

**Legislation Education Series at Immanuel House  
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## Introduction

Policy analysis and evaluation is a critical component of social welfare policy practice. Social service agencies are under increasing pressure to perform in new and difficult ways. Funders, consumers, and regulators require that agencies not only better their services, but also devise new approaches to social, mental health, and rehabilitation services. These stakeholders require that social service agencies improve the services offered. Changes in public and policy expectations have made the environment of social services even more tumultuous than in the past. These organizations need to think about more significant changes in how they conceive of human need, identify social problems, develop social programs, and define the purpose of their agencies (Moxley & Manela, 2000).

The development and creation of social policy is a political process, one that addresses ethical methods of reconciliation of social problems. Social scientists believe that they have a right, and perhaps even an responsibility, to be a part of the process of identifying what determines an issue to be a social problem, offering remedies, as well as in evaluating societal reactions and outcomes. They also realize that their contributions to the creation of knowledge of social problems are a “moral enterprise” (Alvarez, 3).

## The agency

My field practicum this year is at Immanuel House, a low to moderate income retirement community located at 15 Woodland Street in Hartford. A non-profit organization, Immanuel House has both Section 8 and Section 236 federal housing programs available to eligible persons

of low and moderate incomes. All applicants must meet the eligibility standards set by the U. S. Department of Housing and Urban Development (HUD).

I have been calling different aging advocacy groups in order to implement a Legislative Education Series program for speakers to come to Immanuel House on a monthly basis in order to present information to the residents about the diverse issues that have the potential to affect the older population. The first presentation, prescription drug coverage, was held on November 7 and on December 3, two speakers from VNA/Hospice came and presented information to residents about advance directives.

### Needs statement

From the very beginnings of implementation of old-age policies, programs and policies for older adults have counted on energetic and outspoken advocates to assert for the rights of seniors. Grassroots aging advocacy efforts have depended on individuals who learn by doing i.e. they are inclined to accrue their technical proficiency and policy know-how while they strive to effect policy and program change (Baker, Leitner, & McAuley, 2001). However, more and more, a variety of fields within social welfare are embracing a consumer-driven framework to deliver services and to heighten client empowerment (Hyduk & Moxley, 1997).

There are several different properties, which characterize the description of a social problem/need and are used as a method to measure the degree of a problem/need. Rates, prevalence, severity, intensity, incidence, and thresholds and boundaries are typically used to measure the extent of social problems. Rates, prevalence, and incidence are usually expressed in percentages. Since Immanuel House has not previously implemented a program such as this one, there is nothing with which to make comparisons; however, Hyduk and Moxley (2000) present a representative sampling of older adults who have been deemed to be in need of advocacy

education in the “Advocacy with Care Project.” They identify the significance of the implementation of advocacy in community-service situations for vulnerable populations, specifically, in this instance, for older adults. Older adults can benefit from a number of social services and social supports that, if properly organized and delivered, can contribute to a positive quality of life. A core intervention within this array of social services and supports is personal advocacy. This form of advocacy helps older adults to identify and prioritize their own needs and to resolve the barriers that can prevent them from fulfilling these needs, offering them opportunities to gain greater control over their life situations. Hyduk and Moxley (2000) examine the needs of minority older adults in relation to the significance of their quality of life. I have utilized this project as a model for my advocacy project, albeit on a much smaller scale.

### Goals

The Client Support and Representation (CSR) model is presented as a method of improving the well-being of individuals through a process of skill development and support, which hopefully will lead to empowerment (Rose & Black cited in Moxley & Freddolino, 1994). It is important that clients define their own wants, needs, and desires and it is the role of the social worker to help the client identify the problem and help effect their own solutions. Traditionally, social workers help clients to identify the services that are necessary to meeting their needs in the community and then help them coordinate these services, as I will be doing in the Legislation Education Series.

The goal of the Legislation Education Series is to provide opportunities for individuals who are knowledgeable in the issues affecting older adults to present information to the residents of Immanuel House regarding those issues that have the potential to impact their lives and to increase the knowledge of aging issues of the individuals who choose to participate in the

educational seminars. At each presentation, I have encouraged residents to contact their legislators to let their thoughts, opinions, and beliefs be known. The way in which I did this was to hand out a packet with the names, addresses, telephone numbers, and e-mail addresses of our two senators and our governor, a form letter with a blank salutation and closing for the resident to fill in the appropriate names, encouraging the legislator to vote a certain way if the seminar participant felt strongly in favor of an issue, a fact sheet of “Capitol Hill Basics” outlining the appropriate protocol involved if one wished to call directly (i.e. who to ask for and what to say to get one’s message across in the shortest, most succinct manner), and finally, a short questionnaire pertaining to the presentation itself, whether it was clear, and if it was helpful.

The questionnaire that was distributed after the first presentation, “Health care and You,” asked the following questions:

1. Do you have prescription drug coverage? yes    no
2. Was the information presented today helpful to you? yes    no
3. Was the information presented clearly? yes    no
4. Did today’s presentation increase your understanding of service withdrawals of Medicare HMOs? yes    no
5. Did today’s presentation increase your understanding of pending legislation to regulate prescription drug prices? yes    no
6. Do you have a better understanding of managed care protection for nursing home patients?  
yes    no

Following is the questionnaire distributed for “Advance Directives and the Patient Self-Determination Act”:

Do you have an advance directive? Yes    No

Did you know about the Patient Self-Determination Act? Yes No

Was today's information presented clearly? Yes No

Was the information presented today helpful? Yes No

Do you have a better understanding of advance directives and the Patient Self-Determination Act? Yes No

For the second presentation of the series, "Advance Directives and the Patient Self-Determination Act (PSDA)", there was not as large a turnout as there was for "Health Care and You." I have concluded that I could have done a bit more preparatory work in that perhaps, some of the residents did not know what an advance directive was; however, I can not assume that. Perhaps the subject matter was not one that residents wished to think about or maybe there simply was not as much interest in this topic as in the previous presentation.

### Outcomes

Of the twenty two residents who attended "Health Care and You", fourteen of them returned the questionnaire, a 63.6% response rate. To question #1, ten answered "yes" (71.4%), three answered "no" (21.4%), and one (7.1%) did not answer. For questions #2 and #3, all fourteen respondents answered in the affirmative, for a 100% response rate that the information was helpful to them and the information was presented clearly, respectively. Question #4, asking if the presentation increased their understanding of the service withdrawals of Medicare HMOs, ten answered "yes" (71.4%), two (14.3%) answered "no", and two (14.3%) did not answer. For question #5, regarding the presentation's potential to increase the pending legislation to regulate drug prices, thirteen of the fourteen respondents answered "yes" for a 92.8% understanding rate, while one did not answer (7.1%). Finally, on question #6, eight

(57.1%) of the respondents answered that they have a better understanding of managed care protection for nursing home patients, two (14.3%) did not, and four (28.6%) did not answer. At the end of each questionnaire, I also asked for comments pertaining to the presentation and what they would like to hear about in future presentations. Overall, I have concluded that the prescription drug coverage presentation was helpful and did increase the participants knowledge of prescription drug coverage and managed care issues.

Twelve residents attended and nine returned questionnaires for “Advance Directives and the Patient Self-Determination Act.” This is a 75% return rate. The results are as follows:

For question #1, seven respondents or 78% answered that they did have an advance directive; however, one of the respondents who answered “yes” was not sure and two (22%) answered that they did not have one. Question #2, which inquired if the residents knew about the PSDA, garnered seven (78%) “yes's” and two (22%) “noes.” For the remaining three questions, all nine participants answered “yes” indicating that the information was presented clearly, it was helpful, and the residents now have a better understanding of advance directives and the PSDA.

### Alternatives

Rocheffort and Cobb (1993) present a blueprint for defining the primary categories of problem definition and alternatives. They ask, “What are the characteristics of the group identified with, or affected by, the problem? What is the nature of the appropriate solution, and is it feasible?” (60). The authors propose that the use of language is critical in deciding which aspect of a problem will be analyzed. This can help instill a specific comprehension of a problem in the minds of the public. Even if one idea manages to gain control, however, this explanation can later be withdrawn, effectively modifying the gist of the problem examined. Scrutinized over an

adequate length of time, this model of issue conversion is perhaps more the rule than the exception with our current political environment (Rocheffort & Cobb, 1993).

Analysts should strive to devise policy alternatives with the possibility of advancing important goals. While the scope of alternatives considered should be as diverse as possible, the array of alternatives chosen for consideration must be sufficiently detailed in order to facilitate the projection of their results in terms of goals and criteria (Weimer, 1998). Following are steps that analysts apply in developing effective public policies. These include:

Define the problem;

Identify the criteria to be used in evaluating alternative solutions;

Generate alternative solutions to the problem;

Evaluate the alternative solutions based on the evaluation criteria;

Recommend an alternative.

(Bardach 1996; Dunn 1994; Kweit and Kweit 1987; McRae and Whittington 1997; Patton and Sawicki 1993, cited in Walters, Aydelotte & Miller, 2000, 352). The purposes for involving citizens in decision-making may be summarized as follows:

1. Discovery--Aid in the search for definitions, alternatives, or criteria.
2. Education--Educate the public about an issue and proposed alternative.
3. Measurement--Assess public opinion regarding a set of options.
4. Persuasion--Persuade the public toward a recommended alternative.
5. Legitimization--Comply with public norms or legal requirements (Walters, Aydelotte, &

Miller, 2000, 352).

Durning (1993) examines participatory policy analysis (PPA) as an alternative to conventional policy analysis. He presents a case study of a type of PPA that has not received

very much research attention, organization-stakeholder policy analysis, and examines its strengths and weaknesses. Based on his study, Durning concludes that “organization-stakeholder policy analysis is well suited for addressing some messy or ill-structured policy issues [defined by] ‘decision problems...for which decision makers, preferences or utilities, alternatives, outcomes, or states of nature are unknown or equivocal’” (317).

The development of an alternative as “an art that involves solving a puzzle for which the solution specifies a desirable relationship between ‘manipulatable means and obtainable objectives’” (Wildavsky, cited in May, 1981, 227). May (1981) contends that for the individual who wishes to practice policy analysis, it is not always necessary to generate original policy alternatives since, oftentimes, an evaluation is already a component of a specified set of alternatives. The author presents some suggestions for formulating alternative policies in order to assist analysts with the job of generating policy alternatives.

“Alternative policies are no more than tentative hypotheses about the courses of action that can be used to address a given set of conditions so that, on balance, the end result will be a better set of conditions than that which characterized the initial problem” (May, 1981, 229). He cautions against taking certain “shortcuts” in order to facilitate a more timely conclusion to policy alternative formulation. For example, misclassifying problems is a common pitfall that encompasses presenting a set of conditions that indicates a problem so that the analyst is directed to a widespread universal problem. May contends that the problem with classifying problems in a certain formulae is that problems do not always fall into a neat little policy box and when one does this, one runs the risk of disregarding major aspects of the problem.

May also advises against applying stock solutions, which initially may seem to be politically feasible and sound but in reality do not focus upon the problem being addressed. The

problem with stock solutions is that they tend to address the symptoms of an issue, rather than core causes.

When considering possible options of ways in which to solve a problem or fulfill a need, one must take into account alternative methods in which the problem or need will be resolved.

According to Humphreys (personal communication, October, 2001), the three primary alternatives are to “1. do nothing, 2. do nothing while looking like you’re doing something, and 3. to do something.”

I have formulated the following alternatives to the Legislative Educational Series that is currently being implemented:

“Do nothing”--One alternative could be to not implement any educational series at all, thus leaving the residents of Immanuel House uninformed about the issues that have the potential to affect them. Clearly, this has the most potential to be disadvantageous to the residents because it basically leaves them to their own devices. While many of the residents are in excellent physical and mental health, there are several who are becoming increasingly frail and there are some with various cognitive impairments and mental health issues which would make it difficult for them to access the information, which I am coordinating, on their own. This alternative is feasible but not beneficial to Immanuel House residents and it is my goal to help educate as many residents as possible so that they may be self-sufficient in learning about older adult issues. Cost-benefit ratio: low to no cost/low to no benefit.

“Do nothing while looking like you’re doing something”--An alternative which falls into this category would be to talk about implementing the educational series and then not pursuing the project. This does not benefit stakeholders e.g. the residents, my field supervisor, or myself. If the residents were, indeed, interested in obtaining information and I did not follow up on the

issue, that leaves the residents uninformed and perhaps distrustful of me (i.e. I don't do what I say I'm going to do) to the point that they become hesitant to contact me about other issues. My field supervisor then also, becomes distrustful of me and sometime in the future when I may need a reference from this person, she may remember this incident and label me as "unreliable."

Cost-benefit ratio: low cost/low benefit.

"Do nothing while looking like you're doing something"--This next alternative actually falls somewhere in between "do nothing while looking like you're doing something" and "do nothing." Another strategy I could implement to try and ameliorate the problem of residents being uninformed about issues that may affect them is to merely distribute literature about the issues without any follow-up or presentations to reinforce what they may have read. The problem with this alternative is that many times when one receives literature about something, the tendency is to dispose of it as "junk mail." At least if there is a presentation with handouts, I feel that the target audience will be more likely to read the literature and perhaps ask questions of the presenter. In short, this alternative is better than nothing but not much. Cost-benefit ratio: medium cost (time)/low to medium benefit.

"Do something"--Another alternative which would probably be considered a "best practice" alternative would be to hire a formal advocacy training group to come in and present an intensive training forum for those residents who would be willing to commit to a certain program with a certain time frame of involvement and who would truly become politically active, e.g. testifying before Congress, making telephone calls, contributing money, etc. Epstein, West, and Riegel (2000) examined a ten-week leadership training course, called the Institute for Senior Action, founded by the Joint Public Affairs Committee for Older Adults (JPAC), which incorporates education on effective advocacy and critical aging policy issues with grassroots implementation.

In addition to sharpening the skills of community activists, the Institute serves as a way for recent retirees and others to become more involved in political action. On average, twenty-five older adults per semester enroll in the ten all-day interactive sessions, which includes lectures, discussions, role plays, small group work, as well as opportunities for questions and answers (93-94). While this is the alternative that I personally like the best, it is the one that in all likelihood, has the lowest feasibility factor. I have found that it is difficult to persuade residents to attend the seminars as it is, and I imagine that it would be even more questionable to persuade them to become as politically active as they would need to be if they committed to a program such as this. Also, as far as the cost-benefit ratio, this would be a high cost/medium to high benefit alternative which would make this alternative unlikely to be implemented while in my position as a social work intern at Immanuel House because the agency has no money with which to use for a training program of this magnitude for the residents. The only way that this alternative would become feasible would be for me to write a grant proposal in order to fund the project; however, at this time it is not possible for me to add this to my agenda. Cost-benefit ratio: high cost/medium to high benefit.

“Do something”--The final alternative, which is the one that I recommend, is the one that is currently in place, the Legislative Educational Series. “Analysts generally should include the status quo policy as an alternative to allow for the possibility that no change is better in terms of the formulated goals than any alternatives that can be formulated” (Weimer, 1998). While the previous alternative (hiring a professional advocacy training group) would probably be more effective in regards to being professional and having the likelihood of effecting social change on a larger scale than this recommended alternative, the cost-benefit ratio of the Legislative

Educational Series makes this alternative more attractive and feasible to stakeholders. Cost-benefit ratio: low cost/medium to high benefit.

### Conclusion

Issues come to be defined as problems and/or needs by examining values, comparisons, and categories. The values one brings to an observation play a substantial role in problem definition. It is important to inform those who may not otherwise have access to this information that knowledge and the ability to speak up on the issues about which they feel strongly is crucial to their well-being and to successful aging.

Policy analysis and evaluation is a significant component of social welfare policy practice. Organizations need to consider meaningful changes in how they understand need, identify problems, develop programs, and define the purpose of their agencies. As stated earlier by Alvarez (2001), social scientists believe that they have a right, and perhaps even an responsibility, to be a part of the process of identifying what determines an issue to be a social problem, offering remedies, as well as in evaluating societal reactions and outcomes. The formulation of policy alternatives is a critical component of policy analysis in that it allows policy analysts to “think outside of the box.” In order for us to become effective change agents, it is imperative that we do this and help individuals become outspoken advocates for themselves but also for those who are not able to advocate for themselves.

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