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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 defeder-
alization 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 trans-
lated social and economic issues into political ones, thereby con-
verting 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 dimen-
sions. 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 ad-
dressed 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 form-
ulation 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 inter-
ventionist 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 oper-
ational activities of the Act during the mid to latter years of the
past decade. It is accompanied by new advocacy and imple-
mentation 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 character-
istics 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 priv-
        ate 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 frame-
work 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 govern-
ment 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 serv-
ices."[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 in-
come 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 form-
ulate 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 demon-
strated 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 accom-
panying 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 advo-
cacy 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 imple-
mentation 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 com-prehensive, 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 condi-
tions.[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 cen-
tralized 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 documen-
tation 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. Decen-
tralization 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 sys-
tems. 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 decentraliza-
tion 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 distin-
guishes 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 distin-
guishes 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 tranditional institutional arrange-
ments 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 con-
siderations. 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. Con-
versely, 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 respect-
ability. 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 function-
ally 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 imple-
mentation 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

1.

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