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ASSESSMENT OF HEALTH AND HUMAN SERVICE NEEDS
IN GREAT FALLS AND CASCADE COUNTY

by

Gerry M. Jennings

B. S., Cornell University, 1963

Presented in partial fulfillment
of the requirements for the degree

of

Master of Business Administration

UNIVERSITY OF MONTANA
Missoula, Montana

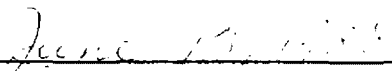
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To my family whose support means so much to me.

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CHAPTER ONE

PROBLEM

Project Background

In the private and voluntary sector, the United Way stands out as a foremost practitioner of the art of needs assessment. Long before it became fashionable to conduct needs assessment in the public sector, United Way organizations routinely delved into needs determination research without using the formal process. Their premise was that community responsibility has two elements:

- 1) there is the responsibility and accountability of the individual or organization to the community as a whole;
- 2) there is the responsibility of the community to foster the well-being of its individual members.¹

A human need is any identifiable condition which limits a person as an individual or a family member in meeting his or her full potential. Human needs are usually expressed in social, economic or health related terms and are frequently qualitative statements. Needs of individuals may be aggregated to express similar needs in quantified terms.²

Human needs exist wherever there are insufficient resources allotted to care for these needs at an adequate

level. In Great Falls, Montana, as in all communities, there are people who are unable to care for themselves and need the support of the community. Besides individual subsistence needs there are also needs felt by the community, the needs for activities for children and adults, and the need for people to affect the overall quality of life in their community allowing it to develop to points beyond merely meeting the basic needs of its citizens.

So long as a community has vitality, new services that address human needs will be initiated and existing services will be expanded, reduced or eliminated. Choices of what services to offer and how to offer them will be made. The question is whether these choices will be made by chance and by the whims of the moment or by a planned, rational process responsive to the welfare of the community as a whole. An effective program of health, welfare and recreation services depends upon priority decisions based upon a comprehensive study of community needs.

With changes occurring in the population, the economy and social values of Cascade County, the United Way is faced with addressing changing health and human service needs. Fund solicitation and fund allocation must consider the needs as well as the cost to serve these needs. The United Way is interested in knowing what the citizens of Cascade County perceive as problems needing attention, how well they feel these problems are being served, how the programs

addressing the problems should be funded and whether or not a human services coordination council should be formed.

The United Way does not have a current or complete assessment of unmet needs. The Allocations Committee serves to assess agencies' requests for funding and subsequently allocates funds to these agencies. In order for the Allocations Committee to function effectively, a needs assessment is a top priority for the United Way of Cascade County (UWCC) in 1988.

A needs assessment is defined as an identification and determination of needs. It implies a valuation of something in relation to other things. The principle that exists is one of community responsibility, i.e., the responsibility and accountability of the individual to the community as a whole, and the responsibility of the community to foster the well-being of its members. This dual responsibility demands a community wide approach in establishing priorities for programming and financing social welfare services.³

The United Way feels a commitment to leadership in meeting human service needs. It must be responsive to the needs perceived and accountable to donors, recipients, and the community it serves.

The objectives of this project are to: clarify the perceptions of health and human service needs in the community; to identify the sources perceived to be responsible for funding the services to meet these needs;

and to determine if different population segments view the problems in a similar manner.

United Way of Cascade County

Mission Statement

The United Way of Cascade County is a non-profit organization governed by a volunteer Board of Directors (see figure 1 for organizational structure). Contributions to United Way result in the financial support of various local, state and national human service programs.

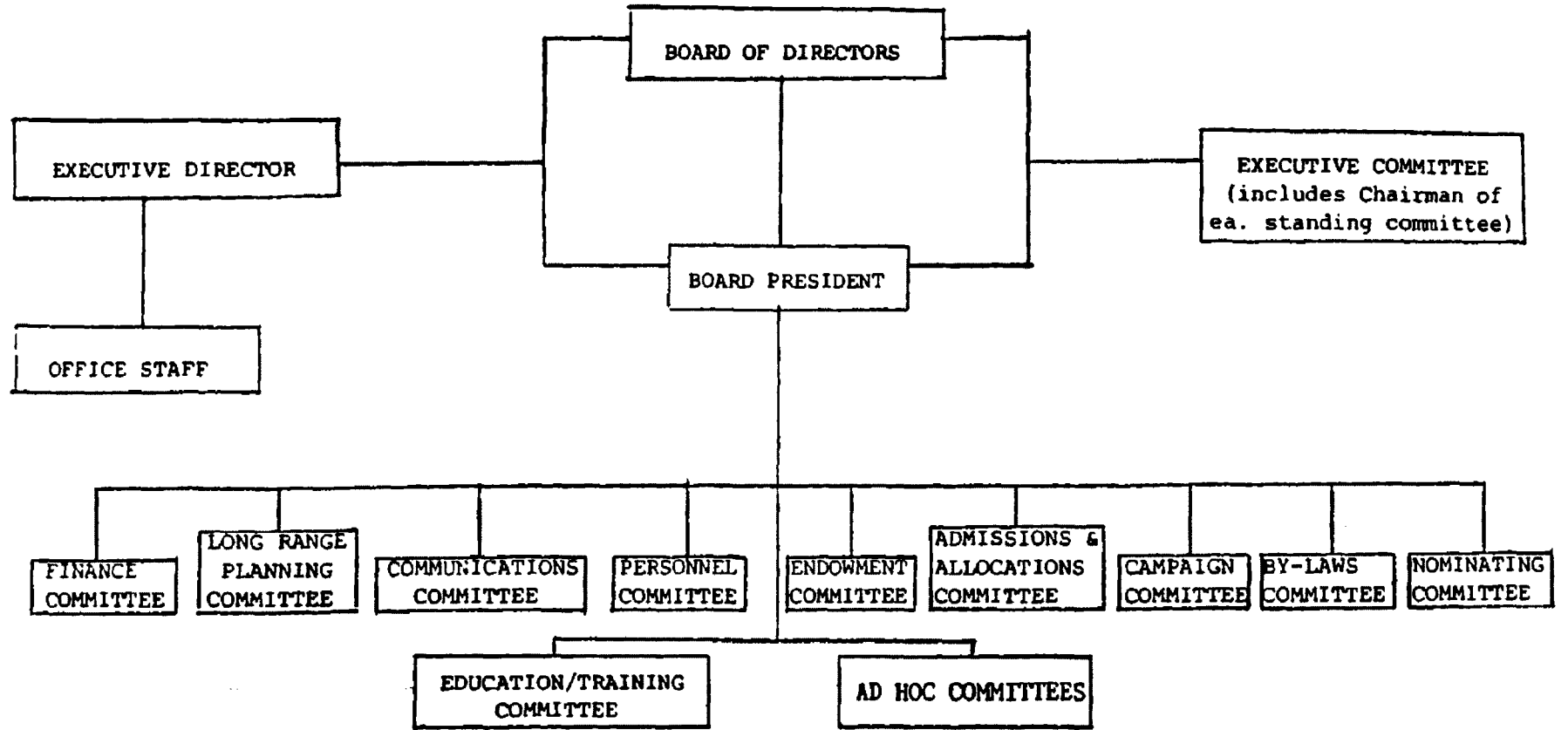
United Way volunteers represent a broad spectrum of the community. Since the United Way is a community based organization, it relies on volunteers to make all decisions which affect the administration of the United Way of Cascade County and agency relations.

Through the efforts of volunteers, the United Way has developed the following mission:

To provide financial assistance and administrative training for human service agencies which respond to our community's needs. To develop and maintain an effective and efficient balance among diverse agencies through a year round leadership effort, which is sensitive and responsive to the changing needs of all people in our county.

Through the efforts of volunteers, the United Way of Cascade County supports a variety of human service programs meeting the needs of the community. Each agency receiving United Way support must demonstrate its ability to provide

UNITED WAY OF CASCADE COUNTY
STRUCTURE



the service and its need for United Way funds on an annual basis.⁴

The United Way maintains an active priority services review process to ensure that needs of the community are met in a systematic and organized manner.

Strategic Plan

In January of 1986 the United Way of Cascade County adopted a strategic planning process. Following guidelines developed by United Way of America, the process consists of environmental analysis, organizational assessment, strategic direction, strategic plans, implementation and performance evaluation.

Following the Board of Director's retreat to do the environmental analysis and organizational assessment, the Long-Range Planning Committee met throughout 1986 to develop the direction and plan to guide the United Way of Cascade County as they meet current and future changes in our community. During the process the committee identified what is believed to be the four most important factors which will affect UWCC and over which they are able to exert some influence. These issues, the basis used in developing the strategic plan, are as follows:

1. Great Falls is becoming more of a service economy.
2. Cascade County is experiencing changing population patterns.

3. United Way should better reflect the community at large.
4. Increased giving options and needs have diluted support for human services as well as strained contributor's patience.

The Strategic Plan is evaluated for performance and updated accordingly every year. The goals of the Strategic Plan include the following:

1. To expand the involvement of people, agencies, services and geographic area. Inclusiveness Goal.
2. To educate, recognize and involve the community in United Way year round. Communication Goal.
3. To implement new fund raising methods and techniques to respond to the changing environment. Campaign Goal.
4. To be accountable, responsive and inclusive. Fund Distribution Goal.⁵

Each goal has associated objectives with designation of strategy, by whom, by when, outcome and evaluation.

The United Way of Cascade County also has a Marketing Plan which identifies target markets and incorporates an action plan for carrying out the marketing strategies.

The UWCC is a member in good standing of the United Way of America (UWA). As a dues paying member, UWCC receives service and information from UWA but continues to function with total autonomy in all policy-making and governing of the local organization.

Standards of Excellence

In 1973, the UWA published Standards of Excellence which spelled out major UW objectives and represented what

each local UW should aspire to in their programs and services to communities. It was the result of a major volunteer and professional effort across the country. Included in this publication is the "Goal of the United Way":

Recognizing that the social environment is in continuous motion, United Ways are organized as cooperative enterprises of contributors, taxpayers, users and providers of services. They are committed to bringing about a rational integrated system based on resources available to meet them. The United Way is more than a combined agency fund raising program. It is concerned with more than planning, fundraising and allocations for voluntary services. It has a legitimate and overriding concern for people, the problems they face, and all the means for resolving them.⁶

CHAPTER TWO

REVIEW OF LITERATURE AND PREVIOUS NEEDS ASSESSMENT STUDIES

There have been five surveys of needs administered in Great Falls and Cascade County since 1985 and these are reviewed below.

Junior League of Great Falls Survey - November 1987

This survey was given to 110 Junior League members and sent to a random sample of 1,000 Great Falls citizens. The survey was of general needs. The top five ranked responses were:

1. Attract and encourage new business and job opportunities.
2. Expand educational opportunities from the Montana University System in our community.
3. Expansion of child abuse prevention and treatment programs.
4. Expanded use of Four Seasons Arena.
5. Increase public awareness of current health issues affecting teens.

The survey was not specifically related to health and human service needs. For purposes of recommendation, survey results from 222 community respondents and Junior League members were grouped together, although each had been tabulated separately.

United Way Survey - July through August 1987

An employee of the firm of Dain Bosworth telephoned 274 Residential Division contributors - retired people - as part of his training as an account executive for Dain Bosworth. This survey was conducted to better understand the concerns of United Way contributors, to focus communications efforts and to confirm support for the United Way campaign. The five questions and responses to them are:

1. "In the area of human services, what do you feel is the most pressing need?" Forty-six percent said, "emergency food and shelter;" 34 percent said, "providing direction and wholesome activities for youth;" 7 percent said, "unemployment."
2. "In what ways do you get information about United Way? Are there other ways you've learned about United Way in the past?" Forty percent United Way mailer; 33 percent newspaper; 20 percent TV.
3. "Do you agree or disagree with the following statement? The United Way campaign is the best way to raise money for human services in our community." Seventy-four percent said, "yes"; 20 percent said, "it's okay;" 6 percent said, "were not sure."
4. "Do you agree or disagree with the following statement? United Way and its agencies use funds wisely and carefully in helping meet the needs of our community." Fifty-two percent said, "yes"; 32 percent said, "hope so;" 16 percent said "not sure;" 65 percent said they would like more information publicly.
5. "If you could make your United Way contributions automatically from your checking account or credit card over a 12 month period, would you be able to make a larger contribution?" Eighty-three percent said, "no"; 11 percent said, "good idea;" 6 percent had no answer.

Results are not indicative of the general population (as evidenced by response to unemployment). Most people in this division are retired people, i.e., people who have been employed. Questions were not specifically related to health/human service needs and how these are being serviced.

Opportunities, Inc. Survey - May through July 1987

Opportunities, Inc., a non-profit organization assisting low income people, conducted personal interviews with low income people and obtained written needs assessments from 43 health and human service agency personnel and county officials from Cascade County and six outlying counties. Questions related to ranking of health and human service problems and selecting possible solutions for these problems. In order of importance the combined results obtained were:

1. Employment. Procure more area job opportunities.
2. Medical service. Plan for low cost or free medical services and clinics.
3. Housing. Obtain more adequate, low cost housing.
4. Food. Increase the resources for obtaining food (commodities, FISH, etc.)
5. Child care. Increase availability of affordable child care.
6. Utilities. Establish a program for more home weatherization.
7. Drug/alcohol services. Provide education.

There is no analysis from which to engender recommendations. The low income sample is a biased sampling

of the population and, therefore, reflects opinions from only that income level.

Great Falls League of Women Voters Survey - 1986

Sixteen employees and administrators of public and private health and human service agencies in Great Falls were interviewed for their responses to questions concerning needs in the areas of income assistance, food and nutrition, housing and shelter, and health care. The results of the League of Women Voters' survey were:

1. Major factors of concern included poor economic conditions, lack of job skills, women must support families without father, mental illness and teenage pregnancy.
2. Minor factors were physical illness and disability, people who do not want to work, and lack of affordable child care.
3. There were no significant responses for lack of transportation and limited English speaking.

Although this was a in depth survey covering basic human needs, food, shelter, and medical care, the UWCC requires different areas of needs from those developed in the survey done by the League of Women Voters.

United Way Survey - 1985

United Way contributors were questioned about needs in Cascade County. They were asked to place the services into categories of "those most important," "those of lesser importance" and "those least important." They were instructed to rank the services in each group in order of importance in that group.

The five top service needs were emergency services, child protection and care services, alcoholism and drug abuse services, adult protection and care services, and blood services.

The needs base of this survey done for UWCC by Northern Montana College was narrow in scope. The sample was 150 past and present members of the UWCC Board of Directors and Allocations Committee which did not represent a cross section of the community. The survey format was complex and somewhat confusing. Results were given, but there was neither analysis nor recommendations.

Summary and Evaluation

The previous five surveys were conducted to fulfill specific needs in the organizations mentioned. Results varied depending on what type of sampling method was used. The Junior League was the only organization to do random sampling. Some services included are too basic for identification by the United Way, and some relate to needs other than health and human service. Analysis was lacking in four surveys and two were outdated.

For these reasons the United Way of Cascade County could not utilize these survey results as a sole basis for its needs assessment.

CHAPTER THREE
METHODS OF RESEARCH

Survey Design

There were three groups that had input into this questionnaire: the general public, which has access to services, the Executive Directors of 34 nonprofit agencies in Great Falls and Cascade County who provide the services, and the members of the Allocations Committee which allocates funds for the delivery of the services. The questionnaire was the same for all three groups, but was marked and tabulated separately for the second and third groups.

To determine what questions would be used for the questionnaire, several primary sources were used:

1. Previous surveys done by other organizations in Great Falls and Cascade County.
2. Discussions with the Executive Director of United Way and members of the Long-Range Planning Committee of the United Way.
3. An experience survey of Executive Directors of 34 nonprofit health and human service agencies in Great Falls and Cascade County.

The first section was devoted to determining perceptions of seriousness of problems and how well the problem is being cared for. There were thirty-four problems or types of needs presented. The second part asked for the five most immediate problems cited in part one. Part three

related to sources of funding. Services were listed and the respondents were asked to indicate the primary funding source they recommended. Sources included government, private agencies, United Way and user fees.

Next each respondent was asked to circle the services which had been used by him/her. Then, respondents were asked about coordination between services and what duplication or gaps there are in specific services offered. In section six respondents could specify whether or not there is need for an independent coordinating council and what should be the membership of this council.

Demographics were sought in the final section including age, sex, level of education, marital status, ages of children living at home, local newspapers and magazines read regularly, length of residence in Great Falls or Cascade County, current military affiliation and employment status.

Reliability and Validity

Reliability means freedom from random error. The most fundamental test of reliability is "repeatability," the ability to get the same data values from several measurements made in a similar manner. Sampling error causes a decrease in reliability; this is random error that is the difference between sample data and population data purely by random chance.

The degree of sampling errors is a function of both the size of the sample, relative to the population as a whole, and also the degree of variation from one individual to the next within a population. The larger the proportion of the entire population included in the sample, the lower the sampling error will be, and the more similar the individuals in the population, the less the sampling error will be for a sample of any given size.

Validity means that the survey measures what it is suppose to measure. To be valid it must not be affected by extraneous factors that systematically direct the results one way or another. To the degree that things other than those being measured affect the results by introducing a systematic bias, the results are less valid.⁷

Systematic bias (i.e., nonrandom) can be controlled and validity improved by careful selection of a sampling design.

Non-response bias can also occur. People who are not interested in the subject tend to not return the questionnaire. Additionally, each respondent may have a certain bias about the issues presented in the questionnaire and may either answer the questions in an adverse way or not participate at all.⁸

Survey Procedure

A mail questionnaire was sent in order to reach a large number of people and to ask questions that were both

sensitive and required time and concentration to answer. It also served to reduce possible bias introduced by an interviewer and allowed the respondent to complete the questionnaire at his/her leisure.

A possible selection bias is introduced in a mail survey since people who feel strongly about a subject are more likely to respond to the survey than those who have little or no interest in the subject matter. To help improve the response rate and reduce selection bias, several methods were used. A preaddressed, stamped envelope was included with each survey. The cover letter for the questionnaire was written with University of Montana MBA program letterhead, and the return envelopes were preaddressed to the MBA program at Malmstrom AFB. This limited the negative reaction the person may have had if the letter had been addressed to United Way and lent an element of credibility to be connected with an academic institution. Next, the address also said "or current resident" so the bulk mail questionnaires might be completed by other than the addressee.

Instructions in the cover letter stressed the anonymity of persons and the importance of their responses to this project. The cover letter also included a definition of human services so the range of interpretation of that term could be narrowed somewhat in the answering of questions. The respondents were also informed that this was

a project to assist the researcher in completion of requirements for her Master's Degree in Business Administration which placed further importance on the project.

Finally, a postcard was sent to every resident in the random sample, five days after the questionnaire was sent, to thank them for completing and returning the survey or to remind them to return it. The above procedures were adopted to minimize threats to internal validity. Facsimiles of the questionnaires, cover letters and postcard are included in Appendix A.

Sampling Technique

The population surveyed is the adult residents (over age 18) of Great Falls and Cascade County. The sample frame is the names, addresses and phone numbers of the residents found in the U.S. West Direct 1988 telephone book for the Great Falls area. The sample in this survey was randomly selected from this book.

With a total of 122 pages of listings, 5 names were selected from each page, the 5th and 13th names from the top in column one, the 5th and 13th names from the bottom in column two and the 29th name from the top in column three.

The pilot survey sample was a random sample of the total population random sample. For the fifty names needed, every 12th name was selected for the pilot survey.

There are undetermined sampling errors introduced by using a telephone book. According to George Walker, general manager of Mountain Bell in Great Falls, there are 32,642 phone hookups in Cascade County, 2,910 (9 percent) are unpublished and 977 (3 percent) are unlisted. The presumed reasons for having unpublished and unlisted phones are to avoid solicitors, creditors and telephone publicity. Fewer than 5 percent of the population have no phone. Therefore, for various reasons and covering a cross section of the population, approximately 16 percent of the population of Cascade County have no phone or have an unpublished number, causing them to be underrepresented in this survey.

Survey instrument testing was designed before the final questionnaire was sent. Two adults of limited secondary education were selected to test the first draft of the questionnaire. The researcher planned this to find out if any questions were too difficult to understand or if the structure was burdensome.

From these results a pilot survey was designed and a random sample mailing conducted to test the answerability of questions by recipients and to test the rate of return. This resulted in no major changes to the final survey.

Comparisons of Survey Data with Census Data

Background data for the general public were compared with the census data as reported by the U.S. Bureau of the Census.⁹ This profile for Cascade County was published by

the Great Falls Tribune in their 1985 Marketing Survey. This statistical comparison was done to ensure that the results could be applied to the population for which it was being conducted. Comparisons were made for age, sex, level of education, ages of children living at home, marital status, employment status and military and military dependent status. Income level was not used due to the sensitivity of the question. Employment status and level of education were used as a substitute for income level.

Number of personnel stationed at Malmstrom AFB, the number of adult dependents they had, and National Guard figures were provided by the Great Falls Area Chamber of Commerce.¹⁰

The sampling technique and census comparisons were used to maximize the external validity of the survey and to allow generalization to as wide a population base as possible.

Exploratory Research

Exploratory research was conducted during the initial stage of the research process. These preliminary activities were undertaken to refine the problem into a researchable one. The technique used here was an experience survey, i.e., personal interviews of 11 executive directors of public and private health and human service agencies in Cascade County and a group of 13 executive directors of

United Way agencies. These administrators were asked 7 specific questions.

1. What is your definition of human service?
2. What are the health and human service problems in Great Falls and Cascade County?
3. How would you rank how these needs are generally being met? excellent, good, fair, poor.
4. Is there a specific need that looms above the others?
5. What does your organization do to alleviate problems that cause human suffering and reduction in community effectiveness?
6. What barriers do you see to the future of your operations?
7. How do you plan to overcome these barriers?

The following people were interviewed:

Nancy Stephenson	Neighborhood Housing Service
James P. Shield	Opportunities Incorporated
Joe Thompson	Great Falls Rescue Mission
Donald Pizzini	Cascade County Health Department
William Sirak	Easter Seal/Goodwill Industries
Randy Barrett	Aging Services
Harold McLaughlin	Cascade County Welfare Department
Mary Lehner	Rocky Mountain Treatment Center
Sandy Erickson	Providence
Susan Quinn	Great Falls Housing Authority
Claire delGuerra	Cascade County Extension Service
Jeanne Kelley	American Red Cross
Dr. Wm. Findley	Community Help Line
Caryl Borchers	Mercy Home
Nancy Wilson	Foster Grand Parents
Tina Hackett	Great Falls Children's Receiving Home
Cherie Copp	Citizen Advocacy
Bob Gentry	Boy Scouts of America
Mary England	Girl Scouts
Elvia Williams	Camp Fire, Inc.
Joyce Steele	YWCA
Charlene Schram	Runaway Attention Home/ Missouri River Youth Home
Nicki Wagner	Young Parents Education Center
Kathy Desy	Malmstrom Youth Center

Health and Human Service Problems

The United Way agency directors responded with needs as they see them and then prioritized all of the needs presented by everyone interviewed to assist in narrowing the number of needs to be included in the survey. The top twenty health and human service problems in Cascade County as perceived by this group of thirteen agency directors are:

1. Child care - lack of good facilities; unaffordable; lack of coordination.
2. Health care - unaffordable; lack of coordinated resources, especially for the elderly.
3. Lack of coordination and cooperation among agencies - duplications and gaps.
4. Growth of single parent families.
5. Housing unaffordable for working poor; increase in number of homeless.
6. Declining federal and state funds available to sectors of the community, especially Medicare and Medicaid.
7. Decrease in employer benefits (especially health insurance) to employees.
8. Transportation unaffordable.
9. Lack of awareness of available health and human services, how to locate the people in the community who most need the programs offered.
10. Lack of activities for teenagers.
11. Poor economy.
12. Growing elderly population.
13. Lack of employment opportunities.
14. Poor public perception of people who have needs.

15. Medical care for children in low income families is often unavailable.
16. Need for inpatient treatment for adolescents in need of psychiatric and addiction care.
17. High school drop out ratio.
18. Illiteracy.
19. Need for prevention education, especially AIDS.
20. Lack of central agency to coordinate resources available for individuals with health and human service needs.

In general the respondents felt that the above needs were being met "fairly" or "poorly."

Barriers

The barriers to meeting these needs and the means to overcoming these barriers are:

1. Insufficient funding - This requires education of citizens and legislators in areas of business incentives, publicizing giving, establishing a balance by the government in their funding activities, deferred giving, estate planning and in directing limited funds to areas of greatest need. Grantors need to be made aware of non-duplication of services. An attempt must be made by the agencies to broaden the funding base to change low cost/benefit programs, to invest in development programs that have a source of income and to market the programs to show their importance to the community.
2. Poor attitude - The service providers need to improve their attitude. Be honest about what can be done and set a good example for the staff and volunteers. Provide innovation in services and in in-service training.
3. Insufficient staffing - There needs to be a coordinated recruitment of volunteers to assist staff. Perhaps the Tribune would publish a volunteer section once or twice a month.

4. Ignorance - It is important to enhance the self esteem of the clients and to provide information on illiteracy and where to receive help.
5. Lack of education - Information about services is needed as well as the appropriate method for communicating these services.
6. Resistance to offers of service - Better communication is necessary so people know what is being offered.
7. Turf possessiveness - There is need for an umbrella organization to monitor duplication of services and gaps in service, so agencies can provide efficient and effective levels of programs in Cascade County.
8. Insurance problems - Agencies must recruit people to advocate and lobby for changes in insurance laws.
9. Reluctance of people to expect to pay for service- This is known as "learned helplessness." It is important to inform people of the needs for the service and the reason it must be paid for.
10. Discrimination - If a program is not being favored, perhaps changes are needed such as consolidation or merging. Further education of the public is necessary.

Human Service Definition

All of the respondents constructed a definition for human service to be included in the instruction portion of the community questionnaire. From these ideas the following definition of "human service" emerged. Human service is organized programs which enable a community to provide for the basic needs of its citizens by direct service (immediate care) or secondary service (prevention and education).

CHAPTER FOUR
FINDINGS OF RESEARCH

The findings of research follow the order of the questionnaire which is found in Appendix A.

A detailed analysis of each question is contained in Appendixes B through I. This chapter contains a summary of the salient features in the analyses.

Table 1 is a summary of the response rate for each survey. The random sample responses were not mixed with the responses from the agency directors and allocations committee.

Problem Identification

Part 1. For each of the statements below, please show (1) how serious you think the problem is in Great Falls and Cascade county and (2) how well you think our community is caring for the problem. Mark X in the column that most clearly shows your opinion in each of the two areas (1) and (2). If you are not aware of the problem or don't know how it is being cared for, please mark an X in the column that says "Don't Know."

Four of the thirty-four problems presented, teenage pregnancy, unemployment, affordable health care for the elderly, and drug and alcohol abuse, were considered to be very serious. Of these four, unemployment and affordable health care for the elderly were also thought to be not well

Table 1. -- Response Rates

	Pilot Survey	General Public	Agency Directors	Allocations Committee
Population *	58,000	58,000	34	45
Questionnaires mailed	50	550	34	45
Returned undeliverable or unusable	2	5	1	0
Number actually delivered	48	545	33	45
Unusable returns	0	14	0	0
Net usable questionnaires	16	150	19	17
Response rate **	33%	28.3%	57.6%	37.8%

* Population consists of persons 18 years of age and over in Cascade County for the general public category.

** Net usable questionnaires divided by number of delivered questionnaires less unusable returns.

cared for. Respondents indicated that they "don't know" how serious are eighteen problems or how well cared for are twenty-one of the problems. Detailed results are found in Appendix B.

The results of Part 1 were cross tabulated with various demographic characteristics to reveal how different segments of the population felt about the problems - how serious and how well cared for (see Appendix B).

Problems Requiring Immediate Attention

Part 2. Refer back to Part 1. From that list of health and human service problems, please choose the 5 problems you feel require immediate attention. List them below using the number next to the problem. #1 should be the problem you feel is most severe, #2 the next most severe and so on.

Of the 34 problems presented in Part 1, the survey respondents felt that unemployment was the most serious problem needing the most immediate attention. In order of decreasing importance are: alcohol and drug abuse, child abuse, AIDS, crime, teenage pregnancy, health care for the elderly, recreation for teenagers, lack of inpatient treatment for teenage chemical abuse and juvenile delinquency.

Details on the weighting of each problem and numbers of respondents choosing each category as well as cross tabulations with respondents age, sex, level of education, and employment status are found in Appendix C.

Comparisons Between Surveyed Groups

In comparing the random sample with the agency directors (AD) and the United Way allocations committee (AC) in the area of problems needing immediate attention there are definite similarities. Table 19 in Appendix C illustrates the ranking for the three groups. Number one was unemployment for the general population and AC; these two groups had the same three (unemployment, alcohol and drug abuse and child abuse) in the top three choices. Agency directors, not surprisingly, felt that "proper funding for health and human service agencies" was the problem most requiring immediate attention. Second choice for them was unemployment (top choice for GP and AC) and

third choice was affordable health care for the elderly (seventh choice for GP and AC).

Severity of Problems

In order to determine the top priority problems in Cascade County the "Very Serious Problems" and the "Problems Requiring Immediate Attention" were compared in Table 2 to determine priority problems.

Table 2. -- Comparison of Perceptions of Very Serious Problems and Problems Requiring Immediate Attention

Very Serious Problems *	Problems Requiring Immediate Attention **
1. Unemployment	1. Unemployment
2. Affordable health care for the elderly	2. Alcohol and drug abuse
3. Alcohol and drug abuse	3. Child abuse
4. Teenage pregnancy	4. AIDS
5. Lack of recreation for teenagers	5. Crime
6. Crime	6. Teenage pregnancy
7. Lack of job training	7. Affordable health care for elderly
8. Juvenile delinquency	8. Lack of recreation for teenagers
9. Proper funding for health and human services	9. Treatment for teenage chemical abuse
10. AIDS and sexually transmitted diseases	10. Juvenile delinquency

* Very Serious Problems - the percentage score for very serious problems and the percentage score for services not adequate were totalled. Problems are listed in rank order according to the combined score. See Table 14, Appendix B.
 ** Problems Requiring Immediate Attention - problems were listed in rank order based on weighted scores. See Table 15, Appendix C.

Resulting Priority Problems

By comparing the rankings of problems identified by respondents as "very serious" and "problems requiring immediate attention," it is possible to derive a list of priority needs. Each problem was weighted in terms of its ranking (details are found in Appendix C) and the resulting priority list is as follows:

1. Unemployment
2. Alcohol and drug abuse
3. Affordable health care for the elderly
4. Teenage pregnancy
5. Crime
6. Lack of recreation for teenagers
7. AIDS and sexually transmitted diseases
8. Child abuse
9. Juvenile delinquency
10. Lack of job training
11. Proper funding for health/human services
12. Treatment of teenage chemical abuse

Perceived Funding Responsibilities

Part 3. Many people in need of services cannot afford to pay for them. Services are paid for in many ways. For example, United Way pays for services through donations. Local, state and federal governments pay for services through taxes. Services can also be paid for in other ways, such as through private agencies, including church groups, or by paying a fee for that service. What is your opinion

about who should be most responsible to pay for the following services for people who cannot afford these services?

Please X only one answer for each service.

Of the twenty-two services queried in Part 3 the respondents felt that the primary funding source of three-fourths of them should be government (federal, state, local). Government funding had a majority of responses in 55 percent of the services. Private agencies, United Way and "user pays for service" lagged far behind. "No Opinion" was not a viable option for most people.

The percentage of response for each funding source per service is shown in table 3. Cross tabulations for all services were done with employment status and education level, used as a substitute for a direct question about income level, and then, where appropriate, for age, sex, marital status and ages of children. Details are in Appendix D.

Table 3. -- Perceived Funding Responsibilities

Problems	Government	Private Agencies (In Percentages)	United Way	User Pays	No Opinion
Child care	20.8	8.3	2.1	66.7	2.1
Family Problems	11.3	50.0	14.1	17.6	7.0
Housing Assistance	81.4	4.9	2.9	7.1	3.6
Emergency Food & Shelter	38.1	42.4	12.2	3.6	3.6
Chemical Abuse Treatment	36.2	17.4	10.9	31.2	4.3
General Health Care	54.7	3.6	5.0	34.5	2.2
Communicable Disease Prevention	70.7	5.0	6.4	12.9	5.0
Mental Health	54.7	10.8	12.9	12.9	8.6
Handicapped Programs	56.5	12.3	19.6	6.5	5.1
Adult Education	47.1	7.2	3.6	35.5	6.5
Adult Literacy	41.9	16.9	12.5	19.1	9.6
Elderly Assistance	52.5	19.4	15.6	8.6	3.6
Job Training	66.4	5.1	4.4	20.4	3.6
Disaster Relief	69.6	14.5	13.0	2.2	0.7
Crisis Hot Line	17.3	34.5	41.0	3.6	3.6
Crime Prevention	87.8	4.3	0.7	2.9	4.3
Assistance for Crime Victims	53.6	26.4	10.7	5.0	4.3
Neighborhood Problems	17.0	46.1	20.6	7.8	8.5

Consumer Product Problems	43.6	19.3	8.6	12.1	16.4
Teen Recreation	13.9	32.2	27.7	15.3	5.8
Information H/HS* Programs	55.3	17.0	19.1	5.7	2.8
Coordination H/HS* Programs	57.1	16.4	18.6	5.0	2.9

*H/HS - Health and Human Service

Note: Total response to each question varied from 133 to 141. Respondents were asked to check only one funding source.

Increase Contribution or Decrease Service

3a. With less money coming from government at all levels, would you prefer:

_____ a) to contribute more for health and human services

_____ b) to decrease the services offered to the community

Sixty-three percent of the respondents stated that they would be willing to contribute more for health and human service and 36.9 would prefer to see a decrease in services offered.

The agency directors and allocations committee overwhelmingly chose to increase contributions rather than to decrease service in response to decreased government funding. Details of these comparisons are found in Appendix E.

Service Utilization Rate

Part 4. Please refer back to Part 3. Have you used any of the service mentioned? ___YES ___NO

If your answer is YES, please go back and circle the services you have used in the past five years.

Of 140 respondents 71.4 percent had not used the services listed in Part 3 and likewise 28.0 percent of the respondents had. Of the 22 services listed only three were mentioned more than ten times. These are: General health care, child care for low income families and information on health and human service problems.

This portion of the survey was not tabulated for the agency directors and allocations committee. It was meant to discover services used most often by the general public. An analysis of responses is found in Appendix F.

Coordination, Duplication, Lack of Services

Part 5. Do you feel there is an acceptable level of coordination (cooperation) among the agencies of health and human services offered to the public? YES NO DON'T KNOW

Please refer back to Part 3. Is there a duplication or overlapping of services in some of these areas. In other words, are there too many agencies offering the same services?

YES NO DON'T KNOW

If your answer is YES, in what areas is there duplication or overlapping? (Please write the numbers of the service from Part 3.)

Is there a lack of services in some areas? YES NO DON'T KNOW. If your answer is YES, what areas lack service? (Please write the numbers of the service from Part 3.)

When asked if there is an acceptable level of coordination among the health/human service agencies, 42.1 percent don't know, 35 percent said "no" and 22.9 percent said "yes." Concerning duplication of services, 57.6

percent didn't know if there is overlapping, 24.5 percent thought there is and 18 percent said there is no duplication. Tabulation of services the General Public thought overlapped revealed only one mentioned more than ten times -Coordination of Health and Human Services.

When asked if there is a lack of services in some areas, 56.5 percent don't know, 33.3 percent said "yes" and 10.1 percent said "no." Again there was only one service with more than ten responses - Recreation programs for teenagers. Notable in their lack of response were: housing assistance for low income families, crisis hot line, assistance with consumer product problems, and assistance to rape victims.

Other responses to the above two questions are covered in greater detail in Appendix G.

Need for Independent Coordinating Group

Part 6. Do you feel there is a need for an independent group to coordinate health and human services in Great Falls and Cascade County?

YES NO DON'T KNOW

If your answer is YES, should this group also refer resident to the proper agency for service?

YES NO

If YES, what individuals should be involved in this coordinating group? Place an X next to those who should be involved. (You may choose more than one)

city government county government United Way
 education private agencies business community
 organized labor churches

In response to the question, 45.8 percent stated "yes", 37.3 percent don't know, and 16.9 percent said "no."

Most people who responded to this question also believed that this independent group should also refer residents to the proper agency for service.

The Agency Directors had a majority saying "yes " to the independent coordinating group but also had 36.5 percent saying "no" to the group. The same number felt the group should refer residents to proper agencies but 42.1 percent didn't know if this was desirable.

The Allocations Committee also had 52 percent favoring an independent coordinating council with "no" and "don't know" each receiving 23.5 percent responses. They "don't know" whether the group should refer residents to agencies providing services.

What individuals should be involved in this coordinating group? General public favored city government, private agencies, United Way and county government, in that order. The Allocations Committee and Agency Directors also favored these four, but in a different order. Details are found in Appendix H.

Background Questions

Part 7. To help group the results, please answer the following questions about your background. Your reply is anonymous, so your identity will not be known to anyone. Please check the category that most clearly describes you.

Part 7 is concerned with demographics. Some questions (age, sex, level of education completed, marital status, member of military and employment status) were asked to compare to county statistics to determine the significance of the sample. Other questions (ages of children, newspapers read and length of residence in Cascade County) were asked to provide information for marketing and fund raising.

Level of income was not asked. It has been noted in resources about surveys that people dislike this question enough to either not return the survey or else they are not truthful in their answers. Education level and employment status will serve as substitutes for income level in the results of this survey. Comparisons are shown in Table 4.

Comments

Respondents were asked "to make any comment that could help community agencies to identify needs in Great Falls and Cascade County and to make decisions about funding these needs." See Appendix J for survey results.

Table 4. -- Demographic Comparisons of Survey Respondents
and Census*

Comparisons		Survey No. %	Census Bureau %
AGE:	18-24	4 - 2.7	20
	25-34	34 - 23	23
	35-44	35 - 24	19
	45-54	27 - 18	12
	55-64	22 - 15	10
	65-69	10 - 7	5
	over 70	15 - 10	11
Sex:	Male	67 - 47	48
	Female	77 - 53	52
Education:			
	Less than High School	10 - 7	11
	High School (GED)	31 - 22	45
	some college	45 - 31	26
	college grad	57 - 40	18
Marital Status:			
	married	97 - 67	64
	never married	16 - 12	14
	divorced	17 - 12	11
	widowed	12 - 8	10
	separated	2 - 1	1
Military Status:			
	MFAB	13 - 9	8
	MANG	1 - .7	.7

Employment Status:

full-time	74 - 51	
	(84 of employed)	(79 of employed)
part-time (35 hrs/week or less)	14 - 10	
	(16 of employed)	(21 of employed)
[employed]	[88 - 61]	[57]
homemaker	10 - 7	
seeking employment	10 - 7	
retired	35 - 24	18
student	2 - 1.4	1

Other categories:

ages of children:	0-5 - 24
	6-12 - 34
	13-18 - 27

newspapers and magazines read:

Great Falls Tribune	135
Minuteman	27
Aurora	3
Consumer Press	87
Montana Magazine	27
Local weekly	18

length of residence in Cascade County:

1-5 years	26
6-10 years	21
11-20 years	20
21-30 years	31
31-40 years	21
41-50 years	11
51-60 years	6
61-70 years	9

* Demographic figures are taken from the Bureau of Business and Economic Research at the University of Montana, 1985.

Some demographic categories were compared to others to reveal relative percentages in those categories (see Appendix I).

Analysis of Background Questions for External Validity

Population data are for persons aged 18 years and over in Cascade County. Most data were comparable with census data except ages of children, levels of employment. The difference column reflects the percentage difference absolute value of the sample results subtracted from the secondary data (census data) and divided by the secondary data. A single mean hypothesis test at 90 percent level of confidence was used in each category to determine if survey results differed significantly from the figures of the actual population (census data). Ninety percent level of confidence was chosen, because this is the level commonly used in research projects of this type. Tables 5 through 11 provide survey results for comparisons of background questions.

Table 5. -- Comparisons: Age

	General Public		Census Data		Difference %	
Response/Population	147		58,000			
Percentage:						
18-24	2.7		20		86.5	
25-34	23.1	68.1	23	62	.4	9.8
35-44	23.8		19		25.3	
45-54	18.5		12		35.1	
55-64	15.1	32.2	10	38	51	15
65-69	6.8		5		36	
over 70	10.3		11		11.8	

Hypothesis test results: Sample standard deviation = 1.647; T = 3.852. Survey results differ significantly from the population at the 90 percent confidence level. The 18-24 age group is under-represented.

Table 6. -- Comparisons: Sex

	General Public		Census Data		Difference %
Response/Population	145		58,100		
Percentage:					
Male	46.9		48		2.3
Female	53.1		52		2.1

Hypothesis test results: Standard deviation of sample = .501; T = .353. Survey results do not differ significantly from the population at the 90 percent confidence level.

Table 7. -- Comparisons: Level of Education

	General Public	Census Data	Difference %
Responses/Population	144	58,100	
Percentage:			
Less than HS	6.9	11	37.3
High School/GED	21.5	45	52.2
Some college	31.3	26	20.4
College graduate	40.3	18	120.6

Hypothesis test results: Standard deviation of sample = .952; T = 6.663. Survey results differ significantly from the population at the 90 percent confidence level. College graduates are over-represented in the survey and high school graduates are under-represented.

Table 8. -- Comparisons: Marital Status

	General Public	Census Data	Difference %
Responses/Population	145	58,100	
Percentage:			
Married	66.9	64	4.5
Never Married	11.7	14	16.4
Divorced	11.7		
Widowed	8.3	21.4	2.7
Separated	1.4		

Hypothesis test results: Standard deviation of sample = 1.069; T = .477. Survey results do not differ significantly from the population at the 90 percent confidence level.

Table 9. -- Comparisons: Employment

	General Public	Census Data	Difference %
Responses/Population			
Percentage:			
Full-time based on em- Part-time ployed people	84.3 15.7	77 23	9.5 31.7
Full-time based on all Part-time people	51.4 9.6		
Homemaker	6.9	13	46.9
Seeking employment	6.9	5	38
Retired	24.0	18	33.3
Student	1.4	1.0	40

Hypothesis test results: Standard deviation of the sample = .368; T = 1.298. Survey results do not differ significantly from the population at the 90 percent confidence level.

Table 10. -- Comparisons: Military or Military Dependent Status

	General Public	Malmstrom AFB/MANG* Census Data	Difference %
Response/ Population	144	5817/300/58100	
Percentage:			
MAFB	9	10	10
MANG	.69	.52	32.7

*MANG - Montana Air National Guard.

Hypothesis testing was not conducted on the military question.

Table 11. -- Background Question Summary

	General Public	Agency Directors	Allocations Committee
Median age group	45-54	45-54	35-44
Mean years in Cascade County	24.3	20	24.3
(Remaining results in percentages)			
Percentage Male/Female	M-46.9 F-53.5	M-35 F-64	M-53 F-46
Median Education grad group	some college	college grad	college
Percent married	68	68	82
Percent of total children:			
ages 0-5	28	40	32
ages 6-12	25	44	31
ages 13-18	25	31	44
Local Newspaper or magazine readership:			
Most read	Tribune	Tribune	Tribune
2nd most read	Consumer Press	Consumer Press	Montana Magazine
3rd most read	Minute Man	Montana Magazine	Consumer Press
least read	Aurora	Aurora, local weekly	Aurora
Percent military or military dependent:			
MAFB	9.7	5.2	6
MANG	9	5.2	6
	.7	0	0

Employment:			
Full-time	51	90	59
Part-time	9.6	5.3	18
(35 hrs. or less per week)			
Homemaker	7	0	12
Seeking employ- ment	7	0	0
Retired	24	0	11
Student	1.4	0	0

CHAPTER FIVE
CONCLUSIONS AND RECOMMENDATIONS

Survey Limitations

Although this survey was sent to a random sample of the population of Cascade County, it appears that the college educated, full-time employed, retired and people in age range of 35-64 years were significantly overrepresented in the survey returns at a .10 level of significance. Those people with a high school education only and those in the 18-24 year age group were significantly underrepresented at a .10 level of significance.

According to the Great Falls Tribune Survey of 1987 the percentage of 18-24 year olds in Cascade County has declined from 16 percent to 6 percent of the total population. If these figures are accurate (600 survey returns), out migrations since 1985 could explain some of the difference in this questionnaire. Net out migration for all ages from Cascade County in 1986 was 1,800 people, the highest in the 1980s.¹¹

It can be assumed that the donor base of UWCC is predominantly the employed, educated, 35 to 64 year olds; however, it cannot be assumed that it is the underrepresented groups who are the only service users.

While those problems relating directly to unemployment or lack of education will be less evident in the results of this questionnaire, problems such as spouse abuse, child abuse, alcoholism, teenage pregnancy and crime affect all demographic sections of the community. Therefore, having a certain group underrepresented should not affect the survey results.

In all other respects the data for the general public are comparable to secondary data and are useful for comparison and for development of problem needs which exist in Cascade County.

There were mistakes made in completing the questionnaire by a number of respondents. About 25 percent failed to check one answer in both (1) and (2) of part one for every problem. Two respondents failed to complete the demographic section; the questionnaires were tabulated anyway, but they were eliminated in any cross tabulations with demographics.

In cases where data were questionable or unusable the answers were discarded. This is reflected by the fact that the number of responses differs for each segment for many of the questions.

Conclusions

The results of this survey will be used by decision making groups from local government to educational, religious and, most notably, nonprofit health and human

service organizations. These groups are involved in community problem solving, fund raising, and distribution, referral and in redesigning programs or developing new services.

Even though over one-half of the respondents had lived in Cascade County for more than 20 years, it is evident from the results that many people don't know what problems exist unless they affect that person directly. Fifty-three percent of the General Public (GP), versus 15 percent of the Agency Directors (AD) and Allocations Committee (AC) do not know the degree of seriousness of the problems presented. It is even more revealing when they are asked if the problems are being serviced. The GP stated "Don't Know" for service of 62 percent of the problems, versus fifteen percent for AD and a rise to 26 percent for AC. Because Agency Directors work with the problems (i.e. a specific segment of the problems) they are naturally more familiar with the problems and service being given to them.

Unemployment was far and above the most serious, least cared for problem of all, regardless of age, sex, employment level, education, marital status or military affiliation. Compared to a seasonally adjusted unemployment rate in February 1986 of 5.7 percent, Montana has 7.4 percent and Cascade County records 7.3 percent. The economy of Cascade County is not good and is reflected in people's perceptions of the problems. Perhaps what people are seeing as

unemployment is actually underemployment - meaning that people work part-time jobs, although they seek full-time jobs or are employed at jobs below their capability.

The top ten problems perceived by the residents of Great Falls and Cascade County to be most serious, least well serviced and requiring immediate attention are:

Unemployment

Alcohol and drug abuse

Affordable health care for the elderly

Teenage pregnancy

Crime

Lack of recreation for teenagers

AIDS and sexually transmitted diseases

Child abuse

Juvenile delinquency

Lack of job training

In assessing these problems there is a definite cycle of cause and effect. With unemployment there is a decrease in self worth and self confidence. Job training is needed to allow people to find alternative employment. Drugs and alcohol become important to obliterate the feelings of worthlessness which lead to abuse of family members and crime to obtain the money to pay for the drugs and alcohol. Pregnancy rates are highest among those teenagers who have become chemical users. Teenagers living in homes where alcoholism is present are more prone to having problems with

alcohol and drugs. Programs for teenagers are important to offer positive recreation and means to build self esteem. The unemployed elderly find it difficult to receive proper medical care. They may have no insurance and in retirement find their transfer payments not sufficient to cover costs.

Expert Analysis of Top Priority Problems

Several local experts gave their opinions on the status of each of the top five problems and what is being done to alleviate these problems in the future.

1. Unemployment

Norma Schultz, coordinator for Project Challenge Work Again, said that people who are unemployed are fighting for survival. Things that otherwise go unnoticed become a big issue, and people react differently to situations than they did before. Chemicals start being used and abused and often leads to verbal and physical abuse and sometime suicide. Problems develop when people have to go to the unemployment office or to the welfare department for the first time. They feel that no one is really concerned with their problem.

Project Challenge Work Again is a program for dislocated workers. They have a week long program of training for writing applications and resumes, interviewing, working on building self-esteem, making them "job smart" (i.e. learning how to compete) and facing illiteracy.

2. Alcohol and Drug Abuse

Jim Gamell, Care Coordinator for Great Falls Public Schools, reported that chemical abuse among the youth of Cascade County is not stabilizing and that there are alarming changes in use patterns of the adolescents. Although alcohol is the number one problem, "crack" has become a great threat, especially since it presents instant addiction.

People are being educated about drugs on both local and federal levels more than ever before. Great Falls has done more in increasing awareness about alcohol and drugs than almost anywhere in the nation.

Mr. Gamell feels that raising the drinking age and increasing penalties when charged with DUI have had an effect on alcohol abuse. According to the Tavern Association, consumption of alcohol in taverns has declined. However, sale of alcohol in grocery stores has increased, meaning possibly that people are consuming more in their own homes.

Mr. Gamell states that "more and more kids are not able to tolerate chemical activity in their peers. They resent being branded the same as everyone else and many want a chemical free environment."

Darlene Meddock, an eight year member of the Core Team in Great Falls, reports that over 700 adults and 240 high school students have been trained in a forty hour basic

Community Intervention workshop, and almost 8,000 students have participated in some kind of group support program.

3. Affordable Health Care for the Elderly

According to David Cornell, administrator of the Montana Deaconess Medical Center, the two hospitals in Great Falls have a four part program for care for the elderly, Senior Care Program.

1. Discount scale - The patient pays for the following on a sliding scale based on income:
 - a. Medicare deductible of \$580
 - b. 20% coinsurance for outpatient care - if the patient cannot afford either, the care is 100% free.
2. Accessibility - Free transportation is provided to and from the hospital or doctor's office.
3. Education - There are 6,000 senior citizens enrolled in the Senior Care program. Frequent educational programs are offered to this group of people.
4. Free screening clinics for blood pressure, blood work, etc.

The physicians in Great Falls do not have the same sliding scale discounted fee structure. Mr. Cornell states, "The medicare rate of payment is lower than what most physicians charge, so they may choose not to see that patient. There is no influence in the state like HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization). Third, there is no concerted senior citizen pressure to provide a sliding scale fee structure."

4. Teenage Pregnancy

As executive director of the Young Parents Education Center, Nicki Wagner reported that the rate of increase in pregnant teenagers has leveled off in the last five years except in the 10-14 year old group. The leveling is a national trend that affects Cascade County as well, probably due to more available information and fear of contracting AIDS. However, Cascade County, where 15 percent of pregnant women are teenagers, has the highest rate of teenage pregnancy in the state.

There is a statewide coalition, MT PATH (Promoting Action for Teen Health) Project whose objectives are to install a health curriculum for K-12 in all schools in the state and to reduce the number of teenage pregnancies. It will be addressing all areas of teen health, but mainly teen sexuality.

The Junior League of Great Falls, Y.W.C.A., and Young Parents Education Center are forming a coalition to deal with the problem in Cascade County. It will offer education to teens, parents and parenting teens on issues of adolescent sexuality, sexually transmitted diseases and teenage pregnancy.

A positive step was taken recently by the Great Falls Public Schools Board of Trustees when they passed the proposed curriculum on "health related issues" for grades seven through ten.

5. Crime

Recent statistics state that Cascade County (including Great Falls) has the highest crime rate in the state of Montana. Barry Michelotti, Sheriff of Cascade County, feels that the statistics may be off due to more crimes being reported here than in other areas, but that crime is certainly a big problem.

As with other human service areas, crime prevention budgets have been cut, and the sheriff's department now has 30 sworn personnel versus 42 deputies in 1982. The same cuts in personnel hold true with the city police department.

There are seven indexed crimes (homicide, rape, robbery, aggravated assault, burglary, theft [felony], and motor vehicle theft) and nationwide 80-85 percent of all crimes are drug and alcohol related.

To decrease crime in Cascade County there are numerous drug education programs, Crime Stoppers (24 hour service), Neighborhood Watch and education for crime deterrence.

With lack of personnel it is found that people stop calling in crimes, because there is delayed or no response. To counteract this decline in personnel, the county is strengthening reserve units, volunteers trained as reserve officers and the Sheriff's Posse. These are nonpaid sworn personnel. Assistance is also given by auxiliary officers of the Mountain Patrol Search and Rescue. The department is

investigating changing schedules for work time to four day, ten hour shifts, so there is more overlap of personnel.

United Way Response to Problems

Compared to the services that are presently offered by the United Way the priority problems above differ in type and service offered. United Way agencies do not directly address unemployment, drug and alcohol abuse, crime or affordable health care for the elderly. They do service some of the effects of these problems such as child and spouse abuse, crises needing referral and vagrant youths.

Businesses wish to be established in communities which are actively improving the quality of life of their residents. The United Way which is working to provide these services and solve community problems is essential to attracting new business and bringing new jobs into the community.

Even though it has been several years since the federal government retired many of its granting programs, most people still feel that the government (federal, state, and local) should be funding most services. This is evident in the fact that the United Way of Cascade County campaign has not shown an increase since 1984.

The survey respondents did say, however, that sixty-three percent of them would be willing to contribute more for health and human services rather than to decrease the

services offered to the community. Perhaps the public is saying that the wrong services are being offered, or perhaps they are not being made aware of the services that are already present in Great Falls and Cascade County. That same conclusion may be drawn from the response to the question asking what services have been used. Seventy-one percent claim that they have not used any of the services mentioned.

Great Falls had a Human Services Coordinating Council for several years until 1985. This agency investigated duplication of effort primarily in the area of child protective services. It disbanded when the mission was over.

Less than half the people responding to the question thought that an independent coordinating council should be formed, although three times as many said yes as no. Many people just don't know what the agencies offer, whether services are overlapping or lagging or if there is truly need for more coordination.

Recommendations

On the basis of the results of the survey and conclusions drawn, the following recommendations are proposed.

The United Way of Cascade County and other health and human service agencies need to approach the problems with a continuum of service: prevention of the problem, address the

problem directly, and treat the consequences of the problem. These agencies should concentrate on the problem areas that are seen by the public as very serious and not well cared for and should work to make our elected officials aware of the problems in our community in an effort to shift available government funding to help meet these needs. The top priority needs are: unemployment, alcohol and drug abuse, affordable health care for the elderly, teenage pregnancy, crime, lack of recreation for teenagers, AIDS and sexually transmitted diseases, child abuse, juvenile delinquency, lack of job training, proper funding for health and human services and treatment of teenage chemical abuse. These should be researched and the determination made as to what level of care is presently being administered. As long as the root problem is understood, assisting an individual with the alleviation of associated problems is very positive. Unemployed persons need help with building self esteem, keeping fit, learning to project themselves in the best possible way and filling empty hours with positive activities.

The public responded with many "don't knows". Agencies need to get more information to the public, but first they need to find out what kind of information the public needs and in what form it will reach the public. Generic information just won't do the job; information must be targeted to specific groups.

Pay attention to responses from the Agency Directors. Although each may be biased to his/her own referral base, they do have a sense of overall problems that people have. They have found that funding for programs is a big problem, therefore, it is important for them to discover the message that will cause a positive response from potential donors. Since the economic status of Great Falls and Cascade County is not good at the present time, the health and human service agencies must find a way to approach people who can afford to give a little more. In the past organizations have approached donors on the basis of the good that they provide the community. The message must be changed to inform people of the needs the community has, particularly that specific donor base, and how the agency will service that need.

People are concerned about teenagers. Many agencies offer wholesome activities to grammar school and junior high age children and again to older adults but offer only remedial services to teenagers. The United Way of Cascade County initiated a United Way Youth Advisory Board in March 1988, involving students from Great Falls High School and C.M. Russell High School. It is important to listen to these young people and try to understand the needs they have and the great variety of programs they would like to organize.

The population of retired people is growing, as is shown by the median age having risen by 3.1 years since 1980. This group of people has increasing needs for service but also offers the community a growing, mature source of volunteers. Most agencies would benefit from the infusion of senior citizens in their volunteer ranks.

According to the Great Falls Tribune survey of 1987, the 18 to 24 year old age group has declined from 16 percent of the population in 1985 to 6 percent in 1987. This out migration is most likely economy triggered, but some may stay if the community were to offer more services and programs that would benefit them.

The 301st Air Refueling Wing now being deployed at Malmstrom Air Force Base will add 700 civilian and military jobs in Cascade County by the end of 1988.¹² This will be a boost to the economy, but may present a drain on the health and human service organizations. A study should be initiated to forecast the effects on these organizations so they can plan for the increase in demands.

The military is part of the community. Each year the percentage of giving to United Way through the Combined Federal Campaign decreases. The United Way needs to convince these temporary residents that they need to give to a local fund raising campaign since they are receiving local services.

There is one Air Force officer on the United Way Board of Directors. Perhaps more should be recruited to serve on committees and in the fund raising campaign.

The Tribune is very widely read by the survey respondents. It is important that the United Way sets up a schedule of promotion with them, so that the media service is predictable. Consumer Press is second to the Tribune in readership. Although they no longer do public service announcements, it may be possible to have them donate space for United Way promotion.

The needs in Great Falls and Cascade County are not decreasing. Increase in funding is necessary to meet the ever increasing demands put on the agencies. The key to this is in educating the public about these needs and targeting services to meet these needs. The public must be made to feel that what they need will be offered; funding from informed donors will follow.

Summary

An important function of United Way is its role in helping direct resources to solve community problems. As such, surveys to determine the most current health and human service needs play an important part in determining not only where United Way funding is needed but also to give that information to other public funding sources and private agencies.

The 1988 Assessment of Health and Human Service Needs in Great Falls and Cascade County asked respondents to rate the seriousness of health and human service problems in the community and to assess how adequate is the service for these problems. In addition, respondents were asked questions concerning responsibility for funding services to address the problems, whether they had used the services and if they felt there is duplication or gaps in the services offered.

The 10 top problems perceived by the residents of Great Falls and Cascade County to be the most serious, least well serviced and requiring immediate attention are:

Unemployment

Alcohol and Drug Abuse

Affordable health care for the elderly

Teenage pregnancy

Crime

Lack of Recreation for Teenagers

AIDS and sexually transmitted diseases

Child Abuse

Juvenile Delinquency

Lack of Job Training

Most people feel that the government should be funding most of the services, but 63 percent said they would be willing to contribute more for health and human services rather than to decrease services mentioned. Many people

said they didn't know if services overlapped or were lacking in certain areas.

Recommendations are summarized as follows:

1. United Way should analyze how it is involved in each problem areas and determine within which areas the UWCC has the capability of being involved. UWCC should provide leadership in making the community aware of the problems that exist in Great Falls and Cascade County.
2. The community needs to be concerned with addressing the problems, including prevention and treatment of consequences of the problems.
3. The UWCC and other health and human service agencies must concentrate on effectively communicating to the public what services are provided and how they are funded.
4. Agencies surveyed said funding for programs is a big problem. Since most people said government should fund the services, yet would be willing to increase voluntary contributions, a comprehensive educational effort must be made as to actual and perceived funding responsibilities.

The needs in Great Falls, Montana, and Cascade County are not decreasing. Increase in funding is necessary to meet the ever increasing demands put on the agencies. The key to this is in educating the public about these needs and targeting services to meet these needs. In realizing that there can be a difference between the needs perceived by the public and the services offered by agencies to meet these needs, the solution lies in more direct communication within the community. The end result will be citizens who are willing to support health and human services, because they are informed and, therefore, involved.

APPENDIX A
THE SURVEY INSTRUMENTS

This appendix contains facsimiles of the survey instruments. The cover letter in figure A-1 was sent to the general public sample segment. An amended version of this letter was sent to the Agency Directors and to the United Way of Cascade County Allocations Committee. The questionnaire for all three segments is shown in figure A-2. Figure A-3 shows the post card which was sent to everyone who received a survey. This served as a thank you and a suggestion to return the questionnaire. See Chapter Three, Methods of Research, for more information on the survey instruments and procedures.



University of Montana

School of Business Administration • Malmstrom Air Force Base, Montana 59402-5000 • (406) 731-3428
MBA Program

February 17, 1988

Dear Cascade County Citizen:

In order to determine the unmet health and human service needs in Cascade County, I am sending a questionnaire to a group of residents in Cascade County. Human services are organized programs which allow a community to provide for the basic needs of its citizens by direct service (immediate care) or secondary service (prevention and education).

This project is being done in conjunction with my studies for a Master's degree in Business Administration through the University of Montana.

Your opinions are needed and greatly appreciated, and you will be doing a service to our community by answering the questions in the questionnaire. Your name does not appear anywhere on the form or return envelope, and your answers and comments will not be seen by other people. Only general results will be made available to agencies, organizations and churches in Cascade County to help them serve the community better.

Please read the instructions carefully and answer the questions as completely as possible. Your opinion is important to the outcome of the survey.

Please return the completed questionnaire in the enclosed stamped, addressed envelope by Monday, February 29. Again, thank you for your help in this project.

Sincerely,

A handwritten signature in cursive script that reads 'Gerry Jennings'.

Gerry Jennings

ASSESSMENT OF HEALTH AND HUMAN SERVICE NEEDS IN GREAT FALLS AND CASCADE COUNTY

Instructions: This questionnaire has seven parts. Please do all parts.

Part I. For each of the statements below, please show (1) how serious you think the problem is in Great Falls and Cascade County and (2) how well you think our community is caring for the problem. Mark an X in the column that most clearly shows your opinion in each of the two areas (1) and (2).

If you are not aware of the problem or don't know how it is being cared for, please mark an X in the column that says *"Don't Know"*.

	(1)				(2)			
	Very serious problem	Moderately serious problem	Not a problem	Don't know	Very well cared for	Moderately well cared for	Not well cared for	Don't know
1. Affordable day care								
2. Child abuse and neglect								
3. Health care for children of low income families								
4. Lack of afterschool youth activities								
5. Teenage pregnancy								
6. Lack of inpatient treatment of teenage chemical abuse								
7. High school dropouts								
8. Juvenile delinquency								
9. Housing for juvenile offenders								
10. Lack of recreation for teenagers								
11. Lack of counseling for parenting skills								
12. Unemployment								
13. Lack of job training program								
14. Lack of low cost housing								
15. Illiteracy among adults								
16. Lack of affordable local transportation								
17. Lack of low cost legal assistance								
18. Emergency shelter								
19. Emergency food								
20. Affordable health care for the elderly								

Page 1 Please continue on to the next page

	(1)				(2)			
	Very serious problem	Moderately serious problem	Not a problem	Don't know	Very well cared for	Moderately well cared for	Not well cared for	Don't know
21. Lack of recreation for the elderly								
22. Lack of care for the home bound elderly								
23. Abuse of the elderly								
24. AIDS and sexually transmitted diseases								
25. Mental illness								
26. Alcohol and drug abuse								
27. Lack of programs for the handicapped								
28. Crime								
29. Marital conflicts								
30. Spouse abuse								
31. Lack of assistance for rape victims								
32. Coordination and cooperation among health and human services agencies								
33. Awareness of available health and human service agencies								
34. Proper funding for health and human service agencies								

Part 2. Refer back to Part 1. From that list of health and human service problems, please choose the 5 problems you feel require immediate attention. List them below using the number next to the problem. #1 should be the problem you feel is most severe, #2 the next most severe and so on.

#1 _____ #2 _____ #3 _____ #4 _____ #5 _____

Page 2 Please continue on to the next page

Part 3. Many people in need of services cannot afford to pay for them. Services are paid for in many ways. For example, United Way pays for services through donations. Local, state and federal governments pay for services through taxes. Services can also be paid for in other ways, such as through private agencies, including church groups, or by paying a fee for that service. What is your opinion about who should be most responsible to pay for the following services for people who cannot afford these services?

Please X only one answer for each service.

Service	Federal, state or local government funding	Private agencies funding (donations) i.e. churches foundations	United Way funding (donations)	User pays for service	No Opinion
1. Child care for working families					
2. Assistance with family problems					
3. Housing assistance for low income families					
4. Emergency food and shelter					
5. Treatment for chemical abusers					
6. General health care services					
7. Communicable disease prevention					
8. Mental health service					
9. Programs for the handicapped					
10. Adult education					
11. Adult literacy					
12. Elderly in-home assistance					
13. Job training					
14. Disaster relief					
15. Crisis hot line					
16. Crime prevention					
17. Assistance to crime victims					
18. Help neighborhood groups to solve problems					
19. Assistance with consumer product problems					
20. Recreation programs for teenagers					
21. Information on health and human service programs					
22. Coordination of health and human service programs					

Page 3 Please continue on to the next page

With less money coming from government at all levels, would you prefer:

a) to contribute more for health and human services

b) to decrease the services offered to the community

Part 4. Please refer back to Part 3. Have you used any of the services mentioned? YES NO

If your answer is YES, please go back and circle the services you have used in the past five years.

Part 5. Do you feel there is an acceptable level of coordination (cooperation) among the agencies of health and human services offered to the public? YES NO DON'T KNOW

Please refer back to Part 3. Is there a duplication or overlapping of services in some of these areas. In other words, are there too many agencies offering the same services?

YES NO DON'T KNOW

If your answer is YES, in what areas is there duplication or overlapping? (Please write the numbers of the service from Part 3)_____

Is there a lack of services in some areas? YES NO DON'T KNOW

If your answer is YES, what areas lack service? (Please write the numbers of the service from Part 3)_____

Part 6. Do you feel there is a need for an independent group to coordinate health and human services in Great Falls and Cascade County?

YES NO DON'T KNOW

If your answer is NO or DON'T KNOW, skip to Part 7.

If your answer is YES, should this group also refer residents to the proper agency for service?

YES NO

If YES, what individuals should be involved in this coordinating group? Place an X next to those who should be involved. (You may choose more than one)

city government county government United Way education
 private agencies business community organized labor churches

Please make any comment that could help community agencies to identify needs in Great Falls and Cascade County and to make decisions about funding these needs.

Page 4 Please continue on to the next page

Part 7. To help group the results, please answer the following questions about your background. Your reply is anonymous, so your identity will not be known to anyone. Please check the category that most clearly describes you.

- a. Age under 18 35 - 44 65 - 69
 18 - 24 45 - 54 over 70
 25 - 34 55 - 64
- b. Sex male female
- c. Highest level of education completed
 less than high school high school/GED some college college graduate
- d. Marital status married never married divorced widowed separated
- e. Ages of children living with you _____
- f. Which of the following newspapers or magazines do you read regularly?
 Great Falls Tribune Minuteman Aurora Consumer Press
 Montana Magazine a local weekly None
- g. How long have you lived in Great Falls or Cascade County? _____ years
- h. Are you now a member of the military or a dependent of a military member? YES NO
If YES, _____ stationed at MAFB _____ serving full time in a Guard unit?
- i. Employment status:
 employed full time employed part time (35 hour a week or less)
 homemaker seeking employment retired student

Thank you for your cooperation in this very important community project.

Please return this questionnaire in the self addressed envelope by March 3, 1988.

If the envelope is missing, mail to:

Gerry Jennings
317 Fox Drive
Great Falls, Montana 59404

Results of this survey will be available at the United Way office: United Way of Cascade County
P. O. Box 1343
Great Falls, MT 59403-1343

Page 5 Thank you for your time and interest

FOLLOW UP POSTCARD

Dear Survey Participant:

I would like to thank you for participating in the "Assessment of Health and Human Service Needs in Great Falls and Cascade County". If you have already returned the questionnaire, thank you; if you haven't yet completed it, please return it by February 29.

Your input is very important in this community project. I appreciate your help.

Sincerely,

Gerry Jennings
Gerry Jennings

APPENDIX B

PROBLEM IDENTIFICATION

Appendixes B through I contain an analysis of each survey question. Where appropriate the answers of different categories of respondents are compared. The percentage in some questions may add up to more than 100 percent due to rounding.

The appendixes are ordered exactly the same as the questionnaire and Chapter Four, Findings of Research.

Part 1. For each of the statements below please show (1) how serious you think the problem is in Great Falls and Cascade County and (2) how well you think our community is caring for the problem.

If you are not aware of the problem or don't know how it is being cared for, please mark an X in the column that says "Don't Know."

Comparison of General Public, Agency Directors and Allocations Committee

The following tables portray the greatest percentage of responses in each group of respondents. The number in parentheses in Tables 12 and 13 is the second ranked choice, noted only if it is no more than two percent below the first choice.

Table 12. -- How Serious is the Problem

3=very serious; 2=moderately serious; 1=not a problem;
0=don't know

Problem Area (category of seriousness followed by percentage of response)	General Population	Agency Directors	Allocations Committee
1. Affordable Day Care	0 - 36.8	2 - 42.1	0 - 35.3
2. Child Abuse	2 - 36.1	2 - 57.9	2 - 52.9
3. Child Health Care	0 - 37.4	2 - 52.6	2 - 47.1
4. Youth Activities	2 - 34.8	2 - 36.8	2 - 64.7
5. Teenage Pregnancy	3 - 41.8	3 - 47.4	2 - 41.2
6. Treatment for Teen Chemical Abuse	0 - 39.9	0 - 42.1	0 - 47.1
7. High School Drop Outs	0 - 43.4	2 - 52.6	2 - 47.1
8. Juvenile Delinquency	2 - 43.8	2 - 52.6	2 - 52.9
9. Juvenile Offender Housing	0 - 41.5	3 - 42.1	2 - 52.9
10. Teenage Recreation	2 - 36.1	2 - 68.4	2 - 58.8
11. Parenting Skills Counseling	0 - 36.7	2 - 47.4	0,1-35.3
12. Unemployment	3 - 62.2	3 - 57.9	3 - 52.9
13. Job Training	2 - 38.3	2 - 42.1	2 - 41.2
14. Low Cost Housing	2 - 41.5	2 - 42.1	2 - 41.2
15. Adult Illiteracy	0 - 46.2	0 - 47.4	2 - 47.1
16. Affordable Transportation	1 - 62.1	1 - 63.2	1 - 76.5
17. Low Cost Legal Assistance	0 - 43.5	0 - 57.9	0 - 41.2
18. Emergency Shelter	0 - 36	2 - 52.6	2 - 58.8
19. Emergency Food	2 - 35.3	2 - 57.9	2 - 64.7
20. Elderly Health Care	3 - 44.5	3 - 42.1	2 - 29.4

21.	Elderly Recreation	1 - 37.1	2 - 36.8	1 - 52.9
22.	Care for Home Bound Elderly	0(2) - 34.1	0,2 - 31.6	2 - 41.2
23.	Elderly Abuse	0 - 67.9	0 - 63.2	0 - 64.7
24.	AIDS	0 - 36	2 - 47.4	2 - 35.3
25.	Mental Illness	0 - 44.2	2 - 42.1	2 - 52.9
26.	Alcohol and Drug Abuse	3 - 59.0	2 - 47.4	2 - 52.9
27.	Handicapped Programs	0 - 38.1	2 - 42.1	0,2 - 35.3
28.	Crime	2 - 47.5	3 - 63.2	2 - 64.7
29.	Marital Conflicts	0 - 38.1	2 - 63.2	2 - 47.1
30.	Spouse Abuse	2(0) - 37	2 - 63.2	2 - 41.2
31.	Rape Victim Assistance	0 - 52.9	2 - 52.6	0 - 35.3
32.	Coordination of H/HS	0 - 47	1 - 42.1	1 - 35.3
33.	Awareness of H/HS	2(0) - 31.0	2 - 57.9	2 - 52.9
34.	Funding for H/HS	0 - 38.2	3 - 68.4	2 - 58.8

Table 13. -- Adequacy of Service

3=very well cared for; 2=moderately well; 1=not well;
0=don't know

Problem Area (category of adequacy followed by	General Population	Agency Directors	Allocations Committee
1. Affordable Day care	0 - 44.6	1 - 36.8	0 - 41.2
2. Child Abuse	2(0) - 37.3	2 - 63.2	2 - 64.7
3. Child Health Care	0 - 41.2	2 - 47.4	2 - 47.1
4. Youth Activities	1(0) - 31.6	1 - 36.8	1 - 47.1
5. Teenage Pregnancy	0(2) - 35.9	2 - 52.6	0,1 - 29.4
6. Treatment of Teen Chemical Abuse	0 - 44.1	0,2 - 36.8	0 - 52.9
7. High School Drop Outs	0 - 47.9	0 - 42.1	0 - 47.1
8. Juvenile Delinquency	1 - 35.3	0,1,2 - 31.6	1,2 - 35.3
9. Juvenile Offender Housing	0 - 52.1	1 - 47.4	1 - 41.2
10. Teenage Recreation	1 - 44.9	1 - 36.8	1,2 - 41.2
11. Parenting Skills Counseling	0 - 46.2	2 - 52.6	0 - 35.3
12. Unemployment	1 - 65.5	1 - 47.4	1 - 47.1
13. Job Training	1 - 36.5	2 - 47.4	2 - 35.3
14. Low Cost Housing	2 - 40	2 - 42.1	2 - 47.1
15. Adult Illiteracy	0 - 51.7	0 - 63.2	0 - 47.1
16. Affordable Transportation	3 - 39.2	3 - 42.1	3 - 47.1
17. Low Cost Legal Assistance	0 - 52.4	0 - 42.1	0 - 52.9
18. Emergency Shelter	0 - 43.8	2 - 52.6	2 - 70.6
19. Emergency Food	2 - 38.7	2 - 63.2	2 - 47.1
20. Elderly Health Care	1 - 41.9	1,2 - 26.3	0 - 41.7

21.	Elderly Recreation	2 - 39	2 - 42.1	2 - 52.9
22.	Care for Home Bound Elderly	0 - 40.2	0,2 - 31.6	2 - 41.2
23.	Elderly Abuse	0 - 67.8	0 - 68.4	0 - 64.7
24.	AIDS	0 - 40	2 - 47.4	0,1,2 - 29.4
25.	Mental Illness	0 - 43.2	2 - 47.4	2 - 64.7
26.	Alcohol and Drug Abuse	2 - 50.9	2 - 42.1	2 - 70.6
27.	Handicapped Programs	0 - 39.2	2 - 36.8	2 - 35.3
28.	Crime	2 - 48.7	2 - 42.2	2 - 70.6
29.	Marital Conflict	0 - 47	0 - 36.8	2 - 41.2
30.	Spouse Abuse	0 - 41.5	2 - 47.4	0 - 35.3
31.	Rape Victim Assistance	0 - 59.5	2 - 52.6	2 - 47.1
32.	Coordination of H/HS	0 - 51.3	2 - 57.9	2 - 52.9
33.	Awareness of H/HS	0 - 37	2 - 36.8	2 - 52.9
34.	Funding for H/HS	0 - 41.7	1 - 47.4	2 - 64.7

Comparisons of Responses from General Public,
Agency Directors and Allocations Committee

In comparing the response in Part 1 of the General Public (GP), the Agency Directors (AD) and the Allocations Committee (AC) the following differences are notable:

1. Affordable day care - AD felt that it is a moderately serious problem; GP and AC don't know.
3. Health Care for children of low income families - AD and AC felt strongly it is a moderately serious problem; GP "don't know"; the same responses occurred for how well cared for.
5. Teenage pregnancy - AD felt it is moderately well cared for; AC - not well cared for and "don't know"; GP - "don't know"; followed by moderately well cared for.
7. High school dropouts - AD and AC felt strongly that it is a moderately serious problem; GP - don't know. All don't know how well cared for it is.

9. Housing for juvenile offenders - AD felt it is a very serious problem, AC - moderately serious and GP don't know or not serious; same results with care for the problem.
11. Lack of counseling for parenting skills - AD felt it is a moderately serious problem; AD and GP - don't know or not serious; same results with care for the problem.
15. Illiteracy among adults - AC felt it is a moderately serious problem; AD and GP - don't know; all don't know how well cared for it is.
18. Emergency shelter - AD and AC felt it is moderately serious problem; GP - don't know; same results with care for the problem.
20. Affordable health care for the elderly - all felt it is a very serious problem; GP and AD felt it is not cared for; AC - don't know.
22. Lack of care for home bound elderly - all felt it is a moderately serious problem or don't know about the problem. GP - don't know how well cared for; AD and AC - moderately.
24. AIDS and sexually transmitted diseases - AD and AC felt it is moderately serious; GP - don't know, but many felt it is very serious; AD felt it is moderately well cared for, AC is mixed and GP - don't know.
25. Mental illness - AD and AC - moderately serious; GP - don't know; same results for care of the problem.
26. Alcohol and drug abuse - GP felt strongly it is a very serious problem; AD and AC felt strongly it is moderately serious; all felt it is moderately well cared for.
27. Lack of programs for the handicapped - AD and AC - moderately serious, GP - don't know; same results with care for the problem.
28. Crime - AD - very serious problem; AC and GP - moderately serious; all felt it is moderately well cared for.

29. Marital Conflicts - AD and AC felt it is a moderately serious problem; GP - don't know; AC think it is moderately well cared for; AD and GP - don't know.
30. Spouse abuse - all felt it is a moderately serious problem; AD think it is moderately well cared for; AC and GP - don't know.
31. Lack of assistance for rape victims - AD felt it is a moderately serious problem; AC and GP don't know; AD and AC felt it is moderately well cared for; GP - don't know.
32. Coordination and cooperation among health and human service agencies - AD and AC felt it is not a problem; GP don't know; AD and AC felt it is moderately well cared for; GP - don't know.
33. Awareness of available health and human service agencies - all felt it is a moderately serious problem; AD and AC felt it is moderately well cared for; GP - don't know.
34. Proper funding for health and human service agencies - AD felt it is very serious; AC - moderately serious and GP - don't know; likewise AD thinks it is not well cared for; AC moderately and GP don't know.

Generally the Agency Directors had fewer results in the "don't know" column. This would be expected since they work with a variety of these problems every day. Sixty-eight percent of them felt the funding was a very serious problem and is not well cared for.

There was generally strong agreement between the three groups in the seriousness of the following problems:

Teenage pregnancy

Unemployment

Affordable health care for the elderly

Alcohol and drug abuse

Crime

In the category of not well cared for the three groups generally agreed upon:

Lack of after school youth activities

Juvenile delinquency

Lack of recreation for teenagers

Unemployment

Affordable health care for the elderly

Cross Tabulation of Responses from General Public with Selected Demographic Questions

Cross tabulation was done between "how serious" and "how well cared for" each problem is and various demographic features depending on their specific relationship with the problem. Some were not cross tabulated at all if it was felt that the problem was more general in scope and either affected most people or it was uniformly responded to by most people. Tabulation was made on those responding to other than "Don't Know".

Some people (about 25 percent) responded to one or the other category but not to both.

Problems:

1. Affordable day care

a. "How serious"

1. General Population (hereafter GP) -
Don't Know

2. Marital status - Moderately serious with
very serious for those who are separated
from their spouse

3. Respondents with children ages 0-5 - not serious
- b. "How well cared for"
 1. GP - Don't Know
 2. Marital status - Moderately well cared for; not well cared for for those never married
 3. Respondents with children 0-5 - Moderately well cared for
2. Child abuse and neglect - not cross tabulated
 3. Health care for children of low income families
 - a. "How serious"
 1. GP - Don't Know; moderately serious is very close
 2. Respondents with children age 0-5 - moderately serious
 3. Respondents with children age 6-12 - tie between very serious and moderately serious
 4. Respondents with children age 13-18 - moderately serious
 5. Employment - moderately serious
 - b. "How well cared for"
 1. GP - Don't Know; moderately well cared for is close
 2. Respondents with children ages 0-5 - tie between not cared for and moderately cared for
 3. Ages 6-12 - moderately cared for
 4. Ages 13-18 - moderately cared for
 5. Employment - moderately cared for

4. Lack of after school youth activities
 - a. "How serious"
 1. GP - moderately serious
 2. Respondents with children ages 0-5 - moderately serious
 3. Ages 6-12 - not serious; moderately serious is close
 4. Employment - moderately serious with very serious in part time homemaker and seeking employment
 - b. "How well cared for"
 1. GP - not well cared for
 2. Respondents with children ages 0-5 - well cared for
 3. Ages 6-12 - not well cared for
 4. Employment - not well cared for with moderately well cared for in full time employment category
5. Teenage pregnancy - not cross tabulated
GP - high "very serious" entry
6. Lack of inpatient treatment of teenage chemical abuse
 - a. "How serious"
 1. GP - Don't Know
 2. Respondents with children ages 13-18 - very serious
 - b. "How well cared for"
 1. GP - Don't Know
 2. Ages 13-18 - not well cared for
7. High school drop outs
 - a. "How serious"

1. GP - Don't Know
 2. Education level - moderately serious for all levels
 3. Employment - moderately serious at all levels but homemaker, which said very serious
- b. "How well cared for"
1. GP - Don't Know
 2. Education level - moderately cared for, except high school graduates who felt it was not cared for
 3. Employment - not cared for except full employment, retired and students who felt it was moderately cared for
8. Juvenile delinquency - not cross tabulated; GP thought it was a moderately serious problem and is not well cared for.
9. Housing for juvenile offenders - not cross tabulated; high "Don't Know" factor from all
10. Lack of recreation for teenagers
- a. "How serious"
1. GP - moderately serious problem
 2. Respondents with children ages 13-16 - moderately serious
- b. "How well cared for"
1. GP - not well cared for
 2. Ages 13-18 - not well cared for
11. Lack of counseling for parenting skills
- a. "How serious"
1. GP - Don't Know
 2. Education - moderately serious at all levels

3. Marital status - moderately serious for all categories except divorced - very serious
4. Respondents with children ages 0-5 - moderately
5. Ages 6-12 - moderately
6. Ages 13-18 - moderately

b. "How well cared for"

1. GP - Don't Know
2. Education - Moderately well cared for by high school and college grads; less than high school and some college felt it is well cared for.
3. Marital status - moderately cared for; separated felt it is well cared for.
4. Respondents with children ages 0-5 - moderately cared for
5. Ages 6-12 - moderately
6. Ages 13-18 - moderately

12. Unemployment

a. "How serious"

1. GP - very serious
2. Ages 18-69: not well; over 70: moderately well
3. Education - all levels not well cared for
4. Marital status - all levels not well cared for
5. Employment - all levels not well cared for

13. Lack of job training

a. "How serious"

1. GP - moderately

- 2. Ages 35-69: moderately; and over 70 - very serious
 - 3. Education - Less than HS and HS grad - very serious
 - 4. Employment - Part-time and homemaker - very serious others - moderately serious
- b. "How well cared for"
 - 1. GP - not well cared for
 - 2. Ages 18-69: not well cared for; over 70 moderately well cared for
14. Lack of low cost housing
- a. "How serious"
 - 1. GP - moderately
 - 2. Education - less than HS - very serious; others - moderately
 - 3. Employment - Homemaker - not serious; others - moderately
 - b. "How well cared for"
 - 1. GP - moderately
 - 2. Education - less than HS and HS grad - not well; less than college and college grad - moderately
 - 3. Employment - moderately
15. Illiteracy among adults - not cross tabulated
GP - High "Don't Know"
16. Lack of affordable transportation - not cross tabulated
GP - High not serious and average not cared for
17. Lack of low cost legal assistance - not cross tabulated; GP - High " Don't Know"
18. Emergency shelter
GP - "Don't Know"

19. Emergency food
GP - moderately serious; moderately cared for
20. Affordable health care for the elderly
 - a. "How serious"
 1. GP - very serious
 2. Age 25-64 and over 70: very serious; 18-24 and 65-69 - moderately
 3. Marital status - never married - moderately; all others - very serious
 4. Employed - all - very serious
 - b. "How well cared for"
 1. GP - not well cared for
 2. Age - over 70 - moderately; others - not well cared for
 3. Marital status - Married, divorced and separated thought the problem was not cared for; never married - moderately; widowed - well cared for
 4. Employment - not cared for by all except divorced who said moderately
21. Lack of recreation for the elderly - not cross tabulated; GP said it is not a problem.
22. Lack of care for the home bound elderly
 - a. "How serious"
 1. GP - Don't Know
 2. Age - moderately serious for all
 3. Marital status - very serious for divorced, widowed and separated; moderately for married and never married
 - b. "How well cared for"
 1. GP - Don't Know

2. Ages - 25-44, 55-64, over 70 felt it is not cared for; 45-54, 65-69 felt it is moderately well cared for.
23. Abuse of the elderly - not cross tabulated; GP said they don't know about the problem.
24. AIDS and sexually transmitted diseases - not cross tabulated GP - 36 percent don't know, but 33 percent feel it is very serious; they don't know how well it is being cared for.
25. Mental illness - not cross tabulated GP - most don't know about the problem.
26. Alcohol and drug abuse - not cross tabulated GP - very serious problem and most felt it is moderately cared for.
27. Lack of Programs for the handicapped - not cross tabulated; GP - don't know about the problem.
28. Crime
 - a. "How serious"
 1. GP - moderate to very serious problem
 2. Ages - 55-over 70 felt it is a very serious problem; the rest felt it is moderately so.
 3. Education - some HS and some college felt it is very serious; HS grad and college grad - moderately
 4. Respondents with children ages 0-5 - moderately
 5. Ages 6-12 - moderately
 6. Ages 13-18 - very serious
 7. Employment - part-time, homemaker, retired and student felt it is very serious; others - moderately
29. Marital conflicts - not cross tabulated GP - Don't know
30. Spouse abuse - not cross tabulated

GP - moderately serious problem; don't know,
followed closely by moderately cared for.

31. Lack of assistance to rape victims - not cross tabulated
GP - most don't know about the problem.
32. Coordination and cooperation among health and human service agencies - not cross tabulated;
GP - most don't know.
33. Awareness of available health and human service agencies
 - a. "How serious"
 1. GP - moderately
 2. Education - less than HS - very serious problem; others - moderately
 - b. "How well cared for"
 1. GP - Don't know
 2. Education - some HS and HS grad - moderately; some college and college grad - not cared for
34. Proper funding for health and human service agencies
 - a. "How serious"
 1. GP - Don't Know
 2. Ages - 18-34; 45-69 - very serious
 3. Education - some HS, some college and college grad - very serious; HS grad - moderately
 4. Marital status - never married - moderately; all others - very serious
 5. Employment - Homemaker - moderately; all others very serious
 - b. "How well cared for"
 1. GP - Don't know

2. Ages - 18-54, 65-69 - not well cared for; 55-64 and over 70 - moderately
3. Education - some HS - moderately; others - not cared for
4. Marital status - married, divorced, separated - not well cared for; never married and widowed said moderately.
5. Employment - full-time, part-time, seeking employment and student said it is not well cared for; others - moderately

Table 14 contains the combined scores of the seriousness of each problem and the inadequacy of service, giving a ranked order of perceived seriousness of problems.

Table 14. -- Perception of Very Serious Problems

Rank	Problem(a)	Very Serious(b)	Inadequate Service(c) (In Percentages)	Combined Score(d)
1	Unemployment	62.2	65.5	127.7
2	Affordable health care for the elderly	44.5	41.9	86.4
3	Alcohol & drug abuse	59.0	22.8	81.8
4	Teenage pregnancy	41.8	28.2	80.0
5	Lack of recreation for teenagers	29.9	44.9	74.8
6	Crime	43.2	29.9	73.1
7	Lack of job training	31.2	36.5	67.7
8	Juvenile delinquency	31.3	35.3	66.6
9	Proper funding for Health/human services	30.9	27.8	58.7
10	AIDS & sexually transmitted diseases	33.1	24.3	57.4
11	Child abuse & neglect	30.6	22.9	53.5
12	Lack of care for home-bound elderly	23.9	28.2	52.1
13	Housing for juvenile offenders	26.8	24.8	51.6
14	Lack of after school youth activities	17.7	31.6	49.3
15	Lack of inpatient treatment for teen chemical abuse	28.7	19.5	48.2
16	Lack of low cost legal assistance	23.2	21.8	45.0
17	Lack of low cost Housing	20.4	23.3	43.7
18	Awareness of available health/human service agencies	20.6	22.0	42.6
19	Marital conflicts	23.0	17.4	40.4
20	Lack of assistance for rape victims	21.0	19.0	40.0
21	Emergency food	23.7	15.3	39.0
22	Spouse abuse	22.5	15.3	37.8
23	Coordination & cooperation among health/human service agencies	18.7	17.9	36.6

24	High school dropouts	15.2	19.7	34.9
25	Mental illness	15.9	17.8	33.7
26	Health care for children of low income families	16.5	15.1	31.6
27	Lack of counseling for parenting skills	14.4	16.0	30.4
28	Illiteracy among adults	14.0	15.5	29.5
29	Affordable day care	11.1	16.5	27.6
30	Emergency shelter	16.5	9.1	25.6
31	Abuse of the elderly	10.2	13.9	24.1
32	Lack of programs for the handicapped	12.9	9.1	22.0
33	Lack of recreation for the elderly	10.7	8.5	19.2
34	Lack of affordable local transportation	5.0	8.3	13.3

Notes:

- (a) Problems are ranked according to the combined score consisting of seriousness and adequacy of service.
- (b) Percentage of respondents indicating the problem was very serious.
- (c) Percentage of respondents indicating services are not adequate to address the problem.
- (d) Combined scores for seriousness and adequacy of service.

APPENDIX C

PROBLEMS REQUIRING IMMEDIATE ATTENTION

Part 2. Refer back to Part 1. From that list of health and human service problems, please choose the 5 problems you feel require immediate attention. List them below using the number next to the problem. Number one should be the problem you feel is most severe, #2 the next most severe and so on.

Table 15 displays a weighted score for each of the top ten problems thought by the respondents to require most immediate attention.

Table 15. -- Problems Thought by General Public to Require Immediate Attention

Problem	#1	#2	#3	#4	#5	TOTAL
Unemployment	29X5=145	18X4=72	18X3=54	5X2=10	5	316
Alcohol & Drugs	12X5=60	17X4=48	13X3=39	9X2=18	9	194
Child Abuse	12X5=60	12X4=48	8X3=24	7X2=14	7	153
AIDS	19X5=95	4X4=16	5X3=15	5X2=10	4	140
Crime	8X5=40	5X4=20	10X3=30	15X2=30	5	125
Teenage Pregnancy	10X5=50	10X4=40	5X3=15	6X2=12	3	120
Elderly Health Care	5X5=25	5X4=20	14X3=42	6X2=12	10	109
Teenage Recreation	3X5=15	8X4=32	5X3=15	6X2=12	3	77
Treatment Teenage Chemical Abuse	3X5=15	10X4=40	3X3=9	2X2=4	2	70
Juvenile Delinquency	2X5=10	4X4=16	5X3=15	6X2=12	7	60

Note: The top 10 problems received 103 votes for number one problem out of 131 responses.

A weighting system was used to allow graded importance to the different answers (1 through 5). Results of number one were multiplied by five, two by four, three by three, four by two and five by one. These were then added together

to determine the ranking of which problems needed most immediate attention. These results are shown in Table 15. Unemployment was unquestionably number one.

Taking the top ten problems from Appendix B, table 14, Perceptions of Very Serious Problems, and the top ten problems from Appendix C, table 15, Problems Requiring Immediate Attention, a weight was given to the ranking of each problem in each category. These scores were then added together to get total scores, found in Table 16, which were then used to obtain a list of top priority problems.

A ranking of one was given a weight of 10, 2 - 9, and so forth until 10 - 1.

Table 16. -- Ranking of Top Priority Problems

Rank	Problem	Weight ("Very Serious")	Weight ("Immediate Attention")	Total Score
1	Unemployment	10	10	20
2	Alcohol & drug abuse	8	9	17
3	Affordable health care for the elderly	9	4	13
4	Teenage pregnancy	7	5	12
5	Crime	5	6	11
6	Lack of teen recreation	6	3	9
7	AIDS and sexually transmitted diseases	1	7	8
8	Child abuse	0	8	8

9	Juvenile delinquency	3	1	4
10	Lack of job training	4	0	4
11	Proper funding for health/human services	2	0	2
12	Treatment of teenage chemical abuse	0	2	2

Note: Same weighting system as Table 15.

Tables 17 through 19 show details of the comparisons discussed in chapter 4.

Table 17. -- Problems Thought by Agency Directors to Require Immediate Attention

Problem	#1	#2	#3	#4	#5	Total
Agency Funding	4x5	2x4	2x3	0x2	2x1	36
Unemployment	2x5	4x4	0x3	2x2	0x1	30
Elderly health care	3x5	1x4	0x3	1x2	1x1	22
Child abuse	2x5	0x4	0x3	3x2	2x1	18
Juvenile delinquency	1x5	2x4	1x3	0x2	1x1	17
AIDS	1x5	1x4	2x3	0x2	1x1	16
Alcohol & drug abuse	0x5	1x4	2x4	0x2	3x1	13
Housing juvenile offenders	1x5	0x4	2x3	1x2	0x1	13
Crime	1x5	2x4	0x3	0x2	0x1	13
Teen pregnancy	1x5	2x4	0x3	0x2	0x1	13

Note: Same weighting system as Table 15.

Table 18. -- Problems Thought by Allocations Committee to Require Immediate Attention

Problem	#1	#2	#3	#4	#5	Total
Child abuse	4x5	0x4	2x3	1x2	0x1	28
Unemployment	4x5	2x4	0x3	0x2	0x1	28
Alcohol & drug abuse	2x5	0x4	2x3	1x2	1x1	19
Teen pregnancy	1x5	1x4	0x3	2x2	1x1	14
Crime	0x5	1x4	1x3	3x2	0x1	14
Spouse abuse	0x5	1x4	2x3	0x2	2x1	12
Elderly health care	0x5	1x4	1x3	2x2	1x1	12
Juvenile delinquency	0x5	2x4	1x3	0x2	1x1	12

Note: Same weighting system as Table 15.

Table 19. -- Comparisons of Response Rankings by General Public, Agency Directors and Allocations Committee

Problem	General Population	A.D.	A.C.
Unemployment	1	2	2
Alcohol & drug abuse	2	7	3
Child abuse	3	4	1
AIDS	4	6	-
Crime	5	9	5
Teen pregnancy	6	10	4
Elderly health care	7	3	7
Teen recreation	8	-	-
Lack of treatment for teen chemical abuse	9	-	-
Juvenile delinquency	10	5	8
Proper funding for agencies	-	1	-
Spouse abuse	-	-	6
Housing juvenile offenders	-	8	-

Note: Same weighting system as in Table 15.

APPENDIX D

PERCEIVED FUNDING RESPONSIBILITIES

Part 3. Many people in need of services cannot afford to pay for them. Services are paid for in many ways. For example, United Way pays for services through donations. Local, state and federal governments pay for services through taxes. Services can also be paid for in other ways, such as through private agencies, including church groups, or by paying a fee for that service. What is your opinion about who should be most responsible to pay for the following services for people who cannot afford these services?

Please X only one answer for each service.

The respondents felt that government funding should "be most responsible to pay" for 16 of the 22 services mentioned. Private agencies would be "most responsible in four situations and United Way and "user pays for service" in only one service each (see Table 3).

For 12 of the 16 services, over 50 percent of the respondents felt the government should pay, far outweighing any secondary response. The only other services to reach 50 percent were family problems, which the population thought should be handled by private agencies, and child care, which the population thought should be handled by private agencies and child care which the people overwhelmingly thought should be paid for by user fees.

Crisis hot line, the only service thought to primarily need United Way funding and then by only 41 percent of the

respondents, is run by an agency (Community Help Line) which presently receives United Way funding.

It must be noted that there was no opportunity for people to combine funding sources or to qualify their choice except in the comment section.

"No opinion" was not generally an option to the respondents. The only service to receive over 10 percent in "no opinion" was consumer products at 16.4 percent response rate.

Comparisons Between General Public Funding Decisions and Demographic Characteristics

Comparison was made between results of funding decisions in Part 3 and several demographic characteristics. Cross tabulations were different for the different services depending on what demographics were most pertinent for that particular service. Government was the outstanding choice for funding source of most services.

1. Child Care for working families - 66.7 percent felt user should pay. All age groups, education and employment levels, men and women thought the user should pay.
2. Assistance with Family Problems - 50 percent felt private agencies should fund.
 - a. Age - all levels except 65-69 felt private agencies should fund; 65-69 - government
 - b. Marital status - all levels except separated (government and United Way) felt that private agencies should fund
 - c. Education - all levels: private agencies

- d. Respondents with children ages 0-5, 6-12, 13-18 - private agencies
 - e. Employment status - all levels: private agencies
3. Housing Assistance for low income families - 81.4 percent felt that government should fund. All age groups, education and employment levels thought government should fund.
4. Emergency Food and Shelter - 42.4 percent felt private agencies should fund; 38.1 percent - government.
- a. Age - 18-24, 35-54: private agencies; 25-34, 65 and over 70: government
 - b. Education - college grad: private agencies; all others: government
 - c. Employment - full-time, part-time, homemaker - private agencies; others - government
5. Treatment for Chemical Abusers - 36.2 percent felt government should fund; 31.2 percent user pays.
- a. Age - 18-34, 45-54: user pays; others - government
 - b. Education - college grad - user pays; others - government
 - c. Employment - Part time - user pays; others - government
6. General Health Care Services - 54.7 percent felt government should fund.
- a. Age - 18-34: user pays; 35-over 70 - government funding
 - b. Education - all levels: government
 - c. Employment - all levels except part-time (user pays) felt government should fund
7. Communicable Disease Prevention - 70.7 percent felt government should fund. All age groups and education and employment levels felt government should fund.

8. Mental Health Service - 54.7 percent felt government should fund. All age groups and education and employment levels felt government should fund.
9. Programs for the Handicapped - 56.5 percent felt that government should fund.
 - a. Age - all except 18-24 (United Way) felt that government should pay.
 - b. Education - all levels: government
 - c. Employment - all except part-time (United Way) felt government should pay.
10. Adult Education - 47.1 percent felt government should fund.
 - a. Age - all except 25-34 (user pays) felt government should pay.
 - b. Education - all except "some college" (user pays) felt government should pay.
 - c. Marital status - all except unmarried (user pays) felt government should pay.
 - d. Employment - all except part-time (user pays) felt government should fund.
11. Adult Literacy - 41.9 percent felt government should fund.
 - a. Age - all except 18-24 (user pays and private agencies) felt government should fund.
 - b. Education - all levels: government
 - c. Employment - all levels except part-time (user pays) felt government should fund.
12. Elderly In-home Assistance - 52.5 percent felt government should fund.
 - a. Age - all levels except 18-24 (United Way) felt that government should fund.
 - b. Education - all levels: government

- c. Employment - all levels except student (United Way and private agencies) felt government should pay.
- 13. Job Training - 66.4 percent felt government should pay. All age groups, education and employment levels, except student (United Way), said government should pay.
 - 14. Disaster Relief - 69.6 percent felt government should fund. All age groups, education and employment levels felt government should be responsible.
 - 15. Crisis Hotline - 41 percent felt United Way should fund.
 - a. Age - 18-24, over 70: government
 - b. Education - college grad: private agencies; others: United Way
 - c. Employment - full-time: private agencies; others: United Way
 - 16. Crime Prevention - 87.8 percent felt government should fund. All age groups, education and employment levels felt government should fund.
 - 17. Assistance to Crime Victims - 53.6 percent felt government should fund. All age groups, education and employment levels, except student (United Way), felt government should pay.
 - 18. Help Neighborhood Groups to Solve Problems - 46.1 percent felt private agencies should fund.
 - a. Age - all except 18-24 (United Way) felt private agencies should fund
 - b. Education - all levels: private agencies
 - c. Employment - all except part-time (United Way) felt private agencies should fund
 - 19. Assistance with Consumer Product Problems - 43.6 percent felt government should fund.
 - a. Age - 18-24; over 70: Private agencies; all others: government

- b. All education and employment levels felt government should fund.
20. Recreation Programs for Teenagers - 37.7 percent felt private agencies should fund; 27.7 percent GP felt United Way should fund.
- a. Age - 18-24, 65-69, over 70: United Way; others: private agencies
 - b. Education - college grad: United Way; others: private agencies
 - c. Employment - all except part-time and homemaker (United Way) felt private agencies should fund.
21. Information of Health and Human Service Programs - 55.3 percent felt government should fund. All age groups, education and employment levels felt government should fund.
22. Coordination of Health and Human Service Programs - 57.1 percent felt government should fund. All groups and education and employment levels felt government should fund.

APPENDIX E

INCREASE CONTRIBUTION OR DECREASE SERVICE

Part 3a. With less money coming from the government all levels, would you prefer: a) to contribute more for health and human services; b) to decrease the services offered to the community?

Table 20. -- Comparison of General Public, Agency Directors and Allocations Committee

	General Public		Agency Directors		Allocations Committee	
	No.	%	No.	%	No.	%
Increase Contribution	82	63	16	89	11	73
Decrease Service	48	36	2	11	4	27
Total response	130	100	18	100	15	100

APPENDIX F

SERVICE UTILIZATION RATE

Part 4. Please refer back to Part 3. Have you used any of the services mentioned? ___YES ___NO.
If your answer is YES, please go back and circle the services you have used in the past five years.

Responses 140 Yes - 40, 28.6% No - 100, 71.4%

Table 21 displays the services that the respondents have participated in during the last five years.

Table 21. -- Services Used by General Public in Past Five Years

Service	number of times used	percent using the service
General Health Care	19	48
Information of H/Hs	12	30
Child Care	10	25
Coordination of H/HS Programs	6	15
Communicable Disease Prevention	6	15
Housing Assistance	5	12.5
Treatment for Chemical Abuse	5	12.5
Recreation for teenagers	5	12.5
Emergency Food & Shelter	4	10
Crime Prevention	4	10
Mental Health Service	3	7.5
Handicapped Programs	3	7.5
Crisis Hot Line	3	7.5
Neighborhood Problems	3	7.5
Assistance with Family Problems	2	5
In Home Assistance with Elderly	2	5
Consumer Product Problem	1	2.5

APPENDIX G

COORDINATION, DUPLICATION, LACK OF SERVICES

Responses concerning coordination of services and duplication/lack of service

Part 5. Do you feel there is an acceptable level of coordination among the agencies of health and human services offered to the public?

Response - 140 Yes - 32 (22.9%) No - 49 (35%)
Don't Know - 59 (42.1%)

Please refer to Part 3. Is there duplication of services in some of these areas?

Responses - 139 Yes - 34 (24.5%) No - 25 (18%)
Don't Know - 80 (57.6%)

If your answer is YES, in what areas is their duplication?

Table 23. -- Areas Where Service is Lacking

Service	number of responses	percentage of those responding
Teenage Recreation	15	33
Coordination of H/HS Programs	9	20
Child Care	9	20
General Health Care Services	8	17
Elderly In Home Assistance	8	17
Job Training	8	17
Housing Assistance	7	15
Assistance to Crime Victims	7	15
Information on H/HS Programs	7	15
Assistance with Consumer Problems	6	13
Emergency Food and Shelter	5	11
Assistance with Family Problems	4	9
Handicapped Programs	4	9
Crime Prevention	4	9
Mental Health Service	2	4
Adult Literacy	2	4
Disaster Relief	2	4
Crisis Hot Line	2	4
Neighborhood Problems	2	4
Treatment for Chemical Abuse	1	2
Communicable Disease Prevention	1	2
Adult Education	1	2

Comparison of Responses to Overlap/Lack of Service

There were a number of inconsistencies in opinions about the services that either overlapped or were lacking.

General Health Care	24% overlap	17% lack of service
Coordination of H/HS	32% overlap	20% lack of service
Information of H/HS	21% overlap	15% lack of service

However, the percentage of responses was so low that these inconsistencies probably lack significance.

APPENDIX H

NEED FOR INDEPENDENT COORDINATING GROUP

Part 6. Do you feel there is a need for an independent group to coordinate health and human services in Great Falls and Cascade County?

Tables 24 through 27 offer comparisons of GP, AD and AC for questions concerning the need, capacity for referral and composition of an independent group to coordinate health and human services.

Table 24. -- Comparison of General Public, Agency Directors and Allocations Committee

	General Public No. %	Agency Directors No. %	Allocations Committee No. %
Yes	65 - 46	10 - 53	9 - 53
No	24 - 17	7 - 37	4 - 23
Don't Know	53 - 37	2 - 10	4 - 24
Total Responses	142 - 100	19 - 100	17 - 100

If your answer is Yes, should this group refer residents to the proper agency for service?

Table 25. -- Comparison of General Public, Agency Directors and Allocations Committee

	General Public		Agency Directors		Allocations Committee	
	No.	%	No.	%	No.	%
Yes	65	98	10	100	9	100
No	1	2	0	0	0	0
Total Responses	66	100	10	100	9	100

If YES, what individuals should be involved in this coordinating group?

Table 26. -- Comparison of General Public, Agency Directors and Allocations Committee

	General Public		Agency Directors		Allocations Committee	
	No.	%	No.	%	No.	%
City Government	45	30	9	47	5	29
County Government	42	28	8	42	5	29
United Way	44	29	9	47	7	41
Education	31	21	6	32	3	18
Private Agencies	45	30	9	47	6	35
Business Community	23	15	7	37	4	23
Organized Labor	20	13	3	16	2	12
Churches	44	29	7	37	4	23

Table 27. -- Ranking by General Public, Agency Directors and Allocations Committee of Organizations to be Included in an Independent Coordinating Council

	General Public	Agency Directors	Allocations Committee
City Government	1	1	1
County Government	5	4	5
United Way	3	1	3
Education	6	7	6
Private Agencies	1	1	1
Business	7	5	7
Organized Labor	8	8	8
Churches	3	5	3

APPENDIX I
BACKGROUND QUESTIONS

Part 7. To help group the results, please answer the following questions about your background. Your reply is anonymous, so your identity will not be know to anyone. Please check the category that most clearly describes you.

The following comparisons have been made, in Tables 28 through 31, of selected demographic areas to more fully describe the responding population.

Table 28. -- Education versus Employment*

	Less than HS	HS Grad (in percentages)	Some College	College Grad
Employed full-time	2	14	36	48
Employed part-time	7	21	29	43
Homemaker	11	22	11	26
Seeking employment	0	2	5	3
Retired	18	41	21	20
Student	0	0	50	50

*Education and employment are substitutes for direct question about level of income.

Table 29. -- Sex versus Employment

	Male (in percentages)	Female
Employed full-time	59	41
Employed part-time	17	83
Homemaker	0	100
Seeking employment	11	89
Retired	59	41
Student	0	100

Table 30. -- Education versus Marital Status

	Less than HS	HS Grad (in percentages)	Some college	College Grad
Married	6	25	28	41
Never married	0	0	50	50
Divorced	0	18	47	35
Widowed	36	27	9	28
Separated	0	0	100	0

Table 31. -- Age versus Employment

	Full- time	Part- time	Homemaker	Seeking Employment	Retired	Student
	(in percentages)					
18-24	50	50	0	0	0	0
25-34	66	19	9	3	0	3
35-44	66	9	9	14	0	3
45-54	74	7	0	11	7	0
55-64	36	5	5	10	50	0
65-69	0	0	10	0	90	0
over 70	0	0	13	0	87	0

APPENDIX J
SURVEY COMMENTS

The respondents were asked to make comments "that could help community agencies identify needs in Great Falls and Cascade County and to make decisions about funding these needs."

The following comments were returned:

Allocations Committee:

Our tax base is diminishing and the repossessions keep growing. There must be some way to either allow owners to continue occupying homes, rather than repossess them. I feel church groups should be challenged to assume more active roles in filling these needs.

The areas of need have become so far reaching and complex that it seems to me we are all (federal, state and local) agencies "bogging" down from the weight of it all. I wonder if we in neighborhoods and families and towns took on more personal responsibility (like parents support pregnant teens and pay for children's juvenile offenses) of problems, they'd lessen?

Agency Directors:

Need to develop a network of volunteers.

Need to develop a coalition for coordinating health and human services.

I think it is important not to "create" new agencies. Let's fund what we have well so they can meet needs. More "co-ordinating" agencies take time and funds.

Need a detention center for juveniles (jail). Law mandates separate facility from adults.

United Way already has a good process. Community Helpline already does a good job of referral.

My problem is that we have so many referral agencies and so few "do" agencies. To me one referral (Helpline) and more "do" makes better use of diminishing funds!

General Population:

There are too many able bodied young people getting assistance and should be screened and given community service work to earn their keep. I am irate about my excess taxes and will have to give up my home in the very near future to provide undeserving individuals with all the free benefits while they loaf. I am 70 years old and have a part time job so I know there is work.

"Neighborhood Watch" seems to be on decline. "Facts" not rumor about crisis center. Too much "self interest" in alcohol, chemical abuse "programs."

Hire people who care about saving tax dollars, willing to flush those in the system out who are not qualified or deserve to be in line for "a hand out." Let's help those who need help!

People need quality life - with jobs - to have integrity and paid enough to afford decent homes, food and able to pay for good dependable child care. There then would be less marital problems and abuse. Only thing to answer all the problems is what Jesus pointed to - Matthew 6:10!

Avoid duplications of mailing out information. To involve more volunteers form lay persons and appoint volunteer spokespersons or lobbyists.

To me there is too much paper work; so much energy is expended that what needs to be done has been delayed.

Cut off support to girls who continue to get pregnant just to get more welfare. Make the male pay more--

Perhaps seminars could be offered at night or on weekends to inform people the services available and EXACTLY how these services could be beneficial.

Check applications closer to have the state agencies work closer with city and county agencies.

I feel each of these agencies should be represented in order that the community be a real coordinated development.

Most major problems with health and human services is failure of agencies to not waste money.

Great need for more coordination of child care services in Great Falls, including advertising availability of state licensed daycare.

Teens need something to do. Need intensive early training against toxic substance abuse. Need more foster homes for abused KIDS... and psychiatric care for them.

NOTE: I feel parents should be obliged to help pay for their handicapped child who's in services. This would free state and federal dollars to use elsewhere.

In America today you have to be wealthy or very poor in order to survive. The person attempting to move from a low-income status to lower middle income status is fighting a losing battle. Many people are living below poverty level at certain times during a given year but are "too rich" to get any substantial aid.

Select personnel with very good listening qualities; I know this kind of work it needs a special ability to do a good job.

Currently there are too many specialization organizations overlapping services and too much dependency on the same dollars (too much competition for the same dollar).

Do all these programs really help to solve the problems or just create jobs for people to run them?

I've never been in a position for most of the assistance, but I know there's a need. I have used Big

Brothers and Sisters, a United Way sponsored group. If I would ever need help, I really would have to do some checking around, because I'd have no idea who to go to. My kids do not have as many problems as others -- Just lucky.

Really need to look more at spouse abuse help and child abuse services.

I feel that the city/county governments have enough to do without creating more jobs for themselves by having to administer the programs. It should be handled more by the private sector.

NEED to help the handicap get jobs.

City-County Health Dept. and/or United Way agency similar to Voluntary Action and Info center could coordinate this activity.

Need wellness programs.

1. Criminals in jail and courts are treated like royalty.
2. Able bodied people are given welfare and high rent housing.
3. Many elderly in our city and county need help.
4. Much money wasted on Special Ed for people who have no hope of leaving.

The total or almost total lack of recreation for teenagers can be considered a factor in at least 5 of the other problems listed in part 1.

Economic hard times make funding anything a major enterprise. Instead of creating a new agency or group, why not see if such services and referrals can be achieved

through an already existing agency (i.e., Community Help Line)?

Almost no activities for young adults that does not include alcohol are available.

If a person is found to be not honestly looking for employment, they should not be entitled to any government assistance while the unemployed.

Use more of federal grant money to help the elderly and children and less for frivolous beautification projects. Especially downtown.

Surveys to assess specific needs among specific populations. May consider contacting Opportunities Inc. regarding a Spring 1987 survey of health service availability perceptions. There is a wealth of information from that survey.

It is not the governments' problem to take care of us, it is our own; that includes children we have. If we can't take care of or afford them, use birth control or obtain. Then save money during our wage earning years for old age.

When I applied for medical assistance only for my children I was denied, but I received food stamps which isn't what I had applied for. Seems unorganized to me.

I think the judicial system needs more help to specifically to work with child custody-child neglect situations. Often kids and youth sit for weeks and often months in one of the youth homes or foster care

unnecessarily because the courts are booked months in advance.

There are some resources for child abuse/neglect which are very adequate--but others, which are not. Example: We badly need a foster court procedure to deal with these cases. Sometimes kids sit 6-8 months in foster homes for no good reason!

Problem of disease itself is not a great problem in Montana at this time. Information and protection are moderately ok.

There is quite a bit of help available for rape victims - s.a. advocates - crisis intervention - resources for follow-up. But - due to budget cuts - information about these resources has sadly diminished.

I'm not sure this is where this comment belongs - but I really do not believe in United Way as such. The services, mostly are good, but there are other agencies and services not included in United Way that do excellent work also. One gets the feeling if you give to United Way all has been given - but not so! Therefore, I do not contribute to United Way, but give to the organizations I believe in.

What we need to do is reassess our priorities from the federal level on down. We need to decrease defense spending, increase research and development, help the farmer and take care of our own people especially the Native

American Indians who were treated worse than Jews in Nazi Germany.

We have too many "free" services. People need to be responsible for themselves and their own actions.

ENDNOTES

¹[Russy D. Sumariwalla], Needs Assessment, the State of the Art: A Guide for Planners, Managers and Funders of Health and Human Care Services (Alexandria, VA: United Way of America, 1982),3.

²Human Services Institute for Children and Families, Inc., Needs Assessment in a Title XX State Social Planning System (n.p., *april 1975),4.

³[Russy D. Sumariwalla], Needs Assessment, the State of the Art: A Guide for Planners, Managers and Funders of Health and Human Care Services (Alexandria, VA: United Way of America, 1982),3.

⁴United Way of Cascade County, Mission Statement (Great Falls, MT: n.p., 1985)

⁵United Way of Cascade County, Strategic Plan (Great Falls, MT: n.p., 1985)

⁶United Way of America, Standards of Excellence (Alexandria, VA: United Way of America, 1973)

⁷William G. Zikmund, Business Research Methods (Chicago: Dryden Press, 1984), 251.

⁸Pamela L. Alreck and Robert B Settle, The Survey Research Handbook (Homewood, Ill.: Richard O. Irwin, Inc., 1985), 76.

⁹U.S. Dept. of Commerce, Bureau of the Census, United States Census of Population: 1980, vol.1, Characteristics of the Population, chapter B, General Population Characteristics. pt. 28. Montana.

¹⁰Executive Director Roger Young, interview by author, 10 April 1988, Chamber of Commerce, Great Falls, MT.

¹¹Bureau of Business and Economic Research, 1988 Economic Outlook Seminar (Missoula, MT: Univ. of Montana), 13.

¹²Bureau of Business and Economic Research, 1988 Economic Outlook Seminar (Missoula, MT: Univ. of Montana), 10.

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