



**OKLAHOMA**  
**State Department**  
**of Health**

**OCAP PROFESSIONAL SURVEYS**  
**2018 - 2021**

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**PROFESSIONALS SURVEY**

**Note:** Some totals may not equal 100%; this is due to rounding or missing data. Vertical Axis ranges varies among line graphs for better visualization of time trends.

*Demographics*

2021 Professional’s survey received fewer responses than previous years. In the 2021 survey, 145 professionals responded (**Table 1**). There were the same number of counties represented this year as last year. Unlike previous years, this year’s survey analysis included urban / rural comparison for certain variables. There was a higher participation from Native American (14%) and Hispanic (12%) professionals this year. The female participation was slightly lower than in the past (87%).

**Table 1: Demographics 2018-2021**

	Year 1 (2018)	Year 2 (2019)	Year 3 (2020)	Year 4 (2021)
Total number of respondents	656	300	324	145
Represented counties	54	39	37	37
• <i>Urban</i>	-	-	-	10/37
• <i>Rural</i>	-	-	-	27/37
% Female	92%	91%	92%	<b>87%</b>
<b>% White, non-Hispanic</b>	71%	67%	71%	<b>69%</b>
% African American	5%	5%	5%	4%
% Native American	13%	7%	7%	<b>14%</b>
<b>% Hispanic</b>	8%	7%	10%	<b>12%</b>
<b>% College graduate</b> (highest earned)	43%	36%	34%	38%
<b>% Master’s or doctoral degree</b> (highest earned)	44%	50%	43%	44%

## Career

The proportion of professionals working in government or tribal sections has been nearly similar over the survey years (**Table 2**). The proportion of non-profit: other sectors has slightly decreased within the last year. The majority of our professionals work directly with clients, and most of them have more than 10 years of experience.

**Table 2: Career 2018-2021**

	Year 1 (2018)	Year 2 (2019)	Year 3 (2020)	Year 4 (2021)
% Government or tribal sector	43%	40%	41%	41%
% Mental health sector	3%	3%	3%	3%
<b>% Education sector</b>	5%	14%	4%	5%
<b>% Non-profit: Other sector</b>	40%	26%	43%	32%
<b>% Work directly with children/families</b>	65%	80%	73%	70%
<b>% Work directly with children/families for 10+ years</b>	54%	65%	59%	50%

## *Awareness of and Referral to Community Resources*

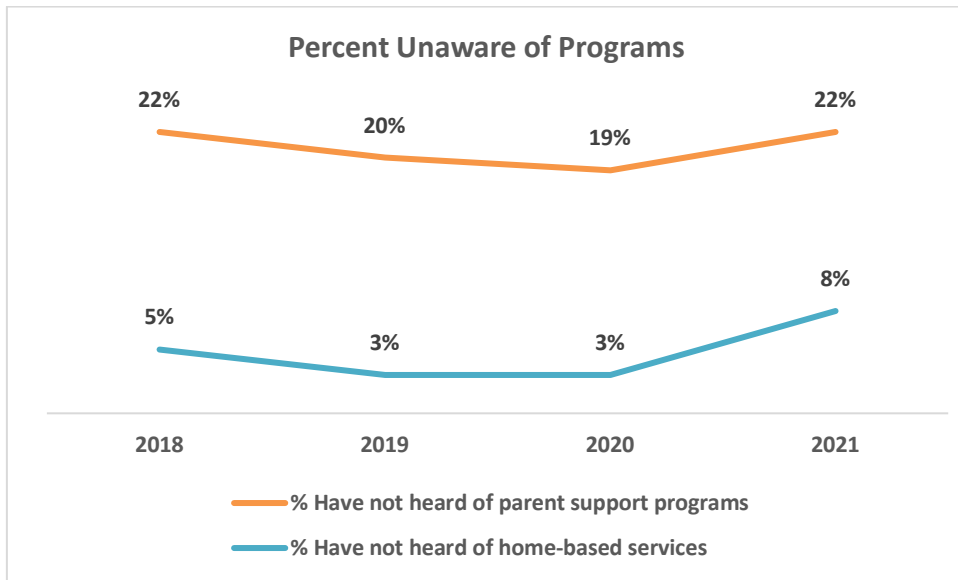
Over the first 3 years of the State Plan Survey, there has been a decline in the percent of professionals not familiar with parent support programs, however, in the 4<sup>th</sup> year the percentage returned to that of the first year at 22%. The percentage of professionals who referred clients to parent support programs followed this same pattern, (decline in years 2 and 3, then year 4 being the same or very similar to year 1). There has also been an improvement in proportion of professionals referring clients to mental health programs. There has been slight reduction in professionals' referrals to child care resources, which could be due to the pandemic (**Table 3**).

**Table 3: Awareness of and Referral to Community Resources 2018-2021**

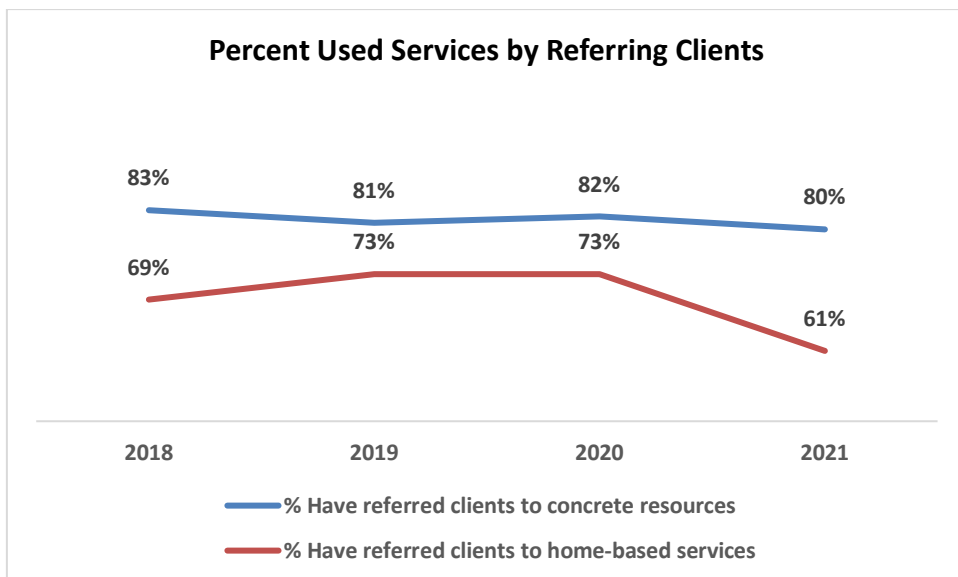
	Year 1 (2018)	Year 2 (2019)	Year 3 (2020)	Year 4 (2021)
% Have not heard of parent support programs	22%	20%	19%	<b>22%</b>
% Have not heard of home-based services	5%	3%	3%	<b>8%</b>
% Have referred clients to concrete resources	83%	81%	82%	80%
% Have referred clients to home-based services	69%	73%	73%	<b>61%</b>
% Have referred clients to parent support programs	46%	49%	52%	<b>47%</b>
<b>% Have referred clients to mental health programs</b>	73%	70%	76%	75%
% Have referred clients to childcare resources	72%	74%	68%	74%
<b>% Very confident in ability to refer clients to resources that meet their needs</b>	63%	57%	65%	65%

**Figures 1(a-e): Time Trend of Awareness and Referrals to Community Resources**

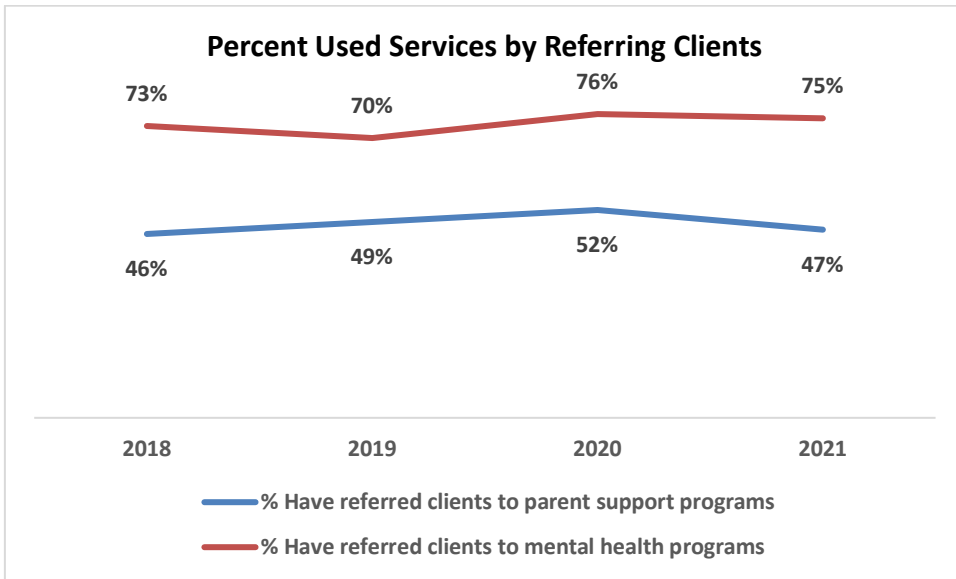
**Figure 1a: Parent Support and Home-based Programs**



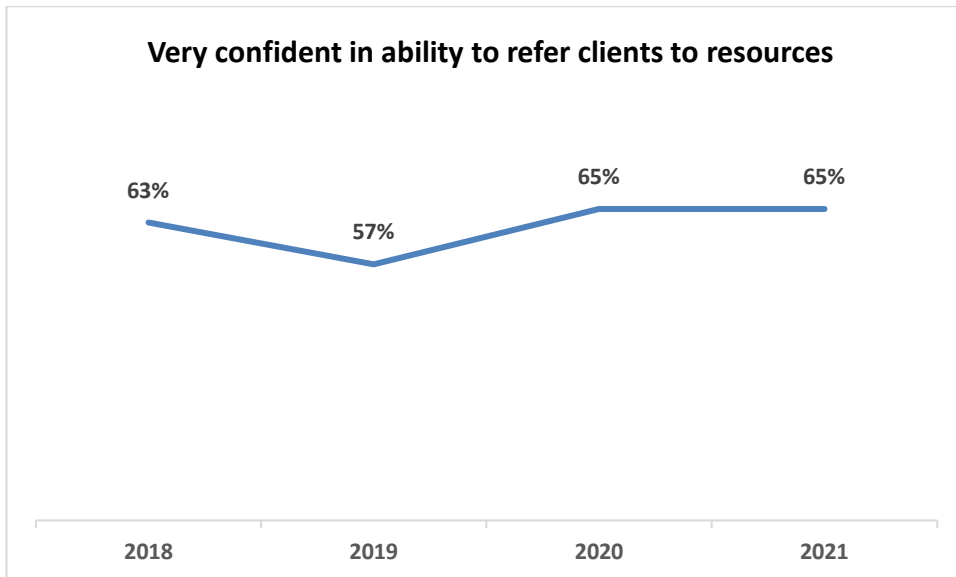
**Figure 1b: Concrete Resources and Home-based Services**



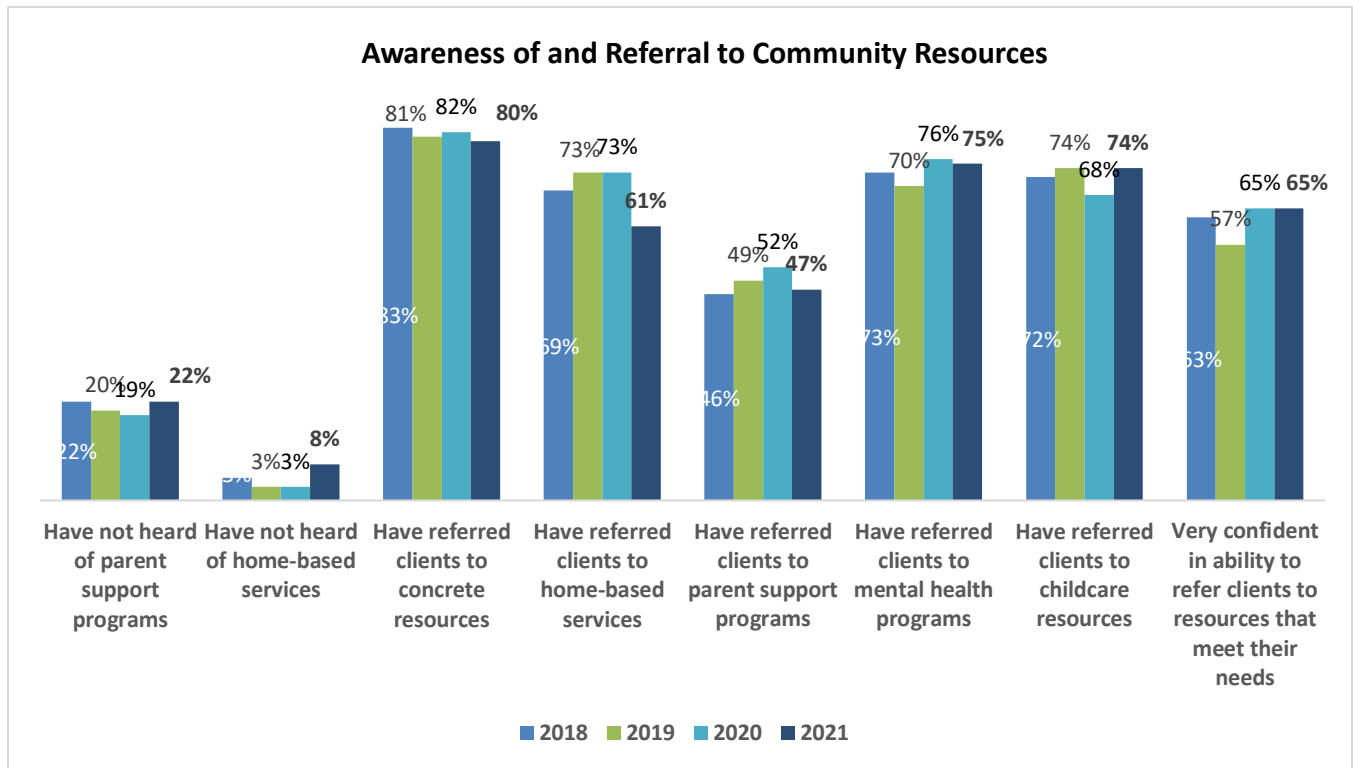
**Figure 1c: Parent Support and Mental Health Programs**



**Figure 1d: Confidence in Ability to Refer Clients to Services**



**Figure 1e: Summary of Awareness of and Referral to Community Resources over time**



### *Child Abuse and Neglect (CAN) Training*

From 2018 to 2021, there is continuous improvement in the proportion of professionals who reported having received training in various areas of Child Abuse and Neglect. The proportion of professionals receiving training through their agency has improved in 2021 (**Table 4a**) (**Figure 2a- 2e**).

The improvement trend in CAN training variables as seen in visualization via graphics, was further tested for statistical significance using Linear Regression Analysis (**Table 4b**). According to regression analysis, there is a statistically significant increasing trend of training prevalence by about 4% to 8% in Victimization (p value= 0.04), Reporting procedures (p value=0.02), Risk factors for Maltreatment (p value= 0.03), Protective factors (p value= 0.01), Trauma-informed care (p value= 0.004), Intimate partner violence (p value=0.04). Limitations: The State Plan Survey Project is in its 4<sup>th</sup> year, the regression analysis was performed on only four years’ data. This analysis may not be suitable for future predictions.

This improvement trend could be partly due to the virtual access to trainings as provided during pandemic. The virtual format of trainings may have improved outreach for the training agency and may have improved access for the potential trainees.

**Table 4a: Child Abuse and Neglect Training 2018-2021**

	Year 1 (2018)	Year 2 (2019)	Year 3 (2020)	Year 4 (2021)
% Have received training in victimization	40%	46%	50%	51%
% Have received training in detection	42%	49%	48%	55%
% Have received training in reporting procedures	57%	65%	70%	73%
% Have received training in risk factors for maltreatment	46%	53%	62%	63%
% Have received training in ACEs	62%	73%	82%	82%
% Have received training in protective factors	49%	56%	65%	68%
% Have received training in trauma-informed care	64%	71%	81%	87%
% Have received training in intimate partner violence (IPV)	46%	52%	55%	59%
% Agency provides training	80%	79%	79%	86%

**Table 4b: Regression Analysis of Time Trends in Child Abuse and Neglect Training 2018-2021**

	Model Significance (p value)	Regression Coefficient	Interpretation
% Have received training in victimization	0.04	0.04	The reported frequency has increasing trend by about <b>4%</b> each year
% Have received training in detection	0.08	--	--
% Have received training in reporting procedures	0.02	0.05	The reported frequency has increasing trend by about <b>5%</b> each year
% Have received training in risk factors for maltreatment	0.03	0.06	The reported frequency has increasing trend by about <b>6%</b> each year
% Have received training in ACEs	0.06	--	--
% Have received training in protective factors	0.01	0.07	The reported frequency has increasing trend by about <b>7%</b> each year
% Have received training in trauma-informed care	0.004	0.08	The reported frequency has increasing trend by about <b>8%</b> each year
% Have received training in intimate partner violence (IPV)	0.01	0.04	The reported frequency has increasing trend by about <b>4%</b> each year
% Agency provides training	0.3	--	--



Figures 2(a-e): Child Abuse and Neglect Training

Figure 2a: Victimization, Detection and Reporting Procedures

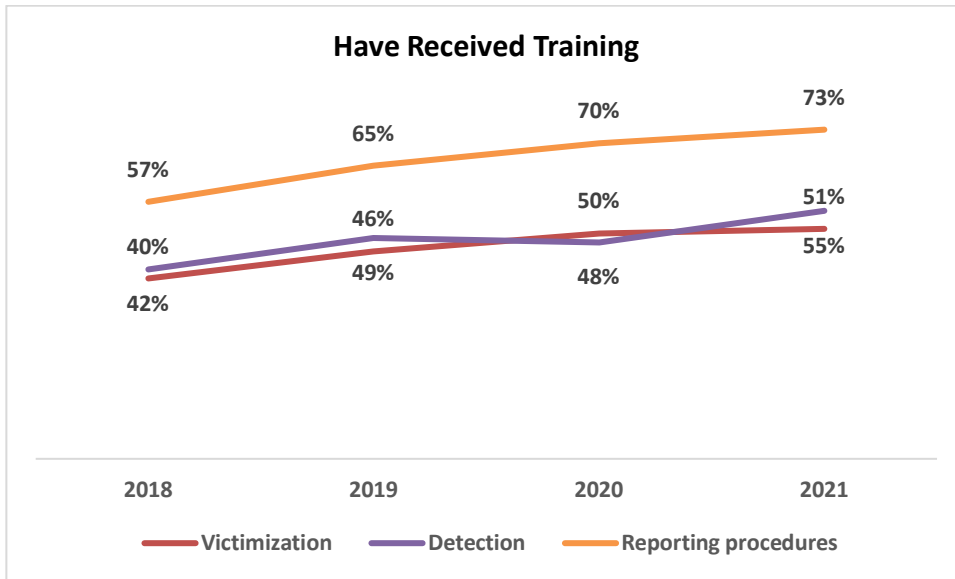


Figure 2b: Risk Factors for Maltreatment and ACEs

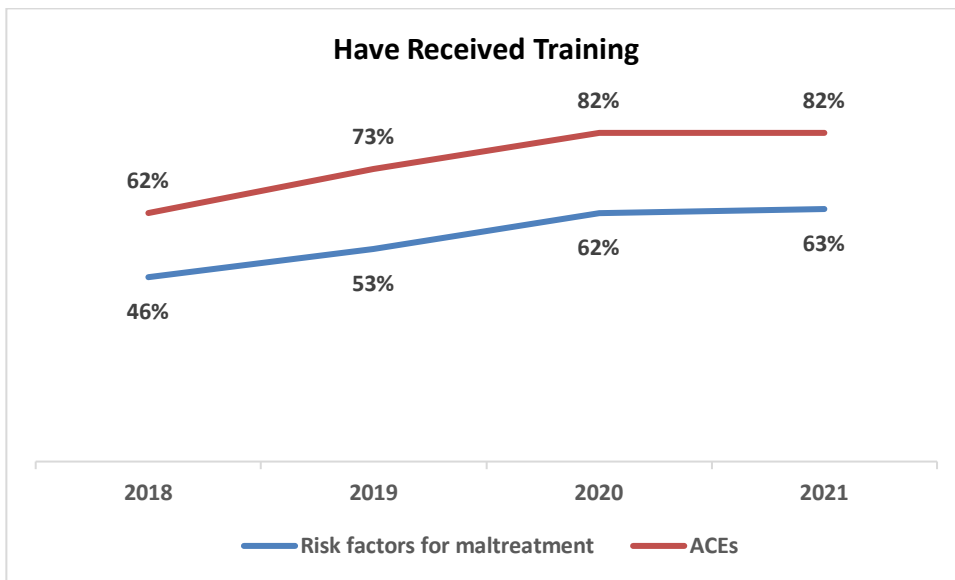


Figure 2c: Protective Factors, Trauma-informed Care and IPV

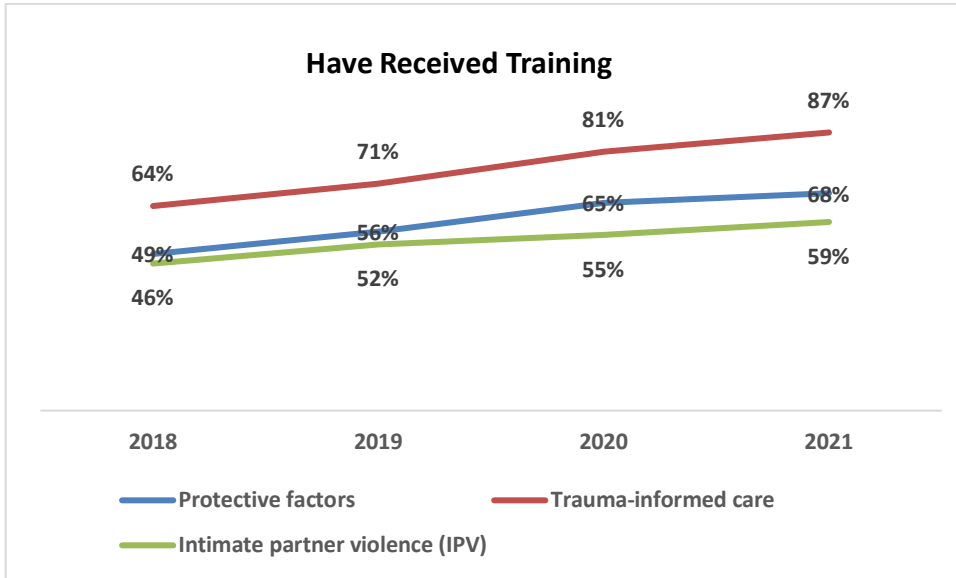
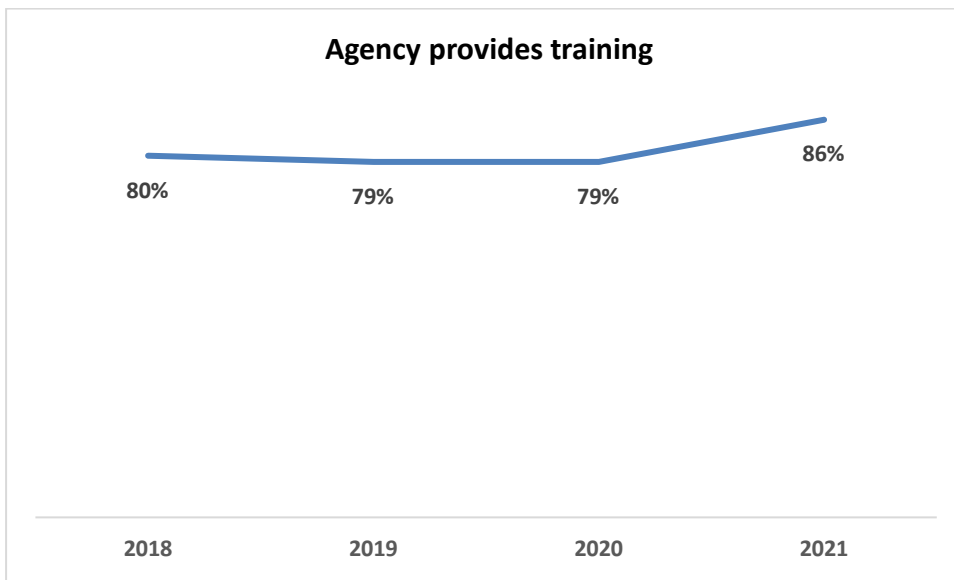
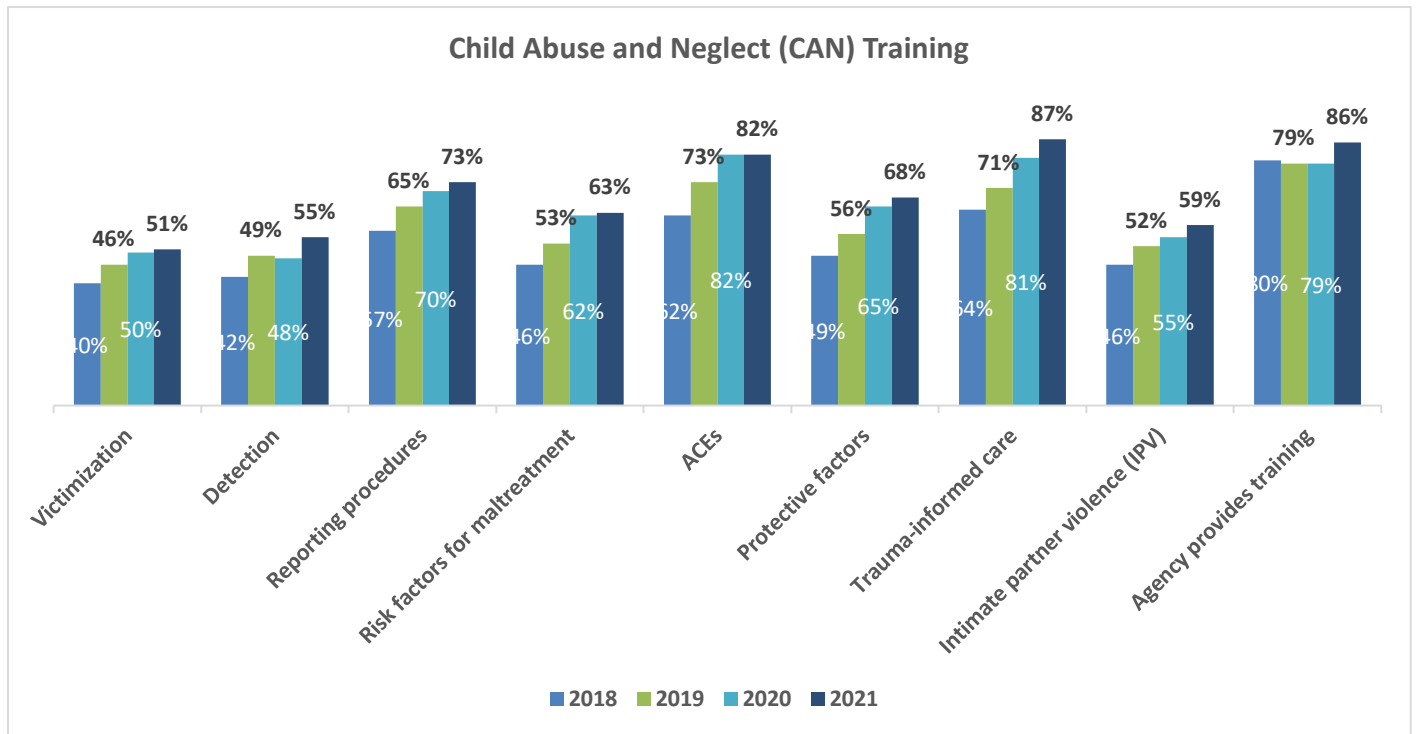


Figure 2d: Agency Provides Training



**Figure 2e: Summary of Child Abuse and Neglect Training**



*Knowledge of CAN/Laws*

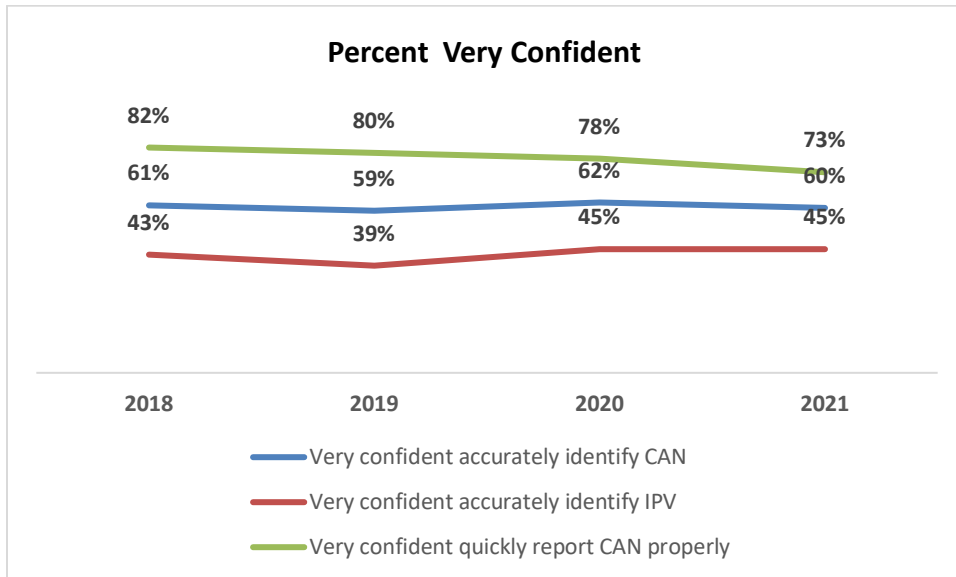
Professional’s confidence in ability to accurately identify CAN and IPV has declined this year compared to last year (**Table 5**). However, over time, there is slight reduction in provider’s confidence in quick reporting of CAN. Our professionals have reported being much more informed on ACEs and protective factors this year than in past years.

**Table 5: Knowledge of CAN/Laws 2018-2021**

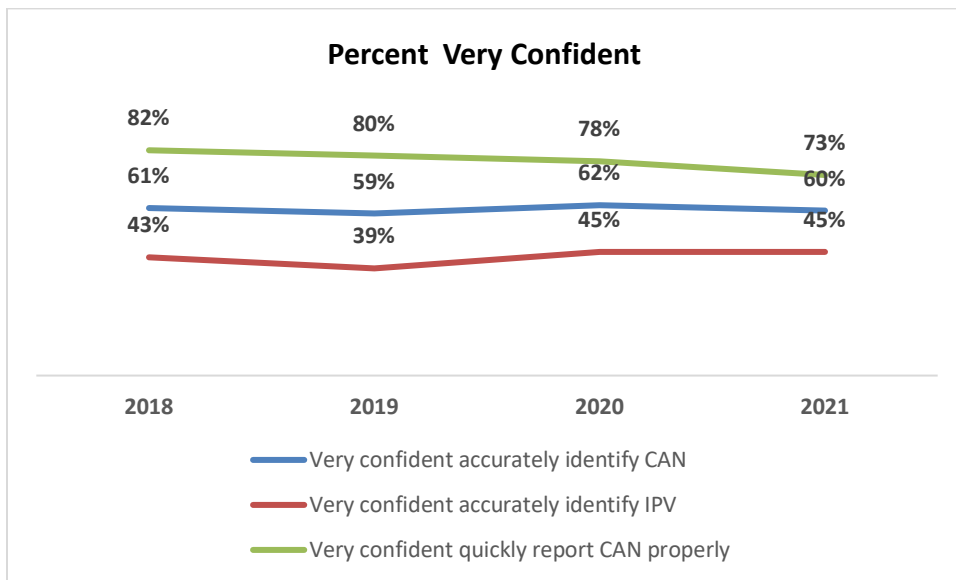
	Year 1 (2018)	Year 2 (2019)	Year 3 (2020)	Year 4 (2021)
% Very confident accurately identify CAN	61%	59%	<b>62%</b>	<b>60%</b>
% Very confident accurately identify IPV	43%	39%	<b>45%</b>	45%
% Very confident quickly report CAN properly	82%	80%	78%	<b>73%</b>
% Well informed on ACEs	39%	47%	<b>60%</b>	<b>79%</b>
% Well informed on protective factors	32%	36%	<b>42%</b>	<b>62%</b>
% Have reported CAN	85%	74%	<b>81%</b>	<b>86%</b>
% Have a current CAN concern	15%	8%	8%	6%

**Figures 3(a-d): Knowledge of CAN/Laws**

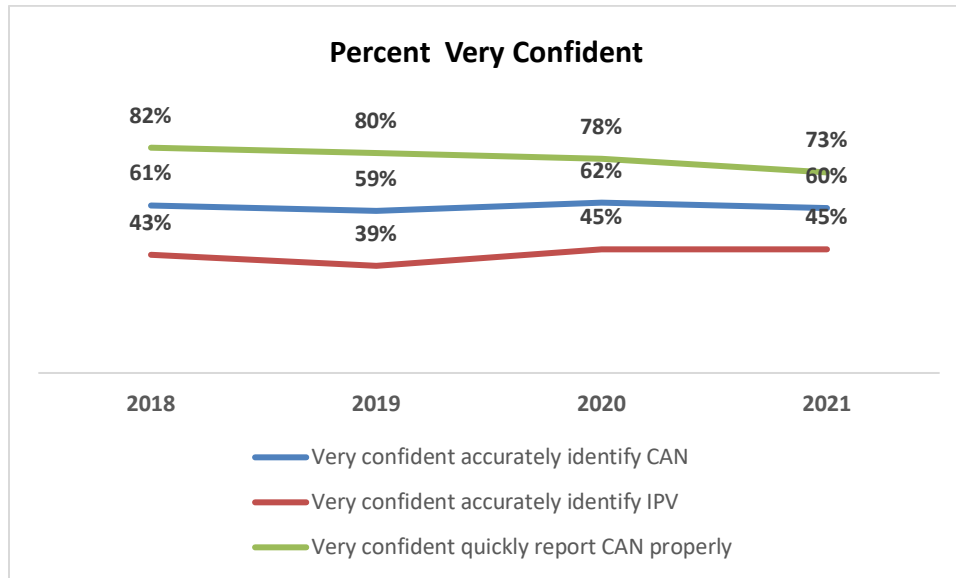
**Figure 3a: CAN, IPV, CAN Reporting**



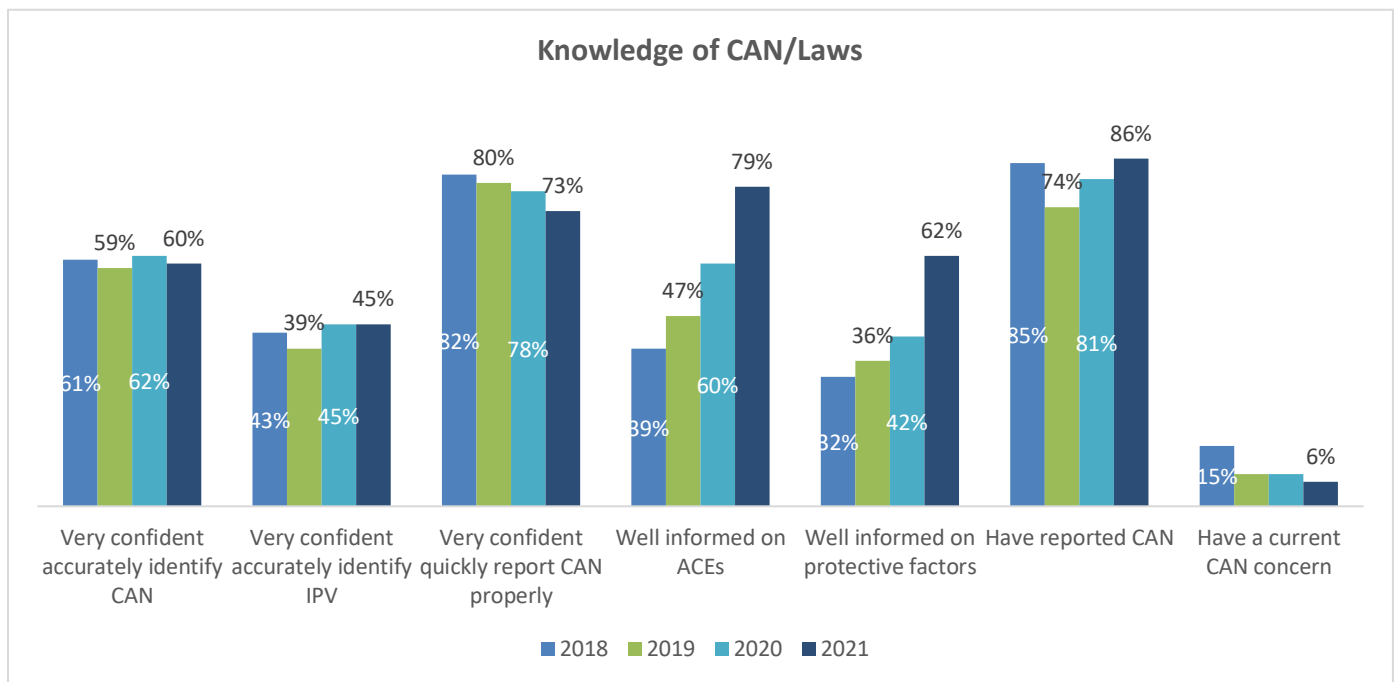
**Figure 3b: ACEs and Protective Factors**



**Figure 3c: CAN Reporting**



**Figure 3d: Summary of Knowledge of CAN/Laws**



*Perceived Ease of Access to Services*

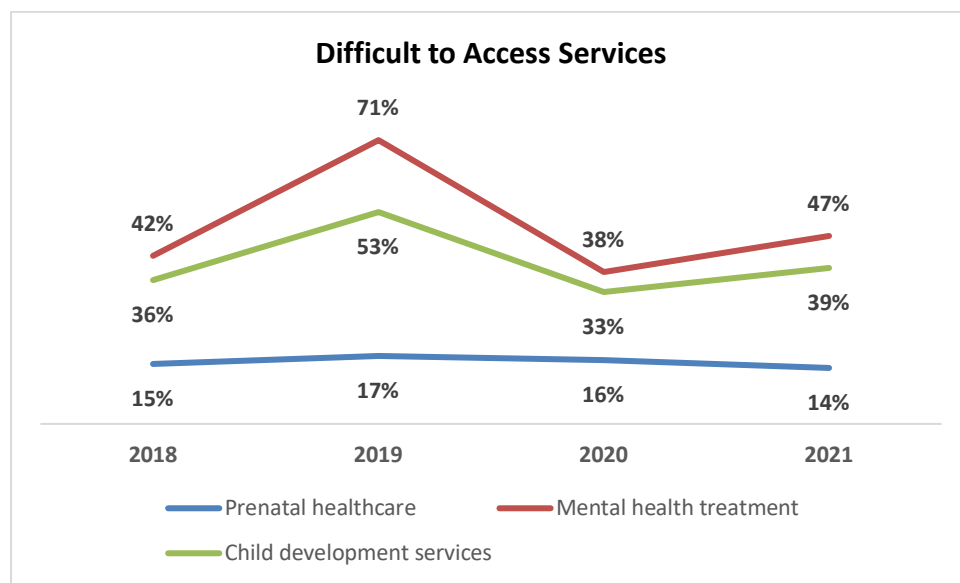
There has been higher reported difficulty for clients while trying to access mental health services, child development services, child recreation programs, adult education services, concrete resources, and culturally suitable programs over time (Table 6 and Figures 4a-4d).

**Table 6: Perceived Ease of Access to Services 2018-2021**

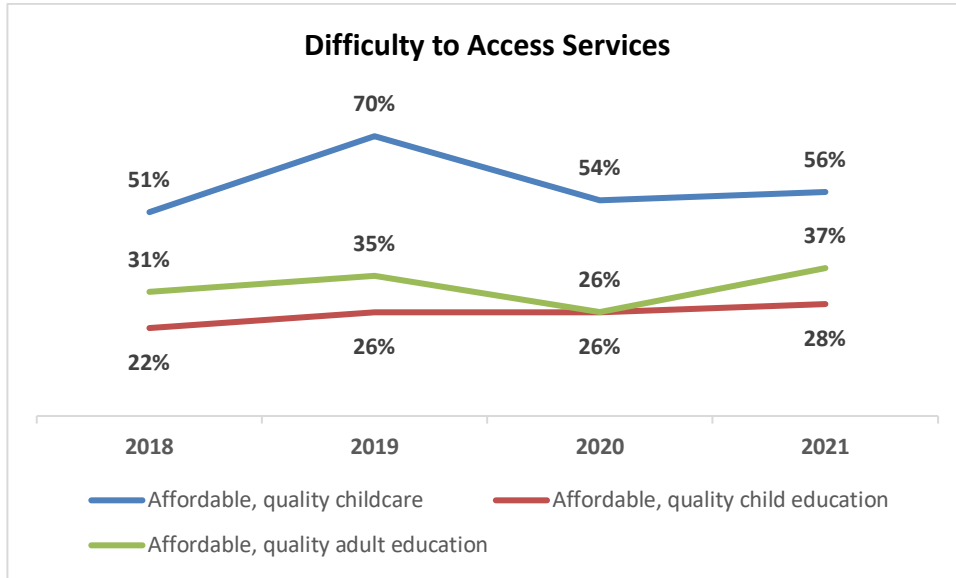
	Year 1 (2018)	Year 2 (2019)	Year 3 (2020)	Year 4 (2021)
% Difficult/very difficult to access prenatal healthcare	15%	17%	<b>16%</b>	<b>14%</b>
% Difficult/very difficult to access mental health treatment	42%	71%	<b>38%</b>	<b>47%</b>
% Difficult/very difficult to access child development services	36%	53%	<b>33%</b>	<b>39%</b>
% Difficult/very difficult to access affordable, quality childcare	51%	70%	<b>54%</b>	<b>56%</b>
% Difficult/very difficult to access affordable, quality child education	22%	26%	26%	28%
% Difficult/very difficult to access affordable, quality adult education	31%	35%	<b>26%</b>	<b>37%</b>
% Difficult/very difficult to access concrete resources	45%	52%	<b>40%</b>	<b>43%</b>
% Difficult/very difficult to access sports/children’s rec. programs	36%	35%	<b>28%</b>	<b>32%</b>
% Difficult/very difficult to access services for culture/language	43%	55%	<b>46%</b>	<b>53%</b>

**Figures 4(a-d): Perceived Ease of Access to Services**

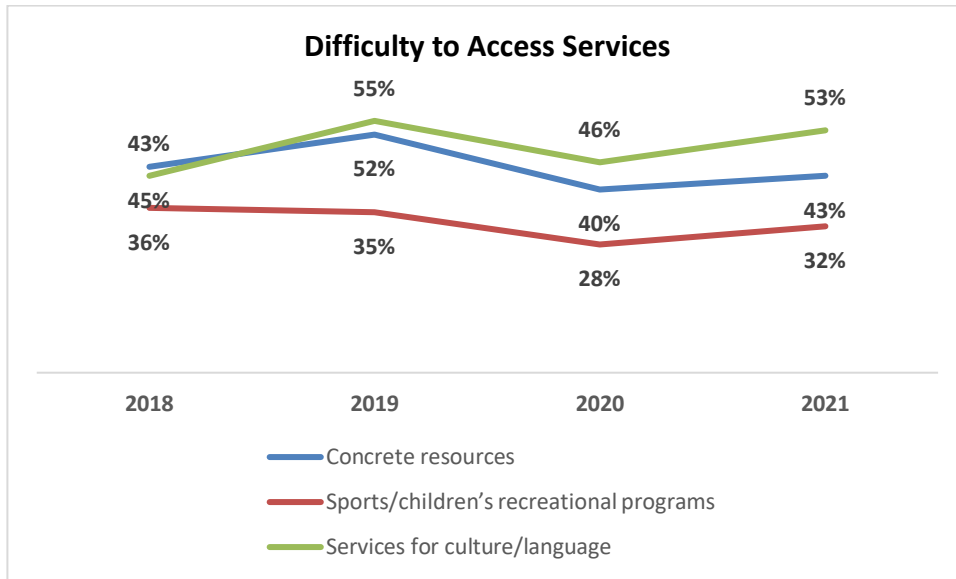
**Figure 4a: Prenatal and Mental Health care, Child Development Services**



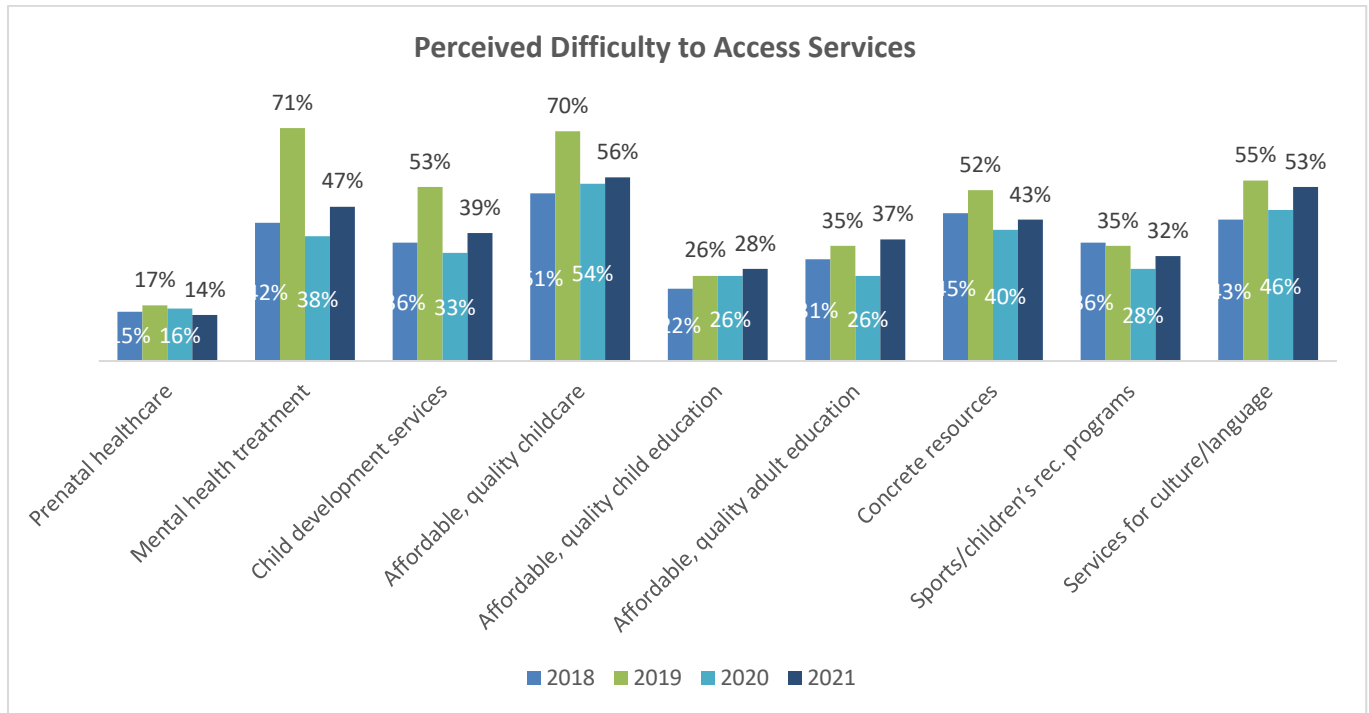
**Figure 4b: Childcare, Child Education and Adult Education**



**Figure 4c: Concrete Resources, Sports Programs, Programs for Culture and Language**



**Figure 4d: Summary of Perceived Difficulty/Ease of Access to Services**



*Perceived Community Strengths and Improvements*

**Table 7: Perceived Community Strengths and Improvements 2018-2021**

	Year 1 (2018)	Year 2 (2019)	Year 3 (2020)	Year (2021)
<b>Top 5 Strengths</b>	<ol style="list-style-type: none"> <li>Home-based services</li> <li>Community awareness and involvement/advocacy of services</li> <li>Schools/teachers</li> <li>Knowledgeable and caring adults/professionals</li> <li>Networks/interagency collaboration</li> </ol>	<ol style="list-style-type: none"> <li>Community awareness and involvement/advocacy of services</li> <li>Networks/interagency collaboration</li> <li>Parent support/education</li> <li>Availability of services/resources, general</li> <li>Knowledgeable and caring professionals</li> </ol>	<ol style="list-style-type: none"> <li>Evidence based home visitation services and child abuse prevention programs</li> <li>CAN Education for parents, teachers and children</li> <li>Schools as resource for education, training and detection</li> <li>Resources, support and access</li> <li>DHS, Red rock and Law enforcement</li> </ol>	<ol style="list-style-type: none"> <li>Home visitation services.</li> <li>Concrete support: SoonerCare / Food stamps/ WIC</li> <li>Education and Support to families and children</li> <li>Training access for professionals.</li> <li>Interagency collaboration among DHS, schools, Community mental health services and law enforcement</li> </ol>



<p><b>Top 5 Suggested Improvements</b></p>	<ol style="list-style-type: none"> <li>1. DHS</li> <li>2. Lack of CAN knowledge/education</li> <li>3. Limited resources</li> <li>4. Culture of violence</li> <li>5. Understaffed, overworked agencies</li> </ol>	<ol style="list-style-type: none"> <li>1. Access to affordable, available services/resources</li> <li>2. Increased community awareness/education and responsibility</li> <li>3. Increased parental support/resources</li> <li>4. More training for professionals</li> <li>5. Increased funding/staff for prevention programs</li> </ol>	<ol style="list-style-type: none"> <li>1. DHS</li> <li>2. Knowledge of services</li> <li>3. Education and training</li> <li>4. Virtual education and virtual HV due to pandemic</li> <li>5. Substance abuse support</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of sufficient advertisement of services to families</li> <li>2. Lack of enough funds for school based parenting programs</li> <li>3. DHS Child Welfare, understaffed and slow.</li> <li>4. Lack of prosocial leisure activities for youth to engage in from 7th grade and beyond.</li> <li>5. Many counseling agencies that don't provide services but say they will.</li> </ol>
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