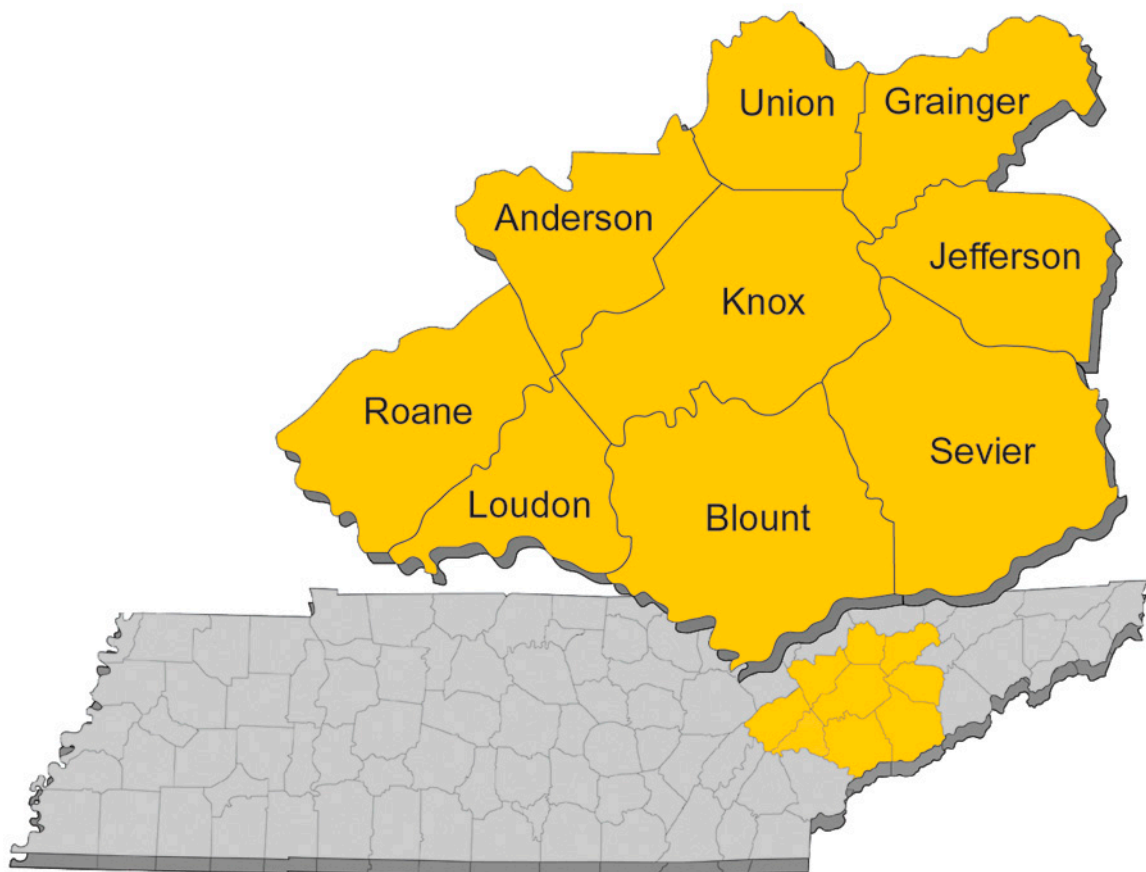


**NINE COUNTIES.
ONE VISION.**

EXECUTIVE SUMMARY:

HOUSEHOLD SURVEY REPORT, 2003



PREPARED FOR THE SOCIAL SERVICES TASK FORCE

by The University of Tennessee College of Social Work Office of Research and Public Service

August 2004



NINE COUNTIES. ONE VISION.
Imagine The Possibilities.

***Executive Summary: Nine Counties. One Vision.
Household Survey Report, 2003***

PREPARED FOR THE

Nine Counties. One Vision. Social Services Task Force

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Table of Contents

From *Nine Counties. One Vision. Household Survey Report, 2003*

Acknowledgements	ii
List of Tables	vi
List of Figures	viii
Introduction	1
Purpose and Design of the Needs Assessment	1
Purpose of the Household Survey	2
Organization of the Report	2
Study Design	3
Telephone Survey	3
Face-to-Face Survey	4
Description of the Sample	4
Analysis of the Data	5
Limitations of the Study	6
Description of Survey Participants.....	7
Respondent and Household Characteristics	7
Comparison of the Sample to the Survey Population.....	10
Findings	14
Availability and Rating of Social Services.....	14
<i>Availability of Services</i>	<i>14</i>
<i>Rating of Available Services</i>	<i>16</i>
<i>Single Most Important Service.....</i>	<i>18</i>
Household Problems.....	20
<i>Number of Problems Per Household</i>	<i>21</i>
<i>Types of Problems.....</i>	<i>21</i>
<i>Most Important Household Problem</i>	<i>23</i>

Barriers to Services	26
<i>Number Reporting Barriers</i>	27
<i>Types of Barriers</i>	27
Findings for Subgroups	28
Definitions of Subgroups.....	28
Unavailable Services for Subgroups	30
Household Problems for Subgroups.....	32
<i>Number of Household Problems</i>	32
<i>Type of Household Problems for Subgroups</i>	37
Barriers to Services for Subgroups.....	40
The Face-to-Face Survey.....	43
Methodology	43
<i>Survey Distribution</i>	43
<i>Survey Participants</i>	45
Comparison of the Face-to-Face Survey Sample with the Telephone Survey Sample	46
Face-to-Face Survey Findings.....	48
Summary of Key Findings	51
Availability of Services	51
Rating of Available Services.....	51
Household Problems.....	51
Barriers to Services	52
Conclusions.....	53
References	56
Appendix A	57
Telephone Survey Instrument	57
Appendix B	83
Face-to-Face Survey Instrument	83
Appendix C	93
Data Tables for All Households in the Nine Counties Region and by Income Group.....	93
Appendix D:	107
Data Tables for Households by Target Population Group	107
Appendix E:	127
Data Tables for Households by County of Residence.....	127

Executive Summary

Introduction

Under the direction of the Nine Counties. One Vision. Social Services Task Force, the University of Tennessee College of Social Work Office of Research and Public Service (SWORPS) conducted a needs assessment of the residents in the Nine Counties region of East Tennessee.

The purpose of the needs assessment was two-fold: (1) to identify the met and unmet needs among the residents of the Nine Counties region, and (2) to provide information that social service providers and community leaders can use in tailoring services and in allocating resources to more effectively meet the identified needs of the population.

- This report presents the results of Phase 2 of the needs assessment—specifically, the findings of the Needs Assessment Household Survey for the Nine Counties region. The purpose of the Household Survey was to collect perceptual data about the following:
 - ◆ Issues or problems encountered by household members in the past year
 - ◆ Availability of social services to household members and the degree of satisfaction of household members with existing services
 - ◆ Barriers to existing social services
- The full comprehensive report, *Nine Counties. One Vision. Household Survey Report, 2003*, contains regional data presented in graphical format throughout the body of the report with source data tables located in the appendices. (All references to appendices and the Table of Contents within this *Executive Summary* refer to this source document.) Separate reports have been produced for each of the counties and for each of the target population groups. All reports and appendices are available on the Web site <http://www.ninecountiesonevision.org>.

Study Design

Because the survey was a household survey, the respondents were asked to answer need-related questions on behalf of all members of the household.¹

TELEPHONE SURVEY

The survey consisted of 92 closed-ended items and 6 open-ended items that gathered perceptual data about household problems, availability of services, barriers to services, and characteristics of respondent households. To administer the telephone survey, SWORPS tapped the services of the Social Science Research Institute (SSRI), a University of Tennessee organization that specializes in using the Computer-Assisted Telephone Interviewing (CATI) system. The survey process began on a trial basis in late August 2003 and was completed in December 2003. SWORPS designated the minimum sample size needed for each county to ensure that the survey findings could be generalized to each of the nine counties as well as the nine-county region at a 95 percent level of confidence with a ± 5 percent margin of error.

FACE-TO-FACE SURVEY

Members of the Needs Assessment Committee (NAC) reviewed the demographics of the respondents in mid-September (when approximately one-fourth of the anticipated surveys were complete) in order to identify underrepresented groups that could be reached through face-to-face surveys. The underrepresented groups identified by NAC were African-Americans, Latino/Hispanics, homeless persons, persons with disabilities, low-income seniors, and young adults. SWORPS developed a parallel, "paper" version of the household survey in English and Spanish that was administered by NAC members in a variety of venues: organizational meetings, church services, social service offices, etc. One thousand paper surveys were distributed to NAC members; a total of 403 completed paper surveys were returned and analyzed. Since the face-to-face surveys were not administered to a random sample, these data were kept separate and were used only as a supplement to the telephone survey data.

ANALYSIS OF THE DATA

In addition, cross-tabulations have been performed for selected variables including county of residence, household income, race/ethnicity of household, age of respondent, presence of disabled household member, and number of household members. Tests of significance (i.e., chi-square) were conducted to determine if certain demographics were related to key findings. SWORPS weighted the data for the African-American subgroup prior to performing statistical analyses, but data reported in tables and graphs were not weighted.

¹ The interviewer defined "household" for the respondents as consisting of "all the people living together most of the time (including babies and children and counting yourself)."

LIMITATIONS OF THE STUDY

In the case of conventional telephone surveys, the surveyed households are limited to those with landline telephone service. This may exclude households that experience a more intense level of poverty or more housing instability than do households that are able to acquire and maintain telephone service. Since homeless households are inaccessible by telephone by virtue of their being without housing, the telephone survey identified the “near homeless” as opposed to the currently homeless.² For information on the homeless community in Knoxville and Knox County, the reader is referred to *Homelessness in Knoxville/Knox County: 2002* by Dr. Roger Nooe (2002).

Some populations in the state may be underrepresented because of their general reluctance to release information about themselves and their households. Immigrants, especially undocumented immigrants, are often concerned that identifying ethnicity will jeopardize their continued residency in this country.

Likewise, it is generally accepted that there is an underreporting of sensitive and private issues such as physical conflict within the family.

Findings

AVAILABILITY OF SERVICES

Figure 1 graphically presents the services that were reported as “unavailable” in rank order by percentage of respondents. (Table C-6 in Appendix C presents the data for the Nine Counties region and by income group. Table E-1 in Appendix E presents the same data by county. Table D-1 in Appendix D presents the same data by target population group.)

Figure 2 presents the services for which the interviewee responded “Don’t know” or declined to answer. These numbers help identify services that are not widely known. For eight services, over two-fifths of respondents selected these options.

²Since the telephone survey was by its nature unable to reach the homeless population, NAC members recruited volunteers to administer paper surveys to individuals being served by shelter or homeless ministry workers; 25 written surveys were collected in this manner and are analyzed in the full report.

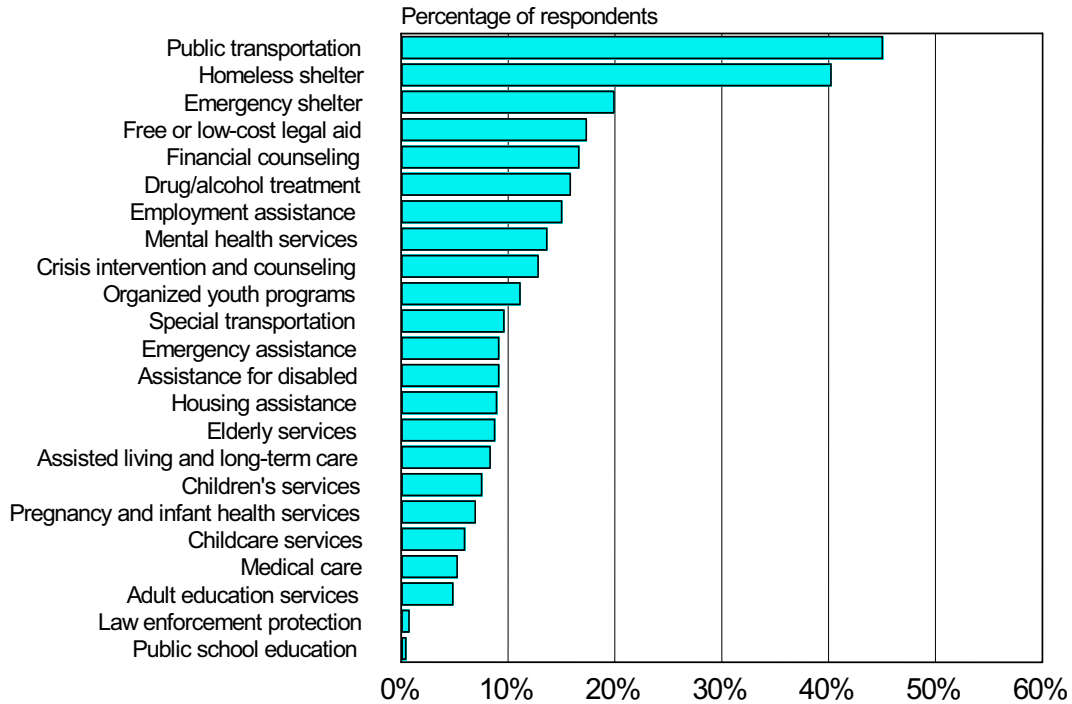


Figure 1. Services Reported as Unavailable (n=3658)

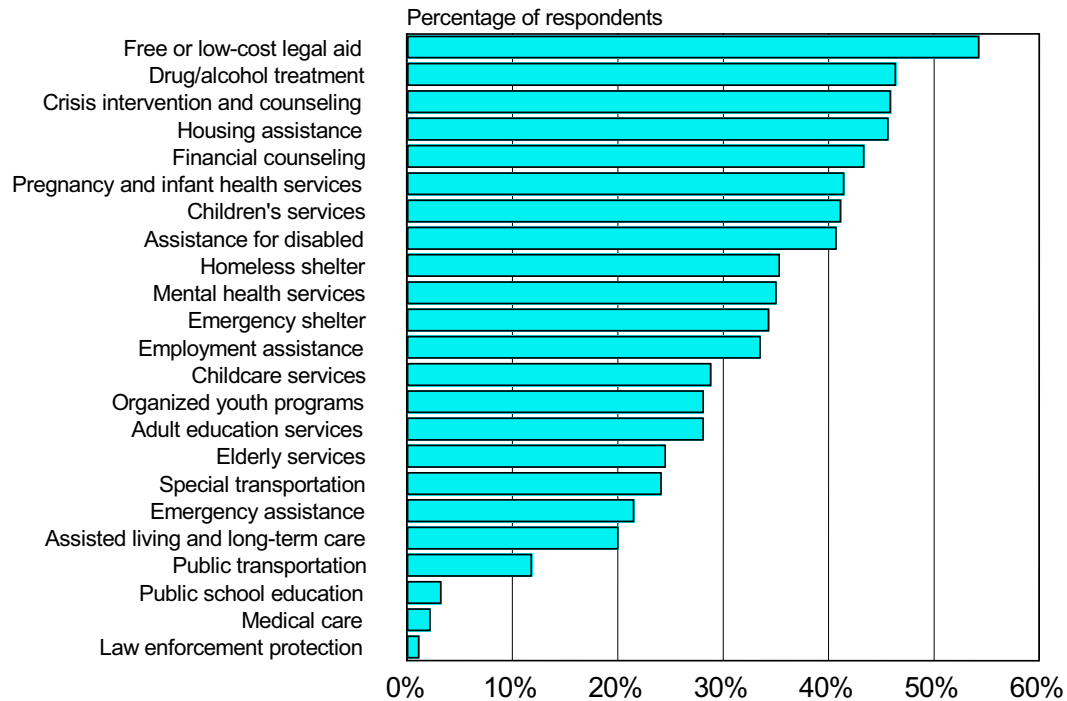


Figure 2. Respondents Reporting, "Don't Know" if Service Is Available (n=3658)

RATING OF AVAILABLE SERVICES

If the respondent reported a service as being available, he/she was then asked to rate the service. The optional responses were “poor,” “fair,” “good,” “excellent,” or “don’t know.” Figure 3 presents the percentage of respondents (based on the number for whom the service was available) that rated the service as “poor.” (Tables D-2 and E-2 in Appendix D and E present the data for target population group and county, respectively.) Figure 4 presents the percentage of respondents (based on the number for whom the service was available) who rated the service as “good” or “excellent.” (Table C-7 in Appendix C presents the data on this question for all respondents.)

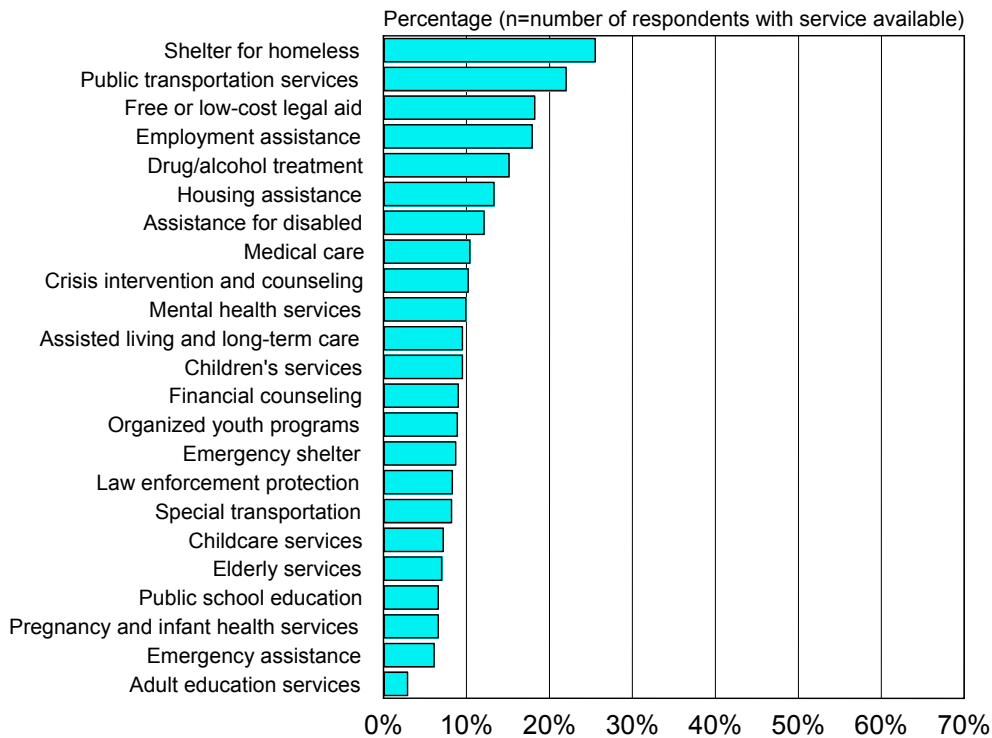


Figure 3. Percentage Rating Available Service as "Poor"

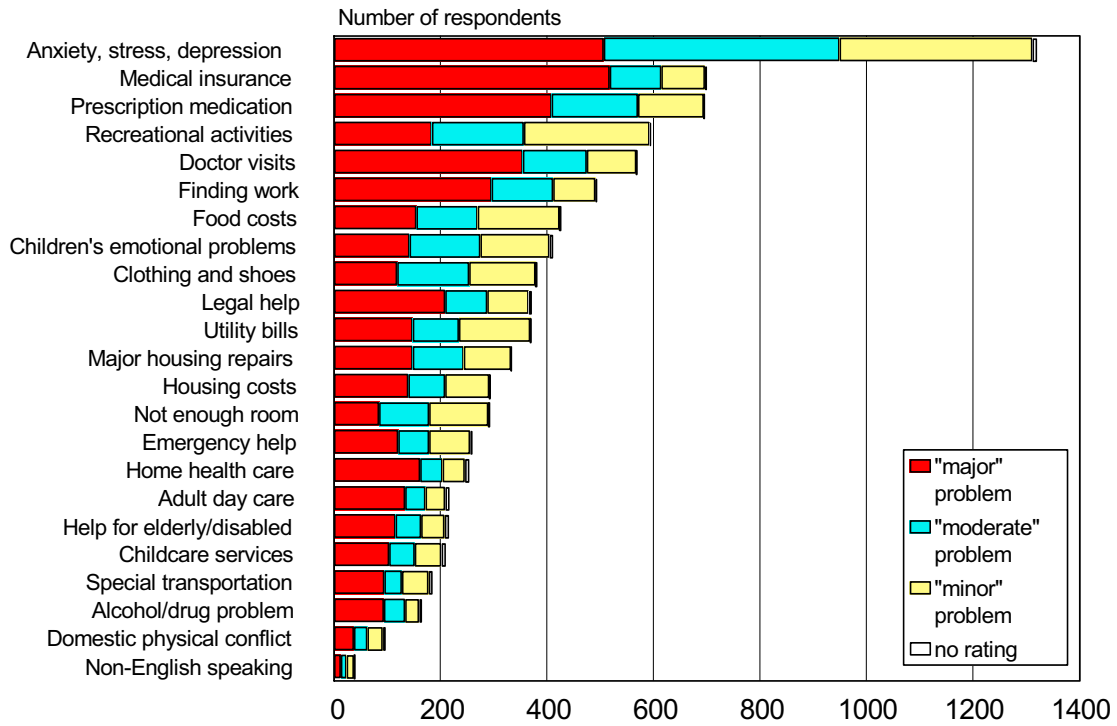


Figure 5. Number Reporting Specific Household Problems (n=3658)

MOST IMPORTANT HOUSEHOLD PROBLEM

After survey participants had responded to each of the 23 household problems, they were asked the following question: “Thinking of all the household problems that we have talked about, please tell us the single issue that you regard as the most important to you.” Figure 6 graphically portrays the results for all respondents and Figure 7 the results for low-income respondents. (Table 10 in Appendix C presents complete data for these graphs.)

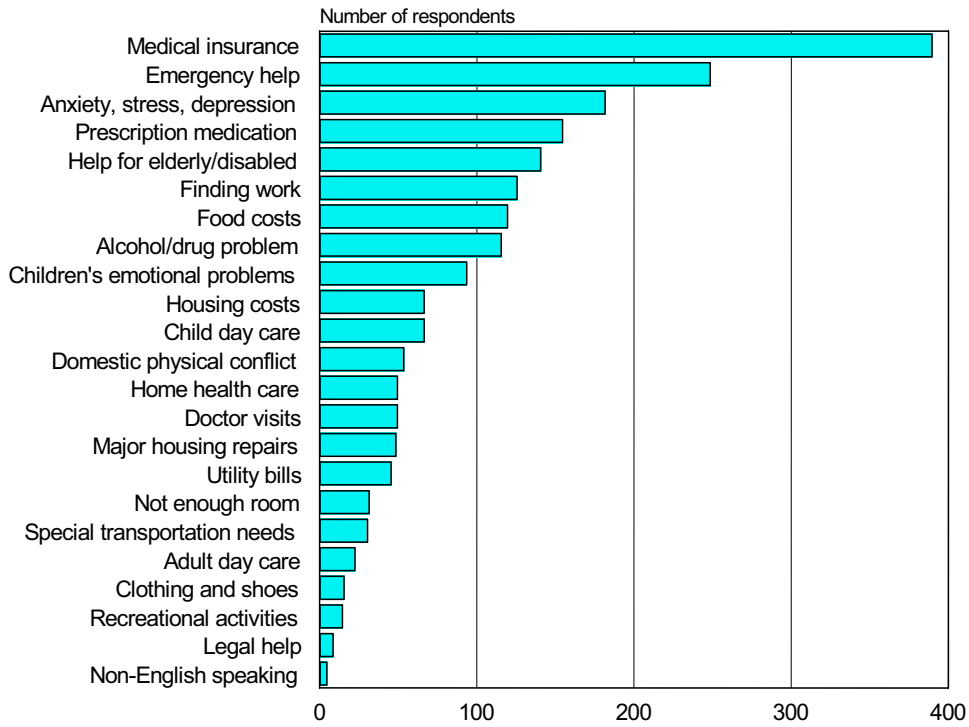


Figure 6. Single Most Important Household Problem for All Respondents

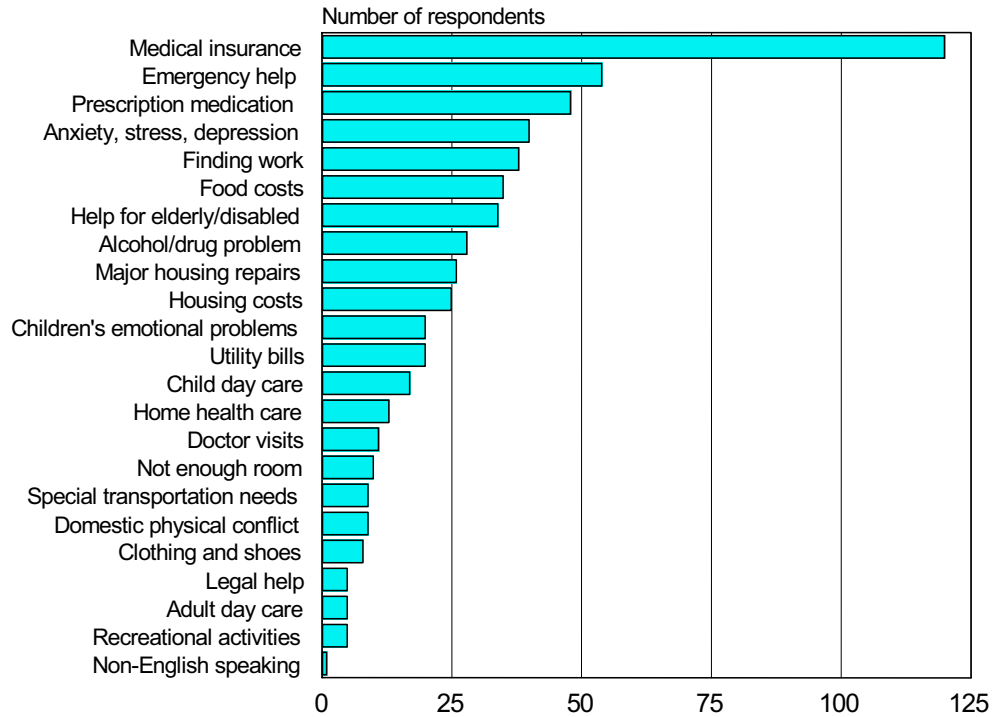


Figure 7. Single Most Important Household Problem for Low-Income Households

BARRIERS TO SERVICES

Of the 3,658 total respondents, over a fourth (1,001 or 27.4 percent) had tried to get help for their problems. Of this number, half (510 or 50.9 percent) had encountered difficulties in getting help. The five barriers that ranked at the top were as follows (percentage is based on the number who encountered barriers or n=510):

1. Was not eligible for help (292 or 57.3 percent)
2. Could not afford fees or costs (251 or 49.2 percent)
3. Lacked information on available services (241 or 47.3 percent)
4. Had to wait too long to get help (223 or 43.7 percent)
5. Thought service would cost too much (195 or 38.2 percent)

Findings for Subgroups

The subgroups of interest are income groups, counties, and target populations. As was explained earlier, the target populations (African-American, Hispanic, Young Adult, Low-Income Elderly, Households with Disabled Member, and Near Homeless Households) are those groups that were identified as underrepresented in the telephone survey. Results for selected questions of the telephone survey are presented for subgroups in the appendices. Data tables for income groups are included in Appendix C; data tables for target populations groups are included in the Appendix D; and data tables for counties are included in Appendix E.

All subgroup members were identified by the responses to specific survey questions (as defined in the full report). It should be noted that income subgroups (low, middle, upper) and county-of-residence subgroups are divided into mutually exclusive categories; on the other hand, target population groups are not mutually exclusive. For instance, a single respondent would be assigned to only one of the three income categories and only one of the nine county subgroups, but a single respondent might fit the definition for several target population groups and would be counted in each of those groups.

NUMBER OF HOUSEHOLD PROBLEMS

Among the target population groups, the near homeless (11.3), Hispanic (4.7), households with a disabled member (4.4), and young adults (3.6) had the highest averages for number of household problems. Union (3.0), Sevier (2.9), and Jefferson (2.8) were the counties with the highest averages.

Tests of significance (i.e., chi-square) were conducted to determine if membership in subgroups affected the number of household problems reported. (The data for African-Americans was weighted before significance testing to reflect their proportion of the Nine Counties population.)

- ◆ The number of household problems was found to be statistically related to **income**; as level of income increased, number of household issues decreased.

- ◆ Respondents **20–34 years of age** were *more* likely to report three or more household problems than were respondents 65 years or older.
- ◆ **Latino/Hispanic** respondents reported significantly *more* household problems than did non-Latino/Hispanic respondents.
- ◆ **African-American** respondents and white respondents reported significantly *fewer* household problems than did all other races (non-white and non-African-American).
- ◆ Households with **disabled individuals** reported significantly *more* problems than households with no disabled members.
- ◆ **Near homeless** households reported significantly more problems than other households.

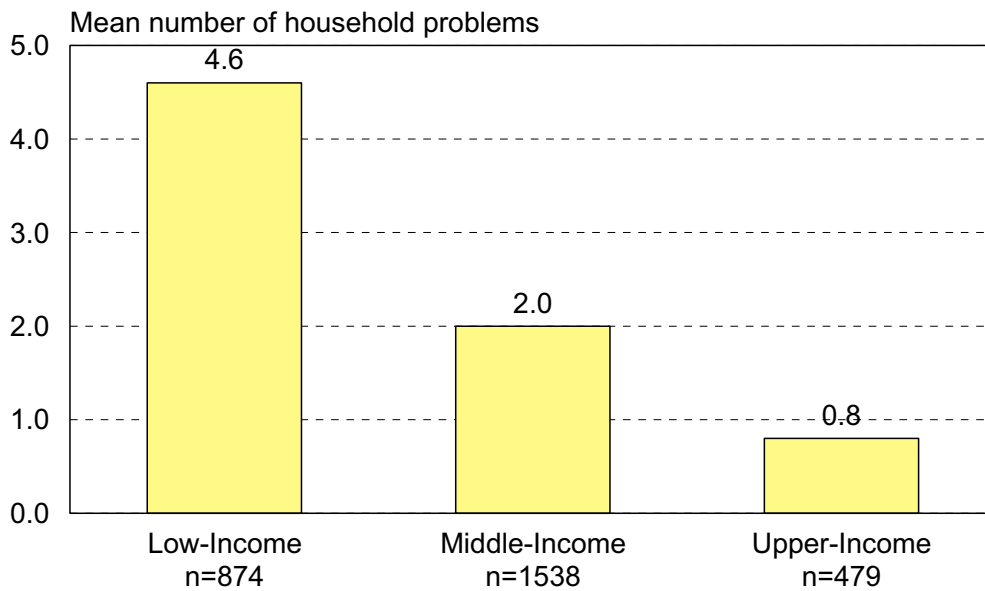


Figure 8. Average Number of Problems Reported Per Household by Income Group

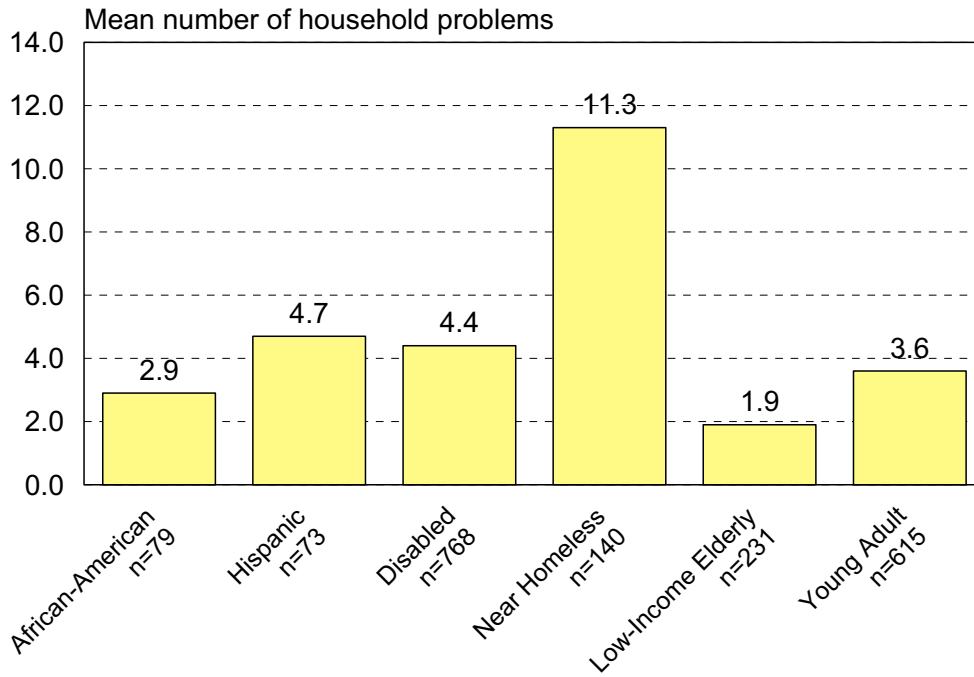


Figure 9. Average Number of Problems Per Household for Target Groups

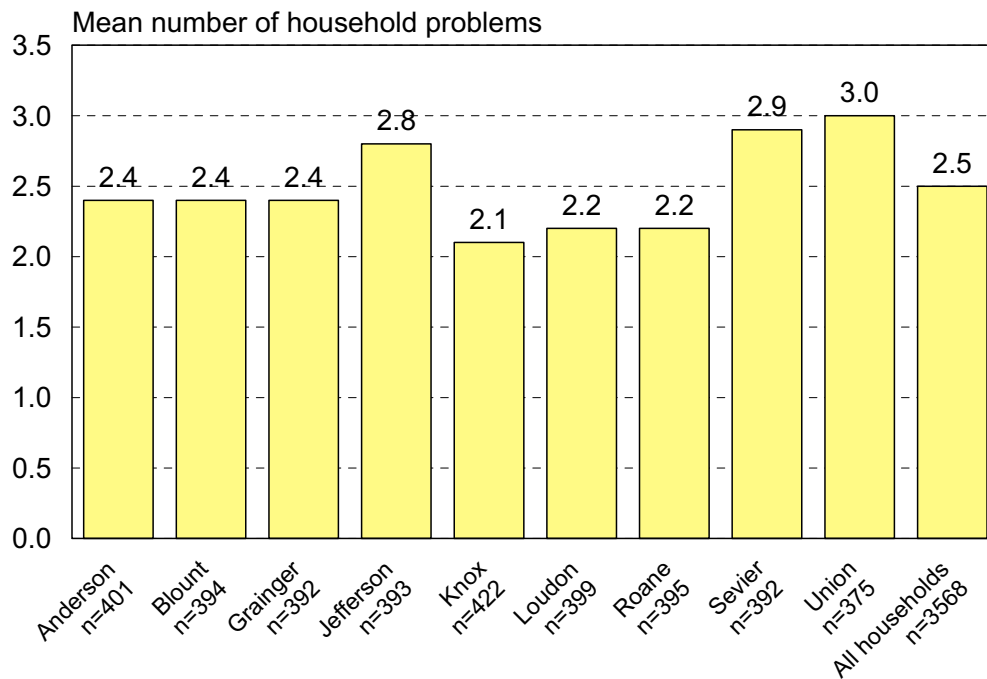


Figure 10. Average Number of Problems Per Household by County

TYPE OF HOUSEHOLD PROBLEMS FOR SUBGROUPS

The household problem that was most frequently identified as an issue was anxiety, stress, and depression. This problem led all other problems in incidence for every population subgroup—both target populations and counties. In fact, the top six household issues in terms of incidence held steady across almost all groups with very little variation. These six issues were 1) anxiety, stress, and depression, 2) medical insurance, 3) prescription medications, 4) doctor visits, 5) finding work, and 6) affording recreation. (Graphs of all 23 problems for each target population are included in the full report.)

Some groups had a problem that stood out for that particular group. Obtaining low-cost legal assistance was high on the list for Hispanics. Housing costs (by definition) and utilities were high on the list for the near homeless. The cost of food made it to the top-six list of problems for the low-income elderly and the near homeless groups. The cost of doctor visits was on the list for young adults and households with a disabled member. The cost of clothing and shoes was sixth on the list for low-income elderly and seventh for African-Americans.

BARRIERS TO SERVICES FOR SUBGROUPS

Reports of barriers to services appear to be inversely related to household income. The near homeless subgroup had the highest percentage reporting barriers of all the target population groups. Among the counties, Sevier and Union Counties have the highest reports of barriers.

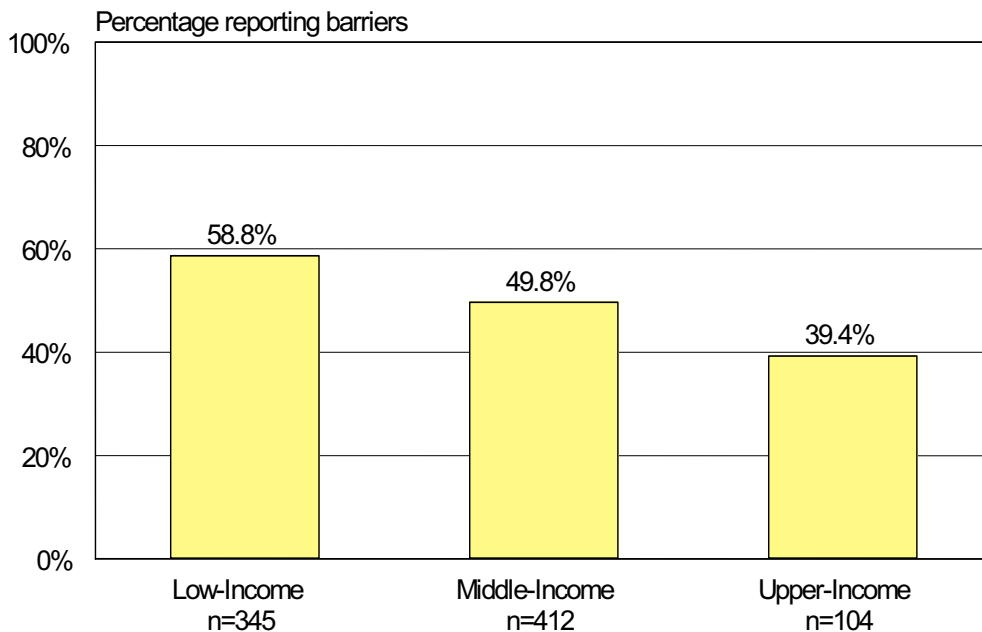


Figure 11. Barriers to Services by Income Group (Of those seeking help for household problems)

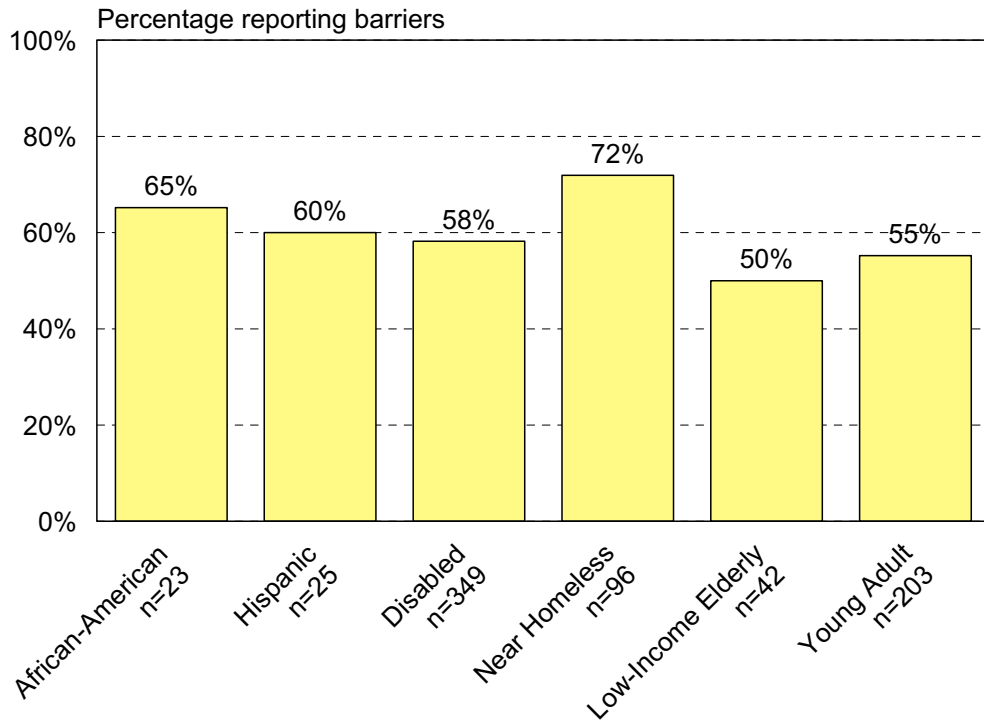


Figure 12. Barriers to Services by Target Population Group (Of those seeking help for household problems)

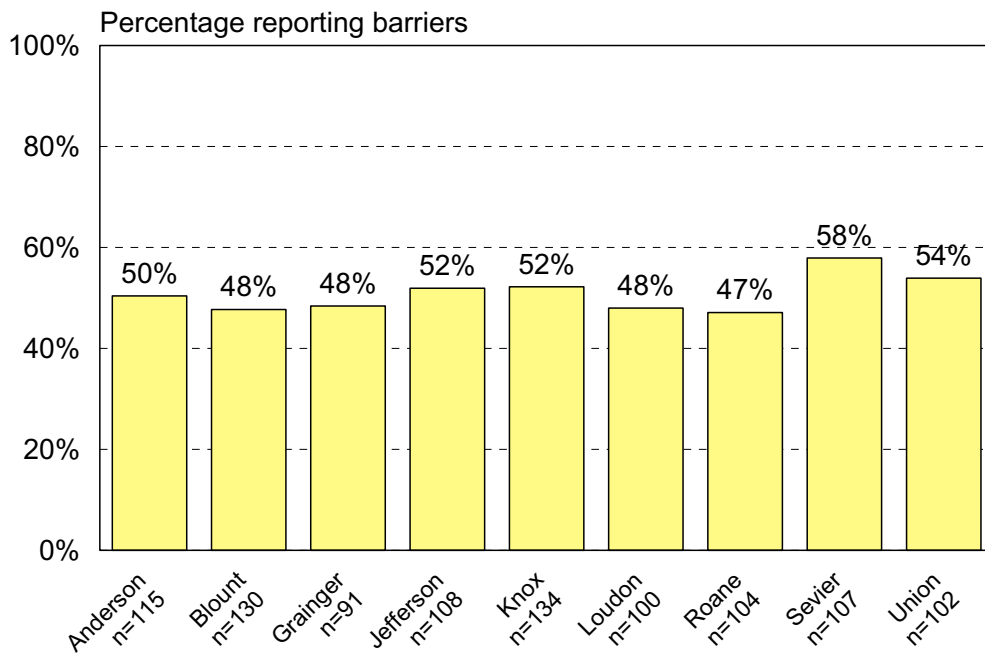


Figure 13. Barriers to Services by County (Of those seeking help for household problems)

Face-to-Face Survey Findings

A total of 403 persons participated in the face-to-face survey process. (The full report includes a demographic profile of these respondents.) When the findings of the face-to-face survey are compared to the findings of the telephone survey, we find that the face-to-face participants consistently reported a higher level of unavailable and poor quality services and a higher level of barriers encountered. The average number of problems per household for telephone survey participants was 2.5 per household, while the average for face-to-face survey participants was 11.0 problems per household.

Conclusions

1. **The research revealed three non-traditional constituencies that are in particular need of social services: families living on the edge, young adults, and Latinos/Hispanics.** *In addition, households with a disabled member ranked high in social service needs.*

A. **Families living on the edge.** Families not typically thought of as needy are struggling to make ends meet. These families have been called “near poor,” “low income,” “working poor,” and in this report, “near homeless”—but the images these terms evoke are not quite right. These are families that are in economic distress but not “over the edge.” They are trying to hold onto the basic American dream—a home, a car, adequate food, medical care, and education for their children—but they are one paycheck or one crisis away from having the dream fall apart. They live with a kind of quiet desperation, which is indirectly indicated in social indicator data and reports from local social service providers of increases in families needing emergency assistance, homelessness, domestic violence, and bankruptcies.

B. **Young adults (the “twenty-somethings”).** Most young adult households are struggling, yet they are rarely thought of as a constituency in need. Young adult households reported on average more household problems than did low-income elderly households. Young families are starting out in an economy in which jobs with benefits and chances for income growth are limited. They become caught in a “Catch 22” string of consequences, e.g., a young adult will often need a second income in order to pay for adequate housing; if there are children, a dual income requires childcare and transportation; a hectic lifestyle coupled with economic distress creates anxiety, stress, and depression; parents’ anxiety, stress, and depression create emotional and behavioral problems for the children; and so forth.

C. **Latinos/Hispanics.** One of the big stories of the 2000 Census was the dispersion of Latinos/Hispanics out of traditional areas of residence into smaller cities and rural areas. The Latino/Hispanic population in the Nine Counties doubled over the last decade. Though relatively small as a proportion (1.2 percent of the total population in 2000), this group is growing exponentially each year and some estimate the true number (including

undocumented workers) to be three times as great as is recorded (Ferrar). Advocates who work closely with this community report a large degree of unmet needs, yet social service providers are not yet seeing many Latinos/Hispanics coming through their doors.

Typically most immigrants in the new growth areas like Tennessee are recent arrivals who are likely to have fewer marketable skills, lower incomes, and weaker English skills. Also, providers and institutions have less experience settling immigrants and a less developed service infrastructure (bilingual teachers, immigrant organizations, etc.). Thus, services such as English interpretation, health insurance, and job counseling will be in rising demand.

2. ***The top household problems are interrelated and systemic.*** The top six household problems that were identified by all subgroups with very little variation were 1) anxiety, stress, and depression, 2) getting and managing to pay for medical insurance, 3) paying for prescription medications, 4) affording doctor visits, 5) finding work, and 6) finding enough money to enjoy recreational activities. The consistency of these top six household problems calls for a serious look at the interrelationship of the problems, i.e., economic distress. If household members cannot find jobs that enable them to afford health insurance, medical care, prescription drugs, or recreational activities, it seems intuitive that anxiety, stress, and depression would follow. The long-term trend is for a two-tiered job market: one for college graduates and one for high school graduates. As the job market for high school graduates shrinks, production and clerical positions are replaced by lower-paying service sector jobs that offer little promise for income growth and sometimes little security. This is a systemic problem with no quick fix. Households may follow all the rules and do everything “right” and still not be able to get out of economic distress.
3. ***The evidence suggests that there is a “clustering” of household problems among those most in need.*** In the telephone survey, the average number of household issues was extremely high for the near homeless subgroup (11.3) and for all target population groups in the face-to-face survey. The next highest averages in the telephone survey were for Hispanics (4.7), households with a disabled member (4.4), and young adults (3.6). A household that is facing multiple problems is not easily helped. This clustering would seem to require (1) an innovative and productive coordination among social service providers, (2) an increased availability of short-term emergency assistance (help with utilities, rent, food, etc.), and (3) a need for financial counseling and legal assistance for households facing bankruptcy, foreclosure, and predatory lending practices.
4. ***Eligibility criteria and systemic issues are often barriers for those in need.*** We are accustomed to thinking that the solution to poverty is a job; but for many families, work may not be enough to ensure a decent standard of living. The existing safety net covers some workers whose wages suddenly stop, the disabled, the retired, and single mothers with hardships. But many families with critical needs fall outside the eligibility standards for this kind of assistance.
5. ***Knowledge of services and access to services may be a problem for those in greatest need.*** The target populations—near homeless, young adults, Hispanics, households with

disabled member—had the highest number of households reporting unavailable services. Two counties—Grainger and Union—had the highest number of households reporting unavailable services. While lack of information about services is a frequent finding of needs assessment studies and lack of access to services in an urban/rural mix of counties is an unsurprising finding, they are nevertheless important. Given the recent advances in information technology and the proven desire of providers in all nine counties to cooperate, now may be an opportune time to propose creative ways for social service organizations to pool resources to finance a regional information network. Perhaps it is also time to explore ways in which services can be delivered more effectively to residents in outlying areas (where county boundaries are sometimes a barrier).

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