A STUDY OF THE COMPOSITION AND CHARACTERISTICS OF HEALTH, WELFARE, RECREATION AND COMMUNITY ORGANIZATION AGENCIES FUNCTIONING UNDER PUBLIC OR VOLUNTARY AUSPICES IN TERMS OF THE ADMINISTRATIVE ASPECTS OF THE COMMUNITY ORGANIZATION FACTORS INVOLVED

by

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THESIS

A C K N O W L E D G M E N T

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INTRODUCTION

At frequent intervals throughout the year in almost every community in the United States men and women meet as boards of directors of health, welfare and recreation agencies, to make decisions on important issues of community-wide significance. It is apparent that the scope of social services is tremendous, since more than thirteen billion dollars was spent last year on health, welfare and recreation. Everyone of us is affected directly or indirectly by the actions of the boards of these agencies. Many millions benefit from the social services personally; the rest benefit by their community being a better place to live in.

The vast majority of social service agencies have a governing or advisory board of directors composed of lay citizens of the community. A representative board of directors maintains harmony between administration and public opinion. The board acts as the voice of the people. It serves as a democratic means whereby the community decides how the agencies which serve it, shall function.

When a board is truly representative of the community then the agency has public sanction and support in its endeavors. The program, policies, and services of the agency should meet the needs of the community through

representatives of the community serving on the agency board. The representatives are able to interpret activities of the agency to their member groups while at the same time enabling the agency to adjust and modify its program in order to serve the community most effectively. However, when a board is not representative of the community and instead is representative of a small group then the agency is correspondingly limited. The agency's funds, services, and strength becomes as restricted as its base of representation.

It is almost axiomatic that the effectiveness of an agency depends upon the representativeness of its board of directors. The base of service theoretically, of most agencies is community-wide. Almost all agencies therefore also seek complete community-wide financial support. Unfortunately, both these aspirations are unfulfilled by most agencies and inadequately attained by the semi-successful agencies. One and perhaps the primary source of difficulty in achieving these goals has been the lack of community representation on agency boards of directors.

To be representative, a board must have members from as many community groupings as possible. In most communities there are certain groupings which can be readily identified. This can usually be done on the basis of sex, age, religion, race, and occupational status.

Most agencies try to have members of these various groupings on their boards. In this way these groupings are informed of the agency's activities through their representatives and may voice their opinions, convictions and suggestions through them.

In various studies and in many authoritative observations it has been noted that boards are often not representative of the community on an individual agency or total agency basis. The ideal board should have members of both sexes represented, though in most agencies this situation does not exist. Agencies which serve boys or girls rarely have parents of the opposite sex on the board. It would seem as if such agencies assumed fathers were unconcerned about their daughters or mothers were unconcerned about their sons.

In most American communities the majority of the population is of the "white" race. However, in keeping with our democratic principle of majority rule along with proportional participation by and for the minority it might be assumed that the non-whites groups would be represented on boards. On all too many agency boards this is not the case. In those instances where there is a non-white person on a board he is usually a symbolic or token representative only.

Board membership with respect to religion is also rarely representative of the community. Many times the picture is complicated by sectarian agencies or non-sectarian agencies which have sectarian boards. Boards usually represent the older age groups primarily. This results in boards being more conservative than the generally younger community population.

Agency boards have been notorious in that they have in the past been composed of persons of the "silk stocking trade." However, there has been a great deal of horizontal movement and a little vertical movement. Several decades ago social service agencies were usually the pet charities of a few individuals. Nowadays, the few has increased to twenty or forty, but members of the same socio-economic grouping still dominate agency boards. The salaried employees grouping which represents the largest occupational class is rarely represented on most agency boards. An additional problem encountered in analyzing the representativeness of boards is that oftentimes the same individual serves on several boards concurrently.

Many writers and practitioners in the field of board membership have stressed the essential fact that a board of directors must be representative of the community.

However, very few studies have been conducted to see if this is done in practice. The studies undertaken have been rare, sporadic and localized.

In order to obtain a more complete picture of boards of directors, Community Chests and Councils of America Inc. undertook a nation-wide study of health and welfare boards. One of the basic reasons cited was:

> Boards of directors constitute a primary link between the operating agency and the community at large. . . all agencies are concerned that this first line of citizen participation be as vital and strong as possible. Without such support and understanding neither the voluntary or governmental agency can contribute its full share to the enrichment of its community.[1]

During the writer's second year field placement in the Ingham County Council of Social Welfare he was given responsibility for conducting the Community Chest and Council of America Inc. study in the Ingham County area. Subsequently it became evident that community-wide agencies varied in the extent to which they were representative of the community.

Certain facts indicated that boards of directors of agencies in the field of health, welfare, and recreation were not representative of the community on the basis of

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[1] Community Chests and Councils of America Inc. A Letter to Chest and Council Executives, May 8, 1952.

sex, religion, race, age, or occupation. In addition, certain individuals served on several agency boards concurrently. This creates interlocking directorships which results in a few individuals having a tremendous amount of control which is not related to their position in the community.

This study was conducted to determine the composition and characteristics of board membership in health, welfare, recreation, and community organization agencies under public or voluntary auspices. One of the basic accepted assumptions concerning boards of directors is that the board is representative of the community. The writer's hypothesis is that the boards are not representative of the community, and the accepted assumption is not true.

The term "community" has been defined in various ways by different authorities. Some have defined it to mean a geographical area, others have used it in a psychological sense. For the purpose of this study the following definition of community will be used.

> " 'Community' may be used then, as a convenient term to refer to a group of people gathered together in any geographical area, large or small, who have organized

> to meet their common interests. From a purely practical point of view, the community is any area where people have common interests in the social welfare field and where the community organization process is being attempted."[1]

My use of this definition is based on the assumption that all agencies limit their service to a particular physically definable area (i.e. city, county). Moreover, sources of financial support are also limited to a similar area. In these areas there are certain basic groupings which can be clearly defined (i.e. males, females). Within each agency's area of operation each agency aspires to be of service to all possible groupings which they can serve and to be supported financially by all the basic groupings in the area. This is the goal of every institution--to expand to its maximum size. Therefore, the writer assumes that all agencies in a community should have some representations from all the basic groupings in the community.

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[1] Ray Johns and David P. De Marche. Community Organization and Agency Responsibility, Harper Brothers, New York, 1951, pp. 11-12.

II

RECENT AND CURRENT OPINION ON THE COMPOSITION OF BOARDS

Most people agree that a social service agency should be representative of the community in which it operates. However, there are varying types of representation and definitions of what is a representative board. Newstetter has pointed out three different types of representation.

> In Type I the members are the official delegates of their groups and are instructed, thus restricting voting action. In Type II the members are official representatives of their groups but are more or less free to take responsible action for their groups within limitations which the representatives themselves impose. In Type III the members are merely representative of certain groups. They are often described as influential people, or people with a "contribution" to make and are usually not designated or selected by the groups they are adjudged to be representative of but, rather, are selected by some person or some group, for a given inter-group purpose.[1]

Most social agency boards of directors are composed of people who fall into Newstetter's third category of representativeness. Individuals of prominence in a

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[1] W. I. Newstetter. "The Social Inter-Group Work Process." Community Organization Its Nature and Setting. Donald S. Howard, ed. A.A.S.W., 1947, p. 26.

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community are assumed to represent certain of the groups which they are members of or belong to. Oftentimes this results in certain people representing groups or organizations to which they may have an extremely tenuous connection. However, because they have some identification with a group, they are assumed to be representative of it.

The only exception to the general fact that board members fall into Type III is in those boards which have delegates from labor unions. These representatives are selected by the union and are usually in Newstetter's Type I and Type II. The individual serves in order that his group may be directly represented by him. This often times leads to complications and hampers efficient operation of boards. However, some people consider that this lack of efficiency is compensated by the increase in democratic control and participation.

Since it is evident that the vast majority of board members are "adjudged to be representative of" certain groups let us look at some of these groups. One of the basic assumptions of this paper is that all agencies are, or aspire to be, of community-wide service and receive community-wide financial support; it is, therefore, self-evident that there should be community-wide representation on all boards.

This assumption is limited by the fact that agencies vary in the purposes for which they use a board of directors. Some boards are very active and require frequent meetings. Some boards are quite large and, as a result, much of what happens occurs in small committees. Other boards are small and can operate as a committee of the whole. Health agencies require a higher proportion of physicians on their boards than the average agency does; moreover, legal aid societies should have many lawyers on their boards.

It can be seen that depending on the specific need of the agency, boards may vary in the extent to which they are representative of the community. However, most authorities are agreed that there are certain basic tenets as to what is a representative board membership.

As a generalization it might be stated that a social agency board should be composed of persons representing the major groupings and interests in the community. In terms of specifics, it could be said that a board should represent the major religious groupings in the community -- Catholic, Jewish, Protestant. This does not imply that the person selected to represent these religious groupings should be a minister but, rather, it should be a person definitely identified with each of these groupings so that it is apparent that the particular point of view is being

adequately represented. In addition, there should be representatives from the various economic groupings in the community -- professional people, employers, executives, and employees. It also means that the person selected should not always be the top person in a particular field. It is just as adequate and perhaps more representative to have a junior executive rather than the chief executive of a large corporation represent the executive class. It is of primary importance in selecting employee representatives to select line workers as well as stewards or union officals. One area of representativeness which is usually overlooked is that of political groupings. In these days of increasing governmental control carried out through political parties it is essential that social agencies have these groupings represented on agency boards. The racial groupings should also be adequately represented on all boards. This does not mean that a person should be selected as a symbol of the open-mindness of an agency; but, the person should be truly representative of the particular racial grouping. A great deal of informal social welfare is done by the various social groupings in the community. It is therefore, necessary that boards have some representatives from the patriotic or fraternal societies and the men and women's service clubs. In addition,

geographical representation should be considered. It is important that urban, as well as rural areas, be represented on boards; that the wealthier, as well as the poorer, sections be represented.

Boards should also consider the ages of their board members. It is important to have older, well-established people in the community on boards; in addition, younger people, who are on their way up, should also be represented. Some agencies have clients serving on the board of directors; this presupposes, of course, that they are competent persons. The value of having a client on a board is that he, more than anyone else, knows how the agency can give the best possible service. A few agencies have a representative from the staff serving on the board. This serves as a means of keeping the staff directly informed about board actions and gives the board a personal chance to get acquainted with the staff.

One additional point of representativeness which is often overlooked is that of having delegates from other agencies serving on a particular agency's board. This can be accomplished by having a board member serve on two boards concurrently. However, there is a danger in this in that there are many situations where conflicting loyalties may be aroused. This tends to be an uncomfortable experience

for the board member and creates ill-feeling between agencies. Another inherent danger in such a procedure is that some individuals may serve on several boards concurrently without having sufficient time to do a satisfactory job on any of them, while at the same time an individual with adequate time would not be used. Nevertheless, some agencies feel that it is good practice to have some of its board members on other agency boards as it creates understanding and cooperation between agencies.

Although social agency boards should represent the community some doubt remains as to whether employed or retired social workers should serve on agency boards. Usually the opinions of the professional, or ex-social worker, tend to closely agree with those of the staff. As a result many times boards adopt policies which the professional social work community will support but the general community will not. It would appear more advisable for professional social work representation to come through staff presentation and voluntary committee work.

It is, therefore, evident that having a board representative of the community involves a whole series of variable factors which often may be ill-defined and contradictory. however, it may be stated that a board should have representatives from the major groupings in the community to insure that the agency has the maximum possible strengths present on its board.

Several communities have conducted studies to determine the extent to which the major groupings are represented on agency boards. This has been brought about within the last decade or so by a wider interest and participation by the community in regards to health, welfare and recreation agencies. In the public field there has been a tremendous increase in the number of programs and extent to which they are being carried out. In the voluntary field there has been a broadening of the base of financial support. This has been developed to such a great extent that the Community Chests and Councils of America, Inc. is now using the slogan "Everybody Benefits; Everybody Gives."

Prior to this period most agencies tended to be the "pet charity" of a particular group or individual. The agency would be financed and controlled by a clique who usually represented the "silk stocking trade." Today the vast majority of agencies are supported by the entire community. This occurs indirectly through government taxation or directly through voluntary contributions to agencies.

It had been hoped that the democratic principle of each one contributing his fair share financially would also mean that each one would have their fair share in deciding what would happen with their contributions by being represented on agency boards.

Unfortunately this has not proved to be the case. Agency boards of directors who decide agency policy are rarely representative of the community which supports them and/or which the agency serves. The boards usually represent a small, distinctive grouping in the community who, under no circumstances, can be presumed to be representative of the community.

> Most agencies ... are in the main, governed by persons from the same economic class ... the composition of ... agency boards is, in a great many places far from representative.[1]

Studies that have been conducted in many different localities have found this situation to be true.

In Cincinnati over a period of several years a study was conducted of the entire community health, welfare and recreation programs. Many recommendation and findings were made. One was mentioned several times. It was to the effect that: "All social agencies should have a democratically constituted governing or advisory board."[2] The reason for this recommendation seemed to be that:

> Many governing boards have made commendable efforts to maintain themselves as being truly democratic in

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[1] Wayne McMillen. Community Organization for Social Welfare. University of Chicago Press, Chicago, 1946, pp. 449-451.

[2] Council of Social Agencies. Cincinnati Report. Cincinnati, 1952, p. 91.

> composition, organization and service. Occasionally boards themselves include representation of recipients of the services.
>
> However not all agencies have satisfactory policies with regard to selection of board members and officers to insure broad community representation. Boards of Directors do not generally speaking, cut across age, economic, social, religious and sex lines.[1]

Another study was conducted in a different locality concerning public agencies. This was somewhat more specific in its findings:

> An analysis of the occupation of board members reveals that most of the men were in business or the professions, while most of the women were housewives. Generally the women were wives of prominent local men.
>
> Whether by chance or by choice, business and professional interests in the community were generously represented on the boards. Although most of the counties included in this study were rural or mining, only one farmer and no miners were included, nor was the laboring group represented. Likewise there was only limited representation from various religious groups in the community.[2]

A comprehensive study was carried out in Seattle. Some of the findings appear to be a little startling.

> Only eight of 49 agency boards include representatives of labor...
>
> Only six of 49 agency boards have Negro representatives...
>
> Only ten of 56 boards had religious restrictions on board membership...

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[1] Ibid. p. 2.

[2] Helen Martz. Citizen Participation In Government. Public Affairs Press, Washington, D. C., 1948. pp. 10-11.

In a majority of the boards one sex only is represented in the board membership.[1]

This study was undertaken to determine the extent to which the various groupings were represented on agency boards in the Lansing area and to appraise the extent to which this is representative of the overall community.

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[1] Council of Social Agencies. Composition and Characteristics of Boards of Voluntary Social Agencies. Seattle, 1945.

III

METHODS AND PROCEDURES EMPLOYED IN THE STUDY

In 1952 Community Chests and Councils of America, Inc. initiated a nation-wide study of board membership in voluntary and public, health, welfare and recreation agencies. Letters were sent to chests and councils throughout the country to see if they would be interested in such a study. The response was positive and C.C.C.A. prepared questionnaires which could be used on a national basis. The scope of the study was nation-wide in extent with local chests or councils assuming responsibility for carrying out the investigation in their particular communities.

The Ingham County Council of Social Welfare undertook to conduct the study in the local area. It was felt that an advisory committee of the Council should be established to carry out the study. Many lay people and professional social workers were "sounded out" as to whether they would be interested in participating in such a committee. Most of those "contacted" appeared interested and accepted positions on the committee.

At the first meeting of the committee several questions were raised. Among them were: "Should the C.C.C.A. questionnaires be used?"; "How appropriate would they be for local

use?"; "Which agencies should be included in the study?" In addition, there were several mechanical problems. For example, "Should the questionnaires be sent to agency executives or presidents of the boards?"

It was decided to use the C.C.C.A. questionnaires and to add one additional question concerning the number of boards on which each individual served. Questionnaires were sent to the presidents of "all" health, welfare and recreation agencies which were not chapters of a larger organization and whose board of directors regularly meet in Ingham County. Copies were also supplied to the agency executive.

Questionnaires were sent to thirty-four agencies and replies were received from 32, or approximately 95 percent of the total. The two agencies which did not return the questionnaires were health organizations, one public, and the other voluntary, member of the chest.

During the tabulation of the results of the study the author became extremely interested in the last five questions of the questionnaires sent out by the committee and decided to make the analysis of these questions the subject of this report.

The validity of the study on the whole would appear to be high though for several items this is not as true.

Some of the factors accounting for the high validity are that the findings are almost identical with those derived from studies carried out in many different areas of the country; several people completed each questionnaire thus insuring the reporting of true figures; the questionnaire was prepared by a very competent staff guaranteeing that the questions would measure what they were supposed to measure.

However, several complications entered into the study and lowered the validity somewhat. One complication was the variance in interpreting questions. This was particularly apparent in the "Occupation of Board Members" question. There was some uncertainty as to which category some individuals were in. A clergyman who is also a professional social worker, was listed by one agency as a social worker and by another as a clergyman. Again, there was some guesswork involved in determining the age of board members. Though the broadness of the categories tended to minimize any erroneous results.

The question on "Religion" caused a great deal of feeling. Several agencies refused to complete this question and cited reasons such as: "It is an insult to ask such a question," "not relevant," "unimportant," "don't know," etc. More than fifty percent of the agencies did not complete this question.

IV

PRESENTATION AND ANALYSIS OF DATA

For purposes of analysis the agencies included in this study can be looked at from two main viewpoints. The first is that of agency auspices. This can then be broken down into two components - public and voluntary agencies. The latter category can be further subdivided into voluntary chest agencies and voluntary non-chest agencies. A chest agency can be defined as any organization which receives some part of its budget from the Community Chest. Agencies may also be divided into functional groups. The agencies can be grouped under the following categories - Health, Welfare, Recreation, and Community Organization.

By dividing the agencies into categories based on agency function and auspices and correlating these with the information obtained from the questionnaires certain interesting facts are revealed which logically fall into the following categories.

Table I Classification of Agencies Included in Study By Auspices and Function

A. Auspices		
1. Voluntary		
Chest members	22	
Non-Chest agencies	5	
Total		27
2. Public		5
Total		32
B. Function		
1. Health	12	
2. Welfare	9	
3. Recreation	8	
4. Community Organization	3	
Total	32	

From Part A it can be seen that the majority of the agencies included in this study are voluntary chest agencies. The public agencies through which the greatest amount of funds is spent are represented by a handful of agencies. This would tend to give the voluntary agencies a greater numerical superiority which is not in keeping with the extent of their expenditures.

The largest number of agencies are concerned with Health; Welfare and Recreation agencies include approximately the same number of agencies. Nearly ten percent of the total number of agency boards are involved in secondary or Community Organization functions. Organizations classified as Welfare agencies administer programs and services which involve economic assistance and social adjustment services.

Table II Classification of Board Membership by Agency Function or Program

Types of Agency	Number of Persons on Combined Boards
1. Health agencies	235
2. Welfare agencies	119
3. Recreation agencies	174
4. Community Organization agencies .	81
Total	609

Recreation agencies though less numerous than welfare agencies have more people serving on the board of directors. Community Organization agencies also seem to have a larger proportionate number of persons serving on their boards. Nearly one-third of the total number of board members serve on Health agency boards.

Table III Classification of Agency Boards by Size and Agency Auspices

Size of Board	Total	Public	Voluntary		
			Total	Chest	Non-Chest
Total	32	5	27	22	5
1- 9 members	7	4	3	1	2
10-18 members	9	1	8	7	1
19-27 members	10		10	9	1
28-37 members	4		4	4	
38-45 members	2		2	1	1

The average agency board is usually composed of 19-27 members. However, many agencies have boards composed of fewer members and a few are larger.

Most public agencies are small compared with voluntary agencies. The average voluntary agency board is composed of from nineteen to 27 members. This figure holds true for voluntary chest agencies also. However, voluntary non-chest agency boards vary in size and do not reveal any definite tendency.

Table IV Classification of Agency Boards by Size and Agency Function

Size of Board	Health	Welfare	Recreation	Community Organization
Total	12	9	8	3
1-9 members....	3	3	1	
10-18 members..	2	4	3	
19-27 members..	6	1	1	2
28-37 members..		1	2	1
38-45 members..	1		1	

The average Health and Community Organization agency board is composed of from 19-27 members. The average Welfare and Recreation agency has from 10-18 members. Welfare agencies tend to have a smaller number of people serving on their boards.

The average size of the board of:

Health agencies is.....20

Welfare agencies.....13

Recreation agencies.....22

Community Organization agencies.....27

The typical board of a Community Organization agency is twice the size of the average Welfare agency board. Health and Recreation agencies boards are approximately the same size.

Table V Sex and Age of Board Members

Characteristic	Total		Public		Voluntary Total		Voluntary Chest		Voluntary Non-Chest	
	No.	%	No.	%	No.	%	No.	%	No.	%
Total	609	100	36	100	573	100	471	100	102	100
Sex										
Male.....	385	63	30	83	355	62	287	61	68	67
Female...	224	37	6	17	218	38	184	39	34	33
Age										
under 30.	7	1	0	0	7	1	6	1	1	1
30 through 44.....	270	44	16	44	254	44	216	46	38	37
45 through 59.....	284	47	14	39	270	47	222	47	48	47
60 years and over..	48	8	6	17	42	8	27	6	15	15

Table VI Sex, Race, Religion and Age of Board Members

Characteristic	Total		Health		Welfare		Recreation		Community Organization	
	No.	%	No.	%	No.	%	No.	%	No.	%
Total	609	100	235	100	119	100	174	100	81	100
Sex										
Male.....	385	63	149	63	81	68	99	57	56	69
Female....	224	37	86	37	38	32	75	43	25	31
Race*										
White.....	553	97	226	98	100	90	149	99	78	96
Non White.	20	3	4	2	11	10	2	1	3	4
Religion*+										
Catholic..	37	12	9	16	20	29	4	4	4	5
Jewish....	12	4	2	3	2	3	2	2	6	7
Protestant	251	84	46	81	46	68	88	94	71	88
Age										
Under 30..	7	1	1	#	1	1	0	0	5	6
30 through 44.....	270	44	107	46	36	30	86	49	41	51
45 through 59.....	284	47	106	46	71	60	81	47	26	32
60 years and over..	48	8	21	8	11	9	7	4	9	11

*These figures do not include thirty-six board positions occupied in five public agencies. This information was not requested on the questionaire.

+Twelve voluntary agencies did not answer this question or provided incomplete information for a total of 273 board members.

#Less than one percent.

Men outnumber women on agency boards three to two. Public agencies have a definite preponderance of males serving on the boards of directors. Men outnumber women almost five to one. Chest agencies have a greater proportion of females on their boards then non-chest agencies.

The composition of boards in regards to sex can be divided into:

Male only	9 boards
Female only	5 boards
Male and Female	18 boards
Total	32 boards

The average agency board tends to be rather evenly divided with respect to age with nearly fifty percent of the board under 45 years of age and slightly more than fifty percent over 45 years of age. Public agencies have more older persons serving on their boards than voluntary agencies. However voluntary non-chest agencies as a group have more older persons serving on their boards then chest agencies or public agencies.

Recreation agencies come the closest to having equal representation of both sexes. However, the usual procedure is for an agency which serves boys to have all men on the board and on agencies which serves girls to have all women on the board. This gives a composite picture of nearly

equal representation; but, this does not hold true on an individual agency basis. Health, welfare and community organization agencies are almost identical in the proportion by which the sexes are represented.

The vast majority of board members are of the white race. Nearly fifty percent of the total non-white group serve on one agency board. Recreation agencies have the lowest proportion of non-white representation on their boards. Welfare agencies have the highest proportion. However, ten of the non-whites reported serve on one agency board. The composition of boards divided in regards to sex can be divided into:

White	16 boards
Non-White	1 board
White and Non-White	10 boards
Total	27 boards

The majority of agency boards do not have any non-white representation.

The majority of board members are of the Protestant religion. The other two religious groupings include less than one-sixth of the total number of board members. A greater proportion of Protestants serve on the board of directors of recreation agencies than on any of the other functional groups. The greatest proportion of Catholics

serve on the boards of welfare agencies. However, three-fourths of these serve on one agency board. Fifty percent of the total number of Jewish people reported as being board members serve on the boards of community organization agencies. The composition of boards in regards to race can be divided into:

All Protestant	3 boards
All Catholic	1 board
Catholic and Protestant	2 boards
Jewish and Protestant	1 board
Catholic, Jewish and Protestant	8 boards
Total	15 boards

The majority of the agencies completing this question had all three major religious groups represented on their boards. However, more than one-fourth had only one religious group represented on their board. Exactly one-fifth of the agencies had two religious groups represented on their boards.

Community organization agency boards have the highest proportion of board members under 30 years and over 60 years; in terms of overall figures these boards have younger persons than the other functional groups. Welfare agencies have the largest percentage of older persons serving on their boards.

Table VII Occupation of Board Members

Employer or Occupation	Total		Public		Voluntary					
					Total		Chest		Non-Chest	
	No.	%	No.	%	No.	%	No.	%	No.	%
Total.....	609	100	36	100	573	100	471	100	102	100
Housewives.....	182	30	2	5	180	31	150	31	30	29
Professional (except agency and governmental employees).....	165	29	12	33	153	26	126	27	27	27
Physicians and Dentists.....	35	7	3	9	32	6	21	4	11	11
Educators.....	42	7	3	9	39	6	34	7	5	5
Attorneys.....	34	6	2	5	32	6	27	6	5	5
Clergymen.....	23	4	0	0	23	4	20	4	3	3
Other and not reported	31	5	4	10	27	4	24	6	3	3
Employers and Business Executives.....	144	23	10	28	134	25	104	22	30	29
Agency and Governmental Employees.....	39	6	2	6	37	6	34	7	3	3
Voluntary Health and Welfare.....	15	2	1	3	14	2	13	3	1	1
Governmental Health and Welfare.....	12	2	1	3	11	2	11	2	0	0
Other Governmental....	12	2	0	0	12	2	10	2	2	2
Representatives of Organized Labor.....	20	3	0	0	20	4	18	4	2	2
Other Wage Earning Employees.....	15	2	8	23	7	1	5	1	2	2
Technicians, Junior Executives, and Supervisory Employees.....	22	4	0	0	22	4	17	4	5	5
Other Salaried Workers	8	1	0	0	8	1	8	2	0	0
Other and no report.....	14	2	2	5	12	2	9	2	3	3

Three occupational categories, housewives, professional people and employers and business executives account for more than eighty percent of the board members. Employed social workers account for four percent of the board members. Other public employees account for four percent of the board members. Wage earning employees who represent the largest number of employed people in the community account for only five percent of the board members. Educators account for seven percent of the board members (this is probably the result of two agencies having many members of the college faculty on their boards).

Both public and voluntary agencies have fifty-one percent of their board members in the professional, and employer and business executive category. Public agencies have a very high proportion of their board members in the employed as wage-earner category. They also have a higher proportion of social workers serving on their boards than voluntary agencies have. Voluntary agency boards have delegated representatives from labor unions while public boards to not. Nearly one-third of the board members of voluntary agencies are listed as housewives. Voluntary chest and non-chest boards are composed of almost the same occupational groupings; except, that chest agencies have more employed social workers on their boards, less executives and employers, and more representatives of organized labor.

Table VIII Occupation of Board Members

Employer or Occupation	Total		Health		Welfare		Recreation		Community-Organization	
	No.	%	No.	%	No.	%	No.	%	No.	%
Total.....	609	100	235	100	119	100	174	100	81	100
Housewives.....	182	30	71	30	32	27	62	35	17	21
Professional (except agency and governmental employees).....	165	29	77	33	27	23	44	25	17	21
Physicians and Dentists.....	35	7	22	9	7	5	2	1	4	5
Educators.....	42	7	15	6	5	5	15	9	6	7
Attorneys.....	34	6	16	6	9	8	6	4	3	4
Clergymen.....	23	4	10	6	6	5	3	2	4	5
Others and not reported.....	31	5	14	6	0	0	17	10	0	0
Employers and Business Executives.....	144	23	50	21	36	30	37	21	21	25
Agency and Governmental Employee.....	39	6	12	5	5	4	7	4	15	18
Voluntary Health and Welfare.....	15	2	4	2	3	2	1	*	7	9
Governmental Health and Welfare.....	12	2	3	2	1	1	3	2	5	4
Other Governmental...	12	2	5	1	1	1	3	2	3	5
Representatives of Organized Labor.....	20	3	7	3	4	4	2	1	7	9
Other Wage Earning Employees.....	15	2	2	1	3	2	10	6	0	0
Technicians, Junior Executives and Supervisory Employees.....	22	4	8	3	6	5	5	3	3	4
Other Salaried Workers..	8	1	2	1	2	1	3	2	1	1
Others and no report....	14	2	6	3	4	4	4	2	0	0

*Less than one percent.

All the functional groups have at least sixty-eight percent of their board members in the professional, employer and executive, and housewife categories.

The boards are amazingly uniform in the distribution of occupations of their members. Community organization agency boards have a higher proportion of social workers and public officials than the other groups. Health agency boards have the highest proportion of wage earning employees who are not representative of organized labor. Community organization agencies have the highest proportion of representatives of organized labor.

Table IX Occupations of Husbands of Housewives Reported In Table VIII

Employer or Occupation	Number	%
Total.....	182	100
Other Professional(Total).....	62	34
1. Physicians and Dentists...	26	14
2. Educators.....	22	12
3. Attorneys.....	7	4
4. Clergymen.....	4	2
5. Others.....	3	2
Employers and Business Executives....	49	27
Employees of Governmental Health and Welfare Agencies.....	1	less than one
Other Governmental Employers.....	9	5
Technicians, Junior Executives, and Supervisory employees.....	15	8
Other Salaried Workers.....	14	8
Wage Earning Employees, Except Representatives of Organized Labor.....	9	5
Other, Including Widows and Not Reported.....	23	13

Over sixty percent of the husbands of housewives are in the professional, employer or executive categories. This would lead to the conclusion that roughly sixty percent of the board members or their spouses are in the employer and executive and professional categories.

Table X Number of Boards Which Board Members Serve on Concurrently

Number of Boards	Number of Board Members	Percent
1.....	428	85
2.....	53	11
3.....	15	3
4.....	5	1
5.....	2	*
Totals	503	100

*Less than one percent

The vast majority of board members serve on only one agency board at a time. However, one-third of the board positions are occuppied by persons who serve on more than one agency boards.

V GENERALIZATIONS, CONCLUSIONS AND RECOMMENDATIONS

a) Generalizations from the Data

If one were asked to choose a board member typical of all those included in this study the following person would be chosen. This generalized board member, or stereotype, would hold true for almost all the functional agencies, (Health, Welfare, Recreation, and Community Organization). Where information was comparable it would hold true also for the Public, Voluntary, Non-Chest and Chest agencies. The person would be a white, male, Protestant between 44-59 years of age, employed as a housewife! This would appear to be somewhat inconsistent; however, let us look at some of the outstanding items of interest.

In regards to sex, agency boards have a much higher proportion of males than females. This would raise some questions as to how representative boards are of the community on a sex basis. There appears to be very little representation of non-whites on agency boards. This is characteristic of most boards. It would therefore appear that agency boards are not representative of the community on a racial basis.

One of the most interesting findings based on the question on religion was that almost fifty percent of the

agencies did not complete this question. This would indicate that this was an unimportant factor or a very important factor which was being disregarded. The latter reason would seem to be verified by the fact that of those agencies answering this question nearly fifty percent did not have representatives from one or more of the three major religious groupings on their boards. There would therefore, appear to be some question as to how representative agency boards are on a religious basis.

The most outstanding fact derived from the question on age is that there is a sparsity of persons under thirty years of age serving on boards. Though this adult group is allowed to vote in elections they do not have a similar position in regard to agency boards. The shortage of younger people on boards leads to the conclusion that agency boards are not representative of the community in regard to age; but, represent an older grouping.

Husbands and wives from the employer, executive, and professional occupational categories represent the vast majority of board members. At the same time wage earning employees--the largest group in the community ---are represented by only five percent of the board membership. This information reveals that the employer, executive, and professional

groups (which also represent the higher socio-economic classes) control almost all health, welfare, recreation and community organization agencies regardless of whether the agency is under public, voluntary, non-chest or chest auspices.

The size of a board seems to depend upon whether a board is under public or voluntary auspices. The latter group is usually several times larger than the former. Most individuals serve on only one agency board at a time. An interesting study might be conducted to determine how many different boards each individual serves on in a specific time period of perhaps five or ten years.

b) Conclusions

The United Community Services of Metropolitan Detroit conducted a board membership study in 1953 using the same C.C.C.A. questionnaire as was employed by the author of this study. The results were amazingly similar.

> Men Board members outnumber the women,...nearly 50% of them falling in the age range of 45 to 59 years of age...71% were Protestants, 21% were Catholic, and 8% were Jewish; 95% were white and 5% non-white.
>
> Three occupational groups accounted for nearly 80% of all occupations reported for board members, housewives, professional, and employers and executives.

All the studies conducted on board membership reveal that specifically and generally nearly all agency boards do not represent the community.

In addition there appears to be an indication that though most persons serve on only one agency board at a time the same individuals tend to serve on different agency boards over a period of time.

It would appear that there has been movement in the past few decades in the extent to which agency boards are representative of the community. However, it has mainly been a horizontal not vertical movement. Instead of a <u>few</u> people from one or a few groupings, being represented on boards, it is <u>many</u> people from these same groupings being

represented on boards. Some additional groupings are being represented (i.e. labor unions); but this has been a minute. Generally it can be said that the base of financial support has increased to a much greater extent then agency's representativeness. It would appear that unless the foundation of representation is strengthened the structure of agencies will always be weak.

c) Recommendations

Any agency which receives community wide support and performs services on a community-wide basis has an obligation and right to have community-wide representation. This can be accomplished by a conscious effort on the part of agency boards and staffs to enable more people from the less represented groupings to serve on agency boards.

Specifically this can be accomplished by modifications in accordance with the following principles:

1. Boards should not be segregated on a sex basis. Women should be on more boards then they are at present.
2. Non-whites should be represented on all agency boards.
3. The three major religious groupings should have some representation on all boards.
4. People in the younger age groupings should be encouraged to serve on all boards.
5. Wage earning employees should be given the opportunity to serve on all agency boards.
6. Boards should not be so small in size so that persons from the major groupings in the community are unable to be represented.
7. Some individuals should be encouraged to serve on

more than one agency board concurrently; but, should be discouraged from serving on more than three boards concurrently.

If these steps are taken agency boards shall truly be community boards and this shall be a step towards control of the people, by the people, for the people.

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Table A Sex of Board Members

	Male		Female	
	No.	%	No.	%
Total	385	63	224	37
AGENCY				
1.....	4	80	1	20
2.....	3	100	0	0
3.....	8	100	0	0
4.....	10	66	5	34
5.....	5	100	0	0
6.....	0	0	7	100
7.....	15	63	9	37
8.....	32	71	13	29
9.....	11	100	0	0
10.....	10	66	5	34
11.....	19	83	4	17
12.....	24	80	6	20
13.....	11	75	4	25
14.....	40	100	0	0
15.....	0	0	10	100
16.....	13	62	8	38
17.....	7	27	19	73
18.....	15	81	6	19
19.....	14	64	8	36
20.....	14	56	11	44
21.....	0	0	28	100
22.....	8	100	0	0
23.....	14	58	10	42
24.....	9	53	8	47
25.....	12	92	1	8
26.....	33	92	3	8
27.....	5	100	0	0
28.....	26	100	0	0
29.....	15	100	0	0
30.....	0	0	29	100
31.....	0	0	13	100
32.....	8	33	16	67

Table B Race of Board Members

	White		Non-White	
	No.	%	No.	%
Total	553	97	20	3
AGENCY				
1.....	NO INFORMATION.....			
2.....	NO INFORMATION.....			
3.....	NO INFORMATION.....			
4.....	NO INFORMATION.....			
5.....	NO INFORMATION.....			
6.....	7	100	0	0
7.....	24	100	0	0
8.....	44	98	1	2
9.....	11	100	0	0
10.....	14	93	1	7
11.....	23	100	0	0
12.....	30	100	0	0
13.....	15	100	0	0
14.....	40	100	0	0
15.....	0	0	10	100
16.....	20	95	1	5
17.....	25	96	1	4
18.....	20	95	1	5
19.....	22	100	0	0
20.....	25	100	0	0
21.....	28	100	0	0
22.....	8	100	0	0
23.....	23	96	1	4
24.....	17	100	0	0
25.....	13	100	0	0
26.....	35	97	1	3
27.....	5	100	0	0
28.....	26	100	0	0
29.....	14	96	1	4
30.....	28	97	1	3
31.....	13	100	0	0
32.....	23	96	1	4

Table C Religion of Board Members

	Catholic		Jewish		Protestant	
	No.	%	No.	%	No.	%
Total	37	12	12	4	257	84
AGENCY						
1.....	NO INFORMATION		.....		.....	
2.....	NO INFORMATION		.....		.....	
3.....	NO INFORMATION		.....		.....	
4.....	NO INFORMATION		.....		.....	
5.....	NO INFORMATION		.....		.....	
6.....	1	14	0	0	6	86
7.....	NO INFORMATION		.....		.....	
8.....	INCOMPLETE INFORMATION...		.....		.....	
9.....	NO INFORMATION		.....		.....	
10.....	INCOMPLETE INFORMATION...		.....		.....	
11.....	NO INFORMATION		.....		.....	
12.....	INCOMPLETE INFORMATION...		.....		.....	
13.....	15	100	0	0	0	0
14.....	2	5	1	2½	37	92½
15.....	0	0	0	0	10	100
16.....	3	14	1	5	17	81
17.....	4	15	1	4	21	81
18.....	0	0	4	19	17	81
19.....	NO INFORMATION		.....		.....	
20.....	NO INFORMATION		.....		.....	
21.....	INCOMPLETE INFORMATION...		.....		.....	
22.....	NO INFORMATION		.....		.....	
23.....	4	17	1	4	19	79
24.....	1	6	1	6	15	88
25.....	INCOMPLETE INFORMATION...		.....		.....	
26.....	2	5	1	3	33	92
27.....	1	20	0	0	4	80
28.....	2	8	1	4	23	88
29.....	0	0	0	0	15	100
30.....	NO INFORMATION		.....		.....	
31.....	0	0	0	0	13	100
32.....	2	8	1	4	21	88

Table D Age of Board Members

	Under 30		30-44		45-59		60 and over	
	No.	%	No.	%	No.	%	No.	%
Total	7	1	270	44	284	47	48	8
AGENCY								
1.....	0	0	1	20	2	40	2	40
2.....	0	0	0	0	1	33	2	67
3.....	0	0	0	0	6	75	2	25
4.....	0	0	15	100	0	0	0	0
5.....	0	0	0	0	5	100	0	0
6.....	0	0	2	29	0	0	5	71
7.....	0	0	10	42	14	58	0	0
8.....	1	2	15	33	21	47	8	18
9.....	0	0	2	18	8	73	1	9
10.....	0	0	9	60	5	33	1	7
11.....	0	0	8	35	14	61	1	4
12.....	0	0	3	10	26	87	1	3
13.....	0	0	5	33	10	67	0	0
14.....	0	0	14	35	25	62½	1	2½
15.....	1	10	3	30	6	60	0	0
16.....	0	0	10	47½	10	47½	1	5
17.....	0	0	12	46	14	54	0	0
18.....	0	0	11	51	6	30	4	19
19.....	0	0	17	77	5	23	0	0
20.....	0	0	18	64	5	28	2	8
21.....	0	0	18	64	10	36	0	0
22.....	0	0	1	12½	4	50	3	37½
23.....	0	0	13	54	11	46	0	0
24.....	0	0	8	47	9	53	0	0
25.....	0	0	5	38	4	31	4	31
26.....	1	3	15	42	16	44	4	11
27.....	0	0	1	20	3	60	1	20
28.....	0	0	15	55	9	35	2	10
29.....	0	0	13	87	2	13	0	0
30.....	0	0	7	24	22	76	0	0
31.....;...	0	0	4	31	7	54	2	15
32.....	4	17	15	62	4	17	1	4

DESCRIPTION OF EACH OCCUPATIONAL CATEGORY IN TABLE E

a. Employees of voluntary health and welfare agencies.....

b. Employees of governmental health and welfare agencies..

c. Public officials other than those reportable in b.....

d. Other professional (total).....

   1. Physicians & dentists.....

   2. Educators.....

   3. Attorneys.....

   4. Clergymen.....

   5. Other.....

e. Employers and executives (not included elsewhere).....

f. Technicians, junior executives and supervisory employees (not included above).....

g. Other salaried workers.....

h. Wage earning employees, except representatives of organized labor.....

i. Representatives of organized labor.....

j. Housewives (not employed outside the home).....

k. Other (specify).....

Table E Occupation of Board Members

AGENCY	a.	b.	c.	d.	1.	2.	3.	4.	5.	e.	f.	g.	h.	i.	j.	k.
1..	0	0	0	3	1	1	1	0	0	1	0	0	0	0	1	0
2..	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	1
3..	0	0	0	1	0	1	0	0	0	6	0	0	0	0	0	1
4..	1	1	0	3	2	0	1	0	0	1	0	0	8	0	1	0
5..	0	0	0	5	0	1	0	0	4	0	0	0	0	0	0	1
6..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0
7..	0	0	0	6	5	0	0	1	0	9	0	0	0	0	9	0
8..	0	0	2	13	4	2	3	1	3	10	5	0	2	2	9	2
9..	1	0	0	1	0	1	0	0	0	8	0	0	0	0	0	1
10..	0	0	0	7	2	2	2	1	0	3	0	0	0	0	5	0
11..	1	0	2	9	3	1	3	2	0	3	2	0	0	1	4	1
12..	0	0	0	8	2	1	3	2	0	11	4	0	0	1	6	0
13..	0	1	0	5	1	1	1	2	0	6	0	0	0	0	2	1
14..	0	1	3	16	NO INFORMATION(16)					10	5	2	2	0	0	1
15..	2	0	0	0	0	0	0	0	0	1	0	0	2	0	5	0
16..	1	0	0	5	1	1	1	2	0	4	2	0	0	1	8	0
17..	1	0	0	7	1	0	3	2	1	0	0	0	0	0	18	0
18..	3	2	0	9	2	4	1	2	0	2	1	0	0	0	4	0
19..	0	0	0	9	1	2	1	1	4	7	0	2	0	2	2	0
20..	0	1	1	6	1	4	1	0	0	4	1	0	0	1	9	2
21..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	28	0
22..	0	0	0	3	0	0	1	0	2	5	0	0	0	0	0	0
23..	1	2	0	11	5	2	2	2	0	1	0	0	0	1	8	0
24..	0	0	0	2	0	1	1	0	0	6	0	0	0	1	8	0
25..	0	0	0	3	2	0	1	0	0	4	0	2	1	0	1	2
26..	0	1	3	7	2	1	2	2	0	15	2	0	0	6	2	0
27..	0	0	1	1	0	0	1	0	0	2	0	0	0	1	0	0
28..	0	1	0	3	0	1	1	1	0	19	0	0	0	2	0	1
29..	0	0	0	14	0	11	1	2	0	0	0	0	0	0	0	1
30..	0	0	0	3	0	3	0	0	0	0	0	1	0	0	25	0
31..	0	0	0	4	0	0	3	0	1	0	0	0	0	0	9	0
32..	4	2	0	1	0	1	0	0	0	4	0	1	0	1	11	0
	15	12	12	165	35	42	34	23	31	144	22	8	15	20	182	14

BOARD MEMBERSHIP STUDY - Voluntary Agencies

Form A-1952

1. Name of agency _____ 1-

2. Street address _____ City and state _____ 4-

3. Name of person filling in report _____ Title _____

4. **PROGRAMS ADMINISTERED AND/OR TYPES OF SERVICES PROVIDED** 7-10

a. ECONOMIC ASSISTANCE AND SOCIAL ADJUSTMENT SERVICES — CHECK IF YES

1. Public Assistance Services
   - a) General Assistance ☐ 7-Y
   - b) Aid to Dependent Children ☐ -X
   - c) Old Age Assistance ☐ -0
   - d) Aid to the Blind ☐ -1
   - e) Aid to the Permanently & Totally Disabled ☐ -2
2. Institutional Care of Adults
   - a) Shelters for Transients and Homeless ☐ -3
   - b) Institutions for Domiciliary Care of Adults ☐ -4
3. Family Services Primarily Social Adjustment
   - a) Family Service ☐ -5
   - b) Social Service to Travelers ☐ -6
   - c) Medical Social Service ☐ -7
   - d) Domestic Relations Service ☐ -8
4. Specialized Services for Children
   - a) Protective and Foster Home Care ☐ -9
   - b) Institutions for Dependent Children ☐ 8-Y
   - c) Day Nurseries ☐ -X
   - d) Special Services for Children with Behavior Problems ☐ -0
   - e) Institutions for Delinquent Children ☐ -1
5. Specialized Services for the Handicapped ☐ -2
6. Maternity Home Care ☐ -3
7. Other Assistance or Social Adjustment Services ☐ -4

b. HEALTH SERVICES

1. Hospital In-Patient Care
   - a) General and Allied Special ☐ -5
   - b) Chronic ☐ -6
   - c) Tuberculosis ☐ -7
   - d) Mental ☐ -8
2. Clinic and Out-Patient Care
   - a) General Clinic Service ☐ -9
   - b) Mental Health Clinics ☐ 9-Y
   - c) School Medical and Dental Service ☐ -X
3. Nursing Services
   - a) Public Health Nursing (exclusive of schools) ☐ -0
   - b) School Nursing ☐ -1
4. Institutions for Mental Defectives or Epileptics ☐ -2
5. Community Health Services (not elsewhere classified)
   - a) Governmental ☐ -3
   - b) Voluntary ☐ -4
6. Other Health Services ☐ -5

c. RECREATION, INFORMAL EDUCATION AND GROUP WORK SERVICES

1. Community-wide Building Centered Programs ☐ -6
2. Neighborhood Building Centered Programs ☐ -7
3. Neighborhood Non-Building Centered Programs — CHECK IF YES
   - a) Local Groups Organized under National Programs ☐ -8
   - b) Other Neighborhood Non-Building Centered Programs ☐ -9
4. Playgrounds and General Recreation Programs ☐ 10-Y
5. Resident Camps ☐ -X
6. Other Recreation Services ☐ -0

d. CENTRAL PLANNING, FINANCING AND COMMON SERVICES

1. Planning ☐ -1
2. Financing
   - a) Community Chest ☐ -2
   - b) Sectarian Federation ☐ -3
3. Common Services
   - a) Social Service Exchange ☐ -4
   - b) Information and Referral Centers ☐ -5
   - c) Other ☐ -6

5. **AUSPICES**

Voluntary Non-Chest ☐ 11-1

Chest Agency ☐ -2

6. **DO YOU HAVE A BOARD?** ☐

If Yes:

a. Governing Board ☐ 12-1
(Determines agency policy, budget and program, has power to employ and discharge executive and has control of funds and property.)

b. Advisory Board ☐ -2
(Advises on agency policy, program and budget but does not have final authority over these matters or power to employ and discharge executive.)

c. Other ☐ -3
(describe responsibilities) _____

7. **HOW ARE BOARD MEMBERS SELECTED?**

a. Elected by Board ☐ 13

b. Elected by Membership ☐

If Yes:

(1) At membership meeting ☐ 14-1

(2) By mail ☐ -2

(3) Nominating committee prepares slate ☐ -3

(4) Additional nominations are permitted ☐ -4

c. Other method of selection ☐ -5
(describe) _____

NOTE: A separate report should be filled in for each board if more than one.

8. IF NOMINATING COMMITTEE PREPARES SLATE — CHECK IF YES

a. How is nominating committee selected?

(1) Appointed by Board ..... ☐ 15-1

(2) Elected by Membership ..... ☐ -2

(3) Other ..... ☐ -3

(describe method) _____

b. Is more than one candidate proposed for each position ..... ☐ -4

c. Is there any provision that a majority of the nominating committee consist of persons other than present board members ..... ☐ -5

9. IF BOARD MEMBERS ARE ELECTED BY THE MEMBERSHIP, HOW IS THE MEMBERSHIP SELECTED?

a. Payment of membership dues ..... ☐ 16-1

b. Appointed by board ..... ☐ -2

c. Other ..... ☐ -3

(describe method) _____

10. NUMBER OF BOARD MEETINGS DURING LAST 12 MONTHS _____ 17

a. Is there a legal provision as to the minimum number of board meetings during a year ..... ☐ 18

If yes, how many meetings are required _____

11. FOR WHAT TERM OF OFFICE ARE BOARD MEMBERS SELECTED? _____ 19
NUMBER OF YEARS

12. NUMBER OF YEARS THE PRESENT BOARD MEMBERS HAVE SERVED CONTINUOUSLY ON THE BOARD 20-31

YEARS	NUMBER OF BOARD MEMBERS
Less than 3	_____
3 through 5	_____
6 through 8	_____
9 through 11	_____
12 through 14	_____
15 or more	_____
Total (same as 15)	_____

13. IS THERE ANY LIMITATION ON THE NUMBER OF SUCCESSIVE TERMS BOARD MEMBERS MAY SERVE? .... ☐ 32

If yes, how many terms _____

14. WHAT WAS THE AVERAGE NUMBER OF BOARD MEMBERS ATTENDING MEETINGS OF THE BOARD DURING THE LAST 12 MONTHS? _____ 33-34

a. How many board members did not attend any of these meetings? _____ 35-36

15. NUMBER OF PERSONS ON BOARD OF DIRECTORS _____ 37-38

a. Sex: Male _____ Female _____ 39-42

b. Race: White _____ Non-White _____ 43-46

c. Religion: Catholic ____ Jewish ____ Protestant ____ 47-52

d. Are there any qualifications such as sex or occupation for selection on the board? ..... ☐ 53

If yes, describe _____

16. ESTIMATED AGE OF BOARD MEMBERS

YEARS OF AGE	NUMBER OF BOARD MEMBERS
Under 30 years of age	_____
30 through 44 years	_____
45 through 59 years	_____
60 years and over	_____
Total (same as 15)	_____

17. OCCUPATION OF BOARD MEMBERS (ENTER NUMBER OF BOARD MEMBERS INCLUDED IN EACH CLASSIFICATION). 7-36

a. Employees of voluntary health and welfare agencies ..... _____

b. Employees of governmental health and welfare agencies ..... _____

c. Public officials other than those reportable in b. ..... _____

d. Other professional (total) ..... _____

1. Physicians & dentists . _____
2. Educators ..... _____
3. Attorneys ..... _____
4. Clergymen ..... _____
5. Other ..... _____

e. Employers and executives (not included elsewhere) ..... _____

f. Technicians, junior executives and supervisory employees (not included above) ..... _____

g. Other salaried workers ..... _____

h. Wage earning employees, except representatives of organized labor ..... _____

i. Representatives of organized labor ..... _____

j. Housewives (not employed outside home) ..... _____

k. Other (specify) _____ _____

TOTAL (same as 15) ..... _____

18. OCCUPATIONS OF HUSBANDS OF HOUSEWIVES REPORTED IN ITEM 17j. 37-64

a. Employees of voluntary health and welfare agencies ..... _____

b. Employees of governmental health and welfare agencies ..... _____

c. Public officials other than those reportable in b. ..... _____

d. Other professional (total) ..... _____

1. Physicians & dentists . _____
2. Educators ..... _____
3. Attorneys ..... _____
4. Clergymen ..... _____
5. Other ..... _____

e. Employers and executives (not included elsewhere) ..... _____

f. Technicians, junior executives and supervisory employees (not included above) ..... _____

g. Other salaried workers ..... _____

h. Wage earning employees, except representatives of organized labor ..... _____

i. Representatives of organized labor ..... _____

j. Other, including widows, (specify) _____ _____

TOTAL (same as 17j) ..... _____

Form B-1952

BOARD MEMBERSHIP STUDY - Local Public Agencies

1. Name of public agency _____ 1-3

2. Street address _____ City and State _____ 4-6

3. Name of person filling in report _____ Title _____

4. **PROGRAMS ADMINISTERED AND/OR TYPES OF SERVICES PROVIDED** 7-10

a. ECONOMIC ASSISTANCE AND SOCIAL ADJUSTMENT SERVICES — CHECK IF YES

1. Public Assistance Services
   - a) General Assistance ☐ 7-Y
   - b) Aid to Dependent Children ☐ -X
   - c) Old Age Assistance ☐ -0
   - d) Aid to the Blind ☐ -1
   - e) Aid to the Permanently & Totally Disabled ☐ -2
2. Institutional Care of Adults
   - a) Shelters for Transients and Homeless ☐ -3
   - b) Institutions for Domiciliary Care of Adults ☐ -4
3. Family Services Primarily Social Adjustment
   - a) Family Service ☐ -5
   - b) Social Service to Travelers ☐ -6
   - c) Medical Social Service ☐ -7
   - d) Domestic Relations Service ☐ -8
4. Specialized Services for Children
   - a) Protective and Foster Home Care ☐ -9
   - b) Institutions for Dependent Children ☐ 8-Y
   - c) Day Nurseries ☐ -X
   - d) Special Services for Children with Behavior Problems ☐ -0
   - e) Institutions for Delinquent Children ☐ -1
5. Specialized Services for the Handicapped ☐ -2
6. Maternity Home Care ☐ -3
7. Other Assistance or Social Adjustment Services ☐ -4

b. HEALTH SERVICES

1. Hospital In-Patient Care
   - a) General and Allied Special ☐ -5
   - b) Chronic ☐ -6
   - c) Tuberculosis ☐ -7
   - d) Mental ☐ -8
2. Clinic and Out-Patient Care
   - a) General Clinic Service ☐ -9
   - b) Mental Health Clinics ☐ 9-Y
   - c) School Medical and Dental Service ☐ -X
3. Nursing Services
   - a) Public Health Nursing (exclusive of schools) ☐ -0
   - b) School Nursing ☐ -1
4. Institutions for Mental Defectives or Epileptics ☐ -2
5. Community Health Services (not elsewhere classified)
   - a) Governmental ☐ -3
   - b) Voluntary ☐ -4
6. Other Health Services ☐ -5

c. RECREATION, INFORMAL EDUCATION AND GROUP WORK SERVICES

1. Community-wide Building Centered Programs ☐ -6
2. Neighborhood Building Centered Programs ☐ -7
3. Neighborhood Non-Building Centered Programs — CHECK IF YES
   - a) Local Groups Organized under National Programs ☐ -8
   - b) Other Neighborhood Non-Building Centered Programs ☐ -9
4. Playgrounds and General Recreation Programs ☐ 10-Y
5. Resident Camps ☐ -X
6. Other Recreation Services ☐ -0

d. CENTRAL PLANNING, FINANCING AND COMMON SERVICES

1. Planning ☐ -1
2. Financing
   - a) Community Chest ☐ -2
   - b) Sectarian Federation ☐ -3
3. Common Services
   - a) Social Service Exchange ☐ -4
   - b) Information and Referral Centers ☐ -5
   - c) Other ☐ -6

5. **IS A BOARD CREATED BY STATE LAW OR LOCAL ORDINANCE** ☐ 11

If yes, does the law or ordinance establish the board as:

- a. Administrative ☐ 12-1
- b. Policy making ☐ -2
- c. Advisory ☐ -3
- d. Other (specify) _____ ☐ -4

6. **SPECIFY ACTIVITIES OF BOARD** 13-14

ACTIVITIES	CHECK ACTIVITIES THAT IN PRACTICE THE BOARD RETAINS FOR ITSELF I	CHECK ACTIVITIES THAT IN PRACTICE THE BOARD DELEGATES TO THE LOCAL DIRECTOR II	
a. Approval of policy			-1
b. Decisions on case situations			-2
c. Personnel actions (selection, appointment, dismissal and compensation)			-3
d. Preparation & presentation to local governing body of budget request			-4
e. Interpretation of programs			-5
f. Other activities (specify)			-6

If same activity is reported in Columns I and II, explain: _____

7. APPOINTMENT OF BOARD MEMBERS — CHECK IF YES

a. Appointed by mayor ..... ☐ 15-1

b. Appointed by a State agency ..... ☐ -2

c. Appointed by the local governing body ..... ☐ -3

d. Local governing body serves ex-officio ..... ☐ -4

e. Appointed by other public officials ..... ☐ -5

(1) If yes, specify title of person making appointments _____

_____

f. Other method of appointment (describe) _____ ☐ -6

_____

_____

_____

_____

8. NUMBER OF BOARD MEETINGS DURING LAST 12 MONTHS _____ 16-18

a. Is there a legal provision as to the minimum number of board meetings during a year? ..... ☐

If yes, how many meetings are required? _____

9. APPOINTMENT OF BOARD MEMBERS

a. For what term of office are board members appointed? _____ 19-20
NUMBER OF YEARS

b. Are board members appointed for overlapping terms? ..... ☐ 21

c. Are there provisions for the removal of board members? ..... ☐ 22

If yes, what are the conditions under which a member can be removed?

_____

_____

_____

_____

10. NUMBER OF YEARS THE PRESENT BOARD MEMBERS HAVE SERVED CONTINUOUSLY ON THE BOARD 23-34

YEARS	NUMBER OF BOARD MEMBERS
Less than 3	_____
3 through 5	_____
6 through 8	_____
9 through 11	_____
12 through 14	_____
15 or more	_____
Total (same as 13)	_____

11. IS THERE ANY LIMITATION ON THE NUMBER OF SUCCESSIVE TERMS BOARD MEMBERS MAY SERVE? ..... ☐ 35

If yes, how many terms _____

12. WHAT WAS THE AVERAGE NUMBER OF BOARD MEMBERS ATTENDING MEETINGS OF THE BOARD DURING THE LAST 12 MONTHS? _____ 36-37

a. How many board members did not attend any of these meetings? _____ 38-39

13. NUMBER OF PERSONS ON BOARD _____ 40-41

a. Sex: Male _____ Female _____ 42-45

b. Are there any qualifications such as sex, occupation, or residence for appointment to the Board? ..... ☐ 46

If yes, describe _____

_____

_____

_____

_____

_____

_____

14. ESTIMATED AGE OF BOARD MEMBERS 47-54

YEARS OF AGE	NUMBER OF BOARD MEMBERS
Under 30 years of age	_____
30 through 44 years	_____
45 through 59 years	_____
60 years and over	_____
Total (same as 13)	_____

15. OCCUPATION OF BOARD MEMBERS (ENTER NUMBER OF BOARD MEMBERS INCLUDED IN EACH CLASSIFICATION) .. 7-36

a. Employees of voluntary health and welfare agencies ..... _____

b. Employees of governmental health and welfare agencies ..... _____

c. Public officials other than those reportable in b. ..... _____

d. Other professional (total) ..... _____

1. Physicians & dentists . _____
2. Educators ..... _____
3. Attorneys ..... _____
4. Clergymen ..... _____
5. Other ..... _____

e. Employers and executives (not included elsewhere) ..... _____

f. Technicians, junior executives and supervisory employees (not included above) ..... _____

g. Other salaried workers ..... _____

h. Wage earning employees, except representatives of organized labor ..... _____

i. Representatives of organized labor ..... _____

j. Housewives (not employed outside home) ..... _____

k. Other (specify) _____ _____

_____ _____

TOTAL (same as 13) ..... _____

16. OCCUPATIONS OF HUSBANDS OF HOUSEWIVES REPORTED IN ITEM 15j. 37-64

a. Employees of voluntary health and welfare agencies ..... _____

b. Employees of governmental health and welfare agencies ..... _____

c. Public officials other than those reportable in b. ..... _____

d. Other professional (total) ..... _____

1. Physicians & dentists . _____
2. Educators ..... _____
3. Attorneys ..... _____
4. Clergymen ..... _____
5. Other ..... _____

e. Employers and executives (not included elsewhere) ..... _____

f. Technicians, junior executives and supervisory employees (not included above) ..... _____

g. Other salaried workers ..... _____

h. Wage earning employees, except representatives of organized labor ..... _____

i. Representatives of organized labor ..... _____

j. Other, including widows, (specify) _____ _____

_____ _____

TOTAL (same as 15j) ..... _____