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 nonrural 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 lowincome rural families
- Promote fair-lending practices in rural areas

bibliography

Encourage rural financial institutions to employ bilingual personnel



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