THE APPLICATION OF SMALL GROUP TECHNIQUES TO TRAINING IN COMMUNITY PARTICIPATION: A FIELD EXPERIMENT

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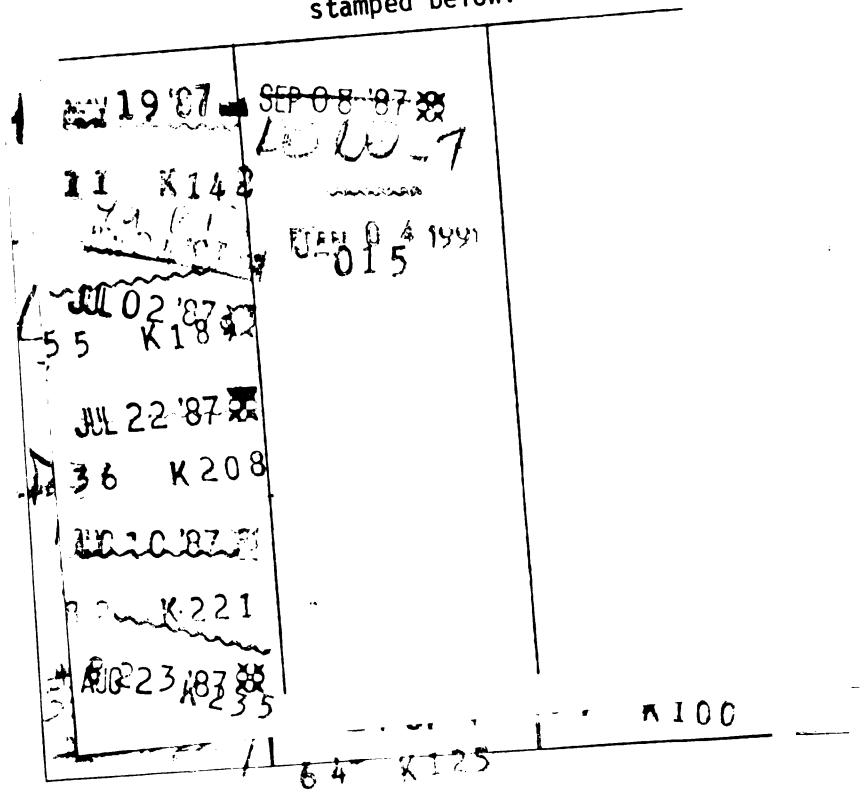

ABSTRACT

THE APPLICATION OF SMALL GROUP TECHNIQUES TO TRAINING IN COMMUNITY PARTICIPATION: A FIELD EXPERIMENT

By

Amanda Ann Beck

The status of citizen participation in governmental decision-making as reported in the literature was reviewed. The problems of marginal status consumers in a regional comprehensive health planning agency as documented in previous research on the authoress were also reviewed. The relative advantages and disadvantages of an autonomous small group alternative for consumer training versus the traditional workshop approach were discussed. A description was then presented of an innovative experiment designed to increase the information and perceived legitimacy of participants and thereby increase their participation and alter their role in agency decision-making activities.

Results demonstrated that an autonomous task-oriented, problem-solving cohesive group did develop which generated its own information, established mechanisms for the reinforcement of the legitimacy of consumer participation, and provided opportunities to practice decision-making skills.

Comparison of small group training participants with traditional group participants demonstrated that the experimental program resulted in significantly more information, significantly higher rankings on the factors reflecting the legitimacy of their participation in the decision-making activities, and significantly greater formal and informal participation for participants.

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By

Amanda Ann Beck

A DISSERTATION

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Dedicated to

Dr. Peter C. Bishop, Ph.D.

my friend and colleague without whom the success

of this effort would not have been possible

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Chapter I

Introduction

Citizen Participation

Research has demonstrated that participation in the decision-making process by the recipients of the decision often leads to greater acceptance of the decision, and hence, more successful implementation (Coch and French, 1948; French, et al., 1959; Gilmer, 1961; Tannenbaum, 1968). In governmental planning agencies, the basic task is decision-making, and the recipients of such decisions are the consumers of the programs planned. In such agencies, citizen participation in the decision-making process plays a vital and powerful role in "monitoring" professional plans and making sure that the planning professionals and technical experts do not design programs with either disregard for citizen interest or simply for the interests of certain power groups (Altschuler, 1970; Dubey, 1970).

While the concept of citizen participation as a valuable contribution to the decision-making process may have been accepted by many, incorporation as an operating concept in most planning agencies has been, on the whole, slow and ineffective.

Some voluntary efforts to encourage low income participants in

neighborhood social action were begun in the 1890's, 1900's, and 1930's. It was not, however, until the early 1960's that the requirements for Ford Foundation grants and government regulations of O.E.O. and H.U.D. programs forced a more active role on community representatives in social reform decision-making. The funding of Model Cities programs, for example, required that policy making boards consist of a majority of citizen representatives. The greatest attempt to expand the domain of citizen participation and provide for "maximum feasible participation of the poor" was incorporated in the Economic Opportunity Act of 1964 (Moynihan, 1970). Unfortunately, the confusion surrounding the definition of the term "maximum feasible participation" and the methods by which this was implemented in various areas led to the development of Community Action Programs ranging from complete policy control and major political power afforded the citizens to mere source of employment for the participants. As Sherry Arnstein (1969) explained citizen participation has ranged from: a) token states of informing the citizen, consulting his opinion, or placating his desires, b) through a condition of partnership or delegated power in decision-making, and rarely, c) to effective citizen control. In concluding remarks she agreed with the Organization for Social and Technical Innovations' conclusions that "in general, citizens are finding it impossible to have significant impact on the comprehensive planning that is going on." (p. 240). Thus professionals have traditionally acted upon the assumption that only they possess sufficient expertise to plan and they have continued to plan "benevolently" for the public (Fairweather, 1969; Struauss, 1972).

A recent effort has been made to involve citizens in decisions affecting their health care. In 1966 Congress recognized the problems

of multiple health care delivery mechanisms and soaring costs by creating Public Law 89-749, the "Partnership for Health" Act. Section 314 established a mechanism for resolution of some of these difficulties-comprehensive health planning (CHP), at the federal, state, and local level. Recent years have also brought a heightened social awareness of equal rights; among them, that health care is a right of all people and not a privilege of the fortunate. Congress also recognized this right as shown in community participation in health planning decisions, and, therefore mandated that health care consumers be included in all policy making and advisory board in comprehensive health planning (National Commission on Community Health Services, 1967; Ready, 1972). The Secretary of the U.S. Department of Health, Education, and Welfare in promulgating the guidelines for Section 314 further stipulated that consumers be the majority on these boards. Thus a planned mechanism was established for partnership between health consumers and providers where providers were specifically prevented from numerical domination (Andryezewski, 1972).

Formal membership does not, however, automatically lead to effective participation. Many have complained that, like other social action agencies in the past, CHP has basic problems in consumer participation, primarily little participation by a relatively uninformed, ineffective citizen group (Andryezewski, 1972). Citizens themselves have also complained of being marginal rather than central to the decision-making process (Strauss, 1972).

Background Information on Consumers and Providers

An opportunity for an empirical investigation of the position of the citizen participants in the decision-making process of planning was afforded by a Comprehensive Health Planning "b" agency established in 1968 as a result of the "Partnership for Health" Act. It was a regional agency planning and coordinating health delivery services in a tri-county area of lower Michigan with financial resources consisting of Federal H.E.W. funds matched 1 to 1 with local contributions. Its personnel consisted of a full-time professional planning staff and volunteer part-time members of two types: providers of health services (anyone who earns his livelihood in teaching, delivery, or administration of health services), and consumer representatives (anyone who does not earn his livelihood in health teaching, delivery, or administration).

The internal organization of the agency was composed of the staff just mentioned, a Board of Trustees, and Executive Committee (acting between Board meetings), and five planning committees. The Board of Trustees met quarterly. It consisted of 45 members, and at least 51 percent of them were supposed to be consumers. Planning committees met monthly, ranged in size from 12 to 43 members, and generally reflected the same consumer to provider ratio as the Board.

The marginal status of consumer participants in this agency was documented in previous research (Beck, 1972) by analysis of attendance rates at agency meetings and data derived from interviews with the members. The documentation was based on the attendance of all members and interviews with 52 consumers (72% of possible) and 54 providers (75% of possible) and

5 staff (100% of possible). The marginal status of consumers was shown by comparing consumers with providers on the basic components of effective participation. If a parity between consumers and providers was suggested by the "Partnership" Act then there should have been no significant differences between the two groups in these areas. These results on marginality may be viewed from three perspectives: (1) those specifying the information about health planning processes possessed by consumers, (2) those reflecting the legitimacy of their participation in decision-making activities of the Agency, and (3) those indicating the extent of their behavioral participation in these activities.

Information was collected to measure the extent to which consumers were adequately informed and sufficiently knowledgeable to consider and resolve key decision-making points (Palmer, 1972). A series of questions were collected concerning: 1) CHP in general, 2) the organizational structure of the Agency, 3) the Agency staff, 4) the voluntary formal leadership of the Agency, and 5) the Agency work program i.e., the budgeted plan of operation for the organization. Analysis of these questions presented in Table 1 show that consumers were significantly less informed than providers on all categories except the last. On work program items, only a small percentage of either group could name the Agency's programs.

Legitimacy is considered as the rightful participation of a group in Agency decision-making activities and the likelihood that it and its decisions will be accepted by the parties at interest (Palmer, 1972). While it is a somewhat less tangible concept than information it may be measured by indices of socio-economic status, effective constituency, power, psychological membership, and social or institutional roles.

Table 1

Pre-Experimental Comparison of Providers and Consumers

VARIABLE	PROVIDERS	CONSUMERS	df	Test Of Significance
INFORMATION				
General	1.60	1.31	102	t= 4.87[c]
Committee Names	1.51	1.34	97	t= 2.91[b]
Agency Staff	1.60	1.47	102	t= 2.14[b]
Committee Chairmen	1.22	1.14	97	t= 1.83[a]
Work Program	1.20	1.14	96	t= 1.23
LEGITIMACY				
Socio-Economic Status				
Formal health education				
none	2	21		
little	0	13		
some	9	9	4	x^2 = 57.16[c]
quite a bit	11	8		
great deal	28	0		
Formal general education				
grammar school	0	1		
high school	1	12		
para prof.	3	5		
Bachelor degree	8	20	6	x^2 = 29.17[c]
Master's degree	19	9		
Ph.D.	6	4		
Medical Professional	12	1		
Family Income				
< 7,000	0	11		
7-12,000	4	4		
12-20,000	13	26	4	x^2 = 12.27[a]
20-30,000	18	12		
> 30,000	12	5		
Constituency				
no formal representation	11	16	1	x^2 = 1.71
formal representation	41	33		
constituency identification	40.58	16.24	100	t = 1.23
constituency effect	3.60	3.31	100	t = 2.35[a]

Table 1 (Continued)

VARIABLE	PROVIDERS	CONSUMERS	df	Test of Significance
Power/Influence				
Tannenbaum				
actual own	2.52	2.19	50	t = 1.42
actual consumer		2.05	50	t = 12.97[c]
actual provider		3.98	50	t = 9.59[c]
actual staff		4.43		
actual consumer	2.12		51	t = 13.42[c]
actual provider	3.56		51	t = 6.86[c]
actual staff	4.50			
Psychological Membership				
Attraction				
to group	3.68	3.33	90	t = 1.83
to members	3.83	3.82	88	t = 0.21
Acceptance (standardized)	0.09	-0.15	100	t = 3.00[b]
task assignment		(staff)		
included	3	1 8		
random	6	2 3	8	X^2 = 18.70[c]
excluded	4	10 1		
BEHAVIORAL PARTICIPATION				
Attendance				
frequency non attendance	265	275.5	1	X^2 = 6.25[a]
frequency attendance	236	176.5		
Informal Communicator				
number contacts made	20.76	17.37	90	t = 1.12
number contacts received	18.98	16.17	90	t = 0.93
frequency contacts made	1.77	1.58	90	t = 2.13[a]
frequency contacts received	1.77	1.69	90	t = 0.54

[a] $P < .05$

[b] $P < .01$

[c] $P < .001$

The first major characteristic of socio-economic status considered was the profession of the participants themselves. By definition, providers were professionals in the matters on which decisions were made and consumers were only part-time volunteers. This in itself provided an automatic legitimacy advantage to providers (Strauss, 1972). As Table 1 shows, education, measured both as formal health education and formal general education, was consistent with the information deficit just reported. Consumers had significantly less education in both respects. Measures of family income as displayed in Table 1 also showed that consumers had significantly less income than providers. These results about socio-economic status demonstrated a consistent pattern of subordinate status for consumers.

Because the Agency followed the format of a mediating group (Cartwright and Zander, 1968) membership was generally restricted to those representing a group or organization upon which health planning had an impact. Palmer (1972) considered the legitimacy of such representation to be a critical factor in decision-making. Legitimacy of representation can be operationally defined as: (1) the simple existence of an organized constituency; (2) the type of organization which formed the constituency; (3) the effect of the constituency upon the behavior of the representative; and (4) the recognition of the constituency by other members. Results based on these concepts as shown in Table 1 demonstrated no difference between the percentage of providers and consumers who reported themselves as formally representing a group. However, since consumer constituencies are by definition non-health professionals they would automatically tend to occupy a less legitimate position in this hierarchy. No differences were found on the extent to which other members could correctly identify the constituencies of consumers and providers. As Table 1 shows, however,

consumers, reported that their constituencies had much less effect on their participation in the Agency than providers did. A constituency which can be named but is not in operation is unlikely to be a legitimate factor in decision-making.

Palmer (1972) reported that in lacking an effective constituency, consumers also lack an effective power base. Power was therefore the next variable examined. Since it has multiple meanings, it was examined from several perspectives. The first approach (Arnstein, 1968) determined the position consumers occupied on a ladder of power types which ranged from merely being informed of decisions to control over such decisions. Analysis of such measures showed that consumers were consulted before decisions were made but that, on the whole, they did not vote on decisions nor did they as a group share in final resource allocation, have delegated power to make decisions, or have control over decisions. The relative influence of the three major participant groups (consumer, provider, staff) was examined from the zero-sum perspective (Tannenbaum, 1968) which assumes a limited amount of power possible in an organization or in decision-making. Power distribution was also measured under the assumption that it could be an unlimited sum (Tannenbaum, 1968). Documentation as shown in Table 1 confirmed the report of Mott (1972) that consumers were significantly less powerful in the Agency than providers. The amount of influence each individual attributed to himself was also examined and Table 1 shows that consumers perceived themselves as more powerless than providers perceived themselves as being.

To the extent that individuals are accepted by fellow members and integrated as full legitimate members into decision-making processes,

they possess "psychological membership" in contrast to formal membership (Jackson, 1959). Results on the attraction to psychological membership showed that both consumers and providers were moderately attracted to their committees with no significant difference between them. Consumers, however, were significantly less accepted by their committees than providers were.

The final aspect of legitimacy of participation considered was the extent to which consumers participated in roles necessary to Agency functioning. Results in Table 1 show that of the thirteen possible roles that consumers could have been fulfilling, they were assigned only one and were excluded from ten others. "Representing community opinion" could be a significant role for consumers. Simultaneous exclusion from more specific tasks, however, would make this role either irrelevant or theoretical.

The most important characteristic of consumer participation examined was their behavioral participation in the formal and informal decision-making activities of the Agency. Attendance records for all Agency meetings held during a 12 month period were examined and results in Table 1 show that consumers attended meetings significantly less frequently than providers did. Analysis of inclusion in the informal channels of communication revealed as shown in Table 1 that providers indicated that they contacted other members significantly more frequently than consumers did, but were contacted with about the same frequency. Thus while consumers appeared to have been included in the network, the value of remembering informal contacts may have been more valuable to providers than consumers.

In summary the empirical evidence in the particular Agency under study confirmed reported concerns that community representatives were less informed, less legitimate, and participated less in planning than providers.

It likewise supported the reports of Strauss (1972) that consumers did in fact occupy in Agency proceedings what Fairweather (1967) has classified as "marginal status." Finally it supported other findings (Bloomberg, 1969) that while the letter of the law had been complied with, the spirit had not.

The empirical results in combination with observations of the researchers indicated that the internal organization of the Agency could be illustrated by Figure 1 (Agency Model).

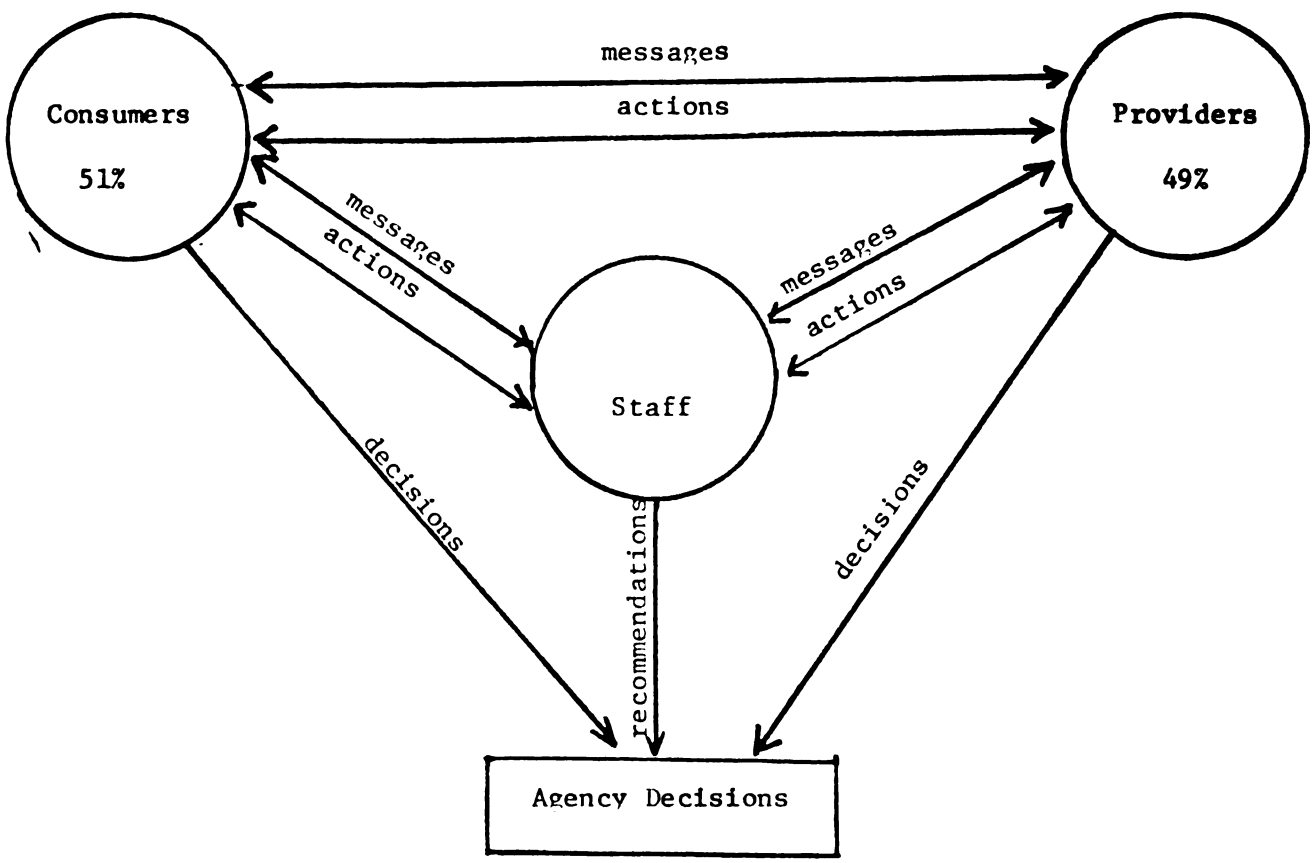

Figure 1. Agency Model

In addition to the empirical results already reported between consumers and providers, observation showed that instead of the staff merely providing a support service it was in fact an active participant in the manner and outcomes of Agency decision-making. As a filter to all information coming into the Agency, the staff could selectively disperse it. If information is power, then the staff was indeed a powerful factor in participation.

Instead of the staff perceiving themselves as powerful, however, results showed that they perceived providers as the focus of Agency power and saw them as an adversary in control of Agency decisions. Providers saw staff as more powerful than themselves and in turn viewed them as adversaries in decisions. Consumers were a quite diverse group but empirical results showed that in general they viewed the staff as the most powerful group and as an ally, with providers being the competitors in resource allocation.

As a result there were three theoritical possibilities for direct change staff, consumers, and providers, In reality, however, the psychological and political climate of the organization made direct interventions for change possible only for consumers at the time of the experiment.

Alternative Solutions-Individual Contrasted With Small Group

Individual solutions as shown in workshops

The most common approach to the problems of citizen participation has been to ignore them. When efforts have been made to assist citizens in overcoming their handicaps to effective participation they have generally

been oriented toward alleviating the most chronic complaint of providers-consumers ignorance of professional matters. The format of these educational programs has been that of traditional workshops using traditional classroom methodology (Hart, 1970; RCHP, 1971) to teach individual consumers what providers want them to know (Andrejewski, 1972).

In this method a teacher generally teaches basic health terminology, general organization of the health delivery system and occasionally conducts some role playing exercises. In its basic form then the model for this approach (Figure 2, Consumer Workshop Model) shows a flow of information only from staff teacher to student with implied translation of this information into more effective participation.

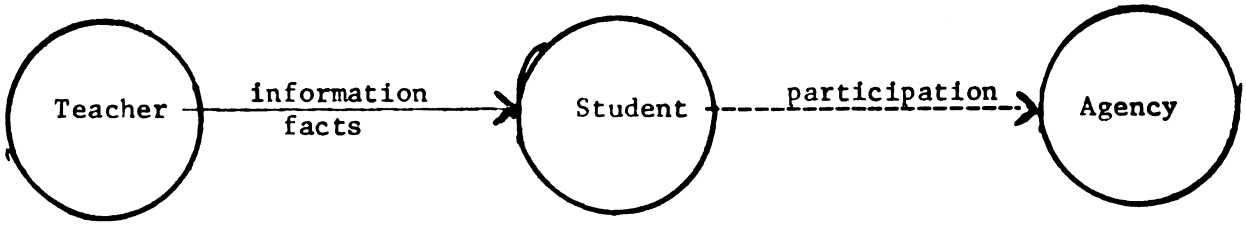

Figure 2. Consumer Workshop Model

Shortcomings of this approach seem immediately apparent. The basic underlying assumption of this model is that increased information is

sufficient to increase the quantity of the group product, Agency participation. Collins and Guetzkow (1964), however, caution that this is generally true only when there is a single best answer to a proposed problem. There are times, which are the usual in comprehensive health planning, when the important task is to reach agreement or consensus on any one of a large number of equally "correct" alternative solutions. They further state that the "simple availability of information does not mean it will be effectively used" (p. 30). The evidence reported by Beck (1972) demonstrated that, in fact, both information and legitimacy were lacking in consumer participation.

Given its necessity, whatever information is conveyed is determined by the staff teacher. Limited by her expertise and filtered through her before the student receives it. Even the most conscientious teacher cannot avoid bias in selecting and transmitting information. Because the workshops is primarily a classroom approach, it rarely approximates the actual decision-making conditions in which the information is to be utilized, and therefore, lessens the transfer of what is learned (Ellis, 1965; Fairweather, 1964). Because most information is generated by the staff teacher, no mechanism is developed for the student's eventual self-generation of information or perpetuation of the learning experience after the withdrawal of the staff. Additionally, the teacher-student relationship tends to perpetuate the superior-subordinate relationship evidenced in the health planning Agency rather than elevating the low social status of consumers (Fairweather, 1969). Finally, because it is essentially an individual approach it ignores the multiple benefits which can be derived from learning and working in a group (Collins and Guetzkow, 1964) .

Small group approach

Even though legitimacy is given some attention in the traditional workshop model, it is still a quantity derived from an external source, the staff, rather than from the members themselves. The social status differential between student and teacher is still maintained. The subordinate student role is encouraged instead of the development of independent thought and critical analysis skills which could lead to a new behavioral role in the decision-making process.

For alleviating the multiple difficulties of marginal consumer status, the most advantageous alternative to the typical workshop method of individual interaction might be an autonomous small group training approach.

According to Palmer et al., (1972)

> Didatic presentation of rational planning issues is not likely to reach and modify the personal barriers to group functioning. The contribution of behaviorists in structural techniques of group process to achieve full participation as well as ability in problem analysis and decision-making offers a valuable approach which may be used both in initial orientation and continuing development of participatory skill (p. 21).

Collins and Guetzkow (1964), after an extensive review of the literature, summarized the major advantages of group products over that of individuals. They report that, in general, group members may achieve collectively more than the most superior members could alone and that face-to-face groups have a profound impact on the motivations, knowledge, and personalities of the participants. They further state that the critical demand for group superiority is the complexity of the task and report three major factors differentiating the productivity of an individual working alone versus the productivity of the same individual working in a face-to-face group: (1) resources, (2) social motivation, (3) and social influence.

Collins and Guetzkow also point out that a group will have access to more extensive resources than an individual; that they are advantageous in allowing for division of labor, duplication of effort, and reducting the random error by pooling estimates, and for tasks involving creation of ideas or remembrance of information, there is greater probability that one of a group will produce the optimal suggestion rather than a single individual. Even though group deliberation may take longer than that of an individual, groups will selectively use information often improving the quality of the group product.

In discussing social motivation, they report that the presence of other people in face-to-face decision-making groups creates new motivational implications for each group member which may be irrelevant when he works in isolation and to the extent that productivity is rewarded by the group, motivation for productivity and productivity itself will be increased.

With regard to social influence Collins and Guetzkow (1964) state that once one member has gone to the effort of learning information or acquiring a skill, other group members can benefit from the efforts of this person. A group member is likely to accept social influence in areas of his ignorance or from an expert and this generally speaking improves the quality of the group product. They further report that in many cases evidence exists that group decisions will exhibit greater risk-taking than an isolated individual would. They caution however, that the social influence can decrease effectiveness when: (1) an expert continues to be influential outside of his own area of expert knowledge; (2) a group member conforms in order to buy social approval;

(3) conformity and agreement set in so quickly that the full resources of the group are not brought to bear; and (4) group members can become dependent on others and this can impede individual learning.

Integration individual and small group approaches

The traditional workshop model has only one of these group benefits to a limited extent - social motivation. Students do learn in the presence of others. However, since the workshop is typically not a cohesive group the reward is often for being a good student rather than consumer advocate. Thus the workshop model probably reduces the time spent in deliberation but the deliberation process may be essential not only in producing a better group product but in giving persons an opportunity to learn decision-making skills. Additionally, the workshop approach generally utilizes only one of the information sources reported by Campbell (1961, and 1963) - verbal reports and ignores the other two, direct personal investigation and observation of another members investigation.

Evidence exists that the traditional workshop method is superior to a small group approach for the simple learning of factual material (Spence, 1928, Asch, 1951). If more than informational deficit is to be overcome then the problem of consumer participation qualifies as a complex task to which a small group approach would appear to be more desirable. The creation of a group could allow for more varied information, more creative suggestions on the promotion of consumer legitimacy and division and duplication of effort in solving consumer problems. Social motivation could come from other consumers so that the participants might become effective consumers rather than merely well-informed ones.

As a group, consumers could take valuable risks which they as individuals might have been afraid to do. If, in the past, they had conformed toom quickly to the professional experts opinion, they could learn that this was not only not unnecessary but unproductive. They might realize that they have their own unique expertise as community representatives which providers do not have. Such a group could also utilize all three information sources: (1) verbal reports, (2) personal investigation, and (3) observation of other members' investigation. Most importantly, however, group members might overcome a major problem which Collins and Guetzkow (1964) caution against - dependency on others rather than thinking or learning on their own. Therefore, to prevent the superior-subordinate relationship of the typical workshop from being perpetuated it would be necessary for the staff teacher to encourage autonomous group development and withdraw from group leadership (Fairweather, 1964). Finally to fully implement the goal of more effective consumer participation in planning decisions versus continuous orientation it would be necessary for the staff teacher to remove herself from the group and allow it to operate autonomously.

Figure 3 (Consumer Group Model) illustrates that after a teacher has conveyed information and messages of legitimacy to a group of consumers she can discontinue such control and the group can operate autonomously, participating in the Agency and interacting with the community and having these in turn interact with the group.

Fairweather's (1969) research on the reduction of marginal status for mental patients reported that advantages of small groups are that they

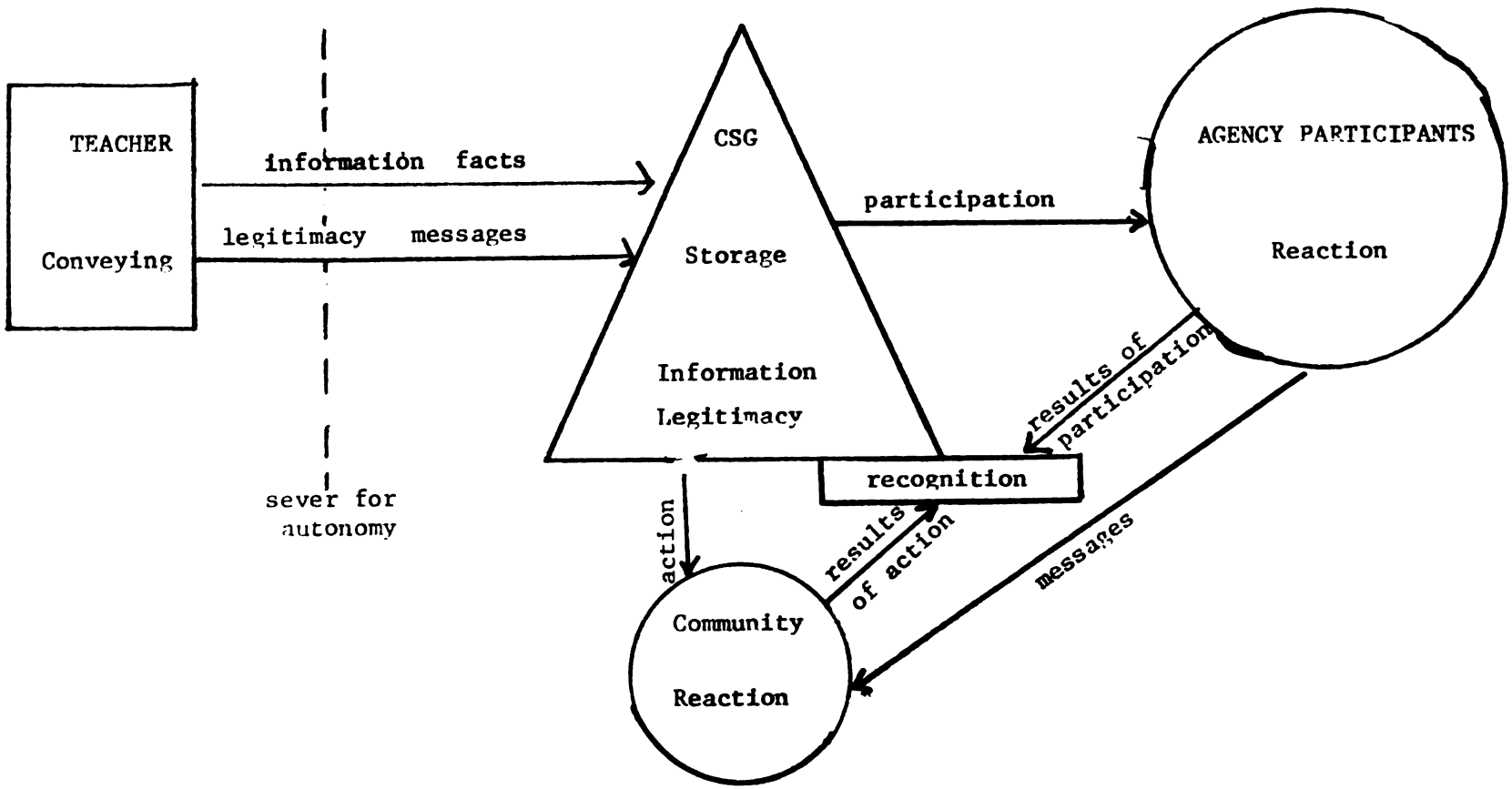

Figure 3. Consumer Group Model

enable members to take care of one another, make realistic decisions, and adapt reasonably and adequately to their surroundings. If successful in the consumer setting, an autonomous small group could act as the supportive constituency which previsous research (Beck, 1972) showed that consumers are lacking. It could enable its members to practice decision-making skills on tasks of importance to them, an opportunity not usually available in a typical workshop, and it could enable them to delineate for themselves an effective role in the health planning process.

The concept of "reference group" as utilized in small group dynamics is particularly relevant in this discussion. Hyman (1942) originally proposed the significance of a person's reference group. Since social status is defined by one's social position relative to other people, a person's view of his status depends on the group he compares himself with. A reference group may be considered to be "any group to which an individual relates his attitudes, a person whose attitudes are dependent upon, shaped by, or anchored in a particular group has a reference relation to that group." (Cartwright and Zander, 1968, p. 53) Kelly (1954) stated that a reference group can serve both a comparison function and a normative function. A reference group serves as a comparison group for an individual to the extent that he makes judgements based on the behavior attitudes, circumstances or characteristics of other group members. It serves a normative function to the extent that it evaluates him according to his conformity to group standards of behavior or attitudes and to the extent that it rewards or punishes him based on these evaluations. In a similar vein, Cartwright and Zander (1968) stated that a person's sense of identity is shaped by the group or groups of significance to him. A person's position in a group affects not only the way

others behave toward him but also such personal qualities as level of aspiration and self-esteem.

It may be possible for an autonomous consumer group to become the reference group for its members and, if the goal of such a group is more effective citizen participation, to exercise comparison and normative influence in the promotion of that goal.

Since the Agency in which consumer representatives participate is essentially a mediating group the implications of multiple membership are also particularly relevant (Cartwright, 1968). Since each consumer is a member of some health planning committee his committee will exercise some degree of reference group influence upon him. The intent of community representation in the committee is not intended, however, to reflect the norms of the committee but rather the concerns of the community. Lack of an effective constituency, (Beck, 1972) has prevented most consumers from having a consumer group which could serve as a reference group in which to anchor opinions (Gerard, 1954) and as a power base from which to gain support (French and Raven, 1959; Palmer, 1972). An autonomous small group of consumers could serve this purpose from its members.

Finally because the autonomous small group setting would more nearly approximate the Agency decision-making situation, the social roles learned in the group could be more directly transferred into effective roles in the actual Agency situation (Ellis, 1965; Fairweather, 1964).

There are no standard methods for developing an autonomous group from a collection of individuals in a workshop. However, two simultaneous actions

appear necessary. First, the gradual withdrawal of the teacher from group leadership and eventual withdrawal from membership. Second, encouragement of group cohesiveness and problem solving ability (Heinen, 1971) and assumption by members of interpersonal and task-environmental tasks (Collins and Guetzkow, 1967).

Hypotheses

For the numerous reasons cited above several hypotheses regarding the autonomous small group training of consumer participants in comprehensive health planning were proposed.

Hypotheses relating to the formation of an autonomous task-oriented group

Hypothesis: An autonomous small group of consumers can be formed.

Hypothesis: The members of the autonomous small group will perceive that they are receiving informational support in the group.

Hypothesis: The members of the autonomous small group will perceive that they are receiving group support for the legitimacy of their participation as consumers in the Agency.

Hypotheses relating to the effects of participation in an autonomous small group training program when contrasted with the typical experience of learning through meeting participation only.

Hypothesis: Participation of consumers in an autonomous small group training program will when contrasted with traditional participants:

increase the information they possess about health planning;

increase the legitimacy of their participation in the Agency;

increase their participation in formal decision-making activities of the Agency;

increase their participation in informal decision-making activities of the Agency.

Chapter II

Methods

Design

Twelve months prior to the initiation of the experiment the authoress and her associate began to observe proceedings of the Agency for informational purposes only. In six months of observation of meetings and conversations with Agency members and staff, it became apparent that consumer participation was not what the enabling legislation had envisioned. Consumers complained that they were marginal to the proceedings and providers complained that consumers were not sufficiently informed to intelligently participate.

For several reasons the authoress considered this problem of consumer participation to be worthy of a significant research effort: the challenge of forming theory into reality, the possibility of aiding the plight of the often abused consumer, the hope that health care decision-making could be improved, and the opportunity of doing this in a field experimental setting.

The pre-experimental survey was designed to document the concerns about consumer participation more specifically. Six months prior to the initiation of the experiment, it was field tested in a similar CHP Agency covering a nearby tri-county area of lower Michigan. The finalized form

of the survey was administered to all Agency participants between 5 1/2 and 3 1/2 months prior to initiation of the experiment and the results of this were reviewed in the Introduction. At the end of each interview volunteers for the experimental program were recruited as described later under sampling procedures.

During the 3 1/2 months following the survey and prior to the initiation of the experiment measurement instruments to be utilized in Agency meetings were field tested in meetings to perfect them and to accustom members to the presence of this researcher's associate.

During the three months prior to administering the pre-experimental survey a subcommittee of the Agency membership collaborated actively with this researcher and her associate in planning both the form and content of the small group training program.

Since this was an effort sponsored by the Agency for its members and funded by a federal grant all plans and proposals regarding the program were reviewed and approved by the Agency Board of Trustees. They were aware, therefore, of the stated objectives of increasing the quantity and quality of consumer participation but not of the specific hypotheses nor the intent of the specific measurement instruments.

In order to test the previously stated hypotheses, the effects of the small group training program on its participants was compared with the behavior and attitudes of the usual consumer representatives who received no formal training. A standard 1 x 2 experimental design as illustrated below was utilized. Other hypotheses regarding intraorganizational power relationship and interorganizational relationships are being explored by this researchers associate.

Autonomously Trained Consumer Support Group	Traditional Participant Group
N = 10	N = 10

Treatment Conditions

Traditional participant group. After being selected by the sampling procedure described below, the comparison group had no further systematic intervention into their activities. They continued whatever degree and style of participation they had become assumtomed to in whatever activities were available to consumers in the agency. This usually consisted

of one committee or Board of Trustees meeting monthly. They were usually notified of these in advance by mail with an RSVP card enclosed. No special measures were taken to insure their attendance. The only information they usually received was the standard packet of materials relating to matters on the next meeting agenda. These were generally copies of proposals to be acted upon but without any analytic explanation. They received no systematic help to encourage the quantity or legitimacy of their participation, either in the meeting conversation itself or in extra-meeting activities. Those who attended Agency meetings generally arrived immediately before meetings, left immediately after and did not meet or talk with other consumers or providers between meetings.

They had contact with the training group members only when they attended the same agency meetings (used for experimental measure) or when training group members contacted them for information or assistance. Contact at meetings generally occurred during the meeting proper and therefore was usually relative to the meeting topic. Contact outside of meetings was infrequent, averaging less than once per month.

Autonomously Trained Consumer Support Group (CSG)

After being selected by the sampling procedure described below, the training group participated in the experimental program which consisted of three major phases - each of four meetings held biweekly. Phase I meetings were generally conducted in the format of the consumer workshop model (p. 19). The staff coordinator actively led the group, transmitted health planning information and promoted the legitimacy of consumer participation in comprehensive health planning. The coordinator

also actively promoted the development of an autonomous group and meetings were temporally spaced to allow for the group experience acquired in one meeting to be practiced between meetings and subsequently reinforced. The emphasis of the first two meetings was on initiation of the program and group formation rather than information. While group development was still important in the last two meetings of Phase I, increased emphasis was given to task-related information. Throughout all Phase I meetings, the coordinator actively promoted the legitimacy of consumer participation where possible and reinforced conversation and behavior related to consumer legitimacy.

Phase II generally followed a developing autonomy format (p. 19, Consumer Support Group Model) in which the staff coordinator assumed the role of reactor rather than initiator. She responded only with specific information requested directly by participants and only reinforced comments and behavior leading toward increased group autonomy and consumer legitimacy. During this period the members themselves assumed leadership of the group, developed their own mechanisms of group development, began making contacts with relevant people outside of the CSG, generated information for themselves and promoted the legitimacy of their own participation as consumers and of that of all the consumers in the agency. In the first two meetings of this phase, information exchange centered primarily around "what" questions, ie. information relevant to specific task content. In the last two meetings the focus switched to "how" questions, ie. information utilization through participation skills. In the first two meetings group development activities were still centered around group leadership change. In the last two meetings focus changed with group productivity becoming more important.

Phase III generally followed an attained autonomy format (p. 19, Consumer Support Group Model). The staff coordinator had withdrawn completely from the group and the members now operated as a self-sustaining autonomous group. In addition to functioning independently of project staff, the group also displayed a strong cohesiveness, group identity and awareness of the role of the group itself.

Information and legitimacy were entirely self-generated and it was very difficult to distinguish group development activities from them during this period. Members initiated their own contacts with other participants in the health delivery system and began to receive contacts from them. Questions asked were no longer of a general orientation nature but related more specifically to ways of implementing what the group members suggested. The most notable difference from the previous phase was the higher frequency of suggestions rather than questions on increasing consumer participation in health planning and that the CSG members no longer questioned the legitimacy of their participation in the Agency.

Developmental Detail

A detailed description of the meeting site and experimental manipulation of autonomous group development, information, and legitimacy follows. Meetings were held in a meeting room of a university downtown extension building. It was in an area which could be classified as lower middle class, mixed ethnic neighborhood. The site was chosen so that members of lower socio-economic status would find it acceptable and so

that the site was separate from both Agency staff offices and health professional offices so that consumers would feel it was "neutral territory". The meeting room itself was on the upper floor of the split-level building. It was generally used by community groups wishing a meeting place or university groups wishing a meeting place in the community. It measured approximately 15' x 15'. Members sat around a rectangular table. The researcher sat along one side of the table to minimize the differential status effects that may result from sitting at the head. The researcher's associate, who was responsible for tape recording meetings and completing interaction rating forms, sat in one corner of the room so as to minimize the effects of his presence. Members were given name plates to place in front of them at the beginning of the initial meetings. Free coffee was served during each meeting. According to the decision of the members, meetings were held bi-weekly, from approximately 3:30 p.m. - 5:00 p.m. on a mid-week afternoon. Each of the three experimental phases consisted of four meetings held in the manner described above for a total of 12 meetings.

Phase I

Autonomy - group development I. During this phase, specific activities were conducted to promote group development leading to eventual autonomy.

Leadership. The coordinator discussed her background and explained her role as coordinator. She initiated most discussions and activities.

Membership. The coordinator greeted each member individually by name as he ented the meeting. The coordinator gave reasons for

absences of each missing member at the beginning of each meeting. At the coordinator's request, each member introduced himself, his expectations of being in the CSG, and his experiences in the agency.

CSG development. The coordinator explained each of the following topics and lead discussion on them: history of CSG formation; purpose of CSG; method of funding; general operating guidelines; program evaluation, its purposes and methodology.

The coordinator lead discussion and the group made decision on each of the following topics: meeting time, CSG office, CSG stationary, expense vouchers, correspondence to non-attending members, and format of task-related materials.

At the coordinator's request, each member compiled a list of problems related to "personal experiences as a consumer in the agency and a list of problems or needs of consumers of health services in the community."

The staff coordinator described the game "cooperation and conflict: A Game of Community Health Planning, Grogan et al. (1971) to members she explained that this would be valuable in role playing the various participants they would encounter in regular agency activities. The members declared that they only wanted "the real thing" and did not feel the game to be appropriate to their level of sophistication in group dynamics skills. Extensive discussion and much energy was devoted to the development of interpersonal relations among the members and between the members and the coordinator. The resolution of interpersonal conflicts took a substantial amount of time whenever they developed. Decisions on direction and style of the group allowed for leadership struggles to develop

and resolve. Group development during this period also provided an opportunity for members to more accurately assess whether the CSG as it materialized would meet the needs that they had anticipated. One member found his purposes and recommendations in continual conflict with the remainder of the members and formally resigned at the end of Phase I. Three other members decided that the CSG as it had developed was not meeting their needs as anticipated and discontinued attendance following Phase I. It appeared that the immediate rewards were not worth the socio-emotional struggles necessary to the formation of a cohesive group rather than that of a loosely-knit committee.

Information I. In response to specific requests from members and the need for information shown in the pre-experimental interviews, the coordinator prepared task-related information in written form for the group. She then led discussion on each item which centered around consumer's concerns with each item, how the agency and its consumer members were currently involved with it and how they could become more profitably involved. The following topics were introduced and discussed in this way.

a) Partial History of Medical Care in the U.S.

b) Glossary of Health and CHP terms

c) CHP 314 Fact Sheet

d) CHP Federal Granting Structure

e) Map of Michigan CHP agencies

f) Listing of status of Michigan CHP agencies

g) Relationship in Michigan between CHP and health facility planning

h) Agency By-Laws and Articles of Incorporation

i) Agency Organizational Chart

j) Agency Membership Lists

k) Selected events followed through the agency organization

l) Agency list of priorities by committee

m) CSG membership list

n) CSG list of consumer needs and problems in the agency and the community

Legitimacy I. While legitimacy of consumer participation was not a specified meeting topic itself, it was introduced and reinforced or reacted to by the coordinator whenever possible. The following comments, taken directly from tape recordings, illustrate how this was initiated by the coordinator.

> There is no need for consumers to become professionals. Our job is to figure out how to be good consumers and to do so.
>
> This is a cooperative effort between providers and consumers of mutual planning and need solution.
>
> Consumers have a right to question.
>
> The government believes that consumer participation, your participation in CHP is important and is investing a great deal of money in it.
>
> Many people nationwide are interested in this program so that they may learn what you as consumers need for your participation and what you are getting from it.

The following are examples of the kind of statements that the coordinator reacted to with statements promoting consumer legitimacy.

> People feel out of place expecially those from poorer homes.
>
> I've gotten cracks about consumers not attending. One professional felt he had to give me a lecture on it.
>
> I don't want to waste my time in CHP if its not going to mean anything.

> People who represent powerful organizations carry more weight.
>
> The professional people have taken over and there is nothing left for me.

The following statements are examples of those expressing consumer legitimacy made by members and reinforced by the coordinator.

> By law the agency is 51% consumers and the only reason it isn't is because we and other consumers aren't there.
>
> I don't think that professionals are that much different except that they have a little bit of education that I'm working for.
>
> Instead of walking away in frustration, I yelled.
>
> If we realize that professionals are as defensive as we are, then we don't have to run from conflict but can ride it through.
>
> Just because consumers haven't participated effectively before doesn't mean they can't. That is what we are starting here.

Phase II

Autonomy-group development II. During Phase II the following activities took place related to group development.

Leadership. At the first meeting the coordinator announced her termination as leader. Members nominated and elected two co-chairmen for the group. The co-chairmen allocated responsibilities between themselves at this first meeting and subsequent meetings. At the beginning of the final phase II meetings, the co-chairmen announced the termination of the coordinator's active association with the group and the implications of this were discussed.

Membership. Extensive discussion took place relative to the active and inactive membership of the CSG, the number and reasons for each and the implications for group functioning. Formal resignation of an additional member was acknowledged. Extensive discussion was held on the recruitment of new CSG members at the end of the experimental period and for the necessity of separation of experimental and control groups during the remainder of the experimental period.

CSG development. Specific topics were discussed and decided upon relative to the role of the CSG. The position of the CSG in the Agency organizational structure was discussed. Plans were to be infiltrated through committees when possible, brought directly to the Board of Trustees when necessary, and newspapers could be involved if deemed necessary. The CSG's responsibility to other members in the agency was decided as the following: for consumer members, to act as a source of ideas and social and informational support; for interested non-member consumers, to act as a search and nomination committee; for all members, to explain the purpose and function of the CSG, encourage attendance and "good" participation, and amend the By-Laws relative to the acceptable number of absences by a member.

The following topics were discussed relative to the internal functioning of the CSG: group expenses on phone calls, consultants, travel and meetings; utilization of the CSG secretary; meeting time; and utilization of regular agency staff. Consultation from outside resources was suggested, including the agency executive director, hospital administrators, the founder of the agency, and a faculty member of a university

health planning program. The group decided to invite a health planning faculty member, made decisions for his topic, and other financial and circumstance considerations for his attendance.

During this phase the project secretary attended meetings and provided clerical maintenance services. Work topics were suggested by members, which were small enough to get done by members and could involve all members. The following topics were assigned to individual members of the group: a) investigate structure and function of out-patient clinics in the Lansing area, b) investigate method of locating doctors taking new patients, c) investigate structure and function of private insurance, d) Conduct on-going analysis of structure and function of the Agency, e) develop better communication with professionals in the agency, f) investigate current status of consumer participation in the agency, g) development orientation materials for new CSG members.

Information II. Many topics related to task-content information, ie. "what" questions, were discussed during Phase II. In response to requests for specific information the coordinator distributed four sets of materials and the members discussed them: "Explanation of Proposals Acted Upon by Agency Committees," current Agency Work Program documents, current Agency membership lists, and a written description of materials distributed in the CSG and the purpose for each.

The members discussed the following items related to current Agency activities, the preceedings of the Board of Trustees, and the major planning committees. The group also discussed CHP in general, the purpose for its existence, intended function, future viability as an organization and existing and pending legislation relevant to its operation.

In developing the list of work topics discussed previously under "group development" the members discussed the information they currently had available on each topic and that which it was necessary to obtain. Some members also informally investigated and reported on several topics of current interest to consumers, such as National Health Insurance, Pre-Paid Group Practice, and Hill-Burton funding.

Many topics were discussed on mechanisms of utilizing the basic information obtained, ie. information on "how" to effectively participate as a consumer. The article "Decisions, Decisions" from Psychology Today, (Hall, 1971) was used as a basis for discussing ways to handle conflict. The result of the discussion was to mail a synopsis of the article to all agency members. The purpose of this was to contribute suggestions on how both consumers and providers could participate more effectively and to inform other agency members of consumer's desires to listen to others, be listened to, and to constructively participate in decision-making discussion.

During the visit of a faculty member from a University Program in Comprehensive Health Planning the following general recommendations were given for ways of increasing participation skills and developing more effective consumer intervention in health planning: a) determine what ways of changing and improving the system are open to you, b) determine who makes decisions or non-decisions relevant to your interests, c) determine whether or not decision-makers can be influenced on the particular topic, d) determine how you can influence decision-makers, e) obtain allies and support for your position, f) determine important relevant community

factors and the political feasibility of what you want to do, g) educate the general public that it is acceptable to critize and change the health care delivery system, h) utilize information you possess by publishing it, if publication is appropriate.

More specifically he recommended that a consumer group such as the CSG could use several procedures to increase their effectiveness in the agency: a) help encourage development of a policy guide within the Agency which would include statements on consumer needs, b) make effective use of their participation in the review and comment function of the agency, c) make public statements themselves as a group, d) make a provision in contracts and staff procedures that reports will be understandable to all members, e) obtain money grants to work directly on some desired problem area.

He also recommended that they utilize opportunities for intervention in state government decision-makers and for interaction with local medical schools.

The members themselves also suggested several ways of developing more effective consumer participation: the use of name tags, personal introduction of members who join a committee, and a thorough orientation of new members to a committee and of all members to committee issues as they arise. They discussed ways of recruiting more dedicated consumer members and ways of placing them on the more powerful committees. They also frequently discussed how they themselves could participate more effectively in current events in their respective committees.

Finally, with regard to participation skills, they discussed strategies of integrating CSG requests into Agency committee activities, eg. a committee member could first introduce a topic, if the request was ignored he could invite the CSG to participate in subsequent committee or Board meetings, and if the request was still ignored it could be discussed with the newspapers.

Legitimacy II. Legitimacy of consumer participation in CHP was conveyed in much the same way during Phase II as it was during Phase I, except that the comments were originated by the members themselves or their guests. The coordinator reinforced such comments. The following comments illustrate those made by the members themselves.

> People have to be trained to be doctors and lawyers and we are training to be effective consumers.
>
> If we can get non-participating consumers to come back to the agency we will tell them that the CSG will help in backing them up.

The following comments illustrate those made by guests.

> Its critical that there are citizens who make health care their business.
>
> Don't be embarrassed to say you don't know.

Phase III

Autonomy-group development III-leadership. Leadership was shared by more members than in the previous periods with all active members taking responsibility for both task and group maintenance activities. One of the co-chairmen was abroad during this period and the remaining co-chairman assumed full formal responsibility for chairmanship. At the last meeting

of the experimental period, this co-chairman announced the termination of his chairmanship at the end of 3 months. Some anxiety was expressed by one member regarding this announcement but she was assured that a change in chairmanship had been part of the original plan and that the group would not be disbanded because of it. The staff coordinator was not present at meetings during this period and assumed no leadership responsibilities for the group.

Membership. A considerable portion of work during this phase centered on continuation of the CSG and expansion of the group's membership after termination of the experimental period. The group decided invitations to join should be extended to all consumer members of the Agency with special emphasis on those most apathetic in their participation. It was anticipated that control group members would be the most likely to join. The group decided not to invite providers to participate as members until the group was more established in its function for consumers. The group decided that a letter of invitation for membership would be sent to each consumer member and that the letter would be followed-up by a phone call from one of the CSG members. Since the last meeting of the experimental period fell in mid-July the group decided that the most effective time to bring in new members was in early September, after summer vacations and prior to the beginning of the Agency committee year. The topics decided upon as being most beneficial to new members were the following as ranked by the CSG from most important to least important: a) communication skills and strategy-"how to get your opinion in"; b) orientation to each member's committee and explanation of the committee's activities; c) conflict and confrontation-how to utilize and handle it; d) basic information about health, CHP and the Agency.

CSG development. The most important topic in this category was the role of the CSG in relation to its own members. The members discussed and informally agreed that the CSG was to serve three main purposes for the current and future members: a) a group where consumer participation was really legitimate, ie. consumers could express themselves as they wanted on what they wanted; b) a group providing social support for consumer participation, ie. consumers could share their problems and receive support for their participation; c) a group in which membership was a learning experience, ie. both participation skills and task information could be learned. Internal functioning of the group during this phase followed that of a mature group in which routine maintenance activities such as meeting time, place and finances was minimal. Topics centered more around information and suggestions related to work topics as assigned in Phase II, increasing participation in the Agency, and expansion of the CSG membership as previously discussed.

Information III. Information exchange during the first two meetings of this phase was related to task content. Each member reported on the work topic assigned to him in Phase II and then led discussion on it. The Agency Executive Director at the invitation of the members attended the first meeting in this phase and discussed general Agency activities and consumer participation with them. The most impressive change in this phase was the change from simple information gathering to utilization in the form of suggestions. A great deal of group energy was devoted to developing the content and strategy involved in three proposed amendments to the Agency By-Laws. The intent of these changes was to increase member

participation by reducing the number of chronic non-attenders and providing a mechanism to replace them with those more likely to attend regularly and to interested in the agency's activities.

In developing the content and form of the proposed amendments, the members concentrated on participation skills and methodology. They investigated both current Agency By-Laws and procedures and standard parliamentary procedure regarding membership and attendance. They also discussed the present composition of the membership and advisable recommendations for change. Initially noted was the need for more blue collar and labor involvement. Discussion on the strategy of appropriate wording of the amendments and of obtaining approval and implementation in the Agency involved agency staff and leadership as well as the members themselves. It was emphasized that the purpose of these actions was not to threaten anyone, but to be constructive and to have consumers contribute something toward improved agency participation.

Legitimacy III. It is interesting that legitimacy during this phase was not centered on the current CSG members themselves but rather on the new members to be invited. The current members had for the most part accepted their own participation in the Agency as legitimate. They focused instead on ways of convincing other consumers that their participation in the Agency was valuable and needed, that the CSG was a group which could help them in this participation and wanted to do so. In particular, they not only wrote and called all consumer members but especially the discouraged and apathetic, indicating a need for each individual's participation.

Sampling

Volunteers and Non-Volunteers

To document the problems of consumer participation reported by Beck (1972) each member of the agency was personally interviewed by either this researcher or her associate. At the end of each interview with a consumer member the Consumer Participation Program was explained to the respondent. It was described as a group of interested consumers meetings together to share their concerns, learn information, gain support from each other, and thereby increase their participation as consumers in the agency. They were told that their participation as consumers was important and that the U.S. government was supporting research to discover what they needed to increase their participation. They were also told that they had sufficient expertise to run the group and could do so as they wished with only limited staff support until autonomy was attined. They were informed that they would be asked shortly to volunteer to become members of the Consumer Support Group for the experimental period of six months. The pre-experimental interviews spanned approximately three months. After they were completed, all consumer members were extended a written invitation to belong to the CSG. A stamped self-addressed post card was enclosed for returning their responses. Twenty-six cards were returned. Eleven volunteered to participate. In order to increase the sample size all consumers who had not volunteered were contacted by phone by the staff coordinator or her associate. The caller indicated that a positive reply had not been received, explained about CSG and answered

Table 2
Pre-Experimental
Comparison of Volunteers and Non-Volunteers*

Variable	Non-Volunteers		Volunteers			
	$\bar{X}$	s	$\bar{X}$	s	df	t
Demographic						
Sex	1.76	0.43	1.55	0.25	59	1.67
Age	45.48	12.29	42.39	11.75	47	0.86
Formal Education	3.52	1.48	3.39	1.20	50	1.20
Health Education	2.06	1.07	2.12	1.22	49	0.17
Marital Status	1.97	0.17	2.00	0.00	50	0.72
Number Children	2.50	1.35	3.38	2.30	50	1.76[a]
Family Income	3.44	0.96	2.89	2.30	50	1.82[a]
Tri-County Residence	24.26	19.23	19.11	1.18	50	0.95
Physician Visits	3.91	0.93	3.61	1.14	50	1.02
Hospital Visits	2.12	0.88	2.06	0.87	50	0.24
Urban League Training	1.03	0.17	1.28	0.46	49	2.75[c]
Time served in Agency	1.40	0.79	1.33	1.03	54	1.28
Number organization belong to	4.00	2.46	3.41	1.66	43	0.87
Information						
General	1.31	0.25	1.31	0.29	49	0.03
Staff Names	1.47	0.30	1.48	0.32	49	0.06
Committee Names	1.28	0.25	1.44	0.38	49	1.88[a]
Chairmen Names	1.11	0.16	1.20	0.27	47	1.49
Work Program Items	1.09	0.11	1.23	0.38	48	2.02[b]

Table 2 (cont'd.)

Variable	Non-Volunteers $\bar{X}$	s	Volunteers $\bar{X}$	s	df	t
Legitimacy						
Constituency Effect						
Formal representation	1.69	0.47	1.67	0.14	48	0.14
Constituency identification	1.60	0.31	1.53	0.28	62	0.84
Influence/Power						
Tannenbaum						
actual own inf.	2.28	1.42	2.00	1.32	46	0.76
difference own inf.	1.56	0.50	1.66	0.49	43	0.64
desired own inf.	3.16	0.96	3.60	1.06	44	1.40
actual consumer inf.	2.27	0.96	1.64	0.63	38	2.19[a]
difference consumer inf.	1.77	0.43	1.86	0.36	38	0.65
desired consumer inf.	3.48	1.01	3.19	0.75	41	1.00
actual provider inf.	3.93	0.91	4.07	0.88	40	0.48
difference provider inf.	1.63	0.49	1.51	0.51	39	0.35
desired provider inf.	3.83	0.76	3.62	0.72	41	0.95
actual staff inf.	4.50	0.79	4.31	0.70	42	0.78
difference staff inf.	1.41	0.50	1.69	0.48	41	1.80
desired staff inf.	3.93	0.79	3.41	0.87	44	2.06[a]
Zero-Sum						
actual % consumer inf.	15.22	7.90	11.43	6.60	35	1.50
actual % provider inf.	34.17	13.81	42.00	20.80	37	1.42
actual % staff inf.	50.00	18.18	48.00	22.40	37	0.31
difference % inf.	1.87	0.34	2.00	0.00	36	1.37
desired % consumer inf.	29.31	14.62	34.11	12.77	44	1.12

Table 2 (cont'd.)

Variable	Non-Volunteers $\bar{X}$	Non-Volunteers s	Volunteers $\bar{X}$	Volunteers s	df	t
desired % provider inf.	31.03	9.39	35.88	17.57	44	1.53[a]
desired % staff inf.	36.89	15.61	25.88	14.17	44	2.39[a]
Arnstein						
actual	2.36	1.03	2.47	1.13	41	0.33
desired	3.32	0.83	4.53	1.06	44	4.22[a]
Psychological Membership						
Attraction to group	3.92	0.59	3.56	0.98	41	1.51
Attraction to members	3.90	0.42	3.67	0.42	41	1.70[a]
Acceptance (Standardized)	0.13	0.52	0.23	0.37	62	0.77
Attendance % for 10/1/70-9/1/71	33.00	29.00	47.00	33.00	62	1.63[a]
Informal Communication						
number contacts made	18.26	14.38	13.00	9.70	50	1.39
number contacts received	16.45	14.43	11.75	12.03	69	1.29
Frequency contacts made	1.61	0.51	1.54	0.47	50	0.43
Frequency contacts received	1.51	0.57	1.16	0.56	69	2.29[a]
Miscellaneous						
Importance CHP in health delivery	4.31	0.90	4.75	0.45	52	1.84[a]
Evaluation of agency success	3.23	1.18	3.25	1.13	51	0.07

Table 2 (cont'd.)

Variable	Non-Volunteers $\bar{X}$	Non-Volunteers s	Volunteers $\bar{X}$	Volunteers s	df	t
Loyalty to agency vs. outside opposition	3.68	0.17	3.81	1.28	51	0.36
Loyalty to agency vs. member disinterest	3.48	1.23	3.81	1.28	51	0.85
Plan continue membership	1.77	0.43	1.93	0.26	50	1.33
Necessity consumer participation in CHP	4.20	0.96	4.67	0.97	52	1.62[a]
Role CHP-coordination vs. planning	1.03	0.18	1.17	0.39	48	1.75[a]
Number people talk to about CHP	2.90	1.00	3.12	1.45	47	0.60

[a] P .05

[b] P .01

[c] P .001

* X^2 analysis was appropriate to some data but t tests were used for consistency and their universal non-significance would predict the same for X^2 analysis.

With respect to the factors of legitimacy, Table 2 shows that non-volunteers knew more members of the Agency than their volunteer counterparts. There were no significant differences on the amount of influence each group thought they had or the amount they desired for themselves. They differed in that volunteers thought that consumers as a whole had significantly less influence than non-volunteers thought they had ($P < .05$). They also differed with respect to desired influence. Volunteers desired significantly less influence for staff as measured by both the unlimited ($P < .05$) and zero-sum scales ($P < .05$). Volunteers desired significantly more influence for providers as measured by the zero-sum scale ($P < .05$). There was no difference in the two groups description of consumers actual position on the Arnstein scale. Volunteers, however, desired a significantly higher position for consumers on the Arnstein scale ($P < .005$). There was no difference in the acceptance component of psychological membership. Volumteers were, however, more attracted to the members of their committee ($P < .05$) and the trend of attraction to the group as a whole was similar ($P < .10$).

Analysis of formal participation showed that volunteers were significantly higher in attendance than non-volunteers ($P < .05$). The only difference with respect to informal communication was that members reported contacting non-volunteers significantly more often than they contacted volunteers ($P < .05$).

Table 2 shows that on miscellaneous measures only three significant differences between the two groups. Volunteers placed greater importance on CHP in health delivery ($P < .05$) and consumer participation in CHP

($P < .05$). They were also more likely to think that the role of CHP should be the planning of new programs rather than the coordination of already existing ones. The number of significant results in this series ($n = 17$, $n = 57$) was analyzed using Sakoda's (1954) Chart of tests of significance for a series of statistical tests and found to be acceptable at the .001 level of confidence.

In summary then, volunteers had larger families, and higher family income. They were more likely to have previously participated in the Urban League Health Training Program, and, as could be expected, placed greater value on comprehensive health planning and consumer participation in it. In addition they knew more about CHP and exhibited higher attendance at Agency meetings. They were, however, included in the informal communication network less often than non-volunteers. They felt, more so than other consumers, that consumers as a group were at a severe disadvantage, and they were more inclined to want to change it. Volunteers were thus more informed, more active, more supportive of consumer participation and comprehensive health planning but also more dissatisfied with present circumstances and more desirous of change.

Treatment Conditions

To establish training and comparison group memberships, volunteers were matched on previous participation in the Urban League Health Training Program, attendance rates for the past year, and their committee assignment.

Table 3 (Comparison Between Training Group and Traditional Participant Group) shows the results on initial equivalence of the two groups. It demonstrates that there were no significant differences between the two

Table 3
Pre-Experimental
Comparison Between Training Group and Traditional Participation Group*

Variable	Comparison Group $\bar{X}$	s	Training Group $\bar{X}$	s	df	t
Demographic						
Sex	1.40	0.49	1.70	0.46	18	1.41
Age	42.78	12.02	42.00	12.19	16	0.14
Formal Education	3.11	1.05	3.67	1.33	16	0.99
Health Education	1.88	1.13	2.33	1.32	16	0.00
Marital Status	2.00	0.00	2.00	0.00	16	0.00
Number Children	4.22	2.33	2.56	2.07	16	1.60
Family Income	2.67	1.19	3.11	1.27	16	0.79
Tri-County Residence	20.00	18.15	18.22	17.20	16	0.21
Physicians Visits	3.78	0.83	3.44	1.42	.6	0.61
Hospital Visits	2.33	0.87	1.78	0.83	16	1.39
Urban League Training	1.33	0.50	1.22	0.44	16	0.50
Time served in Agency	1.14	0.80	1.51	1.23	16	0.75
Number organization belong to	3.22	1.72	3.63	1.69	15	0.49
Information						
General	1.15	0.17	1.48	0.29	17	2.93[c]
Staff Names	1.31	0.21	1.50	0.30	17	1.52
Committee Names	1.36	0.37	1.53	0.39	17	0.99
Chairmen Names	1.02	0.43	1.24	0.33	17	1.23
Work Program Items	1.13	0.33	1.33	0.42	17	1.14

Table 3 (cont'd.)

Variable	Comparison Group $\bar{X}$	s	Training Group $\bar{X}$	s	df	t
Legitimacy						
Constituency Effect						
Formal representation	1.67	0.50	1.67	0.50	17	0.00
Constituency identification	1.59	0.30	1.47	0.26	16	0.93
Influence/Power						
Tannenbaum-Unlimited						
actual own inf.	1.71	1.25	2.22	1.39	14	0.75
difference own inf.	1.71	0.49	1.62	0.52	13	0.34
desired own inf.	3.25	1.16	4.00	0.82	13	1.42
actual consumer inf.	2.00	0.63	1.34	0.52	12	2.04
difference consumer inf.	1.67	0.51	2.00	0.00	12	1.85
desired consumer inf.	3.14	1.07	3.22	0.44	15	0.23
actual provider inf.	4.29	0.76	3.88	0.99	15	0.89
difference provider inf.	1.43	0.53	1.71	0.49	12	1.04
desired provider inf.	3.62	0.74	3.63	0.74	14	0.01
actual staff inf.	4.28	0.76	4.33	0.71	14	0.13
difference staff inf.	1.71	0.49	1.67	0.50	14	0.19
desired staff inf.	3.25	0.89	3.56	0.88	15	0.71
Zero-Sum						
actual % consumer inf.	12.00	4.47	11.11	7.81	12	0.23
actual % provider inf.	45.00	24.28	40.00	19.36	13	0.44
actual % staff inf.	46.66	20.65	48.89	24.72	13	0.18
difference % inf.	2.00	0.00	2.00	0.00	12	0.00
desired % consumer inf.	31.24	13.56	36.67	12.24	15	0.86

Table 3 (cont'd.)

Variable	Comparison Group $\bar{X}$	s	Training Group $\bar{X}$	s	df	t
desired % provider inf.	36.25	9.16	35.56	14.24	15	0.12
desired % staff inf.	30.00	14.14	22.22	13.94	15	1.14
Arnstein						
actual	2.43	0.98	2.50	1.31	13	0.12
desired	4.29	1.25	4.75	0.89	14	0.84
Psychological Membership						
Attraction to group	2.69	1.81	3.65	0.90	17	1.43
Attraction to members	3.54	0.43	3.78	0.42	14	1.11
Acceptance (Standardized)	-0.09	0.39	-0.37	0.32	17	1.70
Attendance						
% for 10/1/70-9/1/71	40.00	31.00	54.00	34.00	16	0.86
Informal Communication						
number contacts made	12.11	7.72	13.89	11.76	16	0.14
number contacts received	9.40	8.90	14.10	14.63	18	0.75
Frequency contacts made	1.58	0.39	1.52	0.56	16	0.06
Frequency contacts received	1.20	0.69	1.13	0.42	18	0.08
Miscellaneous						
Importance CHP in health delivery	4.86	0.38	4.67	0.50	14	0.84
Evaluation of Agency success	3.71	0.76	2.89	1.27	14	1.21

Table 3 (cont'd.)

Variable	Comparison Group		Training Group			
	$\bar{X}$	s	$\bar{X}$	s	df	t
Loyalty to agency vs. outside opposition	4.14	1.21	3.56	1.33	14	0.91
Loyalty to agency vs. member disinterest	4.29	0.95	3.44	1.42	14	1.34
Plan continue membership	2.00	0.00	1.88	0.35	13	0.93
Necessity consumer participation in CHP	4.56	1.33	4.78	0.44	16	0.47
Role CHP-coordination vs. planning	1.25	0.46	1.11	0.33	15	0.72
Number people talk to about CHP	2.87	1.73	3.33	1.22	15	0.64

* X^2 analysis was appropriate to some data but t tests were used for consistency and their universal non-significance would predict the same for X^2 analysis.

groups on any of the demographic characteristics. It shows that the training group members were more informed on one category of the information items, general information. It shows that with respect to the effect of the consumer's constituency there was only one difference between the groups-training group members correctly identified other members constituencies less often than comparison group members. There were only two differences on power measures. Training group members thought that consumers had significantly less influence than comparison members did and desired them to have significantly more than comparison members did. There were no differences on psychological membership or either of the participation measures. There were also no differences on any of the evaluation of CHP measures, or the miscellaneous measures. The number of significant results in this series ($m = 4$, $n = 57$) was analyzed using Sakoda's (1954) test of significance for a series of statistical tests and found to be acceptable as random occurrence with the chance probability of this proportion equal to 0.25.

General Plan of the Experiment

Program Phase	Time Scale	Research Activity
	minus 6 months	Trial of survey device under model field conditions. Modification and perfection of survey device
	minus 5.5 months	Administer pre-experimental survey to all Agency members. Recruit volunteers for training program. Conduct preliminary analysis of pre-experimental data.
	minus 3.5 months	Recruit additional volunteers. Assign volunteers to training and comparison groups. Notify volunteers of respective assignments. Trial test of meeting interaction device under model field conditions.
Initiate Subsystems	0 months	Initiate Experimental Phase I.
	plus 2 months	Assessment of Phase I progress within training group. Initiate Phase II.
Action	plus 4 months	Assessment of Phase II progress within training group. Initiate Phase III.
	plus 6 months	Assessment of Phase III progress within training group. Terminate experimental period.
Evaluation and Dissemination	plus 7 months	Administer post-experimental survey to volunteers.
	plus 9 months	Administer post-experimental survey to all Agency members.
Close Subsystems	plus 12 months	Collect attendance data for post-experimental period. Begin post-experimental data analysis. Begin planning phase for next experiment.
	plus 16 months	End write-up and publication of experiment.

Chapter III

Measurement

Measurement was conducted in two segments. The first described the progress of the CSG in becoming an autonomous task oriented group providing information and legitimacy support to its members. The second documented the effects of participation in the training group on information and legitimacy possessed in the Agency and participation in Agency activities.

Autonomous Small Group Development

Autonomy

In order to more quantifiably describe the development of the CSG as an autonomous task oriented group, measures were taken to describe several processes of the developing autonomy: 1) attendance, 2) verbal participation, 3) role/task distribution, 4) problem solving ability, and 5) cohesiveness.

Attendance. Measurement: attendance records were kept of all CSG meetings of the experimental period. Scoring: mean frequency of attendance was calculated for each of the three group phases during the experimental period and for the CSG meetings held during the post experimental period. Percent of attendance was computed for those eligible during each period. Those resigning at the end of Phase I were not subsequently elibible and the C group members were eligible during the post experimental period only.

Verbal participation. Measurement: a "meeting interaction form" (Appendix A, page #1) adapted from Bales (1952) Interaction Analysis as reviewed by Bonjean (1967) was completed by the researchers associate during each CSG meeting of the experimental period. Speaker and respondent were recorded on each continuous piece of conversation. Type of each comment was recorded as "question," "suggestion," "opinion," or "information." Content of each comment was recorded as "personal" (referring to personal experiences of the speaker) "group" (referring to the CSG), "organization," (referring to the Agency), "community" (referring to the greater tri-county community), or "technical" (referring to the technical nature of the topic). Scoring: mean frequency for speaking, statement, and questions was calculated for each group phase. The percent of total speakings was computed for each category for each of the 3 phases of the experimental period. Each of these was calculated separately for the CSG coordinator, the members, and nonmembers.

Role/task distribution. Measurement: a scale covering 5 group task role behaviors (Task environmental in Collins, 1967) was adapted from Heinen's (1971) measure based on Benne and Sheats (1948) role classification. A scale of 5 group maintenance behaviors (interpersonal in

Collins classification) socio-emotional in Bales was similarly adapted (Appendix A, Page #5) members were asked to indicate each task that each person in the CSG was actually performing. Scoring: the percentage of respondents knowing each person and assigning him a particular role was calculated for each person and each role. Mean across people computed for each role and across items for each group.

Problem solving ability. Measurement: PSA was operationally defined as the perceived ability of the group to move through a process of problem solving. The PSA scale (Appendix A, Page #3) was adapted from (Heinen, 1971) and differs in describing a progressive process of problem-solving rather than a static one.

Problem solving ability. Scoring: each item was scored from (1) for the least success to (5) for the most. A mean was then computed across items and respondents for each group phase.

Cohesiveness. Measurement: cohesiveness was considered to be a feeling of belonging to a group and identifying with it. It was measured by a cohesiveness measure (Appendix A, Page #4). Items 1, 2, and 3 were adapted from Heinen's (1971) scale for cohesiveness in developing work groups and items 4 and 5 from Beck's (1972) questionnaire. Scoring: items were scored from 1 to 5 corresponding with the least to most positive response. Mean values were then computed across items for each phase.

Information

Measurement: the presentation of information was documented in the description of the experimental manipulation. The extent to which members

perceived themselves as received information in the CSG was measured by asking a series of questions (Appendix A, Page #5). Scoring: items scored from 1 to 5 corresponding with the least positive to the most positive response, and a mean obtained for the scale during each phase.

Legitimacy

Measurement: legitimacy as it was manipulated by the coordinator was described in the experimental design. The members perception of the legitimacy of their role both as it was encouraged in the CSG was measured by one series of questions (Appendix A, Page #6). Their perception of the legitimacy of their presence in the Agency meetings was measured by another series (Appendix A, Page #7). Scoring: in each case items were scored as a five point scale the mean value across items and respondents was computed for each phase.

Effects of the Autonomous Small Group Training

Experimental measurement took two forms, behavior and attitude. Where possible a comparative analysis of the behavior of the training and the traditional participant group was conducted. For comparative analysis of attitudinal data, a survey similar to the pre-experimental survey of Beck (1972) was conducted by this researcher and her associate of the training and comparison groups immediately following the termination of the experimental period. All other Agency members were similarly interviewed as soon as time allowed (approximately 4 months). All members had

been randomly assigned to either of the interviewers for the pre-experimental interviews. There had been no significant differences on interviewers as to number, sex, or committee origin of respondents. These same assignments were maintained for the post-experimental interview. Except where noted questions on the pre-experimental and post-experimental interviews were asked and analyzed in an identical manner. Measurement was conducted on all members but analysis conducted only on training group and comparison group members.

Information

Measurement: respondents were asked a series of open-ended questions to cover a range of relevant information (Appendix B, #3). Items were placed into 5 categories, general information; staff names; committee names; committee chairmen names; work program items. The work program was essentially an expanded budget document which included a short description of significant projects the staff and committees were involved in and the resources allocated to each of these. Scoring: each item was scored trichotomously, 1 = don't know, 2 = vague, 3 = definitely known. Mean values were then calculated for the training and comparison groups.

Characteristics of legitimacy

Constituency effect/constituency identification. Measurement: respondents were asked to identify the constituency of each of the members on his committee that he knew (Appendix B, #4a). Scoring: responses were scored only for those people known by the respondent, 1 = constituency

not known, 2 = constituency vaguely known, 3 = constituency definitely known. The mean score was calculated for the scores received by each group.

Constituency effect/effect upon representative. Measurement: respondents were asked a series of questions designed to ascertain whether they formally represented any group and what effect it had on their participation in the Agency (Appendix B, #4). Scoring: responses on constituency expectation were coded 1-5, 1 = lowest category, 5 = highest. Means were obtained for training and comparison group across all scale items.

Influence/power, Tannenbaum-unlimited. Measurement: the 1968 measure of influence was adapted for this study (Appendix B, #5 a, b). Respondents were asked to indicate the amount of influence possessed by they themselves and the three participating groups in the Agency. Options ranged from "none" to "great deal." In this measurement, total power available in the organization is not a fixed quantity and therefore high power attributed to one participating group does not necessarily imply that low power must be attributed to other participating groups. Scoring: item response was scored 1-5 to correspond to "none" to "great deal." Mean scores were calculated for each group.

Influence/power, zero sum. Measurement: respondents were asked to attribute what percent (to the nearest 10%) of the total influence in a typical agency decision each of the three participating group had (Appendix B, #5c). Tannenbaum (1968) reported that in this method of measurement, power is considered a fixed sum. It is necessary then for every gain one group achieves that an equivalent loss is incurred by

other participating groups. Therefore the sum of the power exchange must equal zero. Scoring: mean percent attributed to each group by the total members was calculated.

Role/task distribution. Measurement: measurement was similar to that of this measure for the CSG development (Appendix A, Page #2) except that the names of the appropriate committee members were substituted. Scoring: analysis was similar to that done on CSG development except that means were calculated separately for training and comparison groups.

Psychological membership. Measurement: variables were adapted from the construct of Jackson (1959) that a person's psychological membership in a group is composed of two components: his attraction to the group, and the group's acceptance of him (Appendix B, #7). Legitimacy of participation is very closely alligned to the acceptance of a member by his fellow members. Respondents were asked to describe the other people on his committee on each of the six attributes listed. Scoring: each item was scored from 1-5 corresponding to the most negative category to the most positive category. An attraction score was computed by calculating the mean value the respondent assigned to all members across all categories. Assigned values were then standardized around the mean score which each respondent gave in order to remove bias in the data toward non-utilization of any negative categories. An acceptance score was then computed on the standardized mean value that a member received from all other committee members across all categories.

Personal importance. Measurement: one item was included in the post-experimental survey only, to more clearly differentiate legitimacy differences between training and comparison groups. This required respondents to evaluate the importance of their own participation in CHP

(Appendix B, #8). Scoring: responses were scored from 1-5 to correspond to the categories "not important at all" to "very important."

Miscellaneous. Measurement: several attitudinal questions of an exploratory nature were included in the survey (Appendix B, #9). They were generally responded to on a 5 point scale or as a dichotomous choice. Scoring: where appropriate items were scored 1-5 or 1-2, mean values were then obtained for the two groups to be compared.

Formal participation

Attendance. Measurement: official minutes were examined on attendance records for all formal Board of Trustees and committee meetings held from 1/1/70 through 3/2/73. The Pre-program period was the 12 month period from 10/1/70 (the beginning of the operational year) through 9/30/71 (the end of the pre-experimental interviews and the end of the operational year). The pre-experimental period was the 4 month period from 10/1/71 (the beginning of the operational year) through 1/25/73. The experimental period was the 6 month period from 1/26/73 (the first experimental meeting) through 7/12/73 (the last experimental meeting). The post-experimental period was the 6 month follow-up period from 7/13/72 through 3/2/73 (CSG functioning autonomously). Records were examined for all 65 providers (P) and 73 consumers (C) who were eligible to attend as members sometime during the entire measurement period.

Attendance. Scoring: attendance at a meeting was calculated only for those eligible to attend that meeting. Attendance was scored dichotomously 1 = non-attendance, 2 = attendance.

Verbal participation. Measurement: the meeting interaction form (Appendix A, #1) was used to describe the CSG development was completed by the coordinators associate during each formal meeting during the pre-experimental and experimental periods. It was also completed during one meeting of each committee during the post-experimental period approximately six months after the termination of the experimental period. Scoring: analysis was done in a manner similar to that for the CSG development except that the mean values for training and comparison groups were computed separately.

Informal Participation - Communication Network

Measurement: Each respondent was asked a series of questions to determine how many fellow agency members he knew and how often he spoke to each one outside of formal meetings (Appendix B, #2). Scoring: frequency of contact with each recipient was scored 1-5 (1 = less than 1 contact/month, 2 = 1-2 contacts/month, 3 = 3-4 contacts/month, 4 = 5-8 contacts/month, 5 = more than 8 contacts/month). Mean frequency of contacts given were calculated. (i.e. number of people in the agency the respondent said he knew). Mean frequency of contacts received was calculated (i.e. the number of respondents that knew a particular individual). Each response was also given a frequency weight to correspond to the 1-5 frequency of contact rating. Mean weighted averages of contacts given and received were calculated.

Chapter IV

Results

Two sets of hypotheses were tested in the experimental program. One set related to the development of the autonomous task-oriented group and another set to the effects of participation in the small group training program.

Autonomous Small Group Development

The small sample size in Phase II and Phase III (n = 5) did not allow for valid tests of significance between time phases to be reported. However, the results on the group development measures are reported to describe the group's progress.

Hypothesis: An autonomous task-oriented small group of consumers can be formed.

Developing group autonomy was described by five measures: a) attendance, b) verbal participation, c) role/task distribution, d) problem solving ability, and e) cohesiveness.

Attendance. Figure 4 (Mean Attendance Frequency by Phase of CSG Development) displays attendance values relevant to the CSG autonomy development. The post-experimental phase includes the 7 CSG meetings that were held during the six month follow-up period after the end of the

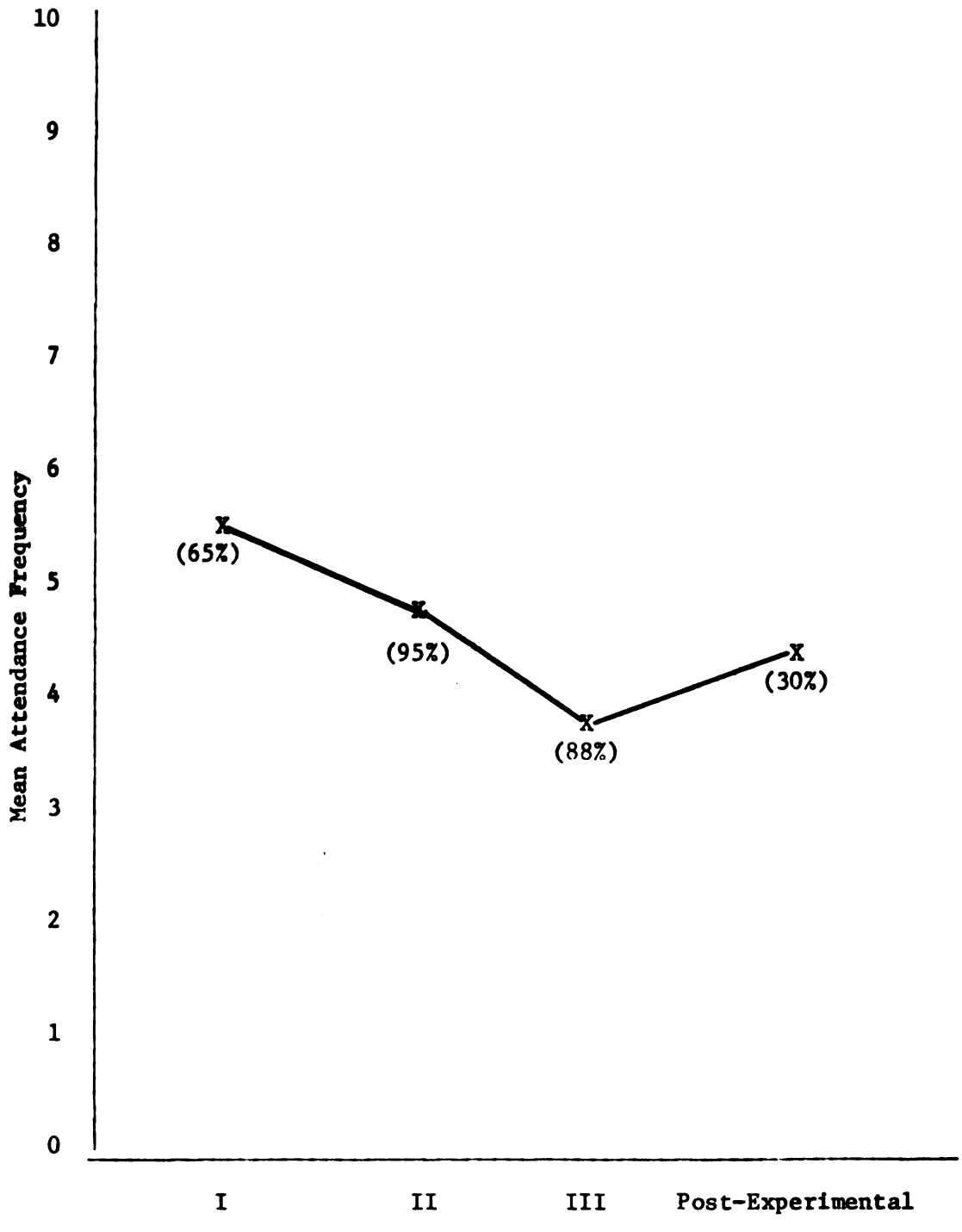

Figure 4. Mean Attendance Frequency by Phase of CSG Development

third experimental phase. During the post-experimental period control groups were eligible and invited to attend meetings and the frequency of their attendance is reflected in that value. The values displayed show that on the average 6.5 of the 10 eligible members of the training group or 65% attended each meeting in Phase I. At the end of Phase I group leadership was transferred from the staff coordinator to the group's elected co-chairmen. The format of the meetings simultaneously moved from information, instruction, and organization by the staff coordinator to information generation and group development by the members. Shortly therefater, one-half of the training group (5 members) either formally or informally resigned. During Phase II each meeting had an average of 4.8 members in attendance. Removing resigned members from eligibility, this represents an average of 95% average attendance for the remaining active membership. During Phase III during which the coordinator totally withdrew from the group the average attendance at meetings was 3.8 people or 75%. This constituted 88% of those eligible since one of the co-chairmen was abroad for 3 of the 4 meetings and therefore ineligible.

Traditional participant members were eligible to attend the meetings during the post-experimental period. Approximately 1/2 of them (4 members) did so. The average frequency of attendance at the post-experimental meetings was 4.4 members. On the average, 2.7 of these were from the original training group and 1.7 from the traditional participant group. This constituted an average attendance of 30% of those eligible, 68% average for the original training group members and 10% of those newly eligible traditional participant members.

In summary, the attendance results showed that the group did function autonomously and independently of the staff coordinator. After the resignation of those for whom the group was not suited, the remaining members continued very actively through the follow-up period. On the other hand, 40% of the traditional participant members did participate in at least one CSG meeting of the follow-up period even though they had been relegated to control status for the previous 6 months. While the average frequency of attendance for the control group as a whole during this period was quite low (10%) it jumpted to an average of 36% attendance if calculations exclude those traditional participant members who were not sufficiently interested to attend even one of the post-experimental CSG meetings.

Verbal participation. Figure 5 (Average Speaker Frequency by Phase of CSG Development) shows the change in time for the average number of comments made by either CSG members, non-members guests, or the coordinator. It would be anticipated from the description of the experimental manipulation that there would be a sharp decrease in the control of conversation by the coordinator as time progressed and a corresponding increase by the members. The results displayed in the figure confirm this effect rather dramatically. The CSG secretary was present during Phase III for clerical support and the frequency of staff comments during that phase were attributable to her presence.

Figure 6 (Comment Frequency by Interaction Category-CSG members), Figure 7 (Comment Frequency by Interaction Category-CSG non-members), and Figure 8 (Comment Frequency by Interaction Category-CSG Coordinator) show the change over time in each of the major interaction categories. They demonstrate that the frequency of being spoken to generally followed the

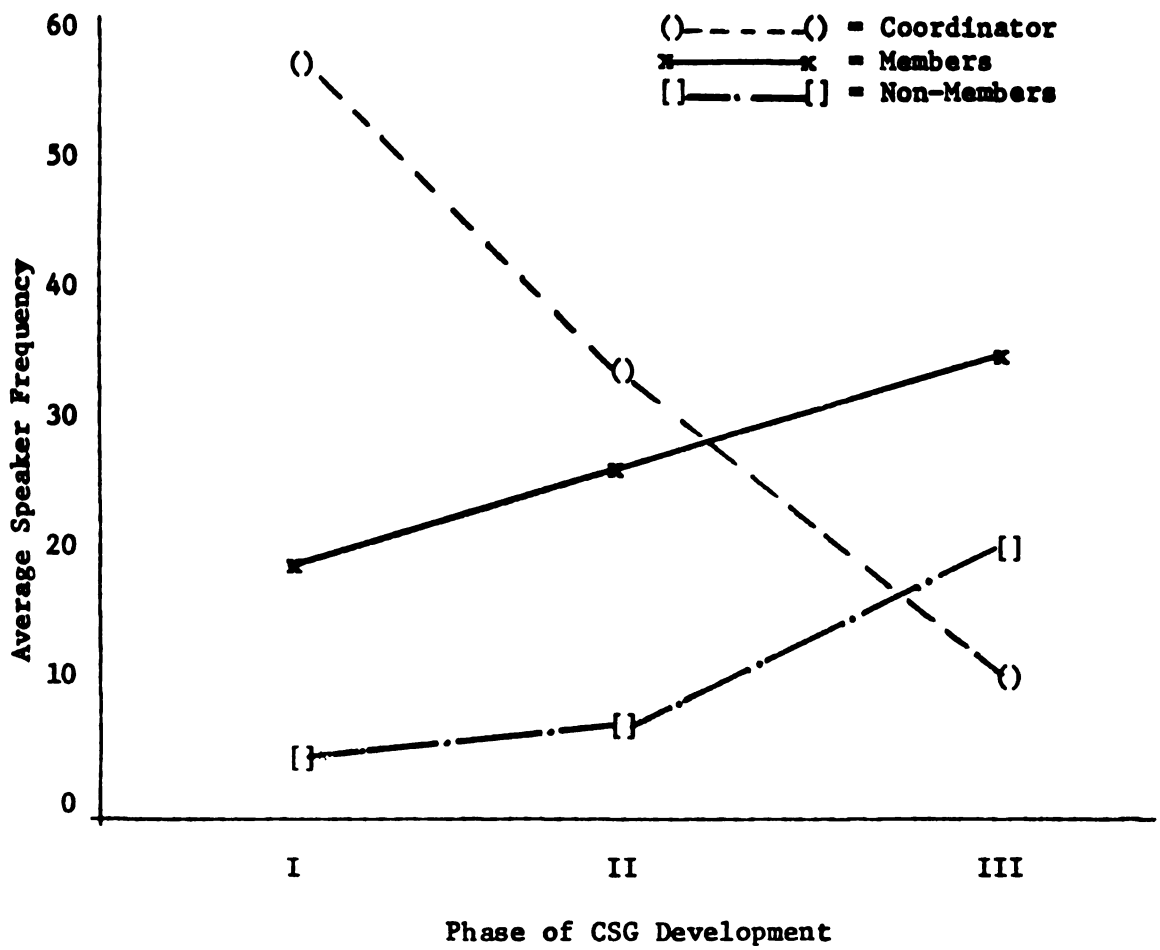

Figure 5. Average Speaker Frequency by Phase of CSG Development
*CSG secretary

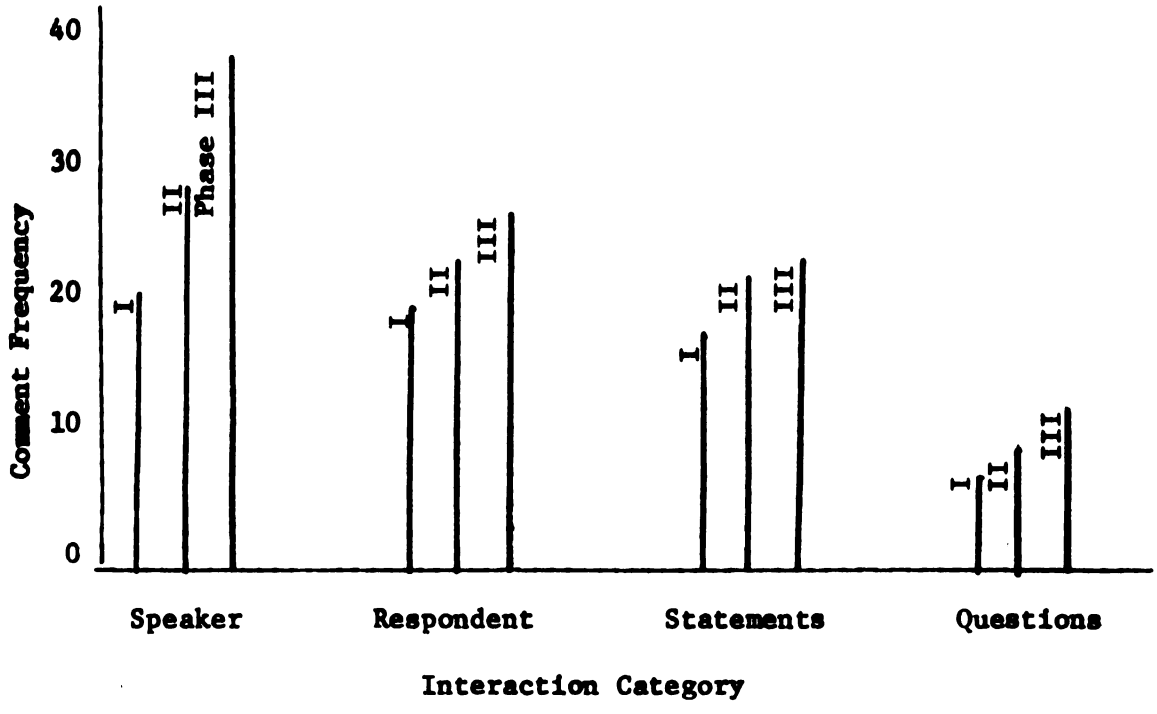

Figure 6. Comment Frequency by Interaction Category - Members

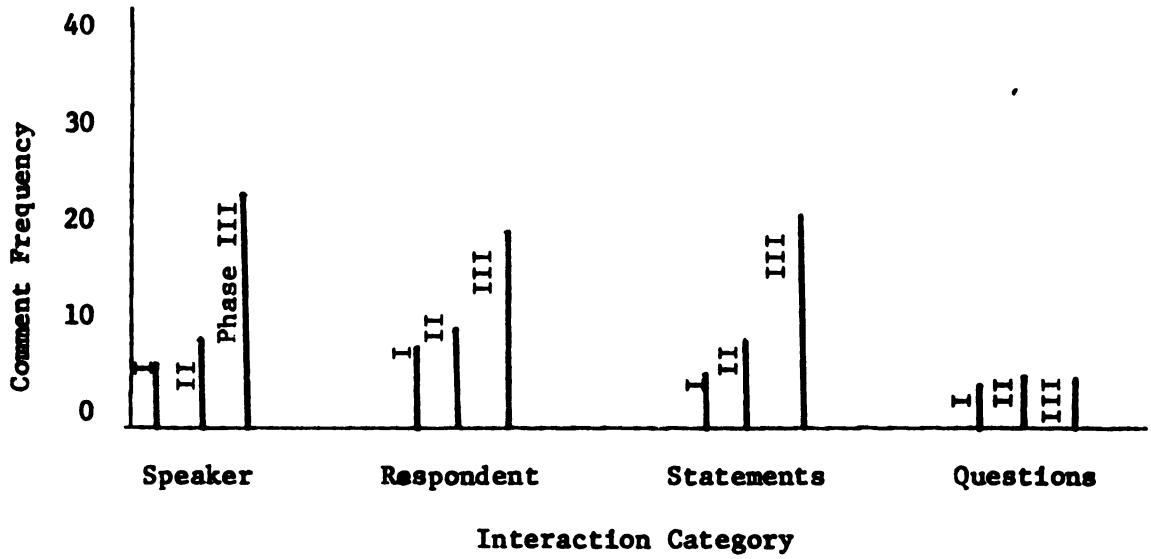

Figure 7. Comment Frequency by Interaction Category-Non-Members

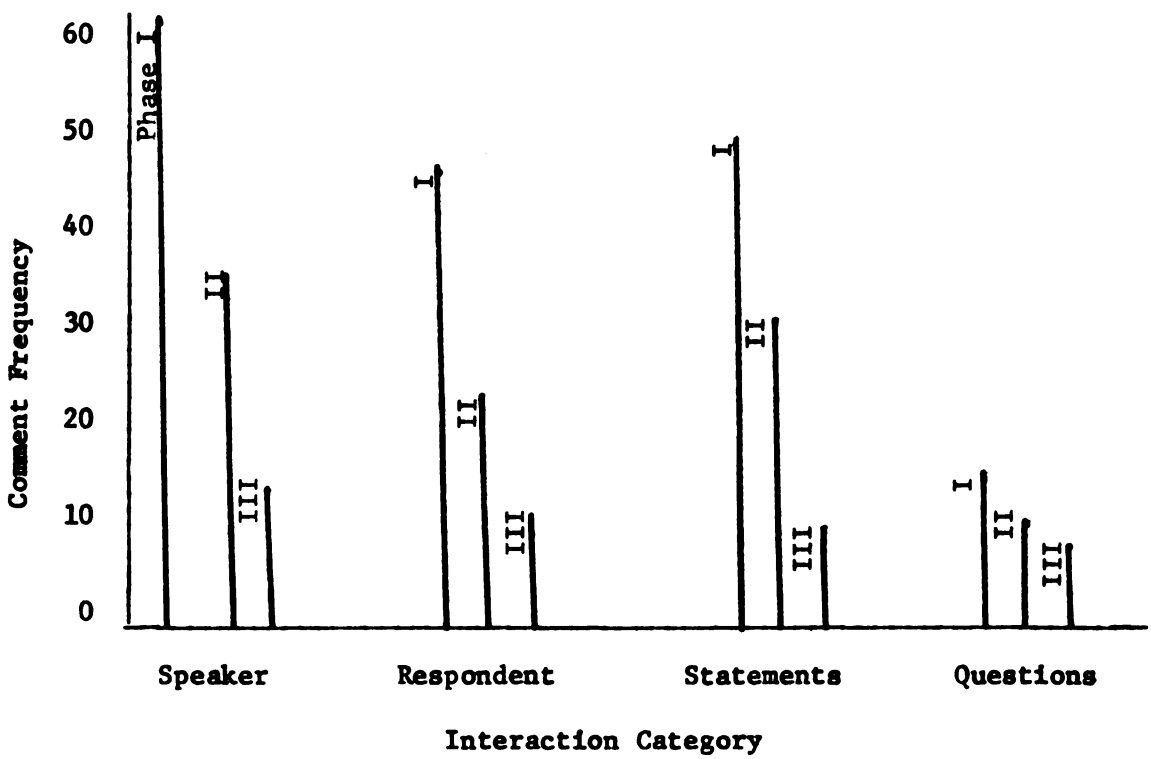

Figure 8. Comment Frequency by Interaction Category-Coordinator and Secretary

frequency of speaking. They show also an increase in both statements and questions corresponding to the increase in total frequency of comments of members and non-members and the reverse trend for staff comments.

Table 4 (Rank Order of Comment Type by Phase of CSG Development) shows the percent of comments devoted to each of the major types. The trend for the members showed a reversal from the first period in which there was a high priority on information and low priority given to suggestions, to the third period in which members gave a high priority to suggestions and a much lower priority to information. This coupled with the fact that non-members gave almost no-suggestions during Phase III and the secretary gave none supports the movement of the members into a more autonomous task-oriented group.

Table 5 (Rank Order of Comment Content by Phase of CSG Development) also supports the movement described in the experimental manipulation. Personal comments became increasingly less important for members and those relative to the CSG and the Agency became increasingly more important. As expected the comments of the coordinator were consistently high with regard to the group and secondarily to the agency. Comments from the secretary supported her minimal role since they were primarily related to the agency and technical matters of interacting with it.

Role/task distribution. Figure 9 (Roles fulfilled by Phase of CSG Development) shows the average number of roles a member or the coordinator was assigned during each phase. The results showed an increase in roles assumed by the members from Phase I to Phase II. They showed a decrease for the coordinator in interpersonal roles but an increase in task

Table 4

Rank Order of Comment Type by Phase of CSG Development

	Phase I		Phase II		Phase III	
	Rank	% of Comments	Rank	% of Comments	Rank	% of Comments
Members	Opin.	46.8	Info.	38.7	Opin.	40.6
	Info.	35.3	Opin.	36.6	Sugs.	39.5
	Ques.	25.2	Ques.	32.8	Ques.	36.7
	Sugs.	15.9	Sugs.	23.8	Info.	27.6
Non-Members	Opin.	46.7	Sugs.	66.6	Info.	70.8
	Info.*	40.0	Opin.	58.2	Opin.	43.9
	Ques.*	40.0	Info.	54.2	Sugs.	7.3
	Sugs.	20.0	Ques.	16.6	Ques.	6.1
Coordinator	Info.*	41.5	Info.	36.5	Info.**	57.5
	Opin.	41.5	Opin.	36.5	Ques.	37.5
	Sugs.	25.3	Sugs.	26.9	Opin.	2.5
	Ques.	21.5	Ques.	20.0	Sugs.	0.0
	n = 7		n = 5		n = 4	

[1] Categories not mutually exclusive

* Tie

** Secretary

Table 5

Rank Order of Comment Content by Phase of CSG Development

	Phase I		Phase II		Phase III	
	Rank	% of Comments	Rank	% of Comments	Rank	% of Comments
Members	Comm.	45.0	Group	33.6	Org.	37.4
	Org.	35.9	Org.	33.1	Group	34.6
	Pers.	24.8	Pers.	32.5	Tech.	22.2
	Group	19.5	Comm.	17.8	Comm.	21.0
	Tech.	15.1	Tech.	15.6	Pers.	20.5
Non-Members	Pers.	73.4	Comm.	58.3	Org.	57.3
	Comm.*	33.3	Tech.	54.2	Comm.	40.2
	Group*	33.3	Group	45.8	Tech.	31.8
	Tech.	6.7	Org.	29.1	Pers.	18.3
	Org.	0.0	Pers.	16.6	Group	11.0
Coordinator	Group	39.5	Group	40.2	Org.	47.5
	Org.	32.6	Org.	33.1	Tech.	25.0
	Pers.	30.9	Pers.	28.4	Pers.	17.5
	Comm.	23.6	Comm.*	11.5	Group*	7.5
	Tech.	13.3	Tech.*	11.5	Comm.*	7.5
	n = 7		n = 5		n = 4	

* Tie

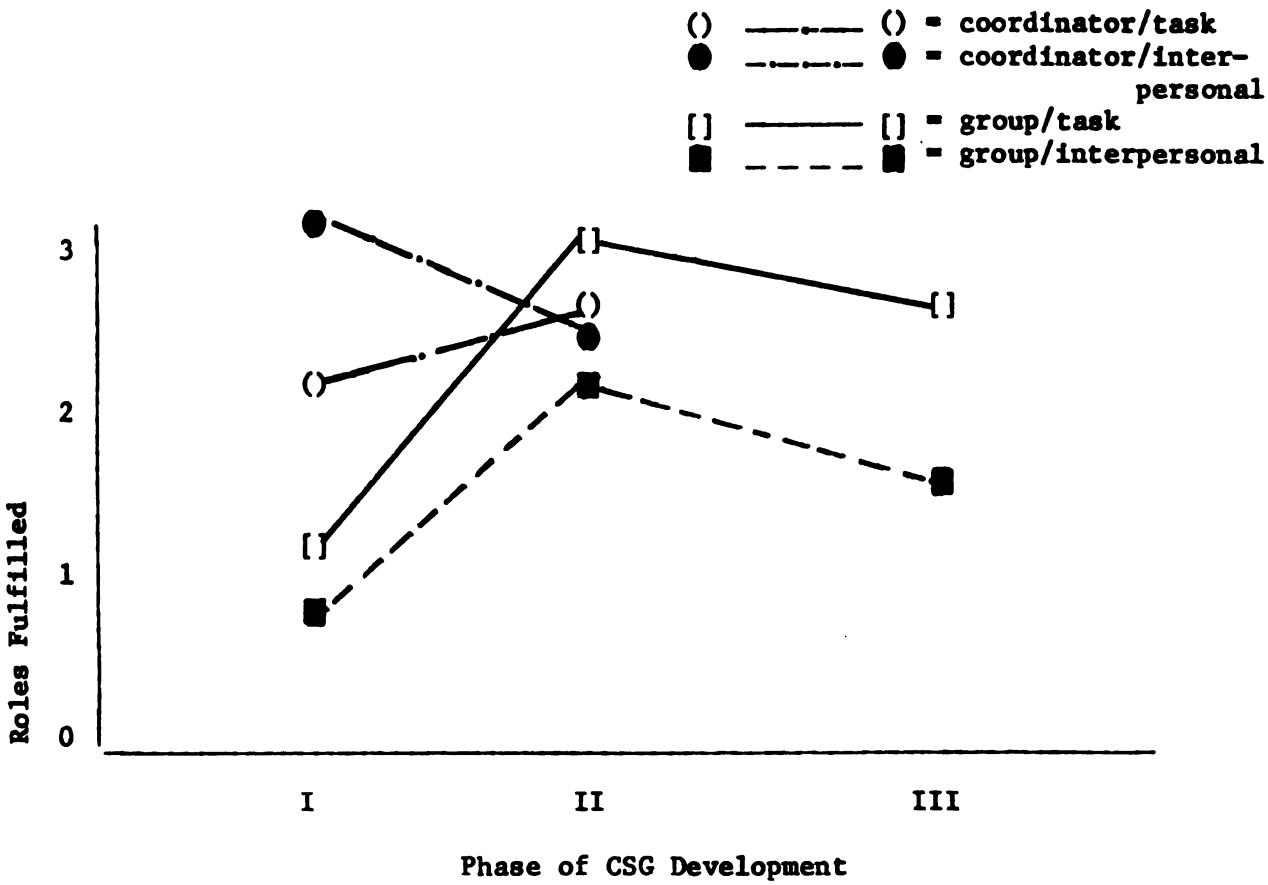

Figure 9 . Roles fulfilled by Phase of CSG Development
* ten possible

environmental roles. These results would be predicted from the description of developing autonomy when the coordinator removed herself from group development leadership in Phase II but gave information which was specifically requested of her. The slight drop which occured in roles assigned to other members of Phase III was probably characteristic of the fact that during this time members of the group had fairly well cohesed and certain developmental roles were not necessary. It could also have been because the group activity was limited to a fairly small number of topics and some of the task-environmental roles ("reports technical information") were in fact necessary from only one or two people.

Problem solving ability. Table 6 (Problem Solving Ability and Cohesion by Phase of CSG Development) shows the values relative to problem solving ability. The mean value of problem solving ability reported by the group rose from 2.79 in Phase I, to 4.05 in Phase II, to 4.33 in Phase III. This supported the experimental description that members were increasing their problem solving ability and the prediction that members would perceive that they were doing so.

Table 6

Problem Solving Ability and Cohesiveness by Phase of CSG Development

	Phase I		Phase II		Phase III	
	$\bar{X}$	s	$\bar{X}$	s	$\bar{X}$	s
Problem Solving Ability	2.79	1.00	4.05	0.67	4.33	0.60
Cohesiveness	3.94	1.20	4.73	0.45	4.80	0.40
	n = 7		n = 5		n = 4	

Cohesiveness. Table 6 (Problem Solving Ability and Cohesiveness by Phase of CSG Development) shows the values relative to cohesiveness. The mean value of cohesiveness reported by the members progressed from 3.94 in Phase I, to 4.73 in Phase II, to 4.80 in Phase III. Since the maximum possible value was 5.00 the results showed that a highly cohesive group had developed by Phase I and continued through Phase III.

Hypothesis: The members of the autonomous task-oriented small group will perceive that they are receiving informational support in the group.

Table 7 (Information and Legitimacy by Phase of CSG Development) shows the values relevant to information support during group development.

The mean value for perceived informational support reported by active members increased from 2.92 during Phase I, to 4.33 in Phase II and to 4.55 in Phase III. This supported that the information exchange previously described contributed to a more comfortable informed role for the members.

Hypothesis: The members of the autonomous task-oriented small group will perceive that they are receiving group support for the legitimacy of their participation as consumers in the Agency.

Table 7 (Information and Legitimacy by Phase of CSG Development) shows the values relevant to legitimacy during group development.

Table 7

Information and Legitimacy by Phase of CSG Development

	Phase I		Phase II		Phase III	
	$\bar{X}$	s	$\bar{X}$	s	$\bar{X}$	s
Information	2.92	1.12	4.33	0.85	4.55	0.50
Legitimacy						
Support in CSG	3.08	1.05	4.50	0.67	4.56	0.61
Legitimacy in Agency	3.13	1.21	4.35	0.77	4.23	0.65
	n = 7		n = 5		n = 4	

The first scale measuring legitimacy reflected members satisfaction with the support they received in the CSG for them and their role as consumers. This increased from 3.08 in Phase I, to 4.50 in Phase II and remained essentially unchanged (4.56) in Phase III. The second scale measured the members perceptions of the legitimacy of their participation in Agency meetings. This value increased from 3.13 in Phase I, to 4.35 in Phase II and remained essentially unchanged (4.23) in Phase III. Both sets of results supported the experimental manipulation of perceived legitimacy and that members did in fact feel more legitimate as participants as time progressed.

Effects of the Autonomous Small Group Training

Four hypotheses were tested in this regard. They were that participation of consumers in an autonomous small group program which provided

task-related information and promoted the legitimacy of consumer participation in regular Agency activities would a) increase the information that the participants possess about health planning activities, b) increase the legitimacy of their participation in the Agency, c) increase their participation in formal decision-making activities of the Agency, and d) increase their participation in informal decision-making activities of the Agency.

Hypothesis: Participation of consumers in an autonomous small group will when contrasted with traditional participants increase the information they possess about health planning activities.

In order to document that the training group had become more knowledgeable on health planning matters, members of both the experimental and control group were asked a series of 33 items relating to health planning terminology and comprehensive health planning. The experimental group correctly defined the terms significantly more often than the control group in all five categories utilized as shown in Table 8 (Information Level).

Table 8
Post-Experimental
Information Level[1]

	Traditional Group		Autonomous Group			
	$\bar{X}$	s	$\bar{X}$	s	df	t
General Information	1.87	0.48	2.25	0.33	18	2.10[a]
Staff Names	1.55	0.42	2.40	0.52	18	4.03[b]
Committee Names	1.32	0.49	1.78	0.68	18	2.36[a]
Chairmen Names	1.58	0.33	2.40	0.52	18	2.27[a]
Work Program Items	1.01	0.03	1.41	0.61	8	2.06[a]

[1] 1 = Don't Know
2 = Vague
3 = Definitive

[a] $P < .05$

[b] $P < .01$

Hypothesis: Participation of consumers in an autonomous small group will when contrasted with traditional participants increase the legitimacy of their participation in the Agency.

Legitimacy of participation was documented on five measures: a) constituency effect, b) influence/power, c) role/task distribution, d) psychological membership, and e) personal importance. Values relating to these measures are listed in Table 9 (Legitimacy of Participation).

Constituency effect. It was hoped that participation in the CSG would heighten awareness of the constituency of training group participants either as the CSG or their original formal constituency. As Table 9 shows, the results on constituency identification did not support this expectation. It was also hoped that CSG members would consider the CSG as their constituency and would perceive it as strongly affecting their participation. Description of the development of the group indicated that members did perceive this. However, as Table 9 shows, questions included in the post-experimental survey to measure this effect did not support that this had occurred. This non-significant result can be primarily attributable to the specific wording of the question. As in the pre-experimental survey, respondents were asked to evaluate the effect of the organization which they were "formally" selected to represent. Since all participants in the program had been already selected as Agency members on some basis other than CSG membership, this item as worded did not permit "CSG" as a response and therefore an evaluation of the effect of the CSG as a constituency.

Table 9
Post-Experimental
Legitimacy of Participation

Measure	Traditional Group $\bar{X}$	Traditional Group s	Autonomous Group $\bar{X}$	Autonomous Group s	df	t
Constituency Effect						
Constituency identification	2.07	0.91	2.24	0.35	18	0.52
Effect Upon representative	3.59	1.13	3.49	0.97	14	0.20
Influence/ Power						
Tannenbaum						
own influence	1.67	0.87	2.80	1.14	17	2.29[a]
consumer influence	2.44	0.88	2.20	0.92	17	0.55
provider influence	4.50	0.53	4.30	0.82	17	0.56
staff influence	4.00	1.07	3.90	1.29	17	0.17
Zero-Sum						
consumer influence %	21.67	20.17	17.00	20.44	15	0.44
provider influence %	55.50	31.36	43.00	25.52	15	0.91
staff influence %	32.14	13.50	40.03	19.86	15	0.93
Role/Task Distribution	overall 1.23	0.09	1.43	0.16	15	2.99[b]
Task environmental						
Suggests issues for discussion	1.08	0.11	1.54	0.21	15	5.27[c]
Suggests new ways of problem solving	1.25	0.35	1.34	0.32	15	0.54
Reports technical information	1.05	0.09	1.17	0.18	15	1.69
Brings information from non-members	1.63	0.21	1.75	0.17	15	1.28
Emphasizes getting work done	1.06	0.08	1.50	0.31	15	3.60[c]

Table 9 continued

Measure	Traditional Group		Autonomous Group		df	t
	$\bar{X}$	s	$\bar{X}$	s		
Interpersonal						
Chats before and after meetings	1.25	0.31	1.46	0.28	15	1.48
Encourages members to talk together	1.10	0.13	1.30	0.32	15	1.55
Acts as medicator in conflicts	1.08	0.13	1.19	0.25	15	1.09
Gives recognition to members	1.14	0.17	1.35	0.32	15	1.64
Helps members to get along	1.07	0.09	1.42	0.24	15	3.70[c]
Psychological Membership						
Attraction						
to group	2.90	1.09	3.87	0.88	14	1.97[a]
to members	3.08	0.72	3.42	0.81	14	0.87
acceptance-(Standardized)	0.51	0.41	-0.06	0.53	17	2.04[a]
Personal Importance	2.22	0.97	3.80	1.32	17	2.80[b]

[a] $P < .05$

[b] $P < .01$

[c] $P < .001$

Influence/power. Power within Agency activities as viewed by CSG members and the comparison group was examined from two perspectives: unlimited (Tannenbaum approach) or a fixed limited quantity (Zero-sum approach). As Table 9 (Legitimacy of Participation) shows the significant difference which occurred between the two groups was that CSG members reported their influence in agency decisions to be significantly higher than comparison members reported theirs as being ($P < .05$). There was no difference between the two group's perception of the influence of staff, providers, or consumers as a whole. This supported the prediction that participants in the small group program would perceive themselves as having more influence in Agency decision-making and that this was not due to a general increase in influence for all consumer members.

Role/task distribution. If attendance at meetings and verbal participation were effective, then members should be recognized as performing various tasks essential to the work and socio-emotional maintenance of the committee. This in fact did occur. Table 9 (Legitimacy of Participation) shows that after the experimental period of the program, members of the training group were acknowledged as performing these tasks more often than the members of the comparison group ($P < .01$). This difference was particularly pronounced on two tasks important to the work of the committee: suggesting issues or problems for discussion and planning, and emphasizing "getting work done". It was also evident on a task important to maintaining the group as a viable unit, "helping the members of the committee to get along and understand each other."

Psychological membership. Legitimacy of participation as reflected in psychological membership was considered to be composed of two components: attraction to the Agency committee to which the member belonged, and acceptance by that committee. Attraction was measured from two perspectives, attraction to the committee as a whole and attraction to it as a collection of individuals. As Table 9 (Legitimacy of Participation) shows members of the small group were significantly more attracted to their committee as a whole than comparison consumers were ($P < .05$). This increase, however, was not reflected in attraction to the aggregated members of the committee. This could be expected if as members became less marginal they found that in reality, committee members were not as impressive as they were from afar but that the committee as a functional unit was more so.

Acceptance by fellow committee members was considered a major indication of the legitimacy of a members participation in Agency activities. As shown in Table 9 (Legitimacy of Participation) this difference was evidenced by members of the small group who were accepted by their fellow members to a significantly greater degree ($P < .025$) than members of the comparison group were.

Personal importance. The importance that consumers attached to their participation in CHP was considered a major prerequisite of more effective participation in decision-making activities. Table 9 also shows that this aspect of legitimacy was significantly greater for training group participants ($P < .01$).

In summary, then the results showed that the legitimacy of the role of small group members in Agency proceedings increased in both their own perception and in that of their fellow members. No differences between training and comparison groups were discovered on the post-experimental general attitude questions (Appendix C).

Hypothesis: Participation of consumers in an autonomous small group will when contrasted with traditional participants increase their participation in formal decision-making activities of the Agency.

Participation in formal decision-making activities was measured as the frequency of attendance at Agency meetings and the frequency of verbal participation in these. Wilcoxen's rank sum test (1964) was utilized to test the difference in mean attendance rank values for small group members and comparison group members during the experimental period.

Since the size of both groups was the same either rank total could be utilized for testing significance. However, since the sample size of the comparison group was the smaller of the two in the post-experimental period, for the sake of uniformity it was used to test attendance during the experimental period. Table 10 (Attendance-Autonomously Trained Consumer Support Group vs. Traditional Participant Group) shows that there was no significant difference in attendance at Agency meetings between small group participants and traditional participant consumers during the experimental period. The hypothesis that this increase would occur during the six months of the experimental period was not then supported.

Table 10

Attendance-Autonomously Trained Consumer Support Group vs. Traditional Participant Group

	Traditional Group Rank Total
Experimental Period ($m = 10$, $m = n$)	91.50
Post-Experimental Period ($m = 8$, $n = m+1$)	41.50[b]

[b] $P < .01$ one-tailed

Analysis of attendance figures during the post-experimental period was conducted to determine if the small group experience had a delayed effect. Table 10 (Attendance-Autonomously Trained Consumer Support Group vs. Traditional Participant Group) shows that this in fact did happen, for the traditional participant group was significantly lower than the mean attendance of both groups during this period ($P < .01$). This finding should be qualified with the understanding that the original small group members and comparison members were not totally separated during this period. Three members of the traditional participant group did attend at least one meeting of the CSG during this period and thus had limited exposure to its effects. If, however, the effects of the CSG were to increase Agency participation then including these three traditional CSG participants in the mean for the entire traditional participant group should lower the significance of the results. Since the results were significant even when calculated in this way, support can be concluded

for the hypothesis of increased attendance due to participation in the small group program. Analysis of the quantity of verbal participation was attempted. However, the small cell size in some cells (n = 4) obviated reporting tests of significance on the data.

Hypothesis: Participation of consumers in an autonomous small group will when contrasted with traditional participants increase their participation in informal decision-making activities of the Agency.

To the extent that information is exchanged and decisions are influenced during conversation outside formal agency meetings, then inclusion in this communication network would be advantageous to members. Increased participation in this network would moreover indicate that consumers had gone beyond merely exercising their legal right to meeting attendance and entered into a more complete participation in agency activities.

The results in Table 11 (Informal Participation) shows that, in fact, participation in the autonomously trained Consumer Support Group did bring about such an effect. Members of the training group indicated outside communication with significantly more members of their committee than the traditional participant group did ($P < .01$). Committee members also indicated that they communicated with significantly more members of the group than they did with members of the traditional participant group ($P < .025$). On the other hand, the frequency of contact with the Agency members identified was essentially the same for both groups. Therefore, support was obtained for the hypothesis that small group members did have increased informal participation in Agency activities by the fact that they communicated with more members rather than more frequently with fewer members.

Table 11
Post-Experimental
Informal Participation

	Traditional Group		Autonomous Group			
	$\bar{X}$	s	$\bar{X}$	s	df	t
Number contacts made	18.80	11.03	36.60	17.02	18	2.78[b]
Number contacts received	13.60	13.03	30.80	22.10	18	2.12[a]
Frequency contacts made	2.09	1.15	1.86	0.52	18	0.55
Frequency contacts received	1.88	0.38	1.86	0.54	18	0.05

[a] $P < .05$
[b] $P < .01$

Description Of The Post-Experimental Period

In accordance with the program plan for group autonomy, the CSG became independent of all program staff intervention after the termination of the 6 month experimental period. CSG meetings were not, therefore, monitored and strict records of their activities were not maintained by the program staff. It appeared from attendance results, however, that the major effects of the experiment were not evidenced until the post-experimental period. The following brief description of the post-experimental period is drawn from review of agency files and interviews with CSG members active during that period.

There were seven formal Consumer Support Group meetings held during the six month post-experimental period. The mean attendance frequency at these meetings was 4.4, 2.7 of those being original small group members and 1.7 being members of the traditional participant group who joined during the post-experimental period. The analysis also showed that on the average 24% of the original small group members and traditional participant group members attended meetings. 68% of the opportunities for attendance by the original training group members were utilized and 10% of the opportunities for traditional participant group members were utilized. Five members of the original training group attended at least one post-experimental CSG meeting. Four members of the original traditional participant group attended at least one post-experimental CSG meeting.

In the later part of Phase III of the experimental period, open controversy began to develop with the Agency concerning the policies and procedures of the Executive Director. The first Board of Trsutees meeting of the post-experimental period was concluded in Executive session during which the resignation of the Executive Director was requested. The members of the Consumer Support Group became concerned that consumers had not been properly involved in the decision for this request. They called a special CSG meeting for the purpose of discussing this concern and invited all consumer members of the Agency to attend. The results of this CSG meeting was a resolution requesting delay of the Board's decision regarding the Executive Director's resignation. Because the original request had been made without a quorum being present, a Board meeting to confirm the

action was held two weeks later. The Board moved immediately into Executive session. A motion for delay was not presented by the CSG members present and after discussion the Executive Director submitted his resignation effective in two months. The CSG members were still concerned about the procedures of Board decisions and had some doubt about the legal constitution of the Board of Trustees at the time the request for resignation was made. They then sought legal counsel in that regard. Upon counsel's advice, they considered requesting a judicial injunction against further Board of Trustees actions until the legality of Board membership was confirmed. This consideration was informally conveyed to agency officers. It was not activated by the CSG and no formal action was taken with regard to the resignation of the Executive Director.

Part of the advice obtained from their legal counsel was for more CSG members to be elected to the Board of Trustees so that they could directly participate in its decision-making. The CSG later learned that only one of their members was to be placed on the list of nominees presented by the nominating committee at the Agency annual meeting. They therefore formulated and presented at the annual meeting their own list of 15 nominees which included the original core group of the CSG and other interested consumers and providers from the community. Five active members of the CSG were elected to Board membership following this nomination. Also during this meeting the By-law changes proposed by the CSG regarding meeting absences was adopted.

In the latter part of the summer the CSG began intensive efforts to expand its membership. All consumer members on Agency committees were

invited to join by letter and by personal phone call from one of the CSG members. At the first CSG meeting after the invitation seven new Agency consumers attended.

As a result of the CSG meeting just mentioned, three members, who were also Agency Trustees, requested the agency President to hold a spcial meeting of the Board of Trustees to discuss the screening committee which was currently in the process of selecting a new agency Executive DIrector. The special meeting was called and one of the active CSG members was choosen as an additional consumer member on the committee so that it would have a majority of consumers.

One of the prime interests of the CSG became the current status of out-patient care in the tri-county area. Investigation was conducted in this area by CSG members. At the group's invitation, representatives of the Community Medicine Divisions of the two local medical schools attended a meeting and discussed the role of the schools in the community and in the Agency.

An outreach effort was conducted to bring into the CSG consumers who were not already members of the Agency. Seven new community members attended this recruitment meeting. Major concerns discussed at this time were the current role of the CSG and its relationship to the Agency, Medicare guidelines, and the financial plight of the local voluntary association for In-home care. The CSG adopted the motion that they "consider themselves a consumer's lobby for health" and that "...any statement, idea, or report that any member of the group feels has significance, will be brought to the floor for a vote and, if passed, a copy of the report will be forwarded to the Agency Board of Trustees with copies sent to the

Federal, State, and County representative." As a result of this same CSG meeting a resolution was presented to the next regular Board of Trustees meeting requesting a staff investigation and report on the following circumstances of the In-home association: 1) current financial status, 2) community effectiveness, and 3) alternatives for additional funding. The resolution was adopted by the Board at that meeting. A resolution supporting the In-home association was adopted by the Board and published but the requested staff report was not subsequently submitted for Board approval. At this time the Grant Application Committee was in the process of developing the 1973-74 Work Program Application. A motion was, therefore, adopted to have the Grant Application committee review the possibility of having the 1973-74 Work Program include a long range plan to assist the In-home association. This item has not been subsequently included in the 1973-74 application. Following a report from the CSG chairman of the motions adopted at the last CSG meeting, the Trustees adopted the motion "that the Board of Trustees express confidence in the Consumer Support Group and that the Consumer Support Group respond by demonstrating their trust in the Agency Board."

During the following month the CSG became concerned that because the Consumer Participation Grant would be terminating shortly, provisions for staff support for consumer participation be included in the 1973-74 Work Program Application. At the CSG's invitation, the Agency Associate Director attended a CSG meeting and discussed at length the current practices and policies of the agency and its relation to the CSG.

At the next regular meeting of the Board of Trustees the CSG Chairwoman presented the CSG report. She conveyed that the Executive Director of the In-home association had met with the CSG to discuss the current status of the organization. She expressed the CSG's disappointment "that no one has ever responded to this Board's direction that staff prepare information on the In-home association". She then reported that the CSG believed that the agency staff time allocated in the 1972-73 work program to consumer education had not been devoted to consumers as intended. She made the following statements which were included in the minutes of the meeting as part of the CSG report.

> If the Agency truly wants consumers who are ready to be involved in the planning activities of such a program and not always critics on the fringe, then it must give staff support to consumers. This staff support, time, money, and most important interest committment to the importance of the role of the consumers has to come tonight or it will not be in the budget or the work program for 1973-74. Therefore the Consumer Support Group recommends that this Board take two steps: (1) fulfill the committment to the Consumer Support Group project in staff time or free the money for the Consumer Support Group to hire its own staff this summer; (2) to hire staff in behalf of the consumers on a permanent basis.

She then introduced a resolution that the 1973-74 work program be enlarged to include staff time and resources necessary to have "definite emphasis on out-patient needs and positive solutions geared for satisfying preventative health care needs in the near future..." Minutes of the meeting reported that the "Consumer Support Group feels that the 'needs of the community' are not being met in the proposed 1973-74 work program." It was agreed that a data base must be established first and then, if necessary, an amendment to the work program could be made at a later date.

The following motion was then passed in this regard, "that staff, working with a committee of the Consumer Support Group, develop an amendment to the Work Program for 1973-74 to implement the concerns of the Consumer Support Group." The proposed 1973-74 Work Program was approved at that meeting of the Board. The amendment regarding the CSG had not been developed four months subsequent to the motion for its development.

The chairwoman of the CSG had a staff member from a state-wide consumer research group as her guest at the next Board of Trustees meeting. The staff member gave a presentation to the Trustees on their research of physician participation in the Medicaid Program. Two active members of the CSG, who were also Trustees, were appointed to the nominating committee charged with recommending new Agency Trustees for the coming year. At the request of the CSG co-chairwoman several citizens interested in physician access for medicaid recipients were introduced at the Board meeting. The Board then discussed their concerns with them. The Agency President instructed the chairmen of each of the major standing committees to "discuss the problem within the coming month and to propose a specific direction for the Agency to pursue."

The screening committee recommended appointment of one of the candidates interviewed for the vacant position of Executive Director, and he was subsequently hired.

Summary

In summation, two sets of hypotheses were tested in this study-one set relating to the formation of an autonomous task-oriented small group

of consumers and one set relating to the effects of participation in such a group.

The first hypothesis tested relative to group formation was simply that an autonomous task-oriented group of consumers could be formed. Verbal description of group development demonstrated that this could occur. Quantitative description of small group attendance, verbal participation, role/task distribution, problem solving ability, and cohesiveness confirmed this finding.

The second hypothesis tested relative to group formation was that members of the autonomous task-oriented small group would perceive that they were receiving informational support in the group. Verbal description of information exchange during gorup development demonstrated that this had occurred. Quantitative description of perceived information measured confirmed this finding.

The final hypothesis tested relative to group formation was that members of the autonomous task-oriented small group would perceive that they were receiving group support for the legitimacy of their participation as consumers in the Agency. Verbal description of legitimacy promotion and reinforcement during group development demonstrated that this had occurred. Quantitative description of perceived legitimacy support confirmed this finding.

The first hypothesis tested relative to the effects of participation in the small group was that these participants would when contrasted with traditional participants increase the information they possessed about health planning activities. Results confirmed this hypothesis on all measures of information utilized.

The second hypothesis tested relative to the effects of participation in the small group was that these participants when compared with traditional participants would increase the legitimacy of their participation in Agency activities. This was measured by 1) the effect that the participants constituency had upon him, 2) the power he possessed in Agency activities, 3) the roles he fulfilled in Agency activities, 4) psychological membership in his committee and, 5) his perception of his importance in Agency activities. This hypothesis was confirmed on all measure except constituency effect. Results on the measures of constituency effect did not confirm this prediciton. This was attributed to improper wording of the measure.

The third hypothesis relative to the effects of participation in the small group was that these participants would when contrasted with traditional participants increase their participation in formal decision-making activities of the Agency. This hypothesis was not confirmed during the six months of the experimental period. It was, however, confirmed during the post-experimental period. Even though some traditional participant group members attended small group meetings during the post-experimental period, they were maintained in the entire traditional participant group for comparison with the original training group participants and the increased attendance reported was therefore due to a 'delayed effect upon the original participants only.

The final hypothesis tested relative to participation in the small group was that participants would when contrasted with traditional participants increase their participation in informal decision-making activities of the Agency.

Results confirmed this hypothesis both for the numbers of fellow member participants spoken to and the number who spoke to the participants.

Chapter V

Discussion

The most common approach to the problems of citizen participation in planning has been to ignore them. If an attempt has been made it has typically been a workshop teaching consumers what providers want them to know (Andrejewski et al., 1972). According to Andrejewski et al. (1972) such attempts "will not be very successful without concurrent attention to techniques that can equalize consumer-provider effectiveness in group settings and to organizational arrangements that facilitate consumer input" (p. 27). The verbal and quantitative description of the development of the training program reported here demonstrated that an autonomous small group of consumers could be formed. It showed that a staff leader can initiate autonomous group formation, information flow and reinforcement of the legitimacy of consumer participation. It described the fact that a staff leader can gradually withdraw from group direction and that the group will assume leadership responsibilities, begin generating its own information, reinforcing its own legitimacy, practicing decision-making skills, and delineating a new behavioral role for themselves.

The description reported that with the complete withdrawal of staff support, the group autonomously continued, developing and practicing the behaviors and attitudes initiated during the initial phases of the program. The description did then demonstrate that a viable alternative to doing nothing and traditional education exists and that it can address both basic prerequisites for effective participation - information and legitimacy.

According to Collins and Guetzkow (1964) "group members may collectively achieve more than the most superior members are capable of achieving alone." (p. 55). The results on the effects of participation in the autonomous small group training program documented that this in fact did occur. Results supported the first predicted outcome - small group participants did become more informed in health planning activities.

According to Guetzkow and Collins (1964) "information alone is not enough." It must also be presented persuasively and documented legitimately before group members are likely to accept it (p. 50). The second major hypothesis then tested the ability of the small group program to increase the legitimacy of participants in decision-making activities of the Agency. Evidence supported that this had resulted.

The first component of legitimacy - existence of an effective constituency was critical because such a constituency could serve as both a reference group (Cartwright and Zander, 1968; Gerard, 1952; Kelly, 1954), and as a power base (French and Raven, 1959). Unfortunately the measure of constituency effect was so worded as to prohibit the direct quantification of the Consumer Support Group (CSG) as an effective constituency. However, description of the post-experimental period did

indicate that the CSG served as a reference group for active members fulfilling both a comparison function and normation function (Cartwright and Zander, 1968; Gerard, 1952; Kelly, 1954). The presence of a normative group was additionally important in providing a mechanism for reducing the normlessness component of alienation and marginal status (Bloomberg, 1969) documented in Beck's (1972) research.

Results on power redistribution were especially gratifying because they also indicated a reduction in marginal status of training group consumers, ie. that the powerlessness component of consumer alienation had been reduced (Bloomberg, 1969). Even though power of small group participants was not measured from an external perspective, results did show that these participants perceived themselves as having significantly more power than comparison members did.

The CSG did then serve as a supportive power base for participants (French and Raven, 1959). CSG members apparently operationalized their theoretical legitimate power by means of both expert and reward power (Collins and Guetzkow, 1964). The post-experimental description in fact shows that small group participants participate to the extent of delineating identifiable consumer goals. In some cases to obtain their wishes, they also changed the goal structure of consumers and providers from contriently interdependent ones to promotively interdependent ones (Deutsch, 1949) so that providers could not botain goals with consumers also doing so.

Results regarding the role fulfillment reflected the gain in power

for training participants. After participation in the autonomous small group program, consumers who had originally been assigned only a theoretical role in Agency activities were recognized as fulfilling significantly more operational roles. This achievement was important because previous research (Fairweather, 1969) had indicated that fulfillment of participating roles in the actual setting is critical to creating participating status rather than marginal status. Psychological membership was described by Jackson (1959) as comprised of attraction to the group and acceptance by it. Fairweather (1969) found acceptance to be most closely related to group performance and leadership, role delineation and attraction most closely related to group cohesiveness. Hollander and Webb (1955) Hurwitz, Zander, and Hymovitch (1968) substantiated an association between interpersonal attraction and the exercise of power. Acceptance of the consumer by his committee was considered one of the prime reflections of the legitimacy of his role in its activities. The results of the present investigation demonstrated that participation in the small group training program resulted in higher acceptance by fellow committee members. Acceptance as measured here was essentially a measure of interpersonal attraction of the committee to the consumer. Power and acceptance were measured independently in this study but their simultaneous rise follows the reports of Hollander and Webb (1955) and Hurwitz, Zander, and Hymovitch (1968) who substantiated an association between interpersonal attraction and the exercise of power. Results showed that attraction of small group participants to the Agency committee as a whole increased but not that of attraction to the individual participants. This could have been an artifact of measurement or a legitimate difference, if as

participants became more familar with their fellow committee members they began to realize feelings that could not realize from a distance. However, because the primary normative goal of the group (Fairweather, 1964) was effective participation in their respective committees, increased attraction to that committee would be a logical consequence.

The final component of legitimacy was a direct measure of each participant's perception of his own importance in the health planning decision-making process. This was designed to cut across all other legitimacy components. One of the main goals of the legitimacy manipulation was to convince consumer participants of their importance in the health planning process so that their self-esteem and level of aspiration for involvement in Agency decision-making would rise and consequent to that their participation in these (Cartwright and Zander, 1968). Results showed that this goal was achieved and description of the post-experimental period indicates that these self-expectations did rise and were translated into behavior.

The results supported the predicted effects for participants in the small group training program - legitimacy in Agency decision-making was increased and marginal status decreased.

The ultimate objective of the training program was to increase effective participation of the participants in health planning decision-making. This was quantified by their participation in formal and informal decision-making activities of the Agency. Results demonstrated a significant increase in participation in the informal communication network during the six month experimental period. Increased formal participation of the original and small group participants however, was apparently a delayed effect not being statiscally significant until the post-experimental

period. This may have been characteristic of the nature of this program or due to the artifact that some training group members had very few opportunities to attend meetings during the experimental period. If a participant missed one meeting during the period, and only one was held, then zero attendance rate resulted.

In sum, the results demonstrated that a viable alternative does exist to do nothing about the problems of consumer participation and also a traditional workshop approach to alleviate them. They demonstrated that an autonomous small group training program can transmit information to its members and reinforce the legitimacy of their participation in Agency decision-making. Most importantly they demonstrated that participation in this program resulted in greater, more effective participation in Agency decision-making activities.

The implications of these findings are two fold for the training of citizen participants and the structure of citizen participation itself.

The first is essentially a question of the primary objective of citizen training, and as a consequence of the answer, to determine the most appropriate format. The primary objective of the autonomous small group training program described here was to increase effective consumer participation in health planning decision-making. It attempted not only to change the information and attitudes of participants but also to change their structural position in the Agency, i.e. to actually decrease the marginal status of marginal participants and move them into the mainstream of "real" decision-making activities. While information was a necessary condition for this to occur it was not in itself sufficient to bring about the desired change. The fact that more CSG participants had been

involved in a traditional workshop training program prior to volunteering showed not that this previous training was responsible for the success of the CSG but that without specific relevant information, perceived legitimacy relevant to the current setting and operational skills, the motivation originally exhibited was not translated into meaningful participation.

The methodology employed was also quite different in that it was not intended to produce so called "good" consumers as defined by professionals. It was not designed to produce informed consumers who could appropriately appreciate the remarks of the professionals. It was instead designed to provide skills to members and to allow them to utilize them as they decided. It was designed to remove impediments to parity with professionals, to establish a functional role for consumers, to produce an effective constituency, to increase their psychological membership and to increase their power. It was therefore designed as an advocacy group. To have done otherwise, would have traded "benevolent planning" (Strauss, 1972) for "benevolent training."

If the primary objective of citizen training is to relieve their ignorance or improve their competence in professional health matters (Palmer et al., 1972) then the standard workshop is the recommended method (Asch, 1951, Spence, 1929). If, however, the real objective is to more fully implement the spirit of the "Partnership Law" rather than a facade of consumer participation, then the method described here is more appropriate. Of the two, it offers the most hope for reversing the self-confirming circularity of alienation (Bloomberg, 1959) and utilizing it to reduce marginal status of consumers rather than perpetuating it.

The choice of training goal is most closely aligned with understanding the structure of consumer participation itself. The core of the "Partnership in Health" concept, though not specifically identified in the legislation is that the various groups involved in health planning have different priorities for health care. Comprehensive health planning agencies are intended as mediating groups (Cartwright and Zander, 1968) in which representatives of these various interests meet and their differences in priorities negotiated and resolved.

Since CHP has the greatest potential for affecting the environment of professional health organizations, their representatives will likely have strong motivation to be involved in CHP decisions. On the other hand, the consumer without an effective constituency and upon which CHP appears to have neither short nor long-term affects is prone to disillusionment and eventual apathy. The professional constituency gives an additional structural advantage to its representative in that he enters decision-making meetings already in possession of information on issues which had resulted from his participation in the informal communication network of professionals. The consumer, on the other hand, may spend the entire meeting orienting himself to the current issues rather than providing consumer input into the decisions. The third structural advantage offered by the constituency of the professionals is that Agency members are usually aware of the direct impacts their decisions have on such organizations, and therefore take specific efforts to listen to their concerns. Members are equally aware that impact on consumers is diffuse that it is unlikely that consumers present will be directly affected by their decisions and that generally no constituency stands to be directly affected.

Therefore with even the best intentions on the part of the professionals and staff, certain inherent disadvantages will exist for consumer members. The implications of the current study are that traditional education alone cannot overcome this inherent structural disadvantage. Instead, a consumer constituency such as the Consumer Support Group is necessary to overcome informational, attitudinal, and structural disadvantages.

The motivation to participate implies an ability to gain rewards by affecting relevant outcomes of health planning. This implies that there are health planning outcomes which are relevant to the representative and his constituency and that he has the power to affect them. Additional efforts need to be made to more directly and effectively link community organizations with their representatives and with CHP outcomes so that the CSG may either be augmented or replaced by this broader constituency base.

The development of an effective constituency implies the development of a power base for consumer representatives (French and Raven, 1959) the issue of power, so often skirted in discussions of community representation must be faced if citizen participation is to be dealt with effectively. Negotiation and resolution of priorities presupposes two conditions for productivity-parity between the negotiating parties and admission of conflicting viewpoints. CHP guidelines have defined the source of legitimate consumer power as 51% majority on governing boards and committees. Beck's (1972) research documented the lack of such parity in actual power. As the information and legitimacy of consumer representatives increases so also will their power, and this should be welcomed as a prerequisite for meaningful negotiation. With the exercise

of power will come some conflict. This need not be feared. Instead it should be encouraged so that all available resources can be utilized in reaching the final decisions (Collins and Guetzkow, 1964) and the full advantages of recipient participation in decision-making can be realized (Coch and French, 1948; French et al., 1958; Gilmer, 1961; Likert, 1967; Maier, 1955; Tannenbaum, 1968).

The effects of the autonomous small group training program were tested in the format of a social innovative experiment (Fairweather, 1967). The value of a rigorous evaluation was that it prevented the program from being declared successful merely because it existed, and of it being declared unsuccessful if it proved politically unpopular.

The disadvantages of conducting research in a community setting such as the Agency also existed. The lack of understanding of research constraints sometimes produced pressures on the researcher from within the training group or from outside of it to alter the experimental design. The researcher had to be versatile in fulfilling the roles of teacher, mother, daughter, arbitrator, hate object, or friend alternatingly. The lack of appreciation for evaluation sometimes made data collection less than satisfactory. The effects of the CSG were predicted on the basis that each participant would have ample opportunity to practice his newly learned skills in meetings of his committee. In fact, the erratic nature of the field situation was that some committees met only once during the entire six months of the experimental period. Indeed it appeared that in the post-experimental period, members expanded membership for themselves so as to provide more meeting opportunities in which to utilize their skills. Measurement reactivity is always a danger in applied settings.

In-depth interviews with each volunteers and surveys of all other members indicated that they perceived this effect to be minimal. It was equated for training and comparison groups and if any major effects did result from measurement, it was fatigue with the extensiveness of it rather than differential sensitivity to measurement topics. It should be remembered that research of this kind takes enormous commitment from those participating in it. Even the best planned field research can tax the limits of the most dedicated participants. Overall cooperation with the integrity of the research was quite excellent given the emotional nature of the project and the setting in which it occurred.

One of the major limitations of measurement in field experiments is that it usually stops at some point adcording to a priori plan. In this case some confounding of training and comparison groups occurred after the removal of experimental constraints therefore, the long range effects of the program could not be as clearly defined. Additionally, because strict measurement of the training group's actions were terminated at the end of the experimental period description of their progress was second-hand. In the current research, commitments to the people involved did not allow for maintenance of the experimental constraints beyond a six month period. In the future, when possible, experimental constraints should be maintained longer and more longitudinal measurement taken. Wood (1973) recommended that this is especially necessary in the light of recent evidence (Levine and Weitz, 1971) that group power structures interact with task difficulty and time of criterion measurement in their effects on group performance. Next, several comments should be directed towards two critical incidents which occurred during the program, the controversy precipitated by one member during Phase I with the

subsequent resignation of the CSG member at the end of Phase I, and the resignation of the Agency Executive Director at the beginning of the post-experimental period. At the time of the initial controversy within the CSG, doubt existed with regard to the group's continued viability. However, after the resignations occurred the members who remained formed a highly cohesive group which had the experience of weathering conflict and the confidence of being able to handle it. Since this was one of the objectives of the training program it was probably best that these resignations occurred.

One potential rival explanation of the results of the experimental could be that the self-selection of participants during the program was the primary causal factor. This should not be denied as a partial cause but as a primary cause. The program was never intended for those who were not interested nor would any implementation be so. Intensive efforts were undertaken to explain the specific nature of the program to potential members. Some did not apparently understand the explanation adequately or their needs accurately. Some others understood their need to be informed only and dropped out after that phase. This would indicate that the best that be done for some consumers, and perhaps appropriately so is to provide a simple information orientation. This is recommended as a simultaneous addition to small group training to be utilized by those who desire only that.

Several comments should also be devoted to the nature of advocacy research itself. While promoting change in the relative influence of consumers, it was necessary for the researchers to be constantly aware of the fine distinction between building a group on its own merits and building it at the expense of others. It was also necessary to be aware

that the same researchers who were actively advocating this group would subsequently be evaluating its success. In the current research, program coordination and evaluation efforts were fiarly clearly separated so that possible contamination of the evaluators judgement was minimized. Even though extensive efforts were made to communicate this structure, it was not as clearly perceived by Agency staff and members. Future advocacy research would do well to use a partnership of program coordination and evaluation such as that employed in this research and to do even more to have the relationship understood. It was also necessary to be aware that unlike laboratory research strong personal feelings develop between researcher and participants and that the standard experimental format is independent of these. Future advocacy research must be aware of this potential problem and also include provisions for its successful resolution. Finally, it should be specifically noted that field research of this kind is quite difficult both because of the tremendous political pressures and power struggles which can develop when real change occur and the simultaneous necessity of retaining the integrity of the research design and the equilibrium of the researchers themselves.

Finally, the current experiment yields recommendation for future research in the area of training for consumer participation and consumer participation itself.

Description of the post-experimental period, especially the critical incident of the Director's resignation demonstrated also that transforming participation into relevant action involved the use of power.

This delighted some and dismayed others. Criticisms originally came that consumers were "apathetic." As consumer participation became more of a significant reality these became complaints that consumers were "stepping out of their place." If in fact, as pre-experimental survey results indicated, power is perceived entirely as a zero-sum quantity and as post-experimental description indicated that power is related to affected relevant outcomes, then future research needs to more closely examine utilization of power as a variable in affecting participation of marginal members.

Fairweather (1964) reported that rewards received in group participation are an important part of morale in a group and of motivation to participate in it. The current research was not able to control rewards received in Agency participation. Description of the post-experimental period, however, indicated that if sufficient impact on relevant decisions was not forthcoming the motivation to continue in the CSG and the Agency might not long continue. While it might be quite difficult to experimentally manipulate rewards in a field setting such as this correlational analysis might clarify the relation between various rewards obtained and participation exhibited.

Unfortunately resources in the current study did not allow for a strict experimental comparison between a traditional workshop training method and the autonomous small group training method described here. Future research should conduct a replication of the small group method and compare it with the traditional educational approach.

The evidence presented here did indicate that more research should be conducted on ways of training for new behavioral roles for those who only marginally exercise their rights in participation (Fairweather, 1967).

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APPENDICES

APPENDIX A

OPERATIONAL MEASURES

CSG DEVELOPMENT

oc # _____ FORM I ------- MEETING INTERACTION Page # _

te _____ Time _____ Committee _____ Location

ID		TOPIC	TYPE				CONTENT							SOC SUP	POS	INDVS TALK	COMMENTS
Spk.	Res.		Ques	Sug	Opin	Info	Pers	Grp	Org	Com	Tech	Agree	Disagr				

ROLES - TASK DISTRIBUTION

The following statements describe tasks that members of the committee could be performing. Please place a mark in each box for each person who is now actually performing the task described. You may check as many people as you think are performing the task.

Task Environmental

1. Frequently suggests issues or problems for discussion and planning.
2. Suggests new ways of solving the problems raised in discussion.
3. Reports technical information for activities of the committee.
4. Brings information obtained from non-members in the committee meetings.
5. Emphasizes "getting work done".

Interpersonal

6. Frequently spends time before and after meetings chatting with other members.
7. Encourages members to talk together and share ideas in the committee meetings.
8. Acts as mediator in conflicts of opinion within the group.
9. Gives recognition or thanks for contributions members make during committee meetings.
10. Helps the members of the committee to get along and understand each other.

PROBLEM SOLVING ABILITY

1. How many issues of major concern to consumers have been <u>suggested</u> for consideration in the Consumer Support Group?

   ALL MOST SOME VERY FEW NONE

2. How often have issues of major concern to consumers been discussed at length by the Consumer Support Group?

   ALL MOST SOME VERY FEW NONE

3. How often has the Consumer Support Group meetings reached a decision on issues which have been brought up for discussion?

   ALWAYS OFTEN SOMETIMES SELDOM NEVER

4. In arriving at a decision, how often has the Consumer Support Group outlined a detailed plan for carrying out the decision?

   ALWAYS OFTEN SOMETIMES SELDOM NEVER

5. How often does the Consumer Support Group carry out its decision or plan by getting the necessary information, money, agreements, etc.?

   ALWAYS OFTEN SOMETIMES SELDOM NEVER

COHESIVENESS

1. You and the other people in the Consumer Support Group meetings belong to a group that works together.

   STRONGLY AGREE MODERATELY AGREE NEUTRAL MODERATELY DISAGREE

   STRONGLY DISAGREE

2. How well do the members of the Consumer Support Group meetings get along together?

   VERY WELL FAIRLY WELL SO-SO NOT TOO WELL DON'T GET ALONG AT ALL

3. How much do the members of the Consumer Support Group meetings help each other to do a better job?

   A GREAT DEAL QUITE A BIT SOME LITTLE NONE

4. Suppose that as a result of strong opposition to the CSG, from people outside of the CSG it was in real danger of folding up, how much effort would you be willing to spend in order to prevent this?

   A GREAT DEAL QUITE A BIT SOME LITTLE NONE

5. Suppose that as a result of general member disinterest, the CSG was in real danger of folding up, how much effort would you be willing to spend in order to prevent this?

   A GREAT DEAL QUITE A BIT SOME LITTLE NONE

INFORMATION-PERCEIVED

1. In the Consumer Support Group, I have found out what is going on in the community as it relates to health delivery.

   I feel very strongly this way.
   I feel pretty much this way.
   I feel this way more or less.
   I feel this way hardly at all.
   I do not feel this way.

2. In the Consumer Support Group I am finding out what needs, problems, and opinions of other consumers are.

   Same as above.

3. In the Consumer Support Group, I am learning how to understand the Agency as an organization and the issues and proposals which are being considered in the Agency.

   Same as above.

LEGITIMACY-PERCEIVED

CONSUMER SUPPORT GROUP

1. I am finding out that other people share the same feelings I have about being a consumer representative in the Agency.

   I feel very strongly this way.
   I feel pretty much this way.
   I feel this way more or less.
   I feel this way hardly at all.
   I do not feel this way.

2. The members of the Consumer Support Group make me feel that my contribution to the Agency is important.

   Same as above.

3. The members of the Consumer Support Group make me feel that my contribution to the group is important.

   Same as above.

4. People in the Consumer Support Group give me support for the ideas I have about the health needs of consumers.

   Same as above.

5. People in the Consumer Support Group give me support and encouragement for my participation in the Agency.

   Same as above.

LEGITIMACY-PERCEIVED (continued)

THE AGENCY

1. At the present time, I feel comfortable as a consumer representative in Agency meetings.

   I feel very strongly this way.
   I feel pretty much this way.
   I feel this way more or less.
   I feel this way hardly at all.
   I do not feel this way.

2. I feel that I get along well with the members of my Agency committee at the present time.

   Same as above.

3. I feel that I am fairly influential in my committee meetings at the present time.

   Same as above.

4. In Agency committee meetings, I now have the feeling that people genuinely appreciate my contributions as a consumer.

   Same as above.

5. In Agency meetings I feel that I know what I can and should be doing as a consumer representative.

   Same as above.

6. In Agency meetings, I feel that I have a group of people backing me up in what I say and do.

   Same as above.

7. In Agency meetings I feel as if I am more effective as a consumer representative than I was before.

   Same as above.

APPENDIX B

OPERATIONAL MEASURES

EFFECTS OF THE AUTONOMOUS SMALL GROUP TRAINING

OPERATIONAL MEASURES

EFFECTS OF THE AUTONOMOUS SMALL GROUP TRAINING

1. Information

Information I - General

Please tell me what major department in the Federal government finances the agency's annual budget?

Please tell me what a Health Maintenance Organization (HMO) is?

Please tell me the difference between an "a" agency and a "b" agency in Comprehensive Health Planning?

Post Alterations - Add

Please tell me what a Design Grant is?

Please tell me what Out-Patient means?

Please tell me the difference between skilled nursing and basic nursing?

Please tell me what the term Nominal Group means as used in the Agency?

Please tell me what O.E.O. is?

Please tell me the difference between Medicare and Medicaid?

Post Alterations - Delete

Please tell me what a Health Maintenance Organization (HMO) is?

Information II - Staff

Would you give me the names of as many of the staff members as you know?

Information III - Committee Names

Would you name as many of the Planning Committees as you know?

Information IV - Committee Chairmen

Would you name the chairmen of these committees?

Information V - Work Program

Would you name as many items of next year's work program as you can remember?

2. Constituency Effect

Constituency Identification

Quite often people do not formally represent any organization but they still reflect the opinions and needs of a greater number of people than just themselves. Do you think that any of the people you know on this list reflects the needs and opinions for any larger group of people?

Effect upon representative

Were you selected specifically to represent any group at agency meetings?

If so, which group were you selected to represent?

Quite often people do not formally represent any organization but still reflects the opinions and needs of a greater number of people than just themselves. Do you think you reflect the needs and opinions of any larger group of people?

If so, which groups of people are these?

How likely is it that the people you mentioned would find out what you do at the agency?
(Very likely, Probably, Maybe, Unlikely, Very Unlikely)

Do you feel that the people you mentioned expect you to do anything in particular at the agency?

How much do these people influence what you do?

How important is it that you have these people to back you up?

Are you more likely to speak up at meetings with these people backing you up?

Do you feel that your contribution will carry more weight with these people backing you up?

3. Influence - Power

a. Influence Tannenbaum-Personal Unlimited

How much influence do you think you have on planning decisions in the agency?
(A great deal, Quite a bit, Some, Little, None)

Would you like it to be different?
(Yes, No)

How much influence would you like to have?

b. Influence (Tannenbaum-Group Unlimited)

In general, how much influence does the staff have on planning decisions in the agency?
(A great deal, Quite a bit, Some, Little, None)

Would you like it to be different?
(Yes, No)

In your opinion, how much influence should the staff have?

In general, how much influence do health providers have on planning decisions in the agency?

Would you like it to be different?

In your opinion, how much influence should health providers have?

In general, how much influence do consumers have on planning decisions in the agency?

Would you like it to be different?

In your opinion, how much influence should consumers have?

c. Influence (Zero-Sum)

In summary, then how much is a typical decision influenced by the staff, how much by the providers, and how much by the consumers? In other words, given 100% of the influence in the agency, what percent (to the nearest 10%) is exerted by each of these three groups respectively?

Would you like it to be different?
(Yes, No)

What percent of influence would you prefer for each group?

4. Roles-Task Distribution - Same as CSG Measure (Appendix A)

5. Attraction-Acceptance (Individual)

The following statements are ways in which a person could describe other people on a committee. For each person that you know on this list of committee members, please indicate, using the following choices, how much you agree that each statement describes that person: (Strongly agree, Moderately agree, Neutral, Moderately disagree, Strongly disagree)

A. He makes a valuable contribution to the tasks of the committee.
B. When you are undecided on an issue, he can usually persuade you to accept his viewpoint.
C. You enjoy working with him on the committee.
D. In general, he is the same kind of person you are.
E. In general, he is interested in the same things you are.
F. You benefit from his association with the committee.

Attraction-Acceptance (Group)

The following statements are ways in which a person could describe his committee. Please indicate how much you agree with each statement.

A. You enjoy attending meetings of the committee.
B. The committee makes a valuable contribution to planning in the field of health services.
C. In general, you try to do what the committee expects a member to do.
D. The committee is dealing with the same things you are interested in.
E. You usually go along with the committee's decision on issues.

Post Alteration

The following questions ask you how you feel about the other people on your committee. For each person that you know on this list of committee members, please check the category which best describes your response to the questions. (repeated each page)

A. How would you describe his contribution to the tasks of the committee? (Not valuable at all, Not too valuable, So-So, Moderately valuable, Very valuable)

B. When you are undecided on an issue, how like is it that he can persuade you to accept his viewpoint?
(Very unlikely, Unlikely, Maybe, Probably, Very likely)

C. How much do you enjoy working with him on the committee?
(Not at all, Not too much, Somewhat, Quite a bit, Very much)

D. In general, how much is he the same kind of person you are?
(Very different, Quite a bit different, Somewhat the same, Quite a bit the same, Almost the same)

E. In your work on this committee, is he interested in the same things you are?
(Same as D above)

F. How much do you benefit from his association with the committee?
(Not at all, Not too much, Somewhat, Quite a bit, Very Much)

6. Legitimacy - Personal

How important do you feel your participation is in Comprehensive Health Planning?
(Very important, Fairly important, Somewhat important, Not too importnat, Not important at all)

7. Miscellaneous - General

a) Suppose that as a result of strong opposition to the agency from within the community, the agency was in real danger of folding up. How much effort would you be willing to spend in order to prevent this?
(A great deal, Quite a bit, Some, Little, None)

b) Suppose that as a result of general member disinterest, the agency was in real danger of folding up. How much effort would you be willing to spend in order to prevent this?
(Same as above)

c) How well do you think the agency is doing in the field of Comprehensive Health Planning?
(Very well, Fairly well, All right, Poorly, Very Poorly)

d) How long do you think it will take before such planning will have significant effects on the quality of health services?
(More than 10 years, 6-10 years, 3-5 years, 1-2 years, Less than 1 year)

e) How much time and effort would you be willing to spend to increase consumer participation in the agency?
(A great deal, Quite a bit, Some, Little, None)

f) Approximately how many people outside of the agency do you talk to about Comprehensive Health Planning?
(A great many, Quite a few, Some, A few, None)

Post Alterations - Delete

Consumer participation is a necessary part of Comprehensive Health planning?
(Strongly agree, Moderately agree, Neutral, Moderately disagree, Strongly disagree)

Considering health delivery in general, how important a part is Comprehensive Health Planning?
(Very important, Fairly Important, Somewhat Important, Not too important, Not important at all)

The following statements are grouped into paris. Would you check one statement from each pair which best describes your feelings?

A. Better coordination of existing services should be given first priority in meeting today's health problems.
B. Planning new programs should be given first priority in meeting today's health problems.

A. Consumers and providers in the agency should formally speak for some group of people.
B. Consumers and providers in the agency should express only their own personal opinion.

A. This community needs Comprehensive Health Planning.
B. The people already providing health services can take care of health planning themselves.

8. Formal Participation

Attendance: Official agency minutes

Verbal Participation: **Meeting Interaction Form-same as CSG measure** (Appendix A)

9. Informal Participation - Communication Network

A. Could you name the people you know at the agency other than those on the committee(s) you belong to?
B. Using the categories below, approximately how many times a month do you speak with each person you mentioned? (More than 8 times, 5-8 times, 3-4 times, 1-2 times, less than 1 time)
C. What proportion of your discussions with each one are health-related?

Post Alteration

The following pages contain a list of Agency members according to the committees they serve. Please check the first column after the person's name if you know the person. Then check one of the remaining columns indicating how often you speak with that person outside of regular Agency committee meetings.
(A few times a year or less, Once every couple of months, Once a month, 1-2 times a month, More than twice a month)

10. Items Analyzed for Pre-Experimental Only

a) Demographic

What is your occupation?
What is your age?
Of these educational categories, which one best describes your educational background?
(Grammar School, High School, Bachelor's Degree, Para-professional Degree, Master's Degree, Ph.D. Degree, Professional Degree)
How much formal educational training have you had in any health related field?
(A great deal, Quite a bit, Some, Little, None)
Have you participated in the Urban League's Consumer Health Training Program?
(Yes, No)
Are you, or have you ever been married?
(Yes, No)
How many children do you have?
Of these categories of annual family income, please indicate which category your family falls into?
(Under $7,000; $7-12,000; $12-20,000; $20-$30,000; Over $30,000)
How many years have you lived in the tri-county area?
How many time have you or a member of your immediate family visited a physician in the last year?
(More than 10 times, 6-10 times, 3-5 times, 1-2 times, None)
How many times have you or a member of your immediate family been hospitalized in the last 5 years?
(More than 10 times, 6-10 times, 3-5 times, 1-2 times, None)

b) Influence (Arnstein-Levels of Participation)

The following statements describe various types of participation consumers could have in Comprehensive Health Planning.

A. They are informed of decisions.
B. They are consulted before decisions are made.
C. They vote on decisions, but outcomes can be modified by those controlling necessary resources.
D. They share in making final decisions of resource allocation.
E. They have delegated power to make decisions.
F. They have control over the decisions.

c) Tasks (Group)

They help in planning medical facilities.
They sulfill legal requirements for operation.
They search out ways to serve the needy.
They coordinate medical services.
They give information about resources available.
They give a balance of opinion.
They represent community problems and opinions.
They deal with other organizations in the community.
They gather and report information.
They evaluate the feasibility of programs.
They help people to be aware of health needs.
They inform the community about health problems and services.
They provide the time and effort necessary for compiling reports and distributing notices.
They provide expert opinion.
They see to it that planning proceeds smoothly.

d) Miscellaneous

How long have you been attending meetings at the agency?
Do you plan to continue as a member of the agency next year? (Yes, No)
Consumer Participation is a necessary part of Comprehensive Health Planning.
(Strongly agree, Moderately agree, Neutral, Moderately disagree, Strongly disagree)
Considering health delivery in general, how important a part is Comprehensive Health Planning?
(Very important, Moderately important, Somewhat important, Not too important, Not important at all)

APPENDIX C

Non-Significant Results of Participation In The Small Group Training Program

Non-significant results of participation in the small group training program

		Comparison Group		Training Group			
		$\bar{X}$	s	$\bar{X}$	s	df	t
a)	Loyalty to Agency vs. outside opposition	3.78	1.30	3.60	1.35	17	0.28
b)	Loyalty to Agency vs. member disinterest	3.78	1.30	3.10	1.37	17	1.05
c)	Evaluation Agency success	2.78	0.97	2.40	0.97	17	0.81
d)	Time before CHP has effect	3.50	1.07	2.90	0.74	16	1.33
e)	Effort to increase consumer participation	3.67	1.32	3.20	1.48	17	0.67
f)	People talk to about CHP	2.89	1.54	3.10	0.88	17	0.35