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Charles P. Shannon
Denver Regional Council of Governments

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LOCAL GOVERNMENT POLICY ON AGING:
NEW CHALLENGES FOR OLD PROBLEMS

Charles P. Shannon
Denver Regional Council of Governments

ABSTRACT

Historically, local government has made little effort to affect federal legislative policy on aging. The current defederalization of human service policy has created a need for local government to reexamine its role in providing services to the aged.

Introduction

The development of a national public policy on aging is emerging as a political anomaly: local government defined as county and municipal units, is making little effort to affect federal legislative policy. Federal policy on housing, welfare, education, and crime control programs, to mention only some representative social programs, emerged and evolved through a process of active local government participation. In marked distinction of those programs, local government has yet to assume

a meaningful role in the participation of federal aging policy. In the case of other social programs, local government has often translated social and economic issues into political ones, thereby converting Congressional dialogue into legislation.

The Subcommittee on Human Services of the Select Committee on Aging of the U.S. Congress recently (1980) reported that, "The burgeoning federal mechanism has not worked to the benefit of seniors in need. We therefore emphasize... a return to local authority..."¹ What does "a return to local authority" mean? In recent years aging as a policy issue has transformed itself into far more than a topic of geriatric inquiry. It has emerged as a prominent social issue, one that has acquired new political dimensions. As Woodruff states, "Aging as a social issue is receiving perhaps even more attention than it is as a scientific question."² But this is distinctly not the case for local government. New attention to this "social issue" has fallen within the limited domain of community activists and academic circles. Relative ignorance among planners, administrators, and elected officials about the problems of the aged and institutional inadequacy in response to those needs, explain much of the attitude toward aging issues by local government. Estes, in arguing that implementation of services for the aged is primarily a political, not a social or economic process, states that, "...because the problems of the aged are neither properly approached nor understood in terms of

their structural origins or causation they are not adequately addressed by public policy."³ Those local governments, however, that attempt to study aging issues, quickly realize the complexity of the "aging problem", and consequently retreat from meaningful policy development.

Two other important developments are taking place that add to the curiosity of local government's roles in aging policy formulation and implementation. First, federal programs and dollars are usually used to leverage local policy agendas. For the most part, however, there are no local aging agendas. This seemingly odd relationship is one important element within which speculation is made regarding local government's future behavior on aging. The other noteworthy development pertains to the increased interventionist role being assumed by planners and administrators at both the state and regional levels of government, whose roles, in large part, have been prescribed through the Older Americans Act legislation. This interventionist role is a marked departure from the planning and coordinating roles that characterized the operational activities of the Act during the mid to latter years of the past decade. It is accompanied by new advocacy and implementation strategies which are both the product of and catalyst for increased community activism. In the absence of meaningful participation by local government, local definitions and characteristics of aging policy are emerging more through this implementation process than by design.

Local Government and Key Policy Questions

The report by the Subcommittee on Human Services of the Select Committee on Aging of the U.S. House of Representatives identifies seven major policy questions used to formulate a "Human Service Policy Model" for the elderly.

They include:

1. Who should receive senior services?
2. Should a future service system for services be age-integrated or age-specific?
3. What kind of services should be involved? Should the model employ a preventive or treatment orientation?
4. Should we emphasize acute or long-term care?
5. What is the scope of services that should be available?
6. Should policy making and service provision in [the] model be centralized or decentralized?

7. Will the many resources needed for [the] Human Service System be found in the public or the private sector?⁴

What effect will the historically low profile of participation by local government have on the development of these aging policy questions? The future roles of local government are most closely related to questions one, two, five, six and seven. Questions three and four are of equal importance to the aged, but not to local government, because they appear to be policy areas that will be dominated by federal legislation. Questions one and two focus more on issues associated with the design of aging policy than do the other questions. The other three, by comparison, deal more with issues of implementation and policy management. Collectively, these policy questions provide a meaningful framework within which to examine the roles of local government in aging policy formulation and implementation.

Policy Implications of Who Should Receive Senior Services

There is a growing realization that America's financial resources will not be directed at institutionalizing a broad-based system adequate to meet both needs and wants of the aged. Human service systems in general, and those dealing with aging specifically, are overextended at all levels of government: federal, state, and local. As the magnitude of problems grows

and increased political pressure is placed on local government, aging policy will likely acquire a more prominent need-oriented philosophy. As a philosophy it should reflect a new realism toward the well-being of the aged. But as an implementation objective it will be difficult to define, and even more difficult to measure. Consequently, it will be necessary for local government to embrace a recognizable and documentable goal for which measures or indicators of need can be applied. That goal should be the prevention of premature and unnecessary institutionalization of the aged; a goal that maximizes independence and minimizes the cost of preserving quality of life. As such, it should guide local government in the identification of those individuals who should receive services, at least priority services. To do so, however, suggests the need for planning and analysis roles not currently undertaken by local government. Specifically, it suggests the importance of selecting appropriate social indicators, performing relevant historical analysis, and conducting creative cohort analysis.

The Older Americans Act, which currently provides the major opportunity for development of aging policy by local government through county and regional Councils on Aging, operates on the premise that aging services are an entitlement of the aged and hence a political right. The entitlement, however, is limited by Section 306 (a) (2) which states that area plans must "...

provide assurances that at least 50 percent of the amount allocated . . . be expended for the delivery of . . . transportation, outreach, information and referral, homemaker and home health aide, visiting and telephone reassurances, chore maintenance, and legal services."⁵ This restrictive provision is an explicit encouragement to avoid policy formulation that adequately addresses need, because among other things, it limits the opportunity to participate in income maintenance and employment programs, essential to any reasonable policy that emphasizes need. Although the Older Americans Act will likely avoid the political unpopularity of such social legislation as the Title XX Program of the Social Security Act and the Comprehensive Employment and Training Act, it will likely produce the same managerial problems of choice associated with multiple mandates and goals, some in conflict with others. The unpopularity and controversy of these programs is in part attributable to the question of need or entitlement of access to services and accompanying emphasis of program resources.

The de-emphasis on need as a tenet upon which to formulate aging policy and design service delivery arrangements will likely have the effect of not adequately addressing the special concerns of ethnic and racial minorities. Failure to recognize criteria of need will also likely lead to more special interest advocacy. Local government's apathy toward development of aging policy in general suggests even less interest will be demonstrated for the special problems of minorities. Additionally,

there is little indication that its response to dramatic and politically sensitive activism and advocacy will be coordinated or insightful.

Stronger advocacy efforts will likely illustrate the white middle class orientation of the Older Americans Act and its accompanying orientation by local government. Will advocacy help to focus the controversy about emphasis on local aging policy? Probably yes, because the relative lack of controversy to date can, in large part, be attributed to the general objectives of local aging policy, which fail to specify need as the fundamental basis for program development and implementation. Advocacy in general should demonstrate the inadequacy of existing aging policy as a means to correct deficient institutional structures: ones that merely continue to foster the disparities in quality of housing, status of health, and level of income. To the extent that advocacy will sharpen the controversy about whether or not local aging policy should be responsive to all aged persons or only those identified through an indicator of need, Etzioni's question, "... to what extent [should] public policy encourage, discourage, or ignore these tendencies toward increased political activism on the part of Older Americans?"⁶, becomes a yardstick to which local government should be measured. We must continue to ask; can the aged gain access to resources without assuming an activist role, and can they access resources without being a target group?

Policy Implications of Age-Integrated or Age-Specific Services

Another issue of controversy pertains to the strategy for securing resources for the aged: should separatism or pluralism be pursued? Most analysts of aging policy argue that the aged must be recognized as a target group, hence endorsing the separatist philosophy. Estes, in stating that, "These two ideologies—separatism and pluralism— are at the core of American social policy for the aged . . ."7, contends that pluralistic bargaining is detrimental to the elderly. Estes view is supported by Etzioni, who states that, "The more their [aged] problems are handled via broad-based 'universalistic' social policies aimed at coping with social problems as they affect all citizens and the society at large rather than via 'particularistic' old age-oriented policies . . ."8 the less represented are the aged.

Despite their expressed views toward a separatist philosophy for aging policy, it is not an inherently appealing one. To the extent that this view is subscribed to, it is usually for reasons of pragmatism, not principle. There appear to be a number of reasons for this pragmatic perspective. Public support for target groups tends to decline over time. Therefore, a prevailing view is that it is necessary to capitalize on the increased visibility of aging issues, and consequently promote legislation that targets the aged as a group. An accompanying observation is that social service planning and service delivery implementation are usually

done incrementally, occasional crisis responses notwithstanding. There is no expectation that local government aging policy implementation will occur in anything other than an incremental fashion. Therefore, it becomes necessary that baseline appropriations be established now, and that service delivery progress accordingly. A related view is that it is impractical to expand the arena for resource competition to such programs as Title XX of the Social Security Act or the State and Local Fiscal Assistance Act (General Revenue Sharing) because of the institutionalized uses of such funds. The former program appears to be bound by historical allocation patterns that tend to give insufficient recognition to needs of the elderly. The latter program is emerging with capital construction and nonhuman service biases.

This policy question, should services be age-integrated or age-specific, has very immediate policy implications for local government. Local government aging policy currently reflects a strong bias for age-specific implementation arrangements. As the aged population grows and as fiscal resources diminish, this policy orientation can be expected to change. Local governments will have to look toward more diverse use of existing Social Service and Welfare Departments; certainly to include new programmatic emphasis, and perhaps to include the elimination of other existing programs. Local government should anticipate the need to radically alter the service delivery composition and emphasis of existing Social Service and Welfare Departments, in expectation that age-integrated social services will become much more prevalent in the

future. The concepts of "young-old" (i.e. 55-75 years) and "old-old" (i.e., 75 years and older)⁹ presented by the Select Committee on Aging of the U.S. Congress, help us to understand why greater emphasis is going to be placed on age-integrated policy. The type and frequency of service available to the "young-old" will likely stabilize over time, while services for the "old-old" can be expected to increase. This conceptual difference in the aged population will contribute significantly to age-integrated and age-specific policies; the former applicable to the "young-old" and the latter to the "old-old".

Policy Implications of Limited or Comprehensive Services

The policy question, should services be limited or comprehensive, is difficult to respond to in detail because of the recognized diversity associated with local government problems and opportunities. To the extent that comprehensive services are being contemplated, local government must develop a strategy for assessing need. In this sense, it is related to the first policy question. The ability of local government to adequately address need is the first of two primary considerations that must be made. Demographic analysis at the neighborhood or community level is the basis upon which localized service delivery, whether limited or comprehensive, should be developed. If such analysis cannot be done, effective subsequent service delivery choices will be jeopardized. The second major consideration pertains to the

capacity of local government to deliver services. As an example, few local governments have the capacity to develop specialized transportation services. The capacity to do so may be effectively realized only through a private service provider or a regional or metropolitan public transportation agency. This example illustrates that local government must recognize the relationship between need and opportunity as a basis for making appropriate decisions about the extent of service delivery.

Conflicting policy interests are emerging in selected federal programs of the Social Security Act and the Older Americans Act. For example, the limited emphasis on need as an eligibility criterion associated with service provision under the Older Americans Act has significant implications for advocacy planning, as it has emerged in the past few years. It is important to ask if advocacy planning is more closely related to a system of comprehensive, rather than limited, service delivery. To the extent that is dependent upon a comprehensive system, it may be in jeopardy if a limited service system is to gain policy eminence. If the service delivery system is limited, by virtue of formal recognition of selected policy issues, greater reliance may be placed on more technical and scientific problem solving models and less on the phenomenological approach of advocacy planning. Local governments' response to this fundamental policy issue of limited or comprehensive services can be expected

to be diverse, because, as Sabatier and Mazmanian contend, there are different bureaucratic styles, different chief executive and administrative arrangements, and different socio-economic conditions.¹⁰ The ability of local government to develop and implement limited or comprehensive policy will be reflected accordingly. Decisions on this policy issue will have implications for the remaining two policy questions: should service delivery be centralized or decentralized and should services be delivered through the public or private sector.

Policy Implications of Centralized or Decentralized Services

The implications associated with separatist or pluralist policy addressed under the question of age-integrated or age-specific services are related to the question of centralized or decentralized services. Decentralized efforts tend to produce pluralistic, not separatist, policy. Therefore, the difficult choices between pluralist and separatist philosophies now get translated into difficult choices between decentralized and centralized policy, and at the local level human service policy has always taken a back seat when decentralized strategies have prevailed. As Estes states, "...it places human services demands on the most fiscally vulnerable government level of decision making - the local level. With decentralization, decisions about services for the disadvantaged are located precisely where pressures to control social expenses are greatest and necessarily the most conservative."¹¹

In philosophical terms the pluralist strategy tends to be most appealing, but in practical terms a separatist strategy is more readily endorsed.

A number of questions need to be addressed about the advantages and disadvantages of decentralized service delivery systems. The following questions are among the most important to be asked. Under such systems:

1. Can minorities be better served?
2. Will services be delivered in a more flexible and responsive manner?
3. Will segmentation of service delivery inhibit coordination and planning?
4. Will problem definition, including statistical documentation, be hampered?
5. Can community and neighborhood policy be developed?
6. Can performance accountability be achieved?

The differences in natural support systems and social or geographic isolation of many minorities are conditions for which

decentralized service delivery systems can probably be more effective. Decentralized systems should be able to deal with special or unique problems in a more responsive manner than more centralized systems. These apparent advantages to use of more decentralized arrangements for service delivery are offset, to some extent, when we address the next question on public or private service providers. The use of decentralized arrangements for service delivery, including use of private service providers, is a genuine threat to service delivery coordination and planning. As Estes states, "...policy segmentation results in an inability to treat any major problem coherently and holistically..."¹² Another threat to effective policy development and monitoring is the absence of uniform reporting, including statistical documentation on problems of the aged. That threat is increased as greater reliance is placed on less centralized systems.

Aging services are being developed with increasing decentralization of delivery. The extensive use of private service providers has undoubtedly contributed to this situation. Decentralization of service delivery generally is endorsed because it is perceived to be more responsive to local issues, more manageable in terms of day-to-day operations, and less bureaucratic. But it is not necessarily more cost efficient than more centralized systems. Decentralized systems can be expected to occur with greater frequency, not only because of the number of private service providers, but also because of the variety and range of services.

to be delivered. This general orientation to decentralization of service delivery will come under tighter scrutiny as questions of cost and efficiency become more critical. It is this inevitability that poses a potential trap for local government. The tendency of local government in the immediate future will be to extend services, often on a small scale and very specialized, through a decentralized effort. The risk is that over time such a system may become uncoordinated and overextended. At such a time, new thinking about the need for more centralized service delivery systems will pose renewed policy issues. Local government should, therefore, anticipate an evolving process of aging service delivery that will need to assess the tradeoffs between key features of decentralization and centralization.

Policy Implications of Public or Private Sector Service Delivery

In the absence of an active role by local government in aging policy formulation, implementation is increasingly becoming the domain of private service providers. This private-provider human service delivery model is central to the question of what the role of local government should be in aging policy. The emergency of this model suggests that local government is unwilling or unable to use existing institutional arrangements for service delivery. Federal legislative impact on local government, however, may very well be contributing to this unwillingness. What distinguishes aging policy from many other human and social service

fields is that the service delivery system or network is in the process of being designed. This emphasis on design distinguishes it from policy planning for such systems as housing, welfare, criminal justice and education, which is generally directed at reforming the operations of existing arrangements. For this reason, the dominant role of private service providers in the implementation of direct services may be desirable. That does not mean, however, that the minimal role presently exhibited by local government is also desirable.

Aging, as an emerging policy field, offers a new opportunity to inspect alternative service delivery systems. Additionally, new relationships between the public and private sectors will likely emerge, and have to be closely monitored. As new policy issues evolve, as de Neufville and Christensen state, it "...will require new kinds of institutions organized to respond to uncertainty rather than standard bureaucracies which depend on presumptions of certainty."¹³ The use of private service providers suggests the possible development of a system of service delivery that is less bureaucratic than the traditional institutional arrangements associated with other human service programs. It will be interesting to see if private service provider arrangements can meet this challenge better than local government has traditionally done.

The extent to which local government relies on private service providers will, in large part, be determined by three considerations. First, will local government become actively involved in planning for the aged? If it does, the logical relationship between planning and implementation will increase the likelihood of a more active service delivery role for local government. Conversely, the absence of planning by local government will assuredly lead to a dominant service provider role in the private sector.

A second consideration pertains to public accountability. How will private service providers be held accountable, at least for use of public funds? Can local government or its surrogates, county and regional aging councils, develop administratively viable and purposeful systems of accountability for private service providers? Repeated Congressional investigations of the health and medical industry suggest that financial accountability is a very prominent issue. On the other hand, financial accountability of private service providers funded through the Older Americans Act does not appear to be a significant problem.

The remaining consideration involves the question of service duplication. Currently, private sector providers fill many service needs of the aged that are not adequately provided by family or government. The concern about duplication of services, therefore, is likely to affect private service providers. As more and more private service providers enter the aging market, competition

for a client base will increase. That increased competition for clientele will be accompanied by concern regarding duplication of services: duplication primarily within the private sector, not between the public and private sectors.

Conclusion

Research on a variety of legal, social and economic issues on the aged is becoming more extensive and assuming more policy relevant application. Furthermore, national aging policy is coming under repeated examination as new assumptions about the needs and rights of older Americans acquire political respectability. Neither research nor national policy is emerging in a vacuum. They are emerging with very real implications for local government. The range of implications can be viewed as far reaching, if for no other reason than that the traditional functionally oriented areas of planning and service delivery, such as health, transportation, and housing, all fall within the domain of aging policy.

The conscious decision to date by local government, not to assume an active participatory role in the formulation and implementation of aging policy, suggests the possibility that at least two social actors, private service providers and the aged themselves, may play unconventionally important roles in the development of this emerging public policy area. To the extent that these influences

have an impact on aging policy, we can expect it to be defined more by characteristics of implementation than design and more through phenomenological experience than formal planning.

Footnotes

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3. Carroll L. Estes, The Aging Enterprise: A Critical Examination of Social Policy and Services for the Aged (San Francisco: Jossey - Buss Publishers, 1979). p. x.
4. Future Directions for Aging Policy: A Human Service Model, pp. 4 - 7.

5. Public Law 95 - 478, As Amended (The Older Americans Act).
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7. Carroll, L. Estes, p. 4.
8. Amitai Etzioni, p. 21.
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11. Carroll L. Estes, p.4.
12. Ibid, p. 231.

13. Judith de Neufville and Karen Stromme Christensen, "Is Optimizing Really Best?", in *Policy Studies Journal*, Special Issue #3, 1980, p. 1058.