The Importance of Race and Religion in Social Service Providers∗

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Objectives. The objectives of this study are to investigate the traits that clients find important in professional social service providers, comparing confidence in client management skills (friendliness, experience, and knowledge) to desire for demographic characteristics (being of the same race and religion). Methods. To accomplish this task, we use multiple regression to analyze results of the Lehigh Valley Trust Survey of low-income recipients of social services. Results. While most respondents find the professional traits important, there is significant variation in whether respondents consider demographic characteristics to be important. We find that having a provider of the same race is very important for African Americans and Hispanics, while having a provider with similar religious beliefs is extremely important for evangelical Protestants. Other predictive variables for homophilous preferences in race and religion are age, mobility, and education. Conclusions. Professional skills corresponding to organizational position are important to most people, but specific demographic groups prioritize racial, ethnic, and religious homophily. While we suggest some possible explanations (perceived or actual discrimination and cultural concordance), further research is needed to determine the causes.

Many Americans rely on services from government welfare departments, nonprofit organizations, faith-based organizations, and churches in order to survive. Whether individuals receive care in the form of medical help, daily food provision for the elderly, job counseling, or depression treatment, meeting client preferences for social service providers is important to determine whether recipients will seek help and how effective the help can be. Social service providers rely on their clients to provide them with accurate information, without which it is very difficult to accomplish their goals. Cooperation from recipients, then, is very important and can depend on how well providers

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meet the often unstated preferences of service recipients. However, not much is known about recipient preferences with regard to social services (Wuthnow, Hackett, and Hsu, 2004). This article examines traits that recipients consider important in social service providers, comparing preferences for professional skills (such as the ability to establish rapport, knowledge, and experience) to preferences for demographic characteristics (such as race and religion).

Our research question is a “classic” social science question in that we probe Weber’s (1978) insight that modern organizations tend to rely on bureaucracy (the stable positions within organizations arranged around competency) rather than charisma (the personal characteristics or force of personality attached to specific individuals). However, a recent body of work growing out of organization theory argues that organizations ought to be understood as relational processes that are inseparable from the transactional contexts in which they are embedded (Emirbayer, 1997:287). Therefore, ongoing relations and encounters should be a focal point of interest in the study of organizations (Scott, 2004).

Certainly, research on homophily indicates that people generally have strong preferences for those who are similar to them, with race as the strongest divider, and age, religion, and education following (McPherson, Smith-Lovin, and Cook, 2001). The tendency of individuals with similar characteristics to associate with one another, particularly on the basis of age, race, gender, and religion, has been an established sociological observation since Lazarsfeld and Merton’s (1954) study. In the workplace, studies on discrimination in hiring and promotions show that these depend a great deal on race or ethnicity (Bendick et al., 1991; Pager, 2003), gender (Ortiz and Roscigno, 2009), and sexual orientation (Tilcsik, 2011). Homophily is also important to client perceptions in provider–client relationships. For example, an assessment of client perceptions of an agricultural education program found that when the client’s and agent’s race were different, there was a small but significant decrease in the satisfaction score for service than when they were of the same race (Strong and Israel, 2009).

Therefore, our research question addresses both the debate stemming from classical organization theory on professional versus personal characteristics as well as the definitive subject of how race and religion matter in service-client satisfaction. Social work training manuals focus on developing skills as a means of establishing rapport and on understanding client management, which includes servicing clients of different ages, dealing with alcohol or drug abuse, and assessing needs (e.g., Greene, 2008). In social work, emotions “define the character of the professional relationship” (Howe, 2008:1). Managing client emotions is an important part of one’s professional skill set in social work, which makes the ability to convey a friendly attitude an important worker asset (this is observed in other occupations as well; see Hochschild, 1983). Thus, friendliness, experience, and knowledge are all considered important professional skills in a social service provider. On the other hand, if we acknowledge that nonprofit, nongovernmental, and public organizations are
collections of relational processes, we would expect that personal characteristics of the providers are also important.

We are interested in the claiming-granting process between the social service provider and client. Following the literature on claiming-granting processes (DeRue and Ashford, 2010), we define “granting” as the actions a client takes to bestow a “provider” identity onto another person. A client may do this by giving the information that the provider requests, or by volunteering information she otherwise would not give (e.g., that she lost her job that morning). Since information is crucial to social work, it can be difficult for the provider to do his or her job unless the client bestows that “provider” status. We further focus on implicit theories of providership—individual beliefs about what makes someone an effective provider. We expect that potential clients generally desire professional skills in a provider. But do they also consider demographic characteristics?

The Importance of Professional Competency

Max Weber’s (1978) ideal-type bureaucracy funnels power by keeping organizations stable through reliance on positions (rather than individual persons) and an emphasis on professional training, among other things. We expect that, in our increasingly rationalized society, people desire competence in any professional.

Research shows, however, that people's judgments of others fall along the two primary dimensions of warmth versus competence (Fiske, Cuddy, and Glick, 2007), and organizations perceived as caring are normally not perceived as competent. Warmth judgments include generosity, kindness, honesty, sincerity, and helpfulness, while competence judgments include confidence, effectiveness, and capability. Demonstrating warmth suggests behaving according to moral codes, while competence indicates the capacity to bring about one’s intent. For example, working moms are perceived either as warm but incompetent, or competent but cold. Research on consumer perception shows that people perceive nonprofits (and we assume by extension, social service agencies) as warmer but less competent than for-profits (Aaker, Vohs, and Mogilner, 2010). So, it is not completely obvious whether social service clients would be looking primarily for competency or something else.

The Importance of Demographic Similarity

Race has, arguably, been the most powerful and persistent group boundary throughout the history of the United States. Often manifesting as white versus nonwhite, it has strongly influenced patterns of intergroup interaction—often in negative ways. Progress made over the past 50 years has led to increased levels of cross-racial interaction, but racial boundaries still exist. One example
of the persistence and strength of these boundaries is recipient preferences for service providers of their same race.

Research on preferences for service providers of the same race tends to cite three reasons for this type of homophily: perceived past prejudice in service provision, actual observed differences in service delivery, and cultural concordance. Much of the research on preferences for same-race providers focuses on healthcare, documenting ongoing racial and ethnic disparities and linking patient–physician race and ethnic concordance with higher patient satisfaction (e.g., Cooper and Powe, 2004). One of the reasons behind this greater patient satisfaction with same-race physicians is past personal experience; patients who indicate that they or a family member has experienced discrimination by health-care providers in the past are significantly more likely to state a preference for same-race providers than are respondents without this history (Malat and van Ryn, 2005).

Additionally, a growing body of research has documented significant differences, based on race, in the delivery of services to recipients/clients (Williams and Collins, 1995). For example, white physicians have been documented as spending less time with their black patients than with their white patients on planning treatment, providing health education, chatting, assessing patients’ health knowledge, and answering questions (Oliver et al., 2001). In their study of Florida welfare transition case managers, Schram et al. (2009) find that racial minorities, particularly African Americans, are more likely to be sanctioned for behaviors labeled as deviant than are white welfare clients with the same narratives, and that race/ethnicity and the presence of “stereotype-consistent discrediting traits” explain the difference in treatment. There is also a growing body of evidence on a host of health conditions documenting that race/ethnicity plays a significant role in treatment recommendations by physicians (e.g., Sequist et al., 2008)—sometimes with very negative consequences.

A final reason for customer preference for same-race service providers—related to differences in service delivery—is that of cultural concordance. Cultural concordance or congruence dictates that when clients and providers share certain characteristics that are thought to map onto a shared culture—be it language, gender, class, or race—customer satisfaction rates and other measurable outcomes related to the interaction are significantly more positive (Malat, 2001).

In terms of ethnicity in particular, patients prefer ethnically concordant physicians primarily because of concerns about language and empathic treatment (Garcia et al., 2003). Ethnic minority patients obtaining healthcare report experiencing greater difficulty in communicating with their health-care provider and being treated with disrespect more frequently than do their white counterparts (Collins et al., 2002). Patients in race-concordant relationships with their physicians rated their physicians’ decision-making styles as significantly more participatory than did patients in race-discordant relationships (Cooper-Patrick et al., 1999).
Regarding social service provision, *racially representative bureaucracy theory* dictates that goals of the bureaucracy are best supported by staff reflecting the social backgrounds of constituents (Kingsley, 1944). Individuals of the same social background are thought to share a common history; similar life experiences, values, and political interests; and a collective social identity. It is, therefore, believed that the concerns of historically marginalized groups in particular will receive a fairer hearing should similarly marginalized persons staff public agencies. In her study of a racially diverse welfare office, Watkins-Hayes (2011) finds that while racial diversity among the workforces of street-level bureaucracies is important and can have positive effects; ultimately, organizational dynamics and intragroup politics within minority communities greatly inform how race is mediated within these institutions.

That being said, client preferences for same-race providers were noted for a variety of reasons: “Wanting a caseworker who shares one’s racial background had less to do with a desire for special privileges and more to do with a desire for bureaucratic protection from harsh treatment or from a failure to understand how race, class, and gender converge to limit their opportunities in life” (Watkins-Hayes, 2011:i242).

Similarly, in a study of Mexican families and their experiences with service providers in the public child welfare system, the authors find that from the perspective of the families, there is an emphasis on the cultural values of *personalismo*—goodness, getting along with others, respectful listening, and caring interaction between the social service provider and the family as the foundation for building trust and rapport. They also value *familismo*—a collectivist view that focuses on family values and family well-being rather than on individual opportunities (Ayon and Aisenberg, 2010). Caseworkers who strived to incorporate these values within their interactions with these families had more productive relationships with the families they served. As with Watkins-Hayes’s research, the authors find that while there are attempts made to deliver culturally congruent social services, these efforts are often thwarted by organizational structural factors.

Regardless of what lies behind race-concordant preferences for social service providers, the studies on perceived past prejudice, differences in service delivery, and cultural concordance predict that certain racial and ethnic groups will exhibit stronger preferences for racial homophily than others. Specifically, we expect that African-American and Hispanic respondents in our sample will more strongly indicate that it is important to have service providers of one’s same race or ethnicity than will other racial or ethnic groups in the sample.

Religion is another important marker of identity in American society. Although a rising tolerance for religious differences has been documented (Hout and Fischer, 2008), studies on religious groups show that people still prefer...
those who are of the same religion because symbolic distinctions (including religion) are important in boundaries that include and exclude (Warner, 1993). The literature points to the possibility that some religious groups may have a markedly stronger preference than other groups to deal with those who are religiously similar, not only in personal relationships but in situations where a professional service is being given and received. A study of obstetrical care argues that the choice of a nurse-midwife is strongly determined by homophily in concepts of causation, beliefs, and values between the nurse-midwife and the client (Sargent, 1982).

Previous studies show that evangelical Protestants exhibit more homophily than other religious groups for two reasons. The “embattled” argument posits that, because of perceived marginalization and discrimination, evangelical Protestants have a stronger sense of group boundaries and therefore stronger preferences for social services providers with the same religious identity. Smith (1998) identifies evangelicals as a religious group that fosters a subcultural identity. The content of evangelical beliefs cultivates a sense of the group’s distinction among other religions, and evangelical engagement with American pluralistic society creates a sense of conflict and threat that paradoxically strengthens religious identity. Strong subcultures define themselves in relation to what they are not, so interactions with people who are different in urban, cosmopolitan, and pluralistic settings cause evangelicals to develop a stronger sense of group boundaries and their own distinctiveness.

Another aspect of evangelicalism that lends itself to homophily is exclusive theologies (belief that there is only one true religion). Such churches increase participation levels through organizational and social mechanisms, such as rules about behavior, and tight social networks for the monitoring of behavior, which ensures individual commitment through action (Scheitle and Adamczyk, 2009). Individuals who either hold exclusive beliefs or are members of congregations with exclusive beliefs are more likely than others to form relationships with people from their congregations.

Studies on these two influences lead us to expect that evangelical Protestants show strong preferences for engaging with others who hold similar religious beliefs. Specifically, we expect that they find it more important to have a social service provider with similar religious beliefs than do Catholics, mainline Protestants, black Protestants, Jews, or those affiliated with other religions or none.

Data and Methods

We analyze data from the Lehigh Valley Trust Survey, which was conducted between January 16 and March 20, 2002, among 2,077 respondents in the Lehigh Valley of northeastern Pennsylvania (Wuthnow, Hackett, and Hsu, 2004). Two unique features of this data set make it particularly valuable for answering the questions we pose: first, the data set targets a low-income
population that uses social services, specifically asking for responses about how clients perceive client–provider interactions. Available data on social services often survey social work practitioners rather than clients (e.g., the National Association of Social Workers Practice Research Network Survey and National Hospice Social Work Survey). Second, the data set asks questions about preferences for demographic similarity with regard to providers. Such questions are not commonly found, as much of the work on homophily generally relies on survey questions about friendship ties (Marks, 1994).

Respondents were selected from the 15 census tracts with the lowest average household income in the region to maximize the likelihood of surveying recipients of social services. The survey questions respondents about the social services they seek and the type of caregiver they desire. In the sample, the median 1989 household income is $18,819, 17.9 percent receive public assistance, 10 percent are unemployed, 8 percent are African American, and 28 percent are Hispanic. Schulman, Ronca, and Bucuvalas, Inc., a Manhattan-based survey research organization, conducted telephone interviews in Spanish and English. With a total population of 616,000, the Lehigh Valley is the fourth largest metropolitan area in Pennsylvania (after Philadelphia, Pittsburgh, and Scranton) and similar in size to approximately 50 other medium-sized cities including Austin, Charlotte, Gary, El Paso, Mobile, Omaha, and Syracuse.

Dependent variables included responses to a question about the importance of various traits in a social service provider. Respondents were asked, “When you deal with people who are trying to help you or someone in your family, how important is it to deal with someone who . . . ” and then presented with a list of traits: “is friendly and easy to talk to,” “has a lot of experience,” “has a lot of knowledge and training,” “has religious beliefs similar to your own,” and “is of the same race or ethnic background as you” (Table 1). For each trait, the respondent chose between 1, “not at all important,” and 4, “quite important.” The first three traits all correspond to aspects of the professional skills of social service providers, friendliness corresponds to client management skills, while experience and knowledge denote the degree of training that the provider has. In contrast, being of the same religion and race are both traits that describe demographic (rather than professional) characteristics of the provider; we use these variables to denote the importance of homophily (in religion and race) to the respondent.

Most independent variables in this analysis are coded as dummy variables in which 1 = yes (see Table 1). Using multiple dummy variables for age, income, and education, we are able to model nonlinear relationships. Socioeconomic status is measured with dummy variables for less than high school education (17 percent), a college degree (21 percent), annual household income below $10,000 (17 percent), and over $40,000 (24 percent). The comparison category for education are those who have at least a high school diploma but

Because the survey instrument used for our data set uses the term Hispanic (rather than Latino), we use it throughout this article.
### TABLE 1
Descriptive Statistics

<table>
<thead>
<tr>
<th>Dependent Variables</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;When you deal with people who are trying to help you or someone in your family, how important is it to deal with someone who . . .&quot; (1 = Not at all important, 4 = Quite important)</td>
<td>3.74</td>
<td>−0.59</td>
</tr>
<tr>
<td>&quot;... is friendly and easy to talk to?&quot;</td>
<td>3.74</td>
<td>−0.59</td>
</tr>
<tr>
<td>&quot;... has a lot of knowledge and training?&quot;</td>
<td>3.52</td>
<td>−0.8</td>
</tr>
<tr>
<td>&quot;... has a lot of experience?&quot;</td>
<td>3.51</td>
<td>−0.77</td>
</tr>
<tr>
<td>&quot;... has religious beliefs similar to your own?&quot;</td>
<td>2.71</td>
<td>−1.19</td>
</tr>
<tr>
<td>&quot;... is of the same race or ethnic background as you?&quot;</td>
<td>2.11</td>
<td>−1.19</td>
</tr>
<tr>
<td>Independent Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 18–30</td>
<td>0.26</td>
<td>0.44</td>
</tr>
<tr>
<td>Age 60+</td>
<td>0.22</td>
<td>0.41</td>
</tr>
<tr>
<td>Female</td>
<td>0.61</td>
<td>0.49</td>
</tr>
<tr>
<td>African American</td>
<td>0.08</td>
<td>0.27</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.27</td>
<td>0.44</td>
</tr>
<tr>
<td>Other race</td>
<td>0.05</td>
<td>0.21</td>
</tr>
<tr>
<td>Mobility (addresses since 18th birthday)</td>
<td>2.83</td>
<td>1.12</td>
</tr>
<tr>
<td>Not high school graduate</td>
<td>0.2</td>
<td>0.4</td>
</tr>
<tr>
<td>College graduate</td>
<td>0.21</td>
<td>0.41</td>
</tr>
<tr>
<td>Annual income &lt;$10,000</td>
<td>0.17</td>
<td>0.37</td>
</tr>
<tr>
<td>Annual income &gt;$40,000</td>
<td>0.24</td>
<td>0.43</td>
</tr>
<tr>
<td>Evangelical Protestant</td>
<td>0.16</td>
<td>0.37</td>
</tr>
<tr>
<td>Mainline Protestant</td>
<td>0.16</td>
<td>0.37</td>
</tr>
<tr>
<td>Black Protestant</td>
<td>0.04</td>
<td>0.18</td>
</tr>
<tr>
<td>Jew</td>
<td>0.01</td>
<td>0.08</td>
</tr>
<tr>
<td>Other religion</td>
<td>0.08</td>
<td>0.27</td>
</tr>
<tr>
<td>No affiliation</td>
<td>0.13</td>
<td>0.34</td>
</tr>
</tbody>
</table>

did not graduate from a four-year college; for income, it is households with income between $10,000 and $40,000 annually. Dichotomous variables indicate age 18 through 30 (26 percent of respondents), age over 60 (22 percent), female (61 percent), African American (8 percent), Hispanic (27 percent), and other race (5 percent). Mobility is measured by the number of addresses the respondent has had since turning 18. Other variables are included in order to see whether household problems affect what one desires in a caregiver.

A schema described by Steensland et al. classifies respondents’ denominational affiliations into distinct theological traditions (2000). For example, Episcopalians and United Methodists are classified as mainline Protestants.

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3 Hispanic is an ethnic category that is included among the racial categories in this data set.
while Southern Baptists and Missouri Synod Lutherans are classified as evangelical Protestants. Participation in a religious community (attendance) suggests the degree to which respondents are regularly exposed to the influence of their religious tradition. Dummy variables are included for the largest religious traditions (Roman Catholic—36 percent, evangelical Protestant—16 percent, mainline Protestant—16 percent, and black Protestant—4 percent) and the attendance levels likely to have the greatest influence (at least weekly—36 percent, and a few times a year or never—45 percent). The comparison category for affiliation is Catholic.

For the analysis, we calculated ordinary least squares regression models differing by dependent variable (desirable trait, i.e., friendliness, experience, knowledge, similar religious beliefs, and being of the same race). Thus, we were able to compare how much demographic and other characteristics of the respondents explain the degree to which they saw each of the traits as important in social service providers.

Findings

Table 1 shows that, for an overwhelming majority of the respondents, professional skills in a social service provider are very important. Most respondents want to have a provider who is friendly and easy to talk to, has a lot of knowledge and training, and has a lot of experience. The question, “When you deal with people who are trying to help you or someone in your family, how important is it to deal with someone who . . . ” was answered by respondents on a scale of 1–4, with 1 being “not at all important” and 4 being “quite important.” For the three professional traits, responses to this question had high aggregate means (and low standard deviations): 3.74 (0.59) for friendliness, 3.52 (0.80) for knowledge and training, and 3.51 (0.77) for experience.

In contrast, fewer respondents thought that having a social service provider of the same race or similar religious beliefs was “quite important,” but there was a greater degree of variation. The demographic homophily characteristics had lower aggregate means but higher standard deviations: the importance of having religious beliefs similar to one’s own had an aggregate mean of 2.71 and standard deviation of 1.19, while the importance of having someone of the same race had an aggregate mean of 2.11 and standard deviation of 1.19.

Table 2 shows that 79 percent of respondents feel that a social service provider who is friendly is quite important, 66 percent regard having a lot of knowledge and training as quite important, and 63 percent consider having a lot of experience quite important. Fewer see similar religion (only 35 percent) and same race (20 percent) as “quite important.” The homophily traits were spread out much more evenly among the rest of the importance measures: 25 percent found similar religious beliefs “fairly important,” 15 percent found it “not very important,” and 25 percent, “not at all important.” With regard to having a social service provider of the same race, 15 percent considered it
TABLE 2

Responses on Importance of Traits in Social Service Providers

<table>
<thead>
<tr>
<th>“When you deal with people who are trying to help you or someone in your family, how important is it to deal with someone who...”</th>
<th>Quite Important</th>
<th>Fairly Important</th>
<th>Not Very Important</th>
<th>Not at All Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>“... is friendly and easy to talk to?”</td>
<td>79</td>
<td>16</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>“... has a lot of knowledge and training?”</td>
<td>66</td>
<td>24</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>“... has religious beliefs similar to your own?”</td>
<td>63</td>
<td>27</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>“... is of the same race or ethnic background as you?”</td>
<td>35</td>
<td>25</td>
<td>15</td>
<td>25</td>
</tr>
</tbody>
</table>

“fairly important,” 18 percent, “not very important,” and 45 percent, “not at all important.”

Thus, comparing the professional traits against the demographic similarity traits, we find that almost everyone wants a social service provider who is friendly, knowledgeable, and experienced, while there is a significant divide in those who prefer providers looking and worshiping similarly. We look at the independent variables to see if they tell us which characteristics predict the strongest preferences for homophily traits.

The results of the five ordinary least squares (OLS) regression analyses are presented in Table 3. As indicated by the difference in R-squares, the demographic models (Models 4 and 5) do a much better job of explaining the homophily outcomes than the professional skills models (Models 1–3). We were most interested in the coefficients in the demographic models. The positive coefficient for evangelical in Model 4 shows that, controlling for income, education, and other variables, being an evangelical Protestant significantly increases a respondent’s feeling that it is very important to have a social service provider who has similar religious beliefs (in comparison to being in other religious groups—Catholic is the comparison group). The other religious groups (mainline Protestant, black Protestant, Jewish, and “other”) are not significant at the level of at least p < 0.05. The negative coefficient for being religiously unaffiliated is consistent with the question, as those who are unaffiliated are likely to think that the religion of the provider is unimportant. The size of the effect is such that an evangelical considers having a provider of similar religion more important by 0.339 than a Catholic in the 1–4 scale of importance.

Other demographic variables (age, race/ethnicity, and education) also significantly predict the importance of having a provider of similar religious beliefs to respondents. Being older, being African American, being Hispanic, having moved fewer times, and having less than a high school education all
TABLE 3
Influence of Demographic Characteristics on Desired Social Service Provider Traits

<table>
<thead>
<tr>
<th></th>
<th>1 Friendly</th>
<th>2 Experienced</th>
<th>3 Knowledgeable</th>
<th>4 Similar in Religion</th>
<th>5 Same Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 18–30</td>
<td>-0.017</td>
<td>-0.089*</td>
<td>-0.05</td>
<td>-0.234***</td>
<td>-0.192**</td>
</tr>
<tr>
<td>Age 60+</td>
<td>-0.157***</td>
<td>0.031</td>
<td>0.013</td>
<td>0.248***</td>
<td>0.360***</td>
</tr>
<tr>
<td>Female</td>
<td>0.119***</td>
<td>0.067</td>
<td>0.092*</td>
<td>0.106</td>
<td>-0.057</td>
</tr>
<tr>
<td>African American</td>
<td>-0.291***</td>
<td>0.069</td>
<td>0.051</td>
<td>0.311**</td>
<td>0.474***</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.009</td>
<td>0.157***</td>
<td>0.133**</td>
<td>0.411***</td>
<td>0.594***</td>
</tr>
<tr>
<td>Other race</td>
<td>-0.210***</td>
<td>-0.015</td>
<td>0.029</td>
<td>0.031</td>
<td>0.219*</td>
</tr>
<tr>
<td>Mobility (addresses since 18th birthday)</td>
<td>0.016</td>
<td>-0.011</td>
<td>-0.018</td>
<td>-0.076***</td>
<td>-0.085***</td>
</tr>
<tr>
<td>Not high school graduate</td>
<td>-0.086*</td>
<td>0.023</td>
<td>-0.03</td>
<td>0.264***</td>
<td>0.417***</td>
</tr>
<tr>
<td>College graduate</td>
<td>0.052</td>
<td>0.108*</td>
<td>0.152**</td>
<td>-0.152*</td>
<td>-0.150*</td>
</tr>
<tr>
<td>Annual income &lt; $10,000</td>
<td>-0.048</td>
<td>0.003</td>
<td>-0.039</td>
<td>0.105</td>
<td>0.170*</td>
</tr>
<tr>
<td>Annual income &gt; $40,000</td>
<td>-0.001</td>
<td>0.032</td>
<td>0.044</td>
<td>-0.111*</td>
<td>-0.192**</td>
</tr>
<tr>
<td>Evangelical Protestant</td>
<td>0.013</td>
<td>0.077</td>
<td>0.046</td>
<td>0.339***</td>
<td>-0.001</td>
</tr>
<tr>
<td>Mainline Protestant</td>
<td>0.048</td>
<td>0.004</td>
<td>0.008</td>
<td>0.084</td>
<td>-0.07</td>
</tr>
<tr>
<td>Black Protestant</td>
<td>0.196*</td>
<td>-0.03</td>
<td>0.041</td>
<td>0.403*</td>
<td>-0.037</td>
</tr>
<tr>
<td>Jewish</td>
<td>0.027</td>
<td>0.132</td>
<td>-0.008</td>
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<td>-0.256</td>
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<td>-0.006</td>
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<td>-0.131</td>
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<tr>
<td>No affiliation</td>
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<td>-0.083</td>
<td>-0.177**</td>
<td>-0.629***</td>
<td>-0.338***</td>
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<td>Intercept</td>
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<td>3.430***</td>
<td>3.476***</td>
<td>2.718***</td>
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<td>1,997</td>
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<td>$^2$</td>
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<td>0.019</td>
<td>0.023</td>
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</tbody>
</table>

***p < 0.001; **p < 0.01; *p < 0.05; *p < 0.1, two-tailed.
significantly increase the preference for someone with similar religious beliefs. We explain the significance by the fact that these demographic variables are usually highly correlated with religious affiliation.

Turning to indicators of racial and ethnic homophily, Model 5 shows that racial and ethnic variables do significantly predict that having a social service provider of the same race is important. The positive coefficient for African Americans indicates that, controlling for other demographic variables, African-American respondents felt that having a provider of the same race was significantly more important than did our control group, whites. The size of the effect is such that an African American differs by 0.474 on the scale of 1–4 in responding to the question of how important having a provider of the same race is. Similarly, Hispanics felt significantly more strongly than whites that having a provider who is also Hispanic/white was important, differing by 0.594.

The findings show that age and education both predict stronger preferences for demographic homophily; older and less-educated people prefer to deal with someone who is of the same race/ethnicity and religion. In both Models 4 and 5, which predict the importance to respondents of similarity of race and religion, the coefficients both for “age 60+” and for “less than high school graduate” are positive and significant ($p < 0.001$). A higher annual income (above $40,000) makes it less likely that race will be important to a respondent. Being religiously unaffiliated also decreases the importance of a social service provider’s race. Finally, mobility has a negative and statistically significant coefficient in both models. Regarding respondent ratings of the importance of having someone of similar religious belief, the difference between someone who has lived at one address and someone who has moved more than 10 times is 0.304 on a 1–4 scale (it decreases by 0.076 for every two times she has moved). Regarding racial and ethnic homophily, the difference between someone who has lived at one address and someone who has moved more than 10 times is 0.340 (the difference between a respondent who has lived at only one address since his 18th birthday in comparison to one who has lived at two or three addresses decreases by 0.085 on a 1–4 scale).

Discussion

Our findings show that African Americans and Hispanics prefer providers of the same race or ethnicity. Additionally, they show that evangelical Protestants prefer providers with similar religious beliefs. We also find that older, less-educated, lower income, and less geographically mobile people have higher preferences for providers who are similar to themselves in terms of race/ethnicity and religion. Our data do not allow us to distinguish among the possible causes for these findings, but we make some conjectures below on four explanations: real and perceived discrimination, cultural concordance, tolerance, and social desirability.
Real and Perceived Discrimination

Our findings are consistent with the literature demonstrating that race has been an extremely powerful and persistent group boundary throughout the history of the United States. We conjecture that groups that feel discriminated against may turn to homophily in demographic characteristics (in addition to professional traits) for reassurance that they will get fair treatment. In our data, the groups who are known in the literature to either experience discrimination or perceive discrimination are the ones who find homophily the most important: African Americans, Hispanics, and evangelical Protestants. We found that older respondents also look to homophily, perhaps for the same reason of feeling discriminated against; there is ample evidence of age discrimination in employment (Roscigno et al., 2007). Similarly, we may speculate that less-educated people often feel as if they are treated unfairly; certainly, we know that we have an education-based stratification system in American society, at least in part (Collins, 1979).

Despite the bureaucratic ideal, where efficacy is derived from training rather than demographic characteristics, it is simply not true that offices provide everything workers need to get their job done. And recipients may sense this lack. In particular, those who face real or perceived discrimination recognize that “the system” does not counteract the obstacles to fairness. In order to counteract the deficiencies, those discrimination-sensitive recipients are more likely to consider it important to deal with someone who is similar to them. Of course, social service provision is likely to be one type of job that is especially susceptible to these kinds of issues because sympathy and understanding of a client’s predicament is an important aspect of the work being done. (It may be worthwhile to identify the occupations where homophily may be a particularly important factor in project success.)

Recipients may desire to avoid the feelings of anger, disempowerment, and/or humiliation that accompany discriminatory behavior. African-American and Hispanic recipients may also perceive that a provider of the same race may deliver superior services than someone of another race.

We do not know whether evangelical Protestants’ much greater preference for a religiously similar social service provider is caused by a perception of discrimination (or “embattlement”) or by an exclusive theology, or both factors. This is a question that would be useful for future research to address, as distinguishing between a group culture type of explanation and the effect of certain theological ideas would be useful in understanding how other religious groups might perceive the importance of religious similarity.

Cultural Concordance

Another reason that African Americans and Hispanics desire same-race service providers—related to differences in service delivery—may be cultural
concordance. Therefore, shared cultural characteristics that make social interaction smoother could be the source of these preferences. And, although cultural concordance is not an argument that has been made with regard to evangelical Protestants, it may be a relevant factor for explaining this finding of ours as well.

**Tolerance**

It is also possible that preferences are driven more by a lack of openness than a feeling that the recipient might be treated unfairly. Certain people may hold more prejudicial views regarding individuals of other races or religious groups. Age and education are standard control variables in studies of tolerance, as higher age and lower education are often associated with prejudicial views or a lack of tolerance, while more education has a liberalizing effect (e.g., Heerwig and McCabe, 2009).

**Social Desirability**

On the other hand, as critics of survey research have argued, the association between educational attainment and socially tolerant attitudes (especially among the educational elite) may show only that the respondents see those attitudes as socially desirable (Jackman, 1978). In other words, we may find that older, less-educated, lower income, and less-mobile people show more of a preference for racially and religiously similar providers simply because those groups have less familiarity with principles of and discourse about equality and tolerance—and therefore are less likely to conceal any racial and religious prejudice.

**Qualifications**

We recognize at least two considerations and alternative explanations for our findings. In our empirical data, we cannot distinguish between homophily that is merely a response to real or perceived past discrimination (because social service providers treated clients of the same race and similar religious beliefs with more care or better service) and homophily in its own right. Therefore, we cannot be sure of the causal origin of the empirical findings. The clients, in expressing their preferences, could merely be responding to a variation in care (or news of such) from the past, and not their own inherent preference. Studies have found evidence of social workers and therapists being biased in both directions. For example, one study found that social workers’ clinical assessments of clients are unfavorably biased against blacks (Franklin, 1985), and a more extensive literature shows a similar bias among psychologists.
Importance of Race and Religion in Social Service Providers (Garb, 1997). However, there is also the phenomenon of “bending over backwards” for clients of different races in order to ensure “fair” judgments. In one study, white social workers rated black clients more positively than they did white clients (Fischer and Miller, 1973). If such overcompensation is a regular feature of social service provision, our empirical findings may understate the preferences of African Americans and Hispanics for providers who are racially and ethnically similar.

Additionally, the area where the survey was conducted, Lehigh Valley, has a history of active white supremacy groups that may have augmented our findings on racial homophily to some extent. The Ku Klux Klan has a history of activity in the area (Nixon, 1989). If the presence and activity of white supremacy groups has affected the responses in the survey that rate the importance of same race, our findings may overstate the presence of racial homophily among recipients in general, as racial tension in the area would be greater than average. However, it would not change the direction of our findings.

Conclusion

To summarize, we find that most respondents consider the professional traits of social service providers important; specifically, it is important to respondents to deal with someone who is friendly and easy to talk to, has a lot of experience, and has a lot of knowledge and training. However, for some segments of the population, it is also quite important to have a social service provider who has similar religious beliefs or is of the same race/ethnicity; African Americans and Hispanics consider having someone of the same race more important than other racial and ethnic groups do, while evangelical Protestants feel (more than people affiliated with other religious groups) that having someone of similar religious beliefs is important. In addition, age, mobility, and education are three other demographic variables that predict what social service provider traits an individual desires; preferences for homophily are concentrated among older individuals, those with lower income, and those with lower levels of education.

What does this research on clients of social service organizations tell us about the importance of professional versus demographic characteristics? The findings confirm Weber’s characterization of modern society’s emphasis on organizational position and the professional skills that accompany it. An overwhelming majority of the respondents conveyed that the three professional traits examined—friendliness and being easy to talk to (which corresponds with the ability to establish rapport, an element in the training of social service providers), having a lot of experience, and having a lot of knowledge and training—were important to them. However, we also find that demographic characteristics are considered important to clients in specific demographic groups: African Americans, Hispanics, evangelical Protestants, older respondents, and less-educated respondents.
Our findings confirm earlier studies in homophily showing the importance of race and ethnic homophily to African Americans and Hispanics. Our study also confirms the importance of religious homophily to evangelical Protestants. Additionally, these data show that being older, having moved more, and being less educated may predict stronger preferences for racial and religious homophily. The fact that the same variables predict both types of homophily suggests the possibility that age, mobility, and education may also predict other types of homophily as well.

This study gives us a greater understanding of how homophily in client–provider relationships operates in the context of social inequality. Although homophily had been observed in other client–provider relationships such as obstetrical care, psychotherapy treatment, and government educational programs, our empirical data allow for a greater understanding of the presence of homophily preferences as one of the conditions facing welfare offices, nonsectarian nonprofit organizations, faith-based organizations, and churches. This extension into social services has allowed us to begin exploring how homophily intersects with social inequality.

We mention two policy implications from these findings. Since African Americans, Hispanics, evangelical Protestants, older clients, and less-educated clients have strong preferences for providers who share a similar background, we surmise that they may be more likely to cooperate with such providers (and therefore benefit more from their services). Our findings show that this homophily benefit is stronger for older individuals and for those with less education than for others. Perhaps, then, it is important to consider a diverse workforce in these organizations to ensure that client preferences are met. We also suggest training providers to ensure that they provide culturally concordant services as well as display tolerance and cultural sensitivity.

REFERENCES


