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ADMINISTRATIVE OFFICES OF AGING IN STATE
BUREAUCRACIES: AGENCY LOCATION AND
ORGANIZATION EFFECTIVENESS

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ABSTRACT

This study considers the effects of state level reorganization on organizational access to the governor and state legislature, its ability to coordinate service delivery, its access to budgetary funds and resources, and its visibility and prestige. The findings are based on a nation-wide survey of all State Aging Units. Conclusions suggest that reorganizing an Aging Unit does have an impact on the aforementioned variables.

INTRODUCTION

The increase of elderly citizens in the United States is perhaps the most dramatic demographic trend of the past 100 years. With this growth in number and proportion of older persons comes additional demands on our national and state governments. Congress, in 1965, attempted to address this need by passing the Older Americans Act. Since the establishment of the Act, each state has developed a focal point for aging within its organizational hierarchy. These State Units vary widely in size, structure and location within state government.

The location of an Aging Unit within a state's organizational hierarchy has been considered to be an important factor in determining the Units ability to fulfill the provisions of the Older Americans Act. For this reason, many states have attempted to relocate their Aging Unit to enhance its ability to effectively deliver services. These reorganizations are often supported by a number of interested legislators, citizens and advocacy groups; however, just as often they fail to receive approval by the legislature as a whole. One reason for this reluctance is that questions of reorganization are often accompanied by broad questions concerning programmatic success. Because such questions are difficult to answer (Garnett, 1981), the door is open for observers to describe reorganizations as failures (March and Olson, 1983). Unfortunately, empirical analysis is not only deficient, it is essentially nonexistent (Salamon, 1981).

The question to be considered in this brief study is whether reorganization actually has some effects. More specifically, the inquiry attempts to determine whether reorganizing an Aging Unit to a higher location within state government results in an increase in the Units access to the governor and state legislature, its visibility and prestige, its access to budgetary funds and resources, and its ability to develop and coordinate service delivery. The study also provides descriptive information about aging organizations across the nation.

EFFECTS OF A UNIT'S LOCATION

In developing a Model State Statute for State Aging Units, Legal Research and Services for the Elderly (LRSE) point out

effects of agency location within state government. They state:

An agency's location can directly affect its access to the Governor, legislature, and other key decision makers in the State, its visibility and prestige, its access to funds and resources, and its ability to develop and coordinate service delivery. (LRSE, 1980)

This conclusion has been corroborated by Szanton (1981) who suggests that the creation of a new department or agency may give a new priority organizational embodiment. He indicates that structural change may create advocates, bring under single direction related programs that were previously separated, improve effectiveness, and finally, enhance the structures ability to increase finding.

Interestingly, the Congressional Subcommittee on Human Services of the House Select Committee on Aging favors a more decentralized approach. They indicate that a state should merely serve as a pass-through agency for federal money and that "both policy planning or administration and service delivery will prove more effective when handled at local levels." (Committee Report, 1980, p. 63). On the surface, this perspective appears to be inconsistent with the more autonomous structure previously outlined. However, as has clearly been the case in the area of Community Mental Health, both an autonomous unit and a decentralized system can co-exist nicely. In Community Mental Health, enabling legislation mandated community involvement in the development of an integrated system of community based services.¹ Regardless of the fact that many states had autonomous mental health

departments, this plan worked to insure agency responsiveness² and avoid unwarranted program and administrative duplication.³ In essence, community planning bodies would consider needs and develop proposals for a mental health system unique to the population being served. The services would thus be provided through an integrated community planning system under the guidance and administrative authority of a higher level supervisory structure; thus, autonomy and decentralization under the same agency umbrella.

In general, while reorganizing State Aging Units to a higher status has the potential of increasing the Unit's effectiveness in several areas, such reorganizations are not contingent upon the centralization of planning and the subsequent removal of citizen involvement. In other words - regardless of the level of decentralization - budgetary allocations, access to policy makers, prestige and visibility, and effectiveness of service delivery may all be affected by the simple location of the Aging Unit.

SAMPLE

Toward the goal of determining whether reorganizing an Aging Unit to a higher location within state government actually results in an increase in the Units effectiveness, a nation-wide survey of State Aging Units was conducted. Forty-six states responded to the survey making the response rate 92 percent. Of those states responding, 23 have reorganized since their original formation to a higher location within their state's organizational hierarchy. All but two of the reorganizations have performed a consolidating function by reducing the number of organizations which provide services for the elderly.

FINDINGS

Table 1 indicates that about one-half of all states have located their Aging Units within a larger agency or department. The next most common structure (used by approximately one-quarter of the states) is that of a cabinet-level department. The remaining states utilize a separate commission or office for their Aging Unit.

As illustrated in Table 2, of the states surveyed which have reorganized, the most frequent change has been from a Unit located within a larger agency to a cabinet-level department. Regardless of the previous structure, almost one-half have reorganized their Aging Unit to be a part of a larger agency. Generally, these Units are a part of a Human Services Department. It is also interesting to note that almost one-half of the states cite the governor as being the strongest advocate for reorganization (note Table 3). Interest groups have also played a significant role in advocating a change in an Aging Unit's organizational location.

Perhaps most central to this report, each state that experienced reorganization was asked what effects the reorganization had on their access to state budgetary funds and resources, on their access to the governor and the state legislature, on their visibility and prestige, and on their organization's ability to develop and coordinate service delivery. Table 4 indicates that almost all states report an increase in each of the above areas. One state, however, reports that the reorganization actually decreased its abilities in all but one area. This may be explained by the fact that this state was one of two in which reorganization did not perform a consolidating function as much as it gave a

different organization responsibility over services to the elderly.

In essence, the findings presented in Table 4 suggest that relocation of an Aging Unit to a higher and more autonomous level do result in an increase in the Unit's effectiveness in several areas. It is important to note, however, that these changes do not depend on the removal of administrative and service planning from community structures. Conversely, it is quite conceivable that an independent state Aging Unit would design its organizational system in such a manner to allow maximum citizen participation in all aspects of programmatic planning.

CONCLUSIONS

Reorganizing State Units on Aging to a higher organizational status appears to have many benefits. An increased budget should expand services for the elderly. A Unit's ability to develop and coordinate service delivery should enhance autonomy, and greater access to the governor and state legislature should enhance policy development. Increased visibility and prestige should facilitate program implementation.

While additional research is undoubtedly needed to further understand the effects of organizational location on a Unit's effectiveness in meeting the needs of the elderly, the results of this research should provide useful information for those interested in the effects of elevating a Unit's organizational status. Whether such a reorganization does or does not occur, it is clear that the population of elderly citizens in the U.S. will continue to increase in number and proportion. This increase will result in additional demands on both state

and national governments to the needs of this group. The search for more effective means of meeting these needs extends far beyond the organizational location of a State Unit on Aging; yet, understanding the effects of location is one step along the road to developing beneficial policies for our older population.

FOOTNOTES

1

Note Mental Health Systems Act, 1980, Sec. 101; Community Mental Health Extension Act of 1978, Sec. 201; Community Mental Health Centers Amendments of 1975, Sec. 201 and for related discussion on this subject note Yin, 1979; Tucker, 1980; Gilbert and Specht, 1974; Morrow, 1975.

2

For related discussion on this subject note Reilinger and McClintock, 1981; Redburn, 1977; Council of State Governments, 1974; Project Share, 1979; Polivka et. al., 1981; Hooyman, 1976; Parrucci, 1977.

3

For related discussion note Bloom, 1977; Jeger and Slotnick, 1982; Fawcett, et. al., 1982; Wandersman, et. al., 1982.

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TABLE 1

ORGANIZATIONAL STRUCTURE OF STATE AGING UNITS

RE	NO. OF STATES
-Level Department	13
cated Within a Larger Agency	26
e Commission	8
e Office	3

Okla. House of Representatives Report, Oct 25, 1983

TABLE 2

STRUCTURAL CHANGES RESULTING FROM REORGANIZATIONS*

NEW STRUCTURE				
	CABINET- LEVEL DEPARTMENT	UNIT LOCATED WITHIN A LARGER AGENCY	SEPARATE COMMISSION	SEPARATE OFFICE
LEVEL ST				
ATED GENCY	8			1
ON	1	2		
		3	1	
ERN- OUNCIL			1	
		2		
NT		1		
		1		

*Each cell contains the number of states per change

TABLE 3
 STRONGEST ADVOCATE FOR REORGANIZATION

	PERCENT	NUMBER
Legislature	9	2
Business	48	11
Professional Groups	26	6
Unions	9	2
Other	9	2

TABLE 4

EFFECTS OF REORGANIZATION ON STATE UNITS ON AGING

	PERCENT INCREASED	PERCENT DECREASED	PERCENT NO CHANGE
STATE			
FUNDS	91	4	4
SOURCES	(n=21)	(n=1)	(n=1)
GOVERNOR	91	0	9
	(n=21)	(n=0)	(n=2)
STATE	87	4	9
PRE	(n=20)	(n=1)	(n=2)
TY	96	4	0
	(n=22)	(n=1)	(n=0)
	96	4	0
	(n=22)	(n=1)	(n=0)
TO DEVELOP			
MINUTE	91	4	4
DELIVERY	(n=21)	(n=1)	(n=1)