

# Perceptions of the Service Delivery System

This chapter examines the perceptions of household survey respondents, focus group participants, and service providers about the capabilities of the Delaware social and economic service delivery system. Included are analyses of responses about sources of help, barriers to services, the match between supply and demand of services, and issues in service delivery such as staffing and collaboration.

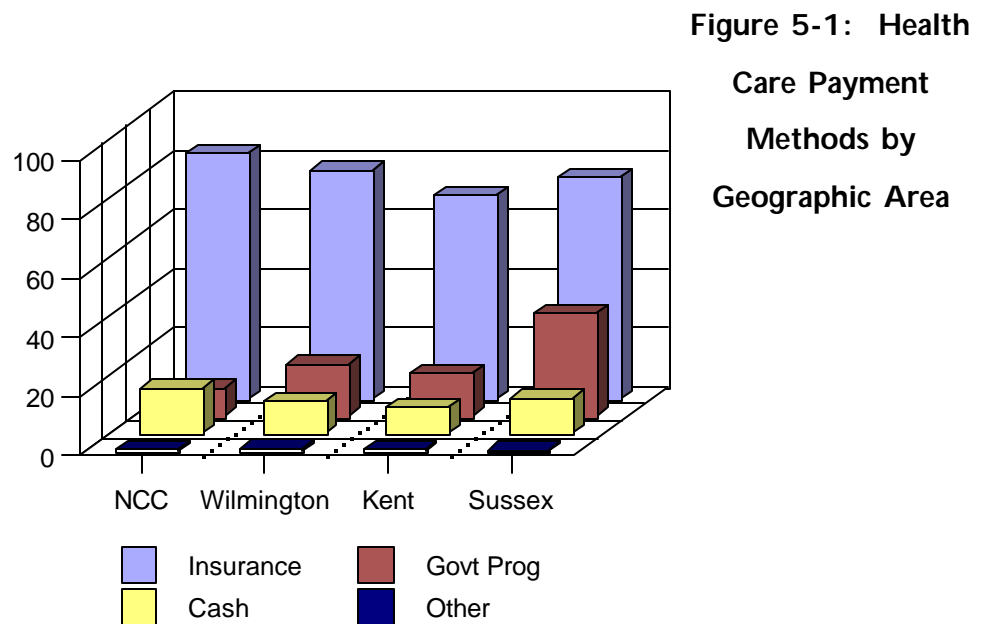
## **Sources of Health Care and Method of Payment**

The Household Survey included questions about where the respondent went when he or she had a health problem and how they paid for the service. Respondents were asked whether they went to a private doctor, a hospital emergency room, a health maintenance organization (HMO), or a community clinic when they had a health problem and whether they paid for the service by cash, check, credit card, private insurance, or government program.

There is some variation in sources of health care among respondents in the four geographic areas. The overwhelming majority of respondents in suburban New Castle County (92.1%), Wilmington (88.1%), Kent County (89.7%), and Sussex County (89.3%) go to a private doctor when they have a health problem. Suburban New Castle County respondents are much less likely to go to a hospital emergency room (99.7%) or a public health clinic (99.7%). These differences are statistically significant at the .004 and .015 level. Wilmington respondents are also less likely to go to a public health clinic (96.3%). This difference is significant at the .014 level.

Similarly, 90.7 percent of respondents in the statewide weighted sample go to a private doctor when they have a health problem. Respondents age 18-59 are more likely to use a private doctor (70.9%) or a health maintenance organization (89.3%). These differences are statistically significant at the .005 and .071 level. Married respondents are more likely to use a private doctor as their source of health care. This difference is significant at the .024 level. Respondents with incomes over \$75,000 are much more likely to get medical care from a private doctor (98.7%). This difference is significant at the .005 level.

As shown in Figure 5-1, suburban New Castle County and Kent County respondents are more likely to use private health insurance as their method of payment for health care, 83.3 and 69.3 percent respectively. These differences are statistically significant at the .001 level. Suburban New Castle County respondents are much less likely to pay for health care with cash (84.3%). This difference is significant at the .031 level. Suburban New Castle County, Wilmington, and Sussex County respondents are less likely to rely on a government program to pay for health care, 90.3 percent, 82.3 percent, and 64.9 percent respectively. These differences are significant at the .000, .051, and .000 level.



Similarly, the majority of respondents (78.9%) in the statewide weighted sample use private insurance to pay for health care, while about one in five (18%) rely on a government program, and 13.5 percent use cash. Female respondents are more likely than male respondents to rely on a government program, 71.7 percent versus 28.3 percent. This difference is statistically significant at the .030 level. Younger respondents (age 18-59) are more likely to use private health insurance to pay for health care (77.5%). This difference is significant at the .000 level. Older respondents (age 60 and over) are more likely to rely on a government program to pay for health care (64.6%). This difference is significant at the .000 level. Married respondents are more likely to use private health insurance to pay for health care (88.3%). This difference is significant at the .000 level. Never married respondents are more likely to use cash to pay for health care (86.4%).

This difference is significant at the .050 level. Widowed respondents are more likely to use government programs to pay for health care (45.9%). This difference is significant at the .000 level. Respondents with incomes between \$50,000 to \$74,999 and over \$75,000 are much more likely to use private health insurance to pay for health care, 92.9 percent and 96.2 percent respectively. These differences are significant at the .000 level. Respondents with incomes between \$35,000-\$49,999, \$50,000-\$74,999 and over \$75,000 are much less likely to rely on a government program to pay for health care, 91.5 percent, 94.9 percent, and 98.7 percent respectively. These differences are significant at the .008, .000, and .000 level.

#### **Sources of Help for Non-Health Problems**

Household survey respondents were asked from where they sought help for problems other than health care. Did they seek help from:

- a family member
- a neighbor
- a friend
- the church
- a public agency
- a State Service Center
- another private or nonprofit social service agency or community center
- the employee assistance program at their job
- a private counselor or therapist

As shown in Table 5-1, there is a good deal of geographic variation in sources of help reported by respondents. Percentages are bolded when the chi-square value is 0.05 or less (a confidence interval of 95 percent). Although the majority of respondents in suburban New Castle County (78.6%), Wilmington (76.6%), and Sussex County (69.7%) turn to a family member for non-health related problems, only about a quarter of respondents from Kent County (27.5%) do so. With the exception of Sussex County, where about a third (36.3%) of the respondents turn to a neighbor for non-health related problems, very few respondents from the three other areas turn to neighbors. Sussex County respondents (66.3%) are much more likely to turn to a friend than respondents from suburban New Castle County (37.6%), Kent County (28.7%), or Wilmington (27.1%). Sussex County respondents (36.3%) are also much more likely to turn to the church for assistance than their counterparts in Kent County (25.3%), Wilmington (20.6%), or suburban New Castle County (19.7%). Kent County respondents (0.8%) are much less likely to turn to a public agency than other respondents. Respondents from Sussex County are less likely to seek assistance from an employee assistance program (0%) or private counselor/therapist (3%).

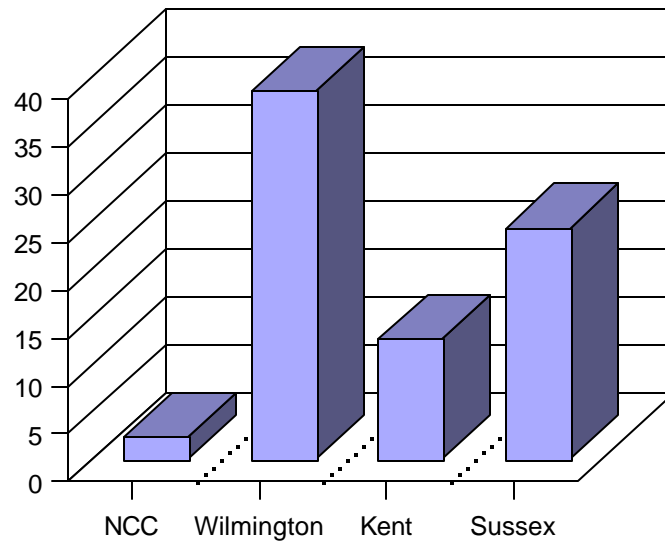


- Lack of knowledge about available services
- Lack of knowledge of how to locate services
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<sup>1</sup> Too much “red tape” is defined as requiring too much paperwork or documentation and repeated agency contacts.

**Figure 5-2: Difficulty in Getting Help by Geographic Area**



The most significant difficulty for Kent County (100%), Wilmington (90%), suburban New Castle County (85.7%), and Sussex County (57.1%) respondents who report difficulties is their perception that there is too much “red tape” involved in getting help. As shown in Table 5-2, a large proportion of Wilmington respondents who report difficulties say that lack of money or insurance (60%) and agency staff unpleasantness (60%) are reasons for difficulty in getting help. One-half (50% each) of Kent County respondents reporting difficulties and slightly more than a quarter of suburban New Castle County (28.6% each) and Sussex County (28.6% each) respondents who report difficulties share these problems.

However, other reasons for difficulty in getting help vary by geographic location. Fifty percent of Kent County respondents reporting difficulties say that services are too far away, they don’t believe that services will help, and that transportation is a difficulty in getting help. With the exception of Sussex County, where more than a half of the respondents (57.1%) reporting difficulties don’t think services will help, many fewer respondents in the other locations share these difficulties. None of these differences are statistically significant.

**Table 5-2: Reason for Difficulty in Getting Help by Geographic Area**

No Insurance or Money	28.6	60.0	50.0	50.0 28.6

50.0

percent (7.7%) served between 500 and 999 clients in 1998. Service provider types include: basic needs (34.8%), housing (34.0%), family services (39.7%), employment services (18.4%), education (24.8%), prevention services (25.5%), information and referral (29.8%), health care (22.7%), mental health (17.0%), day care (21.3%), youth (17.7%), substance abuse (8.5%), recreation/culture (20.6%), transportation (17.0%), legal services (9.2%), and other (19.9%). Table 5-3 shows the average number of clients served in a typical month reported by each provider type.

**Table 5-3: Average Number of Clients Per Month Reported by Provider Type**

Basic Needs	682
Housing	273
Family Services	1,155
Employment Services	224
Education	1,120
Prevention Services	3,619
Information & Referral	1,282
Health Care	1,507
Mental Health	358
Day Care	575
Youth	2,363
Substance Abuse	507
Recreation/Culture	2,117
Transportation	850
Legal Services	209
Other	1,058

Source: 1999 Community Needs Assessment Service Provider Survey.

About four-fifths (79.4%) of the responding agencies provided financial information about their agency. The average operating budget of respondent agencies in 1998 was \$2.7 million with a median budget of \$628,379. Table 5-4 shows the average percentages that different revenue sources contribute to their operating budgets.

Responding agencies most often described their service areas as New Castle County, including Wilmington (41.1%), the entire state of Delaware (34.0%), the City of Wilmington (14.9%), Sussex County, including Georgetown (11.3%), Kent County, including Dover (10.6%), and Kent and Sussex counties (7.1%).<sup>2</sup>

**Table 5-4: Mean Percentages Contributed by Revenue Sources to Service Provider Operating Budgets, 1998**

Government*	6.7%
Federal government	9.6%
State government	22.2%
County government	1.3%
Local government	1.6%
Foundations/Corporations	9.9%
Individual donations	8.2%
Fund raisers	6.9%
Earned Income*	3.2%
Interest	1.6%
Fees	7.4%
Dues	1.4%
United Way	4.8%
Other	15.2%

Source: 1999 Community Needs Assessment Service Providers Survey.

\* Not differentiated by level of government or type of earned income.

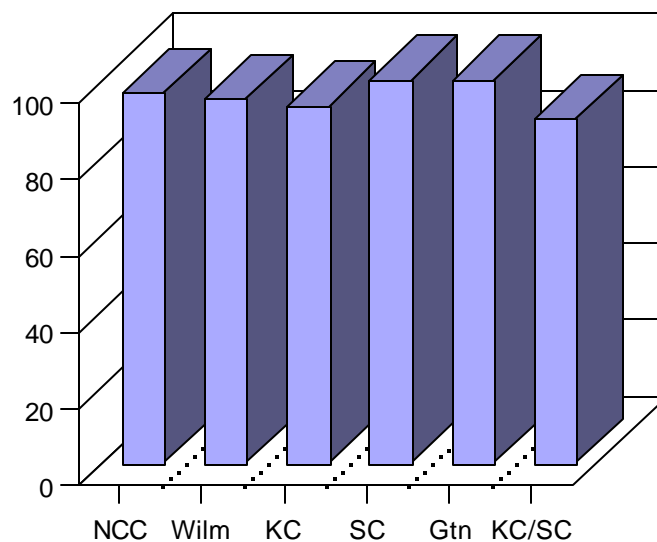
Service providers were asked about the factors that they think most seriously affect people receiving the help that they need from a service provider. In contrast to the household survey respondents, only a third of whom identified service barriers, nearly all of the service providers (94.3%) identify at least one barrier. On average, service providers identify four barriers facing clients (from a list of 16 possible barriers). There are indications of differences in the number and types of barriers identified among subgroups of service providers but the small size of the

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<sup>2</sup> Totals for provider type and service area are equal to more than 100% due to agencies providing more than one service and choosing more than one service area category.

provider respondent group (141) adds to the difficulty of identifying such differences. In contrast to the household survey, where a stratified sampling frame based on four geographic areas (suburban New Castle County, City of Wilmington, Kent County Sussex County) was employed, here service area distinctions made by respondents are the means to discover geographic variation among service providers. As shown in Figure 5-3, there is relatively little geographic variation in reporting service barriers among service provider respondents, except those with out of state clients (81.8%).

**Figure 5-3: Service Barriers by Service Area**



Wilmington and Georgetown service providers are more likely to report a higher number of service barriers faced by their clients, averaging 4.8 and 6.7 percent respectively. These relationships are statistically significant at the .009 and .004 level. Providers with out of state clients are more likely to report a lower number of service barriers, averaging 1.9. This relationship is significant at the .016 level. Provider respondents with out of state clients (45.4%) are more likely to report that lack of knowledge about availability of services is a barrier for their clients. This relationship is significant at the .007 level. About two-thirds (63.6%) of the provider respondents with clients from a number of small towns (Bridgeville, Laurel, Delmar, Seaford, Milford, Middletown, Newark, and Claymont) are more likely to indicate that dislike of turning to outsiders for help is a barrier for their clients. This relationship is significant at the .022 level. This perceived barrier is also reported by nearly half (47.6%) of the service providers with clients from the City of Wilmington. This relationship is significant at the .077 level. About two-fifths (38.1%) of service providers with clients from the City of Wilmington also report that the belief that services will not help is a barrier for their clients. This relationship is significant at the .009 level. Two-fifths (40.0%) of providers with

clients from Kent County state that lack of child care is a barrier for their clients. This relationship is significant at the .068 level. Providers with out of state clients (100%) are least likely to report language and cultural barriers. This relationship is significant at the .088 level. More than two-fifths (45.5%) of the providers with clients from a number of small towns (Bridgeville, Laurel, Delmar, Seaford, Milford, Middletown, Newark, and Claymont) are more likely to indicate that new problems for which there are no services is a barrier for their clients. This relationship is significant at the .00 level.

The most frequently cited barriers (see Table 5-5) by all service providers are:

- lack of knowledge about availability of services (80.9%);
- lack of transportation (60.3%);
- lack of knowledge about how to locate services (55.3%);
- dislike of going to outsiders for help (29.1%); and
- language and cultural barriers (26.2%).

**Table 5-5: Most Frequently Cited Service Barriers by Service Providers**

1	Lack of knowledge about availability of services	80.9
2	Lack of transportation	60.3
3	Lack of knowledge about how to locate services	55.3
4	Dislike of going to outsiders for help	29.1
5	Language/cultural barriers	26.2
6	Dislike of anyone knowing about the problem	23.4
7	Inability to pay	21.3
8	Lack of child care	19.1
9	Belief that services would not help	16.3
10	Lack of awareness of problems in the household	16.3
11	Access problem due to service hours	14.2
12	Access problem due to physical handicap	10.6

13	New client or problem/ no services available	9.2
14	Dislike of services offered	7.1
15	Perception of agency staff unpleasantness	2.8

Source: 1999 Community Needs Assessment Service Provider Survey, N = 141.

Service providers were also asked about what they considered to be the single most important barrier. As shown in Table 5-6, lack of knowledge about the availability of services is considered the most important of the barriers (45.9%) by a considerable margin. This barrier is also the one most frequently cited by service providers. In general, the barriers that service providers feel are most important are also the ones that are most frequently cited. Providers serving between 500 and 999 clients are more likely to indicate that dislike of anyone knowing about the problem (50.0%) and dislike of going to outsiders for help (60.0%) are barriers for their clients. These relationships are significant at the .036 and .049 level.

**Table 5-6: Most Important Service Barriers**

1	Lack of knowledge about availability of services	45.9
2	Lack of transportation	11.5
3	Inability to pay fees	8.2
4	Lack of knowledge about how to locate services	6.6
5	Dislike of anyone knowing of the problem	4.9
6	Lack of household awareness of problem	4.9
7	Dislike of going to outsiders for help	3.3
8	Dislike of services offered	3.3

Source: 1999 Community Needs Assessment Service Provider Survey, N

Respondents providing certain types of services are more likely to indicate certain service barriers for their clients:

**Lack of awareness of problems in the household:** Substance abuse services (41.7%), recreation/cultural services (34.5%), youth services (36.0%),

employment services (34.6%), education services (31.4%), information and referral (31.0%), prevention services (27.8%), and family services (26.8%) providers are more likely to cite this barrier. These relationships are statistically significant at the .038, .007, .008, .012, .011, .005, .058, and .012 level.

**Belief that service would not help:** Employment services (34.6%), information and referral services (31.0%), housing services (25.0%), and family services (25.0%) providers are more likely to cite this barrier. These relationships are significant at the .012, .005, .077, and .042 level.

**Lack of transportation:** Employment services (84.6%), basic needs (77.6%), and family services (75.0%) providers are more likely to cite this barrier. These relationships are significant at the .010, .004, and .006 level.

**Lack of child care:** Substance abuse services (50.0%), employment services (42.3%), and youth services (36.0%) providers are more likely to cite this barrier. These relationships are significant at the .014, .002, and .037 level.

**Dislike of anyone knowing about the problem:** Substance abuse services (50.0%), mental health services (45.8%), and family services (33.9%) providers are more likely to cite this barrier. These relationships are significant at the .055, .010, and .028 level.

**Dislike of going to outsiders for help:** Recreation/cultural services (48.3%), information and referral services (47.6%), and family services (46.4%) providers are more likely to cite this barrier. These relationships are significant at the .020, .003, and .000 level.

**Dislike of services offered:** Recreation/cultural services (17.2%) and family services (16.1%) providers are more likely to cite this barrier. These relationships are significant at the .047 and .002 level.

**Inability to pay fees:** Day care services providers (36.7%) are more likely to cite this barrier. This relationship is significant at the .038 level.

**Access problems due to physical handicap:** Employment services providers (23.1%) are more likely to cite this barrier. This relationship is significant at the .054 level.

**Access problems due to service hours:** Information and referral services providers (26.2%) are more likely to cite this barrier. This relationship is significant at the .017 level.

**Language/cultural barriers:** Education services providers (40.0%) are more likely to cite this barrier. This relationship is significant at the .056 level.

Service providers with different types of clients are also more likely to indicate that their clients experience different service barriers:

**Lack of knowledge about availability of services:** Providers with pregnant teens comprising 0-50 percent of their clients (85.4%) are more likely to cite this barrier. This relationship is significant at the .074 level.

**Dislike of anyone knowing about the problem:** Providers with pregnant teens comprising 0-50 percent of their clients (33.3%) are more likely to cite this barrier. This relationship is significant at the .035 level.

**Dislike of going to outsiders for help:** Providers with elderly clients comprising 51-100 percent of their clients (65%) are more likely to cite this barrier. This relationship is significant at the .001 level.

**Belief that services would not help:** Providers with ABC/welfare-to-work clients comprising 51-100 percent of their clients (57.1%) and with clients involved with the criminal justice system comprising 0-50 percent of their clients (26.3%) are more likely to cite this barrier. These relationships are significant at the .033 and .050 level.

**Inability to pay fees:** Providers with clients involved with the criminal justice system comprising 0-50 percent of their clients (100%) and with single parent clients comprising 51-100 percent of their clients (15.4%) are more likely to cite this barrier. These relationships are significant at the .053 and .054 level.

**Lack of child care:** Providers with pregnant teens comprising 0-50 percent of their clients (27.1%) and with elderly clients comprising 0-50 percent of their clients (28.1%) are more likely to cite this barrier. These relationships are significant at the .052 and .011 level.

**Lack of awareness of the problem in household:** Providers with pregnant teens comprising 0-50% of their clients (25%) are more likely to cite this barrier. This relationship is significant at the .047 level.

#### **Focus Group Participants**

Focus group participants were asked "For the three most serious problems we've just talked about, are programs and services accessible to the community?" and "Sometimes people face barriers that interfere with their use of services. Are there barriers which face people in your community?" Service delivery problems and

lack of access to services were identified as the major barriers to clients in all four focus groups.

In New Castle County, the most significant barriers to clients were: the lack of awareness of services, service coordination, and conflicting and confusing information. Government regulations change frequently, making it more difficult for people to obtain services. Knowledge of programs and information about programs is confusing for clients and service providers. A good example of this is the lack of knowledge about Division of Social Service's program for non-cash benefits to teen mothers. Several new or increasing groups of clients, such as the elderly and non-English speaking Hispanics, were singled out as needing new services, in particular, community and home based care and English as a Second Language instruction. Also health care and social service providers are not able to meet the diverse needs of Hispanics and African Americans. Participants acknowledge that the capacity and leadership of nonprofit organizations can also result in barriers for clients. They also noted that nonprofit organizations are

**Supply and Demand for Services**

Service providers were asked to consider what the needs in their geographic area are and the capacity of agencies there to supply services to meet those needs. Each service provider was asked to rate the match between supply and demand for the services offered by their agency using the following five-point scale:

- 1 = Service is substantially underused
- 2 = Service is somewhat underused
- 3 = Need for service is well-matched with supply
- 4 = Need for service is somewhat greater than supply
- 5 = Need for service is substantially greater than supply.

As a result, a relatively small number of services is rated by each service provider. Taken together with the small overall number of service providers responding to the survey (141), this results in a very small number of observations for each service, therefore limiting the analysis.

It is possible, however, to draw several conclusions about the responses of service providers on supply and demand for services. As shown in Table 5-7, the perceptions vary by provider type. Legal services and housing services providers express the strongest opinions about service-need mismatches, with fully three quarters (76.9% and 76.1% respectively) stating that need is somewhat or substantially greater than supply in this area. Between two-fifths and three-fifths of a number of provider types see the need for services that they provide as somewhat or substantially greater than the supply, including the areas of family services (40.7%), education (42.4%), mental health (43.8%), employment services (45.8%), youth services (45.8%), health care (46.7%), basic needs (50%), substance abuse (50%), day care (51.8%), and transportation (58.3%). However, these differences are not statistically significant.

**Table 5-7: Responses on Supply and Demand for Services by Service Provider Type**

Basic needs	27.1%	22.9%
Housing	30.4%	45.7%
Family services	29.6%	11.1%
Employment services	25.0%	20.8%
Education	9.1%	33.3%
Prevention services	11.8%	17.6%
Information & referral	20.0%	15.0%
Health care	36.7%	10.0%
Mental health	34.8%	8.7%
Day care	22.2%	29.6%
Youth	25.0%	20.8%
Substance abuse	16.7%	33.3%
Recreation/culture	14.3%	14.3%
Transportation	33.3%	25.0%
Legal services	23.1%	53.8%

Source: 1999 Community Needs Assessment, Service Provider Survey.

### **Service Delivery Concerns**

Service providers were asked to identify specific issues that they thought most seriously affect service delivery. They were asked to comment in the following areas of concern: 1) regulations and requirements, 2) financial planning and management, 3) staffing, 4) facilities and equipment, 5) collaboration and coordination, 6) strategic planning and performance measurement, and 7) information technology. Within each major area, respondents were asked to identify their most important service delivery concern.

There are some significant geographic differences among providers in reporting service delivery concerns. Provider respondents with clients from Kent County, including Dover (56.3%) are more likely to identify service delivery concerns with regard to regulations and requirements. This relationship is statistically significant at the .047 level. New Castle County provider respondents (56.1%) are more likely to identify coordination and collaboration service delivery concerns. This relationship is significant at the .038 level. Provider respondents

with clients from the entire state (58.1%) as well as those drawing from their immediate neighborhood or community (48.8%) are more likely to report information technology service delivery concerns. These relationships are significant at the .057 and .047 level.

Overall, the overwhelming majority of provider respondents (87.2%) report service delivery concerns. Nearly two-thirds of the provider respondents cited coordination and collaboration (63.8%) as an important service delivery concern. More than one-half report service delivery concerns about regulations and requirements (59.6%), financial planning and management (57.4%), staffing (53.9%), and information technology (51.8%). Smaller, but still substantial, proportions see facilities and equipment (48.9%) and strategic planning and performance measurement (37.6%) as service delivery concerns.

Table 5-8 compares the percentage of respondents that identify a given service delivery issue with the percentage that identify the issue as most important. Service providers are in general agreement about the relative prominence of specific issues in the area of regulation and requirements, citing differences in funding source eligibility requirements most frequently (33.3%) and ranking it the most important issue in this area (31.4%). In the area of financial planning and management, service providers are in agreement about the overriding problem; insufficient or restrictive funding. This issue was cited most frequently by nearly half of the respondents (48.9%) and as most important by more than half (53.0%) of the group. In the staffing area, inadequate staff for workload was cited most frequently (44.7%), while low or inadequate salaries was ranked most important (33.3%). However, low or inadequate salaries was cited by 41.1% of the respondents. In the area of facilities and equipment, service providers are in agreement that lack of space is the leading concern, cited most frequently and ranked as most important by about a third of the respondents (32.6% and 31.8% respectively). When questioned about coordination and collaboration, lack of information sharing was rated most important by the largest proportion (25.0%) of the group, while service gaps were cited most frequently at about a third (31.9%). However, lack of information sharing was the second most frequently cited issue in this area (cited by 27.0%). Service providers are in agreement about the critical issue of strategic planning and performance measurement; lack of means to collect performance or outcomes data is cited most frequently (25.5%) and ranked most important (34.8%). Lack of staff expertise is seen as the most important issue in information technology and cited most frequently (27.8% and 29.8% respectively).

**Table 5-8: Most Frequently Cited and Most Important Service Delivery Concerns of Service Providers**

Different funding source eligibility requirements.	33.3%	31.4%
Excessive reporting requirements	25.5%	31.4%
Conflicting reporting requirements	14.2%	3.9%
Confidentiality requirements	9.2%	2.0%
Licensing requirements	9.9%	
Client eligibility requirements	27.7%	15.7%
Lack of timely reimbursement	21.3%	
Different funding cycles	18.4%	3.0%
Lack of data for planning	14.2%	4.5%
Lack of fund raising expertise	20.6%	15.2%
Complexity of budgeting/accounting	15.6%	15.2%
Lack of computer system	9.9%	3.0%
Insufficient or restrictive funding	48.9%	53.0%
Lack of qualified/experienced staff	29.8%	10.3%
High staff turnover	24.1%	5.1%
Lack of training funds for staff	29.8%	3.8%
Inadequate supervision/management of staff	7.1%	
Volunteer recruitment/training	27.0%	14.1%
Low or inadequate salaries	41.1%	33.3%
Inadequate staff for workload	44.7%	26.9%
Need for executive respite/retreat	10.6%	1.3%
Lack of space	32.6%	31.8%
Lack of equipment	13.5%	4.5%
Lack of computer system	21.3%	18.2%
Inability to obtain space for outreach	11.3%	15.9%

Facility in need of repair, paint, etc.	14.9%	20.5%
Lack of information sharing	27.0%	25.0%
Lack of joint planning	22.7%	11.1%
Inappropriate referrals	13.5%	
Service gaps	31.9%	13.9%
Service overlaps/duplication	14.2%	4.2%
Lack of follow-up	13.5%	4.2%
“Turf” issues	30.5%	15.3%
Different client eligibility requirements among agencies	16.3%	2.8%
Different procedures among agencies	17.7%	4.2%
Lack of single agency responsible for case management	12.1%	4.2%
Lack of information systems	12.8%	2.8%
Upstate/downstate distinctions	29.1%	8.3%
Lack of clear/customer oriented mission	3.5%	4.3%
Lack of outcome measures	18.4%	26.1%
Lack of means to collect performance data	25.5%	34.8%
Lack of strategic plan or planning process	9.9%	10.9%
Staff resistance to collecting performance data	14.2%	6.5%
Staff resistance to accountability	16.3%	13.0%
Lack of hardware	16.3%	7.4%
Lack of staff expertise	29.8%	27.8%
Lack of computer training	28.4%	14.8%
Lack of networking/connectivity	24.1%	9.3%
Lack of affordable/appropriate software	20.6%	5.6%
Obsolete/incompatible hardware	16.3%	13.0%
Cannot afford to upgrade system	22.0%	18.5%

Source: 1999 Community Needs Assessment, Service Provider Survey.

Overall, family services providers (96.4%) are most likely to report any service delivery concerns. This relationship is statistically significant at the .016 level. A number of service provider types are also more likely to report specific service delivery concerns. Health care providers (75.0%) and transportation services providers (75.0%) are more likely to report staffing concerns. These relationships are significant at the .012 and .040 level. Family services (62.5%), prevention service (63.9%), day care (76.7%), and recreation/cultural services providers (75.9%) are more likely to report facilities and equipment concerns. These relationships are significant at the .015, .059, .001 and .002 level. Day care providers are also more likely to report coordination and collaboration concerns (83.3%) and information technology concerns (70.0%). These relationships are significant at the .022 and .041 level. Family services providers are also more likely to report information technology concerns (64.3%). This relationship is significant at the .025 level. Service providers with elderly clients comprising 0-50 percent of their clients (77.2%) are more likely to report that system coordination concerns. This relationship is significant at the .034 level.

#### **Looking to the Future**

Service providers were asked to rate the three most significant problems their organizations expected to face in the next year from the list below:

- shortage of income to meet expenses;
- shrinkage of public money to support programs;
- inability to access contributions;
- growing demand for our service without the resources to support the program growth;
- increased accountability demands and subsequent expenses;
- competition for resources from for-profit organizations;
- communication with diverse constituencies;
- turnover or loss of key senior staff;
- inability to recruit/retain effective board members;
- facilities-related issues;
- competition for resources from other nonprofits;
- not enough support for our fund raising operations (staff, computer systems, etc.);
- appropriate use of technology; and,
- competition for visibility.

As shown in Table 5-9, service providers are in general agreement about the relative prominence of specific significant issues facing their organizations in the next year. Two-fifths (40.4%) of the provider respondents indicate that “growing demand for our service without the resources to support the program growth” is a significant problem, as are shortage of income to meet expenses

(chosen by 26.2%) and shrinkage of public money to support programs (20.6%). Overall the three most significant problems chosen by the largest percentage of respondents are shortage of income to meet expenses (31.6%), growing demand for services without the resources to support the program growth (28.0%), and shrinkage of public money to support programs and competition with other nonprofits (both 17.1%).

**Table 5-9: Significant Problems Facing Service Providers in the Next Year**

Shortage of income	26.2%	31.6%
Shrinkage of public money	20.6%	17.1%
Inability to access contributions	6.4%	
Growing demand for services	40.4%	28.0%
Increased accountability	11.3%	
Competition with for-profits	13.5%	10.3%
Communication	10.6%	8.4%
Turnover of staff	4.3%	8.1%
Recruit/retain board members	9.9%	
Facilities-related	12.1%	
Competition with nonprofits	18.4%	17.2%
Fund raising operations	9.2%	
Technology	5.7%	
Competition for visibility	12.1%	16.2%

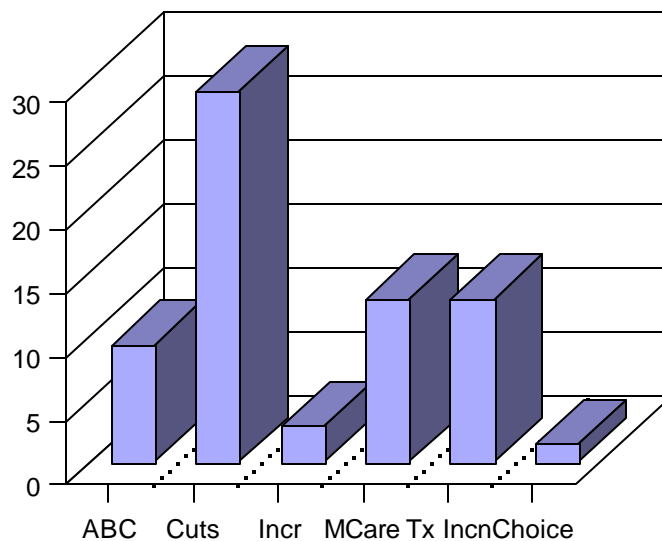
Source: 1999 Community Needs Assessment Service Provider Survey.

Service providers were also asked which government policy changes were most likely to affect their organization's ability to continue to provide services from the following list:

- welfare reform;
- government funding cuts in their specific industry;
- government funding increases in their specific industry;
- managed care;
- tax incentives for charitable giving; and,
- client/customer choice or voucher systems.

As shown in Figure 5-4, government cuts in funding is the policy change seen by about one in three respondents (29.1%) as most likely to affect their organization's ability to continue to provide services. Smaller percentages see managed care and client choice/vouchers (12.1% each) and welfare reform (9.2%) as policy changes most likely to affect their organization's ability to continue to provide services.

**Figure 5-4: Policy Changes Most Likely to Affect Service Providers**



Nearly one half of the service providers characterize themselves as somewhat active (48.0%) in advocacy concerning fiscal and legislative policies that affect their organization and/or field. About a third (31.5%) respond that they are very active in legislative advocacy while two-fifths (20.5%) are not active.

## Summary and Comparison With Other Studies

### Household Survey

Respondents to the 1994 and 1999 Community Needs Assessment (CNA) Household Surveys were asked about whether they went to a private doctor, a hospital emergency room, a health maintenance organization (HMO), or a community clinic when they had a health problem. Similar to the 1999 CNA survey, the majority of 1994 CNA respondents (76%) went to a private doctor when they had a health problem. The 1994 CNA survey found a higher percentage of respondents using hospital emergency rooms (18%) and community clinics (15%). This difference is likely associated with the lower incomes (200 percent of the Federal Poverty Level and below) of 1994 CNA respondents. In both surveys, there were differences in the source of health care

along geographic lines. 1994 CNA Survey respondents from suburban New Castle County and Sussex County were the most likely to use a community clinic (11% each). In contrast, 1999 CNA Survey respondents from suburban New Castle County were least likely to use a community clinic (9.7%).

In both the 1994 and 1999 CNA Surveys, the majority of respondents turn to family (72% and 75.5% respectively) or a friend (59% and 41.1% respectively) for non-health related problems. Nearly one half (46%) of the 1994 CNA Survey respondents turn to a church, as compared with about a quarter (24.1%) of 1999 CNA Survey respondents. In contrast, and also due in part to income differences in the two samples, significant proportions of the 1994 CNA Survey respondents also seek assistance from a State Service Center (29%) or another social service agency or community center (24%), while less than five percent of 1999 CNA Survey respondents do so.

Almost three times as many respondents to the 1999 CNA Survey report difficulty

difficulties cited this problem in 1994. A needs assessment completed by the First State Community Action Agency noted the amount of time it takes to get results as a barrier to obtaining services for West Rehoboth residents and the Center for Assessment and Policy Development's report on Delaware Investments in Children stressed that state services require families with multiple needs to navigate through a complicated mix of agencies and programs. Too much paperwork and complex forms were identified as problems by State Service Center Focus Groups in New Castle, Kent, and Sussex Counties.

**Agency staff unpleasantness:** In 1994, the largest percentage of CNA Survey respondents with difficulties in getting help who saw agency staff as unpleasant were from New Castle County (81%) while New Castle County respondents reporting difficulties were least likely, along with their counterparts in Sussex County (28.6% each), to make this judgement in 1999. Similar proportions of respondents from Wilmington and Kent County who had difficulties getting assistance perceived agency staff as unpleasant in 1994 and 1999. Less than 10 percent of Insight Delaware households report this difficulty. A need for more courteous treatment of clients was indicated by State Service Center Focus Groups in Kent and Sussex Counties.

the 1994 CNA Survey. Fewer Sussex County and suburban New Castle County respondents with difficulties in getting help reported that inability to pay fees was a barrier in 1999 (28.6% each) than in 1994 (55% and 59% respectively). Slightly more than 10 percent (13.2%) of Insight Delaware households reported inability to pay as a barrier to service. 1999 CNA focus group respondents from all four geographic areas cite inability to pay as a barrier to service for clients. A number of other studies report that lack of money or insurance to pay fees is a barrier to receiving help (Eastside Substance Abuse Awareness Program Evaluation, DECASSA Needs Assessments, State Service Focus Groups, Barriers to Food Security in Wilmington, Delaware Child Care Challenges, Enterprise Community Strategic Plan, Homelessness in Delaware, Homelessness in Delaware Revisited, No Home, Poor Health, The Persistent Emergency of Hunger, The Realities of Poverty in Delaware)<sup>3</sup>.

**Lack of knowledge about availability of services:** Forty percent of the 1994 CNA Survey respondents who said they had difficulty getting help reported that they lacked information about the availability of services, compared to 12 percent of Insight Delaware household respondents and none of the 1999 CNA Survey household respondents. According to the Center for Community Development report, domestic violence victims in Wilmington, and Kent and Sussex counties face a number of obstacles to receiving services, including lack of awareness of services.

**Access problems due to service hours:** About a quarter (26%) of the 1994 CNA Survey respondents who reported difficulty in getting help had access problems due to service hours. Sixteen percent of 1999 CNA Survey respondents with difficulty in getting help and less than five percent of Insight Delaware households reported service hour problems. Inconvenient service hours were indicated by State Service Center Focus Groups in New Castle, Kent, and Sussex Counties. In the 1994 Client Satisfaction Survey conducted by the Division of State Service Centers, nine out of 10 respondents found the hours of operation to be adequate but one-third said that they wait longer than fifteen minutes for services. Respondents to the 1996 Division of State Service Centers Client Satisfaction Survey indicated that they had difficulty scheduling appointments and that they had to wait too long for services. The Center for Community Development reported that domestic violence victims in Sussex County complained about problems with service organization hours.

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<sup>3</sup> These studies are summarized in Volume 3 of the 1999 Community Needs Assessment and Volume 3 of the 1994 Community Needs Assessment.

Language/cultural barriers

**Lack of child care:** Thirteen percent of the 1994 CNA Survey respondents with difficulty in getting help said that lack of child care was a problem. Less than five percent of Insight Delaware households reported lack of child care as a service barrier. A larger percentage (19.6%) of 1999 CNA Survey respondents with difficulty in getting help indicate that lack of child care is a problem. This difference may indicate a lack of appropriate child care providers and slots (in terms of age group and geographic location) rather than purely an affordability issue as more than two-fifths of the 1999 CNA Survey respondents (45.5%) have annual income between \$35,000 and \$74,999 and another 18.5 percent have annual income over \$75,000.

### **Service Provider Survey**

As part of the Insight Delaware survey, service provider respondents were asked about the factors that they thought most seriously affect people receiving the help that they need from a service provider. Similar to the 1999 CNA service provider respondents, a high percentage of Insight Delaware service providers (87 percent) identified at least one barrier compared to 94.3 percent of the 1999 CNA service providers. On average, Insight Delaware service providers identified four barriers facing clients (from a list of 14 possible barriers). 1999 CNA service providers identified an average of four barriers facing clients (from a list of 16 possible barriers).

Service providers in the Insight Delaware survey stressed lack of knowledge about the availability of services (69%), lack of transportation (50%), lack of knowledge about the location of services (39%), inability to pay fees (30%), and lack of child care (17%). There is some overlap of this list of most frequently cited barriers with that elicited from the 1999 CNA service providers: lack of knowledge about availability of services (80.9%), lack of transportation (60.3%), lack of knowledge about how to locate services (55.3%), dislike of going to outsiders for help (29.1%), and language and cultural barriers (26.2%)

Similarly, the Children's Defense Fund review of child care needs in Delaware and the Delaware Perinatal Board report that lack of knowledge about the availability of services, lack of knowledge about the location of services, and difficulty in paying fees are significant barriers to service for child care and perinatal services. Service provider members of a focus group convened by the Developmental Disabilities Planning Council indicated that lack of knowledge about availability of services and lack of knowledge about location of services are significant barriers for their clients.

There is, however, very little agreement between the 1999 CNA household respondents' most frequently cited barriers and those listed by the 1999 CNA service providers. As noted earlier, too much "red tape" was the most frequently

cited reason why people had difficulty in getting help from health and human service organizations by respondents to the 1999 CNA Household Survey. The belief that services would not help was the next most frequently reported reason, followed by agency staff unpleasantness, and lack of child care. Respondents to the Division of Child Mental Health Services Survey of Service Providers also report that complex forms and reporting procedures are barriers to services for their clients. Households responding to the Insight Delaware survey were more in agreement with service providers, emphasizing lack of knowledge about location of services, inability to pay, and lack of knowledge about availability of services. In both studies, service provider respondents appear to view the obstacles facing clients as much more serious than household respondents. For example, the percentage of Insight Delaware households that identified the leading barrier was 16 percent, but the two leading barriers were cited by half to three quarters of the Insight Delaware service providers. Similarly, 35.2 percent of 1999 CNA households identified the leading barrier as compared to 80.9 percent of 1999 CNA service providers.

Service provider respondents to the 1999 CNA Survey and the Insight Delaware survey were asked what they considered to be the single most important barrier. In both studies, lack of knowledge about the availability of services was considered the most important of the barriers by a considerable margin (45.9% and 39% respectively). This barrier is also the most frequently cited by service provider respondents to both surveys. In general, the barriers that service providers in both surveys felt were most important were also the ones that were most frequently cited.

In both studies, respondents providing certain types of services and serving different client groups are more likely to indicate certain service barriers:

**Lack of awareness of problems in the household:** Service providers serving pregnant teens (1999 CNA), delivering social services (Insight Delaware), and delivering substance abuse, youth, prevention and family services (1999 CNA) are more likely to cite this barrier.

**Lack of transportation:** Service providers serving special populations (Insight Delaware) and service providers delivering employment, basic needs, and family services (1999 CNA) are more likely to cite this barrier.

**Lack of child care:** Service providers serving pregnant teens (1999 CNA), delivering social services (Insight Delaware) and delivering substance abuse, employment, and youth services (1999 CNA) are more likely to cite this barrier.

**Dislike of anyone knowing about the problem:** Service providers serving pregnant teens (1999 CNA), delivering social services (Insight Delaware) and delivering substance abuse, mental health, and family services (1999 CNA) are more likely to cite this barrier.

**Dislike of going to outsiders for help:** Service providers serving elderly clients (1999 CNA), delivering social services (Insight Delaware) and delivering recreation/cultural, information and referral and family services (1999 CNA) are more likely to cite this barrier.

**Inability to pay fees:** Service providers serving clients involved with the criminal justice system and single parents (1999 CNA), delivering social services (Insight Delaware), and delivering day care services (1999 CNA) are more likely to cite this barrier.

**Access problems due to physical handicap:** Service providers serving special populations (Insight Delaware) and delivering employment services (1999 CNA) are more likely to cite this barrier.

**Access problems due to service hours:** Service providers delivering social services (Insight Delaware) and information and referral services (1999 CNA) are more likely to cite this barrier.

Service provider respondents to the Insight Delaware and 1999 CNA surveys were asked to rate the supply and demand for services offered by their agencies on a five point scale (service is substantially underused, service is somewhat underused, need for service is well-matched with supply, need for service is somewhat greater than supply, need for service is substantially greater than supply). In both studies, respondents saw the need for housing services as substantially greater than the supply. In contrast, many more 1999 CNA service providers see need outpacing supply in the areas of family services, education, mental health, employment, youth services, health care, basic needs, substance abuse, day care, legal services, and transportation. In the Insight Delaware service provider survey, the imbalances between supply and demand were not seen as significant, except for housing and financial assistance.

Service provider respondents to the Insight Delaware and 1999 CNA surveys were asked to identify specific issues that they thought most seriously affected service delivery in the following areas of concern: 1) regulations and requirements, 2) financial planning and management, 3) staffing, 4) facilities and equipment, 5) collaboration and coordination, 6) strategic planning and performance measurement (asked only in the 1999 CNA survey), and 7) information

technology (asked only in the 1999 CNA survey). Within each major area, respondents were asked to identify their most important service delivery concern.

Service provider respondents to the Insight Delaware and 1999 CNA surveys were

distinctions as a service delivery concern. The Delaware Transit Corporation indicates that there are a number of transportation service gaps in the state (primarily lack of fixed route service) which are brought about at least in part by lack of coordination among public transportation service providers.

Lack of means to collect performance data is the primary strategic planning and performance measurement concern for one quarter (25.5%) of the 1999 CNA provider respondents. Other concerns in this area, including lack of outcome measures (18.4%) and staff resistance to collecting performance data (14.2%), fall well below the first concern. About one in three (29.8%) of the 1999 CNA service providers see lack of staff expertise as the leading information technology concern, followed closely by lack of computer training (28.4%) and lack of networking/connectivity (24.1%).

1999 CNA provider respondents were also asked about the three most significant problems facing their organization in the next year. Shortage of income to meet expenses was chosen by about a third (31.6%) of the group, followed by growing demand for services without the resources to support program growth (28%), and shrinkage of public money to support programs and competition with other nonprofits (both 17.1%). Government cuts in funding is the policy change seen by close to a third (29.1%) of 1999 CNA respondents as most likely to affect their organization's ability to continue to deliver services. Smaller percentages see managed care and client choice/vouchers (12.1% each) and welfare reform (9.2%) as critical changes.