

Examining the Capital Needs of Health-Related Nonprofits: Implications for Social Work

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Abstract

Although the United States of America is considered the most powerful country in the world, both economically and militarily, it continues to experience a myriad of social problems. Addressing social problems in the U.S. has become a major challenge, with many sectors working to prevent suffering and premature deaths related to social inequities. Nonprofit organizations, particularly those related to health and human services, are involved in addressing needs of the American population. They provide an array of services in small and large communities throughout the United States. The purpose of this study was to examine the capital needs of health-related nonprofits. Given that many social workers are involved in the operation of nonprofits, implications for the social work profession are delineated.

Key words: nonprofits; health; capital needs; technical needs; rural; health equity; social work

1. Introduction

Although the United States of America is considered the most powerful country in the world, both economically and militarily, it continues to experience a myriad of social problems. These social problems include, but are not limited to, persistent poverty, health inequities, substance abuse, mass incarceration and other social issues. Some populations are negatively impacted at much greater rates than others. For example, minority populations tend to have higher incarceration rates (National Association for the Advancement of Colored People, 2017; Nellis, 2015) and experience greater health inequities more than their white counterparts (Barr, 2008; National Academies of Sciences, Engineering, and Medicine, 2017).

Addressing social problems in the U.S. has become a major challenge, with many sectors working to prevent suffering and premature deaths related to social inequities (Kendall, 2013; Sullivan, 2015). Along with governmental agencies, nonprofit and for profit entities play a major role in addressing well-documented problems throughout the U.S. Across a variety of sectors at the state, local and national levels, social workers continue to engage in critical roles regarding the development and implementation of interventions to manage social problems.

2. Social Work and Social Problems

The social work profession has its roots in providing services to address issues related to poverty in Europe and North America during the late 19th century. Although there were some early governmental efforts to provide assistance to the poor, charitable organizations, especially churches, played a major role in addressing social issues that people faced. With the rise of industrialized activity in the United States during the turn of the 20th century, the social work profession increased its role in providing macro interventions to address prevalent social problems. Recently, the social work profession has set a 10-year trajectory to make a significant impact on some of the most pressing issues in the U.S. In doing such, the profession has decided to take on 'Grand Challenges for Social Work and Society.' The profession solicited and refined big ideas before making these Grand Challenges actual goals for change (Williams, 2016).

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The selection process for the Grand Challenges included selecting a 14-member Grand Challenges Committee. The committee applied five top criteria for selection of the final Grand Challenges: 1) every challenge had to be big, compelling and important; 2) solutions to the challenge had to be scientifically based; and 3) meaningful and measurable progress to the challenge had to be feasible within a decade; 4) interdisciplinary or cross-sector collaboration would be generated from the challenge; and 5) significant innovation would be required from the challenge (USC, 2019). Figure 1 outlines the twelve grand challenges put forth by the profession.

Figure 1. The 12 Grand Challenges for Social Work and Society

1. Ensure healthy development for all youth
2. Close the health gap
3. Stop family violence
4. Advance long and productive lives
5. Eradicate social isolation
6. End homelessness
7. Create social responses to a changing environment
8. Harness technology for social good
9. Promote smart decarceration
10. Reduce extreme economic inequality
11. Build financial capability for all
12. Achieve equal opportunity and justice

3. Nonprofit Organizations

When compared to for-profit health and human service organizations, health-related nonprofits are growing quickly (Dees & Anderson, 2003; Hodgkinson, Weitzman, Abrahams, Crutchfield, & Stevenson, 1996). Hence, nonprofit organizations, particularly those that are related to health and human services, play a critical role in addressing needs of the American population. They provide an array of services in small and large communities throughout the United States. It has been found that health-related nonprofits care for approximately 70 percent of all inpatient cases in acute care hospitals (Frank & Salkever, 1994). Health-related nonprofits also provide a considerable share of specialty mental health and substance abuse treatment (Wyland, 2014), giving them a substantial share of the U.S. health care markets.

Despite having a substantial share of the health care markets, nonprofit organizations face difficulties delivering services to those in need (Daniel & Green-Caldwell, 2016). The difficulty faced by nonprofits parallels some of the issues faced by governmental agencies, especially regarding budgetary issues. While many nonprofits are finding an increased demand for their services, they are faced with shrinking budgets (Kirchhoff, 2003; Wyland, 2014), and this phenomenon will most likely continue for the foreseeable future. The two largest revenue sources for nonprofits, fee-for-service and government contracts, have seen a significant decline in recent years (Kirchhoff, 2003; Respaut, 2014). The creation and sustaining of nonprofits have a great deal to do with their access to capital (Needleman, 2001). As with for-profit organizations, nonprofits must have capital to be successful in achieving their goals. Hence, unique funding mechanisms must be utilized to assist nonprofits in obtaining needed capital (GGarthwaite, Gross, & Notowidigdo, 2015; Katz & Sims, 2015; Respaut, 2014).

4. Purpose

The purpose of this study was to gain a better understanding of the technical assistance and capital needs of health-related nonprofits, leading to further implications for social work. Special emphasis was placed on the differences in assistance needs of urban and rural health-related nonprofits. The specific aim was to answer a set of exploratory questions:

1. What are the capital and technical assistance needs of health-related nonprofits?
2. Do health-related nonprofits located in rural and urban settings differ on capital and technical assistance needs?

5.0 Methodology

5.1 Research Design

This study utilized exploratory, descriptive methodology to examine the capital and technical assistance needs of health-related nonprofits in the state of Georgia. Organizational management staff were used as the unit of analysis. A cross-sectional, correlational design was used to gauge participants' views about their organization's current needs. Operationalization of the Research Procedures

Prior to conducting the study, a meeting was held between the Georgia Small Business Lender (GSBL) staff and academic researchers. The researchers were able to introduce GSBL staff to the study. During this time, questions were encouraged and any points of confusion were clarified. The study questionnaire was pilot tested among individuals within the nonprofit sector prior to being mailed to potential study participants.

The data came from health-related nonprofits in the state of Georgia. Given that the study focused on organizational issues, managers/executives were invited to participate in the study. A cover letter attached to the questionnaire explained the purpose of the study. There was no compensation provided to the study participants.

5.3 Study Sample

The research team developed the study's sampling frame from a list of health-related nonprofit organizations in Georgia. The final list consisted of organizations that were listed in the Guide Star and Melissa databases. These databases list various nonprofit organizations in the U.S. A probability sample was used to select participants for the study. Specifically, a two-stage systematic random sample was used to select the participants. The first stage consisted of choosing every third name on the final list. To ensure that rural nonprofits would have proportional representation, they were over sampled. Hence, the second stage of the sample selection consisted of choosing additional rural nonprofits. The second stage also consisted of choosing every third rural nonprofit that was not chosen in the first stage.

Six hundred twenty-one questionnaires were mailed to potential participants, 330 rural and 291 urban/metropolitan. Seventy-one questionnaires were undeliverable. Thus, with the overall mailing, the researchers had a possible sample of 550. After completion, the questionnaires were returned to the investigators in sealed envelopes. No information was obtained on any of the nonparticipants. The final sample consisted of forty-eight rural nonprofits and forty-five urban/metropolitan nonprofits.

5.4 Measures

The questionnaire consisted of four major sections: 1) fund development issues, 2) need as related to fund development, 3) technical assistance needs, and 4) organizational and demographic background information. A letter was attached explaining the purpose of the study, and instructions on how to complete the questionnaire. Respondents were informed that all information was confidential and their participation was on a voluntary basis. The questionnaire was pilot tested with health-related nonprofits in the middle Georgia area. It took approximately 15-20 minutes to complete the 6-page questionnaire.

5.5 Operationalization of the Study Variables

Given that the study is exploratory, there was no testing of any a priori hypotheses. Variables in the study were chosen based on variables that were pertinent to capital (funding) needs of nonprofits. A thorough literature search was conducted to assist in variable selection.

Background Information: This section ascertained some general descriptive information about each organization. There were a total of seventeen questions. Sample questions included: 1) the respondent's position in the organization, 2) the mission of the organization, 3) services provided by the organization, 4) the year the organization was established, 5) full-time equivalent employees, 6) organization location (i.e., county), and 7) source funding for the prior year. This section included many qualitative questions, which added a "richer" dimension to the overall study. The background questions can be found in the appendix. **Needs as Related to Capital Development:** This section of the questionnaire pertained to the actual capital needs of the organization. Respondents were asked to answer six questions that related to their organization's capital needs.

The first question focused on the organization's biggest problem in serving rural and underserved communities. The second question focused on the organization's short-term capital or plans. The third question focused on the amount of financing required to address any short-term capital or plans. The fourth question focused on the organization's long-term need or plans. The fifth question focused on the amount of financing required to address any long-term need or plans. Finally, the sixth question focused on features the organization looked for in private loans/banks for addressing its capital needs.

Technical Assistance/Training Needs: A Likert-type rating scale was created to assess the technical assistance/training needs as related to fund development. This scale consisted of eight items. The ratings were made on seven-point scales ranging from strongly disagree (1) to strongly agree (7). Sample items include the following: "This organization does a good job with debt management"; "This organization could use assistance on how to deal with grant/equity challenges"; "This organization does a good job on locating potential funding sources"; "This organization does a good job on developing business plans." Items that were worded positively indicated that the organization did not need as much technical assistance/training in fund development. Items that were negatively worded indicated that the organization needed more technical assistance/funding in fund development. Prior to summing the items, negative items were reverse coded. The 8-item scale had an alpha reliability of .64, indicating that the internal consistency of the scale was somewhat low. Higher scores indicated less technical assistance/training needs, and lower scores indicated more technical assistance/training need. A copy of these questions are included in the appendix.

5.6 Data Analysis

Univariate analyses (i.e., descriptive statistics) were the primary method used to analyze and interpret the data for the study. However, some bivariate correlational analyses were conducted to investigate relationships between certain study variables. The bivariate analyses were not based on any particular theory or model, but were conducted from an exploratory basis. The data analyses were conducted using the statistical package for the social sciences (SPSS) version 25.

6.0 Results

Characteristics of the Respondents and Organizations

The sample characteristics include the background variables. As noted above, the rural and urban distinction is based on the 2010 U.S. Census definition. Urban is defined as an area with a population above 50,000 persons, while rural is defined as an area with a population below 50,000 persons. Based on this definition, there were nine cities listed as urban (U.S. Census Bureau, 2010).

The sample respondents were almost evenly split between rural and urban settings. A majority of the respondents, slightly more than 80 percent, considered themselves to be executive-level managers (e.g., CEO or president). Approximately 7 percent of the respondents reported that they are board members, while more than 6 percent of the respondents stated that they are mid-level managers (e.g., coordinators or program directors). The remaining respondents, approximately 4 percent, stated that they are direct line staff (e.g., counselors).

The respondents were asked to give the date that their organization was created. Based on the responses, the researchers calculated the number of years an organization had been in existence. The range was ninety-nine years, with the oldest organization being 100 years old. The mean number of years was just over eighteen, while the median was thirteen. Approximately 24 percent of the organizations have been in existence for more than twenty-five years, while almost 38 percent have been in existence for less than ten years. Overall, there was a great deal of variation in how long the organizations have been in existence.

Most of the organizations had a small number of full-time equivalent employees. Approximately 48 percent of the respondents reported that they employed fewer than five full-time employees. The number of employees ranged from one to more than 3,000. Overall, there was a great deal of variation in the number of full-time employees.

Forty-nine percent of the respondents reported that their organization's annual budget for 2004 was over \$325,000. Some organizations had a budget over \$1,000,000. On the other end of the spectrum, approximately 19 percent of the organizations had a budget under \$25,000 for 2004. Finally, more than 28 percent of the respondents reported an annual budget between \$25,000 and \$325,000.

Study participants were also asked about their organization's most common funding source. Government contracts and grants were the most common sources — approximately 35 percent. Fee-for-service was the second most common source — 30 percent. Slightly more than 14 percent of the respondents reported that their organization received private donations. The remaining sources of funding included: private donations (four percent), special fund-raising events (6 percent) and other sources (6 percent). Approximately 2 percent of the respondents reported that their organization was evenly split on the types of funding received. Consistent with the most common sources of funding, respondents were asked to give their preference of the source of funding. Thirty-one percent of the respondents preferred fee-for-service, while slightly more than 25 percent preferred private donations. Government contracts (19 percent) and foundation grants (14 percent) were the next two most preferred sources of funding.

Given the challenges to balancing budgets in tight fiscal times, particularly for nonprofits, study participants were asked about how well their organization did last year. Thirty-six percent of the respondents reported that their organization operated at a net financial loss, while thirty-four percent of the respondents stated that their organization operated at a net financial gain. Approximately 30 percent of the sample respondents stated that their organization had neither a surplus nor a gain.

The number of persons being served by each organization varied considerably. The numbers ranged from one to 125,000. Much of this variation probably has to do with the way respondents viewed how the organization carried out its services. Some organizations are probably more focused on specific issues within the community, while other organizations, such as nonprofit hospitals focus on a number of issues across one or more counties. The median number of persons served is 500. Fifty percent of the respondents reported that the largest percentage of their agency's clients/patients/consumers are white. Slightly more than 20 percent reported that the largest percentage of their agency's clients/patients/consumers are black. Approximately 10 percent of the respondents believed that their clients/patients/consumers were evenly split between blacks and whites. Almost 6 percent are Hispanic. No other racial/ethnic groups represented the largest percentage of clients/patients/consumers. These percentages are somewhat similar to Georgia's overall population.

In addition to examining the largest percentage of clients being served by an organization, study participants were asked to list the largest percentage of clients that were female or male. A majority of the respondents, 64 percent, reported that most of their clients are female. Hence, many of the nonprofits are most likely providing gender/sex-specific services. Table 1 summarizes the characteristics of the entire sample.

Table 1. Characteristics of the Study Sample

Characteristics	Frequencies	%
Location		
Rural	48	51.6
Urban	45	48.4
Position within organization		
Executive-level management	74	79.5
Board member	7	7.5
Mid-level management	6	6.5
Direct line staff	4	4.3
Missing	2	2.2
Number of years in existence		
1 - 10	37	39.7
11 - 20	28	30.1
21 - 30	10	10.7
31 - 40	5	5.4
41 - 50	6	6.5
51+	5	5.4
Missing	2	2.2
Number of full-time staff		
1 - 50	74	79.5
51+	17	18.3
Missing	2	2.2
Annual budget		
Under \$25,000	17	18.3
\$25,001 to \$75,000	9	9.6
\$75,001 to \$125,000	6	6.4
\$125,001 to \$175,000	3	3.1
\$175,001 to \$225,000	4	4.3
\$225,001 to \$275,000	3	3.1
\$275,001 to \$325,000	1	1.0
\$325,000+	47	50.1
Missing	3	3.1
Most common funding sources		
Fee for service	27	29.0
Govt. contracts and grants	32	34.4
Foundation grants	4	4.3
Private donations	13	13.9
Special fund-raising	6	6.4
Other sources	8	9.6
Missing	3	3.1
Preferred funding sources		
Fee for service	28	30.1
Government contracts and grants	17	18.3
Foundation grants	13	14.0
Private donations	23	24.7
Special fund-raising	3	3.1
Other sources	6	6.4
Missing	3	3.1
End-of-year operating outcome		
Net financial loss	33	35.4

Net financial gain	31	33.3
Neither a surplus nor gain	27	29.0
Missing	2	2.1
Number of persons served		
1 - 100	29	31.2
100+	58	62.3
Missing	6	6.5
Race/ethnicity of majority population served		
African American/Black	25	26.8
Hispanic	5	5.4
White (non-Hispanic)	43	46.2
Evenly split	13	13.9
Missing	7	7.5
Sex of majority population served		
Female	58	63.9
Male	13	15.1
Evenly split (female/male)	18	21.0
Technical Assistance/Training Needs		

A scale was created to examine technical assistance/training needs as related to fund development. As with fund development, a scaled score was also obtained for technical assistance as related to fund development. The highest possible score was fifty-six, while the lowest possible score was eight.

Lower scores indicated a lesser need for technical assistance, while a higher score indicated a greater need for technical assistance. The scores ranged from thirty-four to fifty-six, with a mean score of 45.8 (SD = 4.5). The median score was forty-six and the mode was forty-eight. Overall, the scores were somewhat normally distributed. Kurtosis and skew were, respectively, 0.27 and .07, further suggesting a relatively normal distribution.

Fund Development Focus

Similar to the section on technical assistance, a total scaled score calculated for each participant. The highest possible score was forty-nine, and the lowest possible score was seven. As noted above, lower scores indicated a weaker fund development focus, while higher scores indicated a stronger fund development focus. The scores ranged from thirty-two to forty-nine, with the mean score 42.7 (SD = 3.5). The median score was forty-two and the mode was forty. Overall, the scores were somewhat normally distributed. Kurtosis and skew were, respectively, 0.29 and -0.18, further suggesting a relatively normal distribution.

Need as Related to Fund Development

As noted above, this section of the questionnaire sought to determine the actual funding needs of an organization. Six questions were developed to assess these needs. The first question of this section focused on the biggest problem in serving rural and underserved communities. Study participants could choose one of three response choices: 1) lack of funding to provide service, 2) increasing customer/client/patient base, and 3) other. Most respondents, greater than seventy percent, believe that their biggest problem was a lack of funding to provide services.

Bivariate Results

Bivariate analyses were also conducted on certain variables. Given that this study did not set any a priori presumptions, all bivariate analyses were conducted from an exploratory standpoint. Additionally, in order to keep the report manageable for the reader, only a select number of variables were chosen for the bivariate analyses. Specifically, bivariate analyses were conducted on each question within the two scales developed for the study: fund development and technical assistance. Comparisons were made between nonprofits located in rural and urban settings. T-tests were conducted to examine any differences in rural and urban settings.

There were no statistically significant differences between rural and urban settings as related to any of the questions in the fund development scale. Likewise, there was not a statistically significant difference between rural and urban settings related to the overall fund development score. Thus, it can be said that nonprofits located in rural and urban settings face similar fund development issues.

For most of the technical assistance questions, there were no statistically significant differences related to questions in the technical assistance scale. There was a statistically significant difference in rural and urban nonprofits as related to the question on whether an organization meets its funding goals ($p < .05$). The mean scores for respondents in rural settings ($M = 3.54$) were significantly higher than for respondents in urban settings ($M = 2.63$). These results indicate that nonprofits located in rural areas could use more technical assistance in reaching their funding goals.

7.0 Discussion

The impetus for this study came from the funder's goal of strengthening health-related nonprofits, with a hope that these nonprofits will address broad spectrum of health issues – especially social issues that give rise to health inequities related to vulnerable populations. This study focused on capital and technical assistance needs of health-related nonprofits. The study's purpose was to identify pertinent needs as related to funding and any technical assistance that may be needed to obtain the needed funding. Analyses were conducted specifically to address a set of exploratory research questions.

The findings of the study provide a significant step in beginning to understand the capital and technical assistance needs of health-related nonprofits. The first question this study sought to answer was related to the capital needs of health-related nonprofits. Although it is often said that nonprofit health and social service organizations struggle financially, there are not any recent data for policy-makers and potential funding organizations to look at from a state-wide perspective. Most financial needs are communicated anecdotally at best – usually in the form of grant proposals.

Consistent with the literature on understanding the budgetary operations of nonprofits (Brody, 2014), the current study further explicates the need for nonprofit leadership staff to avoid placing a great deal of emphasis on one funding source. Although financial institutions and creditors seldom lend money to nonprofit organizations (Jegers & Verschueren, 2006), low interest loans could certainly help with bridge funding whenever other sources of revenue can be obtained. This source of funding could determine whether the organization is able to stay in operation and provide needed services.

There are some limitations to this exploratory study that must be acknowledged, including study participants and the measures used. First, the study participants were primarily executive-level managers. It can be argued that those who are in charge may give a biased opinion. This same argument can be made if a majority of the respondents were “front-line” staff. Ideally, one would want a study that compared the opinions of a number of different persons within an organization. This type of study would most likely have to be conducted via face-to-face interviews within each organization.

Additionally, the lack of association observed for some of the background variables with fund development and technical assistance may be related to operational precision. As noted earlier, the internal consistency in each of the scales was somewhat low. However, the question items in the scales are beginning indicators of need. Additional qualitative work may lend itself to discovering indicators that would provide a higher internal consistency. Although the study has limitations noted above, the findings are a step in the direction to gain a better understanding of the capital and technical assistance needs of health-related nonprofits in Georgia. Overall, the results of this investigation do shed some light on the needs of these nonprofits. Further study and discussion related to how to market funding and technical assistance sources to health-related nonprofits. Given that nonprofits heavily rely on traditional funding to operate (Kirchoff, 2003; Wyland, 2014), other sources such as low interest loans may be a viable choice for some nonprofits to explore.

8.0 Implications for Social Work

The social work profession has a deep, rich history of providing leadership within charitable organizations that provide help to underserved populations. After becoming a profession with an academic underpinning, the social work profession has placed a great deal emphasis on preparing future social workers to lead the way in developing

private and charitable organizations to serve underserved populations (Morris & Hopps, 2007). Despite a shift to a greater emphasis on clinical practice, as mandated by the Council on Social Work Education (CSWE), social work programs continue to emphasize some level of need to prepare social work students for various aspects of macro practice – including social administration.

Although there has been an increased emphasis placed on social work administration within the academic environment (King, 2017), some commentators note that nonprofit administrators with social work degrees are not adequately prepared to engage in responsibilities afforded to a nonprofit organization leader (i.e., chief executive officer, executive director, or manager) (Gibbons, 2009; Hofer, 2003; Wilson & Lau, 2011). One of the most pointed criticisms related to social workers engaging in administrative roles comes Wilson and Lau (2011), who asserts that inadequate social work administrators begin with a lack of prepared social work leaders in nonprofit organizations.

The challenges faced by social workers that are administrators within nonprofit organizations are seen by other human service professionals that also have administrative positions. Packard (2004) notes that the acquisition of administrative skills is a challenge across health and human service professionals. Notwithstanding the noted similarities faced across the different disciplines/professions heading up nonprofit organizations, as noted above, the social work profession has had some emphasis on preparing social workers for organizational leadership roles. However, this emphasis may have declined due to emphasis on clinical practice. Some social work programs have taken a step in strengthening administrative skills for social workers by offering dual or joint – degree programs such as public health and social work (Ruth et. al, 2017).

Many of the dual or joint – degree programs in social work (especially those in public health) place a great deal of emphasis on macro-level focused courses (Browne, et al., 2017; Ruth et al., 2008; Ziperstein, et al., 2015).

Despite macro-level focused courses placing a greater emphasis on management and administration, some commentators (Mor Barak, Travis, & Bess, 2004) believe more evidence is needed about the effectiveness of macro field experiences in preparing social workers to become competent administrators. Hence, this gap in the literature related to field education provides an impetus to gain additional knowledge about how well social work students engage in practice behaviors related to administrative functions.

Hill et al. (2010) suggest that social work education programs include macro-level faculty mentors, provide macro-level faculty members, and establish macro-level field placements. They further note that the social work profession should place an increased importance on the benefits of having social workers prepared to engage in administrative functions. There has been a continuous debate about, within the profession, regarding micro vs. macro practice among professionally trained social workers. Although a majority of graduate-level social workers are trained to engage in clinical practice, many move on to take administrative roles – especially in nonprofit organizations. The shift from micro to macro practice, without a strong foundation for macro-level practice, could provide significant challenges for those social workers making this shift.

Because the social work administration research indicates that a vast number of small nonprofit organizations are resource deprived and structurally inept, it is imperative that administrative staff obtain the adequate knowledge and skills prior to taking on this role. The literature delineates a cadre of financial management skills nonprofit management staff need to employ for the success and survival of these organizations (Hassan, Waldman, & Shelly, 2013). In addition to budgeting and accounting responsibilities (Finkler, 2010), the current study supports the need for management staff to understand financing – a concept that aligns with the organization's very existence. Thus, schools and programs of social work may want to rethink aspects of their curricula that would give future social workers a head start on tackling some of society's grand challenges from an organizational perspective.

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