus groups) [75 participants]		Oklahoma (4 focus groups) [48 participants]		Arkansas (3 focus groups) [27 participants]	
	Lines	Rank	Lines	Rank	Lines	Rank
Social Concerns	634	1	390	1	244	2
Medical - Health	567	2	264	7	303	1
Education	563	3	327	3	236	3
Quality of Life	491	4	276	6	215	5
Community Services	439	5	350	2	89	9
Recreation and Entertainment	438	6	295	5	143	7
Employment	428	7	323	4	105	8
Transportation	405	8	177	8	228	4
Child Care	301	9	132	11	169	6
Housing	218	10	162	9	56	11
Parental Involvement	198	11	126	12	72	10
Churches - Faith	173	12	141	10	32	13
Retail Services	134	13	95	13	39	12
Community Leadership	52	14	44	14	8	14

Text Used to Discuss Topic 6	FOCUS GROUPS				KEY INFORMANTS	
	Adults Only (6 focus groups) [62 participants]		Youth Only (1 focus group) [13 participants]		Both States [39 individuals]	
	Lines	Rank	Lines	Rank	Lines	Rank
Social Concerns	568	1	66	3	632	4
Medical - Health	511	2	55	6	596	5
Education	496	3	67	2	909	1
Quality of Life	434	4	57	4	771	3
Community Services	409	5	30	9	333	9
Recreation and Entertainment	352	8	86	1	542	6
Employment	371	7	57	4	886	2
Transportation	397	6	8	12	328	10
Child Care	258	9	43	7	291	11
Housing	209	10	9	11	32	14
Parental Involvement	198	11			149	12
Churches - Faith	161	12	12	10	413	7
Retail Services	97	13	37	8	42	13
Community Leadership	47	14	5	13	340	8





**For more information about the Rural Kids Count Project,  
contact one of the following organizations:**



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This report in its entirety may be accessed by logging on to [www.oica.org](http://www.oica.org),  
Rural Kids Count Report and/or [www.aradvocates.org](http://www.aradvocates.org), Rural Kids Count Report.