9-10-2001

Perceptions of Personal Power and Organizationally-Mediated Empowerment Among Participants in Senior Central District Advisory Councils

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Perceptions of Personal Power and Organizationally-Mediated Empowerment

Among Participants in Senior Central District Advisory Councils

A THESIS SUBMITTED

By

Shireen McSpadden

In Partial Fulfillment of the Requirements

For the Degree of

Master of

Nonprofit Administration

The University of San Francisco

September 10, 2001

Perceptions of Personal Power and Organizationally-Mediated Empowerment

Among Participants in Senior Central District Advisory Councils

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Master of Nonprofit Administration

at the

University of San Francisco

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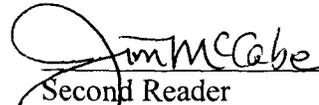
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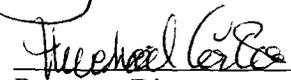
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Abstract

The survey, conducted at District Advisory Council meetings in each of 10 neighborhood districts designated as "Senior Centrals" by the San Francisco Commission on the Aging, measured senior consumers' perceptions of their organizationally-mediated and personal empowerment as participants in the Senior Central process. The survey also examined differences in organizationally-mediated empowerment and perceptions of power according to gender, age group, and whether or not English was a respondent's primary language.

The main findings indicated a statistically significant correlation between organizationally-mediated empowerment and perception of power in the Senior Central process. However, no statistically significant differences were noted according to gender, age group or whether or not English was the respondent's primary language.

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Chapter One: Introduction

Background of the Issue

There has been an increasing interest in both the public and nonprofit sectors in ensuring that social services programs are "consumer-driven," or "consumer-directed." Kosciulek defines this concept as "a mechanism by which . . . individuals can develop the skills to take control of their lives and their environment" (Kosciulek, 1999, p. 1). Behind the consumer-direction movement is the related concept of empowerment, defined by Gutierrez as "a process of increasing personal, interpersonal, or political power so that individuals can take action to improve their life situations" (Gutierrez, 1990, p. 149).

The move toward a consumer-driven, empowerment-oriented approach to advocacy and programming is particularly evident in the area of senior services. Older adults are a fast-increasing population; the first baby boomers are now reaching retirement age. Politicians at all levels are realizing that senior citizens comprise an increasingly powerful voting bloc. Nonprofits are understanding that just offering services is no longer enough; those services must be tailored to the specific needs of the community in which they are offered. Local governments and nonprofit agencies are re-examining the delivery of senior services, paying more attention to consumer input than ever before.

This trend is not merely "fad." Most public and nonprofit leaders believe viscerally that empowerment leads to a better-informed, more proactive citizenry.

Linked closely is the American belief that all individuals—powerful or not—have a right to self-determination (Stevenson, Mitchell & Florin, 1996). The real question lies in the organizational approach: How can an organization be sure that its practices result in a clientele with increased self-advocacy skills and "improved life situations?" (Gutierrez, 1990, p. 149).

In 1992, upon the recommendation of the San Francisco Commission on the Aging, the San Francisco Board of Supervisors unanimously passed a resolution to create a Senior Services Plan. They appointed a "Senior Services Task Force" to develop a five-year plan. The task force, comprised of leaders in the local senior service arena, began by evaluating current city and nonprofit services and assessing the needs of seniors in the city. They reviewed prior studies conducted in specific neighborhoods and reports from the budget analyst. They began discussions with various experts in senior care and policy, as well as senior agencies throughout San Francisco. They carried on an ongoing dialogue with seniors, Commission on the Aging staff, advocates, and providers about what the plan should include. The task force focused on the areas of housing, health, community connection, transportation, safety, and security. One important component of the plan was to create an "integrated, coordinated, consumer-driven approach to meeting senior needs that fits the diversity of San Francisco's seniors" (The San Francisco Commission on the Aging, 1994, p. v). The plan would also provide an avenue for collaboration between public agencies and community nonprofits.

The task force members felt that provision of certain services at the neighborhood level was important, since San Francisco is a diverse city known for neighborhoods with distinct "personalities" and cultures. Specifically, task force members believed that

information, referral, and outreach services (which were previously offered from one citywide location) should be decentralized to the community level. In addition, the task force decided that group participation and decision-making that had previously taken place in citywide meetings might garner a higher level of support and attendance if the meetings were brought to the neighborhoods. With this in mind, the members created the concept of "Senior Centrals" and District Advisory Councils.

The Senior Centrals were an essential component of the resulting Five-Year Senior Services Plan for the City and County of San Francisco. The task force designated 10 districts in the city [Richmond, Western Addition/Marina, Northeast (Chinatown/North Beach), North and South of Market, Mission/Noe Valley/Bernal Heights, Bayview Hunters Point, Visitacion Valley, Oceanside/Merced/Ingleside, Outer Sunset and Inner Sunset/Haight]. Each district would designate a neighborhood senior services agency (nonprofit with 501(c)3 status) to act as lead agency for each neighborhood Senior Central. The lead agency, with funding from the San Francisco Commission on the Aging, would hire staff and begin offering information and referral services, outreach to the neighborhood, and expanded volunteer services. Each lead agency would be responsible for creating a District Advisory Council, comprised of at least 51 percent seniors, who would in turn be responsible for ensuring that the Senior Central was serving the community's needs and that services were consumer-driven. The District Advisory Council would also serve as a conduit for neighborhood participation in senior services planning and implementation at the citywide level.

The Senior Services Plan was initiated in 1994. All Senior Centrals were in full operation by the end of 1999. The implementation phase was completed at the end of

2000. At this time, initiation of a new five-year plan is in place.

<u>Statement of the Issue</u>

A primary objective of the District Advisory Councils is to foster a higher level of senior participation and self-advocacy in senior services decision-making both within the districts and citywide. As stated above, seniors must make up at least 51 percent of the membership. Task force members felt if seniors were outnumbered, the process would become provider-driven, which could prove to be both threatening and nonmotivating to senior consumers. In addition, the task force was hoping that seniors would take on leadership positions within the District Advisory Councils.

The District Advisory Councils have offered seniors leadership and empowerment opportunities in several different ways. Many of the Councils created formal leadership positions such as chair/president or committee leader. Consumers have had other chances to make an impact as well. As District Advisory Council members, many seniors have participated in town hall meetings, helped make decisions about spending funds, spoken out at Commission on the Aging meetings, visited local politicians and attended local community meetings.

However, despite the high activity level of some members, there has been no indication whether individual District Advisory Council members have actual power in the decision-making processes of the Senior Centrals. There has been no research to date on whether the approach itself is truly the consumer-driven, empowerment-oriented approach the planners conceptualized.

This research project sought to understand, through surveys of the senior District

Advisory Council members, whether the Senior Centrals are in fact consumer-driven. That is, have the Senior Centrals provided the mechanisms for seniors to be empowered—to be active in the Councils, to be advocates for themselves and each other, to become a powerful force in city politics? Since it was difficult to design an instrument that would definitively answer this question, this study focused on District Advisory Council members' stated perceptions of their sense of power in the decision-making process, as well as their level of organizationally-mediated empowerment as defined by Segal, Silverman, and Temkin (1995). The researchers state that the concept of organizationally-mediated empowerment contains two elements: control and coordination. Control concerns the "discretion an individual possesses in carrying out tasks within the organization and the power of the individual to mobilize scarce resources within the organization" (p. 219). Coordination "involves exercise of responsibilities" (p. 219).

This study assessed senior members' perceptions of their own power in the decision-making process compared to that of Senior Central staff, lead agencies, and the Commission on the Aging. Since a truly consumer-driven, empowerment-oriented process must include participation and skill development (Gutierrez, 1990; Kosciulek, 1999; Speer & Peterson, 2000) the study also assessed senior members' perceptions in the context of their level of involvement in Senior Central-generated activities, training, and leadership opportunities. Since the Senior Centrals were designed to meet the unique needs of San Francisco's neighborhoods, senior members' perceptions were examined in light of the Senior Central of which they were members. Finally, some Senior Centrals were designated by the Commission on the Aging as "underserved communities" due to

the dearth of senior services in the area. Therefore, the relationship between underserved and nonunderserved communities and senior members' perceptions were examined.

Research Questions

To understand the perceptions of senior District Advisory Council members, the study sought to answer the following questions:

1. To what extent do District Advisory Council senior members participate in the District Advisory Council and Senior Central activities? That is, to what extent do they exhibit organizationally-mediated empowerment?

2. To what extent do District Advisory Council senior members feel that they share power with other key players in the decision-making operations of their particular Senior Centrals?

3. How would District Advisory Council senior members rate their level of power compared to that of other key players in the Senior Central process?

4. To what extent is there a relationship between senior members' level of organizationally-mediated empowerment and a specific Senior Central? Between empowerment and whether an individual lives in a designated "underserved community?"

5. To what extent is there a relationship between senior members' perceptions of their own power in the Senior Central process and their level of organizationally-mediated empowerment?

Definitions of Major Concepts

There are several terms and concepts that were used throughout this study. The following are working definitions of these concepts.

Power.

For the purposes of this study, the term power denotes the level of political control or influence that individuals have on the Senior Central process as a whole.

Shared power.

The term "shared power" is defined as the extent to which individuals feel that they participate on an equal level with other key players in the decision-making of their District Advisory Council Senior Central.

Comparative power.

The term "comparative power" is defined as the extent to which individuals feel that they influence the decision-making of their District Advisory Council and Senior Central in comparison with other key players.

Key players.

Key players are the senior participants, other District Advisory Council members, Senior Central staff members, lead agencies, Commission on the Aging staff members, and members of the San Francisco Board of Supervisors.

Consumer-driven.

For the purposes of this paper, Kosciulek's definition: "a mechanism by which . . . individuals can develop the skills to take control of their lives and their environment" (Kosciulek, 1999, p. 1) was employed.

<u>Underserved community.</u>

In its needs assessment, the Senior Services Plan Task Force labeled certain San Francisco communities as "underserved." The communities were designated as underserved due to a lack of comprehensive senior services in the area. The division between underserved and nonunderserved is purely geographical.

<u>Organizationally-mediated empowerment.</u>

This is an empowerment scale, developed by Segal, Silverman and Temkin (1995), that measures respondents' participation and activities directly associated with a program. The theory behind the concept of organizationally-mediated empowerment was developed based on the researchers' work in self-help organizations. The researchers' vision of empowerment gives it three dimensions: individual, organizationally-mediated, and community-derived. The theory states that "the extent to which individuals are involved in influencing organizational structures with which they come into contact" (p. 219) is an essential component of the empowerment construct.

Importance of the Study

The term "consumer-driven" is currently popular in the social services arena. Based on existing research, it would stand to reason that consumers who are involved in the process of advocacy, creating services, and directing funds will feel more satisfied with the services themselves. In addition, they should be able to help develop a more successful system overall. The difficulty is in assessing whether a particular approach— in this case the creation of District Advisory Councils—is an effective means of promoting the concept of consumer direction in a programmatic process.

This study is critical because it will help ascertain whether the Senior Centrals are fulfilling the mission of providing a more consumer-driven approach to senior services. To continue improving senior services, the city, participating nonprofits, and consumers need to have a clear picture of whether the current system is serving the needs of the communities.

This study also has implications for other interested parties, such as those engaged in public/private partnerships and collaborations, other government entities delivering senior services, or nonprofits that seek to attach a consumer-driven angle to their programs. It will add to the body of literature on consumer-driven programs, helping to shed light on whether the consumer-driven approach is feasible and whether it works as a strategy for creating successful service delivery systems.

Most importantly, this study will provide some indication of how senior consumers perceive a system that was designed specifically for (and, in part, by) them. The study will also give some insight into whether senior members share similar general perceptions about the system or whether there are differences between broad demographic groups. Obviously, the goal is that, by taking part in the system, all older adults will feel more compelled to be proactive—whether it is questioning a doctor about a certain medical procedure or demanding better representation from local representatives. With "the graying of America" comes the necessity of ensuring that public agencies and nonprofits are more effective than ever at serving a diverse aging population with a wide array of capabilities, needs, and concerns. This study will add to the increasing body of knowledge about the needs and perceptions of senior citizens and organizations' effectiveness in meeting the expectations of constituents.

Chapter Two: Literature Review

History

The concept of involving the community in decision-making and planning is not a
new one. Before the 1960s, the primary way that individuals became involved in the
design and plan of social services was through volunteer work. During the Civil Rights
movement and the Johnson administration's War on Poverty, community organizing
became an accepted component of social service delivery (Howell, Devaney,
McCormick, & Raykovich, 1998). From these experiences and the concept of garnering
maximum community-level participation, the community board was born (Sardell, 1988).
During the 1970s and 1980s, community participation became expected and necessary to
the process. The community advisory board became a common entity and
"empowerment" and "consumer-direction" became buzzwords (Howell, Devaney,
McCormick, & Raykovich, 1998). At the same time, stakeholders began to realize that
this was not enough; consumers needed to be involved at every level to ensure that
community organizations were, in fact, actually providing the best possible service to the
communities in question. These services required some level of consumer direction.

Definitions of Empowerment and Consumer Direction

As mentioned in Chapter One, Kosciulek (1999) defines consumer direction as "a
mechanism by which . . . individuals can develop the skills to take control of their lives
and their environment" (p. 1). Kosciulek states that, in his model, the "consumer has the
ultimate responsibility for the services he or she receives" (p. 7). He essentially views

consumer direction as an empowering process. Kosciulek states that consumer-direction leads to empowerment, which in turn "promotes the increased community integration and enhanced quality of life of individuals" (p. 9).

The National Institute on Consumer-Directed Long Term Services (1998) defines consumer direction as "a philosophy and orientation to the delivery of home and community-based services whereby informed consumers make choices about the services they receive" (p. 3). They can assess their own needs, determine how and by whom these needs should be met, and monitor the quality of services received. Nadesh (1998) states that consumer direction may exist in different degrees and may span many types of services, ranging from the individual independently making all decisions and managing services directly, to an individual using a representative to manage needed services for him/her. The National Institute on Consumer-Directed Long Term Services (1998) states that "the unifying force in the range of consumer-directed and consumer choice models is that individuals have the primary authority to make choices that work best for them" (p. 3) regardless of the nature or extent of their disability or the source of payment for services.

Gutierrez (1995) focuses on empowerment and politics. She bases her research on the theory that individuals must develop a sense of "critical consciousness" before they can become active in a social or political way. She states that, for empowerment to occur, three sequential steps must take place: (a) group identification; (b) group consciousness; and (c) self and collective efficacy. In her article "Working with Women of Color: An Empowerment Perspective," Gutierrez also adds reducing self-blame and assuming personal responsibility for change to her list of steps. She says that, based on

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empowerment theory, "for individuals and communities to understand that their problems stem from a lack of power, they must first comprehend the structure of power in society" (p. 230).

Segal, Silverman, and Temkin (1995) state that, "In general, [empowerment] connotes a process by which individuals with lesser power gain control over their lives and influence the organizational and societal structures within which they live" (p. 215). However, the authors say, part of the difficulty in researching empowerment in various settings is that there is not a universally agreed-upon definition or method of measurement for the concept. They go on to suggest that empowerment is actually a multi-dimensional construct that may exhibit differently in individual, organizational, and extra-organizational realms. They strongly emphasize that empowerment is much more than a personal state; rather it is "the intersection between individuals and the societal structures in which they participate" (p. 218).

The Case For Consumer Direction and Empowerment Models

The question of whether a consumer-directed approach in social service delivery is the right approach is important. A natural inclination of social services nonprofits, government workers, and participants themselves is to assume the answer is yes. Ostensibly, though, agency-directed models could work just as well or better; in fact, some professionals have expressed doubt about the ability of consumer direction to assure program and technical quality and fulfillment of unmet needs (Benjamin, Matthias, & Franke, 2000). An analysis of available literature and research on the subject indicates that, in general, consumer-directed models can be associated with

positive outcomes and may offer a workable alternative to agency-directed models.

Kosciulek (1999) makes a strong case for consumer direction in programs for people with disabilities in his article "Consumer Direction in Disability Policy Formulation and Rehabilitation Delivery." Kosciulek begins by outlining three assumptions of consumer direction: (a) that consumers are the experts on their own needs; (b) that choice and control can be available in all social service environments; and (c) that consumer direction should be available to all social services' recipients, regardless of payer. He also outlines four principles of the consumer-direction construct: (a) consumers control and direct service delivery; (b) consumers can choose from all options available, rather than from limited options or no options; (c) consumers receive appropriate information and support; and (d) consumers are involved in systems design and service allocation. Kosciulek states that consumer direction has several benefits, especially to increase service options and to "extend the range of variation" (p. 9) of social services systems.

In an article published in <u>Mental Health Weekly</u>, Manisses Communications Group, Inc. (2000) reviews Ohio's statewide process for evaluating mental health services. Ohio's statewide policy mandates consumer input in the evaluation process. The associate director of Quality Review Services, a nonprofit team that guides the process, asserts that "consumers provide concrete information about what the system needs; it's a kind of bottom-up approach" (p. 5). The article names specific services that consumers felt needed improvement. The state intends to use the consumer input to create strategic plans—including fund development plans—for future fiscal years.

Greene (1998) describes a Boise, Idaho project called "Healthwise." The

description provides a strong case for utilizing a consumer-driven approach in healthcare. The project distributed a free "Healthwise Handbook," a guide for self-care, to many households in the Boise area and also offered workshops on communicating with health professionals to ensure the best possible care. Follow-up surveys indicated that, of those who had received the handbook, 69 percent had used it at least once. Another study found that 38 percent had used the handbook to avoid at least one visit to the doctor. A before-and-after study indicated an 18-percent drop in visits to the emergency room in the project area after the handbook was distributed. Greene states that several important factors in the project's approach were (or will be) key to its success. First, several doctors in the project area were involved in the entire process. Second, the project is teaching youth the basics of empowerment. Project organizers feel that this is the way to ensure long-term success of the program.

Empowerment and Older Adults

There is little available research on consumer direction/empowerment and older adults. Marchetti (1999, 2000) notes that funding for gerontological and aging programs falls far short of what is needed. Benjamin, Matthias, and Franke (2000) remark that "prior debate about the role of consumer direction in organizing supportive, home-based services for elderly [persons] has been hampered by the absence of empirical research" (p. 355).

Adams, Johnson and Moore (1996) provide the following remarks:

A consumer-driven model is particularly appropriate for elderly home-care patients. For the elderly, desirable home-care outcomes often relate to quality-of-

life issues (e.g., ability to perform activities of daily living [ADL],

independent living arrangements, and transportation). Frequently, these outcomes

are more important than achieving ideal disease management. A consumer-driven

approach provides the elderly with the care they want to receive. (p.934)

Although the above statement specifically mentions home health care, it could be

extrapolated to incorporate the whole of programs serving the older adult community.

In a survey of In-Home Supportive Services (IHSS) recipients in California,

Benjamin, Matthias and Franke (2000) compared two service models: consumer-directed

and agency-directed. The primary difference between models was that consumer-

directed model recipients were responsible for picking their own IHSS provider, while

agency-directed model recipients were assigned a worker. The survey covered a random

sample of more than 1,000 clients, all of whom were 18 or older and half of whom were

65 or older. The researchers developed outcome measures in three distinct areas: safety,

unmet need, and client satisfaction with services. They also examined client-provider

relationship (whether the provider was a family member or not) and demographic

differences. Overall, recipients in the consumer-directed model reported higher degrees

of perceived safety and satisfaction. By the authors' admission, the study is limited in

that results could not easily be generalized to other social service situations. In addition,

it was a "natural" study (meaning that factors were not controlled in any way).

Manheimer (1998) asserts that most consumers of education for older adults

expect to be involved in all levels of their learning—including planning, oversight, and

even instruction. He states that older adults expect the education process to be consumer

driven. He also believes that this expectation may have grown and developed from the

"empowerment era" of the 1970s and 1980s. Manheimer reports that many educational programs focused on older adults openly invite students to take part in curriculum design and development, program governance, and peer instruction.

Nadesh (1998) discusses the tension around true consumer direction in programs for older people and those with disabilities, especially in the area of long-term care. She states that older adults are often denied the opportunity to make choices about their own care because service providers, relatives, and others assume seniors are inferior in their ability to make such choices. Nadesh (1998) states that consumer direction is "an acknowledgement that they [older adults] are the best judges of their own needs" (p. 15). At the same time, older adults and those with disabilities often need the protection that legislation and social services provide; this dependence can restrict their freedom to choose or direct their own care. To solve this dilemma, Nadesh advocates for a flexible adaptation of consumer direction that can be molded to the needs of individuals with varying abilities.

Methods for Measuring Empowerment/Consumer Direction

The measurement of empowerment and consumer direction has posed a challenge for researchers. According to Kosciulek (1999), consumer direction is an open-ended construct and is therefore impossible to fully and accurately measure in a specific operationalization. He states that the concept may take on different forms in different populations and contexts. The open-ended quality of the concept may cause it to lose or change its meaning over time. Therefore, Kosciulek maintains that the creation of a one-size-fits-all measurement of consumer direction is a profitless goal.

Frymier, Shulman, and Houser (1996) posit that empowerment is actually a form of intrinsic motivation which "can exist as either a state or a trait" (p. 181) but which also includes a belief of personal involvement and self-efficacy. Based on their analysis of existing research in empowerment and education, the researchers designed an empowerment survey. They then studied empowerment by analyzing responses to Likert-type survey items by college students in communications classes. They submitted the responses to a factor analysis process, which yielded three of four predicted dimensions: meaningfulness, competence, and impact, but not choice (the fourth predicted factor). The researchers found that empowerment was significantly and positively correlated with motivation, immediacy, relevance, learning, and self-esteem. They also reported a positive correlation between empowerment and state motivation. The researchers then conducted a second study to refine their measurement and to further establish its validity and reliability. In this study they operationalized the concepts of motivation, relevance, and learning. Results showed that validity and reliability stood up to the "tweaking" of the empowerment instrument.

Speer and Peterson (2000) address the fact that there are few measures of empowerment in the field of social work. Based on their analysis of existing empowerment research, they posit that to have meaning in a community organizing or social work context, individual empowerment must be measured in three distinct areas: cognition, emotion, and behavior. Cognition reflects one's "critical awareness and understanding of community functioning;" emotion reflects one's perceptions of one's "competence or ability to effect change in the community;" and behavior reflects "participatory activities focused on social change in community contexts" (pp. 110-111).

For each of the three areas, the researchers developed several subscales to measure various aspects of each area. Speer and Peterson discuss their development and subsequent testing of a measure of empowerment that is based on these precepts and designed specifically for community organizing behavior. They point out that although the concept of empowerment is defined and used differently in various social work environments, there is a "range of meanings identified" (p. 111) and several specific themes emerge which they believe can be categorized and measured.

The researchers used a randomly selected sample of 974 United States residents and employed a telephone survey method for the study, which consisted of several questions in each subscale of the three identified thematic areas. To study content validity, they used factor analysis to test whether the range of meanings they found in social work literature was represented in the structure of their empowerment measure. After testing the instrument, they concluded that content validity was strongly supported for six of seven factors. They concluded that construct validity of the instrument was supported as well, although the specifics of what this means are less clear. Finally, the authors concluded that their empowerment measure might lend itself to use beyond the community organizing setting, but that researchers utilizing the measure may need to make changes to improve it for specific areas of interest.

Segal, Silverman, and Temkin (1995) developed a method for measuring empowerment in mental health self-help agencies. Based on existing literature and research on the subject, the researchers developed three scales for measurement: personal empowerment, organizationally-derived empowerment, and participation in community efforts. They also identified five outcome measures they felt would be

enhanced by empowerment: whether the participant did paid work; whether the participant did volunteer work; total number of hours worked; satisfaction with life domains (living situation, relationships, finances, etc.); and the level of self-initiated participation in the larger community.

Segal, Silverman, and Temkin tested their measurement through a 12-month observation of four self-help agencies. They also conducted baseline and six-month follow-up interviews with participants. After compiling their data, they assessed reliability by examining internal consistency and stability at six months. Internal consistency was established for all of the measures and was quite high for most. Stability coefficients also indicated strong reliability but showed that level of empowerment was subject to changes in life circumstances, such as housing or job situations. Measurements of construct validity indicated the presence of two specific models: personal empowerment and organizational/extra-organizational empowerment. In addition, the researchers found that self-efficacy/self-confidence span the realms of personal and organizational empowerment. Further, the researchers learned that, while personal empowerment was linked to general social activity, both the organizational and extra-organizational empowerment measures were strongly linked to participants' work roles. The authors concluded that the described empowerment instrument is a satisfactory method of measuring empowerment in self-help agencies and that its usefulness may extend beyond the realm of the mental health arena to other traditionally underserved groups.

Chapter Three: Methodology

Subjects/Respondents

The study included a 32-question survey of senior consumers involved in each of the 10 Senior Central District Advisory Councils. The survey was pretested on a group of four District Advisory Council members who were not involved in the research itself. Their suggestions were recorded and incorporated into the final draft of the survey.

The survey was administered in each district at one of the regular District Advisory Council monthly meetings. Only senior members (those 55 or older) and those who resided within the Senior Central's boundaries were included in the study. If seniors were present at the meeting, they were considered members of the Council. Service providers were included only if they met the above criteria. No Commission on the Aging staff members were included in the study, regardless of age. The anticipated total sample size was 50 to 100 participants.

Research Design

The study employed a cross-sectional survey method of data collection, deemed the most efficient and "user-friendly" for the sample, especially given the complexity of concepts such as "power" and "consumer-driven." Also, for the ease and convenience of the respondents, the survey utilized only closed-response, multiple-choice questions. Although the researcher "walked through" the survey with groups of respondents, the survey was self-administered, then collected and coded anonymously.

Instrumentation.

The survey included 32 multiple-choice questions. Surveys were color-coded by District Advisory Council. In the analysis, the power and activity scores of respondents were of importance. Questions 1 through 3 asked about basic demographic factors: age grouping, gender, and primary language. Questions 4 through 22 were actually a series of statements adapted from a study on empowerment in client-run self-help agencies [Segal, Silverman, & Temkin (1995)]. Specifically, the statements came from the study's section on organizationally-mediated empowerment. In the study, the internal consistency coefficients for this measure were (baseline) .87 and (after 6 months) .90. The stability coefficient was .62. The construct validity correlation coefficient for organizational empowerment and self-efficacy was .38. The statements were adapted to fit the present study, though the meaning and intent of each was not significantly altered. Questions 23 through 32 were also a series of statements created specifically for this study. The statements were developed based on the research questions, the nature of the District Advisory Councils, and current research methods on empowerment discussed in Chapter Two.

Procedures

The researcher contacted Senior Central coordinators by phone to explain the nature of the study and request space on the monthly District Advisory Council agenda, discuss specific meeting dates, schedule survey time, and explain the research and survey process in detail. The day of the meeting, during the announcement section of each District Advisory Council meeting, the researcher briefly explained to the members the

nature of the study, who was invited to participate, the need for participation, and the potential benefit to the Senior Centrals. Council members were informed that the survey would be conducted at the conclusion of the regular meeting and that senior members were under no obligation to participate. Members were also assured that the researcher would return at the conclusion of the project to explain the findings.

At the conclusion of the meeting, senior members interested in participation remained seated while everyone else left the room. The process was explained again. All questions were answered and members were reminded that they were under no obligation to participate. A consent cover letter detailing the study as well as potential benefits and risks was passed out and read aloud. Participants then had another opportunity to ask questions.

Next, copies of the survey (color-coded for each District Advisory Council) and a pencil with eraser were passed out to each participant. The researcher explained how to complete the survey. Each question or statement and all potential answers were then read out loud. Although participants filled out the surveys on their own, it was felt that reading aloud would ease the process for those with limited reading skills and minimize potential for confusion.

When participants completed their surveys, they placed them in a large manila envelope on a table near the door. At this time, participants again were assured of anonymity, thanked for their participation, and told that the researcher would return at a later date to explain the results of the study.

<u>Operational Definition of Relevant Variables</u>

Statements 1 through 3 concerned basic demographics. Respondent's age group

was measured by statement 1. Respondent's gender was measured by statement 2.

Whether or not English was the respondent's first language was measured by statement 3.

Statements 4 through 22 addressed the issue of organizationally-mediated

empowerment and were based on an empowerment scale developed by Segal, Silverman

and Temkin (1995) that measures respondents' participation and activities directly

associated with a program. In this case, the concept related directly to senior members'

levels of involvement in District Advisory Council and Senior Central activities. This

included activities such as attending regular meetings, chairing a committee, acting as

Council officer, participating in training, setting staff salaries, or any other activity

directly related to the Senior Central. The philosophy behind the concept is that when

members feel a sense of ownership of the organization, they are more likely to take part

in activities associated with that organization.

Possible responses to the activity statements (4 through 22) were "yes," "no," or

"uncertain." A "yes" response was scored as 1; a "no" response was scored as 2; a

response of "uncertain" was scored as 0. Added together, the scores for each statement

provided a measurement of each participant's level of <u>organizationally-mediated</u>

<u>empowerment.</u>

Statements 23 through 32 were designed to find out how participants felt about

their level of personal power in the District Advisory Councils and Senior Centrals. The

responses to statements 23 through 32 were added together to create an <u>overall personal</u>

<u>power score</u>. The answers to each power-related statement were based on a five-point

scale, with 1 being "strongly disagree" and 5 being "strongly agree."

In addition to the overall personal power score, two power subindices were created to address specific research questions. To analyze the extent to which senior members felt that they shared in the decision-making processes of their Senior Centrals, responses to statements 23 through 26 were added together to create a shared power (as defined in Chapter 1, page 7) index. To analyze the perceptions of senior members about their level of power in comparison with that of other key players, statements 27 through 32 were combined to create a comparative power (as defined in Chapter 1, page 7) index.

Treatment of Data

A frequency distribution was computed for each of the statements 4 through 22 addressing organizationally-mediated empowerment. In addition, an overall individual empowerment score was calculated with scores ranging from 0 to 38. A two-sample t test was computed to see if the empowerment scores of seniors in underserved populations differed significantly from the others. Analysis of variance was employed to compare the mean empowerment scores of each site. Analysis of variance was also used to compare empowerment to age group. A two-sample t test was computed to test whether mean empowerment scores differ significantly by gender or by use of English as the primary language.

A frequency distribution was computed for each of the statements 23 through 32, constituting the overall power index. For each respondent, an overall power score was calculated; scores ranged from 10 to 50. A mean score for each statement was calculated. A two-sample t test was computed to see if the overall power scores of seniors in

underserved populations were significantly different from the others. Analysis of variance was computed to compare the mean overall power scores of each site. Analysis of variance was also calculated to compare overall power score by age group. A two-sample t test was computed to test whether mean overall power scores differed significantly by gender or by use of English as the respondent's primary language.

An alpha value was computed for each scale to assess interitem reliability. Based on the reliability assessment, additive indices were computed from statements 23 through 32. These calculations yielded scales measuring shared power (statements 23 through 26) and comparative power (statements 27 through 32), as defined on page 7 of this text. For each respondent an overall score was calculated and a frequency distribution was computed. A mean score for each statement was calculated. The mean scores for statements 23 through 26 were added together to create a mean score for shared power. The mean scores for statements 27 through 32 were added together to create a mean score for comparative power. Two-sample t tests were computed to see if the shared power and comparative power scores of seniors in underserved populations differed significantly from the others. For the shared power and comparative power scales, analysis of variance was computed to compare the mean power scores of each site. Analysis of variance was also calculated to compare power scores to age group. A two-sample t test was computed to test whether mean power scores differed significantly by gender or use of English as the respondent's primary language.

Empowerment was compared with overall personal power, shared power, and comparative power. A Pearson product-moment correlation (r) was computed to describe the strength of the association between the "empowerment" and "power" variables as

well as to determine whether the correlations were statistically significant.

Limitations of the Study

The sample size for this study was limited to the number of senior participants who attended their District Advisory Council meeting the day the survey was scheduled. Due to difficulties inherent in language translation of materials and the incredible diversity of the city, the survey was conducted in English only. This effectively excluded input from those who were non-English speaking or who did not read or write English. In addition, there was some risk that there would be differences in the way respondents answered due to cultural differences in their understanding of empowerment and power-related issues.

Two other issues posed challenges as well. The first was that the participants might believe that their participation in the study would lead to some action by the Commission on the Aging that would positively or negatively affect their Senior Central. To reduce this fear factor, the survey was administered after the meeting had officially adjourned and senior participants were notified that their participation would be completely voluntary. Before taking the survey, participants were informed that their responses would remain anonymous and that information about specific Senior Central's responses would not be shared with Commission on the Aging staff members. The second concern was that the researcher was employed by a lead agency of one of the Senior Centrals at the time of the study. To ensure that this did not present a conflict of interest, the researcher fully disclosed this fact to all participants (noting that the particular Senior Central had nothing to gain or lose due to the association) and assured

them that the process was as fully automated as possible. The survey was entirely

multiple choice, with little room for interpretation of individual responses. The survey

was anonymous. The script was prewritten so that there would be as little difference as

possible in delivery of the study explanation and conduct of the survey among the

participating District Advisory Council meetings.

Chapter Four: Results

This chapter provides an analysis of data collected from the 10 Senior Central District Advisory Council meetings. The participants' answers were analyzed utilizing SPSS software. The research questions, as stated in Chapter One, are as follows:

1. To what extent do District Advisory Council senior members participate in the District Advisory Council and Senior Central activities? That is, to what extent do they exhibit organizationally-mediated empowerment?

2. To what extent do District Advisory Council senior members feel that they share power with other key players in the decision-making operations of their particular Senior Centrals?

3. How would District Advisory Council senior members rate their level of power compared to that of other key players in the Senior Central process?

4. To what extent is there a relationship between senior members' level of organizationally-mediated empowerment and each specific Senior Central? Between empowerment and whether an individual lives in a designated "under-served community?"

5. To what extent is there a relationship between senior members' perceptions of their own power in the Senior Central process and their level of organizationally-mediated empowerment?

General Characteristics of Survey Respondents

Forty-nine senior members completed the survey. A majority of the respondents were women (77.6 percent). Most considered English their primary language (91.8

percent). A majority of the respondents resided in an underserved neighborhood (63.3 percent). Table 1 shows the distribution of participants by age group.

Table 1

Distribution of Participants by Age (N=49)

Age Range	Frequency	Percent
55-59	3	6.1
60-69	16	32.7
70-79	21	42.9
80-89	8	16.3
90 or older	1	2.0

Three-quarters of the participants were between the ages of 60 and 79. Only 8 percent of the participants were in the 55-to-59 or 90-or-older age groups.

Table 2 illustrates distribution of participants by Senior Central. Groups are identified by letter rather than name or number to preserve the anonymity of each.

Table 2

Distribution of Participants by Senior Central Attended (N=49)

Senior Central	Frequency	Percent
A	4	8.2
B	5	10.2
*C	3	6.1
*D	2	4.1
E	2	4.1
*F	19	38.8
*G	0	0
*H	5	10.2
I	3	6.1
J	6	12.2

Note: * denotes Senior Centrals in underserved communities

Although the survey was voluntary, the number of participants from each Senior Central was closely related to the number of seniors observed at the meeting on each given day. There were no survey participants from Senior Central G. No seniors were

present at the meeting the day the survey was scheduled to be conducted.

Responses to Empowerment/Activity Statements

Frequency distributions were computed for each response to Questions 4 through 22. Table 3 shows the distribution of responses for each statement. A copy of the survey is presented in Appendix B.

Table 3

Respondents' Perceptions of Organizationally-Mediated Empowerment (N =49)

Statement	#Yes	%Yes	#No	%No	#Un.	%Un.
Voted in DAC elections	22	44.9	19	38.8	8	16.3
Served as officer or chair	7	14.3	41	83.7	1	2.0
Chaired a committee	7	14.3	40	81.6	2	4.1
Helped set up meetings	15	30.6	30	61.2	4	8.2
Have become a volunteer	23	46.9	24	49.0	2	4.1
Have become paid staff	1	2.0	48	98.0	0	0.0
Led discussion groups	18	36.7	30	61.2	1	2.0
Made decisions on topics	21	42.9	24	49.0	4	8.2
Helped decide activities	20	40.8	28	57.1	1	2.0
Decided on new program	19	38.8	26	53.1	4	8.2
Hired staff members	7	14.3	39	79.6	3	6.1
Helped set staff salaries	0	0.0	45	91.8	4	8.2
Helped allocate funds	15	30.6	31	63.3	3	6.1
Created by-laws or rules	8	16.3	36	73.5	5	10.2
Developed consequences	3	6.1	42	85.7	4	8.2
Suggested improvements	26	53.1	18	36.7	5	10.2
Represented DAC at COA	10	20.4	36	73.5	3	6.1
Represented DAC at mtgs.	11	22.4	34	69.4	4	8.2
Participated in training	21	42.9	27	55.1	1	2.0

Note: Un. = Uncertain; DAC = District Advisory Council; COA =Commission on the

Aging

With the exception of statements 4 and 11, which respectively concerned voting in DAC elections and suggesting changes or improvements, the most common answer for each statement was "no."

Individual organizationally-mediated empowerment scores were calculated by adding together each respondent's yes and no answers. A yes answer was scored as 1 and a no answer was scored as 2. If a respondent answered yes to every statement, the score would be 19. If a respondent answered no to every statement, the score would be 38. The purpose of adding the scores together was to create a measure of each respondent's level of organizationally-mediated empowerment. The mean organizationally-mediated empowerment score for all respondents was 30.41 and the median score was 31.

A two-sample t test was computed to determine whether the empowerment scores of seniors in underserved populations differed from the scores of the rest of the respondents. No statistically significant difference was established. Analysis of variance was employed to compare the mean empowerment scores of each Senior Central. No statistically significant difference between Senior Centrals was established. Due to the small number of respondents at some Senior Centrals, the ANOVA values may not have been valid. Therefore, the researcher visually examined the mean empowerment scores of each site to determine whether or not the categories should be reclassified or compressed. The differences between mean empowerment scores of each Senior Central appeared to be too small to justify any regrouping. Analysis of variance was also used to compare the mean empowerment scores by age; no statistically significant difference between age groups was established. Due to the small number of respondents in several

age groups, age was recategorized into three groups: 55 to 69, 70 to 79, and 80 and older. Analysis of variance was recalculated. Again, there were no statistically significant differences in mean empowerment scores between age groups. A two-sample t test was computed to find out whether mean empowerment scores differed by gender. No statistically significant difference across gender groups was established. A two-sample t test was computed to test whether mean empowerment scores differed by whether English was the respondent's primary language. Again, no statistically significant difference was established.

Responses to Power Statements

A frequency distribution was computed for each of the statements 23 through 32. For statements related to sharing power in the decision-making processes and confidence in ability to make decisions, the mean response (from 0 to 5) ranged between 3.41 and 3.04. For statements 27 through 32, which concerned seniors having as much say in the process as Senior Central staff, the lead agencies, and the Commission on the Aging, the means hovered between 2.98 and 2.37. Figure 1 depicts the distribution of responses to statement 23, which reads: "As a person 55 years of age or older, I feel that I share power in the decision-making of the District Advisory Council." Figure 2 depicts the distribution of responses to statement 32, which reads: "I feel that I have as much say in the decisions affecting my Senior Central as the Commission on the Aging does." Both figures also indicate the mean response for each question, and the distribution of responses for total number of cases that answered 1, 2, 3, 4, or 5. Cases that answered "not sure" were counted as 0 and are not included. A copy of the full survey is presented

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as Appendix B.

Figure 1. Distribution of responses (N=48) concerning seniors' perceptions of shared

power in the decision-making of the District Advisory Councils.
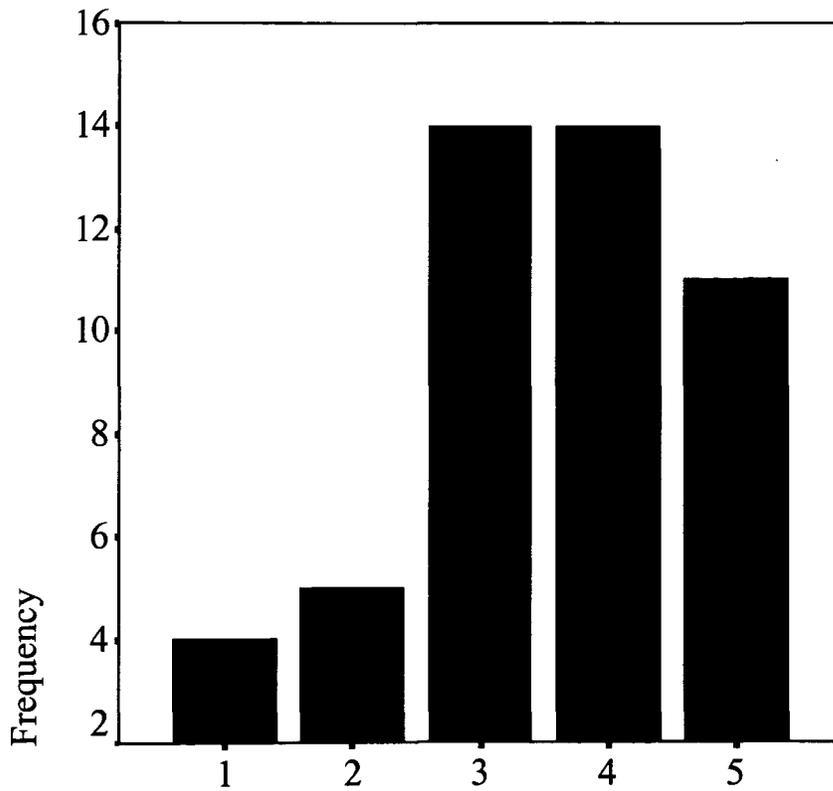
Note: Scale goes from 1 to 5, with 1 being "strongly disagree" and 5 being "strongly

agree." Mean = 3.48.

Figure 2. Distribution of responses (N=42) concerning seniors' perceptions of comparative power in the decision-making processes of the Senior Centrals.
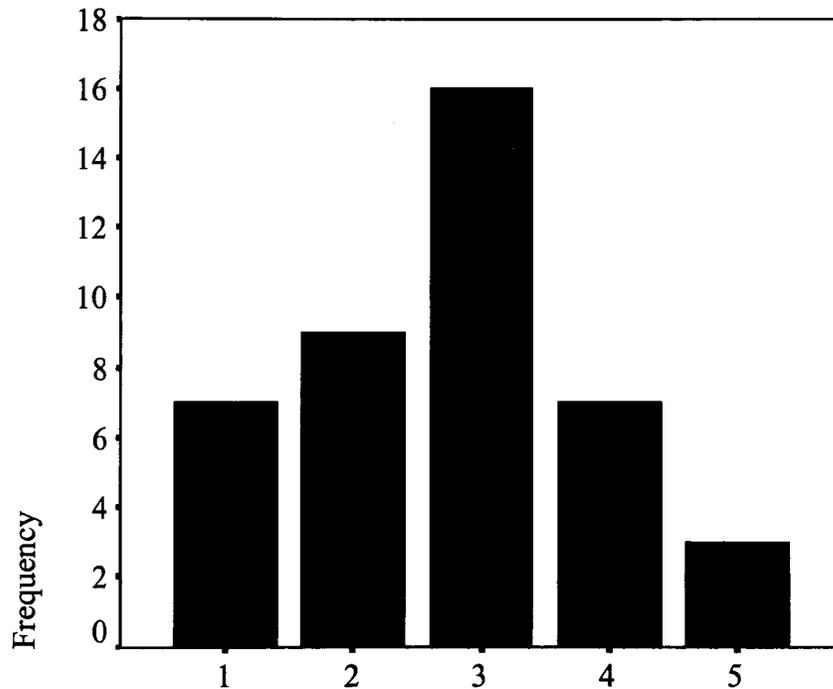
Note: Scale goes from 1 to 5, with 1 being "strongly disagree" and 5 being "strongly agree." Mean = 2.76.

Power scores were examined based on whether the respondents were in an underserved community. A two-sample t test indicated that there were no statistically significant differences between groups. Analysis of variance was computed to compare the mean overall power scores of each Senior Central. There were no statistically significant differences established between sites. Due to the small n of some of the Senior Central sites, the ANOVA comparison may not have been valid. A visual examination of the means of each site was conducted. The differences appeared to be too small for any logical regrouping. Analysis of variance was also conducted to compare

overall power scores by age group. The ANOVA values showed that there were no statistically significant differences in power scores based on age grouping. Age was recategorized into three groups: 55 to 69, 70 to79, and 80 and older. The ANOVA comparison still showed no statistically significant differences in power scores based on age grouping. A two-sample t test was computed to test whether power scores differ by gender; no statistically significant difference was established. A two-sample t test was also employed to test whether speaking English as a first language was a factor in power scores. No statistically significant difference between groups was established.

Shared Power and Comparative Power

Alpha was computed for shared power items and comparative power items to assess interitem reliability. The reliability coefficient for the shared power scale, which included four statements, was .84; the mean score was 12.93. The reliability coefficient for the comparative power scale, which included six statements, was .95; the mean score was 15.81.

Once interitem reliability was established, a frequency distribution was computed for each scale. Overall shared power and comparative power scores were calculated for each respondent. The mean score for each statement was calculated. A two-sample t test indicated that those in underserved communities did not differ from the others on shared or comparative power. For each of the two power subscales, an ANOVA value was computed to compare the mean power scores of each site. No statistically significant differences were established between Senior Centrals. Since some Senior Central sites had a very small n, the ANOVA comparison may not have been valid. Therefore, a

visual examination of the mean power scores of each site was conducted to determine if there were any immediately obvious differences between the shared power or comparative power means of each Senior Central. There were no apparent differences that would justify a regrouping of the data. Analysis of variance calculated to compare power scores to age group indicated no statistically significant differences based on age. Age was regrouped into three categories: 50 to 69, 70 to 79, and 80 and older. The ANOVA value was recalculated to compare power scores to age group; no statistically significant differences based on age were indicated. Two-sample t tests also yielded no statistically significant differences in perceptions of shared or comparative power relative to gender or use of English as the respondent's primary language.

Empowerment Scale and Power Indices

A Pearson product-moment correlation was computed to describe the strength of the association between the empowerment scores and overall power scores. The correlation was -.416, $p < .01$. The strength of the association between the empowerment scores and shared power scores was also computed using r. The correlation was -.396, $p < .01$. Then, r was computed to describe the strength of the association between the empowerment score and the comparative power scores. This correlation was -.391, $p < .01$. These correlations show that those who had lower empowerment scores (fewer "no" answers than "yes" answers, therefore revealing a stronger sense of empowerment) tended to report higher levels of overall, shared, and comparative power. This would suggest that the more involved seniors are in the District Advisory Council and Senior Central activities—or the higher their self-reported levels of

organizationally-mediated empowerment—the more likely they are to feel that they share

power with other stakeholders. Also, the higher their self-reported empowerment scores,

the higher their feelings of power compared to the other stakeholders.

Chapter 5: Summary and Conclusions

Review of the Problem

Nonprofit and government entities have become increasingly interested in ensuring that programs are consumer-driven. Pressure from consumer groups, increasing competition for funding, and greater public awareness have forced this shift. Intrinsic to the movement is a general belief that consumer-driven programs are more humane, more efficient, and more successful.

In the senior services arena, the concept of empowerment has been particularly important. In the past, senior organizations have often provided very little room for consumer direction. However, some senior services experts are now anticipating the need to augment the definition of older adult to include one who is knowledgeable about issues, who is interested in improved programs, and who is active at both the community and the political level. Those experts are interested in creating avenues to ensure that a sense of empowerment and actual consumer direction pervade senior services at the community organizational level.

Despite the theoretical trend, consumer direction and empowerment are difficult concepts to define, to apply, and to measure. Very little research is available on consumer direction and senior programs. This study was one look at seniors' perceptions of their empowerment in a process that was designed to be consumer driven.

Discussion of the Findings

The purpose of this research was to quantify information about senior members'
perceptions of their District Advisory Council-related activities, their perceptions of their
own power, and the degree to which there was a link between the two. In addition, the
study sought to find whether there were differences based on gender, primary language,
age group, Senior Central, and whether or not participants lived in an underserved
neighborhood.

The study's most obvious finding was that fewer seniors were involved in the
study than originally expected. This was a direct result of the number of senior members
present at each meeting. Only one District Advisory Council meeting had more than 10
senior members in attendance. Several Senior Central coordinators explained that their
meetings were focused on coordination between a district's service providers rather than
on efforts to expand senior membership. Others stated that it was difficult to bring
seniors into the process, or that they had not yet found the time to recruit senior members
for the District Advisory Councils. Two Senior Central coordinators said they had never
heard of the 51-percent senior membership standard. Only one District Advisory Council
reported regularly having at least 51 percent senior membership.

There was a low percentage of study participants for whom English was a second
language (8 percent). Since the survey was conducted in English, this was not surprising.
However, there was also a low attendance rate at District Advisory Council meetings for
seniors for whom English was not the primary language; this was not anticipated. Part of
the reason that the Commission on the Aging began decentralization of information,
referral, and outreach was to provide specialized services in each unique community.

The District Advisory Councils were expected to reflect this diversity in the makeup of the senior membership. Several Senior Central coordinators cited difficulties in retention of seniors who have limited English skills as well as a shortage of translators as the culprits in this situation. Several Senior Central coordinators explained that when there is an issue on the agenda that particularly affects people with lower English skills (e.g., immigration), they provide translators and make a big push to get all members to the meeting. Others prefer to have paid staff from specific organizations present at the District Advisory Council meetings to get information and take it back to their constituents.

Activity and organizationally-mediated empowerment.

Overall, the senior members reported low activity and involvement levels in their District Advisory Councils and Senior Centrals. The fact that the mean empowerment score was 30.41 out of a possible score of 38 if all statements were answered "no" indicates that most seniors exhibited low levels of organizationally-mediated empowerment.

However, Table 3 shows that there were some areas in which seniors perceived themselves to be more involved than in others. Most senior members had not served as an officer, chaired a committee, set up meetings, helped hire a staff member, helped create rules/by-laws, represented the Council and Senior Central at meetings, or helped lead discussion groups. Most had not taken part in deciding what to do if someone broke the rules. Only one respondent reported becoming a paid staff member for the Senior Central, and no one reported setting staff salaries, indicating that these questions may not

have been particularly relevant for this study.

Close to half of the respondents (47 percent) reported volunteering for the Senior Central and taking part in choosing meeting topics. About 41 percent reported taking part in deciding the Senior Central's activities. Approximately 43 percent had participated in training sessions or workshops offered by the Senior Central. About one-third reported taking part in deciding how much money should be spent on a Senior Central service or program. Approximately 39 percent reported taking part in deciding whether the Senior Central would add a new service or program.

Only two of the statements elicited mostly "yes" answers. First, more respondents reported voting for officers or chairs (45 percent) in Council elections than reported not voting (39 percent). Second, most (53 percent) respondents reported suggesting to the Senior Central, lead agency, or Commission on the Aging staff members what they thought might be changed or improved in the Senior Central process.

These findings indicate that senior members are active in several ways. Although most reported not being active in leadership capacities, many reported giving feedback or choosing leaders. Many reported taking part in discussion groups (e.g., deciding how much money to spend). These findings can be interpreted in several ways. One interpretation might be that most senior members feel that they have not been given the opportunities to take on leadership roles and that they feel they are expected merely to suggest or volunteer. An opposite interpretation might be that seniors are not comfortable taking on leadership roles for the District Advisory Council and that they would rather provide "reality checks" and "people power" when asked. They may feel that they do not have the proper training or background to take on leadership roles. Perhaps there has

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been little focus on or preparation for seniors in leadership roles in the District Advisory Councils.

Since almost half of the respondents reported volunteering, and more than half reported suggesting improvements, those activities should be further investigated. It would be interesting and perhaps valuable to know which activities seniors were involved in when volunteering. Also, it could be valuable to know how their suggestions were obtained, and whether suggestions were elicited as part of an evaluation process or were unsolicited.

Shared and comparative power.

The mean power scores indicate that most seniors at least moderately agreed that they shared power in the decision-making processes of their District Advisory Councils and Senior Centrals. The scores also indicated that they at least moderately agreed that they felt confident in their ability to help make important decisions for their District Advisory Councils and Senior Centrals. However, for the shared power statements, most seniors moderately disagreed that they had as much say in decisions affecting their Senior Centrals and District Advisory Councils as Senior Central staff members, lead agencies, and Commission on the Aging staff. This indicates that senior members felt that although they have important roles in the Senior Central and District Advisory Council operations, their presence has less of an impact than that of other stakeholders.

Differences based on demographic variables.

There were no discernible differences in organizationally-mediated empowerment or power scores based on variables such as gender, Senior Central, age group, underserved neighborhood, or language. The number of respondents who reported that English was not their first language was quite low, perhaps too low to justify comparison. The lack of differences reported by respondents of varying characteristics suggests that the issues addressed in this study concern seniors as a group, regardless of variations in their personal situations.

Relationship between perceptions of power and organizationally-mediated empowerment.

The moderate-strength correlations between organizationally-mediated empowerment and overall power, shared power, and comparative power suggest that senior activity levels are related to seniors' perceptions of their own power in the operations of both Senior Central and District Advisory Council. Since the consensus in both the literature and the Senior Services Plan is that consumer-driven services are desirable, it seems that a focus on senior involvement in District Advisory Council and Senior Central activities should be part of the planning process. Unfortunately, there is no way to discern, at this point, to what extent Senior Centrals or District Advisory Councils have planned for senior involvement, although the low rates of involvement may indicate insufficient planning.

<u>Conclusions</u>

This study indicated that a greater degree of senior involvement in the District Advisory Councils and Senior Centrals is linked to higher perceptions of both shared and comparative power. The study also showed that overall organizationally-mediated empowerment levels for all respondents were low. Further, the study found that perceptions of shared power were higher than perceptions of comparative power. Finally, there were no statistically significant differences between demographic groups on perceptions of organizationally-mediated empowerment, shared power, or comparative power.

The results of this study essentially support Nadesh's (1998) assertion that older adults need to be involved in making choices about services and policies that affect them. The results also support those of Frymier, Shulman, & Houser (1996), who posit that to feel truly empowered is to perceive high levels of personal involvement and self-efficacy. The correlation between perceived levels of organizationally-mediated empowerment and perceived levels of personal power lends support to Speer and Peterson's (2000) three-pronged definition of empowerment. That is, to feel truly empowered, seniors must have an understanding of the Senior Central process (cognition); a perception of having an impact on the Senior Central process (emotion); and a belief that they are actually participating in the activities of the Senior Central (behavior). Finally, the results of this study indicate that the organizationally-mediated empowerment measure developed by Segal, Silverman, and Temkin (1995) can be adapted for use with populations other than consumers of mental health services.

<u>Recommendations for Action and Future Research</u>

        Based on the findings of this study, it is recommended that the Senior Centrals focus on ways to raise the activity levels of senior participants, especially where leadership opportunities are concerned. The research shows that empowerment and consumer direction will not develop without some manipulation. Rather, levels of empowerment and consumer direction will increase as a function of the relationship between increased individual participation and improved organizational structure (Segal, Silverman, & Temkin, 1995). Greater opportunities for personal involvement (Frymier, Shulman, & Houser, 1996) and increased skill development (Kosciulek, 1999; Greene, 1998) must be available.

        To date, the lead agencies of the Senior Centrals have been responsible for training staff, developing the District Advisory Councils, and providing general oversight for senior recruitment efforts. However, this approach has not led to the development of a consumer-driven Senior Central system. There is a need for further technical assistance from the Commission on the Aging to ensure that the personnel of each Senior Central are equipped with the skills necessary to create opportunities for senior leadership, to define activities, and to recruit senior members to those activities. This might mean implementation of a citywide, centralized training mechanism with clear objectives and outcomes for staff development. It might also mean the development of a staff position whose sole responsibility is to work with the Senior Centrals to improve effectiveness and increase senior empowerment levels. If District Advisory Councils are expected to have at least 51 percent senior membership, the Commission on the Aging must provide greater oversight and instruction so that lead agencies and Senior Centrals adhere to this

standard. The Commission could help each Senior Central develop measurable and attainable goals for senior recruitment as well as a plan to meet those goals. Further, staff and Council members alike may need help developing new ways to recruit senior members, which may entail development of strategies to attract a senior membership that fully reflects the demographics of each unique neighborhood.

To achieve "big picture" understanding of senior empowerment in the District Advisory Council/Senior Central operations, further research must take place. It would be useful to examine the perceptions of other key players in comparison with those of the senior members. Results of such an examination might lend some insight into the empowerment levels of individuals at different levels of the organizational structure. It would also be interesting to determine whether empowerment levels are affected by one's generation and life experiences. For instance, are individuals from the "baby boomer" generation more likely to exhibit organizationally-mediated empowerment and perceptions of personal power than those from previous generations? If so, what are the factors that contribute to variations in empowerment levels?

It would be helpful to know if there were specific variables affecting seniors' responses when they completed the survey. For instance, the length of one's membership in the District Advisory Council, one's ethnicity, and one's level of education might affect perceptions of both organizationally-mediated empowerment and shared and comparative power. Also, if there had been a way to collect data on all District Advisory Council members (such as those who had become home-bound after joining or those with limited English skills), results may have been more illuminating. Since some of the Senior Centrals are still quite new, a follow-up study in two or three years might provide

valuable information. For example, District Advisory Councils might become more consumer-driven over time as participants become more knowledgeable about senior services and advocacy. A comprehensive study designed to assess levels of self-perceived empowerment among seniors throughout San Francisco's senior services system might be a way to examine the perceptions of empowerment of a very diverse group of individuals. Such a study could examine empowerment and consumer direction across such variables as ethnic group, primary language, economic status, type of social program accessed, and personal mobility level.

Further examination of the above-mentioned variables and their impact on empowerment levels must take place in order for program planners to effect long-term positive change in the Senior Central system. Despite the fact that the Senior Centrals are entities designed with the flexibility to serve specific neighborhoods, there must be some centralization of the approach to developing the District Advisory Councils and ensuring that the Senior Centrals are consumer-driven programs. San Francisco's Senior Central system is the first of its kind in the senior service arena. With some improvements and further study, it will become a model for urban senior service delivery throughout the country.

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Appendix A

Consent Cover Letter May 2001

Dear District Advisory Council Member:

My name is Shireen McSpadden and I am a graduate student in the College of Professional Studies at the University of San Francisco. I am also the executive director of Network for Elders, lead agency of Senior Central #6. Right now, I am here with my "graduate student hat" on. I am doing a study on empowerment, consumer direction and the District Advisory Councils. I am interested in finding out how senior members such as yourselves perceive your own role in the District Advisory Councils.

You are being asked to participate in this study because you are a senior member of one of the Senior Central District Advisory Councils. If you agree to be in this study, you will complete a survey that asks about your perceptions of your role in the District Advisory Council. Although you have your own copy of the survey before you, I will also read each question aloud. When you have completed the survey, you may place it in the envelope here at the front of the room.

It is possible that some of the questions on the survey may make you feel uncomfortable, but you are free to decline to answer any questions you do not wish to answer, or to stop participation at any time. If you have a question, please know that you are free to ask it at any time.

Once your survey has been placed in the box, it will be completely anonymous. All of the survey data will be kept confidential. Information about collective responses of specific Senior Centrals will be shared with no one.

While there will be no direct benefit to you from participating in this study, the anticipated benefit of this study is a better understanding of how the District Advisory Councils function and of seniors' perceptions of their role in the District Advisory Councils.

There will be no costs to you as a result of taking part in this study, nor will you be reimbursed for your participation in this study.

If you have questions about the research, you may contact me at (415) 647-5353. If you have further questions about the study, you may contact the IRBPHS at the University of San Francisco, which is concerned with protection of volunteers in research projects. You may reach the IRBPHS office by calling (415) 422-6091 and leaving a voicemail message.

Thank you in advance for your participation in the study. When the project is completed, I will return to explain the findings to you.

Shireen McSpadden

Survey Questionnaire

Thank you for taking the time to fill out this survey. Please answer the following questions according to the directions given. Your answers will be kept anonymous and confidential.

1) To which of the following age groups do you belong? (Circle one)

60-69   70-79   80-89   90 or over

2) What is your gender?

                _____Female   _____Male

3) Is English your first language?

                _____Yes   _____No

Following are some statements about your involvement in your Senior Central District Advisory Council. Please circle the answer that best applies to your situation.

4) I have voted in my District Advisory Council's elections for officers or council chairpersons.

                YES   NO   UNCERTAIN

5) I have served as an officer or chairperson for my District Advisory Council.

                YES   NO   UNCERTAIN

6) I have chaired a committee for my District Advisory Council.

                YES   NO   UNCERTAIN

7) I have helped set up District Advisory Council Meetings.

                YES   NO   UNCERTAIN

8) Since I joined my District Advisory Council, I have become a volunteer for the Senior Central.

                YES   NO   UNCERTAIN

9) Since I joined my District Advisory Council, I have become a paid staff member for the Senior Central.

                YES   NO   UNCERTAIN

10) I have led or helped to lead discussion groups for my District Advisory Council.

                YES   NO   UNCERTAIN

11) I have taken part in deciding what topics will be covered at District Advisory Council meetings.

                YES   NO   UNCERTAIN

12) I have taken part in deciding what activities will be held by the Senior Central.

                YES   NO   UNCERTAIN

13) I have taken part in deciding whether the Senior Central will add a new program or service.

                YES   NO   UNCERTAIN

14) I have taken part in deciding whether to hire certain staff members for the Senior Central.

                YES   NO   UNCERTAIN

15) I have taken part in setting salaries for Senior Central staff.

                YES   NO   UNCERTAIN

16) I have taken part in deciding how much money should be spent on a Senior Central service or program.

        YES   NO   UNCERTAIN

17) I have taken part in creating rules or by-laws for my District Advisory Council.

        YES   NO   UNCERTAIN

18) I have taken part in deciding what to do if someone in the District Advisory Council breaks the rules.

        YES   NO   UNCERTAIN

19) I have suggested to the Senior Central, lead agency, or Commission on the Aging staff what I think might be changed or improved in the Senior Central process.

        YES   NO   UNCERTAIN

20) I have represented my District Advisory Council and Senior Central at Commission on the Aging meetings.

        YES   NO   UNCERTAIN

21) I have represented my District Advisory Council and Senior Central at other city meetings.

        YES   NO   UNCERTAIN

22) I have participated in training sessions and/or workshops offered by my Senior Central.

        YES   NO   UNCERTAIN

The following are questions about your feelings of power in the decision-making processes of the Senior Central and your District Advisory Council. For each question, you will be presented with a scale from one to five. Please circle the numerical answer that best describes **your** feelings about your own level of power, with one being *"strongly disagree"* and five being *"strongly agree."*

23) As a person 60 years of age or older, I feel that I share power in the decision-making processes of my District Advisory Council.

	Strongly Disagree				Strongly Agree
Not Sure	1	2	3	4	5

24) As a person 60 years of age or older, I feel that I share power in the decision-making processes of my Senior Central.

	Strongly Disagree				Strongly Agree
Not Sure	1	2	3	4	5

25) I feel confident in my ability to help make important decisions for my District Advisory Council.

	Strongly Disagree				Strongly Agree
Not Sure	1	2	3	4	5

26) I feel confident in my ability to help make important decisions for my Senior Central.

	Strongly Disagree				Strongly Agree
Not Sure	1	2	3	4	5

27) I feel that I have as much say in decisions affecting my District Advisory Council as the Senior Central staff members do.

	Strongly Disagree				Strongly Agree
Not Sure	1	2	3	4	5

28) I feel that I have as much say in the decisions affecting my Senior Central as the Senior Central staff members do.

	Strongly Disagree				Strongly Agree
Not Sure	1	2	3	4	5

29) I feel that I have as much say in the decisions affecting my District Advisory Council as the lead agency does.

	Strongly Disagree				Strongly Agree
Not Sure	1	2	3	4	5

30) I feel that I have as much say in the decisions affecting my Senior Central as the lead agency does.

	Strongly Disagree				Strongly Agree
Not Sure	1	2	3	4	5

31) I feel that I have as much say in the decisions affecting my District Advisory Council as the Commission on the Aging does.

	Strongly Disagree				Strongly Agree
Not Sure	1	2	3	4	5

32) I feel that I have as much say in the decisions affecting my Senior Central as the Commission on the Aging does.

	Strongly Disagree				Strongly Agree
Not Sure	1	2	3	4	5

Thank you for completing the survey. Please put your completed survey in the big envelope on the table.