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JOAN L. ILARDO

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**SUSTAINABILITY OF COMMUNITY INITIATIVES THAT ADDRESS
AGING ISSUES**

By

Joan L. Ilardo

A DISSERTATION

**Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of**

DOCTOR OF PHILOSOPHY

SOCIAL WORK

2009

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ABSTRACT

SUSTAINABILITY OF COMMUNITY INITIATIVES THAT ADDRESS AGING ISSUES

By

Joan L. Ilardo

The motivation for this research is that in the next several decades, almost every community will contend with aging issues due to demographic trends. The study's *first line of inquiry* identifies what it is that compels individuals and groups in a community to recognize that they should address issues related to their older residents. The *second line of inquiry* examines ways in which these groups garner the support of others in their communities to work together to accomplish a set of goals. The *third line of inquiry* determines the factors that help or hinder partnerships to sustain their activities and momentum. The unit of analysis is a community that generated a partnership that addresses aging issues.

Case studies were conducted on three grassroots community partnerships for older adults that received no external funding. The case study used a protocol that included coding observations, documents, and structured interviews. Criteria used to select the case study sites were the length of time the partnership had been active, the activity level of the partnership, socioeconomic diversity of the community, and willingness to be studied. In addition A Key Informant Survey was conducted to capture internal and external factors that have an impact on the sustainability of community partnerships, perceptions of partnership formation and activities, goals, effectiveness, and sustainability.

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The overall conclusion drawn from the research is that each of the partnerships formed around a genuine concern for its older residents. The overarching goal of each partnership was to enhance the quality of life of its community's older residents. Each partnership achieved a set of necessary and sufficient conditions required to maintain sustainability. It took each of the partnerships time to determine its purpose, but each one eventually developed a coherent mission and ways to accomplish its goals. The groups all had ups and downs, fluctuations in member engagement, and times when they took a hiatus from pursuing their goals. What was important for their communities is that a core group of stakeholders in each of the communities pursued and sustained the idea that there should be a group of people actively promoting advocacy for senior issues, service coordination, collaboration, and ways to fill gaps in the service continuum.

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DEDICATION

To my daughters, Antonia and Amelia, who are my biggest fans and critics. Thank you for bearing with me while I attained this lifetime goal. To my friend, Susan, who cheered me on and thoughtfully read drafts and provided insightful comments. To Linda and Carly who have been steadfast friends to our family since we met in 1998. Finally, to my parents who taught me the value of perseverance.

ACKNOWLEDGEMENTS

I wish to acknowledge all those who have been with me through this journey: my committee members; Rena Harold, Barbara Ames, Sally Rypkema, Clare Luz and Paul Freddolino; and the Michigan Society of Gerontology Board with whom I have the honor of serving and who supported my efforts to learn more about what sustains grassroots community initiatives that address aging issues.

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Chapter 1: Introduction

The topic for this dissertation research relates to the sustainability of community initiatives and partnerships that address issues regarding the aging of a community's residents. The Background of the Problem section provides data that demonstrate the trajectory of population changes that will put pressure on communities to modify the manner in which they approach accommodating the needs of older adults, their families, and caregivers.

BACKGROUND OF THE PROBLEM

According to the Administration on Aging (2004), the proportion of U.S. residents who are older is increasing dramatically. As shown in Table 1, in 1900, the percentage of residents age 65 and over was 4.1%, while in 2000 it was 12.4%. In the first half of the 21st century, this upward trend is continuing as the percentage is projected to reach 20.7% in 2050. As early as 2020, the percent of the U.S. population age 65 and over is projected to be 16.3%, or 55 million people, compared to 35 million in 2000. Of the 65+ population, the proportion of those who are 85 years old and older increased from 4.0% in 1900 to 12.1% in 2000. It is projected to reach 13.3% in 2020 and 24.1% in 2050, or almost 21 million people.

As the number of older adults increases as a proportion of the total population, their needs will have an increasing impact on national and local agendas. These needs vary extensively based on racial and socioeconomic characteristics as well as health status, gender, and geographic location. Older

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adults' impact on social and economic structures such as families and the labor force will mandate changes in those systems. Their service needs will require realignment of resources, especially at the community level (U. S. Administration on Aging, 2005).

Table 1: Population Trends in Aging in the United States, 1900 to 2050 (in thousands)

Census Year	65-75 years	75-84 years	85 years and over	Total 65 years and older	Total Population	65-74 Percent of 65+ years	75-84 Percent of 65+ years	85+ Percent of 65+ years	65+ as a percent of Total Population
1900	2,187	772	112	3,081	75,995	71.0%	25.1%	4.0%	4.1%
1950	8,415	3,277	577	12,269	150,697	68.6%	26.7%	4.7%	8.1%
2000	18,391	12,361	4,240	34,992	281,422	52.6%	35.3%	12.1%	12.4%
2020	31,779	15,584	7,268	54,631	335,805	58.2%	28.5%	13.3%	16.3%
2030	37,948	23,903	9,603	71,454	363,584	53.1%	33.5%	13.4%	19.7%
2050	37,943	27,902	20,861	86,706	419,854	43.8%	32.2%	24.1%	20.7%

Source: United States Administration on Aging, 2004

The baby boomer generation in the United States is defined as those born between 1946 and 1964, and consists of 76 million people. In the United States, it is projected that there will be 70 million baby boomers aged 65 and older by 2030, when almost one-fifth of the population are 65 and older. Given this significant increase, it has been projected that the current infrastructure will not be sufficient to meet their needs (Rice & Fineman, 2004).

STATEMENT OF THE PROBLEM

The premise for this dissertation research is that in the next several decades nearly every community will have to contend with aging issues due to these demographic trends. Trend analyses project that the proportion of older adults in the population will increase steadily until 2050. Most communities will be

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compelled to face this challenge without the benefit of an infusion of external funding, technical assistance, and expertise.

Many communities have responded to these trends by engaging in a variety of activities to address them. However, comprehensive studies have not been conducted to determine the effectiveness of their efforts. Without an understanding of the strategies that are most beneficial in addressing issues related to older adults becoming an increasing proportion of the population, communities will not have the opportunities to learn from each other's successes and failures.

DEFINITION OF KEY TERMS

A “community” is a group that bands together to advocate for something that will improve the lives of community members. Communities are defined according to geography such as a neighborhood or county; common interests and commitments such as advocacy groups; or collective relationships such as colleagues, friends, neighbors or classmates (Netting, Kettner, McMurtry, 2008). For the purposes of the dissertation, community is defined as geographically based, with the geographic area defined by the individuals and groups that come together to improve the quality of life of the older adults who live in their catchment area. Communities can be neighborhoods, towns and cities, counties, or several counties. The communities in this study are counties.

A “community partnership or initiative” is defined as a voluntary collaboration of diverse community organizations or groups with a shared interest that join together to work toward accomplishing a set of agreed upon objectives

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and goals (Mitchell & Shortell, 2000). Those involved in the partnership can represent not-for-profit organizations, government agencies, universities, and advocacy groups. Partnerships are multisectoral in nature; that is, they transcend traditional service and jurisdictional boundaries. Partnerships can include coalitions, alliances, consortia, and other interorganizational relationships that purposefully form to pursue these common goals (Mitchell & Shortell, 2000). Community partnerships engage in activities around topics such as child welfare and safety, health promotion, substance abuse prevention, environmental clean-up, and aging of residents. Throughout this document, “partnership” will be the term used to identify the coalitions, collaboratives, alliances and initiatives that address aging issues in communities.

PURPOSE OF THE STUDY

The purpose of this research study is to explore three communities’ efforts to address the needs of the increasing number of older adults in their catchment areas through partnerships. Specifically, this study examines grassroots partnerships for older adults that receive no external support or funding. The literature on partnerships for older adults is based on partnerships that are a part of pilot projects. It describes the structures and activities of partnerships that receive external funding, primarily supported by foundations.

This study assumes that community partnerships are an effective vehicle for promoting positive changes. It is predicated on literature about the effectiveness of community partnership in addressing a host of issues. For example, the evaluation of the Arkansas Aging Initiative (AAI) determined that

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the AAI had a positive impact on encouraging older adults “to engage in healthy lifestyles and empower them to actively participate in their own health care” through educational and clinical offerings (Beverly, McAtee, Chernoff, Davis, Jones, Lipschitz, 2007, p. 243). Elise Bolda, National Program Director for the Robert Wood Johnson Foundation Community Partnerships for Older Adults program states that “community partnerships from coast to coast are helping move housing-with-services issues to the forefront—and keeping them there” (Bolda, 2005, p. 63). A healthy community coalition in North Quabbin, MA, over a fifteen-year period, created the Interfaith Housing Council for the Homeless, Cape Cod Children’s Place, Health Connections, Lower Outer Cape Community Development Corporation, and Ellen Jones Community Dental Center. All told, in addition to the services provided, these programs generated \$2.4 million and 33 jobs on an annual basis (Wolff, 2003).

The *first line of inquiry* for this research seeks to identify what it is that compels individuals and groups (actors) in a community to recognize that they should address issues related to their older residents. The *second line of inquiry* examines the ways in which these actors garner the support of other individuals and groups in their communities who are willing to work together to accomplish an agreed-upon set of goals. The research explores demographic factors, socioeconomic factors, and factors such as the service continuum, presence of advocates, and precipitating events to ascertain whether communities that have embarked on partnerships that address aging issues have identifiable commonalities. The *third line of inquiry* determines the factors that are present

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that help or hinder partnerships sustain their activities and their momentum over time. The unit of analysis for this study is the community that has generated a partnership that addresses aging issues.

IMPORTANCE OF THE STUDY

Chapter 2 provides a review of the literature confirming that sustainable community partnerships for older adults have made some strides in the communities in which they are located. These strides include improving communication regarding available home- and community-based long-term care services, housing, transportation, caregiver supports, and paraprofessional workforce development (Bolda, Lowe, Maddox & Patnaik, 2005) and clinical and educational programs (Beverly et al, 2007). However, these strides appear to be isolated to those communities that generated a community partnership for older adults. The aging baby boomers most likely will strain almost every community's service systems and infrastructure. Therefore, the fact that there currently is a fairly limited number of communities that have attempted to address aging issues in a concerted, systematic manner is problematic for the quality of life of older adults.

The funders of demonstration or pilot projects that study partnerships require the participating entities to maintain data sets that are analyzed and assessed by foundation staff or external evaluators.

“Although coalitions have become an increasing venue for addressing public health issues, documentation of the process that coalitions go through from formation to achievement of outcomes is

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scarce. How coalitions work is not widely understood...Other authors have given extensive detail to defining elements that will lead to a successful coalition. Although these tips are helpful to forming a community group, the processes used by coalitions in attaining this success have not been provided" (Downey, Ireson, Slavova & McKee, 2008, p. 131).

While these data provide valuable lessons learned by the study communities, because of the nature of the projects, it is often not feasible to employ rigorous scientific research methods to assess them. Therefore, the results of the studies inform other communities about methods used, barriers encountered, and implementation effects in individual communities, but do not produce truly replicable designs due to the unique characteristics of each community. The studies form a set of case studies that can be used by other communities to inform them of best practices and potential landmines as they embark on creating partnerships.

This dissertation research study adds to the current body of knowledge by increasing the understanding about the factors that prompt communities to address the issues related to the aging of their residents through grassroots partnerships that do not receive external funding. The literature about community partnerships posits that one of the primary similarities in the current set of communities that have formed aging partnerships is that they have been able to procure funding and technical assistance from a foundation that is supporting community efforts to build partnerships (Bolda, Lowe, Maddox & Patnaik, 2005;

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Mitchell & Shortell, 2000). This dissertation study goes beyond that group to examine grassroots community partnerships for older adults that do not have external funding or technical assistance.

The dissertation research identifies internal and external factors the three case study communities encountered that have both positive and negative effects on the sustainability of their efforts. This information will assist communities in which there is little or no concerted effort to maintain or improve the quality of life of their older residents to learn from communities that have made progress in doing so. The information from this study should assist communities and advocates as they encourage stakeholders in their communities to take action on aging issues.

The results of this research can provide the foundation for a toolkit communities can use to create partnerships and guide their planning and implementation activities by identifying some of the necessary and sufficient conditions that must be present for a community partnership to sustain its efforts in a productive manner. Communities can use the toolkit to develop their own mission and vision that will attract the attention of decision makers in their communities. Making their mission and vision known in their community should enable the primary actors to recruit a core group or steering committee that can prepare a strategic plan for developing and nurturing an enduring community partnership that addresses the needs of older adults.

Another way in which this dissertation adds to the knowledge base is that it links three distinct bodies of literature; social movement literature, communities

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movement literature, and community partnership literature. These three areas of research have not been associated in other studies.

SCOPE OF THE STUDY

This dissertation research draws upon the theoretical framework of social movements and communities movements that are presented in the literature review chapter. The framework centers around the aspect of social movements related to resource mobilization as a means by which communities generate multisectoral grassroots partnerships that address aging issues within their catchment areas (McCarthy & Zald, 1977). Within this framework, the research cited in the literature review demonstrates that issues related to social and economic systems, biomedicalization of aging, insufficient appropriate resources, and quality of life can provide sufficient impetus for community members to mobilize to address aging issues in their community by forming a collaborative partnership.

Community partnerships that address aging issues form as a reaction to these and other issues and become the means of addressing identified issues on a local level. The literature cited in Chapter 2 presents examples that demonstrate how the Communities Movement Project links the collective interests of the social movement actors. In this study, those community members who have a strong interest in improving systems related to aging are the social movement actors in their localities. This linkage causes these community members, agencies and organizations to pool their resources to achieve their goals of changing elements of their community's social structures and/or reward

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distribution systems that influence the delivery of services to older adults (Achenbaum, 2005; Bradshaw, T. K., 2000; Couto, 1998; Kaufman, Shim & Russ, 2004; Mitchell & Shortell, 2000; Wolff, 2001).

This dissertation research explores the necessary and sufficient conditions that must exist for communities to plan, implement and sustain partnerships that address issues that are germane to the needs of their older residents. Many of these conditions reflect aspects of social movements and communities movements. Sufficient recognition of the issues by a critical mass of individuals and/or groups can lead them to mobilize around the issues in such a manner that they can implement positive changes to the infrastructure through resource reallocation and perhaps even generation of new resources.

The lines of inquiry of this dissertation research are based on two assumptions. The first assumption is that the presence of necessary and sufficient conditions and their recognition by key stakeholders, will induce community members to form a grassroots partnership to address their community's unique aging issues and infrastructure without seeking external assistance. The second assumption is that sustainability of a partnership occurs when those community members involved recognize the value of their efforts as they form closer collaboration structures of community services and observe improvements that their efforts have brought upon the systems that have an impact on the quality of life of their older residents. The research questions in this exploratory study are designed to provide data that confirm or refute these assumptions (Patton, 1990).

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RESEARCH QUESTIONS

There are four core research questions that address the lines of inquiry of the study. The first line of inquiry is addressed by the following core research question: *What factors prompted the community to be interested in addressing aging issues (e.g., demographics, economic, social, event-based)?*

The second line of inquiry is addressed by the second core research question: *What factors helped sustain the community's efforts to create a partnership in aging (e.g., financial resources, positive past community endeavors, leadership, partnership accomplishments, stakeholder buy in, political will, a community champion)?*

The third line of inquiry is addressed by the final two core research questions: *What factors encountered by the partnerships hindered or ended the community's efforts (e.g., financial constraints, turf battles, stakeholder distrust, no driving force, community apathy)? What other internal and/or external factors did partnerships report encountering that had a bearing on the success or failure to sustain their collaborations efforts?*

The results of this dissertation must be viewed as exploratory. The information gathered in response to the research questions will be used as a launching point for further research.

LIMITATIONS OF THE STUDY

The limitations of the dissertation study design concern the methods used to recruit the case study sites and the respondents of the Key Informant Survey. Recruitment for both the case studies and the survey was conducted using

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listservs and email lists that target professionals who work in aging policy and macro practice. The recruitment strategy included sending information about the dissertation study, as well as an invitation to participate, to 1) the Elder Friendly Communities listserv; 2) the Michigan Society of Gerontology listserv; 3) the directors of the 18 regional Area Agency on Aging in Michigan; and 4) the members of the Michigan State University School of Social Work Aging Consortium. There is probably some cross-over among the member of these groups. These four groups were chosen because the recipients of the emails were assumed to be people who are actively involved in macro practice in aging in Michigan.

A convenience sample of case study communities was used based on the following selection criteria: 1) partnerships had been active for a minimum of 4 years; 2) partnerships met at least quarterly and were engaged in at least one significant activity a year; 3) communities had socioeconomic diversity that adds to the complexity of the partnership's efforts; and 4) the willingness of the partnership to participate in the study. The application of the criteria limited the pool of communities that would be eligible to participate in the study. In addition, the study design did not include a group of communities that had generated partnerships for older adults but did not sustain their efforts.

The three case study communities used in the dissertation research met the selection criteria. However, they shared a common characteristic in that they were all initiated by the human services collaborative body in their counties.

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Therefore, the research study did not gather information from communities that were not affiliated with a local collaborative body.

These limitations reduce the generalizability of the dissertation research. However, the purpose of the study is to explore the necessary and sufficient conditions that were present and shared across the case study communities that led to their ability to generate and sustain partnerships for older adults. The intention is not to produce a generalizable model, therefore, the limitations were viewed as acceptable in light of the purpose of the study.

SUMMARY

This chapter presents the problem that is explored by this dissertation research, namely, demographic trends mandate that, in the next several decades, nearly every community will have an increased number of older residents for which it must provide adequate and appropriate services and supports. One way communities can address the problem is through grassroots multisectoral community partnerships for older adults that mobilize resources to provide those adequate and appropriate services. The ability of these partnerships to sustain their efforts for as long as they are needed by their communities is explored through three lines of inquiry that result in four core research questions.

This dissertation research adds to the current body of knowledge in two ways. The first is by examining communities where grassroots partnerships for older adults formed and were sustained in spite of the fact that they did not have the benefit of external funding and supports. The second is by relating social

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movement literature, communities movement literature, and community partnership literature to help explain the formation and sustainability of grassroots community partnerships for older adults.

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Chapter 2: Review Of The Literature

In each community that attempts to enhance the quality of life of its older residents, there is typically a driving force that brings aging issues to the attention of decision makers. This driving force might be an event or series of events that highlight deficiencies in the local systems of care, a person with a vision about aging services and sufficient standing in the community to be heard, or a confluence of factors that brings aging issues to the fore (Mitchell & Shortell, 2000).

The theories upon which this dissertation research study are anchored are social movement theory, with particular emphasis on collective action frames and resource allocation and mobilization (McCarthy & Zald, 1977), and communities movement theory (Kesler & O'Connor, 2001). In addition, the body of literature that pertains to community partnerships was explored to provide the context for the formation and sustainability of the three grassroots community partnerships in the case study.

SOCIAL MOVEMENT THEORY

A social movement is a “set of opinions and beliefs in a population which represents preferences for changing some elements of the social structure and/or reward distribution system” (McCarthy & Zald, 1977, p. 1218). In their seminal work, *Resource Mobilization and Social Movements: A Partial Theory*, McCarthy and Zald depart from traditional social movement theory which is

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based on the grievances of an interest group being the precipitating factor for forming a social movement. The resource mobilization approach

“emphasizes both societal support and constraint of social movement phenomena. It examines the variety of resources that must be mobilized, the linkages of social movements to other groups, and dependence of movements upon external support for success, and the tactics used by authorities to control or incorporate movements” (McCarthy and Zald, 1977, p. 1213).

The social movement process has three steps in which social movement actors, those individuals and groups with a common preference for making changes to the current social structure or rewards distribution system, come together to affect change. These steps include:

1. Actors becoming aware of their common identity, direction, and shared interests. They realize they are not alone and explore their commonalities.
2. The actors recognize that the scope of the various actors' actions is consistent, becoming a collective action. They understand that they want the same things and decide to work together.
3. Actions taken by the actors occur in a concentrated period of time, thus becoming a collective episode. The actors realize that it is time to work together to advance their shared interests (McCarthy and Zald, 1977).

According to Smelser's Value-Added Theory developed in 1962, a *social movement* is described as having “a clear awareness of common identity, direction, and shared interests... [it] is sufficiently coherent and concentrated in

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time and social strata that it constitutes a collective episode,” (Miller, 2000, p. 419). The theory defines a *norm-oriented social movement* as one that “is a collective attempt to restore, protect, modify, or create norms in the name of a generalized belief,” (Miller, 2000, p. 419). The types of norms that a social movement might endeavor to change can be economic, political, educational, religious, or lifestyle (Miller, 2000). Miller gives the example of the environmental movement that is based on the value of quality of life. An example of one of the ways the environmental movement seeks to improve quality of life is by challenging industrial practices that lead to pollution through the improper disposal of hazardous waste (Miller, 2000).

Stallings interprets Smelser’s theory by defining the components of a norm-oriented social movement as:

“(1) ambiguity resulting in (2) anxiety which is (3) attached to some agent, the threatening character of which is exaggerated, followed by (4) the emergence of a generalized belief that (existing) normative regulation is inadequate, followed in turn by (5) the emergence of a belief that normative change can solve the problem, thereby (6) neutralizing the agent responsible and (7) reducing the original causes of ambiguity” (Stallings, 1973, p. 467).

Applying Stallings’ components to the grassroots partnerships for older adults, the recognition of the demographic trends and their impact on the quality of life of older residents relates to the first component. The second component is the initial reaction of not knowing how to solve the problem. The third component

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is the current systems that are perceived as obstacles to addressing the challenges brought about by the increasing number of older residents. The fourth and fifth components relate the recognition that by there are things that can be done to address the challenges. Banding together in a partnership to address the challenges helps to neutralize the agent (component 6) and reduce the original ambiguity (component 7).

The collective behavior and collective action aspects of social movement theory were developed by observing demonstrations and marches as well as detailed historical case studies of social movements and protest cycles such as the Civil Rights Movement (Miller, 2000). There are three collective action theories. The first is "Social Behavioral Interactionist Theory", based on the work of Clark McPhail, that views collection actions as purposive activities that connect peoples' goals, experiences or perceptions, and their actions. (Miller, 2000). The second collective action theory is "Resource Mobilization Theory" that comes from case studies of social movements, particularly the Civil Rights Movement. Resource Mobilization Theory, based on the work of John McCarthy and Mayer N. Zald, states that social movements are "manifested through organizations that succeed in mobilizing social networks and material resources" (Miller, 2000, p. 55). The third collective action theory is "Political Process Theory", based on the work of Doug McAdam, William Gamson, and Michael Lipsky, that explains how people "frame their discontent into articulate grievances and offer hope for successfully resolving them: (Miller, 2000, p. 55).

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RESOURCE MOBILIZATION THEORY

This dissertation research uses Resource Mobilization Theory (RM) to explain the collective actions of grassroots community partnerships for older adults. RM theory is based on the concept that actors involved in social movements employ “rational actions oriented toward clearly defined, fixed goals with centralized organizational control over resources and clearly demarcated outcomes that can be evaluated in terms of tangible gains” (Jenkins, 1983, p. 529). The types of resource mobilized by movements include money, facilities, labor and legitimacy.

Social movement organizations (SMO), such as grassroots community partnerships for older adults, have a set of target goals, or preferred changes, upon which they focus their activities. The SMO needs resources to use to achieve its goals. The level of activity of the SMO relates to the resources it controls which are those it can mobilize to meet its goals (McCarthy & Zald, 1977). RM theory describes the “interaction between resource availability, the preexisting organization of preference structures, and entrepreneurial attempts to meet preference demand” (McCarthy & Zald, 1977, p. 1236).

Social movement supporters “act in terms of internalized values and sentiments as well as calculations of self-interest. The major task in mobilization, then, is to generate solidarity and moral commitments to the broad collectivities in whose name movements act” (Jenkins, 1983, p. 538). Applied to the grassroots community partnerships for older adults, the social movement supporters are those individuals and agencies that have internalized the value that

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the older residents in their communities deserve to have a decent quality of life. These supporters come together around that purpose and act upon it by developing and employing strategies to maintain and/or improve the quality of life of their older residents.

SOCIAL MOVEMENT FRAMES

Social movements employ movement frames as a means of garnering support. Frames are developed by interest groups as they consider how to deliver their message effectively. David Snow defines a frame as a “conscious strategic effort by groups of people to fashion shared understanding of the world and of themselves that legitimate and motivate collection action” (Miller, 2000, p. 6).

Movement frames have two essential elements; 1) defining the problem and its sources, and 2) identifying the strategy for addressing the problem. Frames are developed by interest groups as they consider how to effectively deliver their message (McAdam, McCarthy & Zald, 1997). Community partnerships frame issues pertaining to aging as ones for which older adults should not be held accountable. These partnerships view the crux of the problems encountered by their older residents as caused by societal dysfunctions that are outside of the older adults’ sphere of control, and therefore, not the fault of the individual experiencing the problem. This creates a movement frame that focuses on systemic issues as a means of addressing problems encountered by individual older residents.

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Collective action frames are “action-oriented sets of beliefs and meanings that inspire and legitimate the activities and campaigns of social movement organizations” (Benford & Snow, 2000, p. 614). There are several types of collective action frames: 1) diagnostic frames that identify and attribute problems, 2) prognostic frames that propose solutions to the problems, and 3) motivations frames that provide the rationale for participating in collective actions that strive to ameliorate the identified problems. Collective action frames also vary in their degree of resonance, defined as the effectiveness of their efforts to mobilize resources, much of which is based on their credibility and relevance (Benford & Snow, 2000; Couto, 1998).

COMMUNITIES MOVEMENT THEORY

The proliferation of multisectoral coalitions in America has been named the “communities movement” (Kesler & O’Connor, 2001; Norris, 2001; Wolff, 2003). These groups undertake to address what appear to be intractable problems that no individual sector, agency, or program could hope to solve successfully on its own. The backbone of the communities movement is the broad-based community coalitions that form to address local problems together rather than individually. The communities movement is “a local phenomenon, mobilizing innate creativity and underutilized (or misallocated) resources to initiate and sustain positive change” (Norris, 2001, p. 302). The communities movement uses resource mobilization, one of the bases of social movement theory, as the manner through which to attain positive change (Kesler & O’Connor, 2001; Norris, 2001; Wolff, 2003).

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The study conducted by Kesler and O'Connor, The Communities Movement Project, included a series of five dialogues that took place in Des Moines, Iowa; White River Junction, Vermont; Jacksonville, Florida; Salt Lake City, Utah; and Washington, D.C. The groups involved in the dialogues included seven community-based movements: Health Communities, Sustainable Communities, Community Building, Civic Democracy, Livable Communities, Safe Communities, and Smart Growth. These movements were chosen because they provided a sample of the most influential movements over the past decade. The common themes found during the dialogues across the movements were:

1. Shared sense of community;
2. Social justice that assures the full diversity of the community is included in deliberation, collaboration and decision making;
3. Sense of the natural environment as it relates to the interconnectedness of personal, community and environment so they can all flourish;
4. Commitment to the process of community building so that it supports dialogue, has continuous feedback mechanisms, and practices inclusive collaboration and decision making;
5. Inclusion of all stakeholders in a deliberative process conducted in terms of shared vision and values to elicit a sense of the common good;
6. Need for measurement tools that produce indicators so initiatives could be funded;
7. Need to lay the ground work for public policy development; and

8. Need a basic level of organizational competency such as fundraising and sustainability strategies, inclusiveness and engagement of major stakeholders, ability to develop long-range goals and strategies, and determination to overcome political and bureaucratic barriers (Kelser & O'Connor, 2001).

The communities movement unites disparate groups of people and organizations by appealing to their enlightened self-interest, allowing them to see that they will accrue benefits from their efforts, even if those benefits are indirect. This asset-based human and community development approach links the benefits perceived by individuals and organizations to those of the partnership as a whole. It serves as the cement that holds partnerships together by allowing them to see how the fruits of their labors relate to the results of the partnership (Kesler & O'Connor, 2001; Norris, 2001; Wolff, 2003).

The conclusion drawn from the information gathered for The Communities Movement Project was that nationally based movements are not what fuel the interest of local actors.

“People care about issues and not movements. It is possible that the next stage of the civic sector will combine the values and tools of national movements with the energy of citizens engaged with the critical issues affecting their communities to create a dynamic entity that fulfills a new and much needed role in today’s society” (Kesler & O'Connor, 2001).

APPLICATION OF SOCIAL MOVEMENT AND COMMUNITIES MOVEMENT THEORIES IN THIS RESEARCH STUDY

The principles of the communities movement and social movement theories apply when community partnerships mobilize resources to affect positive systems changes in their locales. The communities movement links the collective interest of the social movement actors and the pooling of their resources (McAdam et al., 2004; Benford & Snow, 2000; Miller, 2000). These movements strive to change elements of social structures and/or reward distribution (Norris, 2001). The activities of community partnerships that mobilize around the issues involving older adults in their locales do just that. They target systems that require adaptation or change so they can provide a more comprehensive continuum of services for their older residents, thus providing the infrastructure to allow these residents to have an acceptable quality of life.

Health care delivery systems are often the target of community partnerships' activities. The Communities Movement has its roots in public health initiatives. Therefore, it comes as no surprise that the partnerships for older adults in this dissertation study each has as one of its primary goals enhancing coordination of services in their communities as an improvement of their service delivery system.

The partnerships recognize that the quality of life experienced by older adults is influenced greatly by their physical and mental health status. Many of the physical and cognitive conditions that were once thought to be unavoidable byproducts of the aging process can be prevented or delayed. For example, in a

study about the biomedicalization of aging, the authors state that American society has lost the sense of what the normal lifespan is and that knowledge of aging and disease have become intrinsically linked to interventions. They go on to state that the social environment is permeated by the desire to thwart aging by using medical interventions, thus stretching middle age into later life (Kaufman, Shim, Russ, 2004). Biomedicalization of aging is tied directly to resource mobilization and utilization. It can have a profound impact on how a community configures its service continuum. The stretching of middle age into later life can affect how partnerships for older adults determine their goals and priorities.

Community partnerships have also focused on health disparities among their residents. There are a number of studies that identify racial disparities in health care provision that have a negative impact on minority populations. These studies include:

- ◇ distribution of African Americans in residential care, assisted living and nursing homes (Howard, Sloane, Zimmerman, Eckert, Walsh, Buie, Taylor, Koch, 2002);
- ◇ racial, ethnic, socioeconomic, and access disparities among women using preventive services (Sambamoorthi & McAlpine, 2003);
- ◇ racial differences in diagnosing dementia (Husaini, Sherkat, Moonis, Levine, Holzer, Cain, 2003);
- ◇ racial differences in the prevalence of dementia among patients admitted to nursing homes (Weintraub, Raskin, Ruskin, Gruber-Baldini, Zimmerman, Hebel, German, Magaziner, 2000);

- ◇ racial patterns in disabled older person's use of medical services (White-Means, 2000);
- ◇ race, quality of care, and outcomes of older patients hospitalized for heart failure (Rathore, Foody, Wang, Smith, Herrin, Masoudi, Wolfe, Havranek, Ordin, Krumholz, 2003);
- ◇ socioeconomic and racial disparities in the quality of nursing home care (Mor, Zionn, Angelelli, Teno, Miller, 2004); and
- ◇ racial patterns in use of formal home health care (White-Means & Rubin, 2004).

Access, or lack thereof, to the full continuum of services in a community has direct implications for how community partnerships assist their older residents attain a quality of life that is consistent among all racial and socioeconomic groups.

Other examples of community partnerships exist within the public health system. These partnerships take an active role in promoting healthy lifestyles through physical activity, good nutrition, smoking cessation, and other lifestyle factors that have positive impacts on health. In *Economic Implications of Increased Longevity in the United States*, Rice and Fineman contend that there are three essential characteristics of healthy aging; "maintaining a low risk of disease and disease-related disability...maintaining a high level of mental and physical functioning...and maintaining an active engagement with life" (Rice & Fineman, 2004, p. 460-461). They conclude that continued improvements in health status of older adults are crucial because fewer older adults with chronic

diseases translates into lower use of health care services and, therefore, slower spending growth.

Public health efforts vary widely among communities, depending on resources available and the level of political will of decision makers to allocate resources to prevention projects. Many community partnerships work with their local public health agencies to address ways in which the community can implement these positive interventions (Wolff, 2003). Healthy communities approaches often come from initiatives sponsored by state health departments, hospital associations, and universities and are funded in large measure by states, foundations, and Medicaid. Some of the states in which healthy communities experiments occurred are California, Colorado, Massachusetts, Maine, South Carolina and New Mexico. (Wolff, 2003).

COMMUNITY PARTNERSHIP LITERATURE

SOCIAL CAPITAL AND CIVIC ENGAGEMENT

Social capital relates to social movement theory. In his article, *A Bottom-Up Perspective on Innovations: Mobilizing Knowledge and Social Capital through Innovative Processes of Bricolage*, Anderson ties social capital to resource mobilization theory when he states “what really matters is whether those experiencing problems and challenges are motivated, and also able, to mobilization assets, material as well as nonmaterial, to craft efficient and innovative solutions” (Anderson, 2008, p. 60). He goes on to talk about knowledge and social capital as sources for innovative problem solving. He defines social capital as “the social stock of trust, norms and networks that

facilitate coordinated actions” (Anderson, 2008, p. 62). He stipulates that trust is imperative among the actors as they work together.

Social capital is viewed as an asset used by the actors as they develop new solutions. The actors view each other as people who can be trusted and, therefore, are willing to expend their energies toward their common goals. Finally, Anderson states that as partnerships “succeed in their coordinated efforts and manage to cope adequately with problems and challenges of mutual concern, they have an incitement to progress further in cooperation” (Anderson, 2008, p. 64). Therefore, Anderson views social capital as a by-product of successful problem solving (Anderson, 2008).

With the advent of funding for community partnerships from major foundations such as the Robert Wood Johnson Foundation, research has been conducted to determine how community coalitions generate social capital, advocate for reallocation of finite resources, affect public policy through advocacy, and mobilize resources that would otherwise not be employed to improve the quality of life of their older residents (Bolda et al., 2005, Mitchell & Shortell, 2000). These results can be studied by communities and decision makers who are considering ways in which to improve their infrastructure to enhance the quality of life for their older residents.

Recent research examines the actors, their roles, their goals, and the strategies they implement to attain them, as well as their governance and management structures (Bolda et al, 2006; Mitchell & Shortell, 2000). Findings indicate that actors in each community can vary considerably but are usually

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comprised of groups and individuals who have either a direct or indirect stake in the outcomes. For example, actors can be agency administrators, elected officials, advocates and advocacy groups, neighborhood associations, business leaders, healthcare organizations, and service beneficiaries.

A crucial aspect of the research conducted by Elise Bolda and her colleagues has been to determine the types of barriers encountered by partnerships for older adults and how they are addressed (Bolda & Wetle, 2005; Bolda, 2005; Bolda et al, 2005; Bolda et al, 2006). One of the barriers identified was that progress of a partnership can stall if governance and management are not addressed early in the life of a partnership (Bolda et al, 2006). Another is that power imbalances can occur because of the size and role of individual partners which, if not addressed early on, can have a negative impact on how the partnership functions (Bolda et al, 2006). Awareness of obstacles they might encounter helps partnerships anticipate their presence and overcome them by adapting the infrastructure and programs in their communities to optimize resources and maximize outcomes.

As to the actors, those groups and individuals who band together to tackle this complex issue, recent research has revealed a set of motivations for becoming involved. For example, in their article on management and governance of partnerships, Bolda and her colleagues discuss that "At their root, collaborative partnerships have as their mission the enhancement of social capital and the development of a sense of collective efficacy to improve their communities" (Bolda et al, 2005). Therefore, while most of the actors might not term their

efforts as such, the goal of their endeavors is to increase social capital and collective efficacy. Bolder describes social capital as the ecologic characteristics of a community that have a direct influence on the health and well being of its older residents through access to services and impact on psychosocial processes (Bolder et al., 2005). It is the resources available through social connections that form linkages within and outside the community. These linkages create collective efficacy "the mutual belief in the capacity to intervene to achieve common good—adds the dimension of local informal social control to social capital and addresses the psychosocial mechanism through which social capital influences health" (Bolder et al., 2005, p. 412).

The relevance of social capital to aging is twofold: first, older adults are at risk of losing critical social ties through social isolation, death or illness of peers, lack of stimulating interactions, loss of mobility and transportation, and financial insecurity; and second, the level of social capital in U.S. communities appears to be declining as people are less connected to those immediately around them (Cannuscio et al, 2003). The decline in social capital is a generational phenomenon in which the cohort who attended school during the Great Depression and lived during World War II have, "maintained high levels of civic participation, community involvement, and social trust throughout their lives" (Cannuscio et al, 2003, p. 396). As this cohort becomes smaller due to the death of its members, social capital has declined because subsequent generations do not have the same level of civic engagement. "Access to social capital within the broader community, derived through norms of mutual assistance between

neighbors and the involvement of local groups, becomes important for this large group of elderly persons who have limited opportunity for social engagements within their homes” (Cannuscio et al, 2003, p. 395). By taking measures to reduce the impact of these factors, communities can increase social capital of individuals and, therefore, improve the quality of life of their older residents.

The goal of the actors who band together to address aging issues in their community is to build community capacity that empowers older residents to attain an adequate quality of life by mobilizing pertinent assets to benefit the community as a whole. In this paradigm, the community development process leads to increased civic engagement and social capital. “Building community capacity is both a goal and a method that is embedded in a number of innovative initiatives designed to promote elder-friendly communities (AdvantagAge Initiative; Community Partnerships for Older Adults; Experience Corps). These efforts recognize the current reality of civic disengagement, the resulting decline in social capital and the concomitant decrease in the sense of community” (Austin, Des Camp, Flux, McClelland & Sieppert, 2005, p. 402). The initiatives listed are attempts to build community capacity.

The actors are members of a social movement organization or interest group, such as a community partnership, that bands together to address the needs of older residents and their families. The interest group or community partnership envisions older adults as complete people and productive citizens rather than simply objects of compassion (Austin et al, 2005). In this dissertation research study, the actors are those community members in the case study

communities who banded together to form a partnership for the benefit of the older adults who reside in their communities.

PARTNERSHIP SYNERGY

“The synergy that partners seek to achieve through collaboration is more than a mere exchange of resources. By combining the individual perspectives, resources, and skills of the partners, the group creates something new and valuable together—a whole that is greater than the sum of the individual parts” (Lasker, Weiss & Miller, 2001, p. 184). Partnership synergy is a complex set of dynamics that has an impact on relationships, procedures, and structures in which the partners operate. It encompasses the ability to combine the disparate perspectives, resources and skills of individuals and organizations to tackle problems and generate solutions that would be impossible within their limited spheres of influence and operation. “Partnership synergy is a product of the group interaction” (Lasker et al, 2001, p. 187).

The components of synergy are those individuals and organizations in the community that form the partnership. When these components include diverse participants who have heterogeneous traits, abilities and attitudes, the partnerships are more likely to succeed. By using partnership synergy as a proximal outcome of partnership functioning, researchers believe they can determine what it is that gives collaboratives their advantage over entities working only within their traditional spheres of practice. (Lasker et al, 2001). In this dissertation research study, partnership synergy was realized when the

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members of the coalitions identified goals, developed strategies to address them, and implemented those strategies which then produced their achievements.

As entities realize that they must collaborate with other agencies, disciplines, and organizations, they can fear loss of control over outcomes for which they are accountable. In this context, diversity can be a double-edged sword. On one hand, it can lead to interventions that none of the individual participants could have envisioned without the synergy generated by the partnership. The determinants of partnership synergy include resources, partner attributes, relationships among partners, partnership characteristics, and the external environment. High levels of partnership synergy lead to comprehensive and complex interventions that increase the probability that the group's efforts will produce changes in community programs, policies, and practices (Lasker et al, 2001).

On the other hand, contention can arise that places more demands on the partnership leaders, increases the difficulty of coordination, and thus requires a different form of management and organizational structure. It is estimated that up to half of partnerships do not survive their first year and of those that do survive, a significant number flounder when it comes to developing plans and implementing interventions (Lasker et al, 2001; Bolda et al., 2006, Mitchell & Shortell, 2000; Wolff, 2001).

Thus it can be shown that it is not only partnership formation that is important. Their ongoing existence or sustainability cannot be assumed. The entities involved need to recognize the ongoing benefits of their endeavors or

they will discontinue their participation. In this dissertation research, each site came to a time after several years of collaborating when it re-examined its reason for being. Each site decided, after taking a hiatus, that the goals of the partnership were still valid and that the partnership should continue its efforts.

Actors' participation in partnerships is influenced by the benefits and drawbacks perceived by potential participants. If they believe the goals of the partnership relate well to the mission and economic viability of their entity and that the partnership will be successful in achieving its goals, they are very likely to become active members. Therefore, partnerships should strive to minimize drawbacks to being involved such as 1) entities' perceived diversion of time and resources from their primary interventions; 2) reduction in their independent decision making; 3) perceived or real power differentials among the members; or 4) feeling that their efforts will be marginalized by the partnership. Minimizing the impact of these disadvantages can encourage groups and individuals to become active members of a partnership (Bolda et al., 2005; Kelly, 2004; Mitchell & Shortell, 2000; Mosley, 1998).

ASPECTS OF SUSTAINABLE COMMUNITY PARTNERSHIPS

The three studies upon which this dissertation research's premises regarding sustainable community partnerships are based are summarized in Table 2. These studies relate to governance and management structures and partnership synergy.

Table 2: Summarizations of Research Studies

Author(s)	Study Purpose	Groups Studied
Shannon Mitchell Stephen Shortell	To apply a multidisciplinary perspective to construct a typology of <i>effective governance and management</i> characteristics of community health partnerships based on the notion of external and internal alignment	Community Care Network Demonstration Project Community Health Intervention Partnership, Comprehensive Community Health Models Project, Healthy Communities, Community Program for Affordable Health Care, Turning Point Partnerships, Coalition for Healthier Cities and Communities in the U.S. CDC PATCH model, CITY-NET Healthy Cities, North Carolina Community-based Public Health Initiative, Ohio Center for Healthy Communities, Arizona Partnership for Infant Immunization
Elise Bolda Paul Saucier George Maddox Terrie Wetle Jane Isaacs Lowe	Describe efforts of four community partnerships in Boston, El Paso, Houston, and Milwaukee—grantees of Robert Wood Johnson's Community Partnerships for Older Adults Program-- to address <i>governance and management structures in ways that promote the sustainability</i> of innovative community-based long-term care system improvements.	Robert Wood Johnson's Community Partnerships for Older Adults Program funded partnerships in Boston, El Paso, Houston, and Milwaukee
Roz Lasker Elisa Weiss Rebecca Miller	To build on literature related to collaboration to <i>identify synergy as the proximal outcome of partnership function</i> that gives collaboration its unique advantage. Previous research lacked an explanation of the pathway through which partnership functioning influences partnership effectiveness.	Analysis of literature on studies on collaboration around health issues such as federal Community Access Program and Kellogg Foundation's Turning Point

The research studies cited in the literature review demonstrate that sustainable partnerships are ones that foster *respect, trust, inclusiveness and openness* (Lasker et al, 2001). These attributes provide the foundation upon

which the participants can build an enduring partnership. Another determinant of sustainability cited is that the motivation for collaboration is generated within the community rather than by external mandate. “Overreliance on external support, especially nonlocal financing, can also have its drawbacks. Most sources of money have strings attached, and exclusive reliance on them inevitably subjects the partnership to increased outside control” (Mitchell & Shortell, 2000, p. 253). When the various actors have ownership in the endeavors and outcomes of the partnership, it provides the impetus around which they can coalesce their efforts (Bolda et al., 2006; Lasker et al, 2001; Mitchell & Shortell, 2000; Wolff, 2001).

In their 2001 study, Lasker, Weiss and Miller suggest the determinants of partnership synergy. It is these determinants upon which this dissertation research bases its research questions. The determinants include:

1. Resources – funding; facilities; skills and expertise; information; connections with people, organizations, and groups; endorsements, and convening power
2. Partner characteristics – heterogeneity; level of involvement
3. Relationships among partners – trust; respect; conflict; and power differentials
4. Partnership characteristics – leadership; administration and management; governance; and efficiency
5. External environment – community characteristics; and public and organizational policies (Lasker et al, 2001).

It is interesting to note how well these determinants of partnership synergy relate to McCarthy and Zald's Resource Mobilization theory where the "interaction between resource availability, the preexisting organization of preference structures, and entrepreneurial attempts to meet preference demand" are the major factors involved (McCarthy & Zald, 1977, p. 1236).

It would be improbable for the actors to collaborate in a community in which there had been strong competition among and within the various sectors that need to be involved to address a common problem. It is also difficult to envision a sustainable collaboration occurring in which the group has not garnered the support of the prominent leaders and principal players in the community and/or has not elicited strong grassroots support (Lasker et al, 2001).

NECESSARY AND SUFFICIENT CONDITIONS FOR SUSTAINABLE COMMUNITY PARTNERSHIPS

From the characteristics and determinants identified in the previously cited studies, a set of necessary and sufficient conditions was developed. These are conditions that must be present for a partnership to form and then sustain its efforts. There are conditions that are vital to sustainable partnerships that include 1) respect, trust, inclusiveness and openness among the partners; 2) motivation at the grassroots level for working together; and 3) the ability to collaborate for the good of the community rather than to compete over "turf" issues--those issues that arise from the heterogeneous perspectives of the partnership members as they weigh the potential of the partnership to assist them in attaining their groups' missions. These become the set of *necessary conditions* for partnerships to succeed in their endeavors (Beverly et al, 2007; Bolda et al.,

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2006; Bolda & Wetle, 2004; Couto, 1998; Evashwick & Ory, 2005; Kelly, 2004; Mitchell & Shortell, 2000; Provan, Veasie & Staten, 2005; Wolff, 2001).

The presence of these necessary conditions does not guarantee a partnership's sustainability. That is dependent on a set of *sufficient conditions*—those conditions that tilt the balance in favor of sustainability. These conditions have been identified in the literature. They include 1) successful collaborative leadership, 2) effective management structures, and the 3) attainment of a pivotal place for the collaboratives' efforts in their communities (Beverly et al, 2007; Bolda et al., 2006; Bolda & Wetle, 2004; Couto, 1998; Evashwick & Ory, 2005; Kelly, 2004; Mitchell & Shortell, 2000; Provan, Veasie & Staten, 2005; Wolff, 2001).

By implementing effective management structures and coordination mechanisms, partnerships pave the way to achieve their goals by decreasing the possibility that their efforts will be fragmented and, therefore, lose sight of their mission and their ability to fulfill it. Sustainable collaborative leadership is based on four principles: 1) leaders are able to inspire commitment and action; 2) they are peer problem-solvers; 3) they garner broad-based involvement; and 4) they are able to maintain hope and participation (Wolff, 2001). These leaders have a holistic perspective as they focus on facilitating the process among members rather than controlling it. They have to be risk takers to spearhead such a complex and politically charged venture, understanding that rewards cannot be reaped unless chances are taken (Mitchell & Shortell, 2001).

As these partnerships begin to accomplish their goals, they attain *centrality*: that is, their efforts and achievements become pivotal and integral parts of their communities. Centrality “is a critical dimension for sustainability...high centrality may benefit from more extensive links and greater exposure, which may help them to raise funds and gain support” (Mitchell & Shortell, 2001). As partnerships are deemed to be accountable and as they justify their existence and actions to their communities, they are able to achieve centrality (Beverly et al, 2007; Bolda et al., 2006; Bolda & Wetle, 2004; Couto, 1998; Evashwick & Ory, 2005; Kelly, 2004; Mitchell & Shortell, 2000; Provan et al., 2005).

For the purpose of this research study, data were collected to ascertain whether community partnerships attain the necessary and sufficient conditions to sustain their efforts. Were they able to address aging-related systems that require adaptation or change, and thus provide a more comprehensive continuum of services for their older residents through these sustained efforts? The partnerships' efforts, then, could produce the community infrastructure that enables older residents to have a reasonable and an acceptable quality of life thus allowing them to achieve their goals (Kesler & O'Connor, 2001; Norris, 2001; Wolff, 2003).

SUMMARY OF THE LITERATURE REVIEW

The literature review provided a picture of sustainable community partnerships as grassroots local social movements. These partnerships form and remain together through their ability to foster respect, trust, inclusiveness, and

openness among their members. It showed that partnerships increase social capital and collective efficacy through their partnerships' synergy, which is consistent with Resource Mobilization Theory. In addition, the literature review identified the necessary and sufficient conditions requisite for successful partnerships.

Where these characteristics and determinants are present in a community partnership, it should result in communities that are able to enhance the quality of life of their older residents through the activities of the partnership as it addresses infrastructure and community norm changes that need to occur. What the literature did not address was what it is that keeps the community partnerships going—their ability to sustain their efforts over the time period necessary to achieve their goals. Further, the literature review revealed gaps in knowledge, namely, the lack of studies examining partnerships without external funding.

The next chapter, Research Methodology, describes how this dissertation research study is designed to provide information about how grassroots community partnerships without external funding can sustain their efforts over time, thus allowing them to attain their goals.

Chapter 3: Research Methodology

Chapters 1 and 2 provide the basis for the research design. The literature review provided a picture of sustainable community partnerships as organizations that foster respect, trust, inclusiveness, and openness among their members. These partnerships increase social capital and collective efficacy through their partnerships' synergy, thus producing both the necessary and sufficient conditions requisite for successful partnerships. The question then, which relates to the lines of inquiry, is whether the attainment of the necessary and sufficient conditions results in communities that produce partnerships able to sustain their efforts to enhance the quality of life of their older residents.

STUDY STRUCTURE

Community partnership research is extremely complex because there are multiple relevant systems and conditions over which the partnership has little or no control. Socioeconomic conditions, other initiatives, and new state and federal laws and regulations, are only a few of the external factors that can influence the outcomes of initiatives (Bradshaw, 2000; Coulton, 2005; Mitchell & Shortell, 2000; Provan et al., 2005).

This research study concentrates on community partnerships for older adults in Michigan. The unit of analysis for the study is a community that has generated a partnership that addresses aging issues. The three case study communities in the dissertation study include two for which the catchment area is a single county and one for which the catchment area is two adjacent counties.

Two types of data were gathered: case studies of three strategically selected communities and responses to the Key Informant Survey. The Key Informant Survey data complement the data gathered in the case studies by providing the perspectives of people involved in addressing aging issues in Michigan. The survey was conducted from mid-August 2008 to December 2008. The case studies were conducted late August 2008 through November 2008.

The Institutional Review Board process commenced when the dissertation study proposal was approved by the dissertation committee in June 2008. The application was submitted electronically to the Michigan State University Office of Regulatory Affairs, Human Research Protection Programs (IRB) on July 21, 2008 under the expedited review category. The letter of approval from the IRB for the study was dated August, 8, 2008. No data were gathered for the dissertation prior to receipt of the IRB approval letter.

CORE QUESTIONS OF THE DISSERTATION RESEARCH STUDY

There are four core questions under which the research questions can be categorized:

1. What factors *prompted* the community to be interested in addressing aging issues (e.g., demographics, economic, social, event-based)?
2. What factors *helped sustain* the community's efforts to sustain a partnership in aging (e.g., financial resources, positive past community endeavors, leadership, partnership accomplishments, stakeholder buy in, political will, a community champion)?

3. What factors encountered by the partnerships *hindered or ended* the community's efforts to sustain a partnership in aging (e.g., financial constraints, turf battles, stakeholder distrust, no driving force, community apathy)?
4. What other internal and/or external factors did partnerships report encountering that had a bearing on the sustainability of their collaborations?

Figure 1 shows how the study incorporates the data gathered by the dissertation study to address the core questions. Core Question 1 (CQ1) gathers factors that prompted a group of community members to initiate a community partnership. Core Questions 2 (CQ2) and 3 (CQ3) gather information about factors that help or hinder the sustainability of the partnerships. Core Question 4 (CQ4) looks for internal and external factors that address organizational structures as well as local, state, and federal policies, regulations and economic issues that affect the partnerships. Ultimately, the responses gathered to these four core questions provided insights into the reasons why some partnerships are able to sustain their efforts.

Figure 1: Relationship of Core Research Questions and Sustainability of Partnerships

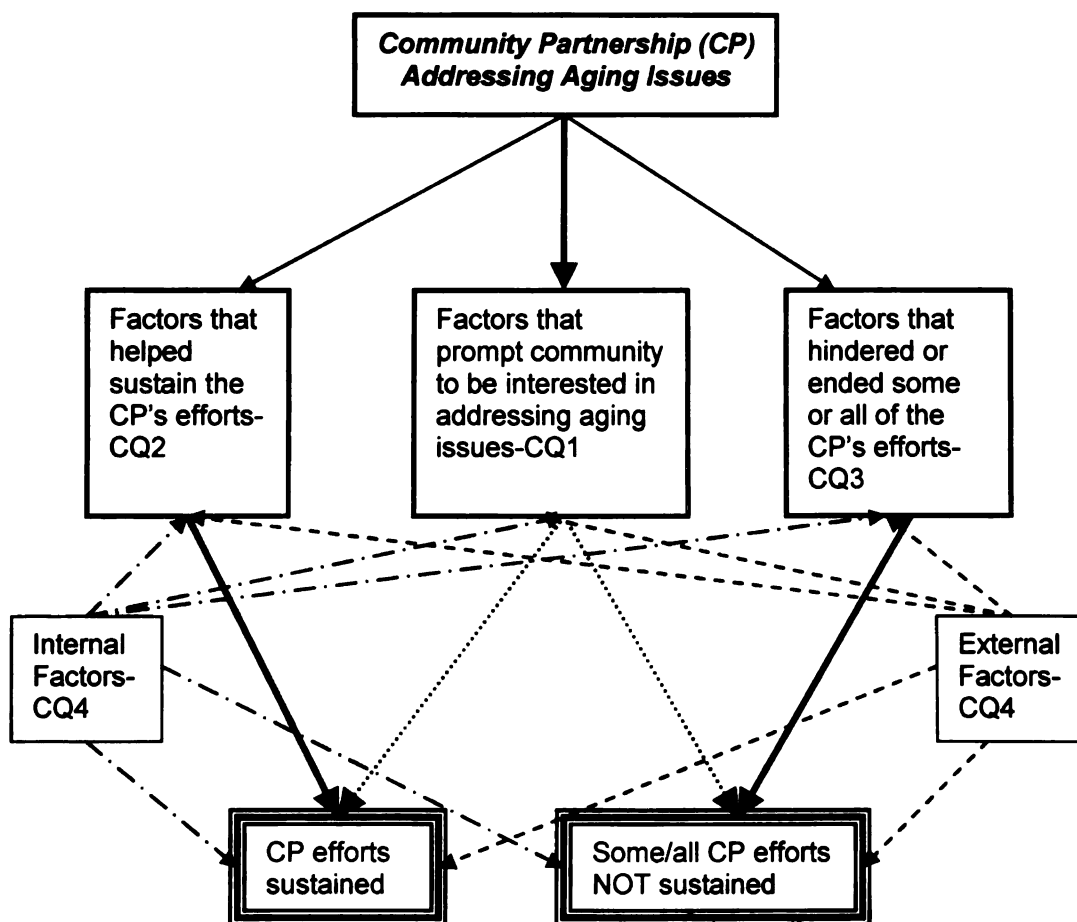


Figure 1 demonstrates the relationships among the research questions and information the data gathered provides regarding the sustainability of the community partnerships that address aging issues in each of the three case study communities. The arrows indicate the linkages among the core research questions. The solid arrows suggest direct relationships between the factors that help or hinder the partnerships to sustain their efforts. The dotted arrows suggest the more subtle influences on the sustainability of partnerships by internal and external factors.

RESEARCH QUESTIONS

Eight research questions were designed to gather data in response to the four core research questions. Table 3 lists the four research questions in the columns and the eight research sub-questions to which they relate in the rows. The purpose of having the eight research questions was to provide a finer delineation for analysis. A structured interview tool and a Key Informant Survey were developed specifically for this dissertation research based on these 8 sub-questions.

Table 3: Relationship of the Eight Research Sub-questions to the Four Core Research Questions

Research Question	What factors <i>prompted</i> the community to be interested in addressing aging issues? (CQ1)	What factors <i>helped sustain</i> the community's efforts? (CQ2)	What factors encountered by the partnerships <i>hindered or ended</i> the community's efforts? (CQ3)	What other internal and/or external factors did partnerships report encountering that had a bearing on the sustainability of their collaborations? (CQ4)
1	What factors prompt communities to decide to address aging issues?			

Table 3 Continued

Research Question	What factors <i>prompted</i> the community to be interested in addressing aging issues? (CQ1)	What factors <i>helped</i> sustain the community's efforts? (CQ2)	What factors encountered by the partnerships <i>hindered</i> or <i>ended</i> the community's efforts? (CQ3)	What other internal and/or external factors did partnerships report encountering that had a bearing on the sustainability of their collaborations? (CQ4)
2	Who are/were the stakeholders involved in community initiatives that address aging?	Who are/were the stakeholders involved in community initiatives that address aging?	Who are/were the stakeholders involved in community initiatives that address aging?	
3	Who is/was the driving force for collaboration on aging issues in the community?	Who is/was the driving force for collaboration on aging issues in the community?		Who is/was the driving force for collaboration on aging issues in the community?
4	What are the demographic, economic or social similarities and differences among the communities that establish community partnerships in aging?			What are the demographic, economic or social similarities and differences among the communities that establish community partnerships in aging?

Research
Question

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Table 3 Continued

Research Question	What factors <i>prompted</i> the community to be interested in addressing aging issues? (CQ1)	What factors <i>helped sustain</i> the community's efforts? (CQ2)	What factors encountered by the partnerships <i>hindered or ended</i> the community's efforts? (CQ3)	What other internal and/or external factors did partnerships report encountering that had a bearing on the sustainability of their collaborations? (CQ4)
6		How do the communities define success and determine whether and when it has been achieved?		
7		What is the impact of external funding on partnerships?	What is the impact of external funding on partnerships?	What is the impact of external funding on partnerships?
8		Do communities that have sustainable collaboratives in aging have previous success with other community partnerships or initiatives?		Do communities that have sustainable collaboratives in aging have previous success with other community partnerships or initiatives?

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RATIONALE FOR USING THE CASE STUDY METHOD

Case studies are in-depth studies in which the researcher attempts to enhance his/her understanding of the studied phenomena. “We do not infer things from a case study; we impose a construction, a pattern of meaning onto the case” (Ruddin, 2006, p. 800). This is done through an iterative process used to code and analyze data gathered through interviews, observations and documents.

The strength of the case study method is that it leads the researcher toward what is idiosyncratic about the subject. It directs the researcher and the readers to the important issues rather than trying to provide evidence for a general phenomenon.

According to Bent Flyvbjerg, “This type of research is also essential for the development of social science, for example, in understanding the degree to which certain phenomena are present in a given group or how they vary across cases” (2006, p. 241). Flyvbjerg delineates five misunderstandings about case study research and then provides what he terms “evidence” that refutes the contentions. Table 4 summarizes his findings.

Table 4: Bent Flyvbjerg's Strength of Case Study Research (Flyvberg, 2006)

Misunderstandings (p. 221)	Evidence
1. General, theoretical (context-independent) knowledge is more valuable than concrete, practical (context-dependent) knowledge.	Predictive theories and universals cannot be found in the study of human affairs. Concrete, context-dependent knowledge is, therefore, more valuable than the vain search for predictive theories and universals. (p. 224)

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Misunderstandings (p. 221)	Evidence
2. One cannot generalize on the basis of an individual case; therefore, the case study cannot contribute to scientific development.	One can often generalize on the basis of a single case, and the case study may be central to scientific development via generalization as supplement or alternative to other methods. But formal generalization is overvalued as a source of scientific development, whereas "the force of example" is underestimated (p. 228)
3. The case study is most useful for generating hypotheses; that is, in the first stage of a total research process, whereas other methods are more suitable for hypotheses testing and theory building.	A case can be simultaneously extreme, critical and paradigmatic. The interpretation of such a case can provide a unique wealth of information because one obtains various perspectives and conclusions on the case according to whether it is viewed and interpreted as one or another type of case (p. 233)
4. The case study contains a bias toward verification, that is, a tendency to confirm the researcher's preconceived notions.	The case study contains no greater bias toward verification of the researcher's preconceived notions than other methods of inquiry. On the contrary, experience indicates that the case study contains a greater bias toward falsification of preconceived notions than toward verification (p. 237)
5. It is often difficult to summarize and develop general propositions and theories on the basis of specific case studies.	It is correct that summarizing case studies is often difficult, especially as concerns case process. It is less correct as regards case outcomes. The problems in summarizing case studies, however, are due more often to the properties of the reality studied than the case study as a research method. Often it is not desirable to summarize and generalize case studies. Good studies should read as narratives in their entirety (p. 241)

Given Flyvbjerg's supportive evidence, case studies were one of the research methodologies employed by this study to develop hypotheses regarding

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the sustainability of community partnerships for older adults. The triangulation of methods strengthened the trustworthiness of hypotheses generated by the study. Triangulation was achieved by 1) conducting structured interviews of stakeholders at each of the three case study; 2) conducting the Key Informant Survey; 3) observing the case study communities' partnership meetings; and 4) conducting an extensive document review. The results of the case studies showed that there were general themes among the three sites that demonstrated the factors that led to their sustainability. The responses to the Key Informant Survey validated information gathered during the case studies.

COMMUNITY PARTNERSHIP CASE STUDIES

The case studies were conducted on three currently functioning community partnerships for older adults, alternatively referred to as sites, using a case study protocol that was applied to each of the partnerships. Criteria used to select the case study sites included 1) the length of time the partnership had been active using 4 years as a minimum to provide time for groups to form, establish management and governance structures, and operate under those structures; 2) the activity level of the partnership as defined by how often they met and the activities in which they were engaged using a minimum of quarterly meetings and engagement in at least one significant activity a year; 3) socioeconomic diversity because it adds to the complexity of the partnership's efforts and should produce plans and interventions that address a broad spectrum of issues related to aging, some of which are related to social justice issues in their community (Kesler & O'Connor, 2001); and 4) the willingness of

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the partnership to be studied. As an inducement to be involved in this dissertation research, prospective sites were told that the researcher would provide a case study synopsis, a visit by the researcher to present the findings to the partnership, and the Key Informant Survey results.

Communities were identified by the researcher by asking people who are actively involved in aging at state and local macro practice level for their recommendations of communities that have partnerships for older adults that are currently functioning and whose communities have socioeconomic diversity. This group of macro practitioners included members of the board of the Michigan Society of Gerontology and Michigan State University Extension Office. Macro practice is defined as “professionally guided intervention designed to bring about planned change in organizations and communities”, thus the individuals who recommended communities for the study work in policy and administrative positions rather than providing direct service to individual clients which provides them with a broader perspective of the issues and more information about activities in which communities are engaged (Netting, Kettner, & McMurtry, 2008, p. 3).

The Key Informant Survey was posted on two listservs, Elder Friendly Communities and the Michigan Society of Gerontology and sent to individual Area Agency on Aging Directors, and members of a consortium of professionals in aging. Email recipients were asked whether they would like to have their community be one of the case study sites. A three-page synopsis of the research

study (Appendix A) was attached to the invitation email invitation that provided information about the study and what involvement in the case study would entail.

From the email solicitation and recommendations of macro practitioners, four sites were identified that were interested in participating in the dissertation research. Of the four sites, three were chosen based on the selection criteria. Each of the three strategically selected communities had a partnership addressing aging issues that had been active for at least 4 years and had socioeconomic diversity within its catchment area. The partnerships participated in an in-depth case study using the rapid assessment process (RAP). The RAP is a method for “going in and getting on with the job of collecting data without spending months developing rapport. This means going into a field situation armed with a list of questions that you want to answer and perhaps a checklist of data that you need to collect” (Bernard, 2000, p. 323). Communities were provided with the synopsis and the structured interview tool prior to the site visit.

COMMUNITY PARTNERSHIP CASE STUDY PROTOCOL

The protocol for the case study was applied to each site. The protocol for conducting the case studies to answer the 8 research sub-questions included the following activities:

1. *Structured individual and group interviews with members of the partnership* – Table 5 presents the questions asked during the interviews. Interviewees were selected based on their leadership role in the partnership such as the chair person or committee chairs and/or the length of time they had actively participated.

2. *Structured individual and group interviews with community stakeholders* some of whom were also members of the partnership— Table 5 Questions 1-3, 14, 15 and 17 were asked of community stakeholders. Among the stakeholders were health care providers, service providers, senior citizen advocates, local human service agency staff, local media staff, and local government officials. Interviewees were selected based on their knowledge of the partnership's activities.

Four to six face-to-face interviews of partnership members and community stakeholders were conducted for each site. Each interview was recorded using a digital audio recorder.

3. *Observation of community meetings and events* – during the site visits, the researcher observed at least one partnership meeting and committee meetings deemed essential to the case study. The meetings to observe were identified by partnership leadership. During the meetings, field notes were taken.

4. *Document review* - community partnerships were asked to gather materials regarding their partnerships such as the strategic plan, implementation documents, memoranda of understanding, bylaws, press releases, newspaper, local radio, and local television reports, publications by and about the partnership and its activities such as annual reports and brochures, meeting minutes, presentations made by partnership members, and evaluations of partnership activities and outcomes.

Table 5: Interview Questions for Community Members and Their Relationship to the Research Questions

Interview Questions for Community Members	Research Question
1. What specific issues or events prompted community members to determine it was time to address aging issues in a concerted effort? 2. What particular local demographics, economic, political and/or social service histories had an impact on your community's decision to make a concerted effort to address aging issues?	1, 4
3. I would like to ask you about your community's history of citizen involvement in community initiatives and partnership. What initiatives have there been related to changing community infrastructures to improve quality of life for your residents (children, families, education, employment)? What about initiatives that address disparities among groups? PROBE: Does your partnership collaborate with other community initiatives or partnerships?	8

Table 5 Continued

Interview Questions for Community Members	Research Question
4. Who was involved (individuals and groups) in getting your partnership started? 5. What individuals or groups were not initially involved who you thought should have been? PROBE: Did they ever become involved? Why or why not? 6. What individuals and/or organizations took the lead in shaping your partnership's goals? PROBE: Are they still involved? Why or why not? How were the goals set? 7. What individuals and/or organizations took the lead in shaping your partnership's structure? PROBE: Are they still involved? Why or why not? How was the structure determined? How has it changed? 8. How were additional participants recruited by the initial members? What were the reasons why they were recruited?	2, 3, 5, 6
9. How is the partnership currently being funded? 10. What other sources of funding did you try to access? Were you successful? 11. Is ongoing funding required for your partnership to continue? PROBE: What are your plans for future funding sources? What ways have you determined to ensure ongoing funding?	7

Table 5 Continued

Interview Questions for Community Members	Research Question
12. How does your community partnership define success? PROBE: How is success measured? Who is monitoring your partnership's measures of success?	1, 5, 6
13. How has the partnership implemented strategies to address your priorities? How is the implementation process going?	
14. How do you learn about the needs of all older community residents? PROBE: Are the needs of older adults who live in poverty and those who are racial or ethnic minorities specifically addressed in your strategic plan? Are these older adults and their advocates represented in your partnership?	
15. How would you assess the current status of your partnership's efforts? PROBE: Is the general community aware of your efforts?	
16. What barriers or obstacles did you need to surmount when you started your partnership? How did you address them? PROBE: What obstacles arose later on and how did you address them?	
17. Has the partnership been able to increase awareness of aging issues in your community? How is awareness measured?	

KEY INFORMANT SURVEY

In addition to the interviews of community partnership members, a Key Informant Survey was conducted. The reason for developing and conducting the Key Informant Survey was to compare its results with those of the 3 case studies to determine whether the sites appeared to be operating as people involved in

macro practice in aging would expect. In other words, were the sites in the dissertation research outside of the mainstream or were they fairly representative of partnerships for older adults?

The Key Informant Survey was developed for this dissertation research using the 8 research sub-questions. It was designed to capture some of the internal and external factors that have an impact on the sustainability of community partnerships as well as gathering data on the key informants' perceptions of partnership formation and activities, goals, effectiveness, and sustainability. Respondents were asked about the factors they have observed that have an impact on whether community partnerships are able to sustain their efforts.

The reason for asking questions of key informants is that they have knowledge of aging services around the state which provides them with a broader perspective about what has been tried by communities, what has been successful, and the barriers and obstacles communities have encountered. Because of their macro practice orientation, key informants are aware of state and federal policies, regulations, funding, restrictions, and opportunities that have an impact on local communities' efforts.

Key informants were contacted by email messages sent to the 2 listservs asking them to respond to the survey. Permission to send the invitation to participate was obtained from the "owners" of the 2 listservs. The key informants included members of the Michigan Society of Gerontology listserv (sent to 139 members), Directors of the Area Agencies on Aging Michigan (email message

was sent to the 18 directors), the Michigan State University School of Social Work Aging Consortium (email message was sent to the 33 consortium members), and members of the Elder Friendly Community listserv (sent to 139 members). Another way key informants were recruited was that the messages sent to the groups listed previously asked them to send out a notice about the study to others who might be interested in responding. This method elicited 70 responses from key informants across Michigan. The total number of potential respondents was 329 for a response rate of 21%.

Key informants were surveyed using SurveyMonkey (www.SurveyMonkey.com) to obtain their opinions regarding community partnerships for older adults. SurveyMonkey (SurveyMonkey.com) is software that produces online surveys. The sampling method was a snowball sample where those who received the notice of the survey from their state-wide organization could pass the notice on to others they thought would provide useful insights.

Table 6: Survey Questions for Key Informants and Their Relationship to the Research Questions

Survey Questions for Key Informants	Research Question
1. Please type the titles of individuals and/or names of groups of which you are familiar that are actively working on aging issues. The questions in the rest of the survey relate to your knowledge of these individuals and groups activities and effectiveness. (open-ended list) 2. A community partnership in aging is a group that comes together to strengthen the local service-delivery infrastructure related to services for older adults such as health care, housing, transportation, meals, caregiving, respite services, provider training, and social engagement. According to this definition, which of the groups identified in Question 1 would you consider community partnerships? Please type them in the space provided. Finally, please tell us with which one of these community partnerships are you most familiar. (open-ended list)	2, 3

Table 6 Continued

Survey Questions for Key Informants	Research Question
3. Please rate how important YOU think the following activities and services are to improve the quality of life for older adults in Michigan. (Likert choices very important, somewhat important, not important). <i>See detailed list in Appendix B.</i> 4. Now please think about the community partnership you identified in Question 2 with which you are most familiar. Rate the activities of which you are aware in which the community partnership takes an active role. (Likert choices very active role, somewhat active role, no active role). <i>See detailed list in Appendix B.</i>	1, 5, 6
5. Please rate how well the individuals and/or groups in the community partnership Question 4 work together to improve the quality of life for older adults. (Likert choices Most often work well together, Sometimes work well together, Hardly ever work well together). <i>See detailed list in Appendix B.</i> 6. Please rate how effective the community partnership in Question 4 is in assisting older adults through the following activities. (Likert choices very effective, somewhat effective, not effective). <i>See detailed list in Appendix B.</i> 7. Rate the ways the community partnerships you listed in Question 2 could be more effective. (Likert choices Need to be much more effective, Are fairly effective currently, Are very effective currently). <i>See detailed list in Appendix B.</i>	5, 6

Table 6 Continued

Survey Questions for Key Informants	Research Question
8. Rate the availability of funds for community partnerships that address aging issues. (Likert choices Readily available, Available under most circumstances, Available under limited circumstances, Not available). <i>See detailed list in Appendix B.</i> 9. Rate how feasible it would be to expand the pool of funds available to community partnerships that address aging issues using the following methods. (Likert choices Very feasible, Somewhat feasible, Not feasible). <i>See detailed list in Appendix B.</i>	6, 7
10. Rate how relevant you think the following factors are with respect to whether community partnerships can sustain their efforts. (Likert choices Very relevant, Somewhat relevant, Not relevant). <i>See detailed list in Appendix B.</i>	2, 3, 5

In addition to these questions, respondents were asked to provide their catchment area and occupation or title, and how long they have been active in aging issues. Respondents were assured that their responses were confidential and that only aggregated information would appear in publications.

DATA ANALYSIS

ANALYSIS OF INTERVIEW DATA FROM CASE STUDIES

The interview data were analyzed using the “interpretive phenomenology approach” (Maggs-Rapport, 2000). This approach is used for exploratory research in which interviews with both open-ended and structured question

methods are employed. "Interpretive phenomenology tries to uncover concealed meanings in the phenomenon, embedded in the words of the narrative (Maggs-Rapport, 2000, p.219-220). In this approach, the researcher is the interpreter of the data where the 'meaning' of the data is based on the researcher's understanding.

The thrust of interpretive methodologies is to understand the meaning of human experiences and actions. Interpretive phenomenology embraces the idea that an individual's world view is based on her or his subjective interpretation of the social, cultural and historical forces at play in their sphere (Fossey, Harvey, McDermott & Davidson, 2002).

The three stages of interpretive phenomenology are 1) *fore-understanding*, an initial understanding of the area of inquiry—in this case the sustainability of community partnerships in aging; 2) *interrogation*, comparing emerging themes both across and within the interview data in this case across the three sites and the Key Informant Survey; and 3) *reflection*, where the researcher identifies where her or his understanding is confirmed or negated by the content of the interviews and where the researcher delineates any biases she might have. During the reflection stage of this study, the researcher built upon her fore-understanding of social movements, communities movements, community partnerships in general and in aging in particular, to form new ideas about the factors involved in sustaining community partnerships' efforts to address aging issues (Maggs-Rapport, 2000).

The interviews were coded using the interpretive phenomenology approach to determine the categories and subcategories that emerged by using an iterative process that further refines the categorization in each step of the analysis. In such “meaning-focused approaches”, the emphasis is on comprehension of the subjective meaning of experiences and situations to the study participants rather than the researcher’s preconceptions (Fossey, et al, 2002).

The interview process in this study was designed to elicit responses through open-ended questions that were then coded to extract categories and themes (Bowen, 2005; Creswell, 2007; Bernard, 2000; Padgett, 2004). The interviews gathered community partnership members’ ideas regarding the research questions that directly relate to the four core questions of the study.

The first step in the analysis employed “open coding” to designate categories based on the phenomenon being studied: in this study the formation, organization, activities, and sustainability of community partnerships for older adults. Once the open coding was complete, the data were re-analyzed to develop a set of subcategories and to “dimensionalize” the data by demonstrating the breadth of differences within each subcategory, a process referred to as “axial coding”. Finally, the research employed “selective coding” to integrate the results of the analyses into a story line. Selective coding develops theoretical constructs in the form of sub-themes that connect the axial codes. The data were grouped according to repeated relationships and patterns that

became evident throughout the coding process. (Bowen, 2005; Creswell, 2007; Fossey, et al, 2002; Kendall, 1999; Scott, 2004; Soulliere et al., 2001).

Coding allows the researcher to determine labels that identify themes within and across the data, enabling the researcher to group themes into categories that describe patterns and connections (Fossey, et al, 2002). Once the researcher developed a set of codes, a second person, an MSW student, listened to several of the interviews and coded them using the codes provided by the researcher. This process was put into place to identify any problems and/or gaps in the codes and to assure the trustworthiness of the coding process. The process did not identify any significant problems or gaps but did point out that the number of codes was perhaps too ambitious. Appendix C includes the complete set of codes and the codes for each site.

Throughout the coding process, “memoing” occurred in which alternative directions for the research and hypotheses that result from the coding were noted. Memoing is the process of keeping running notes by writing down thoughts that occur that identify relationships among themes as the researcher codes the data. One of the major products of the memoing process is directions for future research (Bernard, 2000). Table 7 provides an example of how the coding and memoing was documented by the coders. Appendix C includes all of the memos written by the coders as they coded the interviews, site visits observations, field notes, meeting minutes and other documents.

Table 7: Example of Coding and Memoing

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
2. Factors that helped sustain community efforts to address aging	2.1 Financial resources	2.1.1 millage/county funds	Area aging funding, homeless funding from the county	2
		2.1.2 in-kind staff, facilities	Staff volunteers, interns, volunteers	3
		2.1.4 has local foundation funds	They spoke about applying for grants, but didn't mention if they had any currently	1
		2.1.7 has pooled local agency funds	DHS, CMH	3
		2.1.8 has state funds	MSHDA, DHS	2
		2.1.9 receives private donations	Fundraising	1

The results of the analyses of the interviews were assessed to develop a hypothesis regarding the factors that influence community partnership sustainability. The results were based on the themes, patterns and relationships among them that emerged from the coding of the interview data.

DATA ANALYSIS CODING SCHEME

The coding scheme used in the case study is based on the one developed by Kurasaki in 1997 (Bernard, 2000). This scheme develops first-order and second-order categories and assigns a numeric code that incorporates both. As applied in this sustainability research, there were three orders of categories. The

first-order category was based on the four core questions. The codebook developed from this coding scheme was applied when coding the interviews, observations and documents reviewed.

An example of the coding scheme for the sustainability research study follows: For the core question regarding the factors that helped sustain the community's efforts, there was a second-order category of financial resources. A third-order category was local foundation funding. Hence, the code 2.1.1 would represent *sustaining factors/financial resources/local foundation funding*. A second financial resource identified was fund-raising events, thus the code would be 2.1.2, *sustaining factors/financial resources/fund-raising events*. The coding guide is provided in Appendix C.

The codes were tested and refined throughout the analysis of the data during which time codes that were not used were assessed to determine whether they should remain part of the scheme. The codes developed by the researcher were tested by an MSW student to determine whether an independent person could listen to the interviews and apply the codes. The MSW student listened to interviews from all three sites and coded them using the coding scheme provided by the researcher. The researcher coded the same interviews using the coding scheme and then noted any discrepancies with the MSW student's coding. She discussed the MSW student's interpretation of the interviews with her to determine whether particular codes required adjustment. This intercoder reliability check assured that the coding scheme was valid and contributed to data trustworthiness. The discussion of the interpretation of the codes led to a

few changes in how the codes were used. For example, in category 2.4.4 increased community awareness of aging resources, the coders conferred and decided to include the health fairs and websites in this code. Under 2.4.5, increased services for older adults, the coders decided to include educational materials and the activities of one of the site's senior support team, a committee that allocates one-time emergency funds to older adults in their catchment area, since the funds purchase services such as home repairs and utility payments. Appendix C includes the complete list of codes as well as the codes used for each cite.

ANALYSIS OF OBSERVATIONS DATA FROM CASE STUDY

Participant observations were undertaken using rapid assessment procedures rather than anthropologic fieldwork. This method was selected because of the design of the study in which the participants are professionals and volunteers who have willingly agreed to take part in the research study, most of whom had met the researcher during their individual or group interviews. The rapport-building process that is crucial in anthropologic fieldwork is truncated in this type of study because the participants are specifically informed about the purpose of the research, its duration, and their role in the study. The research questions were defined in advance of the site visits, thus providing the framework to select which situations to observe (Cole, 2002; Bernard, 2000). The selection of situations was based on the topics of the meeting and who would be present so that the researcher would be able to observe "typical" circumstances under which the partnerships operate.

The participant observations took place before, during and after the partnership meeting(s) attended by the researcher. The researcher made observations during individual and group interviews that were conducted.

The discussions that took place during the meetings were digitally recorded. The researcher took field notes during the meetings that included the key points made during the meeting, observer's impressions of the mood of the meeting participants, who was engaged and who was not, decisions reached and the processes used. The coding techniques described in the interview section were employed in the analysis of the observation data.

DATA GATHERED FOR THE CASE STUDY

Data for the case studies were gathered between August and November 2008. Each site provided the meeting minutes it could locate and other documents pertinent to the study as identified by the researcher. Each site was visited at least once during the data collection phase.

Table 8: Data Gathered for Case Studies

Site	Data Gathered
Site A	4 Interviews of 4 agency directors– Conducted October 27, 2008 Observations – Monthly meeting of Multi-purpose Collaborative Body (MPCB), October 8, 2008 Documents – meeting minutes, action plan, mission and goals, letters written, resource guide, expo materials, membership roster Google search on name of partnership

Table 8

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Table 8 Continued

Site	Data Gathered
Site B	4 interviews of 3 agency directors and 1 program manager– Conducted October 27, 2008 and November 19, 2008 Observations – Monthly meeting of partnership, November 19, 2008 Documents – meeting minutes, strategic plan, strategic plan implementation documents, website, membership roster, brochures from local senior services providers, budget, Prime Time publication, advocacy paper Google search on name of partnership
Site C	6 Interviews of 3 agency directors, 2 program managers, and 1 senior-oriented publication editor– September 15, 2008 to September 29, 2008 Observations – Monthly meeting of partnership, August 25, 2008 and September 29, 2008 Documents – meeting minutes, community report card, Senior Times publications, surveys and results, membership roster, brochures from local senior services providers Google search on name of partnership

ANALYSIS OF DOCUMENT REVIEW DATA FROM CASE STUDY

The materials provided by the sites regarding their partnerships were coded and analyzed using the coding techniques described in the interview and coding scheme sections. When documents were provided in advance of the visit, the researcher reviewed the documents prior to conducting the interviews and observations to learn the issues and “language” of each partnership. An internet search was conducted about each site to gather external information about the

partnerships. The search yielded press coverage of the sites' events and activities as well as the website that had been developed by Site B.

The researcher requested that the sites provide specific documents when they were available: strategic plan, implementation documents, memoranda of understanding, bylaws, annual reports, reports to funders, budgets, brochures, meeting minutes, and evaluations of partnership activities and outcomes. These documents assisted the researcher in describing the goals, activities and structure of the partnership. Other documents such as public service announcements, press releases, and newspaper articles and notices were coded using the coding scheme in Appendix C.

VALIDITY AND TRUSTWORTHINESS

Trustworthiness in qualitative research is based on “credibility, transferability, dependability, and confirmability that parallel internal and external validity, reliability, and objectivity” (Fossey, et al, 2002, p. 723). *Credibility* is the confidence the audience has in the “truth” of the findings. *Transferability* means that other researchers can use the findings. *Dependability* is the “stability of the findings over time.” *Confirmability* is the “internal coherence of the data in relation to the findings, interpretations and recommendations” (Bowen, 2005, p. 215-216).

Validity or trustworthiness in a study such as this dissertation research is based on the ability of the researcher to “persuade the audience that the study findings are worthy of notice” based on the credibility, transferability, dependability, and confirmability of the data being presented (Maggs-Rapport,

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2000, p. 220). In this study, the credibility, transferability, dependability, and confirmability of the data were determined through transparent links among the data, the findings related to the data, and the interpretations of the findings posited by the researcher (Fossey, et al, 2002). Data from the individual case studies were compared among the sites as well as to the responses to the Key Informant Survey as a means of triangulating the results. The results among the various data sources were consistent, which can persuade the audience that the study findings are credible and worthy of note.

ANALYSIS OF SURVEY DATA

Seventy key informants participated in the online survey (Appendix B). They comprised a convenience sample of those individuals contacted through the statewide organizations previously mentioned who chose to participate in the online survey. Conducting the survey online made responding simple, quick and logistically easy for respondents. The survey was conducted simultaneously with the case studies after IRB approval was received. Case study partnerships were aware of the Key Informant Survey and encouraged their members to complete the survey. Sixteen respondents in Site B's two counties and fourteen from Site C's county responded to the survey. None of the respondents specifically identified Site A's catchment area.

Given the small sample and the nature of the survey data collected, the data were presented using descriptive statistics. The survey is comprised of one open-ended question that asks respondents to identify individuals, groups, and partnerships active in addressing aging issues. The next eight questions are

matrices that contain a total of 71 Likert-scale questions. Descriptive statistics were used to describe the responses to the Likert-scale questions, and the open-ended responses were coded into categories based on the types of positions held by individuals and the types of groups named as partnerships. The final question asks respondents to identify their geographic area, title, and number of years they have been active in aging issues.

The survey gathered data regarding external factors (Q8-9), infrastructure (Q3-5), and internal factors (Q6-7,10). Table 6 provides the specific survey questions, and the complete survey can be found in Appendix B. Data gathered from the survey provided areas in which the key informants believe the quality of life for older adults should improve due to the efforts of community partnerships. The areas identified include health and wellness, social opportunities, transportation, housing service coordination, respite care, and home modification and repair. They also include advocacy and fund raising.

These data were compared to the types of activities in which the partnerships are involved as identified in the case study. This allowed the researcher to compare the key informant survey responses with what the interviewees and documents reported their partnerships did or planned to do. The comparison was used to inform the researcher regarding the similarities and differences in perceptions between the key informants and the interview participants from the community partnerships. Since the rationale for conducting the Key Informant Survey was to determine whether the case study communities were within the parameters perceived by aging macro practitioners, this

comparison provided another method by which to assess the trustworthiness of the data.

Based on the data gathered from the community partnership case studies and the Key Informant Survey, the two initial assumptions about the factors that influence the sustainability of community partnerships in aging were revised. These assumptions were refined based on the analyses of the data found in Chapter 4: Research Findings. This resulted in the development of 2 hypotheses that emerged from the data analyses.

The first hypothesis is that the composition of the members of a community partnership in aging has a direct impact on the goals set by the partnership and the activities in which it chooses to engage to accomplish those goals. This satisfies the necessary condition that there is motivation at the grassroots level for working together. It also satisfies the sufficient conditions that there is successful partnership leadership as well as effective management structures in place.

The second hypothesis generated by the research study is that support of community leaders is vital to the sustainability of a community partnership in aging. This satisfies the sufficient condition of attainment of a pivotal place for the collaboratives' efforts in their communities. The next chapter, Research Findings, presents a detailed analysis of the Key Informant Survey and case study data gathered throughout the dissertation study.

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Chapter 4: Research Findings

The findings for this dissertation research stem from the two sources of data described in detail in Chapter 3: the Key Informant Survey and the strategically selected case studies. In this chapter, the data from each source is presented and described. The Key Informant Survey results are presented first. The Key Informant Survey provides opinions of macro practitioners who work in aging and thus helps frame the data gathered in the case studies. The analysis of the case study data follows. The final section of this chapter reports the analysis and synthesis of the information gathered from the Key Informant Survey and case studies.

KEY INFORMANT SURVEY

The respondents to the Key Informant Survey were those who received the email invitation and chose to respond to the online survey. The geographic distribution of the respondents represented all areas of the state with a concentration of responses in the southwest, central and northern lower peninsula sections of Michigan. Many of the 54 respondents who provided their occupation or title indicated that they are in high level administrative positions such as agency directors or chief executive officers (22) and assistant directors or program managers (15). Several others indicated that they are social workers (6).

Of the 70 respondents, 54 identified how long they have been active in aging issues. Table 9 shows the distribution of how long respondents have been

engaged in aging issues. No logic was built into the survey to require a question to be answered before the respondent could continue. Consequently, of the seventy respondents, only 55 (78.6%) answered the entire survey. The entire survey and responses are located in Appendix B.

Table 9: Number of Years Respondents Have Been Active in Aging

<i>Number of Years Respondents Active in Aging Issues</i>	<i>Number of Respondents</i>	<i>Percent of Respondents</i>
Under 5	10	18.5%
5 to 10 years	9	16.7%
11 to 20 years	14	25.9%
21 to 29 years	12	22.2%
30 years and over	9	16.7%
Total Respondents	54	100.0%

The first question on the survey asked respondents to identify a community partnership for older adults with which they were familiar. Throughout the survey, they were asked to think about that partnership as they responded to the questions. Thirteen distinct partnerships were identified as well as some respondents who referred to state-level initiatives. Sites B and C were among the 13 partnerships identified by the respondents. All of the survey question tables are sorted in descending order of the first response category (very important, very active role, very effective). The tables present the number of respondents who selected each response.

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Table 10: Survey Responses Regarding Activities and Services to Improve Quality of Life for Older Adults by Number of Respondents

Q2 Importance of Activities and Services to Improve Quality of Life for Older Adults in Michigan	Very important	Somewhat important	Not important
Providing transportation to those who need it.	61	7	0
Educating caregivers about services available to them and their family member.	58	10	0
Providing healthy meal delivery.	55	13	0
Training caregivers to cope with providing care to a family member.	52	15	1
Assisting with instrumental activities of daily living such as physician visits, appointments, banking/bill paying, shopping...	51	17	0
Promoting service coordination.	50	18	0
Providing caregivers with respite opportunities.	48	20	0
Providing home modifications and repairs.	45	22	1
Connecting older adults with community groups that provide social interactions.	44	22	2
Providing adult day care services.	40	26	2
Providing a matching service for community volunteers that can meet older adults' needs for light housekeeping, shopping, companionship.	33	28	7
Developing a volunteer service to assure older adults are doing well (taking meds, eating, using proper hygiene).	30	33	5
Promoting a single point of entry into services.	27	32	7
Other (please specify)			22
answered question			68
skipped question			2

Table 10 provides the responses regarding what the respondents thought about a list of thirteen activities and services that target quality of life improvements for older adults. Providing transportation to those who need it and educating caregivers about services available to them and their family member had the highest number of respondents rate them as very important. Promoting a single point of entry into services, developing a volunteer service to assure older adults are doing well, and providing a matching service for community volunteers that can meet older adults' needs for light housekeeping, shopping,

companionship were seen by the respondents as less important than the other activities and services. This could be because those activities and services are already being provided by other entities or it could be that the respondents did not find them as valuable as the other activities and services listed.

Table 11: Activities Where Community Partnership Takes An Active Role by Number of Respondents

<i>Q3 Activities in which Community Partnerships Take an Active Role</i>	<i>Very active role</i>	<i>Somewhat active role</i>	<i>No active role</i>
Developing coordinated systems of care.	35	26	5
Working with health care providers to make them aware of community resources available to their older patients.	30	30	7
Holding media campaigns to make older adults and their families aware of community services available to them.	25	33	9
Training caregivers in self-care techniques.	17	30	19
Working to change policies that have a negative impact on older adults such as land use regulations.	11	33	23
Expanding volunteer training and opportunities for community members who want to assist older adults.	9	37	21
Working with faith-based organizations to make them aware of community resources available to their congregants.	7	40	20
Other (please specify)			13
answered question			67
skipped question			3

Table 11 asks respondents to rate the activities in which a partnership takes an active role. None of the partnership activities listed was viewed by the preponderance of the respondents as having a very active role. Of the activities listed, developing coordinated systems of care received the highest number of very active role and somewhat active role responses. This is consistent with the data gathered during the case studies where all three of the partnerships viewed

networking to promote service coordination as one of their principal goals. Over one-third of the respondents indicated that the partnership had no active role in working to change policies that have a negative effect on older adults such as land use regulations. Almost a third responded that the partnership had no active role in expanding volunteer training and opportunities for community members who want to assist older adults.

Table 12: How Partnerships Work Together to Improve Quality of Life for Older Adults by Number of Respondents

<i>Q4 How Well Individuals/Groups in Partnership Worked Together to Improve Quality of Life for Older Adults</i>	<i>Most often work well together</i>	<i>Sometimes work well together</i>	<i>Hardly ever work well together</i>
They develop referral systems for community-based services.	35	13	4
They develop health promotion and wellness programs for older adults.	29	19	5
They provide access to healthy foods and meals.	27	19	5
They provide volunteer and social opportunities so older adults can stay connected to others in their communities.	24	24	3
They improve transportation options for older adults.	21	25	5
They provide respite opportunities for caregivers of older adults.	21	24	6
They develop single point of entry for services for older adults.	11	30	9
They work to change zoning laws to expand housing options for older adults.	5	16	28
Other (please specify)			11
answered question			54
skipped question			16

Table 12 shows the activities in which respondents think partnerships work well together. Developing referral systems for community-based services was the activity on which respondents thought partnership members most often worked well together (n=35) with another 13 responding that partnerships

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sometimes work well together. Once again, this is consistent with the case study findings. Working to change zoning laws to expand housing options for older adults received the most responses (28) for “hardly ever work well together”. Developing health promotion and wellness programs for older adults received 29 “most often work well together” responses and 19 “sometimes work well together” responses.

Table 13: Effectiveness of Partnerships Activities by Number of Respondents

<i>Q5 Effectiveness of Partnerships in Assisting Older Adults</i>	<i>Very effective</i>	<i>Somewhat effective</i>	<i>Not effective</i>
Conducting health promotion and health fairs that are accessible to older adults.	34	12	4
Educating service providers on the special needs of older adults.	21	29	4
Providing opportunities for social interactions for older adults.	19	27	4
Providing opportunities for exercise and wellness activities.	19	25	6
Providing intergenerational interaction and support opportunities.	10	20	19
Promoting awareness of the need for cultural appropriateness of activities and services.	9	27	13
Providing a media campaign about healthy lifestyle choices.	7	27	15
Other (please specify)			10
answered question			54
skipped question			16

Table 13 provides the results for how effective the respondents think a partnership is in assisting older adults, with the preponderance of respondents indicating that partnerships are very effective at conducting health promotion and health fairs that are accessible to older adults. Each of the three case study partnerships hosted health fairs with Site B’s health fairs generating a substantial

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amount of its revenues. At the other end of the spectrum, 19 of the respondents indicated that a partnership was not effective providing intergenerational interaction and support opportunities and 15 indicating they were not effective providing a media campaign about healthy lifestyle choices. For the other activities listed, about half of the respondents indicated a partnership was “somewhat effective”.

Table 14: Ways Partnerships Could be More Effective by Number of Respondents

<i>Q6 Ways Partnerships Could Be More Effective</i>	<i>Are very effective currently</i>	<i>Are fairly effective currently</i>	<i>Need to be much more effective</i>
Providing healthy aging programs.	15	25	11
Providing more information to community members to increase their knowledge of community services and resources.	12	26	13
Being more involved in advocating for changes in policies that have an adverse impact on older adults.	11	22	22
Developing relationships with local, state and federal office holders and policy makers.	11	21	22
Providing more opportunities for community input.	8	29	15
Developing and implementing a strategy to expand health care coordination.	8	26	18
Providing a volunteer matching and referral program.	5	21	24
Developing and implementing a strategy to expand housing and living choices for older adults.	4	23	24
Developing and implementing a strategy to recruit and retain service providers.	3	29	19
Other (please specify)			8
answered question			55
skipped question			15

Table 14 demonstrates that a large number of respondents thought a partnership needed to be much more effective:

- ♦ in being more involved in advocating for changes in policies that have an adverse impact on older adults;
- ♦ in providing a volunteer matching and referral program;
- ♦ in developing and implementing a strategy to expand housing and living choices for older adults; and
- ♦ in developing relationships with local, state and federal office holders and policy makers.

The responses about whether a partnership is very effective currently in a specific area range from 3 to 15, suggesting that most of the key informants do not find the partnerships with which they are familiar to be very effective in their present configuration.

Table 15: Availability of Funds by Number of Respondents

Q7 Availability of Funds	<i>Readily available</i>	<i>Available under most circumstances</i>	<i>Available under limited circumstances</i>	<i>Not available</i>
Community Foundation(s)	5	19	28	1
Local government funds	4	12	29	7
Federal government funds	4	11	28	10
State government funds	3	14	28	8
National Foundation(s)	0	6	40	5
Local agencies pool funds	0	17	25	10
Private donations	0	16	34	2
Other (please specify)				8
answered question				54
skipped question				16

Table 15 shows responses that rate a partnership's availability of funds. The preponderance of the responses for all categories of funds was that the partnerships find funds only available under limited circumstances, especially funds from national foundations, those pooled from local agencies, federal funds

and private donations. This is consistent with the findings from the three case study partnerships where they rely mostly on in-kind contributions of staff, office services, and meeting space.

Table 16: Expanding Funding by Number of Respondents

Q8 Feasibility of Expanding Pool of Funds	Very feasible	Somewhat feasible	Not feasible
Sponsoring local fund-raising events	21	30	3
Writing proposals for foundation funding	19	35	1
Soliciting donations (financial and in-kind) from civic groups, businesses, and faith-based organizations	19	33	3
Soliciting donations from individuals	18	30	7
Working with local policy makers to determine whether there are untapped sources of funds	16	35	3
Working with state-level agencies to determine whether there are sources of funds	15	36	3
Other (please specify)			9
answered question			55
skipped question			15

Table 16 reports the results for how feasible it would be for partnerships to expand their pool of funds, with the majority of responses for all categories being somewhat feasible. Very few of the respondents indicated that expanding funds by the various means suggested would not be feasible. Between 15 and 21 of the respondents think expanding funds through the activities listed is very feasible.

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Table 17: Relevance of Sustainability Factors by Number of Respondents

Q9 Relevance of Sustainability Factors	Very relevant	Somewhat relevant	Not relevant
The membership of the partnership includes the individuals and/or groups that can get things done.	54	1	0
The community partnership is structured so that it can set goals and achieve them.	51	4	0
The community partnership has become an integral part of the community with regard to aging issues.	45	10	0
The community partnership members are able to work toward the 'greater good' with regard to aging issues.	45	10	0
The community partnership has the support of stakeholders in the community.	44	11	0
Members of the community partnership all feel they have a voice in matters concerning the partnership.	44	10	0
There is a synergy that has occurred among the community partnership members.	42	11	1
The community partnership has shown the community that it can achieve results.	42	13	0
The community partnership is viewed in positive terms by the community at large.	42	12	1
The community partnership is able to overcome 'turf' issues.	41	14	0
The community partnership members are able to participate in the activities of the partnership without feeling that the mission of their group has been put on the back burner.	39	16	0
The community partnership is viewed as inclusive by community stakeholders.	38	14	2
The community partnership is viewed in positive terms by groups and individuals outside of the community.	29	23	2
answered question			55
skipped question			15

Table 17 provides insights of respondents regarding the relevance of various sustainability factors. In general, all of the factors listed were viewed as relevant by the vast majority of the respondents. According to the respondents, the two most relevant factors are that the membership of the partnership includes the individuals and/or groups who can get things done and that the partnership is structured so it can set goals and achieve them. Only 29 of the respondents

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thought that the partnership being viewed in positive terms by groups and individuals outside of the community is a very relevant sustainability factor but 23 found it somewhat relevant.

In general, the results of the Key Informant Survey indicate that the respondents are familiar with community partnerships that address aging issues within a specified catchment area. The responses provide insights into how these types of coalitions are viewed and the expectations for their efforts. The results were consistent with the case study findings that are provided in detail in the next section.

CASE STUDIES

Case studies were conducted to gather detailed data to answer the research questions. The three case study sites are located in different geographic areas of the state. Site A is rural, has a military base that is used by the National Guard for training, and has an increasing number of seniors who choose to retire there. Site B is in northwest Michigan and is a tourist destination as well as being a large fruit-growing area and also attracts a large number of retirees. Site C is the most urban of the three sites and is located in south central Michigan. It is the home of several large manufacturers and a large foundation with a focus on child and family issues. The percentage of each of the case study sites' population age 65 years and older was higher than that of the state of Michigan. Demographics for each site are provided in a table preceding the case study synopsis.

RECURRENT THEMES AMONG THE CASE STUDIES

There were several themes that emerged in each of the case study sites. The first theme was that each site had looked at demographic trends and was concerned about whether its infrastructure would be able to accommodate the needs of an increasing number of older residents. Each of the three case study sites had a higher percentage of older adults than the state. In 2003, the most current year for which data are available, the percentage of residents age 65 and older in Michigan was 20.0%. In contrast, the percentage in Site A was 26.5%, Site B was 26.8% and Site C was 22.7%. Since Sites A and B are in areas that attract retirees, they are working under the assumption that these percentages could increase at an even faster pace than the state in future years.

Another recurrent theme from the case study sites was that the aging initiative was associated with their community's coordinating council or multi-purpose collaborative body (MPCB). These groups are prevalent in Michigan and are encouraged to be active by state-level departments including public health, mental health, education, and human services.

It is perhaps important to provide a brief history of multi-purpose collaborative bodies in Michigan to place this theme in context. The MPCBs are comprised of professional and other interested community members with the purpose of coordinating multidisciplinary services within their community. The MPCBs facilitate identification of service gaps and duplication of services in their communities (Ludtke, 2007).

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Michigan has a long heritage of promoting community collaboration, starting in 1987 with the establishment of county-level Human Service Coordinating Bodies. These groups viewed coordinated, holistic programming as being a more effective way to deliver services than through categorical approaches. By the early 1990s, there was a large number of state-sponsored community initiatives that required local interagency coordinating groups that would develop and implement services to a specified population group in the community (Ludtke, 2007).

By October 1995, each Michigan county was expected to have a Multi-purpose Collaborative Body that would make decisions about how to coordinate human services within the community. In 2004, the State Human Services Directors decided to change the name from MPCBs to Community Collaboratives (CCs). These CC groups are charged with consolidating community collaborative groups, as well as community planning, information sharing, and managing state-funded collaborative initiatives (Ludtke, 2007). The preponderance of the efforts of the MPCBs is on behalf of children and families. The fact that each of the case study sites had strong support from its MPCB demonstrates that the MPCBs were able to interpret their mission of enhancing collaboration more broadly so that they embraced increasing collaboration for older adults, their families, and caregivers.

Each of the three case study sites exhibited a sense of shared purpose and goals which is consistent with the Communities Movement Project (Kesler & O'Connor, 2001). Partnership members felt that being part of the partnership

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added value to their individual efforts to improve the quality of life of older adults in their communities.

Each site identified networking as defined as information sharing and dissemination, as a paramount purpose for their partnership. They felt that networking leads to service coordination which in turn increases the effectiveness of their agency's efforts. Among the findings of The Healthy Communities Movement study were that collaborative problem solving, focus on systems change, and building capacity using local assets and resources were hallmarks of successful partnerships (Wolff, 2003). These findings are consistent with the outcomes of information sharing and networking where the case study sites worked collaboratively on how to address identified problems and pursued ways in which they could build systems capacity by using their local assets and resources. This is consistent with Resource Mobilization Theory (McCarthy & Zald, 1977).

Each of the sites' aging initiative was part of its coordinating council or multi-purpose collaborative body (MPCB). The MPCBs usually work on behalf of children and families. The MPCBs in the case study communities interpreted their mission of enhancing collaboration to include older adults, their families, and caregivers. This is also consistent with the findings of the Communities Movement Project where being inclusive and engaging major stakeholders were identified as organizational competencies (Kesler & O'Connor, 2001).

The case study partnerships' members are volunteers, which creates a pull on their time. They have full-time positions, so in many instances, the work

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they do for the partnerships is above and beyond their already busy schedules. None of the case study sites' partnerships had paid staff. For administrators of public agencies in the case study communities, there appeared to be an expectation that they be involved, and in most cases; the leaders of the partnerships are from public agencies.

Each of the case study sites' partnerships had a time when it took a hiatus from its activities. The hiatus provided a time during which the partnership members stepped back to determine the causes of impediments they had encountered to achieving their goals. Some of the reasons identified for taking a hiatus were a lull in interest among partnership members when they felt they were not having enough of an impact in their community to make participation in the partnership worth their while. One of the sites experienced turf issues when for-profit entities became involved in the partnership and wanted to change its direction. All three sites had a period when they experienced a lack of consistent leadership. The lack of continuity made functioning as a partnership difficult for them. Finally, to some extent, each case study site had a time when its partnership lost sight of its mission which led to a time of reflection about their goals and priorities.

The following three sections provide a synopsis of each case study site. Detailed data from each site is provided in Appendices 2 and 4.

SYNOPSIS OF CASE STUDY SITE A

Site A has the smallest population of the three case study sites. As Table 18 demonstrates, the population remained steady from 2003 to 2008. In 2003,

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the most recent year for which data are available, the county's population consisted of 2,500 (17.1%) residents age 65 and older, with 1,102 (7.5%) of those age 75 and older, and 268 (1.8%) age 85 and older. It is a rural county that has an increasing retiree population. Site A's 2006 per capita income is \$10,667 less than the state's. Its January 2009 unemployment rate was 12.8% compared to 12.5% for Michigan. Its per capita income is the lowest of the three sites and its unemployment rate is the highest. Site A is the only one of the three sites with an unemployment rate that is higher than the state's. Appendix D provides an extensive narrative derived from materials provided by Site A that include meeting minutes and other documents as well as interviews of the partnership leadership team.

Table 18: Site A County Demographic Data, 2003, 2007 and 2008, Source: Michigan Estimated Population of Michigan Counties, 2000-2008, Michigan Department of Community Health

Site A			Michigan	
2008 Population Estimate	14,463		10,075,217	
2007 Population Estimate	14,550		10,071,822	
2003 Population Estimate	14,617		10,075,217	
January 2009 Unemployment Rate	12.8%		12.5%	
2006 Per Capita Income	\$22,318		\$32,985	
<i>2003 Population Estimates by Sex for Elderly Age Categories</i>	<i>Number</i>	<i>% of Total Population</i>	<i>Number</i>	<i>% of Total Population</i>
Females 65 years and older	1,348	9.2%	724,800	7.2%
Females 75 years and older	651	4.5%	384,002	3.8%
Females 85 years and older	196	1.3%	113,168	1.1%
Males 65 years and older	1,152	7.9%	511,701	5.1%
Males 75 years and older	451	3.1%	230,001	2.3%
Males 85 years and older	72	0.5%	48,833	0.5%
Total Site A Residents 65 years and older	3,870	26.5%	2,012,505	20.0%

Summary of Site A's Findings

Site A was the only one of the 3 sites where the initial group of partnership members consisted of direct service workers rather than agency directors and/or program managers. They were assigned to participate in the partnership by their respective agency's administrators. The original partnership structure and membership of Site A was productive, allowing them to develop protocols for case collaboration, produce a community resource guide, and host health fairs. When the group members felt they had accomplished their goals after several years of working together, they took a hiatus during which time they sought to have the task of addressing agency issues subsumed by the MPCB. This move provided the partnership with more standing among community leaders. It also provided the opportunity to effect changes to the community's infrastructure for aging services that was not available to the original group.

Site A had adequate access to financial resources to conduct its activities. It had successful past community collaborations efforts that included homelessness, public health, and the state's Strong Families/Safe Children initiative. Site A's accomplishments include conducting health fairs, developing protocols for case collaboration, conducting case conferences, and developing and publishing a community resource guide. The partnership members took a hiatus when they felt they had accomplished their goals and turned to the MPCB for direction for the community's next steps in addressing aging issues. Through the MPCB, the leadership team of the partnership was reconfigured and includes the heads of three local agencies: human services, economic development, and

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council on aging as well as a member of the Michigan State University Extension Office whose plays a major role in aging advocacy in that region of the state.

Table 19 is the timeline of Site A's activities. It provides a snapshot of what happened each year for which meeting minutes were available. The number of participants, discussion topics and accomplishments were gleaned from the meeting minutes provided by the partnership.

Table 19: Site A Partnership Timeline

<i>Year</i>	<i>Highest Number of Participants</i>	<i>Lowest Number of Participants</i>	<i>Issues Discussed and/or Addressed</i>	<i>Accomplishments</i>
2001	N/A	N/A	◊ How to influence development of local coalitions	◊ Sent letter to state senator expressing budget cuts to Medicaid Home and Community Based Waiver program
2002	N/A	N/A	◊ Developed mission statement and action plan ◊ Action plan called for development of a crisis response network	◊ Coordinated resources at monthly meetings of agency representatives ◊ Exchanged information about available resources, agency policy changes, and service delivery ◊ Hosted health fair on 5/9/02 ◊ Distributed holiday boxes for older adults who would otherwise not receive gifts

Table 19 Continued

<i>Year</i>	<i>Highest Number of Participants</i>	<i>Lowest Number of Participants</i>	<i>Issues Discussed and/or Addressed</i>	<i>Accomplishments</i>
2003	15	8	◊ Discussed crisis response effectiveness ◊ Solutions to gaps and identified problems	◊ Coordinated resources at monthly meetings of agency representatives ◊ Worked on aggregation of protocols for crisis response for each agency ◊ Hosted health fair on 5/15/03
2004	13	5	◊ Hardships caused by high cost of prescription drugs, programs to recommend to clients ◊ Need from transportation to out-of-county medical facilities	◊ Hosted health fair on 6/10/04 ◊ Developed protocol for resources and emergency responses ◊ Distributed holiday boxes for older adults who would otherwise not receive gifts
2005	13	6	◊ Problem-solving discussion about prescription drug costs ◊ Discussed disbanding due to lack of members willing to hold office and reconvening as an informal resource council ◊ Discussed becoming part of MPCB	◊ Hosted health fair on 6/9/05 ◊ Free clinic steering committee formed ◊ Produced a community resource guide

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Table 19 Continued

<i>Year</i>	<i>Highest Number of Participants</i>	<i>Lowest Number of Participants</i>	<i>Issues Discussed and/or Addressed</i>	<i>Accomplishments</i>
2006	17	N/A	◊ N/A	◊ In January 2006 reconvened in new format as subcommittee of MPCB ◊ Information dissemination about Medicare Part D, MichiganWorks, Elder Friendly Communities, and housing
2007	N/A	N/A	N/A	N/A
2008	N/A	N/A	N/A	N/A

SYNOPSIS OF CASE STUDY SITE B

Site B is the two-county site and in the middle of the three case study sites in the size of its combined population. As Table 20 demonstrates, the population grew by 4.1% from 2003 to 2008. In 2003, the most current year for which data are available, the counties' population consisted of 18,328 (17.7%) residents age 65 and older, with 7,403 (7.1%) of those age 75 and older, and 2,010 (1.9%) age 85 and older. Site B's 2006 per capita income is \$2,504 more than the state's. Its January 2009 unemployment rate was 10.8% compared to 12.5%. Site B has the highest per capita income of the three sites and the lowest unemployment rate. These are rural counties with a very strong tourism industry and upscale resorts and housing. The natural beauty of the area, combined with its quaint shops and quality restaurants, serve to attract retirees to become full-time or part-time

residents. Appendix D provides an extensive narrative derived from materials provided by Site B that include meeting minutes and other documents as well as interviews of the partnership leadership team.

Table 20: Site B County Demographic Data, 2003, 2007, and 2008, Source: Michigan Estimated Population of Michigan Counties, 2000-2008, Michigan Department of Community Health

Site B			Michigan	
2008 Population Estimate	107,854		10,003,422	
2007 Population Estimate	107,377		10,071,822	
2003 Population Estimate	103,610		10,075,217	
January 2009 Unemployment Rate	10.8%		12.5%	
2006 Per Capita Income	\$35,489		\$32,985	
<i>2003 Population Estimates by Sex for Elderly Age Categories</i>				
	<i>Number</i>	<i>% of Total Population</i>	<i>Number</i>	<i>% of Total Population</i>
Females 65 years and older	8,552	8.3%	724,800	7.2%
Females 75 years and older	4,499	4.3%	384,002	3.8%
Females 85 years and older	1,408	1.4%	113,168	1.1%
Males 65 years and older	9,776	9.4%	511,701	5.1%
Males 75 years and older	2,904	2.8%	230,001	2.3%
Males 85 years and older	602	0.6%	48,833	0.5%
Total Site B Residents 65 years and older	27,741	26.8%	2,012,505	20.0%

Summary of Site B's Findings

Partnership B member organizations represent a wide range of entities involved in the continuum of senior services. The member organizations include local governmental agencies that provide senior services such as the Area Agency on Aging, Commission on Aging, Health Department, Community Mental Health, Human Services, Council of Governments, Senior Center, Transportation Authority, and the District Library. Local advocacy group members include AARP, Citizens for Better Care, Disability Network, and Parkinson's Support Group. Among service provider members are home health agencies, various levels of residential care providers, rehabilitation services, durable medical equipment

vendors, financial institutions, a funeral home, hospice, legal services, and senior-focused publications. In addition, there are not-for-profit agencies such as Catholic Human Services.

The diverse member organizations provide breadth to the group and enhances the networking and information dissemination opportunities. The Partnership B member organizations represent most of their community's continuum of care for older adults. However, out of this diversity comes two clusters of members holding divergent ideas about the purpose of Partnership B and what it should accomplish. Thus far, the partnerships has been able to maintain its focus on achieving its stated goals through its management structure and leadership.

Partnership B members, over the past eight years, have focused on the Senior Expo, an expanded health fair, as their major "product." The event provides a focal point for members and allows them to link community members with community services of both not-for-profit and for-profit providers. The Expo provides seniors and their caregivers with information about the service continuum in the area which educates them about their options. This ultimately can increase the number of older adults who are able to age in place because they and their families are aware of the services available and how to access them.

Site B had adequate access to financial resources with a major source of funds derived from fees associated with the Senior Expo. Site B's leadership is agency directors and program managers. These leaders are dedicated to

advocacy for seniors and view the partnership as a means of expanding their advocacy efforts.

Site B has a “big tent” mentality. Its 60 members include the local Chamber of Commerce, an HMO, public and private agencies, and for-profit vendors with a target market of older adults. Site B’s accomplishments include hosting their annual Senior Expo; developing and distributing educational materials; providing support for individuals and groups in their community through their Senior Support Team and mini-grants; and advocating for changes in policies that have an adverse affect on their older residents.

Site B took a hiatus when it experienced a substantial number of leadership changes in a fairly short period of time. The hiatus ended when new people became involved and were willing to take on leadership roles. There was a change of leadership that invigoated Site B’s partnership when it reconvened.

Table 21 is the timeline of Site B’s activities. It provides a snapshot of what happened each year for which meeting minutes were available. The number of participants, discussion topics and accomplishments were gleaned from the meeting minutes provided by the partnership.

Table 21: Site B Partnership Timeline

<i>Year</i>	<i>Highest Number of Participants</i>	<i>Lowest Number of Participants</i>	<i>Issues Discussed and/or Addressed</i>	<i>Accomplishments</i>
1995	17	N/A	◇ Explore ways to increase cooperation among service providers ◇ Increase agency collaboration ◇ Identify potential service duplication ◇ Developed mission statement	N/A
1998	21	N/A	N/A	◇ Received Governor's Innovation Recognition Award ◇ Developed and distributed regional resource guide in conjunction with community mental health agency ◇ Hosted a health fair
2000	N/A	N/A	◇ Changed name of group to make it simpler	◇ MPBC recognized group's efforts
2001	N/A	N/A	N/A	◇ Hosted Senior Expo
2001	N/A	N/A	N/A	◇ Hosted Senior Expo
2002	N/A	N/A	N/A	◇ Hosted Senior Expo
2003	N/A	N/A	N/A	◇ Hosted Senior Expo
2004	N/A	N/A	N/A	◇ Hosted Senior Expo

Table 21 Continued

<i>Year</i>	<i>Highest Number of Participants</i>	<i>Lowest Number of Participants</i>	<i>Issues Discussed and/or Addressed</i>	<i>Accomplishments</i>
2005	33	13	◇ Developing a formal budget ◇ Revised meeting format to stay focused on mission ◇ Moved from consensus decision making to voting	◇ Hosted Senior Expo ◇ Promoted networking ◇ Developed and distributed educational materials ◇ Information dissemination about member agencies and senior-related community issues ◇ Prepared position paper about community's senior issues and recommendations for addressing them
2006	38	22	◇ Poor dental care in nursing homes ◇ Advocacy work group developed 3 goals: more involvement with senior lobbyists; set up local electronic advocacy network; promote Senior Count data collection ◇ Inviting other senior service providers (tribe, law enforcement, legislators) to join group ◇ Chamber of Commerce	◇ Information dissemination and networking ◇ Hosted Senior Expo ◇ Create website ◇ Senior Support Team ◇ Published and distributed education materials



Table 21 Continued

<i>Year</i>	<i>Highest Number of Participants</i>	<i>Lowest Number of Participants</i>	<i>Issues Discussed and/or Addressed</i>	<i>Accomplishments</i>
2007	34	26	◊ Revisit strategic plan and priorities	◊ Joined Chamber of Commerce ◊ Hosted Senior Expo ◊ Formed livable community task force ◊ Senior Support Team
2008	44	28	◊ Strategic planning process ◊ Leadership nomination process implemented	◊ Hosted Senior Expo ◊ Senior Support Team ◊ Provided mini-grants

SYNOPSIS OF CASE STUDY SITE C

Site C has the largest population of the three case study sites. As Table 22 demonstrates, the population grew slightly by a scant .3% from 2003 to 2008. In 2003, the most current year for which data are available, the county's population consisted of 18,956 (14.0%) residents age 65 and older, with 9,368 (6.9%) of those age 75 and older, and 2,474 (1.8%) age 85 and older. Site C's 2006 per capita income is \$3,123 less than the state's. Its January 2009 unemployment rate was 11.1% compared to 12.5% for Michigan. This puts Site C in the middle of the three sites for both per capita income and unemployment rate although it is much closer to the figures for Site B than those of Site A. The county has historically had a strong industrial base that includes food processors and pharmaceuticals. Both of these industries have downsized their presence in

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the county over the past decade. The county also has a large foundation with a national and international focus on child and family programs. Appendix D provides an extensive narrative derived from materials provided by Site C that include meeting minutes and other documents as well as interviews of the partnership leadership team.

Table 22: Site C County Demographic Data, 2003, 2007, and 2008, Source: Michigan Estimated Population of Michigan Counties, 2000-2008, Michigan Department of Community Health

Site C			Michigan	
2008 Population Estimate	135,861		10,003,422	
2007 Population Estimate	136,615		10,071,822	
2003 Population Estimate	135,510		10,075,217	
January 2009 Unemployment Rate	11.1%		12.5%	
2006 Per Capita Income	\$29,862		\$32,985	
2003 Population Estimates by Sex for Elderly Age Categories				
	Number	% of Total Population	Number	% of Total Population
Females 65 years and older	11,160	8.2%	724,800	7.2%
Females 75 years and older	5,889	4.3%	384,002	3.8%
Females 85 years and older	1,737	1.3%	113,168	1.1%
Males 65 years and older	7,796	5.8%	511,701	5.1%
Males 75 years and older	3,479	2.6%	230,001	2.3%
Males 85 years and older	737	0.5%	48,833	0.5%
Total Site C Residents 65 years and older	30,798	22.7%	2,012,505	20.0%

Summary of Site C's Findings

Although Partnership C had a mission statement from prior to its hiatus, the interviewees stated they were not aware of it or whether the group had specific goals to accomplish. The interviewees viewed Partnership C as a venue in which senior issues in the county were discussed and information was shared among agencies that serve older adults. They engage in problem-solving discussions when issues about advocacy or service delivery issues arise during

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their monthly meetings. Interviewees expressed concern that Partnership C not commit to doing extensive projects for which it did not have staffing. They stated that Partnership C members were already extremely busy with their jobs and could not take on significant projects or ongoing community activities and did not view doing so as Partnership C's mission.

The interviewees find the ability to meet monthly to update each other on their activities and to learn about the breadth of services as well as unmet needs in the county extremely useful to their work with local seniors. The activities in which they do participate as a group such as information dissemination, data gathering and analysis, health fairs and the community report card, are consistent with the mission developed for the group in 1998—to educate, coordinate, and assess senior services and needs while promoting dignity and quality of life for all seniors throughout the county.

Site C has adequate financial resources to conduct its activities. Site C has Senior Millage that generates over \$2 millions a year in flexible funding for services for older adults. Millage funds are distributed through a grant proposal process. The Director of the Senior Millage is an active member of the partnership.

Site C's leadership is agency directors but was inconsistent prior to hiatus due to staffing changes at various local agencies. Prior to its hiatus, for-profit entities whose target market is older adults separated from the partnership to form their own group because their mission was not in sync with that of the partnership. The hiatus occurred when the partnership had an identity crisis as

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members lost sight of the mission/charge of MPCB. Site C reconvened at the urging of the MPCB. The timing was good because there was a change in leadership several of the local agencies (AAA, Senior Millage, and PACE). The new leaders brought energy and new ideas to the partnership and resumption of activities.

Site C's partnership has formed links to the regional health alliance and elder abuse task force. It hosts annual health fairs and produces the section of the community report card describing the county's senior services. It provides a venue for information sharing, networking and advocacy for the communities' older residents.

Table 23 is the timeline of Site C's activities. It provides a snapshot of what happened each year for which meeting minutes were available. The number of participants, discussion topics and accomplishments were gleaned from the meeting minutes provided by the partnership.

Table 23: Site C Partnership Timeline

<i>Year</i>	<i>Highest Number of Participants</i>	<i>Lowest Number of Participants</i>	<i>Issues Discussed and/or Addressed</i>	<i>Accomplishments</i>
1998	N/A	N/A	◊ Formed as workgroup of MPCB	N/A
2000	N/A	N/A	◊ Work group disbanded in March but reconvened in October	N/A
2001	N/A	N/A	◊ Determined mission ◊ Determined top senior needs based on survey results	◊ Developed survey for front-line staff

Table 23 Continued

<i>Year</i>	<i>Highest Number of Participants</i>	<i>Lowest Number of Participants</i>	<i>Issues Discussed and/or Addressed</i>	<i>Accomplishments</i>
2002	21	8	◊ Developed goals and outcomes for group to accomplish ◊ Selected home repairs as single focus area	◊ Draft document of home repairs outcomes
2003	10	7	◊ Tracked number of requests for home repairs and yard work	◊ Recruited organizations and individuals to help with yard work ◊ Recruited Home Builders Association (HBA) to do home repairs
2004	N/A	N/A	N/A	◊ Finalized partnership with HBA ◊ Sent letters to service clubs requesting \$500 donation to purchase supplies for home repairs
2005	19	6	◊ Goals provided to MPCB were 1) seniors referred to home repair program would be served 2) seniors receive access to health information and services ◊ Pet care program	◊ Evaluated prescription drug use ◊ Developed prescription drug evaluation by pharmacist brown bag programs

Table 23 Continued

<i>Year</i>	<i>Highest Number of Participants</i>	<i>Lowest Number of Participants</i>	<i>Issues Discussed and/or Addressed</i>	<i>Accomplishments</i>
2006	16	10	◇ Regular attendance at meetings was urged ◇ 07/06 frustration mounting regarding inconsistent member participation, lack of goals, stress of taking on projects too large for group to accomplish	N/A
2007	N/A	N/A	◇ Group only met in January	N/A
2008	19	9	◇ Reconvened in 01/08 ◇ New leadership ◇ Active focus on data collection	◇ Conducted senior survey that identified an unmet need among caregivers whose needs are not met by existing services ◇ Information dissemination and networking ◇ Enhanced senior services information in community report card published by MPCB

ANALYSIS AND SYNTHESIS OF KEY INFORMANT SURVEY AND CASE STUDY FINDINGS

The three partnerships shared several key commonalities. One of the recurrent themes was the central role of networking. Each site allocates a significant portion of its monthly meeting time to information sharing among the

members. This provides a forum to talk about new programs being introduced in the community, waiting lists for services, personnel changes, funding opportunities, community events, and calls for assistance from other agencies. The meetings include problem solving among the members when one of the member agencies has encountered a situation for which it would like input from others who serve older adults.

Another major theme was that of information dissemination both among the members and to the community at large. Community information dissemination occurred through health fairs/senior expos, printed materials/brochures, resource guides, speakers bureaus, and articles in local publications. The primary intention was to educate and inform older adults, caregivers, and community stakeholders about issues involved in aging, services available to meet the needs of older adults, and as a means of advocating for their older residents.

The final theme to emerge was that each partnerships demonstrated that its efforts led to political action and advocacy around issues that could have a deleterious effect on its community's older residents. For example, Site B invited legislators to join their partnership and to be a part of their health fair. Sites A and C advocated for older adults at the local and state governmental levels by sending letters regarding the reduction in the Medicaid Home and Community-based Waiver program. The partnerships' involvement with their communities' MPCB provides a direct link to leaders of human services and health care providers where they advocated for local policy changes.

FACTORS THAT PROMPTED THE COMMUNITY TO BE INTERESTED IN ADDRESSING AGING ISSUES

Each case study site had specific reasons for forming a partnership to address aging issues. Among the reasons noted were the recognition that the number of older adults in their communities was on the rise and would continue to increase over the next several decades. Those entities in the communities that work with other adults sought out others with whom they could discuss how to approach planning their service array. Their plans included how to create opportunities to accommodate the needs of older adults and improve their quality of life. They were especially interested in increasing opportunities for their older residents to age in place.

Collaboration among community agencies in Michigan has become the way in which communities have operated for over twenty years, first through the Human Service Coordinating Bodies and then through the Multi-Purpose Collaborative Bodies which have become Community Collaboratives (Ludtke, 2007). Thus, working together on a common issue has become fairly standard practice in many communities. However, what the case study communities have done extends that practice through their grassroots partnerships that address aging. These communities took it upon themselves to form aging collaboratives as an outgrowth of the MPCBs that primarily focus on child and family issues.

Responses to the key informant survey were consistent with information gathered during the case studies. Table 24 provides information about how important the key informant survey respondents consider promoting service

coordination as an activity that improves the quality of life for older adults in Michigan. All respondents chose either very important (1) (N=50) or somewhat important (2) (N=18) with a mean of 1.26 and a standard deviation of .44 demonstrating a high level of support for promoting service coordination which was one of the primary activities in which the three case study sites engaged at their monthly meetings. All of the case study site partnerships engaged in efforts that led to increased service coordination.

Table 24: Promoting Service Coordination – Improve Quality of Life for Older Adults

<i>Promoting service coordination</i>	
Mean	1.2647
Standard Deviation	0.4445
Count	68

Table 25 provides information about how active the partnership was in developing coordinated systems of care. Over half of the respondents (N=35) responded the partnerships took a very active role (1) and 26 responded they took a somewhat active role (2). Only 5 responded that the partnerships took no active role. The mean is 1.55 with a standard deviation of .64. This corresponds well with the data gathered from the case study partnerships that described their efforts to coordinate services that target older residents through networking and information sharing.

Table 25: Developing Coordinated Systems of Care - Partnership Takes an Active Role

<i>Developing coordinated systems of care.</i>	
Mean	1.5455
Standard Deviation	0.6369
Count	66

FACTORS THAT HELPED SUSTAIN THE COMMUNITY'S EFFORTS

The case study data identified several ways in which the partnerships were able to sustain their efforts, most of which have to do with their missions, goals, and organizational structures.

Table 26: Comparison of Case Study Sites Mission Statements

Site	Mission Statement
Site A	Creating a network of resources and contacts to inform and assist those adults with unmet needs while preserving the individual's confidentiality.
Site B	To support and enrich the lives of older adults through collaboration.
Site C	To educate, coordinate, and assess senior services and needs while promoting dignity and quality of life for all seniors throughout the county.

Source: Partnership Monthly Meeting Minutes

As can be seen in Table 26, even though each partnership autonomously developed its own mission statement, similarities of purpose exist among the sites. Site A's mission of creating a network of resources relates to Site B's mission of accomplishing its goals through collaboration as does Site C's mission to coordinate senior services. Site A's mission includes informing adults with unmet needs while Site C's mission pertains to educating seniors about services

that meet their needs. Site B interprets its mission of supporting and enriching the lives of older adults in part through its Senior Expo and the educational materials it produces.

Finally, all of the sites' mission statements refer to the outcome they desire through their partnerships' efforts. Site A's outcome is to address unmet needs of adults. Site B's outcome is to support and enrich the lives of older adults. Site C's outcome is to promote the dignity and quality of life for their seniors. Having mission statements that can be operationalized is one factor that provides sustainability to the partnerships' efforts. The mission statements provide the overarching, broad goals that the partnerships then use to develop their objectives and strategic plans. Having mission statements was a way in which the partnerships could center their efforts as they reconvened after their respective hiatus.

All of the sites have a fairly flat organizational structure as befits organizations that depend on volunteers. There is little room for hierarchy in such entities. Committee membership is flexible, although each site had members who volunteer to lead committees, knowing that they would probably bear the brunt of the work. Each site had a mechanism in place to designate its chair person. Site B implemented a nomination process for its officers as it has sixty members from which to choose. The other case study partnerships have less formal processes for selecting officers which could be due to having fewer members from which to choose.

Responses on the key informant survey were consistent with information gathered during the case studies in that they expressed the importance of various factors they find relevant to partnerships' sustaining their efforts. Several of the survey questions involved the structural organizations of partnerships for older adults. Table 27 indicates that key informants responded that partnership membership needs to include individuals or groups that can get things done as a relevant sustainability factor. Their response was overwhelming with 54 of the 55 respondents rating it as very relevant (1) and the other respondent as somewhat relevant (2). This translates to a mean score of 1.02 with a standard deviation of only .13.

Table 27: Partnership Members Can Get Things Done

<i>The membership of the partnership includes the individuals and/or groups that can get things done.</i>	
Mean	1.0182
Standard Deviation	0.1348
Count	55

This is consistent with what was learned from the case study partnerships. Interviewees repeatedly identified key members of their groups as leaders to whom other members looked for guidance and upon whom they could rely to assure that the goals of the partnership were met. These leaders often serve as the face of the partnership to the community.

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Table 28: Partnership Structure and Goal Achievement

The community partnership is structured so that it can set goals and achieve them.

Mean	1.0727
Standard Deviation	0.2621
Count	55

Another sustainability factor the key informants identified as crucial is that the community partnership is structured in such a way that it can set goals and achieve them. Table 28 shows that the mean score for this factor is 1.07 with a standard deviation of only .26. None of the key informants found this factor to be “irrelevant”, while 51 rated it as “very relevant”, and 4 as “somewhat relevant”. As the case study demonstrated, each of the three partnerships in the study found a structure that allowed it to set goals consistent with its mission and to put activities in place to accomplish its stated goals.

Each of the three partnerships grappled with how much effort reasonably could be expected from its members when it was in the process of determining what activities the group could successfully accomplish. One interviewee gave an example of how the partnership tried to develop a volunteer corps of high school students to help older residents with yard work and snow removal. The partnership sent letters to local schools to generate a cadre of youth who would like to be involved. However, it soon became apparent to the partnership members that coordinating a volunteer corps of youth would take more time and effort than they could expend on one activity.

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Community support for the goals and efforts of the partnerships was another key component in the sustainability of the partnerships and their ability to consistently achieve their goals. The link each partnership has to its community's MPCB played a tremendous role in garnering community support, especially among community leaders who are involved in health and human services. The formality of the relationships between the partnership and its MPCB varied, but each partnership identified the support of the MPCB as crucial to its efforts.

Table 29: Support of Community Stakeholders

<i>The community partnership has the support of stakeholders in the community.</i>	
Mean	1.2
Standard Deviation	0.4037
Count	55

The responses of the key informants correspond to the case study results where the partnerships valued their relationships to their MPCBs. Table 29 suggests that the key informants recognize the relevance of stakeholder support to the viability of partnerships. Once again, none of the respondents found that stakeholder support was “irrelevant”, while 44 rated it as “very relevant”, and 11 as “somewhat relevant”. The mean score was 1.2 with a standard deviation of .40.

Being able to accomplish what it sets out to do is one way in which a partnership sustains its efforts. The synopses of the case studies provide examples of projects and ongoing activities in which the partnerships are engaged that keep members connected and active. What became apparent from

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the partnership minutes is that when activities wane, so does member interest and involvement. A prime example of this is when Site A partnership members felt they had accomplished their goals and no longer felt the need to continue meeting.

Table 30: Conducting Health Promotion and Health Fairs

<i>Conducting health promotion and health fairs that are accessible to older adults.</i>	
Mean	1.4
Standard Deviation	0.6389
Count	50

Each site sponsored a health fair or senior expo annually in its community. These events helped educate local older adults and caregivers and provided a way for local service providers to connect with people who might need their services. However, the senior expos served as a rallying point for the members of the partnerships as well. The review of the meeting minutes of each partnership showed that attendance was greatest in the months preceding the senior expos when most members had assignments to complete and reported their progress at the monthly meetings. The attendance at monthly meetings decreased after the expo was held.

The key informants were asked to rate the effectiveness of the partnership as it engaged in various activities. For conducting health promotion and health fairs, the respondents had a mean score of 1.4 with a standard deviation of .64. There were 4 respondents who did not find the partnership effective (3), 12 who thought it was “somewhat effective”, and 34 who thought it was “very effective”.

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With regard to providing more information to community members to increase their knowledge of community services and resources, the key informants had more varied responses than they did to other activities of the partnerships. The mean score was 2.02 with a standard deviation of .71. There were 13 respondents who rated the partnership as “needing to be much more effective”, with 26 replying that the partnership was “fairly effective currently”, and 12 who thought the partnership was “very effective currently”.

Table 31: Increase Knowledge of Community Services and Resources

<i>Providing more information to community members to increase their knowledge of community services and resources.</i>	
Mean	2.0196
Standard Deviation	0.7068
Count	51

As the partnership synopses demonstrated, each site produced informational materials that targeted older adults. Site A developed the resource guide. Site B was extremely active when it came to developing educational materials for older adults, producing several informational brochures and the Senior Help Card. Site C concentrated its efforts on its portion of the community report card to provide information to older adults and their caregivers.

FACTORS ENCOUNTERED BY THE PARTNERSHIPS THAT HINDERED OR ENDED THE COMMUNITY'S EFFORTS

All three of the case study partnerships were able to achieve results stemming from their endeavors. However, each of the partnerships experienced

a time when it was not accomplishing what it thought it should to be effective. This led them to step back to determine what it was that was causing the impediments to achieving their goals. Most of the time the cause was due to a lull in the interest of partnership members, when the faithful few did not have the time or the energy to carry the group on their own. This dilemma presents a chicken and the egg scenario where it is difficult to discern whether membership apathy came from lack of results or the lack of results was a function of membership apathy.

Table 32: Partnership Can Achieve Results

<i>The community partnership has shown the community that it can achieve results.</i>	
Mean	1.2364
Standard Deviation	0.4288
Count	55

Table 32 provides insights of the key informants related to results achievement with 42 respondents rating this factor as “very relevant”, and 13 rating it as “somewhat relevant” with none rating it as “not relevant”. The mean is 1.24 with a standard deviation of .43 thus affirming the case study finding regarding the necessity of achievement of its goals as a factor in the sustainability of a partnership.

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Table 33: Overcoming Turf Issues

<i>The community partnership is able to overcome 'turf' issues.</i>	
Mean	1.2545
Standard Deviation	0.4396
Count	55

Turf issues can be an obstacle that is difficult to overcome. Individual agencies each have their own missions, resources and stakeholders. At times they can find it difficult to be open to coordinating their efforts for fear of losing their identity or control over their program activities (Lasker et al, 2001). Breaking down the barriers to collaboration can be a long and delicate process of finding the right balance among the various entities involved in the collaboration. One of the factors that had a positive influence on collaboration of the case study partnerships was the support of the MPCBs whose purpose it is to promote community collaboration.

Table 33 provides key informant responses regarding turf issues that indicate the importance placed on being able to overcome these problems as a factor in sustaining a partnership's efforts. No one rated turf issues as "irrelevant", with 41 rating them as "very relevant", and 14 as "somewhat relevant" for a mean score of 1.25 and a standard deviation of .44.

Table 34: Working with Faith-based Organizations

<i>Working with faith-based organizations to make them aware of community resources available to their congregants.</i>	
Mean	2.1940
Standard Deviation	0.6090
Count	67

The ability to reach out to other organizations outside of the health and human service sectors is a way in which partnerships for older adults can extend their efforts. However, none of the partnerships in the case study had actively pursued a connection to its community's congregations. Although some faith-based human service agencies were members of the partnerships, there was no representation by ministerial alliances or other groups that could bring in volunteers from congregations and provide a means of disseminating information about community resources to older adults and caregivers.

An example of an untapped resource to reach older adults and their caregivers that the partnerships are missing is that 696 congregations in Michigan have Stephen Ministries. Stephen Ministries train lay people to provide one-on-one care through formalized relationships that use their caregiving skills. The fifty-hour training program for the lay people includes listening, feelings, assertiveness, confidentiality, and ministering to people who are experiencing difficult life situations such as terminal illness and grief (Stephen Ministries, 2000). Providing information to the Stephen lay ministers about community resources would be another mode of information dissemination to people who

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have direct contact with care recipients who might not know what is available to them in their community.

Table 34 provides key informant insights about working with faith-based organizations to make them aware of community resources available to their congregants. The responses are consistent with the case study findings in that the faith community is a fairly untapped resource. Only 7 respondents think working with faith-based organizations is “very relevant”, while 40 think it is “somewhat relevant”. Interestingly, 20 think it is “not relevant” which is consistent with the majority of respondents being from the health and human service sectors. Some of this might be due to a practice model that separates publicly funded professional services from faith-based organizations that provide volunteer services.

Individual health care providers and their local professional associations such as the county medical society are another way in which partnerships for older adults can provide educational assistance but was not used by any of the case study sites. The informational materials produced by the case study partnerships would be useful tools for physicians to provide to their patients and their caregivers as they make decisions that have a direct impact on the quality of the older adult’s life. The events hosted by the partnerships such as health fairs/senior expos would be a valuable way for physicians to introduce their patients and their caregivers to the array of available community services.

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OTHER INTERNAL AND/OR EXTERNAL SUSTAINABILITY FACTORS ENCOUNTERED

Responses on the key informant survey were consistent with information gathered during the case studies. Table 35 provides key informants' rating of the relevance of a community partnership being an integral part of its community when aging issues are involved. The mean is 1.18 with a standard deviation of .39. None of the respondents rated being an integral part as "irrelevant", with 45 rating it as "very relevant", and 10 as "somewhat relevant". This is consistent with the case study results where the partnerships had become the place where coordination for services for older adults occurred, where problem-solving discussions about the strengths and weaknesses of the local service array were held, where information was shared among agencies, and where educational and informational materials were produced and disseminated to community members.

Table 35: Partnership as Integral Part of Community for Aging Issues

<i>The community partnership has become an integral part of the community with regard to aging issues.</i>	
Mean	1.1818
Standard Deviation	0.3892
Count	55

Key informants indicated that the partnerships about which they were responding were viewed in positive terms by their communities-at-large, with a mean score of 1.28 and a standard deviation of .48. The number who rated being viewed positively by the community at large as "very relevant" was 42, with 12 rating it as "somewhat relevant" and 1 respondent rating it as "not relevant". The

case study partnerships were viewed in positive terms by their local MPCBs, the groups that purchased booths at the health fairs/senior expos, the older adults and their caregivers who attended the health fairs/senior expos, and the older adults and their caregivers who directly and indirectly benefited from the activities of the partnerships. The community-at-large having a positive perception of the partnership provides evidence that the results being achieved by the partnership are appreciated by those in their community.

None of the case study communities seemed to be reaching its full potential through engaging the community-at-large in aging issues thus not employing social capital that could be used to benefit their communities' older residents. One place in which they could find community leaders and stakeholders is service organizations such as Rotary Clubs, Civitan Clubs, Lions Clubs, Elks Clubs, Kiwanis Clubs, Masonic Lodges, Optimist Clubs, Veterans of Foreign Wars, and the American Legion. By connecting with these local organizations, the partnerships for older adults would reach more community leaders and stakeholders. Since these groups support and conduct service projects, including them could increase the capacity of the partnerships. In addition to direct involvement in the partnerships, these service organizations and their members could become advocates for the partnerships in the business and governmental sectors of the communities. This would increase the partnerships' influence in the communities by bringing awareness of their activities to a broader and often well connected group of involved citizens. Yet another benefit of engaging these groups is that it presents another forum for

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educating community stakeholders about aging issues and how their community can respond to the needs of its older residents.

Table 36: Partnership Viewed in Positive Terms by Community

<i>The community partnership is viewed in positive terms by the community at large.</i>	
Mean	1.2545
Standard Deviation	0.4799
Count	55

Table 37 relates to whether the partnership is viewed positively outside of its community. There is more variation in key informant responses than for other questions having to do with the relevance of sustainability factors. The mean is 1.5 with a standard deviation of .57. Two respondents found being viewed positively outside the community as “irrelevant” to the sustainability of the partnership with 29 finding it “very relevant” and 23 replying that it was “somewhat relevant”.

Table 37: Partnership Viewed in Positive Terms Outside of Their Community

<i>The community partnership is viewed in positive terms by groups and individuals outside of the community.</i>	
Mean	1.5
Standard Deviation	0.5746
Count	54

On one hand, none of the case study partnerships chose to brand itself and its efforts to such an extent that it would become the face of aging services in its communities. Rather, they all kept a fairly low profile, not actively

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advertising their accomplishments but letting their achievements speak for themselves. Media coverage of the partnerships' activities was positive.

On the other hand, neither the case study partnerships nor the key informants found being viewed in positive terms outside of their communities particularly relevant to the sustainability of the partnership. The case study partnership interviewees were much more focused on their community's perceptions of their efforts than on those outside of their community. This is consistent with being local grassroots organizations whose purpose is to improve their local community's services and infrastructure that target older adults and that do not depend on external supports to achieve their goals.

Overall, the case study and the Key Informant Survey provide information that helps delineate the factors that sustain communities' efforts to address aging issues through grassroots partnerships. Four distinct sustainability factors have been discussed in the findings:

1. Mission statements provide partnerships with overarching, broad goals that can be used to develop their objectives and strategic plans. The process used to develop mission statements provides a forum for members to express their hopes for the partnership.
2. Partnership members needs to include individuals and/or groups with the wherewithal to accomplish the group's goals. These are the people who "can get things done".
3. It is crucial that the partnership be structured in such a way that it is able to set goals and achieve them. This is the way in which the

group operationalizes its mission statement and sets forth on a path that allows it to attain its mission.

4. A hiatus from partnership activities can lead to reinvigorated efforts if the time is used to assess the partnership's goals, activities and management structure. The assessment should determine the methods to use to maximize the partnership's effectiveness given internal and external constraints.
5. Community support for the goals and efforts of the partnership is major component in the ability of a partnership to achieve its goals.

The final chapter of the dissertation presents the conclusions, discussion and suggestions for future research derived from the literature review, the case study and the Key Informant Survey.

Chapter 5: Conclusions, Discussion, and Suggestions for Future Research

CONCLUSIONS

The overall conclusion that can be drawn from the case studies is that each of the partnerships formed around a genuine concern for the older residents in its community. It took each of the partnerships a while to determine exactly what its purpose should be, but each one eventually developed a coherent mission statement and ways in which to accomplish its mission. The groups all had ups and downs, fluctuations in member engagement and involvement, and even times when they took a hiatus from meeting and pursuing their goals. What was important for their communities is that there was a core group of stakeholders in each of the case study communities that pursued and sustained the idea that there should be a group of people actively working to promote advocacy for senior issues, service coordination and collaboration as well as ascertaining ways in which gaps in the service continuum could be filled.

Each of the three partnerships found a level of involvement for its members that balanced the needs of older adults with the reality of the time and resource limitations inherent in all-volunteer organizations. After a trial-and-error period where they pursued different types of activities, each partnership settled on activities that would allow it to achieve its goals and maximize its impact without over-burdening its members. At the time of this writing, each partnership is still operating.

The overarching purpose of each of the partnerships was to improve the quality of life of seniors in its community. Partnership members felt that networking among senior services providers and other entities that have an interest in the quality of life of older adults was the primary reason for their existence. Networking brought information dissemination, opened channels of communications, negated misconceptions about other organizations' missions and services, and provided opportunities for collaboration. Networking also strengthened their sense of purpose that the efforts of their partnerships were meaningful and resulting in positive changes in their respective communities.

None of the partnerships sought recognition in the community. Their purpose did not include becoming a recognizable entity in their communities but rather to be a group that could influence agencies, governments, and community members to engage in activities and provide services to enhance opportunities to improve the quality of life for their older residents. The members' goal was to use and augment the current array of available services through collaboration rather than to create an additional layer. While the groups pondered whether to become not-for-profit entities for such reasons as being able to apply for grants, they concluded that being a formal legal entity would create a significant amount of complexity without adding sufficient value to their endeavors.

Partnership synergy determines how the partnership functions and is based on the relationships among partnership members, the procedures employed by the partnership, and the structures under which members choose to operate. Since at least half of all partnerships that form disband before they

achieve their first anniversary, the longevity of the case study partnerships is impressive in and of itself (Lasker et al, 2001).

The duration of the case study partnerships and their ability to set goals and accomplish them provide evidence that the synergy within each of the three case study partnerships exists. This synergy promoted the development of a mission, a set of goals, and a management structure that allowed the partnerships to identify and achieve activities that they and their communities embraced. The case study partnerships continue to evolve as they attract new members, encounter challenges, and identify new ways of enhancing the quality of life of their community's older residents.

The fact that these community partnerships volunteered to be part of this dissertation research study demonstrates their desire to learn about themselves through the lens of an external observer. When agreeing to be part of this study, each site sought to learn more about itself and how it could be more effective. They willingly provided documents and time to talk with the researcher. Even though the sites were demographically and geographically different, they shared the common desire to enhance the quality of life of their older residents and found management structures, sometimes through trial and error, under which they could set themselves on a path to achieve this overarching goal.

NECESSARY AND SUFFICIENT CONDITIONS OBSERVED DURING THE CASE STUDY

Necessary Conditions

As identified in the literature review, the conditions necessary for sustainable partnerships that were observed in each of the case study sites

include respect, trust, inclusiveness and openness (Lasker, et al., 2001). Their meetings and discussions were open to members, guests and non-members. Their discussions were animated and productive. Each group had a published agenda that included a substantial amount of time dedicated to information sharing about what was occurring in the community and the state that could have an impact on their older residents. For example, one of the groups had a productive discussion about ways they could assist seniors who do not file tax returns to avail themselves of the services of a community group that was helping citizens file the appropriate paperwork for the 2008 economic stimulus checks before the deadline.

The second condition necessary for sustainability is motivation for working together at the grassroots level and, once again, each of the communities met this condition (Anderson, 2008). None of the communities had external funding for developing its partnership. This lack of external funding is a good news/bad news scenario. On the bad news side, the partnerships all had to operate on very limited budgets and without the benefit of paid staff. The primary role of paid staff would be logistical, thus providing the volunteer members more time to concentrate on achieving the partnership's goals. Staff would arrange meetings, send out notices, be responsible for meeting minutes, maintain the budget, and coordinate activities such as health fairs and production and distribution of educational materials. The unfunded grassroots partnerships in the case study also did not benefit from technical assistance and expertise provided by some

fundere such as Robert Wood Johnson Foundation's Community Partnership for Older Adults.

The good news side is that external funding comes with some strings attached (Mitchell & Shortell, 2000). By not pursuing external funding, the grassroots partnerships were able to "do their own thing" at their own pace. This provided these grassroots partnerships with the opportunity to set their own goals and develop their own structures. It also relieved them of having to comply with prescribed timelines imposed by the funder. When the partnerships floundered, the communities were the ones to determine how to proceed without going through a formal corrective action planning process that most likely would have been required by an external funder.

The partnerships were a natural outgrowth of the community-wide collaboratives that are prevalent in Michigan, the role of which is to improve the quality of life of their residents. The community partnerships for older adults expanded the role of the MPCBs, that typically stress collaboration on child and family issues, to including promoting collaboration among entities that address aging issues.

The final condition necessary for sustaining a partnership's efforts is the ability to overcome turf issues for the good of the community. Through reading the case study partnerships' materials and attending their meetings, turf battles were not mentioned as an issue in their post-hiatus configurations. Rather, a spirit of addressing identified issues together was observed. Issues that challenged the partnerships were more related to limitations on the members'

time and resources as well as setting priorities than the inability to overcome the tendency to protect their home organizations' interests.

Sufficient Conditions

Sufficient conditions include successful collaborative leadership (Bolda et al, 2005). In the case study sites, it was evident that when a partnership encountered the lack of consistent leadership, it thwarted the ability of the partnership to meet its goals. The analysis of the meeting minutes for all of the sites showed that when strong leadership was not evident, membership numbers decreased, and activities were sporadic at best.

The second sufficient condition is that partnerships have effective management structures (Mitchell & Shortell, 2000). Each of the partnerships in the study made adjustments to its management structures. Site C went to a co-chair leadership structure when it reconvened after its 2007 hiatus. Site B went from a consensus model to a voting model to make decisions as its membership grew in both number and diversity of the member organizations. In 2008, Site B implemented a formal nomination process for officers. Site A went from a fairly autonomous workgroup to becoming part of the community's MPCB. All of these changes were made to improve the management of the partnerships so they would be more effective in achieving their goals.

The final sufficient condition is the attainment of a pivotal place for the partnerships' efforts in their communities (Mitchell & Shortell, 2000). With their links to their counties' MPCBs, the case study partnerships are assured of a place at the table, especially among publicly funded human service agencies.

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Site B went one step further when it joined the local Chamber of Commerce, thus exposing business leaders to the needs of local older adults and the current service array. With the support of the MPCBs and the recognition of the role the partnerships play in their respective communities, they can be considered to have attained centrality, meaning that their efforts are pivotal and integral parts of their communities' efforts to serve their older residents (Bolda et al., 2006).

CASE STUDY PARTNERSHIPS AS NORM-ORIENTED SOCIAL MOVEMENTS

As defined in the literature review, a *norm-oriented social movement* "is a collective attempt to restore, protect, modify, or create norms in the name of a generalized belief," (Miller, 2000, p. 419). To determine whether community partnerships addressing aging issues constitute a norm-oriented social movement as defined by the value-added theory, the following table has been constructed (Miller, 2000). The seven components of norm-oriented social movements were described in the literature review. These components include recognition that there is a problem (components 1-4) and developing a generalized belief that through collective action the problem can be addressed (components 5-7) (Stallings, 1973).

Table 38 first identifies the elements of a norm-oriented social movement and then describes its attributes using the value-added theory. Finally, the table provides examples of how the three case study sites' actions relate to the attributes. The numbers in the Examples From the Case Study column correspond to those of the attributes in the center column.

Table 38: Norm-oriented Movement Elements Compared to Community Movement

Elements of Value-Added Sequence of a Norm-oriented Movement	Attributes	Examples From the Case Study
Structural Conduciveness	1. Specific program for normative regulation 2. Encouraged by decentralized authority structures 3. Lack of opportunity for individualized response	1. Age-based programs are implemented through local agencies such as Area Agencies on Aging, Senior Centers, local health systems and county human service departments 2. Community-based social and economic systems adapt to increasing number of older adults including housing and transportation 3. Biomedicalization of aging and ethics that standardize clinical protocols thereby removing ability for older adult and family to make care choices that involve less aggressive treatment—being addressed by partnerships through collaboration and advocacy
Structural Strain	1. Decline in availability of material resources 2. Shift in definition of major roles 3. Rise of new values	1. Insufficient appropriate community-based services (transportation, housing, medical, dental, home repair and maintenance) 2. Change from producers to retirees, employees to volunteers, spouse to widow/er, caregiver to care receiver, driver to non-driver 3. Quality of life over maximization of life, ability to age in place, maintaining lifestyles on fixed incomes, maintaining the dignity of older residents

Table 38 Continued

Elements of Value-Added Sequence of a Norm-oriented Movement	Attributes	Examples From the Case Study
Generalized Belief	1. Place blame on specific groups and their policies for conditions of strain	1. Right to die with dignity usurped by medical profession and courts 1. Pursuit of tax cuts rather than building infrastructure for aging has limited community-based services 1. Right to maintain a quality lifestyle in retirement 1. Right to seek alternative treatments for physical and behavioral conditions 1. Right to age in place
Mobilization for Action	1. Incipient phase - searching activity 2. Real phase - program is discussed throughout society 3. Derived phase - widening or shift in aims	1. Community members found shared interests regarding services for older adults, advocacy for older adults' issues, and collaborating their efforts 2. Goals and objectives of the partnerships were disseminated throughout the community through the MPCBs, especially reaching stakeholders and policy makers who are involved in older adults issues 3. As partnerships achieved their goals, new ones were taken on

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Table 38 Continued

Elements of Value-Added Sequence of a Norm-oriented Movement	Attributes	Examples From the Case Study
Action of Social Control	Authorities can 1. Encourage 2. Redirect 3. Co-opt 4. Suppress	1. Encourage healthy lifestyles at the health fairs and through educational materials 1. Encourage preventive medical care through health fairs and working with health systems 1. Encourage volunteerism, especially of healthy older adults to give back to the community 1. Encourage savings for retirement and wise use of retirement funds 2. Redirect by passing limited prescription drug bill – national policy with local impact on how people get medications and which medications are on the formulary of their Medicare Part D plan 3. Co-opt by presenting social security reforms that do not benefit all recipients – national policy that affects individuals' economic security 4. Suppress by not taking action on national long-term care needs which left local service systems to create their own, many times inadequate, long-term care systems that depend on categorical funding

Table 38 demonstrates that each of the three case study partnerships for older adults has sufficient elements and attributes to be considered a norm-oriented social movement, the purpose of which is to enhance the quality of life

of older adults. Many of the Examples listed in Table 38 that have an impact on older adults are most efficiently addressed at the community level. To do so, communities require a freer hand to allocate scarce resources than many federal and state policies currently allow under categorical funding regulations. For example, changes from categorical to flexible funding could widen older adults' housing options, transportation, in-home services, health care, and human services choices by providing communities with the ability to reallocate resources to optimize their benefits for the communities' older residents. For example, Site C's senior millage provides non-categorical funds to the community for services for older adults. This ability provides services and supports that can assist older adults to age in place.

REFINEMENTS OF THE ASSUMPTIONS

The two assumptions upon which the exploratory research was designed were refined as a result of the data that were gathered and analyzed during this dissertation research. The analyses generated hypotheses that relate to the structure of the partnerships and the level of support they receive from community leaders.

Hypothesis 1 – The composition of the organizational and individual members of a community partnership for older adults has a direct impact on the goals set by the partnership and the activities in which it chooses to engage to accomplish those goals.

As the research study demonstrated, the ability of the case study communities to achieve their goals had a strong relationship to the size and

structure of their partnerships. Ultimately, successful goal attainment promoted sustainability of the community partnerships since it provided them with concrete examples of the positive results their efforts wrought. The partnerships tended to have flat organizations that selected several members to be leaders or officers. They each had committees in place that were responsible for carrying out the decisions of the partnership and formed ad hoc committees as required. The constellation of committees varied depending on the goals and priorities of the partnership. For example, Site B reconfigured its committee structure several times to reflect its evolving priorities.

Each case study partnership experienced a time when it took a hiatus from its efforts. These times of inactivity served to show both the partnership members and community stakeholders in the MPCBs that the work of the partnerships was a community asset and should continue in some form. Each partnership reconvened and determined a structure that fit its needs better with regard to how best to use limited resources to accomplish its goals.

Hypothesis 2 – The support of community leaders is vital to the sustainability of a community partnership for older adults.

Both the case study and the key informant survey results strongly suggest that support of community leaders is a key sustainability factor. The support of community leaders assists partnerships in their role of local social movements for older adults with both resource allocation and resource mobilization (McCarthy & Zald, 1977). Without the support of community leaders, a partnership for older adults probably never will reach its full potential. Community leaders can tap into

their community's political will, financial and human resources, and can advocate for older adults in a variety of venues. This increases the influence of the partnership and its ability to accomplish its goals.

DISCUSSION

Throughout this dissertation, a number of issues have been enumerated that have a bearing on whether a community partnership can sustain purposeful efforts with regard to enhancing the quality of life of the older adults it sets out to serve. Several implications for the social work profession come to the fore with regard to community partnerships for older adults and how macro social work practice is affected by their presence or absence in a community.

IMPLICATIONS FOR SOCIAL WORK MACRO PRACTICE: EXPANSION OF THE SCOPE OF PARTNERSHIP ACTIVITIES THROUGH ENGAGEMENT OF COMMUNITY MEMBERS AND GROUPS

This dissertation research demonstrates the great potential of grassroots community partnerships that address aging offer to the older residents of their communities. In an era of ever decreasing financial resources, communities cannot afford to duplicate efforts or to miss opportunities to engage willing volunteers. Partnerships have the ability to coordinate these limited resources and ensure that they are employed in the most efficient, effective, and efficacious manners. As was indicated in the literature review, resource mobilization and allocation, such as that demonstrated by the community partnerships, are core elements of social movements (McCarthy & Zald, 1977).

The partnerships in the case studies and the respondents to the Key Informant Survey stress the power of networking and information dissemination that partnerships possess. However, networking and information dissemination is often limited to agencies whose role it is to serve older adults. The examples provided in Chapter 4 establish that there are groups in communities whose missions are service to others. These groups include faith-based organizations such as churches, temples and mosques as well as service groups such as Rotary Clubs, Civitan Clubs, Lions Clubs, Elks Clubs, Kiwanis Clubs, Masonic Lodges, Optimist Clubs, Veterans of Foreign Wars, and the American Legion. In addition, as Site B discovered, there was substantial interest by the local Chamber of Commerce to be a part of the solution to the community's aging issues.

The case study partnerships' limited scope was mirrored in the responses to the Key Informant Survey regarding the activities and services partnerships should provide for older adults. It is interesting to note that only 49% of the survey respondents indicated that "providing a matching service for community volunteers that can meet older adults' needs for light housekeeping, shopping, companionship" was very important (Q2). "Developing a volunteer service to assure older adults are doing well (taking meds, eating, using proper hygiene)" (Q2) was selected as very important by only 44% of the respondents. Since public agencies provide services through staff rather than volunteers, these responses reflect that mindset. With so many of the members of the partnerships being from publicly funded agencies, there appears to be an outlook that

precludes reaching out to community groups that are not professional organizations that serve older adults. This professionalization of the coalitions can limit the scope of the activities that come under the auspices of the partnerships.

There is untapped volunteer service capacity in many communities that could assist older residents to age in place if a matching process were available. There might be policies that preclude public agencies from tapping into these resources. However, one of the strengths of the community partnership model is that any such restrictions to using volunteers from community groups should not apply if those groups are members of the partnership.

Community partnerships' scope of activities could be greatly increased if they encouraged these groups to be involved in a community-wide vision and mission for serving older adults. The example of Stephen Ministries was given in Chapter 4 as a cohort of trained lay people who have an interest in working with individuals who are experiencing difficult life situations, many of whom are trying to cope after the loss of a spouse or caregiver and are trying to maintain residence in their homes. It is not difficult to imagine how a community partnership for older adults could help link the skills of this cadre of volunteers to its older residents.

Other potential sources of volunteers are physicians, nurses, pharmacists, social workers, both retirees and those who are still employed. Community members from the helping professions who are willing to volunteer to make home

visits or to provide consulting services can help caregivers provide basic care in the home.

There are other groups and associations in communities that provide an array of services. There are groups such as Second Harvest, local food banks, and Food Movers, whose mission it is to distribute food to low-income people. Site C's arrangement with its local Home Builders Association is an innovative way in which to assist older residents to age in place by making home maintenance and repair safe and affordable.

An example is that a faith-based congregation might take on the task of soliciting donations of durable medical equipment that is no longer in use, storing it in their facility, and providing a matching service for older adults who have been screened by other members of the partnership or referred by community service providers, and who need such equipment but do not have the financial means to purchase it. Inclusion of these types of groups in partnerships for older adults would be a great boon to communities as the number of their older adult residents increases.

A partnership with a "big tent" approach to coalition building that includes disparate community groups, public and private agencies, and not-for-profit and for-profit entities could become unwieldy without the proper organizational structure and leadership base (Mitchell & Shortell, 2000). Therefore, it is imperative that potential and existing partnerships weigh the benefits and challenges of accomplishing their goals through such a broad-based coalition. Even though the members seek to accomplish the agreed-upon goals, they might

have extremely different approaches as to how they would achieve them. Without proper decision-making structures in place and without leaders who can mediate among the members' approaches, the partnership could become bogged down. To have a successful broad-based coalition, the partnership would need to employ mechanisms for developing and implementing strategies that lead to activities that accomplish its goals and objectives.

IMPLICATIONS FOR POLICY RELATED TO THE QUALITY OF LIFE OF OLDER ADULTS

This dissertation research identified several policy-related issues with regard to community partnerships. These policies relate to tax status and flexible funding options.

Tax Code Changes

The first is a “to be or not to be” question of whether it is necessary for community partnerships to become 501(c)(3) organizations to maximize their impact. Table 39 lists the advantages and disadvantages to becoming a 501(c)(3) organization. In addition to the advantages listed, it should be noted that many foundations limit grant awards to only those organizations that have 501(c)(3) status. This was one of the reasons the case study partnerships identified for contemplating whether to go through the process. Another is the ability to solicit donations.

Table 39: Advantages and Disadvantages to Becoming a 501(c)(3) Organization

Advantages	Disadvantages
Exempt from tax on dues, interest, dividends, royalties, rents and any other income not derived from conducting an unrelated business	Prohibited from all political activities other than lobbying
Exempt from State tax, including sales and real estate tax	Complex regulations on certain transactions and complex compliance requirements
May receive contributions deductible from the taxable income of the donor	Compliance burden for federal, state and local income tax and informational filings
Eligible for 3 rd class postal rate	Increased public scrutiny and criticism from for-profit sector for unfair competition

Source: American Water Works Association website

The grassroots community partnerships in this dissertation research all appeared to be operating without the need for external funding, particularly grants from foundations. Site B was able to garner a significant amount of funds through its Senior Expo. Sites A and C both operated on in-kind contributions from their MPCBs and members. Each partnership in the study generated what it needed to operate within its given scope to accomplish its mission. Unless such grassroots partnerships expand their scope of operations to such an extent that they would need to hire staff and procure office space and equipment, it seems unlikely that they would find much benefit to becoming 501(c)(3) organizations, given the disadvantages such as the extensive reporting requirements.

This leads to the question of whether the tax code should be revised so that grassroots community partnerships come under a different category than

not-for-profit agencies and charitable organizations that are direct service providers or congregations. Implementation of a tax classification that allows grassroots community partnerships and other such loosely structured service groups to have the advantages provided under the 501(c)(3) tax code such as tax exemptions and accepting untaxed contributions, would allow these groups to collect donations and act as their own fiduciary agent rather than having to patch together procedures that work around tax code restrictions.

Flexible Funding

Funding that follows the older resident rather than categorical funding for specified services could greatly enhance the work grassroots community partnerships are able to accomplish on behalf of their older residents. For example, much time is spent by partnerships determining how to fund services that are not typically part of the continuum of care but could assist older adults to maintain the ability to live in their homes. Categorical funding limits the options of agencies to employ innovative strategies for procuring what the older adults need. An example of this is the home maintenance and repair program Site C developed that did not use categorical funding streams but relied on donations of contractors' time and materials.

One of the ways in which policy can be changed to facilitate the use of innovative service delivery is through block grants to the communities rather than through categorical funding. Block grants allow local governments to design programs specific to the needs and diversity of their constituents and provide simplified administration of funds. The major drawback identified by the federal

agencies responsible for the how funds are used is the type of mechanisms employed to assure accountability for how the funds are expended and the outcomes they produce. Federal block grants were first initiated in 1966 for health programs and expanded in subsequent years to include job training, housing, social services, health services, low-income energy assistance, substance abuse, mental health, and child care. In 1996, welfare reform was enacted as a block grant program (Brookings, 2005: Urban, 2004).

The use of block grants could expand prevention services related to healthy lifestyles, healthy nutrition, and home safety. It could also expand mental health services for older adults related to depression, dementias, and provide opportunities for caregiver respite and support groups. Community partnerships have a unique window into the service needs of community residents because of their systemic approach and knowledge of the range of services available to residents.

By providing a mechanism with which they could develop a more comprehensive service array, community partnerships could greatly enhance the quality of life of their older residents. A byproduct of this expansion of services is that cost-effective and efficacious services would be more readily available than they currently are because of the limitations imposed by categorical funding.

IMPLICATIONS FOR SOCIAL WORK RESEARCH

There is a paucity of research on grassroots coalitions that address aging issues, yet this is an issue that is looming over all communities. The increasing

number of older adults in each community will stress every sector—human services, health care, education, housing, transportation, roads, and retail.

The National Association of Social Workers Code of Ethics provides the rationale for conducting research on community partnerships for older adults. This statement highlights the ethical obligation of social workers to help meet the needs of vulnerable older adults and the society, or in the case of this study, the community in which they reside and whose support they might require to age in place there.

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society (NASW, 2008).

Communities with partnerships for older adults have great potential to meet the needs of vulnerable older adults and emphasize individual well-being in a social context. To that end, understanding how partnerships form, what sustains them over time, and how they achieve their goals is critical to the knowledge base of macro practice social work.

SUGGESTIONS FOR FUTURE RESEARCH

The two hypotheses generated by this study can be tested in subsequent research projects that further explore how grassroots community partnerships for

older adults sustain their efforts. The subsequent study would expand the pool of communities in the case study and use a revised version of the coding scheme. The questions asked of the communities in the next iteration of the research would be based on the categories and themes that emerged from this study and would act as a means of further testing their trustworthiness. The second round of data gathering would allow the researcher to further refine the hypotheses generated in this study. This refinement will increase the benefits to those communities that choose to use the hypotheses as a guide for their efforts to plan, implement, and sustain community partnerships that improve the quality of life for their aging residents.

The use of the hypotheses should allow community members to learn from the other communities, not just through lessons learned and best practice models, but through application of the factors that undergird those lessons and practices. This will bolster the ability of community members to advocate for forming a partnership to address aging issues, to develop structures that promote the sustainability of their efforts, and to recruit and retain partnership members.

The results from this study are the first step in designing a *community partnership for older adults toolkit*. The toolkit would be employed by communities that desire to address aging issues through a grassroots partnership of community members, public and private agencies, governmental units, and community stakeholders without requiring technical assistance and funds from external sources.

The themes that emerged from the case study and the Key Informant Survey were related to the four core research questions and form the basis for the design of the toolkit. The themes that emerged provide insights into the factors that provide a catalyst for communities to act on aging issues, how communities maintain their momentum, the possible pitfalls that could emerge and how to address them, as well as other factors from within the partnership and external to it that can have an impact on its sustainability. In short, the toolkit would walk the community through the process of assuring that the necessary and sufficient conditions required for a successful, sustainable community partnership are present.

A longitudinal study of communities that adopted the toolkit would yield information regarding the relevance of the procedures and assessment strategies of which the toolkit is comprised. The toolkit would be based on the two hypotheses generated by this research study. It would provide guidance to grassroots community partnerships regarding strategies to employ to recruit and retain members, develop a mission statement, set goals, develop bylaws, and implement a strategic planning process. In addition to these internal activities, the toolkit would provide the grassroots partnership for older adults with strategies to garner support from community leaders.

Table 40: Example of a Toolkit Preliminary Outline

Objectives	Topics
1. Concept of having community partnerships for older adults and their benefits	▪ Definition of a community partnership for older adults ▪ Examples of different types of community partnerships for older adults (front-line staff, agency administrators, community leaders) and their different purposes
2. Ways to start a community partnership for older adults	▪ Where to start: determining the type of partnership, its purpose, its initial goals ▪ How to engage the right core people ▪ How to determine member roles ▪ Preparations that need to be done to get the partnership ready to function: organization and resources
3. Strategies to use to recruit and retain partnership members	▪ Determining who should be invited to participate ▪ How to engage the right core people and determine roles ▪ What preparations need to be done to get the partnership ready to function ▪ How to keep members involved for the long term
4. Strategies for determining the partnership's mission, goals and activities to achieve the goals	▪ Going from a general purpose to creating an operational mission, feasible goals, and activities that will engage members to remain involved
5. Strategies to monitor the partnership's progress	▪ How to assess the partnership's activities to make sure its on course to achieve its goals

Table 40 provides a preliminary outline for the structure of the toolkit. The toolkit will include information about grassroots community partnerships and what

they can expect to accomplish. It will provide methods that a partnership can employ to promote open and inclusive processes that assure all of the stakeholders who should be at the table are persuaded to become engaged as active members of the partnership. The toolkit will include suggestions for creating a broad-based coalition of public, private and volunteer organizations, all of which have an interest in maintaining and improving the quality of life of the older residents of their communities and that are willing to work in collaboration to achieve this goal.

PERSONAL REFLECTIONS ON THE DISSERTATION RESEARCH

When I envisioned assessing the factors that sustain community partnerships in aging as a dissertation topic, I had a view of structured partnerships such as the ones funded by foundations. I was the evaluation director for two community partnership initiatives in the mid to late 1990s. One was a rural health initiative funded by a national foundation that helped six multi-county groups form partnerships to address their health issues. The foundation provided technical assistance and funding for staff and other resources as well as an external process evaluation. The second was an initiative that promoted the wraparound process as a means of coordinating services and natural supports for families with a child who was diagnosed with severe emotional disturbance. This initiative had 18 sites that encompassed 22 counties. National experts on the wraparound process provided technical assistance to the sites as did the state department staff. An external evaluation was conducted to

determine the effectiveness of the wraparound process and its implementation by the sites.

Based on these experiences and the review of the literature, I had preconceived notions about the way the case study sites would be structured, the types of activities in which they would be engaged, their roles in their respective communities, and their aspirations. What I learned as I interviewed the leaders of each of the partnerships and became familiar with their evolution through reviewing their meeting minutes and other documents, was not what I expected to find.

As the dissertation explains, the case study sites defined their niche in their communities as primarily through networking among those agencies involved in delivering services to older adults and through information dissemination—both to other services providers and to community members. At first, I was surprised by the sites' finding that this was enough to sustain their efforts. Each site had some activities it performed, particularly health fairs or senior expos, but did not feel its role was to provide or arrange for services to fill unmet needs.

As I became more familiar with what the case study partnerships accomplished, I came to see that the roles they defined for themselves met their communities' need for determining the services they had and other services they required. The fact that each partnership relied on all-volunteer labor to attain its goals, that none of them had external funding or technical assistance, and yet

accomplished their goals, showed me the strength of these grassroots partnerships' efforts.

Two of the partnerships experienced times when they had come to an impasse and took a step back to determine whether they should keep going. As they assessed their roles and activities, they decided that what they accomplished was valuable and therefore, should find ways in which their partnerships could continue their efforts. The third site is in the process of coming back from its hiatus and is in the process of determining what configuration it will take. Once again, the support these partnerships have from their respective Multi-purpose Collaborative Bodies confirms their value to their communities and provides some of the impetus they have to pursue their goals.

I have learned a great deal about grassroots community initiatives through this dissertation research that I will bring to my future research projects. I learned that, in its own way, each of the community partnerships in the case study had a "where there's a will, there's a way" mindset that helped it sustain its efforts and pursue achieving its goals. My future research plans, which includes the community partnership in aging toolkit, will venture to assist communities as they generate that will, apply it to improving the quality of life of their older residents, and sustain their efforts.

Appendix A - Case Study Synopsis For Site Recruitment

Sustainability of Community Initiatives that Address Aging Issues

***Joan Ilardo, Ph.D. Candidate,
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The topic for the dissertation research relates to the sustainability of community initiatives and partnerships that address issues regarding the aging of the community's residents. The premise for this dissertation research is that every community will have to contend with aging issues due to the demographic trends in the next several decades. Trend analyses project that the proportion of older adults in the population will increase substantially by 2050 and that most communities will be compelled to face this challenge without the benefit of an infusion of external funding, technical assistance, and expertise.

"Community" is usually defined by the group that bands together to advocate for something that will improve the lives of their community members. Communities can be geographically based or interest-group based. For the purposes of the dissertation, community is defined as geographically based, with the geographic area defined by the individuals and groups that come together to improve the quality of life of the older adults who live in their catchment area. For example, communities can be neighborhoods, towns and cities, counties, or several counties.

Definition of Community Partnerships

A community partnership or initiative is defined as a voluntary collaboration of diverse community organizations or groups with a shared interest that join together to work toward accomplishing a set of agreed-upon objectives and goals. Partnerships can include coalitions, alliances, consortia, and other inter-organizational relationships that purposefully form to pursue their common goals. Community partnerships engage in activities around topics such as child welfare and safety, health promotion, substance abuse prevention, environmental clean-up, and aging of their residents.

Strategically Selected Communities – Benefits from Participating in the Case Study

The detailed results of the case study will be provided to each community that participates in the study. The interviews will be coded and the identity of each interviewee will be confidential. The coded results and interpretation of the interviews, observations and documents will be provided to the partnership for their review and comment prior to publication. Nothing will be published without the communities' knowledge. Communities will not be named in the dissertation or any journal articles.

For communities that do not have a formal evaluation of their efforts, the information gathered during the case study will provide them with an external assessment of their efforts. This assessment can be used to help them as they proceed with their activities and can be used to inform their communities of their progress. The information can also assist to garner resources such as new members and additional funding. I am willing to come to a meeting in each case study community to present the findings.

Goals of the Dissertation Research

The long-term goal of this research is to develop a tool kit for those communities that do not have external resources available to them to facilitate the initial steps modeled by successful communities. The results of this research will provide a path toward developing the toolkit by identifying some of the necessary and sufficient conditions that must be in place for a community partnership to sustain its efforts in a productive manner. The tool kit will demonstrate methods communities can use to develop a mission and vision that will attract the attention of decision makers in their communities. The primary actors will then be able to recruit a core group or steering committee that can prepare a strategic plan for developing and nurturing an enduring community partnership that addresses the needs of older adults.

Study Structure

The *first line of inquiry* for the research is to seek out what it is that prompts individuals and groups (actors) in a community to recognize that they

should address issues related to their older residents. The *second line of inquiry* is to examine the ways in which these actors garner the support of other individuals and groups in their communities who are willing to work together to accomplish an agreed-upon set of goals. The research will explore demographic factors, socioeconomic factors, and factors such as the service continuum, presence of advocates, and precipitating events to ascertain whether communities that have embarked on partnerships that address aging issues have identifiable commonalities. The *third line of inquiry* is to determine the factors that are present that help or hinder partnerships sustain their activities and their momentum over time.

The proposed study concentrates on community partnerships for older adults in Michigan. The unit of analysis for the study is a community that has generated a partnership that addresses aging issues. Two types of data will be analyzed; case studies of three strategically selected communities and responses to the Key Informant Survey.

Strategically Selected Communities – Case Study Data Gathering

The design of the data collection for the study is to do a case study of three communities that have functioning community partnerships that are addressing aging issues. I am looking for three communities that would like to be involved in the case study. The protocol for the case study will be applied to each site. The protocol for conducting the case studies will consist of the following activities:

- ◆ *Structured individual and group interviews with active members of the partnership* – all Table 1 questions will be asked during the interviews.
- ◆ *Structured individual and group interviews with community stakeholders* – Table 1 Questions 1-3, 14, 15 and 17 will be asked of community stakeholders. Among the stakeholders will be health care providers, service providers (meals, housing) faith community leaders, senior citizen advocates, local human service agency staff, local media staff, local government officials.

- ♦ *Observation of community meetings and events* – during the site visits, the researcher will observe a partnership meeting and other meetings of community groups deemed essential to the case study. These might include such venues as the planning commission, county commission, public health board, housing commission, and area aging agency board.
- ♦ *Document review* - Prior to the site visits, community partnerships will be asked to gather materials regarding their partnerships such as the strategic plan, implementation documents, memorandum of understanding, bylaws, press releases, newspaper, local radio, and local television reports, publications by and about the partnership and its activities such as annual reports and brochures, meeting minutes, presentations made by partnership members, and evaluations of partnership activities and outcomes.

Table 1: Interview Questions for Community Members and Stakeholders

Interview Questions for Community Members
18. What specific issues or events prompted community members to determine it was time to address aging issues in a concerted effort?
19. What particular local demographics, economic, political and/or social service histories had an impact on your community's decision to make a concerted effort to address aging issues?
20. I would like to ask you about your community's history of citizen involvement in community initiatives and partnership. What initiatives have there been related to changing community infrastructures to improve quality of life for your residents (children, families, education, employment)? What about initiatives that address disparities among groups? PROBE: Does your partnership collaborate with other community initiatives or partnerships?
21. Who was involved (individuals and groups) in getting your partnership started?
22. What individuals or groups were not initially involved who you thought should have been? PROBE: Did they ever become involved? Why or why not?
23. What individuals and/or organizations took the lead in shaping your partnership's goals? PROBE: Are they still involved? Why or why not? How were the goals set?
24. What individuals and/or organizations took the lead in shaping your partnership's structure? PROBE: Are they still involved? Why or why not? How was the structure determined? How has it changed?
25. How were additional participants recruited by the initial members? What were the reasons why they were recruited?

Table 1 Continued

Interview Questions for Community Members
26. How is the partnership currently being funded? 27. What other sources of funding did you try to access? Were you successful? 28. Is ongoing funding required for your partnership to continue? PROBE: What are your plans for future funding sources? What ways have you determined to ensure ongoing funding?
29. How does your community partnership define success? PROBE: How is success measured? Who is monitoring your partnership's measures of success? 30. How has the partnership implemented strategies to address your priorities? How is the implementation process going? 31. How do you learn about the needs of all older community residents? PROBE: Are the needs of older adults who live in poverty and those who are racial or ethnic minorities specifically addressed in your strategic plan? Are these older adults and their advocates represented in your partnership? 32. How would you assess the current status of your partnership's efforts? PROBE: Is the general community aware of your efforts? 33. What barriers or obstacles did you need to surmount when you started your partnership? How did you address them? PROBE: What obstacles arose later on and how did you address them? 34. Has the partnership been able to increase awareness of aging issues in your community? How is awareness measured?

Joan Ilardo, LMSW evaluated two community partnership initiatives in Michigan when she was a Senior Consultant at Health Management Associates: The Rural Health Project (1994-1997) and the Michigan Interagency Family Preservation Initiative (MIFPI) (1996-1998). She has been a faculty member at the MSU School of Social Work since 2001 and is a member of the Hartford Faculty for geriatric social work education. For more information about Ms. Ilardo, please go to: <http://www.socialwork.msu.edu/about/ilardo.html>

If your community is interested in being involved in the study or would like more information about what involvement in the study entails, please contact Joan Ilardo at ilardo@msu.edu.

Appendix B - Key Informant Survey

Community Initiatives and Partnerships for Older Adults

1. A community partnership in aging is a group that comes together to strengthen the local service-delivery infrastructure related to services for older adults such as health care, housing, transportation, meals, caregiving, respite services, provider training, and civic and social engagement. According to this definition, in the space provided below please list groups you would consider to be community partnerships that are working on aging issues? Please include groups in all phases of development (just starting up, actively implementing objections, have suspended activities/disbanded and type them in the space provided. Finally, please tell us with which one of these community partnerships you are most familiar.

answered question 66

skipped question 4

Appropriateness of Community Partnership Activities

	Very important	Somewhat important	Not important
Providing transportation to those who need it.	89.7% (61)	10.3% (7)	0.0% (0)
Providing home modifications and repairs.	66.2% (45)	32.4% (22)	1.5% (1)
Promoting service coordination.	73.5% (50)	26.5% (18)	0.0% (0)
Promoting a single point of entry into services.	40.9% (27)	48.5% (32)	10.6% (7)
Educating caregivers about services available to them and their family member.	85.3% (58)	14.7% (10)	0.0% (0)
Providing caregivers with respite opportunities.	70.6% (48)	29.4% (20)	0.0% (0)
Training caregivers to cope with providing care to a family member.	76.5% (52)	22.1% (15)	1.5% (1)
Providing adult day care services.	58.8% (40)	38.2% (26)	2.9% (2)
Assisting with instrumental activities of daily living such as physician visits, appointments, banking/bill paying, shopping...	75.0% (51)	25.0% (17)	0.0% (0)

Providing healthy meal delivery.	80.9% (55)	19.1% (13)	0.0% (0)
Developing a volunteer service to assure older adults are doing well (taking meds, eating, using proper hygiene).	44.1% (30)	48.5% (33)	7.4% (5)
Connecting older adults with community groups that provide social interactions.	64.7% (44)	32.4% (22)	2.9% (2)
Providing a matching service for community volunteers that can meet older adults' needs for light housekeeping, shopping, companionship.	48.5% (33)	41.2% (28)	10.3% (7)
	Very active role	Somewhat active role	No active role
Working to change policies that have a negative impact on older adults such as land use regulations.	16.4% (11)	49.3% (33)	34.3% (23)
Developing coordinated systems of care.	53.0% (35)	39.4% (26)	7.6% (5)
Training caregivers in self-care techniques.	25.8% (17)	45.5% (30)	28.8% (19)
Holding media campaigns to make older adults and their families aware of community services available to them.	37.3% (25)	49.3% (33)	13.4% (9)
Working with health care providers to make them aware of community resources available to their older patients.	44.8% (30)	44.8% (30)	10.4% (7)
Working with faith-based organizations to make them aware of community resources available to their congregants.	10.4% (7)	59.7% (40)	29.9% (20)
Expanding volunteer training and opportunities for community members who want to assist older adults.	13.4% (9)	55.2% (37)	31.3% (21)

Community Partnership Effectiveness

	Most often work well together	Sometimes work well together	Hardly ever work well together
They improve transportation options for older adults.	41.2% (21)	49.0% (25)	9.8% (5)

They work to change zoning laws to expand housing options for older adults.	10.2% (5)	32.7% (16)	57.1% (28)
They develop single point of entry for services for older adults.	22.0% (11)	60.0% (30)	18.0% (9)
They provide respite opportunities for caregivers of older adults.	41.2% (21)	47.1% (24)	11.8% (6)
They develop referral systems for community-based services.	67.3% (35)	25.0% (13)	7.7% (4)
They provide access to healthy foods and meals.	52.9% (27)	37.3% (19)	9.8% (5)
They develop health promotion and wellness programs for older adults.	54.7% (29)	35.8% (19)	9.4% (5)
They provide volunteer and social opportunities so older adults can stay connected to others in their communities.	47.1% (24)	47.1% (24)	5.9% (3)
	Very effective	Somewhat effective	Not effective
Educating service providers on the special needs of older adults.	38.9% (21)	53.7% (29)	7.4% (4)
Providing opportunities for social interactions for older adults.	38.0% (19)	54.0% (27)	8.0% (4)
Conducting health promotion and health fairs that are accessible to older adults.	68.0% (34)	24.0% (12)	8.0% (4)
Providing opportunities for exercise and wellness activities.	38.0% (19)	50.0% (25)	12.0% (6)
Promoting awareness of the need for cultural appropriateness of activities and services.	18.4% (9)	55.1% (27)	26.5% (13)
Providing intergenerational interaction and support opportunities.	20.4% (10)	40.8% (20)	38.8% (19)
Providing a media campaign about healthy lifestyle choices.	14.3% (7)	55.1% (27)	30.6% (15)

	Are very effective currently	Are fairly effective currently	Need to be much more effective
Providing more opportunities for community input.	15.4% (8)	55.8% (29)	28.8% (15)
Providing more information to community members to increase their knowledge of community services and resources.	23.5% (12)	51.0% (26)	25.5% (13)
Being more involved in advocating for changes in policies that have an adverse impact on older adults.	20.0% (11)	40.0% (22)	40.0% (22)
Providing healthy aging programs.	29.4% (15)	49.0% (25)	21.6% (11)
Providing a volunteer matching and referral program.	10.0% (5)	42.0% (21)	48.0% (24)
Developing and implementing a strategy to recruit and retain service providers.	5.9% (3)	56.9% (29)	37.3% (19)
Developing and implementing a strategy to expand housing and living choices for older adults.	7.8% (4)	45.1% (23)	47.1% (24)
Developing and implementing a strategy to expand health care coordination.	15.4% (8)	50.0% (26)	34.6% (18)
Developing relationships with local, state and federal office holders and policy makers.	20.4% (11)	38.9% (21)	40.7% (22)

Community Partnership Funding Options

	Readily available	Available under most circumstances	Available under limited circumstances	Not available
Community Foundation(s)	9.4% (5)	35.8% (19)	52.8% (28)	1.9% (1)
National Foundation(s)	0.0% (0)	11.8% (6)	78.4% (40)	9.8% (5)
Local government funds	7.7% (4)	23.1% (12)	55.8% (29)	13.5% (7)

Local agencies pool funds	0.0% (0)	32.7% (17)	48.1% (25)	19.2% (10)
State government funds	5.7% (3)	26.4% (14)	52.8% (28)	15.1% (8)
Federal government funds	7.5% (4)	20.8% (11)	52.8% (28)	18.9% (10)
Private donations	0.0% (0)	30.8% (16)	65.4% (34)	3.8% (2)

	Very feasible	Somewhat feasible	Not feasible
Writing proposals for foundation funding	34.5% (19)	63.6% (35)	1.8% (1)
Working with local policy makers to determine whether there are untapped sources of funds	29.6% (16)	64.8% (35)	5.6% (3)
Working with state-level agencies to determine whether there are sources of funds	27.8% (15)	66.7% (36)	5.6% (3)
Sponsoring local fund-raising events	38.9% (21)	55.6% (30)	5.6% (3)
Soliciting donations from individuals	32.7% (18)	54.5% (30)	12.7% (7)
Soliciting donations (financial and in-kind) from civic groups, businesses, and faith-based organizations	34.5% (19)	60.0% (33)	5.5% (3)

Factors that Help or Hurt the Sustainability of Community Partnerships

	Very relevant	Somewhat relevant	Not relevant
The membership of the partnership includes the individuals and/or groups that can get things done.	98.2% (54)	1.8% (1)	0.0% (0)
The community partnership is structured so that it can set goals and achieve them.	92.7% (51)	7.3% (4)	0.0% (0)
The community partnership has the support of stakeholders in the community.	80.0% (44)	20.0% (11)	0.0% (0)
Members of the community partnership all feel they have a voice in matters concerning the	81.5% (44)	18.5% (10)	0.0% (0)

partnership.

The community partnership is viewed as inclusive by community stakeholders.	70.4% (38)	25.9% (14)	3.7% (2)
There is a synergy that has occurred among the community partnership members.	77.8% (42)	20.4% (11)	1.9% (1)
The community partnership has become an integral part of the community with regard to aging issues.	81.8% (45)	18.2% (10)	0.0% (0)
The community partnership has shown the community that it can achieve results.	76.4% (42)	23.6% (13)	0.0% (0)
The community partnership members are able to work toward the 'greater good' with regard to aging issues.	81.8% (45)	18.2% (10)	0.0% (0)
The community partnership is able to overcome 'turf' issues.	74.5% (41)	25.5% (14)	0.0% (0)
The community partnership members are able to participate in the activities of the partnership without feeling that the mission of their group has been put on the back burner.	70.9% (39)	29.1% (16)	0.0% (0)
The community partnership is viewed in positive terms by the community at large.	76.4% (42)	21.8% (12)	1.8% (1)
The community partnership is viewed in positive terms by groups and individuals outside of the community.	53.7% (29)	42.6% (23)	3.7% (2)

10. Please tell us the following information about yourself.

In what geographic area of Michigan (city or county) do you work or in which area does your agency operate?

What is your occupation or title?

How long have you been active in aging issues?

Appendix C - Coding Guide for the Case Study

- 1. Complete List of Codes**
- 2. Codes and Coders' Memos – Site A**
- 3. Codes and Coders' Memos – Site B**
- 4. Codes and Coders' Memos – Site C**

Times Cited Column Includes All Data Sources (Interviews, Site Visits, Meeting Minutes, Other Documents)

Complete List of Codes

Level 1	Level 2	Level 3
1. Factor that prompted community to be interested in addressing aging issues	1.1 Economic	1.1.1 more low income seniors in community
		1.1.2 economic value of senior services
		1.1.3 economic value of healthy seniors
		1.1.4 increasing ability to keep seniors in the community (stem out-migration)
	1.2 Demographic	1.2.1 aging boomers
		1.2.2 increased age span
	1.3 Social/political	1.3.1 seniors have more political status
		1.3.2 increasing ability for seniors to age in place
	1.4 Events	1.4.1 event occurred that highlighted the need to address senior issues
		1.4.2 events occurred that accelerated changes in services for older adults
	1.5 Leadership	1.5.1 coordinating council/MPCB
		1.5.2 change in leadership at agencies
		1.5.3 change in leadership in community

Level 1	Level 2	Level 3
2. Factors that helped sustain community efforts to address aging	2.1 Financial resources	2.1.1 millage/county funds
		2.1.2 in-kind staff, facilities
		2.1.3 has sufficient resources
		2.1.4 has local foundation funds
		2.1.5 has national foundation funds
		2.1.6 has federal funds
		2.1.7 has pooled local agency funds
		2.1.8 has state funds
		2.1.9 receives private donations
	2.2 Positive past and present collaborations	2.2.1 access to health care
		2.2.2 teen pregnancy
		2.2.3 chronic disease
		2.2.4 elder abuse
		2.2.5 health and wellness promotion
		2.2.6 community has a positive impression of partnerships from past experience
	2.3 Leadership	2.3.1 stable leadership
		2.3.2 leadership dedicated to systems change
		2.3.3 leadership dedicated to advocacy for seniors

Level 1	Level 2	Level 3
		2.3.4 able to recruit and retain members
		2.3.5 members of partnership represented most or all sectors that address senior issues (i.e., service providers, faith community, government, housing, transportation)
		2.3.6 solicits community input on how to address the issues, community members feel they have a voice
	2.4 Partnership accomplishments	2.4.1 developing indicators for improvements in quality of life of older residents
		2.4.2 networking/info dissemination regarding senior issues
		2.4.3 increased community awareness of aging issues
		2.4.4 increased community awareness of aging resources
		2.4.5 increased services for older residents
		2.4.6 increased collaboration among service providers
		2.4.7 partnership was able to affect policy change

Level 1	Level 2	Level 3
	2.5 Stakeholder buy in	2.5.1 agency leaders support the partnership
		2.5.2 community leaders support the partnership
		2.5.3 community members support the partnership
		2.5.4 community media supports the partnership
		2.5.5 faith community support the partnership
	2.6 Community champion	2.6.1 at least one influential community leader openly supports the partnership giving it standing in the community
	2.7 Political will	2.7.1 community leaders support the partnership's goals and/or efforts
		2.7.2 community members support the partnership's goals and/efforts
	2.8 Community recognition	2.8.1 community members are aware of partnership's contributions to aging issues
		2.8.2 partnership hosts or participates in community events involved in senior issues and/or aging

Level 1	Level 2	Level 3
		2.8.3 community leaders recognize the partnership's goals and activities
		2.8.4 partnership is a recognizable entity addressing aging issues in the community
3. Factors that hindered community efforts to address aging	3.1 Financial constraints	3.1.1 partnership does not have sufficient resources to accomplish its goals
		3.1.2 partnership does not have sufficient resources to maintain its administrative functions
	3.2 Turf battles	3.2.1 key partnership members have different priorities
		3.2.2 memberships in partnership is skewed toward service providers
	3.3 Stakeholder distrust	3.3.1 other entities in community do not approve of partnership's goals and/or efforts
		3.3.2 other entities in community view partnership as a threat
	3.4 No driving force	3.4.1 lack of partnership leadership
		3.4.2 frequent changes in partnership leadership
		3.4.3 no champion for the partnership has emerged in the community

Level 1	Level 2	Level 3
	3.5 Community apathy	3.5.1 community does not view services for older residents as a high priority
		3.5.2 community is not aware of impacts of senior issues
		3.5.3 faith community has not been involved in partnership activities or involvement is minimal
	3.6 Lack of information	3.6.1 lack of data about community needs
		3.6.2 lack of data about service continuum
		3.6.3 lack of data information about alternate funding sources for services
4. Internal factors that had a bearing on ability to sustain collaboration	4.1 Changing membership	4.1.1 coalition membership changes
		4.1.2 agency leadership/staffing changes
		4.1.3 coalition membership is stable
	4.2 Membership representation	4.2.1 partnership has geographic representation of community
		4.2.2 partnership has racial/ethnic representation of community

Level 1	Level 2	Level 3
		4.2.3 partnership has socioeconomic representation of the community
		4.2.3 community members are represented in the partnership
		4.2.4 partnership members include entities other than health and human service providers (businesses/Chamber of Commerce, mass transit, faith community, community foundation, United Way, DHS, veterans' groups,)
	4.3 Partnership purpose	4.3.1 partnership has defined its role in the community
		4.3.2 partnership has stated mission
		4.3.3 partnership has stated goals and objectives
		4.3.4 partnership has determined measurable outcomes for its goals
		4.3.5 partnership has and uses a strategic plan to fulfill its mission by achieving its goals and objectives
		4.3.6 partnership has NO stated mission
		4.3.7 partnership has NO stated goals and objectives

Level 1	Level 2	Level 3
		4.3.8 partnership has NO strategic plan
5. External factors that had a bearing on ability to sustain collaboration	5.1 Funding changes	5.1.1 reductions in available funds for services
		5.1.2 reductions in funds available for partnership activities
		5.1.3 more funds available for services
		5.1.4 more funds available for partnership activities
	5.2 Policy changes	5.2.1 federal level changes affect partnership activities
		5.2.2 state level changes affect partnership activities
		5.2.3 local level changes affect partnership activities
	5.3 Community priorities	5.3.1 changes in community support for services for older adults

Site A List of Codes Used and Coders' Memos

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
1. Factor that prompted community to be interested in addressing aging issues	1.1 Economic	1.1.1 more low income seniors in community	Retirees moving into community, increased number of aging boomers	3
		1.1.2 economic value of senior services		1
		1.1.3 economic value of healthy seniors		1
		1.1.4 increasing ability to keep seniors in the community (stem out-migration)		1
	1.2 Demographic	1.2.1 aging boomers		1
		1.2.2 increased age span		1
	1.3 Social/ political	1.3.1 seniors have more political status		1
		1.3.2 increasing ability for seniors to age in place		1

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
	1.4 Events	1.4.1 event occurred that highlighted the need to address senior issues	2 groups merged and began discussing these issues, funding mostly focused on other issues, so they tried to work in programs for older adults as well, 2002 letter sent to agencies, HCBW funding cuts	3
		1.4.2 events occurred that accelerated changes in services for older adults	2002 letter to agencies asking to be involved in senior issues collaboratively	1
	1.5 Leadership	1.5.1 coordinating council/MPCB	A group of people came together to address these issues. Merging 2 groups, Michigan Think Tank, 4/03 asked MPCB chair to meet with them	7
2. Factors that helped sustain community efforts to address aging	2.1 Financial resources	2.1.1 millage/county funds	Area aging funding, homeless funding from the county	2
		2.1.2 in-kind staff, facilities	Staff volunteers, interns, volunteers	3
		2.1.4 has local foundation funds	They spoke about applying for grants, but didn't mention if they had any currently	1
		2.1.7 has pooled local agency funds	DHS, CMH	3
		2.1.8 has state funds	MSHDA, DHS	2

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
		2.1.9 receives private donations	Fundraising	1
	2.2 Positive past and present collaborations	2.2.1 access to health care	Health department-health survey	1
		2.2.5 health and wellness promotion	1995 collaborative, strong families/safe children	2
		2.2.6 community has a positive impression of partnerships from past experience	Homelessness, Children's issues	2
	2.3 Leadership	2.3.1 stable leadership	DHS/CMH, has a PT paid coordinator through MPCB	6
		2.3.4 able to recruit and retain members	Letters sent for recruiting, but there is a lot of burnout now, so retention is difficult...	1
		2.3.5 members of partnership represented most or all sectors that address senior issues (i.e., service providers, faith community, government, housing, transportation)	Original group sounded very diverse	3
	2.4 Partnership accomplishments	2.4.1 developing indicators for improvements in quality of life of older residents	Survey, Assessment model for communities	3

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
		2.4.2 networking/info dissemination regarding senior issues	Among agencies, with courts, Expos, case conferencing	16
		2.4.3 increased community awareness of aging issues	Among agencies, but not widespread, intern spoke to community about aging issues	2
		2.4.4 increased community awareness of aging resources	Not currently, but in the past, resource directory published 10/00 and revised 6/04	3
		2.4.5 increased services for older residents	Free clinic, program for Kinship caregivers, Expos	11
		2.4.6 increased collaboration among service providers	Getting group together to discuss the issues/brainstorm, Expos, case conferences, goal of group 2003	13
	2.5 Stakeholder buy in	2.5.1 agency leaders support the partnership	Same agencies are involved in all collaboratives. Don't have manager level individuals, but only worker level.	5
		2.5.2 community leaders support the partnership	Sub-committee of MPCB	1
		2.5.3 community members support the partnership	A lot of citizen involvement in collaboratives	1
		2.5.4 community media supports the partnership	Member of group and attended meetings	5
		2.5.5 faith community support the partnership	Individual churches, but not collectively, not well organized	1

Level 1

3. Factors
that
hindered
community
efforts to
address
aging

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
	2.6 Community champion	2.6.1 at least one influential community leader openly supports the partnership giving it standing in the community	Directors of DHS, COA, Economic Development, University Extension office	3
	2.7 Political will	2.7.1 community leaders support the partnership's goals and/or efforts	MPCB is supportive of efforts	1
	2.8 Community recognition	2.8.2 partnership hosts or participates in community events involved in senior issues and/or aging	Expos	10
3. Factors that hindered community efforts to address aging	3.1 Financial constraints	3.1.1 partnership does not have sufficient resources to accomplish its goals	People are stretched too thin, not enough money for senior center, seeking grant funding	3
		3.1.2 partnership does not have sufficient resources to maintain its administrative functions	Members stretched too thin	1
	3.2 Turf battles	3.2.1 key partnership members have different priorities	"victim mentality" in the community, when courts were involved, they didn't like to work directly with clients, difficulty in involving different priorities in plan	2

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
		3.2.2 memberships in partnership is skewed toward service providers	Government, law enforcement, schools not involved, purpose of group to collaborate-case conference key	4
	3.3 Stakeholder distrust	3.3.1 other entities in community do not approve of partnership's goals and/or efforts	Community reluctant to move forward sometimes, funders focus on children, difficult to find elder-specific focus	1
		3.3.2 other entities in community view partnership as a threat	There are so many collaboratives in a small community, makes funding difficult	1
	3.4 No driving force	3.4.1 lack of partnership leadership	2005 started to slow down	1
	3.5 Community apathy	3.5.1 community does not view services for older residents as a high priority	Seems like there is some resistance, no support for senior center, Expo attendance down	2
		3.5.2 community is not aware of impacts of senior issues	Community not aware of resources, ignorant of what is available in their own community	1
		3.5.3 faith community has not been involved in partnership activities or involvement is minimal	They have not been collectively involved in partnership, but will support coalition with donations when approached	1

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
4. Internal factors that had a bearing on ability to sustain collaboration	4.1 Changing membership	4.1.1 coalition membership changes	Decreasing membership from burnout	1
		4.1.2 agency leadership/staffing changes	Agency staff attended meetings rather than directors-no decision makers	1
		4.1.3 coalition membership is stable	Most meetings involved same staff people able to follow cases through conferences	7
	4.3 Partnership purpose	4.3.1 partnership has defined its role in the community	2003 Bylaws instated	2
		4.3.2 partnership has stated mission	Restructuring, created one at beginning	4
		4.3.3 partnership has stated goals and objectives	Used for grant writing, 9/03 discussed goals and accomplishments	8
		4.3.5 partnership has and uses a strategic plan to fulfill its mission by achieving its goals and objectives	Each year they create a strategic plan	3
5. External factors that had a bearing on ability to sustain collaboration	5.1 Funding changes	5.1.1 reductions in available funds for services	Because of increased number of aging boomers	1

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
	5.2 Policy changes	5.2.2 state level changes affect partnership activities	11/01 letter sent to legislator	2
	5.3 Community priorities	5.3.1 changes in community support for services for older adults	Either too many or too few volunteers at times, does not use/support volunteers as needed	1

Site B List of Codes Used and Coders' Memos

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
1. Factor that prompted community to be interested in addressing aging issues	1.1 Economic	1.1.1 more low income seniors in community	Poverty Reduction Initiative	1
		1.1.3 economic value of healthy seniors	Issue Brief and Strategic Plan	2
		1.1.4 increasing ability to keep seniors in the community (stem out-migration)	In-migration of seniors, Chamber of Commerce, Strategic Plan	3
	1.2 Demographic	1.2.1 aging boomers	Strategic Plan	4
		1.3.2 increasing ability for seniors to age in place	Chamber of Commerce, Issue Brief and Strategic Plan	3
	1.4 Events	1.4.1 event occurred that highlighted the need to address senior issues		1
		1.5.1 coordinating council/MPCB	1993 Senior Service Committee was a provider networking group. Group got together, became multi-purpose collaborative, workgroup BASA created	6
		1.5.2 change in leadership at agencies		1

Level

2. Factors that help sustain community efforts to address aging

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
		1.5.3 change in leadership in community	Workgroup has evolved	1
2. Factors that helped sustain community efforts to address aging	2.1 Financial resources	2.1.1 millage/county funds		1
		2.1.2 in-kind staff, facilities	Volunteers, office space of agencies, leadership comes from local agencies, free advertising, assistance from Human Services Collaborative	6
		2.1.3 has sufficient resources	Able to give away \$10,000 last year, not program driven-volunteer based. Sources are member dues and Senior Expo	6
		2.1.4 has local foundation funds	Campbell Fund	1
		2.1.7 has pooled local agency funds	Dues	1
		2.1.8 has state funds	MDCH-LTC Initiative grant \$40,000	1
		2.1.9 receives private donations	Foundation grant, fundraising-expo, member dues	8
	2.2 Positive past and present collaborations	2.2.1 access to health care		1

Lev

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
		2.2.5 health and wellness promotion		1
		2.2.6 community has a positive impression of partnerships from past experience	Community college, renovation/preservation of buildings, poverty initiative	6
	2.3 Leadership	2.3.1 stable leadership	Original agencies still involved	6
		2.3.2 leadership dedicated to systems change		5
		2.3.3 leadership dedicated to advocacy for seniors	2005 Town hall meeting, 2006 position paper, 2007 task forces, 2006 advocacy paper development	21
		2.3.4 able to recruit and retain members		11
		2.3.5 members of partnership represented most or all sectors that address senior issues (i.e., service providers, faith community, government, housing, transportation)	2007 HMO joined 2007 joined Chamber of Commerce	8
		2.3.6 solicits community input on how to address the issues, community members feel the have a voice	2006 community needs assessment	3

Level

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
	2.4 Partnership accomplishments	2.4.1 developing indicators for improvements in quality of life of older residents		1
		2.4.2 networking/info dissemination regarding senior issues	Senior expo, pamphlets, speakers bureau, 2006 EMS, 2005 ways to get word out about activities	39
		2.4.3 increased community awareness of aging issues	Expo-"Ideas for Life", through Chamber of Commerce	6
		2.4.4 increased community awareness of aging resources	Expo-for seniors, orientation paper, senior help card, website, educational brochures	24
		2.4.5 increased services for older residents	Delivered meals, mini-grants given to organizations, senior support team, unmet needs committee	20
		2.4.6 increased collaboration among service providers		8
		2.4.7 partnership was able to affect policy change	Support home and community based services waiver, advocated against budget cuts that hurt seniors	5
	2.5 Stakeholder buy in	2.5.1 agency leaders support the partnership	Human Service Coordinating Council	6
		2.5.2 community leaders support the partnership	Joined Chamber of Commerce	6

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
		2.5.3 community members support the partnership	Senior Expo	3
		2.5.4 community media supports the partnership	Senior Times, Prime Time News	6
	2.6 Community champion	2.6.1 at least one influential community leader openly supports the partnership giving it standing in the community	HSCC support, Chamber of Commerce support	6
	2.7 Political will	2.7.1 community leaders support the partnership's goals and/or efforts	HSCC support, Chamber of Commerce support	5
		2.7.2 community members support the partnership's goals and/efforts	Senior Expo	5
	2.8 Community recognition	2.8.1 community members are aware of partnership's contributions to aging issues		3
		2.8.2 partnership hosts or participates in community events involved in senior issues and/or aging	Senior Expo	12
		2.8.3 community leaders recognize the partnership's goals and activities	HSCC, Chamber of Commerce	7

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
		2.8.4 partnership is a recognizable entity addressing aging issues in the community		6
3. Factors that hindered community efforts to address aging	3.1 Financial constraints	3.1.2 partnership does not have sufficient resources to maintain its administrative functions	Money for research study, all volunteer group	2
	3.2 Turf battles	3.2.1 key partnership members have different priorities	The chair last year, 61 members with different agendas, projects versus networking as purpose of group	3
		3.2.2 memberships in partnership is skewed toward service providers		5
	3.5 Community apathy	3.5.1 community does not view services for older residents as a high priority	Stated in strategic plan	1
		3.5.2 community is not aware of impacts of senior issues	Stated in strategic plan	1
		3.5.3 faith community has not been involved in partnership activities or involvement is minimal	Other than Salvation Army and local Catholic Human Services but not churches or ministerial council	5

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
	3.6 Lack of information	3.6.1 lack of data about community needs	Decided to do a community needs assessment so could apply for Community for a Lifetime	2
4. Internal factors that had a bearing on ability to sustain collaboration	4.1 Changing membership	4.1.1 coalition membership changes	Went from 36-61 last year	9
		4.1.2 agency leadership/staffing changes	Changes among some agency staff	2
		4.1.3 coalition membership is stable	Stable and growing	1
	4.2 Membership representation	4.2.1 partnership has geographic representation of community	Services from both counties represented	8
		4.2.2 partnership has racial/ethnic representation of community	Does not have this	1
		4.2.4 partnership members include entities other than health and human service providers (businesses/Chamber of Commerce, mass transit, faith community, community foundation, United Way, DHS, veterans' groups,)	For-profits, non-for-profits, government, 2006 invited law enforcement and the local tribe to join, 2007 joined Chamber of Commerce	11

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
	4.3 Partnership purpose	4.3.1 partnership has defined its role in the community	Increasing quality of life, service coordination and collaboration, help meet unmet needs	6
		4.3.2 partnership has stated mission	Original mission statement was confirmed in 2006 strategic plan	4
		4.3.3 partnership has stated goals and objectives	In strategic plan and implementation documents	4
		4.3.5 partnership has and uses a strategic plan to fulfill its mission by achieving its goals and objectives	5 year plan	7
5. External factors that had a bearing on ability to sustain collaboration	5.1 Funding changes	5.1.4 more funds available for partnership activities	Senior Expo is raising increasing amounts of money, increased number of members means increase in amount received from dues	5
	5.2 Policy changes	5.2.1 federal level changes affect partnership activities	Medicare Part D, Medicaid LTC home and community based waiver, meals on wheels budget cuts	2
		5.2.2 state level changes affect partnership activities	Medicaid LTC home and community based waiver	2
		5.2.3 local level changes affect partnership activities	meals on wheels budget cuts	1

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
	5.3 Community priorities	5.3.1 changes in community support for services for older adults	Homeless person who died affected efforts to help	1

Site C List of Codes Used and Coders' Memos

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
1. Factor that prompted community to be interested in addressing aging issues	1.1 Economic	1.1.2 economic value of senior services	Increased knowledge of the number of seniors	1
.	1.2 Demographic	1.2.1 aging boomers	Mentioned population changes, how there is an increase in older adults	2
	1.3 Social/political	1.3.1 seniors have more political status		1
		1.3.2 increasing ability for seniors to age in place		1
	1.4 Events	1.4.1 event occurred that highlighted the need to address senior issues	Strategic plan	1
		1.4.2 events occurred that accelerated changes in services for older adults	PACE program startup and cuts in services	1
	1.5 Leadership	1.5.1 coordinating council/MPCB	MPCB was mentioned a lot. Partnership chair member of MPCB	5
		1.5.2 change in leadership at agencies	Change in staff impacted leadership of partnership.	3
		1.5.3 change in leadership in community		1

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
2. Factors that helped sustain community efforts to address aging	2.1 Financial resources	2.1.1 millage/county funds	Senior millage	4
		2.1.2 in-kind staff, facilities	Clerical support provided by MPCB. Meeting space provided by AAA	5
		2.1.3 has sufficient resources	Partnership does not expend funds on staffing and receives support from member agencies when required	3
	2.2 Positive past and present collaborations	2.2.1 access to health care	2008 Pathways to Health program	6
		2.2.2 teen pregnancy		2
		2.2.3 chronic disease		3
		2.2.4 elder abuse		3
		2.2.5 health and wellness promotion		1
		2.2.6 community has a positive impression of partnerships from past experience	Health fairs	3
	2.3 Leadership	2.3.1 stable leadership	AAA, PACE current leaders, CMH in past	2
		2.3.2 leadership dedicated to systems change	Through MPCB	4

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
		2.3.3 leadership dedicated to advocacy for seniors	Advocating for MICHild to apply to senior. Senior millage	8
		2.3.4 able to recruit and retain members	Membership has been reconstituted. For-profit providers formed a spin-off group	4
		2.3.6 solicits community input on how to address the issues, community members feel the have a voice	Provider and Consumer surveys conducted	13
	2.4 Partnership accomplishments	2.4.1 developing indicators for improvements in quality of life of older residents	Assessment survey, Report Card for the community	1
		2.4.2 networking/info dissemination regarding senior issues	Dental Partnership, Regional Health Alliance, 211, Health Fair	11
		2.4.3 increased community awareness of aging issues	Funders needing more awareness, the report card, advocacy for senior issues	4

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
		2.4.4 increased community awareness of aging resources	2-1-1, referrals to other member agencies as services become known through networking, distributing the Senior Times and networking at monthly meetings through member updates	10
		2.4.5 increased services for older residents	Home repair, home maintenance, and health fair	6
		2.4.6 increased collaboration among service providers	Especially through updates and discussions at monthly meetings	12
	2.5 Stakeholder buy in	2.5.1 agency leaders support the partnership	Several members are agency leaders	7
		2.5.2 community leaders support the partnership	MPBC, Home Builders Association	5
		2.5.4 community media supports the partnership	Senior Times is very supportive of efforts and is an active member of the partnership	2
	2.6 Community champion	2.6.1 at least one influential community leader openly supports the partnership giving it standing in the community	Support of MPCB	5

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
	2.7 Political will	2.7.1 community leaders support the partnership's goals and/or efforts	Support of MPCB, increased space in community report card, made sure group continued after hiatus in 2007	5
	2.8 Community recognition	2.8.1 community members are aware of partnership's contributions to aging issues	Community members are not aware of the partnership by design	3
		2.8.2 partnership hosts or participates in community events involved in senior issues and/or aging	Health fair	9
		2.8.3 community leaders recognize the partnership's goals and activities	MPCB leaders support partnership	5
		2.8.4 partnership is a recognizable entity addressing aging issues in the community	People don't know partnership exists so don't bring issues to the table	3

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
3. Factors that hindered community efforts to address aging	3.2 Turf battles	3.2.1 key partnership members have different priorities	Contention arose between service vendors and public agencies and service providers because of different visions for the partnership. Sometimes there was a lack of collaboration among the members.	5
		3.2.2 memberships in partnership is skewed toward service providers	Mostly service providers.	15
	3.3 Stakeholder distrust	3.3.1 other entities in community do not approve of partnership's goals and/or efforts	No common purpose at times This caused changes in membership	2
	3.4 No driving force	3.4.1 lack of partnership leadership	Leadership was not stable which caused lapse of partnership activities and lack of a meaningful purpose. 2008-new leadership dedicated to helping partnership succeed	4

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
		3.4.2 frequent changes in partnership leadership	Dues to changes in agency leadership, change in focus of partnership when more vendors became involved	7
	3.5 Community apathy	3.5.1 community does not view services for older residents as a high priority	Funders like the community foundation and United Way.	3
		3.5.2 community is not aware of impacts of senior issues		3
		3.5.3 faith community has not been involved in partnership activities or involvement is minimal	Partnership supports work of local church but faith community is not among membership	4
	3.6 Lack of information	3.6.1 lack of data about community needs	Especially outside of the largest city in the county. No needs assessment done	6
		3.6.2 lack of data about service continuum	No mechanism in place to gather and/or aggregate service data	4
		3.6.3 lack of data information about alternate funding sources for services	Look to categorical funding streams	2

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
4. Internal factors that had a bearing on ability to sustain collaboration	4.1 Changing membership	4.1.1 coalition membership changes	Change when vendors left in 2006-07	6
		4.1.2 agency leadership/staffing changes	Several key agencies that serve seniors have had leadership changes over the past several years	6
		4.1.3 coalition membership is stable	As the group has reconvened in 2008, membership has increased but the core member organizations are still involved	4
	4.2 Membership representation	4.2.1 partnership has geographic representation of community	Not as much representation from communities outside main urban area but trying to correct that through recruiting	6
		4.2.2 partnership has racial/ethnic representation of community	Not representative of community	4
		4.2.3 partnership has socioeconomic representation of the community	Not representative of community	4

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
		4.2.4 partnership members include entities other than health and human service providers (businesses/Chamber of Commerce, mass transit, faith community, community foundation, United Way, DHS, veterans' groups)	Have tried to recruit members from outside traditional senior serving agencies.	6
	4.3 Partnership purpose	4.3.1 partnership has defined its role in the community	As prescribed by the MPCB since partnership is a sub-committee of MPCB	6
		4.3.2 partnership has stated mission	There was a mission statement in the older documents but the current leadership stated they did not have a mission statement	4
		4.3.3 partnership has stated goals and objectives	Goals and objectives were included in the older documents but the current leadership stated they had not been developed yet.	4

Level 1	Level 2	Level 3	Coders' Memos	Times Cited
		4.3.6 partnership has NO stated mission	There was a mission statement in the older documents but the current leadership stated they did not have a mission statement	4
		4.3.7 partnership has NO stated goals and objectives	Goals and objectives were included in the older documents but the current leadership stated they had not been developed yet.	4
		4.3.8 partnership has NO strategic plan	Not yet	4
5. External factors that had a bearing on ability to sustain collaboration	5.1 Funding changes	5.1.1 reductions in available funds for services	Cuts in funding and available grants.	3
		5.1.4 more funds available for partnership activities	Senior millage was referenced by interviewees	5
	5.2 Policy changes	5.2.1 federal level changes affect partnership activities		
		5.2.2 state level changes affect partnership activities	Funding cuts, potential state shutdown	4

Appendix D— Synopses of Case Studies

SYNOPSIS OF CASE STUDY SITE A

In July 2000, a letter was sent to local service agencies introducing the concept of organizing and facilitating a multi-agency meeting where human service professionals working with adults, primarily older residents of the county, could meet on a regular basis to create a network, promote open communication among those providing community resources, prevent service duplication, become familiar with services provided by each agency, and to collaborate to meet the needs of their clients. The response to forming a group with these goals was very positive.

At the September 2001 meeting, Partnership A members discussed the progress made during the previous year through information sharing and collaboration and how to proceed in the future. They pondered how members could influence development of local coalitions and how they could support each other in the development process. In November 2001, Partnership A sent a letter to their state senator that expressed concern about proposed budget cuts to the Medicaid home and community-based services waiver program. The letter provided information about the effectiveness of home and community-based services in decreasing the number of more expensive services clients used for acute and chronic care. The letter asked the senator to support funding the home and community-based waiver for older and disabled adults without cutting the FY2002 expenditure.

In February 2002, the Director of the Department of Human Services sent an invitation letter to other agencies asking them to join Partnership A. Members

represented a broad spectrum of providers such as the local hospital, probate court, MichiganWorks, community mental health, department of human services, home health care, commission on aging, a local bank, and law enforcement. Partnership A's mission statement was *"Creating a network of resources and contacts to inform and assist those adults with unmet needs while preserving the individual's confidentiality."* The vision statement was "a safe community with coordinated and constant resources for adults with unmet needs" (from meeting minutes).

To accomplish its mission, Partnership A developed an action plan that included coordinating resources through a monthly meeting of agency representatives and exchanging information regarding available resources, agency policy changes and service delivery. The action plan also called for development of a crisis response network where each agency would provide a protocol for crisis response and quarterly meetings where response effectiveness would be discussed and problem solving would occur.

As early as January 2002, Partnership A members were planning a health fair for seniors and vulnerable adults in the community to be held on May 9, 2002. The fair was marketed under the name of Adult Community Resource Expo (ACRE). Also in 2002, the group distributed holiday boxes for older adults who would otherwise not receive Christmas gifts.

Attendance at the monthly meetings in 2003 ranged from eight to fifteen members. Member agencies included Human Services, MichiganWorks, Community Mental Health, Commission on Aging (COA), residential programs,

health care agencies, hospital, hospice, probate court and sheriff department. The action plan developed by the partnership had two elements. The first was coordinating resources in the monthly meetings with agency representatives and updating information by exchanging information about resources, changes in agencies' policies and service delivery.

The second element was developing a crisis response network. This would be an aggregation of protocols for crisis response from each agency, a quarterly meeting to discuss crisis response effectiveness, and developing solutions to gaps and problems identified in the quarterly meetings. Developing what the group referred to as the protocol was discussed. The protocol would include assisting the older and vulnerable population through providing information about tax credits, substance abuse, legal services, housing, funeral services, probate courts, law enforcement, food pantry, mental health services and other senior-specific services.

The Expo was held on May 15, 2003, and boasted 21 booths including local public agencies (human services, community mental health, MichiganWorks, Council on Aging), care management, adult education, volunteer services, probate court, Alzheimer's Association, Habitat for Humanity, home health agencies, and aroma therapy for stress management. Speakers' topics included estate planning, foot care, exercise, diet, Medicare/Medicaid, Aromatherapy, depression, and substance abuse.

In 2004, the Expo was planned for June 10th. Attendance at meetings in 2004 ranged from 5 to 13 members with attendance being lower at the end of the

year. The Expo consisted of over 30 local agencies, educational seminars, a limited clinic provided by the local hospital, and a light lunch. The other project in 2004 was development of a protocol for resources and emergency response. In the fall of 2004, Partnership A took on a new project that addressed financial exploitation of seniors. Several banks were invited to attend the October meeting to discuss financial exploitation. The group had a discussion at the November meeting about the hardships caused by the high cost of prescription drugs and programs they could recommend to clients to help defray some of the cost. They also discussed the need for transportation to out-of-county medical facilities. The group decided to distribute 100 holiday boxes for seniors who would not receive a gift through other programs.

In 2005, attendance at Partnership A meetings ranged from 6 to 13 members. In January, another problem-solving discussion was held about finding funds to assist seniors with prescription drug costs. The Expo date was set for June 9. The Expo had 16 booths representing a wide array of services including home health, free clinic, residential, mental health, volunteer opportunities, hospital, hospice, care management, legal services, law enforcement and probate court. A free clinic steering committee was formed in 2004 to start a free clinic to serve four adjacent counties. The committee's target was to open the clinic in June of 2005, on Wednesdays from 5:00 to 7:00 PM.

In September 2005, the group had a discussion about disbanding because of the lack of members willing to hold office and reconvening as an informal resource council that would not do case sharing. In October, the group decided

to dissolve. Looking at the Partnership A action plan, it was determined that the group had met its goal of producing a resource guide. They discussed becoming part of the multi-purpose collaborative body of the county with the new goal being to network to bring together people who work to support the well-being of county residents.

In January 2006, Partnership A reconvened in its new format as a subcommittee of the MPCB with 17 people in attendance. The meeting consisted of information dissemination about Medicare Part D, MichiganWorks, Elder Friendly Communities, and housing.

ASSESSMENT OF SITE A DATA

Site A provided meeting minutes, resource guides and health expo programs as documents for the case study. A group interview was conducted with the four leaders of Site A's partnership in November 2008. The researcher attended the October 2008, Site A MPCB meeting where she facilitated a discussion about aging services in the county. The full coding table is located in 3. Analysis of the coded data is presented below. Numbers in parentheses are the code number(s) in 3.

Site A interviewees talked about how their geographic area of the state was becoming more attractive to retirees and that this would have an impact on the service continuum over the next several decades (1.1.1). Site A interviewees commented that the partnership was a natural outgrowth of the interest held by several agency staff who worked with older adults to learn more about what other

agencies had to offer and to coordinate their efforts. Over time, the people involved in the partnership thought they should reach out to the MPCB, which was funded by Strong Families/Safe Children dollars, to determine whether their mission would fit under the rubric of the community collaborative (1.4.1-1.4.2, 1.5.1).

Financial Resources

Access to financial resources appeared to be adequate. Neither the interviews nor the review of documents identified any times when the partnership could not proceed due to lack of funds (2.1.1-2.1.9). The community has had successful collaborations in the past that involved homelessness, public health initiatives, and the state-sponsored Strong Families/Safe Children initiative (2.1.9-2.2.6).

Leadership

Regarding the leadership of the partnership, it was primarily agency staff rather than agency directors. This had an impact on what types of decisions the group could make around committing agency personnel and other resources. When the partnership first formed, it had fairly broad representation among community agencies and organizations but in later years, involvement decreased (2.3.1-2.3.5). When the partnership reconvened, the leadership consisted of agency leaders and the chair of the MPCB.

Partnership Accomplishments

The partnership held several senior expos that had broad representation of community services. The expos introduced older community residents to the options available to them locally rather than seeking services outside of the county. The monthly meetings each featured case conferencing where the members presented issues involved in specific cases and the group worked together to see how they could resolve the issue using their various agencies' resources. The group members signed confidentiality agreements for each meeting to assure the clients' right to privacy. The purpose of the initial partnership was to coordinate community resources so it did not seek to get its name recognized in the community. The senior expos and the production and dissemination of the resource directory were the primary ways in which the partnership increased awareness of aging resources (2.4.2-2.4.6).

Stakeholder Buy In

Interviewees discussed the fact that this is a sparsely populated county and as such, people who work in human services tend to know each other and work together on many issues. When interviewing agency leaders, they mentioned that the original aging partnership was staffed by workers. This led to the ability to conduct productive case conferences but policy and procedural changes could not be made by the members nor could they commit the resources of their respective agencies. Agency leaders supported their staff being involved in the aging partnership (2.5.1-2.5.2). The partnership has since been absorbed into the MPCB which brings agency leaders and community

representative to the table. This broadens the base of the partnership and provides a larger forum in which to discuss issues and infrastructure allowing members to address problems in a concerted way (2.5.3-2.8.2).

Hindrances to Sustainability

As stated previously, having partnership members at the staff level provided a productive venue for case problem-solving but did not offer a forum for discussing infrastructure issues among decision-makers. Interviewees commented that human service professionals in the county are stretched very thin which caused them to scale back on activities they find are not as productive as others (3.1.1-3.1.2). The members of the original partnership were indeed service providers and after several years of activity, in 2006, they decided to become part of the MPCB. With absorption of the aging partnership into the MPCB, the partnership base is much broader. However, since the MPCB has historically focused its efforts on child and family issues, its members have to adjust to being more inclusive as they explore the community's aging issues and how they can address them. They are exploring new types of funding and looking into bringing more senior-related organizations into the MPCB (3.3.1-3.4.1). When the interviewees discussed the county having a victim mentality, they said that community members reacted strongly to the actions of outside forces that have negative impacts on economic conditions (3.2.1).

Code series 3.5 relates to community apathy. The interviewees expressed frustration with what they view as resistance to some of the senior services, especially funding for them from community coffers. They talked about how

community residents seek services, especially medical care, outside of the county when quality services are available to them much closer to home. The faith community has not been actively involved but the MPCB is considering ways in which they can approach it to become active members (3.5.1-3.5.3).

Internal Factors Influencing Sustainability

The Site A aging partnership started with great enthusiasm but after several years of operating, the agency staff members who attended the partnership meetings, hosted the senior expos, developed the crisis protocol, and developed and distributed the community resource directory experienced burnout. As they reflected on their accomplishments, they decided that they had achieved the purpose stated in their bylaws and disbanded but reconvened as a subgroup of the MPCB (4.1.1-4.3.5).

External Factors Influencing Sustainability

The external factors cited by interviewees that had a bearing on the aging partnership's sustainability were the availability of funding in light of the increasing number of older adult residents and changes in the Medicaid Home and Community Based Waiver program (5.1.1-5.2.2). In addition, interviewees discussed how community support for services for older adults in the form of volunteers waxed and waned over time (5.3.1).

SYNOPSIS OF CASE STUDY SITE B

The group was originally formed when the Senior Services Committee of the Human Services Coordinating Council, the area's Multi-purpose Collaborative

Body (MPCB), recommended that a senior services provider networking group be formed in 1993. Partnership B first met on June 5, 1995 with 17 people in attendance with the purpose of exploring ways to increase cooperation among service providers, increasing agency collaboration, and identifying potential service duplication. The group developed its first mission statement: *"To support and enrich the lives of older adults and their families, through collaboration, planning and advocacy"* (from meeting minutes).

In February 1998, the group received a Governor's Innovation Recognition Award of \$1,000 which provided group members with validation of the value of their efforts. In 1998, the group had 21 members representing both counties in the catchment area. The standing committees were: senior services complex, public relations, consumer advocacy, and an assisted living task force. The year's accomplishments included collaborating with the local community mental health agency to develop and distribute a regional resource guide; hosting a Senior Health Day; developing a partnership orientation packet; and developing a minimum core outcome strategic plan for the MPCB.

In October of 2000, the MPCB recognized the group's efforts at their annual meeting. Also in 2000, the group changed its name to one that was simpler to remember and had a better acronym.

In 2005, attendance at the Partnership B monthly meetings was 17 in January and by November grew to 33. During 2005, Partnership B was discussing developing a formal budget. They were discussing how their revised meeting format would help meetings to stay focused on their mission. One major

change was that Partnership B moved from a consensus decision-making model to voting. The 2005 committee structure included work groups on advocacy including technology and senior power, networking including the senior expo, annual meeting, grant opportunities, and Partnership B networking, and educational materials on topics such as assisted living, long-term care, respite care. Information dissemination about member agencies and issues in the community related to seniors was a large part of the meetings. The education work group produced the following information brochures for seniors and their families: "Top 10 Things Seniors Need to Know", "Legal Issues", and "Prescriptions Drugs" as well as the "Senior Help Card" about long-term care.

In 2005, Partnership B was also preparing a position paper that articulated issues related to the community's seniors and recommendations for addressing them. The position paper was to be used as talking points so that all those representing Partnership B would respond to inquiries in the same manner. The networking work group planned and implemented the Senior Expo themed "Ideas for Life" that Partnership B has hosted every spring since 2001. In 2005, Partnership B launched a website.

In 2006, monthly meeting attendance ranged from 22 to 38 with a consistent group of about 20 of the same members attending each meeting. Partnership B meetings still dedicated a significant portion of time to information dissemination including outside speakers on pertinent topics. The website now included the Partnership B membership registration form. The annual Partnership B membership fee was \$35 per organization. The major outreach event was

once again the Senior Expo in May. As Partnership B membership grew and the membership diversified, the group was intent upon solidifying its purpose. At the February 2006 meeting, the identified purpose was networking/sharing, hosting the Senior Expo, supporting the work of the Senior Support Team and developing and distributing informational brochures.

The Senior Support Team's purpose was to fill unmet needs for seniors when all other avenues had been exhausted by providing emergency funds of up to \$300 per case. The Steering Committee was to determine the Partnership B work group/committee structure and meeting format and agendas. An issue identified by Senior Support Team was poor dental care in nursing homes and general lack of affordable dental care for seniors. They decided to address this by working with other groups in the community. Educational materials included the Senior Help Card, Assisted Living Check List, Prescription Drug brochure, Legal Assistance brochure, and File for Life (pertinent information for EMS to be kept on seniors' refrigerator doors). The advocacy work group developed three goals: more involvement of senior lobbyists; setting up a local electronic advocacy network; and promoting Senior Count data collection.

The Senior Expo had 66 vendors ranging from funeral homes, massage therapy, and fitness programs to real estate firms, banks, housing, and legislators with over 350 seniors in attendance. The Senior Expo raised over \$6,000 for the partnership to use to support its activities. In November 2006, the group discussed inviting other senior service providers such as the local Indian tribe, law enforcement, and legislators to join Partnership B. The advocacy paper

was to serve as a platform for advocating for older adults and thus was distributed to all Partnership B members and was a part of the new member packet. The group also discussed joining the Chamber of Commerce to further the cause of Partnership B and to get senior issues in front of the business community. The year ended as it began with the group discussing who they were, what they wanted to accomplish and where they were heading as an organization.

In 2007, Partnership B monthly meeting attendance ranged from 26 to 34 and by November there were 52 member organizations. In January, three task forces—senior issues, community planning, and Partnership B action—were developed. A grant proposal was written to augment the funds available to the Senior Support Team. By March, Partnership B had joined the Chamber of Commerce and the president of the Chamber started to attend Partnership B meetings. Partnership B was asked to send a representative to Chamber board meetings. The Chamber identified three priorities related to seniors—economic development, legislation, and land use. The advocacy work group was sending out advocacy alerts. In May, representatives from Partnership B, the Chamber and other local organizations met to explore the livable communities initiative in which a regional perspective would be developed to make the area more senior friendly, remove generational barriers and improve quality of life. Partnership B formed a livable communities task force to explore how they could promote the community's adoption of the initiative.

At the April Partnership B meeting, the group decided to revisit its strategic plan and priorities. The September 2007, strategic planning meeting yielded a change in the mission statement to *“To support and enrich the lives of older adults through collaboration”* (from meeting minutes). It was noted that there were two distinct clusters of members, those who saw Partnership B primarily as place for networking and sharing ideas and the other who felt Partnership B should be involved in projects that produced products or services. The strategic directions identified in the strategic plan were to 1) heighten awareness of senior issues and increase action; 2) integrate senior issues with community planning; and 3) strengthen Partnership B’s capacity for action. These directions accommodate the views of each of the two clusters as to Partnership B’s focus and objectives.

In 2008, attendance ranged from 28 to 44 with a membership of 60 organizations. The grant proposal written in 2007, was funded (\$3,500). Dues remained constant at \$35 per member organization. The strategic planning process continued and a mini-grant program was implemented. A nomination process was put into place to select Partnership B Chair and Chair-Elect. In 2008, two mini-grants were funded for a total of \$5,000. The programs funded were Camp 911, a one-day emergency services event attended by 180 seniors with representatives from over 15 agencies that presented information about urgent and emergency services for seniors including self-defense, K-9 Cops, and a rescue demonstration. The other mini-grant was awarded to RSVP/United Way for volunteers’ mileage reimbursement. A representative from the Prime Time

publication was at the November 2008 meeting to take a picture of the Partnership B members for a cover story in the April 2009 issue.

The Senior Expo continued to grow and in 2008, it received a \$7,500 sponsorship from AARP along with almost 20 other sponsorships, and had a media connection with a live on-air radio program broadcast from the Expo. The Senior Expo had over 100 vendors, mental and physical health screenings; seminars on reverse mortgages, identity theft, legal services for seniors, and building solutions for an aging community. The Senior Expo generated over \$7,000 in profits that Partnership B could use to fund its activities including the mini-grants and Senior Support Team fund distributions. The Senior Expo has its own website that provides information about the event for community members and vendors as well as information about Partnership B.

ASSESSMENT OF SITE B DATA

Site B provided meeting minutes, strategic planning documents, position paper, advocacy paper, and brochures as documents for the case study. A group interview was conducted with three leaders of Site B's partnership and an individual interview was conducted with the partnership's chair in November 2008. The researcher attended Site B's November 2008 partnership meeting and observed the meeting's dynamics. The full coding table is located in Appendix C. Analysis of the coded data is presented below. The numbers in parentheses are the code number(s) in Appendix C.

Factors That Prompted Site B to Form a Partnership

The first set of codes relates to the factors that prompted the community to become interested in addressing aging issues. The MPCB was integral to the ongoing efforts of the partnership. The aging of the baby boomer generation also played a role in getting Site B interested in doing something about its aging infrastructure. Providing ways for seniors to stay in the community was also identified several times (1.1.1-1.5.3).

Financial Resources

The bulk of the codes for Site B relates to the second core research question identifying factors that helped Site B sustain its efforts. In the first set of codes, the coders interpreted financial resources identified in the documents and by interviewees. The coders placed grant funding, the Senior Expo, and member dues in this category. This relates to code 2.1.3-has sufficient resources because Site B consistently has had a carry-over for the next year. Of the three case study sites, Site B generated the most revenue and was able to fund services on an individual on-time crisis basis through its Senior Support Team allocations.

Leadership

The six citations for Code 2.3.1-stable leadership came from a longitudinal assessment of the meeting minutes that showed that the core group of leaders remained involved in the partnership. New leaders emerged but the original ones kept their involvement on the steering committee and through chairing committees. Leadership dedication to advocacy for seniors is by far and away

the most prevalent topic in the leadership category. The coders indicated that the partnership held a town hall meeting, wrote a position paper, convened task forces to address problems, and developed an advocacy paper so members of the partnership could have talking points and speak with one voice in the community (2.3.3). The relatively high number of citations for Code 2.3.4-recruit and retain members, indicates that the data showed that consistent efforts were made to keep current members engaged while consistently increasing the number of new members. Code 2.3.5-members represented most or all sectors, shows that Site B reached out to entities beyond government agencies and service providers when a regional HMO and the local Chamber of Commerce became members. Having these entities involved in the partnership significantly broadens its base and provides different perspectives.

Partnership Accomplishments

Networking and information dissemination are major activities conducted by Site B. As Codes 2.4.2-2.4.5 indicate, the coders found numerous references to the Senior Expo, pamphlets and brochures developed and distributed, the speakers bureau, meal delivery, Senior Support Team, mini-grants and discussions about how to get news of the partnership's activities out to the general public. As can be seen from the coders' comments, the Senior Expo is a driving force for Site B. Through it, they are able to engage service providers, educate community members and their families through seminars, provide a place for community members to learn about services provided by a broad range of providers, and fill their coffers to support their other projects such as the

Senior Support Team and the mini-grants. Code 2.4.6-increased collaboration among service providers, shows the significant number of incidents cited that relate to the reports made in the monthly meetings, activities of the various member organizations and the discussion that ensued about how the member groups could work together.

Code 2.4.7-partnership was able to affect policy change, indicates that Site B became involved in the political process on behalf of the older adults in their area. This was particularly apparent when they had campaigns to educate their state legislators on issues such as the drastic cuts to the Medicaid home and community based services waiver for long-term care and other budgets cuts for services used by seniors that could have a deleterious impact on their health and well being.

Stakeholder Buy In, Community Champions, Political Will, and Community Recognition

The 2.5 code series pertains to stakeholder buy in for the partnership's efforts. In this regard, Site B has done well with the support it received from the Human Services Coordinating Council (MPCB), Chamber of Commerce, Senior Expo from both vendors and community members, and local media that specializes in aging issues. Code 2.6.1-at least one influential community leader openly supports the partnership is fulfilled by the long-standing support of the MPCB and the more recent engagement of the Chamber of Commerce.

The final series of codes under the factors that sustain community efforts to address aging concerns political will and community recognition. The coders

identified the support from the MPCB and the Chamber of Commerce as evidence of the political will of the community's leaders for the partnership's goals and efforts. The consistent large attendance at the Senior Expo demonstrates the community's support for the efforts of the partnership. Community recognition in large measure comes through the Senior Expo, the MPCB and the Chamber of Commerce (2.8.1-2.8.4).

Hindrances to Sustainability

The next set of codes relates to the third core research question regarding the factors that hindered the community's efforts to address aging. Code 3.1.2-partnership does not have sufficient resources to maintain its administrative functions was not found to be the case for Site B. One time in the meeting minutes, it was mentioned that it would be nice to have money to have a research study/needs assessment conducted but this did not impede the general functioning of the partnership. It was mentioned that Site B is an all volunteer organization with in-kind donations of meeting space and office functions so its overhead costs were very low.

Codes 3.2.1 and 3.2.2 are concerned with turf battles. Although the partnership was indeed skewed toward service providers (3.2.2), the group was open to other types of entities as members to broaden the base and bring other perspectives and expertise to the table. Site B was effective in doing this. The only turf battle mentioned pertained to the purpose of the group. Some members thought the partnership's purpose was predominantly networking while others thought it should be project-oriented. The members found a compromise position

by doing both of these. As the membership grew, there were sufficient people involved so that the partnership could diversify its efforts. The partnership spent a considerable part of its monthly meetings sharing member updates in addition to hosting the Senior Expo and sponsoring Senior Support Team.

The code series 3.5 regards community apathy. This was not mentioned in the documents or by the interviewees to any great extent. The strategic plan briefly mentioned that there needed to be more of an effort to expose the community to the issues surrounding aging. Code 3.5.3 pertains to involvement of the faith community. The interviewees were asked about this specifically since it was not mentioned in the documents. They stated that although the faith-based service providers were involved in the partnership, members of congregations, denominations or the ministerial alliance were not involved because they had not been actively recruited.

Code series 3.6 regards lack of information. The only mention of this is that they did not have a current needs assessment for the area and needed to do one, especially so they could complete the Community for a Lifetime application which requires a significant amount of detailed information.

Internal Factors Influencing Sustainability

Code level 4 is the first part of the fourth core research questions. It identifies internal factors that had a bearing on the partnership's ability to sustain the collaboration. Codes 4.1.1 to 4.1.3 involve changing membership. The coders both identified the tremendous growth in membership as a change that occurred, albeit a positive one. The membership grew from 36 to 61 in one year. This

caused some disruption as the new members integrated into the partnership but it provided much positive momentum to the group. The leadership changed not only because of agency staff changes, but because of time commitments of those who had led the group and new people coming into the partnership who were willing to take a leadership role.

The core group of people who have been involved for a decade remains in tact. This has provided great stability and institutional memory to the group. Once local entities become member organizations, they have a tendency to maintain their membership so very little attrition was noted. New members have joined and become involved in the information sharing, problem-solving, information dissemination, and projects such as the Senior Expo.

As to racial and ethnic diversity (4.2.2), it was not apparent at the monthly meeting, however, there is age diversity among the members. The community is somewhat ethnically diverse because it has a large number of migrant workers and a tribal band. The migrant workers tend to be younger than the population targeted by the partnership. The tribal band has been invited to participate but as yet had not been actively involved. Code 4.2.4 pertains to the breadth of the organizations involved in the partnership. As stated previously, Site B has been successful in recruiting and retaining members from not-for-profit and for-profit agencies, government agencies, transportation, and has a regional HMO as a member. Not only has the Chamber of Commerce joined the partnership, the partnership has joined the Chamber so there are considerably more linkages to

other groups and organization in the community than when the partnership originally formed.

Codes 4.3.1-4.3.5 relate to the partnership's purpose. Site B has defined its role as increasing the quality of life for the area's older residents, increasing service coordination and collaboration through networking and problem solving, and helping to meet unmet needs through mini-grants and the Senior Support Team. Site B has a mission statement that informs its goals and guides its strategic planning development and implementation, including the development of a five-year plan to accomplish its goals.

External Factors Influencing Sustainability

The second part of the fourth core research question (5.1-5.3) relates to the external factors that have a bearing on the ability of the partnership to sustain its collaboration. For Site B, external factors did not appear to have much influence on the workings of the partnership. Site B is able to generate revenue with which to operate and support its projects. It did seek some external grant funds but those were to augment its ability to increase the amount of money it has to meet unmet needs of older residents. With regard to policy changes, these had an impact on the advocacy efforts of the partnership but not its ability to operate or generate revenue to support its activities. The interviewees and the documents did not mention changes in community priorities regarding older adults. The level of support remains steady in regard to the support of the MPCB, the Chamber of Commerce, and service vendors and community residents who participate in the Senior Expo.

SYNOPSIS OF CASE STUDY SITE C

The Partnership C was formed in April 1998 as a workgroup of the coordinating council, the county's Multi Purpose Collaborative Body (MPCB). A growing awareness of the need for a senior focus in the county prompted the formation of the partnership of Site C. The original mission of Site C was *"to educate, coordinate, and assess senior services and needs while promoting dignity and quality of life for all seniors throughout the county"* (from meeting minutes). The goals of the original group were: 1) to provide information, education and outreach to the community and seniors which includes being a resource network for seniors and the community and developing strategies for reaching isolated seniors; 2) to promote coordination and networking among providers including developing a resource network for agencies and decreasing unnecessary duplication among agencies/providers; and 3) to offer an ongoing assessment of current and future services, needs and resources which includes awareness of local, state, and federal funding issues; determining why some services are under-accessed; and determining what programs are needed to fill gaps in the current system (from meeting minutes).

The workgroup disbanded in March 2000, but was encouraged to regroup in October 2000. In December 2000, a survey was distributed to workgroup members, the results of which demonstrated that they supported regrouping.

In 2001, the workgroup met 11 times to determine its mission, begin education regarding services, determine the top senior needs and to develop a survey. The survey was distributed in December 2001, to senior and human

service agencies, senior living residences, churches, physicians, politicians, and other community members. Seven hundred surveys were sent and 52 responses were received (5.7% response rate). Survey respondents were front-line staff working with seniors. Survey topics included transportation, prescription medications, in-home services, and major and minor house repairs. The results of the survey were used to determine the areas upon which the Partnership C would focus its efforts; to develop goals and objectives in the focus areas; and to monitor and measure progress on the goals and objectives.

In April 2002, the results of the survey were discussed by Partnership C members. They identified several outcomes they wished to accomplish: 1) identifying seniors who have needs that were not being met; 2) raising senior awareness of available services; 3) raising awareness of others who touch seniors' lives; 4) raising awareness of governmental decision makers; and 5) raising awareness regarding prescriptions at senior living facilities. During the May 2002 meeting, the group further discussed the goals it wanted to accomplish. They decided to select four areas--transportation, home services, prescriptions, and home repair--on which to work and to narrow their scope to target seniors who needed services. Partnership C members determined that they would identify the services that would have the greatest impact on the target group (from meeting minutes).

At the August 2002 meeting, it was decided that home repairs would be the single focus area, primarily because seniors were accessing the other three areas with few problems. Seniors appeared to have a difficult time accessing

home repair services. There was also the possibility that seniors could be victimized by vendors doing poor work, making unnecessary repairs, and overcharging seniors for their services. The outcomes identified with the home repair project were to identify a reputable contractor to provide assessments and estimates; develop a resource page for the telephone book; develop a booklet or handout; identify a community person to explain available services and match seniors to them; and develop a preferred provider list. By their November 2002 meeting, a draft document delineating home repair outcomes was reviewed. The primary outcome was that seniors have access to quality major and minor home repairs. The concomitant goals were that all seniors referred to programs are able to get major and minor home repairs; that there would be coordination among local resources to provide quarterly home repair/service; and to increase availability of home safety equipment.

Attendance at the Partnership C meetings lessened as 2002 progressed. The attendance during the first three months of the year ranged from 15 to 21 members. By the last three months of the year, attendance ranged from 8 to 10 members.

In January of 2003, 7 members attended and the average 2003 attendance hovered around ten members. During 2003, Partnership C kept track of the number of requests made by the county's seniors for home repairs and yard work as it discussed various scenarios on how to address the need, including contact with the local Home Builders Association (HBA). By the end of

2003, Partnership C was recruiting organizations such as schools as well as individual community members to assist seniors with yard work.

It took until October of 2004, to finalize the partnership with the Home Builder Association. Requests for services would come through 2-1-1 and be provided to a designated Partnership C member. The member would batch the requests and provide them to the HBA monthly. For emergency repairs, the requests would be brought to the HBA Executive group. In December 2004, Partnership C sent letters to 21 service clubs throughout the county requesting a \$500 donation to support home repair for the county's Seniors. The donations would fund supplies for repairs done by members of HBA. Some donations were received to fund this project.

The 2004-2005 Partnership C goals provided to the MPCB were 1) all seniors referred to programs are able to get home repairs and maintenance and 2) all seniors are able to receive access to health information and services. Measurement indicators were not identified, stating that baseline information was being gathered by 2-1-1. Strategies for addressing the goals were to work with HBA for home repairs and local high schools to recruit volunteers for yard maintenance. The second goal was still in the workgroup phase, determining what recommendations to make with regard to increasing education about pet therapy, fire safety, substance abuse prevention, and health screening.

The attendance at the beginning of 2005 was higher with 19 members in February. By the end of 2005, attendance was down to 6 in November and 9 in December. In February 2005, discussions were held regarding a pet care

program but the issue did not appear in subsequent meeting minutes. The group's activities centered around evaluating prescription drug use with the development of a SMART goal to complete prescription evaluations by a pharmacist for at least a quarter of the county's residents through conducting brown bag programs in three separate geographic areas during November, December and January 2006. The programs would work with a local pharmacy in each area and would be assessed in February to determine their effectiveness.

Partnership C met eight times during 2006 with attendance ranging from 10 to 16 members. The attending members represented public agencies, not-for-profit groups and for-profit service providers. For-profit agency representation on Partnership C increased during 2006. Since Partnership C was founded as a workgroup of the MPCB, this represented a shift in membership that brought a different interpretation of the purpose for Partnership C. At the June meeting, it was noted that regular attendance was necessary to keep the group moving forward and that if Partnership C had a strong focus, members would come more regularly. At the July 2006 meeting, frustration was mounting regarding the inconsistency of member participation, lack of goals, and stress of taking on projects that were too big for such a group to accomplish. The group decided that it should be a fact-finding committee and create a universal senior survey to meet data needs of the member organizations so that a gap analysis of community services could be conducted.

In 2007, Partnership C met in January but did not meet during the rest of the year. By January 2008, Partnership C met again at the urging of the MPCB.

Attendance ranged from 9 to 19 members throughout 2008. In 2008, Partnership C had new leadership and an active focus on data collection through surveys of seniors and service providers. The results of the 312 senior (customer) surveys received were timed so they could be used to respond to a request for proposal in July. In addition to confirming what the group had perceived about the community, the survey results indicated that there is an unmet need among caregivers in the community whose needs are not well addressed by existing services. Partnership C members presented the results of the survey to their various home organizations.

The 2008 Partnership C meetings were viewed by members as an information dissemination platform for local agencies to discuss their projects and services. The group became more of a problem-solving venue where member organizations could explore manners in which they could refer clients to each other as well as learn about services available through other agencies that would benefit their clients. A significant accomplishment of Partnership C in 2008, was greatly to enhance the senior services information in the community report card published by the MPCB that was allocated two pages rather than the previously allocated one page. Partnership C plans to expand the focus even further in 2009. Partnership C will gather information from 2-1-1 on calls received regarding senior issues as another element of its data collection strategy.

ASSESSMENT OF SITE C DATA

Site C provided meeting minutes, surveys and survey results, brochures, and event announcements as documents for the case study. Six individual

interviews were conducted with leaders of Site C's partnership in September 2008. The researcher attended the August and September Site C's partnership meeting and observed the meeting's dynamics. The full coding table is located in Appendix C. Analysis of the coded data is presented below. The numbers in parentheses are the codes in Appendix C.

Factors That Prompted Site C to Form a Partnership

Demographic trends and events were what prompted the MPCB to establish a sub-committee to address aging issues (1.5.1). It is recognized that the baby boomers aging in their community (1.2.1) made it important to promote ways for older residents to age in place (1.3.2). Site C experienced more leadership changes than were noted by Sites A and B.

Financial Resources

The interviewees all commented about the fact that the county has had a senior millage (property tax) over ten years and it has always been renewed by the voters. The millage garners over \$2,500,000 a year to support senior services through a grant process. Many of the grantees are actively involved in the partnership (2.1.1). Because the partnership is a sub-committee of the MPCB, it has provided support staff to produce meeting minutes and other documents through the MPCB (2.1.2).

The partnership does not have paid staff. Office supplies and services are provided in-kind so it has sufficient resources to maintain its current level of activities (2.1.3). The county has a large international foundation located within

its boundaries and thus has been involved in several collaborative initiatives, most of which pertain to health issues. The interviewees commented that previous initiatives have been positively received by community members (2.2.1 – 2.2.6).

Leadership

In some ways, the partnership has had stable leadership in that it has consistently reported to the MPCB and the primary senior serving agencies in the county have continued to be involved (2.3.1-2.3.2). The primary means of soliciting community input has been through surveys, one targeting frontline providers and the other consumers of senior services (2.3.6).

The partnership went through an identity crisis where it seemed to move away from the mission set forth by the MPCB. In fact, when asked about the mission, goals and objectives of the partnership, the interviewees said they needed to develop those. However, these were located in some of the early documents from the partnership (2.3.3-2.3.5). The change in partnership leadership since the group reconvened in early 2008, explains the lack of institutional memory.

Partnership Accomplishments

The partnership accomplishments center around its information gathering through the provider and consumer surveys, its links to the regional health alliance, elder abuse task force, hosting events such as the health fair, and other community initiatives (2.4.1). The enhancement of the senior section of the

community report card produced by the MPCB is also viewed as an accomplishment because it disseminates valuable information to community members (2.4.1).

The reconvened partnership, as described by the interviewees, seems to view itself as an information conduit where members share information during the monthly meetings about their agencies and what the agencies have to offer. Issues are brought to the table and the members discuss ways to solve the problem, especially about ways they can help address the problem or by describing other options that could be available (2.4.6).

Stakeholder Buy In

As far as stakeholder buy in is concerned, as part of the MPCB, Site C has a strong support base among influential members of the county's human services community. The MPCB connection provides the partnership with resources as well as entrée into the community at large (2.5.1-2.5.2, 2.6.1, 2.7.1). The arrangement the partnership developed with the Home Builders Association (HBA) is innovative (2.5.2). It is one of the projects in which the partnership provides a linkage between seniors and a community service. By arranging quality, cost-effective and non-exploitative home repair services to seniors, the partnership provides one of the services necessary for seniors to age in place. It also raises awareness of housing issues in the business community through the local HBA's involvement. One of the long-term members of the partnership is the editor of the Senior Times which provides space in its

publication for news and public service announcements about the activities of the partnership and its member organizations (2.5.4).

Community Recognition

On one hand, Site C's intention is not to promote itself and its work and therefore, there is not much community recognition of its efforts. On the other hand, Site C does host events under its name such as the health fair. As a sub-committee of the MPCB some of the actions of the partnership are recognized under that umbrella organization (2.8.1-2.8.4).

Hindrances to Sustainability

Code level 3 pertains to factors that hindered community efforts to address aging issues. As noted previously, there was a parting of the ways in 2006, about the purpose of the partnership with vendors deciding to form a separate group that addressed their specific needs. The partnership's purpose as stated in the 1998 mission statement (to educate, coordinate, and assess senior services and needs while promoting dignity and quality of life for all seniors throughout the county), is consistent with the present partnership's activities. Although the current members did not realize they have a formal mission statement, their present activities are closely aligned to the original intent for the group (3.2.1-3.3.1). As discussed previously, the leadership of the group has not been consistent over its decade of existence. Some of this was due to personnel changes at agencies, the expansion of membership to include service vendors, and the tragic death of one of the driving forces for senior services in the county.

Two very well respected agency directors have co-chaired the group since it reconvened in January 2008 after the hiatus that took place in 2007. The group has been reinvigorated and membership has increased under the new leadership (3.4.1-3.4.2).

Code series 3.5 concerns community apathy. Interviewees talked about how the community at large has not embraced senior issues or the negative effects that lack of attention to seniors can cause for the whole community. The partnership is working to disseminate information about these issues to the general community through media pieces, health fairs, seminars, and its portion of the community report card produced by the MPCB. Members of the faith community have not been included in the reconvened partnership but the partnership is aware of faith-based activities and services for seniors and promotes them when feasible (3.5.1-3.5.3).

Code series 3.6 regards lack of data. The partnership has conducted surveys of frontline providers and community members. The data from the surveys were aggregated and discussed at partnership meetings. The data were used to determine priorities for the partnership's efforts. An interesting source of information the partnership receives is from the county's 2-1-1 call center. Once again, this data informs the group's decisions on how it should proceed (3.6.1-3.6.2). The partnership does not provide direct services and therefore does not seek out a significant amount of external funding. When they do look at external funding, their discussions tend to emphasize categorical funding sources (3.6.3).

Internal Factors Influencing Sustainability

Code series 4.1 is about membership changes. As discussed previously, Site C has had a number of leadership and membership changes over its ten year existence. These changes culminated in a lack of engagement by a substantial number of members that led to the group not meeting from February through December of 2007. At the urging of the MPCB, the group restarted in January 2008, under new management and with a renewed sense of purpose (4.1.1-4.1.3). The membership of the partnership is mostly from the largest city in the county which is where the monthly meetings are held. The interviewees expressed a desire to have representation from some of the smaller communities throughout the county and are discussing ways to engage them. Site C has age diversity but not racial or ethnic representation although the county is racially diversity (4.2.1-4.2.2). The partnership members represent agencies that serve a wide variety of socioeconomic groups (4.2.3). The member organizations are heavily weighted toward publicly funded agencies that are members of the MPCB and the health care and residential care sectors are well represented (4.2.4).

Code series 4.3 presents data about the partnership's purpose. The partnership is a sub-committee of the MPCB with the express purpose of educating, coordinating, and assessing senior services and needs as they promote dignity and quality of life for all seniors living in the county. As discussed previously, the current membership and leadership of the partnership is re-examining its roles and functions within its charge from the MPCB (4.3.8). The member organizations share information and address issues at their monthly

meetings as a means of collaborating and identifying service needs and gaps in the county (4.3.1-4.3.7).

External Factors Influencing Sustainability

External factors did not play a great role in the sustainability of Site C's partnership. Since they have sought little in the way of external funding, there was not a reduction in available funds to the partnership although funds were reduced for member organizations (5.1.1). Several of the interviewees mentioned that the decrease in housing values could have a negative impact on the amount of senior millage funds generated and therefore would reduce availability of funds granted to partnership activities through the senior millage (5.1.4). State-level policy changes cited by interviewees were associated with funding cuts and the memory of the looming state government shutdown when there was such contention in the legislature over the budget (5.2.2).

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