

# THE IMPACT OF A COMMUNITY-BASED AND PRIVATIZED APPROACH TO THE PROVISION OF SOCIAL SERVICES: FINDINGS FROM THE EMERGING SOUTH

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## Abstract

Amid solid advancements in personal income and employment throughout the state, Georgia's former popular Governor, Zell Miller, initiated the politically advantageous policies of privatizing state services and downsizing agencies. With elevated frequencies of infant infirmity, child poverty, teen pregnancy and juvenile crime persisting, however, state social services were targeted for an innovative approach. Agencies would play a partial role as community-based organizations, the private sector and citizens would all collaborate in administering welfare programs. Under this format, Georgia's novel "Family Connection" was created to improve the quality of life of the state's needy children and families. Findings indicate that, despite the political appeal, decentralized social programs such as the Family Connection failed to improve the health of impoverished children and families. Reorganizing social services by increasing reliance on the private sector and philanthropic organizations led to no significant improvements in infant health, teen birth rates, juvenile crime, family poverty and high school dropout rates in the state.

## BACKGROUND: DEVELOPING STATE POLICY AND EMBRACING THE PRIVATE SECTOR

With consistently robust approval ratings throughout his tenure as Georgia's previous Governor, U. S. Senator Zell Miller sought to leave a legacy of distinctive and successful programs in the areas of education, public administration and social services. In the spirit of President Bill Clinton's National Performance Review, and utilizing past administrations' efforts at reforming government, Miller instituted the politically accepted approach of a downsized government, private sector involvement and volunteerism in the delivery of state services. First, his Lottery for Education program generated some \$5 billion extra dollars to the education budget without a raise in taxes. Next, "GeorgiaGain," another popular program, albeit despised by state workers, reorganized Georgia's public personnel structure. A special task force reclassified thousands of positions while revising evaluations, resulting in amended pay scales supposedly comparable with the private sector. Pay would be directly linked to performance. New personnel, along with state bureaucrats

who changed positions, were assigned new classifications under the various agencies' organizational structures. Through attrition, the state's civil service and its accompanying rules, regulations and employee protections, was eliminated (GeorgiaGain Task Force 1998).

Although states have been slower to privatize services than local governments (Greene 1996; Koresec, Mead 1996; Warner, Hebdon 2001), Miller, early in his first term, was quick to explore the utilization of private organizations as options to state enterprises. Hoping to take advantage of the perceived cost efficiencies of private firms, the Governor's Commission on Privatization of Government Services recommended that several prisons, parks and social service facilities be privatized. Although few social roles appear more inherently public than those of the police officer, judge and jailer, the state went ahead with plans to privatize prisons. Miller, following recommendations from the Government Finance Officers Association, hoped to establish a benchmark, comparing the state's provision of services with those offered by private companies. About one third of

Georgia's prisons were privatized, thus creating a yardstick for comparison. Contract costs were compared to state operating expenses.

Reh fuss (1989) indicates that the basic reason that government privatizes is to save money. When the federal government decides to contract out a traditional operation, it usually requires that a successful bid be 10 percent lower than the cost of government operation, presumably to allow for a margin of error and to allow for monitoring costs, which could be substantial, sometimes consuming any public savings on a program. When critics argued that private prisons would expose prisoners to corporate purposes which could distance them from the protections of the law, Miller countered by stating that private hospitals had for decades provided public services as delicate as those at stake in incarceration, usually at a lower cost than the public facility. The privatized prisons in Georgia modeled those of nearby Tennessee and Kentucky. While moderate savings ensued, it is important to recognize that the prisons were minimum security. They are run differently than higher security prisons, usually operating at a 20 percent lower cost. For example, low-risk prisoners with medical problems are usually transferred to non-correctional health care facilities (Donahue 1989; Chabotar 1991). Golf courses at state parks, along with wastewater treatment plants, were also privatized.

#### **REINVENTING STATE SOCIAL SERVICES**

Miller started privatizing some of the state's social services by turning the Georgia War Veterans' Nursing Home over to a private health care company, a controversial move that garnered some union opposition. Next was an overhaul of Georgia welfare, the Georgia WorkFirst! and the Temporary Assistance to Needy Families programs. They became models for national social service policy, establishing time limits for recipients, coordinated service points, privately funded facilities, outcome-based funding and community collaboratives to

determine need (Adams, Wassell 1997).

As Georgia's population and economy experienced healthy growth throughout the 1990's, Miller was, however, faced with the daunting task of improving the state's dismal statistics regarding the health and educational performance of its children. Georgia had the highest infant mortality rate in the nation and ranked among the bottom ten states for low birth weight babies, percentage of births to single teens, high school dropout rates, percentage of teens neither working nor in school, percentage of children living in poverty, and percentage of youngsters in single-parent families. It also ranked in the bottom half of states regarding frequencies of child death (ages 1-14), juvenile crime arrests and teen violent death, as well as scholastic achievement. With emerging business and industrial centers developing throughout the South, the Governor sensed a threat to the state's competitive edge in commerce and education if nothing was done about the quality-of-life issues facing the state (Georgia Policy Council 1997). The Governor hoped to remedy the situation by promoting social service programs employing his politically prudent themes of volunteerism, along with community and private sector involvement.

Contracting for social services, however, is somewhat different than for other types of services. Aside from the usual advantages of privatization, particularly cost savings, nonprofit organizations have substantial organizational benefits over public agencies. These organizations, especially charitable agencies, are often widely viewed as making the client's welfare a high priority. Thus, they may attract higher quality volunteer help than those found in public agencies. Nonprofit organizations also tend to have more expertise, resulting in better service. Contracting with these organizations also creates greater community support for a public program because such associations garner contributions from private citizens. They provide some additional flexibility as well, especially in difficult financial times, since the contractor can usually absorb

changes in personnel requirements. The City of Rochester, for example, hoping to limit the growth of city staff, has chosen private agencies to manage federally funded community development, employment and training programs. Also, Philadelphia County has privatized some of its child care services, including foster home placement, day care and institutional care, while Sacramento now contracts out about one third of its mental health projects (Reh fuss 1989).

#### **CREATING THE GEORGIA POLICY COUNCIL FOR CHILDREN AND FAMILIES**

In 1990, Miller established the Georgia Policy Council for Children and Families to assess ways in which the state could enrich the lives of its children. The Council recommended that Georgia focus on five areas for improvement: child health, school readiness, school success, family stress and the economic condition of families.

The Council encouraged a unique approach. It suggested that Georgia become one of the first states to fund, operate and monitor its broad system of social services by employing a coalition of the community, the private sector, nonprofit organizations and state agencies. Asserting that the needs of a community are unique and multi-faceted and cannot be effectively addressed by a single public agency, the Council formed community boards to assess regional social factors impacting the quality of life of children and families. The boards, created to implement social service policy and promulgate improvement strategies, were to be comprised of civic leaders, politicians, state agencies,<sup>1</sup> nonprofit organizations,<sup>2</sup> private providers, business and consumers. The Governor and his Council emphasized decentralization: social programs would no longer be administered solely from the Capitol and positioned uniformly throughout the state. The Council would recommend grants for counties submitting designs outlining social service missions, objectives, delivery organizations, and components of civic leadership coalitions. Additional annual funding would be provided to

counties demonstrating meaningful improvements in the quality of life of its families and children. With citizens of the state in no mood for tax increases, substantial resources for the initiative were to be provided by foundations, corporations and other members of the community collaboratives (Mendonsa 1998).

#### **THE FAMILY CONNECTION PROGRAM**

With the emphasis on delivering social services at the local level, the Governor and the Georgia Policy Council created the "Family Connection" program in 1991. Hoping to achieve measurable improvements in the quality of living for children and families, the Family Connection supported the collaborative approach. Civic, local and state officials, along with citizens, non profit organizations and state agencies would establish data to track progress and provide training and assistance for each county program. The community cooperatives would also manage program budgets. With decreased financial assistance from public coffers, an initial funding of \$5 million was provided by the Joseph B. Whitehead Foundation during 1991-93 to establish the Family Connection in an initial fifteen counties.<sup>3</sup> During 1993, state funds were appropriated to support continuation of the program in the initial counties, and to allow other counties to establish their own programs. By January 1999, the Family Connection had grown to include 130 out of the state's 159 counties.

The Family Connection program employs the featured community-based approaches to improve outcomes in selected areas, as designated by the Georgia Policy Council. Each community would select measurable benchmarks (e.g., teen pregnancy, child abuse, high school dropout rate) and then design strategies with the intention of improving a particular problem. A primary goal of the program is to improve education in the state. Reading and mathematics scores on the Iowa Test of Basic Skills (ITBS), along with high school graduation rates, were targeted for improve-

ment (GA Policy Council 1996). To facilitate educational goals, social service personnel, substance abuse counselors, case workers and university students were dispatched to needed facilities for mentoring, tutoring and parenting sessions. Ongoing presentations to civic clubs and churches have been instituted to increase civic awareness (Pflum 1994; Argyle, Marlowe 1997).

Further aspirations of the Family Connection are to improve child health and to create functional, stable and economically self-sufficient families. This is to be achieved primarily by reducing the rate of families in poverty, and by escalating the percentage of babies born healthy. Also, the program intends to reduce the rate of child mortality, abuse and neglect, as well as the frequency of teenage pregnancies, births, homicides and arrests. Since the Family Connection has been in effect, mobile health units have been established. Counties have also organized volunteers to conduct home health screenings and drug abuse counseling. There are art enrichment, self-esteem, after school, summer lunch and adult literacy programs, along with mental health support groups. Parental marital counseling, family outreach, legal services, Medicaid eligibility instruction and English-As-a-Second-Language classes are also provided. Another element of the program, "CrossRoads," assists families with transportation to school and employment, while local businesses donated land for supervised athletics (Georgia Policy Council 1996). The program has also coordinated vocational and career training, job referral

listings and case worker visits to residences to detect child abuse (Family Connection 1996).

#### **EMPIRICAL RESULTS**

Decreased welfare subsidies, privatization of social services and community-based social programs may be politically beneficial; however, do they improve the delivery of social services? Has Georgia's distinctive Family Connection program substantially enriched the quality of life of its underprivileged children and families?

As documented in the 1998-99 Georgia Kids Count Factbook,<sup>4</sup> a number of quality-of-life indicators improved over the 1992-97 period, including infant mortality, child deaths, teen deaths, high school drop-outs, teen births, child abuse, and selected reading and mathematics test scores.

#### **NOTES**

1 Agencies include the GA Departments of Children and Youth Services, Education, Human Resources, Medical Assistance, and GA Governor's Office of Planning and Budget.

2 Including, but not limited to, the GA Academy for Children and Youth Professionals, and GA Families and Communities.

3 The "first wave" of fifteen Family Connection counties were Carroll (Carrollton), Coffee, Dawson, Dekalb (Decatur), Elbert, Emanuel, Fulton (Atlanta), Hall, Houston, Lowndes, Mitchell, Murray, Muscogee, Richmond and Ware.



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**Table 1**  
**Georgia Child and Family Well-Being Indicators**  
 (Percent change between 1992-97\*)

LOW BIRTH WEIGHT RATE (per 100 live births)	+2.8
INFANT MORTALITY RATE (per 1,000 live births)	-17.3
CHILD DEATH RATE (per 100,000 children, ages 1-14)	-7.3
TEEN DEATH RATE (by accident, homicide or suicide per 100,000 teens, ages 15-19)	-11.3
JUVENILE ARREST RATIO (per 100 population, ages 10-17)	+10.7
HIGH SCHOOL DROPOUT RATE (per 100 public high school students)	-2.5
TEEN BIRTH RATE (per 1,000 females, ages 15-17)	-6.6
FAMILIES STARTING AT RISK OF POVERTY (per 100 first births)	+1.5
CHILD ABUSE & NEGLECT RATE (per 1,000 population under age 18)	-21.7
READING AND MATH SCORES ON THE IOWA TEST OF BASIC SKILLS (ITBS)	
Reading (3rd grade)	0.0
Math (3rd grade)	+18.0
Reading (5th grade)	-1.9
Math (5th grade)	+7.5
Reading (8th grade)	-7.7
Math (8th grade)	+3.8

\* High school dropout rate is the percent change between 1996 and 1997; ITBS scores are the percent change between 1993 and 1997.

Source: 1998-99 *Georgia Kids Count Factbook*, 1998, Atlanta: Georgians for Children.

The overall improvement in a number of social factors, however, masks the fact that many counties in Georgia are failing to experience much improvement in child and family conditions. For example, although the teen death rate declined overall in the state in the 1990's, as many counties sustained an increase in the teen death rate as those that experienced a decline. For teen births, Georgia as a whole saw the rate decline by 6.6 percent, yet more counties experienced an increase in the teen birth rate

compared to the number of counties that experienced a decline.

#### NOTES

4 The Georgia Kids Count Factbook is published by Georgians for Children (1998). The Kids Count Project represents an ongoing effort to describe the conditions of children and families by publishing "outcome measures" on an annual basis. The efforts are funded by the Annie E. Casey Foundation and other private grants.

**Table 2**  
**Indicators of Child and Family Well-Being**  
**Changes in Georgia's Counties in the 1990's**

<b>LOW BIRTH WEIGHT BABIES</b>	
Counties showing improvement or no change	70
Counties showing a worsening situation	87
Counties in which data was lacking	2
<hr/>	
<b>INFANT MORTALITY</b>	
Counties showing improvement or no change	60
Counties showing a worsening situation	34
Counties in which data was lacking	65
<hr/>	
<b>CHILD DEATHS</b>	
Counties showing improvement or no change	35
Counties showing a worsening situation	28
Counties in which data was lacking	96
<hr/>	
<b>TEEN DEATHS</b>	
Counties showing improvement or no change	25
Counties showing a worsening situation	25
Counties in which data was lacking	109
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<b>JUVENILE ARRESTS</b>	
Counties showing improvement or no change	56
Counties showing a worsening situation	92
Counties in which data was lacking	11
<hr/>	
<b>HIGH SCHOOL DROPOUT RATE</b>	
Counties showing improvement or no change	92
Counties showing a worsening situation	59
Counties in which data was lacking	8
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<b>BIRTHS TO TEENS</b>	
Counties showing improvement or no change	75
Counties showing a worsening situation	84
Counties in which data was lacking	0
<hr/>	
<b>FAMILIES STARTING AT RISK OF POVERTY</b>	
Counties showing improvement or no change	67
Counties showing a worsening situation	92
Counties in which data was lacking	0

Source: *1998-99 Georgia Kids Count Factbook*, 1998, Atlanta: Georgians for Children.

To test if the Family Connection program had an impact on children and family well-being, we conducted a statistical analysis of county data in Georgia. Our study attempts to examine the effect of the Family Connection program on child/family well-being, as measured by various quality-of-life outcome measures. Specifically, we attempted to determine if counties which established Family Connection programs in the early 1990's (1992 or 1993) were more

likely to see improvement in well-being outcome measures relative to counties which do not have Family Connection programs, or counties which established such programs after 1993. The first wave of Family Connection counties generally received larger grants than later counties to establish their programs. In addition, the programs have now been in existence long enough (six to seven years) to test for any perceivable impact on social outcome indi-

**Table 3**  
**Data Definitions**

<u>Dependent Variables:</u>	<u>Definition and Source:</u>
Infant Mortality	Percentage change in infant deaths between 1992-94 and 1995-97; Georgia Kids Count Factbook, 1998-99
Births to Teens	Percentage change in births to teen rate between 1992-94 and 1995-97; Georgia Kids Count Factbook, 1998-99
Juvenile Arrests	Percentage change in juvenile arrest rate between 1992-94 and 1995-97; Georgia Kids Count Factbook, 1998-99
High School Dropout	Percentage change in the high school dropout rate between 1991-92 and 1996-97; GA County Guide, College of Agricultural and Environmental Sciences, University of Georgia
Low Birth Weight	Percentage change in low birth weight rate between 1992-94 and 1995-97, Georgia Kids Count Factbook, 1998-99
Family Starting at Risk of Poverty	Percentage change in families starting at risk of poverty between 1992-94 and 1995-97. To be "at risk," a first birth is from a mother who is either less than 20, a high school dropout or unmarried; Georgia Kids Count Factbook, 1998-99
<b><u>Independent Variables:</u></b>	
Family Connection County	"1" indicates the county started a Family Connection program in 1992 or 1993; "0" for all other counties; Georgia Policy Council for Families & Children. Fifteen counties established Family Connection programs in 1992 or 1993.
Per Capita Income	Percentage change in per capita income between 1991 and 1996; Bureau of Economic Analysis, Dept. of Commerce
Urban/Rural	"1" indicates the county is part of a metropolitan area, "0" for other counties
Score	Fifth grade Iowa Test of Basic Skills (ITBS) reading percentile score in 1997; Georgia Kids Count Factbook 1998-99
African American	African American percentage of the total county population in 1990; U.S. Census Bureau

cators. The state has 159 counties, which offers a relatively large sample to investigate whether or not the presence of a Family Connection program impacts social outcomes. The model we tested, using linear regression, was of the form:

$$SI = aFC + bX1 + cX2 + \dots + zXz$$

where the dependent variable SI was a child/family social indicator. The independent variables included a Family Connec-

tion (FC) variable and other control variables (X1 to Xz). We collected a cross-sectional data set for all 159 counties in Georgia. Six alternative measures of child/family well-being were considered as dependent variables: infant mortality, births to teens, juvenile arrests, low birth weight babies, families starting at risk of poverty, and the high school dropout rate. All the dependent variables were measured in per-

cent change form. The FC variable was measured as a "dummy variable," "1" indicating the presence of a Family Connection program in the county, "0" indicating the absence of such a program. Control variables included the percentage change in per capita income in the 1990's, an urban/rural dummy variable, a measure of educational achievement, and the percentage of minority population (% of the African American population in 1990). These dependent and independent variables are more fully de-

scribed in Table 3.

The regression results suggest very little relationship between the existence of a Family Connection program in a county and changes in social indicators. In all six models, FC was not significantly related to the dependent variable based on the t-test for significance in a regression (.05 level of significance). All the models had a relatively low coefficient of determinations (r-squared values), suggesting that only a small percentage of the variation in the dependent

**Table 4**  
**Regression Results**

	Coefficient of Determination (r-squared value)	Family Connection Variable (FC)
High School Dropout	.07	Not significant
Infant Mortality	.03	Not significant
Births to Teens	.04	Not significant
Juvenile Arrests	.05	Not significant
Low Birth Weight	.02	Not significant
Family Poverty Risk	.01	Not significant

variables can be explained by variability in the independent variables.

#### IMPLICATIONS OF THE STUDY

In the past decade, Georgia has experienced some hopeful decreases in infant, teen and child mortality rates, along with percentages of births to teens and child abuse/neglect cases. High school dropout rates and overall ITBS scores on primary school math and reading also improved moderately, due possibly to an influx of resources from Georgia's Lottery for Education program. However, elementary school reading scores declined, while the percentage of families in poverty and low birth weight babies increased, as well as frequencies of juvenile arrests. Despite improvement in a number of areas, a majority of Georgia's counties have experienced a worsening situation with regard to a number of social indicators, such as the percentage of low birth weight babies, juvenile ar-

rests, births to teens and families starting at risk of poverty.

For social indicators with available county-level data, regression analysis demonstrated no significant relationships between the Family Connection and the dependent variables considered in this study: infant mortality, low birth weight babies, births to teens, juvenile arrests, the high school dropout rate and families starting at risk of poverty. Thus, counties which established Family Connection programs in 1992 and 1993 were no less or no more likely to experience measurable improvement in the quality of life for children and families than counties which have never established such programs or initiated such programs at a later date. Any modest improvements in these social health indicators may be attributed to the state's robust economy, other public policy changes, demographics or other factors not considered in this analysis.

### CONCLUSIONS: COMMUNITY CONTROL AND PRIVATE SECTOR INVOLVEMENT, THE TRUE PANACEA?

It appears that a clear limitation of the Family Connection program has been the limited funding provided to support this approach. The policies of downsized government, community involvement, volunteerism and private sector responsibility have proven to be politically beneficial for government officials and political candidates. However, when these principles were employed in the delivery of a social service program such as the Family Connection, no significant improvements in relevant public health indicators became apparent.

State officials are not inclined to discard programs like the Family Connection, however. Termination, at this time, would likely be premature, as well as politically damaging. Its involvement of the community and aspirations of improving social well-being are sound concepts. Advocates of less government involvement in welfare endeavors undeniably embrace the Program's utilization of the private sector. However, Kolderie (1986) indicates that governments often contract to only one supplier, replacing one sole source with another (in essence, replacing one monopoly with another). Expectations of efficiency through capitalistic competition may be lost, the main reason for privatization in the first place. Often this leads to the concept of "creaming," the delivery of services by the private sector only when it is easy and profitable. This becomes critical in the delivery of social services, whose clients are the impoverished and children who possess little political clout. If, say, all medical services were to truly privatize, the market would then dictate that the indigent would receive no care other than, perhaps, the assistance provided by purely charitable societies.

Consequently, a realistic assessment of the impact of privatization on the Program and its services must occur. The Family Connection needs to continue in order for analysts to determine its ultimate legiti-

macy. It also requires additional assets from the state for services and monitoring, more than the private sector and community nonprofit organizations are able and willing to commit. After all, when private agencies operate a program, oversight must occur in order to deter corruption and mismanagement. Government has greater control when it owns an operation. Hatry's (1991) findings at the Urban Institute affirm that privatization is not necessarily more economical. New York's privatization of its parking bureau has become a classic example of contracting corruption and incompetence that lead to greater expenses for the city (Bailey 1991). Even the Supreme Court made it abundantly clear in two recent rulings, *West v. Atkins* and *Lebron v. National Railroad Passenger Corporation*: "Governments cannot shed their constitutional responsibilities to clients or customers by privatizing" (Shafritz, et al. 2001 p.127). As Daley (1996 p. 631) reminds us, "the failure to put programmatic success first can only relegate privatization to obsolescence."

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