

elors degree or higher, twenty-three are rural. Student performance on the ACT, a college admission test, varies little between rural and non-rural communities.

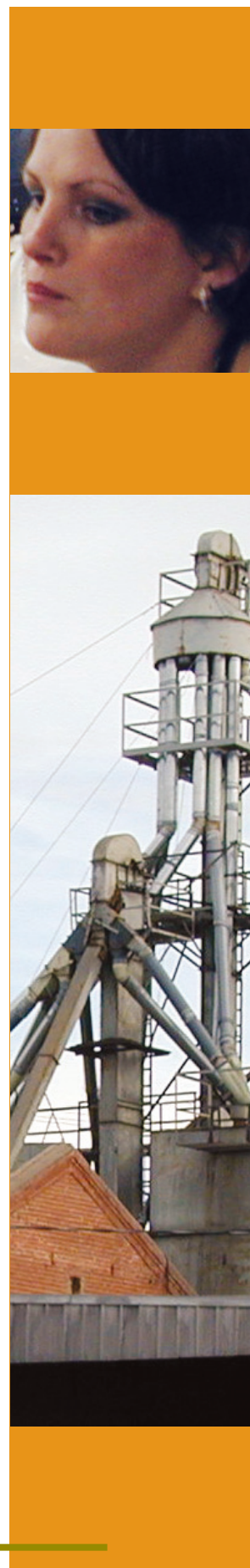
“The town would turn around if we could improve education.” Education was the only topic that every focus group in both states, whether attended by youth or adults, *and* the key informants from both states discussed at length.

Focus group participants in rural Oklahoma and Arkansas expressed varying degrees of satisfaction with the public schools in their community. Some parents were extremely pleased. *“Good schools and there's like 25 kids to a class and the teacher has enough attention to give to all of them. She cares. The teachers ... I just trust them.”* Some key informants concurred. *“There is an advantage of the personal attention in school.”* In rural areas *“The teachers know everybody — [there is] a lot of community involvement in school activities. Teachers care more because they have more of a relationship with [the students].”* In Oklahoma, children in small schools which have the advantages of small class size, tough curriculums and parental involvement often outperform large school districts on state-mandated tests. Some parents

expressed support for their local education system with less enthusiasm. *“It's all right. We have a Head Start and Pre-K.”*

Other parents were very displeased with their local schools. *“I think it's common in a small community for students to get passed even if they don't make the grade...especially if [the teachers] know the whole family...”* Some displeasure resulted from the parent's own experience in the rural public school. *“I graduated from high school, but didn't learn to read until after graduation.”* Other key informants agreed with the dissatisfied parents. *“Educational needs are not being met.” “Start over — fire everyone — begin again — prove yourselves.”* Children were thought to be missing out on important educational experiences as a result of there being too much focus on academic performance. *“There is so much pressure on test scores that [kids] lose out on living skills.”* Key informants advocated for *“... opportunities for children of all ages, not just the ones who happen to be in the grade the state will be testing.”*

Those who discussed special education did not believe their children with disabilities were faring as well as they could. Children with disabilities were without qualified instructors or courses to meet their special needs. *“I have a son that had a*



	High School Diploma, Age 25 and Over	Bachelors Degree or Higher, Age 25 and over	Average ACT Scores
Oklahoma	1,775,940 80.6% of population	446,771 20.3% of population	20.6
Rural counties	376,990 74.7% of population	72,595 14.4% of population	19.8
Non-rural counties	1,398,950 82.4% of population	374,176 22.0% of population	20.9
Arkansas	1,303,751 75.3% of population	288,428 15.7% of population	20.1
Rural counties	437,327 70.3% of population	71,375 11.5% of population	19.9
Non-rural counties	866,424 78.1% of population	217,053 19.6% of population	20.2

speech problem, and he still does. I do not think that he's getting in the school system the adequate care with a speech therapist as he was when he was in Head Start."

Some parents felt that their child's experience made them not want to go to school. *"My ten year old has allergies and his eyes are red. Something happened... and they pulled my son out of class, made him walk a line like the police would do if you had been drinking, blow in and out of a cup, and they were saying that my baby was doing drugs and drinking. I was angry, because they should have called me and had me to come up there and I could have brought them the doctor's papers saying what is wrong. My son, he cried — he said 'Mama, I don't want to go back.' He ... never complained [before] about going to school."*

Many changes were suggested. Some youth wanted more practical education. *"[The school] needs more classes; not just more classes, because it's got good advanced classes and college classes and stuff like that, but it needs more like home ec and shop and things like that."* Key informants recommended more job skill training during

high school. *"... send students in high school to vo-tech to learn a trade. [Create] easier access to vo-tech, trade school apprenticeships, electives for students taught by skilled community members."* Some parents surprised those who were facilitating the focus groups by strongly advocating for stricter discipline in the schools (as well as at home). These parents encouraged schools to establish effective policies and enforce discipline. Key informants wanted *"... more uniformity — [between] rich [and] poor school systems in the same community."*

There was a consensus that education was vital to a person's success. *"If you don't have a high school diploma, you won't get a job."* Everyone agreed that in order to make things better for families and their children, it was essential that children *"stay in school."* Parents explained that cultural attitudes were instrumental in how their children were treated in school and how they reacted to school. *"Most of the [American Indian youth] ... do not graduate from high school. Kids quit school in the 10th grade because they don't fit in."* There was no dispute that parental involvement and encouragement kept youth in school. *"I stayed in school, because [my mother] cried and said*



she wanted at least one of her children to graduate.”

Continuing education for all ages was important in rural communities. Most wanted more cultural opportunities for adults and youth. *“Cultural events are non-existing.”* They wanted *“museums, special interest classes....”* Others wanted ways for people to learn important life skills. *“Key is education — consumer education. How to access what's out there. ... need to be taught to utilize what they have,*

stretch it to the maximum. Money management, budgeting, making wise purchases.”

College was thought to be important, but difficult to access from rural communities. Those who try to attend higher education from Oklahoma and Arkansas rural areas spend a lot of hours on the road. *“I drive about 750 miles a week going to college classes.”*

Services and Supports

Child Care

Child care need is measured by the number of children who live in homes where both parents or a single head of household work outside the home. There are just under one hundred eighty thousand (177,530 in 2000) such children who live in rural Oklahoma and Arkansas. These same rural areas have just under sixty thousand (57,723 in 2002) licensed child care slots. About three children compete for each available child care slot.

Most individuals in rural Oklahoma and Arkansas relied on family for child care. Adult focus group participants expressed concern about the affordability, quality and flexibility of hours for licensed child care homes and centers. Oklahoma focus group participants believed that family was the best, and only affordable, means for competent child care.

“[Quality child care is] kind of like the old FRAM oil commercial: You know, pay me now or pay me later.”





	Child Care Availability	Child Care Need
Oklahoma	135,226 licensed slots	370,931 children with working parents 2.7 children per slot
Rural counties	24,390 licensed slots	79,456 children with working parents 3.3 children per slot
Non-rural counties	110,836 licensed slots	291,475 children with working parents 2.6 children per slot
Arkansas	122,860 licensed slots	293,408 children with working parents 2.4 children per slot
Rural counties	33,333 licensed slots	98,074 children with working parents 2.9 children per slot
Non-rural counties	89,527 licensed slots	195,334 children with working parents 2.2 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
Oklahoma	7.2 ³⁶² per 1000	12,629 25.2%	281.8 ^{9,749} per 100,000	424.2 ^{14,677} per 100,000
Rural counties	7.3 ⁷⁵ per 1000	2,641 25.7%	331.3 ^{2,553} per 100,000	542.5 ^{4,181} per 100,000
Non-rural counties	7.2 ²⁸⁷ per 1000	9,988 25.1%	267.6 ^{7,196} per 100,000	390.3 ^{10,496} per 100,000
Arkansas	8.4 ³¹⁷ per 1000	8,369 22.1%	227.2 ^{6,085} per 100,000	308.4 ^{8,260} per 100,000
Rural counties	7.5 ¹⁰⁸ per 1000	3,617 25.0%	272.7 ^{2,557} per 100,000	396.0 ^{3,713} per 100,000
Non-rural counties	8.9 ²⁰⁹ per 1000	4,752 21.3%	202.6 ^{3,528} per 100,000	261.2 ^{4,547} 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.

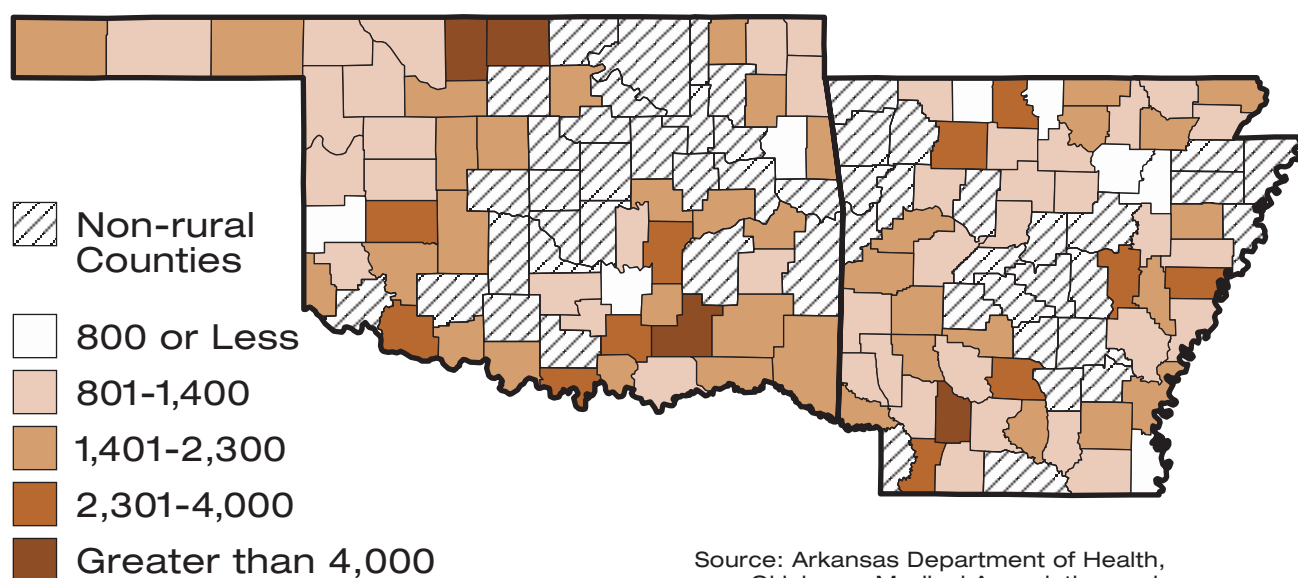
Because rural clinics and hospitals are small or far away, health professionals are in short supply. There are more than a thousand people in rural Oklahoma and Arkansas competing for the time and attention of each physician, compared to less than half that number in non-rural counties. Nurses pick up 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

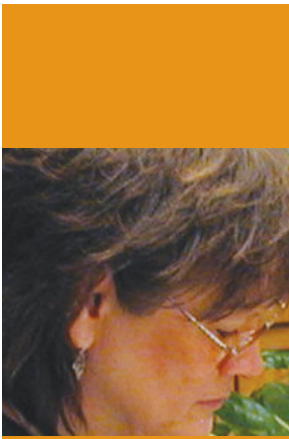
someone in there that doesn't have insurance and no money. I mean it's a problem."

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.

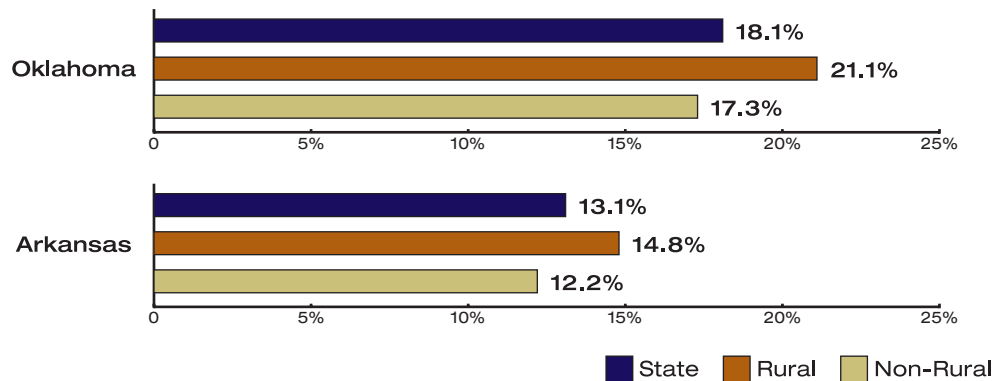
Health insurance coverage is hard to come by. Employer-based insurance is often unavailable or unaffordable. Rural residents explained, *"[My husband] works on a farm, so they really don't have insurance."* *"At the nursing home we have insurance, but I can't afford it."* Those

	Physicians	Nurses	Dentists
Oklahoma	6,582 1 physician for every 524 people	43,349 1 nurse for every 80 people	1,707 1 dentist for every 2,021 people
Rural counties	659 1 physician for every 1,175 people	9,903 1 nurse for every 78 people	240 1 dentist for every 3,227 people
Non-rural counties	5,923 1 physician for every 452 people	33,446 1 nurse for every 80 people	1,467 1 dentist for every 1,824 people
Arkansas	5,224 1 physician for every 512 people	41,940 1 nurse for every 64 people	1,084 1 dentist for every 2,466 people
Rural counties	886 1 physician for every 1,058 people	13,203 1 nurse for every 71 people	266 1 dentist for every 3,525 people
Non-rural counties	4,338 1 physician for every 400 people	29,170 1 nurse for every 60 people	812 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
Oklahoma	\$28,502,926,536 \$8,260 per person	77,022 2.0% of population
Rural counties	\$6,319,644,553 \$8,161 per person	14,521 1.9% of population
Non-rural counties	\$20,666,952,190 \$7,722 per person	55,501 1.9% of population
Arkansas	\$30,112,211,674 \$11,264 per person	50,689 1.9% of population
Rural counties	\$14,119,162,056 \$15,057 per person	19,120 2.0% of population
Non-rural counties	\$14,722,283,401 \$8,482 per person	31,569 1.8% of population

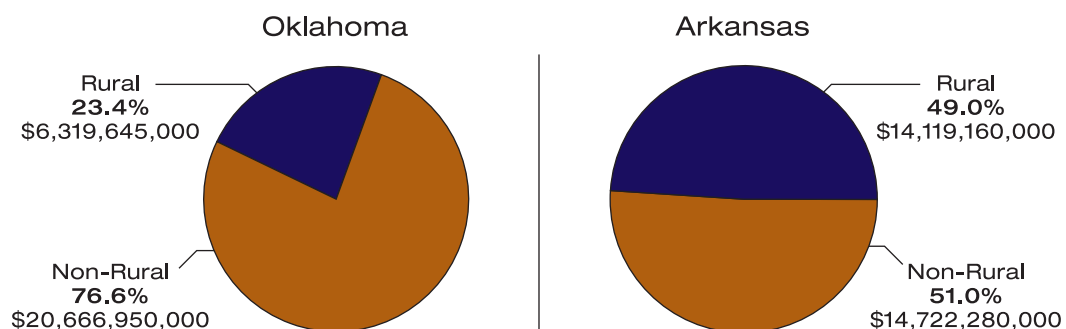
Community services, including utilities, technology, media, banks, financial services and social services, emerged as a priority concern in Oklahoma focus groups. Rural families from both states fretted over high costs, poor reliability, little competition and the miserly amount of help available.

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*

