6-1982

Comprehensive What? Coordination of Whom? Area Agencies on Aging and the Planning Mandate (Revised)

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The rural agency on aging did not – could not – engage in effective social planning because it was charged with a full range of responsibilities for sub-state decision-making among competing grant applicants. Several aspects of the Area Agency on Aging (AAA) planning mission are identified and discussed including "plan preparation", rational decision-making, sub-state allocations and needs meeting. Widespread acceptance of the legitimacy of AAA planning goals generated three alternative models, which are termed the case management, interorganizational and community structural *approaches. More effective approaches to rural social planning might have combined elements of these three approaches in a regional planning strategy.*

Social planning for the aged came late to rural America and remains only in the kind of attenuated form described in this article. Theories of city planning, health and welfare planning and even of planned communities were at work in the largest cities urban America for most of the twentieth century. In the period immediately after World War II, these ideas of planning were diffused to most of the rest of the larger cities of the nation which now have fully staffed city planning departments, and in some instances, at least minimal United Way, community council or other planning operations. However, only since the Great Society and New Federalism of the 1960s and 1970s have there been major efforts to extend social planning to the hinterlands in some organized and sustained manner. Beginning in the Reagan years of the 1980s there were active efforts to discourage and even suppress any kind of meaningful social planning, and the fact that Area Agencies on Aging still claim planning, along with developing, coordinating and delivering services as "key roles" must be seen as a major accomplishment

(See https://www.n4a.org/Files/LocalLeadersAAA2017.pdf). From the very beginning, the task has not been an easy one, not only because the basic ideas of planning and planned change are often at variance with traditional rural ways of life, but also because of the growing influence of conservative political ideas, including general opposition to planning, expertise and "knowledge elites" in recent decades.

It is not surprising, therefore, that attempts at social planning have not always gone down particularly well in rural America and that what remains is often very limited, narrowly focused, and organizationally based (as opposed to the kind of

[1] An earlier version of this article appeared as "Comprehensive What? Coordination of Whom? AAA's and the Planning Mandate" in the *Journal of Applied Gerontology*. Volume 1. June, 1982. 126-140.

community wide planning for social change that characterized earlier urban models (Kahn, 1969; Morris & Binstock, 1966). Working from a strong rural mandate, the Office of Economic Opportunity was generally unsuccessful in its attempts to get rural Community Action Agencies to initiate serious planning. In the 1990s and the decade that followed, initiatives by a coalition of national foundations sought to extend the system of community foundations to rural America, but a serious social planning component was notably missing from those efforts (Lohmann, 2008A; Lohmann, 2008B). Even today, very few rural areas have any type of community council or voluntary social planning activity, and although county planning authorities are found commonly in rural counties, they typically broach social planning and policy questions only indirectly and infrequently through issues of public infrastructure and zoning.

It is a matter of considerable interest and curiosity, therefore, that beginning in the early 1970s a national system of over 600 Area Agencies on Aging (AAAs with a uniform planning mandate for urban and rural environments alike was initiated and grew, in some cases in independent AAA's and in other cases in conjunction with other federal-state regional planning and development organizations. A major theme of the 1978 Amendments to the Older Americans Act established this planning mandate for the development of comprehensive and coordinated service delivery systems and the elimination of duplicate and overlapping services (Lohmann, 1980). Although some semblance of this system remains in place, it offers no special reasons for optimism about social planning in rural areas. To begin with, the aging planning system was almost completely imposed from the outside – as a requirement imposed by the national Administration on Aging (AoA) on states, multi-county sub-state regions, and local communities as a condition for receiving funding for services and programs under the Older Americans Act. Further, the role and scope of planning activity was, from the beginning, very limited.

Almost from the start, authorities were critical of various aspects of AAA planning. In 1974, Robert Hudson predicted that AAA's would be unable to mobilize general community resources beyond the AoA funding, because they would not perceive it as being in their organizational interests to go beyond the immediate (and dominant) vertical linkages of the AoA funding structure. A similarly pessimistic view regarding "the aging enterprise" was detailed by Carol Estes and her co-authors in a series of publications (Estes, 1973; Estes, 1974; Estes, 1976; Estes, Armour & Noble, 1977). Taietz and Milton (1977) found in a study in rural New York state that even in the rare circumstance where experienced planning administrative professionals were available in rural areas they were not noticeably more effective than the inexperienced workers assigned the job description of "planners" who were much more common in mobilizing community resources in the aging network. Heumann and Lareau (1980) studied a stratified random sample of AAA's and concluded that needs assessment efforts on behalf of the elderly poor were generally inadequate and misleading. Among other things, they found that fifty percent of the AAA's studied had never conducted a systematic needs assessment. Nelson (1980) found that rural AAA's were particularly deficient in the

fiscal and programmatic resources necessary to develop a continuum of care program or services for the frail elderly.

The original version of this article concluded that "In sum, there is no particularly convincing evidence currently to be found in the aging literature the effective "planning" in the ordinary sense in which that term is employed in the planning field occurs successfully in rural AAA's. Instead, it appears that "areawide planning" has become a kind of codeword for the introduction of sub-state (multi-county regional) decision-making into the aging network grants economy and little else. Area and state "plans" called for in the AoA guidelines often do not differ substantially from Title XX purchase of service contract listings. Both are merely lists of funded project with identifiers (including total costs, number of persons served, etc.) Indeed, for aging network planners without experience outside the federal grants economy of aging, it often appears that this narrowly limited conception of "planning" is so taken for granted that meaningful consideration of alternative conceptions of planning is impossible" (Lohmann, 1982).

Alternative Planning Models

The purpose of this paper is to sketch in broad outline a number of alternative models of planning and to assess their applicability to planning in rural AAA's. This will involve the incorporation of materials from both planning and the aging literatures. The observations and conclusions are based on the author's professional experience as an administrator, researcher, consultant, trainer and professor, which include expertise in rural human services organization, nonprofit organizations, social gerontology and social planning.

Planning as Preparation of Planning Documents

Many actors in the 1980s era aging network appeared to employ a simple, straightforward conception of planning as the preparation of plans. While such an approach appears at first to be simple and unproblematic, its appropriateness hinges on what one means by "plans". In some cases, what may be meant is that plans are written reports of activities and anticipated or expected future actions. Such a "plan", for example, was (and still may be) submitted by AAA"s to State Offices on Aging (SOA). Or, such plans, as noted above, may consist primarily or exclusively of lists of funded grants, or even those expected to be funded. Such conceptions of planning are inadequate for all but narrowly conceived purposes of bureaucratic reporting and control. In particular, they represent precisely the kind of goal displacement identified as a problem by researchers above: The task at hand is transformed from the lofty and future-oriented mission of planning for development of a "comprehensive and coordinated" service delivery system into the much more mundane challenges of annual bureaucratic oversight, and the principal professional role of the planner is merely that of authorship of the plan. (Some wags from time to time refer to this type of activity as "shelfmanship", or producing plans only to be shelved alongside previous plans.) If, however, what is meant by plans is

the preparation of documents (in any form) designed to actually guide and direct future action, this conception can be an adequate, if overly general, form of planning

Planning as Rational Decision-making

Planning might also be conceived as a way of rationalizing (and for some, depoliticizing) local community decision-making. According to Richard Lester, for example, "planning approaches the future with the aid of systematic analysis, so as to minimize surprise and uncertainty and to eliminate [unnecessary] mistakes and waste" (Lester, 1966, 6). Yehesekel Dror (1967, 99) has defined planning as "the process of preparing a set of decisions for action in the future directed at achieving goals by optimum means." Many questions can, and have been, raised about the nature of rationality in planning (c.f., Lindblom, 1958; Lindblom,) including whether it is a psychological (mental) process somewhat akin to Deweyian problem solving, or a social process more akin to bargaining; whether it is a process of learning and discovery, or of the exercise of rational dexterity? If planning is, as many have suggested, a prelude to rational decision-making, the question remains: Who are the decision-makers? And, to what degree does interpersonal conflict and politics enter in? If planning decisions are future-oriented, how far into the future is far enough? If it is a goal-seeking effort, whose goals are to be planned for? And, what does Dror mean by optimal? Despite such questions, however, the Lester and Dror definitions are at least heuristically useful since answers to any of these questions tend to supplement and elaborate on the previous model of planning as plan preparation.

Planning as Sub-State Decision-making

Although it is not discussed anywhere in the planning literature (at least that I have discovered), another model of social planning which appears to arise in the historic case of AAA planning is the idea of regional planning as sub-state level decision-making, specifically regarding the allocation of funding under the relevant titles of the Older Americans Act. The point here is a subtle one, because as John Friedmann (1973) noted, *allocative planning* focused on intended distributions of resources, and *innovative planning*, focused on "social change" are two distinct and legitimate forms of social planning. However, the mere act of making allocative decisions does not in and of itself constitute planning in any meangingful sense.

This model is spelled out explicitly in the 1980 Older Americans Act guidelines (Lohmann, 1981). The emphasis placed on coordination of local services, cooperation among agencies, the avoidance of duplicate services and the establishment of community focal points, all seem to emphasize facets of what might be termed optimal goal attainment. The processes for achieving goals, however, differed substantially in the standard practices of rural AAAs from those suggested by Dror (1967). While Dror's emphasis is on planning as a pre-decision-making process and limited to future oriented decisions, the AoA guidelines focus on the making of immediate fiscal year budgetary and program decisions – spelling out in

considerable detail of boards, advisory committees, public officials, older persons and service providers.

What in a very real and fundamental sense is thus called "planning in the AoA model is, in fact, largely concerned with procedures for sub-state decision making brought into being by the same "new federalism" and decentralization which also produced revenue-sharing and A-95 reviews. It is not, in fact, a planning process at all but a procedure for decision-making in fiscal federalism which can operate effectively with or without any associated planning. Evidence of the implementation of this emphasis was seen clearly in the Heumann and Lareau (1980) and Nelson (1980) studies cited above. Although this same system apparently continues in operation, albeit at a smaller scale, decades later there is no evidence of any more recent examination of its purported "planning" function in recent years. Thus, it might still be possible, as I concluded in 1982, "for an AAA to obtain federal funds for aging services in rural (or urban) areas without any very significant amount of preparation except the effort necessary to complete the "area plan" – with relatively little detained, sustained information about the specific character of the problem-population or very detailed plans for intervention." Except, that is, in order to do so it would be necessary to compete successfully against the existing organizational entity already receiving these funds. (And again, bureaucratic or organizational competition is not a legitimate form of planning.)

As noted in the original article, this regime can produce some startling examples directly contrary to the stated national purposes: Not only did one rural AAA at the time grant funds to a parallel multi-county planning and service delivery agency which subcontracted part of the grant award to a local mayor's office in one of the counties and the mayor's office subcontracted with the A itself to deliver the service. Post publication follow-up suggested that this arrangement continued for several years after it was first noted.

Needs and Resources: The Unmet Needs Model

Although the 1980 AoA guidelines (nor any subsequent revisions, as far as I am aware) do not deal with the details of the process of planning, it would be a mistake to conclude that no processual models evolved in the Aging Network. In fact, a model of planning that might be termed the "resource deficiency" or "unmet needs" model, although not identified in the guidelines relatively quickly took root in the standard local project application forms recommended to AAA's in many states. This model fit easily with the role of the AAA as plan writer discussed above. In it, a detailed and somewhat idiosyncratic planning process was imposed by the AAA on local project applicants interested in receiving funding. Consistent with the discussion immediately above, the role of the AA is not to plan, or even to review and approve planning, but merely to select among successful applicants and to draft an area "plan" listing the successful applicants.

In addition, in the unmet needs model, it is the responsibility of local applicants seeking funding to survey "existing conditions and needs" of the elderly, to deterine

"existing resources" (including other services, programs and available local expertise) and through an unspecified form of planning algebra determine "unmet needs" as the difference between total needs and available resources. The ultimate source of this approach is still to be found in the utilitarian calculus of welfare economics which John Rawls criticized so thoroughly (Rawls, 1971, 22-27). The project application form, circa 1982, also specified a precise Management by Objectives style deductive procedure requiring local applicants to link unmet needs to anticipated goals, objectives, action steps, budget items, and staffing, training and evaluation plans. As events unfolded in the next two decades with the "unmet needs" model in human services, measurable outcomes would eventually be added to the mix in many AAA's as well.

Summary Critique

Overall, what was wrong with the AAA planning model in the 1980s can be summed up in a few statements;

1) "Planning" at the level of the AAA was defined largely in terms of "writing" a plan for submission to the state.
2) The AAA's in fact did very little actual planning, and through the Unmet Needs model built into the application process, passed any actual responsibility for service planning along to local project applicants.
    a. Determination of "total needs" of the aged population
    b. Determination of existing resources available to "meet needs"
    c. Determination of "unmet needs"
    d. Preparation of a "local plan" embodied in the grant application form.
3) The overall implication has been to eliminate any "regional" or area-wide perspective from the process, and to reduce it to pursuit of the interests of whatever local aging organizations control the grant application and "needs" determination processes.

In general, the "planning" role of the AAA is primarily to synthesize whatever plans may be spelled out in local grants and to make allocative decisions. Whether or not this might have resulted in creation of a "comprehensive and *coordinated* service delivery system" in the words of the original regulations, remains in serious doubt. Further, basing local organization's grant applications on the utilitarian needs-resources approach also appeared to be an open invitation to further avoid meaningful planning – albeit in a slightly different way. Virtually anything, after all, can be a "need" and identifying "unmet needs" is operationally more a question of rhetorical skill in grant writing than it is a bona fide planning skill. Thus, ironically, it appears that in the very name of planning the Aging Network was largely excused from any but the most superficial and tentative obligations to plan. As the web search noted above shows, however, they still have permission to use the word, although its connotations have undoubtedly shifted considerably since the 1980s.

This analysis, it should be noted, was and is only a discussion of the planning practice model abstracted from written sources, and not a description of actually planning practices – past or present – in AAA's. The question therefore arises of how well this model has actually been implemented and describes existing practice. Personal and professional experience with AAA's in three states over nearly two decades suggests that the answer to this question is, "Very well, indeed, for the most part." It would appear, in fact, that most AAA"s have been doing in the name of planning exactly what was asked of them by federal requirements and expectations. This does not mean that they have ever done anything which might be labeled effective social planning. But to the degree the AAA planning process falls short, it has always been the basic structural design and not the performance of individual actors which can be faulted. Admittedly, this conclusion runs counter to a great deal of (mostly federal) conventional wisdom about the weaknesses and limitations of state and local officials and institutions. It also does not necessarily mean that AAA planners would be able to satisfactorily implement more extensive and effective planning approaches if asked to do so. Several decades of practice have no doubt "hard baked" this model into local communities everywhere. Even more importantly, the impetus for the original intent of the original planning amendments to the Older Americans Act have been largely fulfilled: Something resembling a "comprehensive service delivery system" has been guided into existence at least in part by this "planning" system, however limited or mislabeled. Even so, major questions remain about how "coordinated" the system was or is. With the growth of neo-liberal market and bargaining perspectives since the 1980s, the very meaning of that latter term has been completely transformed.

The very essence of the local-initiative proposal system is not cooperation but an inherent competition between local communities for funds. Also, rather than emphasizing regional expert pools, the AoA created sytemproduces in many communities quite the opposite effects: most of the funds are "passed through" to local communities rather than allocated at the regional level. Thus, the typical rural AAA has only token staff necessary to operate its grant-decision process, and because every community seeks its share, the funds available in any given local community will be deemed inadequate to hire trained, experience and professional staff. Thus, these agencies are condemned to a kind of permanent condition of hiring entry-level employees and training them, with little formal recognition of the need for adequate funding of training costs. Finally, by avoidance of genuine regional planning and the competition inherent in the grant process, optimizing availability and efficiency become extremely difficult if not impossible.

The principal mandate for Area Agency on Aging planning set forth by Congress and the Administration on Aging in 1980 was for the creation and development of "comprehensive and coordinated service delivery systems" for older people. In the guidelines, a "coordinated and comprehensive system is defined as a system for providing all necessary services, including nutrition, in a manner designed among other things to facilitate accessibility to, and utilization of all human services and nutritional services provided within the geographic area served by (an AAA)"

(Department of Health, Education and Welfare, 1980, p. 21135). Although a great many more (and a much wider spectrum) of services for older people now exists in rural America, questions remain about how much of this is due to the efforts of the AAA planning effort.

Two subordinate mandates for planning also spelled out in the 1980 guidelines also called for the coordination of services through "community focal points" and for priority emphasis on the "socially and economically disadvantaged". The principal candidate at the time was for such community focal points (Lohmann, 1980) to be the national system of senior centers that AoA funding had called into being between 1965-1980. From the standpoint of community service systems today, such centers are little more than footnotes in many communities. In particular, the vision of senior centers as co-located multi-service centers appears not to have happened on a widespread basis. More distressingly, the neo-liberal "conservative" focus of the Reagan, Bush and Trump years has too often replaced the notion of prioritizing the disadvantaged with a priority on persecuting the disadvantaged and making their lives more difficult.

Of Mandates and Regional Planning

The reader might well be asking at this point why any of this matters? The system combining Congressional intent, federal administrative oversight, and decentralized allocative decision-making that was created in the early 1980s functioned effectively for several decades in at least two important respects: federal funding intended to create aging services in local communities got distributed and a plethora of those services got created. What else should matter?

When Congress first created the Area Agencies on Aging, the apparent intent was creation of an *areawide* planning strategy. Such areawide or regional planning was a familiar and widely used Congressional approach to domestic social policy questions in the New Deal and Great Society periods. The Tennessee Valley Authority, Appalachian Regional Commission, Southern Regional Education Board, Community Action Agencies (CAA's) as well as multi-county planning and development councils, community mental health "catchment areas" and the B Agencies of the Regional Medical Program and the Cooperative Area Manpower Planning Systems (CAMPS) are but a few examples of such regional approaches. Further, while such examples from the Great Society period are little more than historical footnotes, most AAA's like many CAA's appear to have resisted neo-liberal federal attempts to eliminate them. Just as importantly, the aged population continues to grow apace and will continue to do so for at least several decades yet.

Thus, there is at least the possibility that at some point in the future purely market-oriented approaches may diminish in popularity and new regional planning approaches to aging-related problem solving may come back into fashion. Regional strategies appear to have several enduring advantages in the case of the aged, all of which are especially critical in rural areas:

1) By combining action, several local communities can overcome some of the limitations of scale which they face individually and which are chronically problematic for service delivery in small communities and rural counties.
2) Collectively, communities in an Area of region could afford to hire the kinds of genuine professional and technical expertise they would be unable to afford acting alone.
3) The growth of multi-county rural and non-metropolitan United Funds, Community foundations and internet-supported "work from home" possibilities, rural "think tanks" and a host of other changes since the 1980s make both of these more feasible today than they were in 1982.

Alternatives to Regional Planning[2]

The original 1982 article expressed (correctly, as it turned out) skepticism about the impact on comprehensiveness of the aging network, for reasons noted above. Even so, the planning goals of improved coordination, service comprehensiveness and community focal points "have been widely accepted as legitimate in the AAA planning system" with the result that several alternative pathways were already emerging in 1982 and have since proven to be effective alternative pathways to the same (or very similar) results. These were: individual case planning through case management; organization-level planning (like that implied in the local grant application process); and community-level planning.

Case Management

One of the most widely discussed developments in practice with the aged in the Aging Network in the late 1970s and early 1980s was the case management approach – a practice method with its own distinctive planning model built in (Coberly, Fleischer, Fritz, Cohn and Kobata, 1980; Cohen and Poulshock, 1977; Goland and McCaslin, 1970; Gottesman, Isizaki and McBride, 1979; Leinback, 1977; Nelson, 1980; Orkin, 1979; and Stirner, 1977). From the case management perspective, all thought of aggregate or population level needs assessment is set aside in favor of a focus on the traditional older person (or "case"). Although the case management model operated (and still operates) within the formal needs and resources model discussed above, needs determinations are for a single individual rather than in the aggregate – a much simpler approach to reconcile and implement. From a planning standpoint, case management represented a virtual abandonment of conventional ideas of the kind of social planning inherent in Congressional intent and a return to Mary Richmond-era "social casework" perspectives – albeit, in the case of the aging network, without the formal identification to the social work profession (Richmond, 1917). It thus represents yet another instance of "goal displacement" inherent in the case of AAA planning efforts. In this case, each of the key elements of planning concern – coordination,

[2] Some of the themes in this part of the paper were taken up later in *Social Administration* (Lohmann & Lohmann, 2002), in particular in Chapter 9 on planning (164-182).

comprehensiveness, community focal points, access, and utilization of services – is approached from an individual older person's case rather than an aggregate community or regional perspective.

Thus, coordination is in the hands of a coordinator or "case manager" who works out an appropriate service mix for individual clients on a case-by-case basis. Comprehensiveness, from this viewpoint, is operationalized with a functional assessment of individual clients using tools such as the Activities of Daily living (ADL) Scale, OARS (Older Adults Resource and Services) inventory, or other similar instruments to determine needs, currently met needs and unmet needs along the lines dictated by the AoA planning model discussed above.[3] Indeed, it was only within the case management approach that some of the inherent abstraction and vagueness of the concept of "needs" came to be dealt with. At the same time, the many attempts at the time to aggregate individual ADL, or OARS scale results into aggregate community or regional profiles for planning purposes appear to have failed almost universally. Case managers become community focal points in this approach and their role is increasingly critical in screening clients and matching them to services. Likewise, access under the case management approach became essentially an issue of advocacy; in each instance, the case manager may need to intercede on the client's behalf to gain access to nutrition, home health or any other service. Finally, utilization from the case management perspective is largely a derivative issue of comprehensiveness and explains the peculiar passion among case managers for non-duplication of services. From this perspective, utilization is a two-part issue: services should be available when needed by a client, but only those services which are needed by all clients should be available.

It should be evident from this that whatever the advantages of the case management approach for service delivery (and there are many) as a planning strategy the inherent individualism of this approach begs virtually all of the original questions planning was intended to deal with: What does (should) a comprehensive and coordinated service delivery system in a rural region include? What are efficient and effective services? What is a community focal point and where is it best located? There is nothing inherent in the AAA competitive proposal format, local project application planning or the case management format, separately or in combination to insure that such conditions will be met.

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[3] At about this same time (1982) and working with colleagues Dennis Goldenson and Barry Locke, we developed and field-tested a questionnaire-based needs assessment procedure using random sample surveys suitable for use in multi-county rural regions. We explicitly focused on designing behavioral, rather than merely attitudinal, measures. Although the original design work was funded by the West Virginia Title XX program, the questionnaire was explicitly also designed with the AAA planning process in mind. With careful selection of random samples, the procedure produced valid and reliable results for an entire multi-county region with samples of 500 or fewer subjects. It was field tested in three of the six counties of WV Region VI. When they saw what was involved in determining valid and reliable results, both the Title XX staff and the state aging office declined further interest (and funding for) the project and it was abandoned for lack of support. It was simply easier and cheaper to do what everyone else did – continue talking about "unmet needs" without any valid or reliable data.

Organizational Planning

Another approach to aging services planning evident in the literature, and one which has largely prevailed not only in the Aging Network but throughout the human services field in the decades since the 1980s might be seen as an extension of management planning perspectives (Binstock, 1967; Binstock, 1970; Binstock, 1975; Binstock, Cherington and Woll, 1974; Binstock & Levin, 1976; Estes, 1980; Hudson, 1974; Hudson & Veley, 1974; Lohmann, 1978; Lohmann & Lohmann, 2002; Morris & Binstock, 1966; Norman, 1981). From this view, planning is an organizational function directed at optimizing goal attainment through interaction with a problematic environment. Coordination is inherently an issue of interorganizational relations, achieved through inter-organizational task forces, coordinating committees, memoranda of agreement and other instruments. Comprehensiveness, in turn, is a function of agency and program goals, mandates and mission statements, and can be determined only through reference to them. A logically consistent approach to community focal points from the management perspective is the multi-service center. This is the tradition of the community center or neighborhood house of the settlement house movement. It is also the preferred approach in the AoA guidelines, where the only definitions or explanations of community focal points speak primarily in organizational terms.

There are several inherent problems or issues in taking an organizational approach to planning comprehensive and coordinated services for the elderly. Such an approach tends toward the opposite extreme of the case management approach – treating older persons not as individuals but only as the subject matter of goals and programs to be developed, pursued and measured. Also, several organizational perspectives developed and refined in recent years offer highly sophisticated apologia for inaction: We have already seen the workings of organizational goal displacement above. Further, it is said that organizations inevitable seek to "expand their turf" – thus establishing a pseudo-naturalistic rational for organizational imperialism. This issue erupts in many rural communities around organizational interpretations of community focal points: Is it really better delivery of services that is sought, or only the aggrandizing tendencies of one organization when the majority of funds are channeled to a single senior center or organization? A further perspective of the organizational approach is the view that all organizations seek to make themselves secure from threats to their environment. It could be (and has been) argued that the community focal points emphasis in the AoA guidelines was merely an attempt to privilege Senior Centers and establish their primacy in services for the elderly. If so, it is an attempt that largely failed – particularly when confronted with the much more substantial resources of burgeoning health care delivery systems – most of which are built around "peak" organizations. (Examples include the Mayo Clinic, Cleveland Clinic, Pittsburgh Area Medical Center and WVU Hospitals). Further, human resources and human capital perspective on organizations, with their emphasis on staff issues and problems (like burout, staff morale and the like) show a particular susceptibility to another kind of

displacement process as the principal focus of attention may place "staff needs" and client needs in approximately co-equal status.

When all is said and done, however, the social planning experiments of Great Society period – as noble and naïve as they may have been – have largely been replaced in more recent decades with "systems" in which social planning, to the extent it occurs at all, occurs largely within organizational and managerial settings.

Community Planning

The final alternative model to be considered here is that of traditional voluntary community planning; long one of the mainstays of the urban American social planning tradition in cities like Boston, New York, Cleveland and Chicago (Beito, 2002; Brilliant, 1986; Buell, 1952; Coughlin, 1961; Kahn, 1969; Lauffer, 1978; Lubove, 1964; Morris & Randall, 1965; Weil, Reich & Ohmer, 2013). Moreover, this approach is often deeply entwined with sociological community theory. From a community vantage point, the AoA concern with coordination can be seen as essentially an issue of community solidarity, or the degree to which more advanced and sophisticated services develop from build upon or relate to more basic ones. (the various works of Philip Taietz cited in this article explore that very issue). Likewise, the question of comprehensiveness can be seen as an issue of community differentiation, the degree to which the division of labor within a community human service delivery system matches the perceived needs and wants of the community. From the vantage point of community theory, the focal point concept is essentially an issue of centrality – the degree to which power, authority and information is centralized in specific community institutions or diffused through the community. Issues of access likewise can be seen as fundamental questions of status and/or group membership with utilization dependent upon the particular mix of access, coordination, comprehensiveness found at particular community focal points.

One of the principal problems with the portability of the urban concept of community planning to rural communities rests with the underlying concept of community itself. Most rural communities lack the financial, organizational and professional knowledge and skill resources assumed by the urban community planning model. This point becomes clear almost every time a rural community attempts a resource inventory – and discovered what is not there. A rural community (whether a small town, rural township or even an entire small county) is something quite different from an urban "community" (neighborhood, city or metropolitan area) from a planning standpoint. Perhaps a more appropriate comparison would be between the rural community s neighborhood and large urban neighborhoods like Haight-Asbury or the North End of Boston; the primary difference being that even large regional clusters of rural neighborhoods may not have the nearby central city resources or infrastructure to fall back on that are taken for granted by urban neighborhood dwellers.

Conclusions and Implications

What should we conclude from this review of planning concepts and models? For one thing, it is clear that aging planning was only part of the federally-backed planning system that grew up in rural areas in the Great Society period and then went away, largely because the entire system was externally imposed and dependent upon federal funding. As predicted in the original 1982 version of this article, the de-emphasis on federal social spending that began in the Reagan administration did, indeed, lead to a de-emphasis on rural social planning.

Secondly, it is unlikely that that de-emphasis had very significant consequences for rural communities or the rural aged, simply because the inadequacies of AAA planning as noted above kept the system from every living up to its promise of delivering real social planning. Whatever role the allocative regional distribution of federal funding and resources may have played, there should be little doubt that rural human services continue to be available and distributed in rural communities across the U.S. At the same time, whether those services are comprehensive, coordinated, as available and accessible as they should be or efficiently and effectively presented remains to be seen, because nothing in the rural social planning system which grew up or currently exists is up to the challenges of answering such questions except with bureaucratically self-serving answers.

Thirdly, as detailed above, allocative sub-state decision-making, case management and organizational planning in the form of grant preparation are alternatives to "real" social planning that grew up in the context of the AoA implementation of Congressional intent. Meanwhile, the possibilities for real, genuine community and/or regional social planning for aging services in rural America remain largely unexplored, even a half century after the Congressional mandate.

In rural America, the question of comprehensive service delivery systems is inevitably a regional issue. Not every older person, for example, can be housed with a full range of health and human services – or even in the same community. It matters little to the typical older rural resident whether a particular needed service is available from a commercial, nonprofit or public vendor. Likewise, it is unlikely to matter whether a service not available "at home" and only in some nearby community is provided in another small, rural community or an equidistant central city. That is the essence of a rural regional perspective – and another way to approach the community focal points idea: If nutrition, home health, homemaker, recreational and education programs, medical equipment, hearing aid and other services are uniformly available, as needed, across an entire (multi-community, county or multi-county) region, it will probably matter little whether all are in a single town or distributed at multiple points in the region.

An effort has been made in this paper to consider aspects of the system of rural planning for the aged which grew up and then dissolved in the United States. The original version of Congress for a regional planning network failed to materialize. In its place a network for sub-state allocative decision-making grew up for the

distribution of aging funds appropriated under the Older Americans Act. As part of this design, responsibility for initiating planning was passed from AoA to the states, from the states to the Area Agencies on Aging, who in turn incorporated it into the grant application process and passed it along to local projects seeking funding. Within this context, various elements of case, organizational and other vestiges of planning did, in fact, come into being albeit not in anything like the form of the original Congressional intent.

In the words of the original article: "In the final analysis the case for rural planning for the aged on a regional basis is both intriguing and frustrating. It was a good idea when first endorsed by Congress and is still a good idea today. However, due to the inadequacies of the planning system as it has developed, rural regional age planning is an idea which has never really been tried."

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