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Systems Advocacy and the Local Long Term Care Ombudsman Program

by

Brooke Hollister

DISSERTATION

Submitted in partial satisfaction of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

Sociology

in the

GRADUATE DIVISION

of the

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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by
Brooke Hollister, PhD

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I would like to dedicate this dissertation to Maggie Kuhn, founder of the Gray Panthers; a woman who came before me that I never knew, but who continues to inspire others through her legacy, to dream and scheme, and speak your mind “even if your voice shakes.”

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Lastly, this dissertation is truly dedicated to the residents of long term care facilities, and those that advocate for their rights and quality of life. The Long Term Care Ombudsman Program is but a piece of the puzzle.

ABSTRACT

SYSTEMS ADVOCACY AND THE LOCAL LONG TERM CARE OMBUDSMAN PROGRAM

Brooke Hollister, PhD

University of California, San Francisco

This Study uses Organizational Theory, Social Movement Theory, and Critical Theory to analyze s local long term care ombudsman program (LTCOP) effectiveness in and ability to conduct systems advocacy. A case study methodology was used to conduct telephone survey interviews with local LTCOP coordinators in Georgia to examine more closely systems advocacy within their local LTCOPs and factors that influence effectiveness in conducting systems advocacy. Influencing factors measured include resources, program autonomy, and inter-organizational relationships. Georgia interview and National Ombudsman Reporting System (NORS) data were collected from 2006 – 2007. Data from similar projects in New York and California are then used evaluate both within and across-state differences in factors influencing local LTCOP effectiveness in and ability to conduct systems advocacy. Findings show that while all factors were found to impact local LTCOP effectiveness in and ability to conduct systems advocacy in each state, the results were variable within as well as across states. Organizational Theory, Social Movement Theory, and Critical Theory inform a discussion about potential explanations for the differential impact of resources, autonomy, and inter-organizational relationships on local LTCOP within and across states. Knowledge and understanding concerning barriers to effective program operation and successful programmatic approaches are essential to enhance the safety and well-being of those residing in LTC facilities, to strengthen local LTCOPs, and to develop meaningful public policy.

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CHAPTER I: INTRODUCTION

Long term care (LTC) ombudsmen are advocates for residents of LTC facilities, serving some of the most vulnerable individuals in our society. Since the Long Term Care Ombudsman Program (LTCOP) began in 1972, thousands of paid and volunteer ombudsmen have made a dramatic difference in the lives of long-term care residents.

LTC ombudsmen advocate on behalf of individuals and groups of residents, provide information to residents and their families about the long-term care system, and work to effect systems changes at the local, state and national level. They provide an on-going presence in long-term care facilities, monitoring care and conditions and providing a voice for those who are unable to speak for themselves.

Administration on Aging (AoA), 2005

The LTCOP, mandated in 1978 under the federal Older Americans Act, is a crucial mechanism for maintaining independent and effective oversight over the quality of care and life of residents in LTC facilities by advocating for their health, safety, welfare, and rights. As advocates LTC ombudsmen are on the front lines of efforts to eradicate elder abuse, financial exploitation, neglect, and to improve the quality of care in LTC facilities. Ombudsmen serve over two million residents of LTC facilities, a figure expected to rise sharply in the future (AoA, 2005).

Statement of the Research Problem

Local LTCOPs mandated activities and roles including: complaint investigation; community education; resident and family education; monitoring federal, state and local law, regulations and other government policies and actions; and legislative and

administrative advocacy. Systems advocacy is mandated by the Older American's Act (OAA), requiring LTCOPs to,

Analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other government policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long-term care facilities and services in the State; (ii) recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and (iii) facilitate public comment on the laws, regulations, policies, and actions.

Section 712(a)(3)

The 1995 Institute of Medicine (IOM) study operationalized systems advocacy as the LTCOP's charge to "advocate for policy change by evaluating laws and regulations, educating the public and facility staff, disseminating program data, and promoting the development of citizen organization and resident and family councils" (p.77). The OAA specifies that the state will

(j)The State shall (1) ensure that willful interference with representatives of the Office in the performance of the official duties of the representatives (as defined by the commissioner) (sic) shall be unlawful (§712(g)(1)(A)).

Despite this prohibition of interference into the LTCOPs duties, conflicts continue to impede the program's abilities to conduct systems advocacy.

LTCOP overall effectiveness has been linked to adequate resources, program autonomy and the development and maintenance of inter-organizational relationships (Estes, C.L., Goldberg, S.C., Hollister, B.A., 2007; Estes, C.L., Goldberg, S.C., Lohrer, S., Nelson, M., Hollister, B.A., 2006; Estes, C.L., Zulman, D., Goldberg, S.C., Ogawa, D., 2004b; Estes, C.L., Zulman, D., Goldberg, S.C., Ogawa, D., 2001b; National Association of State Ombudsman Programs (NASOP), 2003). While research shows that

local LTCOPs continue to function despite these challenges, programs are often not systemically advocating for solutions to the problems, choosing instead to battle them on their own, duplicating efforts, and decreasing effectiveness (Estes *et al.*, 2007; Estes *et al.*, 2006). Knowledge and understanding concerning barriers to effective systems advocacy are essential to enhance the safety and well-being of those residing in LTC facilities, to strengthen local LTCOPs, and to develop meaningful public policy.

Purpose of the Study

The goal of the study is to enhance the performance of local LTCOPs in the states studied and identify the specific factors (activities, resources, roles and organizational characteristics) that are associated with program effectiveness to improve the quality of care for residents of all LTC facilities. Specifically, the project focuses on federally mandated activities and roles as well as associations with the organizational elements hypothesized as distinguishing effective programs: adequacy of resources, organizational autonomy, and inter-organizational relationships.

The proposed research will be a case study using the data collected from Georgia to examine more closely systems advocacy within their local LTCOPs and factors (internal and external to the organization as well as to the LTC field) that influence effectiveness in conducting systems advocacy. Comparative data from the projects in other states will also be used evaluate both within and across-state systems advocacy efforts, barriers, successes and failures.

Study Aims

1. Georgia local LTCOPs in terms of its organization, resources, autonomy, and inter-organizational relationships as well as its role within the larger LTC system

2. Describe local LTCOP's federal mandate to conduct systems advocacy
3. Explore what types of systems advocacy local LTCOPs conduct
4. Identify factors that influence local LTCOP's self-reported effectiveness in conducting systems advocacy
5. Examine the role of resources, program autonomy, and inter-organizational relationships in conducting systems advocacy
6. Assert changes needed at the local, state and national level in order to enhance local LTCOPs' systems advocacy.

Significance of the Study

LTC ombudsmen provide a valuable service to our community, they give voice to residents of LTC facilities and advocate for the health, safety and rights of some of society's most vulnerable citizens. The need for this research can be broken down into three categories, (1) need for resident advocates are increasing due to demographic changes, (2) need for programmatic evaluation of local LTCOPs ability to adjust to trends in the LTC system, and (3) need for evaluation of systems advocacy efforts in the LTC system as a whole, in order to enhance not just the individual efforts of programs, but also common struggles, best practices, and future strategies within the LTC field.

The demographics of our aging society are leading to higher populations of residents as well as increasing rates of disability and illness, resulting in increased needs, and requiring resident advocates on a larger scale. As the populations living in LTC facilities continues to rise with the profit margin of the LTC industry, the LTCOP will be invaluable in mediating between the needs of residents and the demands for accumulation of the industry. Nationwide, LTCOPs serve more than 2.8 million residents of nursing

homes (NHs) and board and care (B&C) facilities in over 62,000 facilities, a figure expected to rise sharply in the future (Administration on Aging [AoA], 2007). California (CA) and New York (NY) ranked first and third in the number of people aged 85 and over in the United States (U.S. Census Bureau, 2000).

While researchers have previously evaluated program effectiveness through studies of state LTCOPs, local LTCOP effectiveness is less well understood. Variability both within and across states makes the development and implementation of best practices models difficult, and needs to be better understood in the absence of a national local LTCOP study. Furthermore, while other research addressed the issue of effectiveness, no study focused solely on systems advocacy. This study highlights the present state of systems advocacy activity in Georgia local LTCOPs with comparisons made between California and New York local LTCOPs to elucidate within and across-state differences.

Lastly, a theoretical framework including organizational theory, social movement theory, and critical theory (political economy and state theory) will be utilized throughout the study to better understand and explain the findings and how the LTCOP operates as a social movement organization. Given this theoretical base, the systems advocacy of the local LTCOP and its major challenges can be explored giving new light to the past, present and future effectiveness of the program. With the improvement of systems advocacy in the LTCOP on the local, state and national level, may come increased resources, better utilization of resources, program autonomy, and improved inter-organizational relationships leading to higher perceived effectiveness and better program outcomes.

CHAPTER II: BACKGROUND

Several theories are useful in examining the Long Term Care Ombudsman's (LTCOP's) challenges and their systems advocacy efforts or lack thereof. Organizational theory is useful in examining the resources available to the local LTCOPs as well as their structure and their interactions with their environment and other organizations in the LTC field. Social movement theory (SMT) will be helpful in explaining LTCOPs previous, present, and future attempts at conducting systems advocacy, with an emphasis on available resources, as well as political opportunity structures. A political economic approach will highlight the structural forces (political, ideological, and economic forces) that affect the LTCOPs and the LTC fields as a whole, as well as elucidate the potential for social change in the residents' rights movement. State theory makes a more global analysis of the LTCOP, placing it within the concepts of state legitimation and accumulation. State theory also leads to a discussion of citizenship and citizens' rights and how the treatment of LTC residents is influenced by the ideological construction of citizenship that necessitates youth, ability, and productivity.

While literature on the LTCOP provides important information about the history of the program, its accomplishments in advocating for LTC residents, and many factors influencing program effectiveness (including: adequacy of resources, program autonomy, and inter-organizational relationships), little has been written about the specific challenges to conducting systems advocacy in the LTCOP. Additionally, looking at the LTCOP through a theoretical lens can potentially extend the program characteristics, struggles, and best practices to similar organizations struggling with the same issues.

Using organizational theory, social movement theory, a political economy framework, and state theory, one can begin to understand the issue of systems advocacy within the LTCOP as well as the importance of it to achieve the program's goal of ensuring residents' wellbeing, quality of care and quality of life.

History of the LTCOP

The opportunity to speak up for someone who cannot do so for [him/]herself, to advocate for individuals or groups of people who otherwise might have no voice, no 'seat at the table,' keeps every day fresh and gives every meeting the potential to be important.

Esther Houser, Oklahoma State LTC Ombudsman, Estes *et al.*, 2006

Like many public advocacy programs, the LTCOP began as a scattered collection of citizen groups. These groups were brought together with the publication of Claire Townsend's (one of Ralph Nader's "raiders") report on nursing homes in 1971. The Nursing Home Ombudsman Program began in 1972 as a demonstration project within the US Public Health Service in the Department of Health, Education, and Welfare. Dr. Arthur Flemming was instrumental in moving the program into the Administration on Aging in 1974 as he saw that locating the program in a licensing/regulatory agency was a conflict of interest (Hunt, 2005). The AoA allocated \$1 million dollars to the demonstration project and the funding was used to develop grants available to all states for the development of citizens advocacy groups with ombudsman development specialists. The initial purpose of the program was to help individuals in facilities, "make the laws work for them" (Hunt, 2004a, 2004b, 2004c, 2005).

In 1978, Congress amended the Older Americans Act (OAA) to require each state to create a Nursing Home Ombudsman Program. Fifty state level programs were developed (as well as programs in the District of Columbia and Puerto Rico). Some of

these state programs went on to create local level programs. These state and local level programs carry out the federal mandates of the OAA, which include: complaint investigation and resolution; community education; resident and family education; monitoring federal, state and local laws, regulations and other government policies and actions; and legislative and administrative policy advocacy (Hunt, 2004a, 2004c, 2005).

Subsequent amendments to the OAA established new statutory elements and strengthened existing ones (National Ombudsman Resource Center (NORC), 2007). Since its enactment, amendments to the Older American's Act have clarified and strengthened the local long term care ombudsman program. The 1981 amendments to the OAA changed the Nursing Home Ombudsman Program to the Long Term Care Ombudsman Program (LTCOP) to reflect their expanded responsibilities into a variety of LTC facilities (Hunt, 2004a; IOM, 1995). Subsequent amendments, charged states to (1) guarantee LTC ombudsman access to facilities, residents and resident records when appropriate, (2) provide important legal protections, (3) authorize state ombudsmen to designate local LTCOPs, (4) require that LTCOPs have adequate legal counsel, (5) grant them immunity for the good faith performance of their duties, and (6) prohibit willful interference with the official duties of a LTC ombudsman and/or retaliation against a resident, employee, or other individual for filing a complaint or assisting the LTCOP in the performance of their duties (Hunt, 2004a, 2004b, 2004c). The 1992 OAA added an amendment titled "Vulnerable Elder Rights Activities" Title VII. The new amendment joined the LTCOP; prevention of elder abuse, neglect and exploitation programs; elder rights and legal assistance program development; and benefits outreach, counseling and assistance programs in order to promote activities related to the prevention of elder abuse.

The legislation emphasized the need to develop inter-organizational relationships between the four types of programs. The local LTCOP and the State LTC Ombudsman were highlighted as both leaders of the new, statewide, multi-disciplinary program and advocates and agents for system wide change.

Today, more than one thousand paid and 14,000 volunteer staff (over 8,000 certified) investigated over 260,000 complaints nationally each year. They provide information to more than 280,000 people on a variety of topics, worked with over 15,600 resident councils, 5,500 family councils and conducted trainings for ombudsmen (over 9,500), facility staff (over 7,600), and the local community (over 10,000) (Administration on Aging (AoA), 2005; Hunt, 2004a, 2004b).

Theoretical Approaches

Organizational Theory

Organizational theory is grounded in the work of Max Weber and Karl Marx. Marx' organizational analysis is based in social class, and the bourgeois use of organizations as a means of control over the working class (Marx, 1978). Conversely, Weber postulates the rationality of organizations within an increasingly bureaucratized society; it is organizations which Weber sees as the vehicle behind the division of labor (Weber, 1946). Weberians argue that organizations are the driving force behind the systematic rationalization of our lives (Ellul, 1964 trans.; Galbraith, 1967; Goodman, 1968; Mannheim, 1950 trans.). With this base, organizational theory was said to begin as a discipline in the 1890's with scientific management and Taylorism (Taylor, 1911). These approaches were meant to increase the productivity of organizations; it wasn't until the 1950's functionalist rational approach that the complexity of organizations was really

explored. Early organizational studies generally focused on individual organizations rather than on the similarities and differences across organizations (Scott, 2004). Systems theory and complexity theory were advanced in the work of Herbert Alexander Simon (Simon, 1945) and James G. March (March, 1958). Merton (1949) was one of the first sociologists to focus empirically on the structure and function of organizations.

Organizational theory in the 1960's and 1970's began to take a micro-approach to organizations with a focus on psychology and individual behavior. Organizations were examined for the ways they influence individuals and their behavior and vice versa. This time period produced the concepts of bounded rationality, resource dependence, and institutional theory among others. Weick's (1979) work brought an incorporation of culture into organizational theory, with questions of how culture affects the structure, goals, and stability of organizations, and conversely, how organizations can influence culture.

Organizational theory variously perceives organizations as “responsive systems shaped by environments, as collective actors themselves shaping their context, or as component players in a larger, more encompassing system” (Scott, 2004, p. 8). Scott positions organizations in a “complex interplay between material resources, competitive environments, and institutional environments” (Scott, 2004, p. 9). Organizational theories have traditionally focused on the activities and processes within organizations, as well as organizational leadership, group morale, productivity, and a variety of structural relationships and arrangements. Organizational elements examined often include technical, economic, political, relational, ecological, and cultural factors.

Theories which take into account the influence of the environment on the structure and function of organizations are considered open system approaches. Open systems define organizations as “systems of interdependent activities linking shifting coalitions of participants; the systems are embedded in – dependent on continuing exchanges with and constituted by – the environments in which they operate” (Scott, 1992, p. 25). However, open systems are criticized for neglecting the power of the individuals within the organization. By positing that organizations are ruled by external forces, open system theorists can sometimes overlook the ability of organizations to be active and influential on/in their own environments (Scott, 2004). Resource dependency theory and institutional theory are two open system approaches to organizations.

Resource Dependency Theory

Resource dependency theory was influenced by the development of network theory and its assertion of the importance of resources used by, competed for, and shared between organizations, fields and environments. Network theory also offers insight into the collaborative relationships (or strained relationships) between organizations. “An organization’s location in a network of relations as well as the structure of the network itself, are recognized to affect organizational behavior and outcomes” (Scott, 2004, p. 6).

In resource dependency theory, organizational environments contain both political and economical systems. It posits that organizations exchange resources to survive, but power imbalances can result from unequal exchanges. Organizational populations are defined as “consisting of all those organizations that compete for resources in the same environmental niche” (Scott, 2004, p. 8).

There are two main arguments in resource dependency theory, (1) organizations are influenced by external actors and/or organizations that provide the resources upon which the organization relies, and (2) organizations will use buffering and bridging strategies to minimize their dependence when possible (Scott, 2003). *Buffering* strategies aim to increase the organizations ability to tolerate a shortage in its supply of resources. *Bridging* strategies aim to strengthen the connection of the organization to their resource supplier through bargaining, contracts, cooptation, joint ventures, and the use of trade associations and government connections (Scott, 2003).

Resource dependency theory is similar to transactional cost economics and new institutional economics. While not sociological theories, these perspectives value the role of economics in the formation, structure, and survival of organizations. New institutional economics examines the role that social and legal norms affect economic activity. Transaction costs are an element of many economic theories, describing the costs (monetary, resource, social, political, psychological) that organizations may incur through their transactions (Scott, 2004) with the state as well as other organizations.

Institutional Theory

In 1948, Selznick framed institutional theory by stating that although organizations are formal structures as posited by rationalists, these formal structures can never succeed in conquering the non-rational dimensions of organizational behavior. He defined institutionalization as the process by which an organization develops a distinctive character structure, or when the organization becomes “infused with value beyond the technical requirements of the task at hand” (Selznick, 1949). Selznick proclaimed that in addition to the internal flows of personnel, human resources, etc., the environment

influence organizational commitments. Organizations respond to changes in local, regional and national level environments. Contrary to resource mobilization theory, institutional theory sees material-resource, cultural-cognitive and normative environmental forces influencing organizations (Selznick, 1949).

From a social constructionist perspective institutional theory is rooted in the work of sociologists Berger & Luckmann (1966). Institutional theory posits that social beliefs exists as values that influence organization, but also under the guise of professional expertise, procedural rules, and legal requirements (Scott, 1992). Institutions consist of cognitive, normative, and regulative structures and activities that provide stability and meaning to social behavior. Institutional theory stresses the importance of an institutional environment in addition to the technical environment of organizations. While old-institutionalism primarily focused on formal institutions (eg. law), new-institutionalism examines the regulative, normative, and cultural-cognitive, and symbolic elements that affect the organization (Scott, 2004). Neo-institutional theory calls special attention to the role of cultural-cognitive and normative frameworks in forming and sustaining organizations (DiMaggio & Powell, 1983; Meyer & Rowan, 1977; Scott, 2004).

The survival of an institution is dependent on several factors including modes of governance, organizational legitimacy, and the ability of organizations to maintain boundaries. Governance structures exercise oversight and enforce compliance within organizations through normative or regulative structures. These governance structures lend legitimacy to the organization. Schuman defines *legitimacy* as “a generalized perception or assumption that the actions of an entity are desirable, proper, or appropriate within some socially constructed system of norms, values, beliefs, and definitions”

(Suchman, 1995, p. 574). Not only are the actions of the organization deemed legitimate or not, individual actors within the organization struggle with the legitimacy of their role. Cognitive legitimacy defines what types of actors can exist in an organization, what their respective rights and capacities are, and what types of action they can legitimately take (Krasner, 1988; Meyer, Boli, & Thomas, 1987). Organizations also rely on boundaries to buffer themselves from external influences. Boundaries are set for organizational actors (distinctive roles, membership criteria, identity), relations (interaction frequency, communication patterns, networks), activities (tasks, routines, talk), and normative and legal criteria (ownership, contracts, legitimate authority). Over time, organizational boundaries have become more permeable and less fixed. Many organizations permeate boundaries through internalization (absorbing services, mission creep) or externalization (contract out or cancel services) (Scott *et al.*, 2000).

Critical Organizational Theory

Few theorists postulate a critical perspective of organizations; those who do are worthy of mention here. Marx' conception of organizations as a tool of bourgeois society to maintain control over the proletariat working class has seeped into some organizational theories. Marx saw organizations as tools of the bourgeois class economic advancement. He coined the terms *alienation of labor* to describe the disjointing of labor and one's ability to realize the fruits one's labor, and *commodity fetishism*, which is closely related to Engel's *false consciousness* (Engels, 1845) and the concept of *ideology*. Several theorists argue that the result of increased bureaucratization and organizational control lead to alienation, over-conformity, and the stunting of normal personality development (Argyris, 1957; Maslow, 1954; Whyte, 1956).

Resource dependence (Pfeffer & Salancik, 1978) and conflict theory (Collins, 1975) challenged the rational basis of organizational studies, arguing that power was of central importance in analyzing organizational structure and processes. Resource dependency theorists focus on the political implications of imbalanced exchange processes while conflict theorists took the Marxist argument of organizations as structures of dominance and exploitation benefitting capital.

Organizational Theory and the LTCOP

Areas of examination in organizational theory that are relevant to the LTCOP are the programs' rules, belief systems, mode of governance, buffering and bridging strategies, financing, managing, and the delivery of services. There are several potential questions that may be addressed through the application of organizational theory to the efficacy and advancement of systems advocacy in the LTCOP (Scott *et al.*, 2000). If LTCOPs are to be analyzed across locations (both within and across states), organizational theory can address how the LTCOP's is affected by (1) different rules, belief systems, governance, financing and management, (2) differences in delivery of services, and (3) different interdependencies and coordinating efforts with other organizations (Scott *et al.*, 2000).

The LTCOP is both an adaptive social system and a production system. Where the LTCOP is situated within an environment that guides its existence, the program is still an entity itself that may affect its larger environment as well as an entity that is subject to manipulation by its actors. Gouldner (1959) defined these two different perspectives of organizations as (1) a *rational system*, a malleable instrument utilized to accomplish given ends, or (2) *natural system*, an organic system, whose goal is to survive

spontaneous indeterminate processes. The LTCOP, as a rational system meets the needs of vulnerable residents of LTC facilities. The LTCOP was created by and is maintained by actors within the organization despite the environmental restraints placed on the organization. Thus, the LTCOP, guided by its actors operates within an environment to the best of its ability to meet the goal of serving LTC residents and improving the quality of care in the LTC setting. However, the LTCOP can also be seen as a natural system that is very much subject to the financial, regulatory, and cultural limits of its environment. Despite the agency of the actors within the LTCOP, there are restraints that limit the actor's ability to influence and shape the organization's goals and processes as well as the organization's ability to influence its own environment. For example, LTCOP actors may advocate for increased funding through systems advocacy, but as a social service agency such funding is not always within reach. As actors within the organization LTC ombudsmen can prioritize the use of funds and they can decide what processes will be used to reach the goals they set, but they have limited power over the availability of funding for the organization, locally, state-wide and federally. Only through well structured and concerted efforts at the organizational level, and collaboration on the population/field level can the LTCOP be successful in advocating for increased funding.

Systems Advocacy

The three most prominent challenges to LTCOP effectiveness are adequacy of resources, program autonomy, and inter-organizational relationships (Estes *et al.*, 2007, 2006, 2004b, 2001b; NASOP, 2003). For example, although programs differ in their location (host agency), program autonomy (perceived or factual) influences the

program's ability and/or willingness to perform systems advocacy (Estes *et al.*, 2006, 2004b, 2001b).

Sociologists primarily use organizational theory as a means of identifying the determinants of the organization, the characteristics of the organization and, the forces at work in developing those features. The characteristics of the LTCOP and the determinants of those characteristics are not the only areas of examination, also of interest are the consequences of organizational structure, both on the performance and actors in the LTCOP and the broader affects of the LTCOPs structure on its environment, and power and social inequality in that environment. LTC residents, as a primary focus of the LTCOP are not only influential as determinants of the organization, but are reciprocally impacted by the characteristics, structure and performance of the LTCOP. Also of interest is what internal and external forces are at work in determining the placement of the LTCOP, the perceptions of the LTCOP of their autonomy, and their ability to perform systems advocacy (Hunt, 2002).

Research has identified a lack of program resources (time, money, personnel) as a barrier to conducting systems advocacy (Estes *et al.*, 2007, 2006). LTCOP coordinators reported a lack of resources and the need to prioritize complaint investigation and other mandates over systems advocacy. This triaging of duties can be considered the LTCOP's attempt to buffer itself from the financial constraints placed on the organization. LTCOP coordinators report being overworked and underpaid as actors in the organization (Estes *et al.*, 2006). The consequences of the program's lack of resources as well as its dependence on volunteers can make turnover of experienced actors an issue; the LTCOP is in need of further investment in human capital. The turnover rate and education of

volunteers and staff create a barrier to meeting the demand placed on the organization. Similarly, the LTCOPs reliance on variable and volatile funding creates instability in the organization as well as among its actors.

The environment in which the LTCOP functions influences the LTCOP placement both through bureaucratic and financial rationality. While it may not be intentional, the LTCOPs placement under Area Agencies on Aging, Legal Services Agency or other host agencies can limit the LTCOPs ability to perform systems advocacy such as talking to the media, monitoring and speaking out on legislation or lobbying for policy change. While federal law prohibits the prevention of systems advocacy in the LTCOP, many programs are unaware of these rights, or are unable and unwilling to pursue their sanctioned ability to advocate systemically (Estes *et al.*, 2007, 2006).

The performance of the LTCOP also influences the functioning of many interconnected programs such as law enforcement, regulatory agencies, legal services, other aging organizations, and LTC facilities, administration, and staff. These organizations rely on the efficient performance of other organizations without which, they may be called upon to pick up the slack. Without the LTCOP, regulatory agencies would be required to conduct more visits, legal services agencies would receive less referrals, law enforcement may not have the evidence they need, the LTC system would have less quality control and state government would have to find an efficient way to meet the needs of residents and the public that are met by the work of the LTCOP. LTCOP's characteristics, structure and performance impact social inequality within LTC facilities, communities, by influencing the culture of and the politics around LTC and aging.

Several important questions about systems advocacy can be approached with organizational theory including: Do programs collaborate with other organizations in their field? At what level do LTCOPs attempt to advocate? What issues are identified as a priority by LTCOPs and why? While the answers to these questions differ programmatically as well as within and between states, these questions can help identify the best practices used in conducting systems advocacy, the strategies used, the funding needed, the collaborations forged, and the goals accomplished.

LTCOP Organizational Environment

The LTCOP and the LTC system have a symbiotic relationship, forming and reforming each other as an organization and a field/environment. In many ways, the LTCOP is a force within the LTC system containing its capitalist pursuit into the commodification of aging and disability at the expense of quality of care and resident rights. The LTCOP and its environment can be examined for its network ties and structures, competitive exchange structures and profits (Burt, 1983), inter-organizational systems affecting policy settings at the national level (Laumann & Knoke, 1987), and the formation and affects of strategic alliances (Powell *et al.*, 1996).

Organizational populations are defined as “consisting of all those organizations that compete for resources in the same environmental niche” (Scott, 2004, p. 8). Examination of organizational populations includes looking at organizations sharing the same archetype of the LTCOP, exhibiting a similar structure and pursuing similar ends. The organizational set of the LTCOP consists of itself and its significant exchange partners (Adult Protective Services, Office of Regulatory Services, Area Agencies on Aging, law enforcement, legal services, citizen’s advocacy groups, etc.). An examination

of the organizational set of the LTCOP reveals information about resources, flows of information, relationships with other organizations, and the consequences of these factors (for both the organization and the larger environment). This approach is particularly helpful in “exploring resource dependence relations and questions of organizational strategy” (Scott, 2004, p. 8).

LTCOP Legitimation

Legitimacy is “a condition reflecting the alignment of an organization to normative, regulatory, and cultural-cognitive rules and beliefs prevailing in its wider field and social environment” (Scott, 1995, p. 238). The LTCOP, rather than producing something tangible, provides a service that is rewarded (legitimated) through both political systems (regulations, political sanctions, recognition, policy formation) and economical systems (funding increases for the LTCOP, increased funding to residents, or funding directed to campaigns affecting the work of the LTCOP or the residents they serve). Legitimacy accords the LTCOP necessary sanction and support from its environment. The LTCOP needs social acceptability and credibility in addition to material resources and technical information in order to survive as an organization.

Much of the legitimacy provided to the LTCOP is a direct result of the cultural-cognitive beliefs of external actors about the need for their services and the deservingness of the beneficiaries of those services. Scott argues that equal weight be given to the regulative, normative and cognitive basis for legitimacy (Scott, 2004). The LTCOP as an organization is an important reflection of what is valued within our society. The LTCOP embodies our beliefs about vulnerable populations, human rights and dignity in all phases of life. The LTCOP structures and is also supported by these beliefs. We as a society, as

external actors in the LTCOP's environment, see the work of the LTCOP as a representation of our beliefs, a validation our need for compassion and social solidarity. In turn, the external actors and organizations in the environment support the work of the LTCOP and thus structure and influence its work and the processes the LTCOPs use to succeed in their mission.

The OAA is the primary regulative source of legitimation, with various state enforced mandates supporting other federal mandates of the LTCOP. The LTCOP fits within the LTC environment and its associated organizations and networks. They work together with Adult Protective Services agencies, law enforcement, legal services, and others to protect the residents of LTC facilities.

Within the LTC environment, the advocacy aspect of the LTCOP evidences a disparity in the normative and cultural-cognitive forms of legitimacy occasionally resulting in a strain on their inter-organizational relationships. Consequently, actors within the LTCOP may be apprehensive about systems advocacy as they may not feel adequately informed, trained or empowered. It is also possible that in the LTCOPs quest for professional recognition, despite its volunteer tradition, actors may believe systems advocacy to be diminishing of their legitimacy as an organization or their role as an actor within the organization.

Several questions arise regarding legitimation that need to be asked: (1) How are the structures and functioning of the LTCOP related to the components of their institutional environments through processes of legitimation, (2) How have the elements lending legitimacy to the LTCOP (rules, beliefs, and associated field structures) changed over time and how do those changes reflect the well-being of the program, and (3) How

does the legitimacy of professional associations, public agencies of various sorts and corporate systems support or counteract the legitimacy of the LTCOP?

Transaction Costs

For the LTCOP transactions between the state and other organizations in the LTC system pose the greatest risk to LTCOP stability. For example, the loss of autonomy of LTCOPs housed under restrictive host agencies is considered a transaction cost.

Additionally, in California, LTCOPs have contracted with the state government to take on further responsibilities (the witnessing of advanced directives and investigation of elder abuse) for an increase in funding, though it is debatable how sufficient this funding is. This broadening of the scope of work of the program (mission creep) is a transaction cost that many local LTCOPs are experiencing in different ways. Some programs are responsible for additional types of facilities and residents, while others expand their role in investigating elder abuse or witnessing advanced directives (Estes *et al.*, 2007, 2006). This expansion of work can be considered a bridging strategy of LTCOPs, meant to strengthen the connection of the organization to the resources available (Scott, 2003). Additionally, the LTCOP buffers itself from resource shortages by improving program efficiency through the development of best practices, collaborations with other agencies, the triaging of their responsibilities, and the development of their ITS systems (Scott, 2003).

Organizational Change

Organizational Ecology weighs in on the potential for reform within the LTCOP. While most organizational theory would agree to some amount of organizational agency, Hannan & Freeman (1977) argued that the possibility for fundamental change within

organizations was over exaggerated in previous organization theories. Organizational ecology would therefore argue that change within the LTCOP (ie. enhancing its ability to systematically advocate) is better attempted at the population level rather than with just a single organization. Perhaps it is not just the LTCOP, but that the whole population of organizations in LTC, that needs to recognize the value of systems advocacy. With this approach, all organizations would advocate systematically on issues that cross organizational boundaries and interests. Lastly, organizational ecology can be used to examine the different organizations within the LTC population/ environment/ field, how they differ by state, how they “arise, grow, compete, and decline over long periods of time” (Hannan & Freeman, 1989). LTC populations can vary by location, involving different organizations, power differentials, funding, relations, and other dynamics.

If changes in the LTCOP are to be analyzed, organizational theory can address questions regarding (1) how change in institutional arrangements influences the LTCOPs effectiveness and their ability to conduct systems advocacy; and (2) how do changes in laws/regulations (Medicare, Medicaid, Licensing and Certification, State mandates, OAA reauthorization, White House conference on aging) impact the effectiveness and systems advocacy of the LTCOP (Scott *et al.*, 2000).

Social Movement Theory

Social Movement Theories can be used to examine both the failures and successes of past systems advocacy efforts as well as to help inform future systems advocacy efforts. While systems advocacy can take many forms and address many issues, we will focus here on the three main challenges to LTCOP effectiveness, adequacy of resources, program autonomy, and inter-organizational relationships.

Resource Mobilization Theory

While traditional social movement theory focused on explaining individual participation in social movement formation, the movements of the 60's fueled the evolution of resource mobilization theory. Movements of the 60's utilized all resources at their disposal, including a burgeoning generation of individuals yearning for new experiences, and an outlet for what was seen as unjust. Resource mobilization theory emphasizes "rational actions oriented towards clearly defined, fixed goals with centralized organizational control over resources and clearly demarcated outcomes that can be evaluated in terms of tangible gains" (Jenkins, 1983). Resource mobilization theory sees social movements as rational responses based on the availability of resources and cost-benefit analysis of actions. The formation of social movements is dependent on changes in resources, group organization, and opportunities for collective action. Movement success is largely tied to the political processes the social movement becomes enmeshed in as well as their utilization of resources (money, individuals, information, power, etc) to succeed in the political arena.

Resource mobilization theory analysis elucidates the entrenchment of institutionalized power, importance of political wherewithal, necessity for monetary and non-monetary resources, and the need for a culture change empowering individuals to fight for social justice causes. However, resource mobilization theory has been criticized for its narrow focus on institutional changes that attempt to alter "elements of social structure and/or the reward distribution of society" (McCarthy & Zald, 1977). By focusing on cost-benefit analysis of actions and the redistribution of resources in society, resource mobilization theory neglects to sufficiently address the power embodied in the

political arena, and the breakdown of the political power of social movements and the democratic process in general (McAdam, 1999).

Political Opportunity Structures

The definition of political opportunity structures varies with the wielder of the term. Tarrow defined them as “consistent but not necessarily formal, permanent, or national signals to social or political actors which either encourage or discourage them to use their internal resources to form social movements” (Tarrow, 1996, p. 54). While McAdam broke the definition down to reflect what he saw as four dimensions of political opportunity structures, (1) the relative openness or closure of the institutionalized political system, (2) the stability or instability of that broad set of elite alignments that typically undergird a polity, (3) the presence or absence of elite allies, and (4) the state’s capacity and propensity for repression (McAdam, 1996). McAdam (2004, p. 204) writes that should collective knowledge of the harmful effects of aging ideologies occur and the “...cognitive / affective byproducts of the framing process... combine with opportunities and organization, chances are great that collective action will develop.”

Opportunity can be defined as “the probability that social protest actions will lead to success in achieving the desired outcome” (Kousis & Tilly, 2005, p. 3). Conversely, *threat* is divided into two parts, (1) exposure to a set of harms (general threat), and (2) the cost a social group must incur from protests or that it expects to suffer if it does not take action (collective action threat) (Kousis & Tilly, 2005).

Hogan and others argue that “cycles of political opportunity are embedded within economic boom and bust cycles of capitalist accumulation” (2005, p. 8). He argues:

In boom years mobilizations are facilitated by economic growth conditions and resources, while authorities have the economic ability to

offer concessions. By contrast, bust years create vulnerable authorities with fewer resources who must face contenders who have been mobilizing since the boom years.

Hogan, 2005, p. 8

Hogan claims that due to the link between economics and politics, when one is in crisis (in bust years) so is the other (2005). Consequently, as he traces the bust years of the 1970s, organization and collective action are also stifled. Successes in social movements are seen to be linked to the number of contending groups involved in actions, the number of actions, and the claims made by contenders (Hogan, 2005).

Social Movement Theory and the LTCOP

The local LTCOP's effectiveness in advocating on the systems level is impacted by everything from the individual LTC ombudsman's perception of self and their role as an advocate, to the interactions the LTCOP has with other agencies, to the power they have in the political, cultural and economic spheres of society. Kousis *et al* claim that "...economic change and variation affect collective action in one of two ways, either by shaping responses to political threats and opportunities or by constituting themselves significant threats and opportunities" (2005, p. 7). Threats and opportunities to the local LTCOP can help explain economic and political change as well as how these changes may affect the threats and opportunities of the local LTCOP. However, as critics of the political opportunity structures model would argue, these explanations are not an ending point, but rather a starting point to understanding the processing of, and response to, opportunities and threats (Kousis & Tilly, 2005). This deeper examination of the constantly changing perceptions of the local LTCOP, does not give us an equation to work from, but rather a historical representation of the impact of and interaction between the micro, meso, and macro levels of society and the local LTCOP, "... threats and

opportunities alter the probability, form, and impacts of collective action through dynamic interactions manifest at the micro, meso and macro levels” (Kousis & Tilly, 2005, p. 4).

Furthermore, the LTC ombudsman’s individual and collective identities interact with the meso and macro levels, as interactions with other agencies affect the LTCOPs influence on the macro level (Kousis & Tilly, 2005). The development and appearance of a collective identity is as imperative to successful social movements, as it is to the LTCOPs success in systems advocacy. A strong collective identity of advocacy and commitment is needed to strengthen the systems advocacy of local LTCOPs against the organizational and structural threats they face.

Agencies committed to the same work as the LTCOP often do not share the same resources and methods and are thus not similarly affected by certain threats and opportunities. Thus, identifying institutional, field and structural (in addition to individual, group, and organizational) threats and opportunities that bring agencies together can enhance the strength of systems advocacy efforts for all parties involved (Kousis & Tilly, 2005). Furthermore, the structure of the LTC system affects the way LTCOPs frame the situation and comprise a set of opportunities balanced between the structure of the restrictions of the LTC system and the LTCOPs advocacy efforts (Kousis & Tilly, 2005).

LTC ombudsmen, as LTC resident advocates, represent a population of individuals that can often be grouped with social service agencies for the unemployed, disabled, or migrants in terms of the political opportunity structures available to them. Conversely, Adult Protective Services links itself with abuse victims, often working

within the Department of Family and Children's Services. Similarly, the Office of Regulatory Services connects itself to other licensing and regulatory services of the state and is backed by laws and sanctions. Legal services for the elderly are empowered by their associations with the field of law and the sanctions of law enforcement. The LTCOP however, are "just" resident advocates, although mandated by the Older Americans Act, they represent elderly residents living in institutionalized settings. Together, the resident and the LTCOP's social, economic and political capital are weak compared to that of their movement allies and that of their adversaries (nursing home industry, pharmaceutical industry, American Hospital Association, and occasionally the American Medical Association). Not only does the LTCOP face the typical political opportunity structures of other organizations in the LTC fields, they are affected by discursive opportunity structures of the ageism prevalent in our society and affecting LTC residents and the legitimacy of the LTCOP's work.

Social Movements and Organizational Theory

The first attempt at joining Social Movement Theory with Organizational Studies occurred in Michigan in 2001 and 2002 and was funded by the Interdisciplinary Committee on Organizational Studies at Michigan. The two conferences brought together mostly resource mobilization and political process theorists from the social movements camp and neo-institutional and population ecology theorists from the organizational studies field (Davis *et al.*, 2005). Social movement theorists have recently given weight to the role of organizations, organizational processes and institutions in mobilizing resources, and maintaining movement momentum (Davis *et al.*, 2005). Both organizational studies and social movement theory have evolved recognizing a greater

influence of the environment on organizational structure and survival as well as movement outcomes.

Social Movements, Organizational Theory and the LTCOP

Where organizational theory is useful in locating determinants of program characteristics, and identifying the LTCOP within an institutional environment, social movement theory is helpful in analyzing the barriers to systems advocacy and locating the LTCOP within a larger societal movement toward human rights and dignity. Social movement theory, aided by organizational theory, can examine, highlight and implicate suggestions for improving inter-organizational cooperation. The fight for residents' rights can be seen as a social movement, including individual and organizational actors. The LTCOP, since its inception, has been a part of this social movement, acting on behalf of residents both individually and systematically. Organizations like the LTCOP participate in social movements through their relationships with other organizations, joining coalitions, and engaging in political action to affect state policy. It could be argued that the residents' rights movement needs the organized aspects of the LTCOP (and its organizational population) to survive. "...movements, if they are to be sustained for any length of time, require some form of organization: leadership, administrative structure, incentives for participation, and a means for acquiring resources and support" (Davis *et al.*, 2005, p. 5).

Much like the field of sociology has distanced itself from its public roots in an attempt to validate the field in a predominantly scientific environment the LTCOP has also strayed from their role as system level advocates in order to place the program within a resource competitive organizational environment. It is possible, and could easily

be argued, that many organizations within the LTCOP's organizational population are also neglecting opportunities to, and possible benefits of, joining in a larger social movement or conducting systems advocacy. The normative modes of governance in the LTCOP's population limit what is considered appropriate activities. Regulative structures also influence the legality of specific activities, particularly those which may be seen as risky or creating liability issues for host agencies. Lastly, the material resource environment of organizations like the LTCOP, affect the programs financial ability to fund activities. With limited resources those activities which seem "alternative" are likely to be the first to be neglected in tight funding situations. Social movement theories are helpful in understanding the diffusion of social movement type activities through organizational fields or populations. "Research has demonstrated that cognitive structures limit the range of practices that social movement activists can imagine; normative structures limit what is considered appropriate movement practice; and regulative structures limit the range of practices that movements can pursue" (Davis *et al.*, 2005, p. 3).

The normative focus of organizational studies in framing the cultural-cognitive influences on an organizations' structure and processes neglects the power of the state and the economic and political stakeholders with the power to override often less powerful normative influences. Organizations such as the LTCOP are not necessarily structured the way they are because of equal pressures from the normative, regulative and cognitive-cultural sphere. The LTCOP is subject to imbalances in the power of its determinants. As we will explore later, applying a political economy framework to the LTCOP can highlight these influences and problematize the power held by some of the

forces involved in the LTCOP and their work. Social movement theory often adopts a more Marxist conception of power (domination and coercion) rather than the Weberian (rational structure and processes influenced by norms and ideologies) that is utilized by most organizational study scholars (Davis *et al.*, 2005). However, where social movement theorists have often examined the affects of power on government policies and systems, organizational study scholars explored the role of power at a lower level with change in trade associations, local law or individual programs. While looking at the impact of power on the structuring policies and regulations in the LTC system is important, it will also be crucial to examine the local level effects of power on the LTCOP and their immediate environment.

In many situations, the seedbed of collective action is to be found in preexisting social arrangements that provide social capital critical to the success of early mobilizing processes when warmed by the sunlight of environmental opportunities that allow members to exploit their capital.

Tilly, 1978; Tilly *et al.*, 1975, as cited in Davis *et al.*, 2005, p. 7

My approach to organizations will include a structural, critical analysis of the external influences on the LTCOP, the power processes and decision making related to the LTCOP, the acquisition and allocation of scarce resources within the LTC system, the affects of social norms and values on the LTCOP, and the legitimation of the LTCOP within the LTC field.

Political Economy

A political economy perspective examines the:

Interrelationships between the polity, economy, and society, or more specifically the reciprocal influence among government... the economy, social class, strata, and status groups... [and] the manner in which the economy and polity interact in a relationship of reciprocal causation, affecting the distribution of social goods.

Estes, 1999, p. 18

The political economy of aging perspective integrates economics, political science, sociology, and gerontology to advance a critical approach to the structural forces that influence social policy and aging (Estes, 1979; Estes & Associates, 2001a; Estes *et al.*, 2004a; Estes, C.L., Gerard, L., Zones, J.S., Swan, J., 1984). Estes identifies and correlates “the societal (macro-level), the organizational and institutional (meso-level), and the individual (micro-level) dimensions of aging” (Estes *et al.*, 2001a, p.1).

Estes and colleagues note the interconnections between society, institutions, organizations, and the individual (Estes *et al.*, 2001a). Her version of political economy entails the citizen/public surrounded and affected by interactions with the state, post-industrial capital, and the sex/gender system. Age, class, disability/ability, gender, and race/ethnicity are identified as pervasive social contributors to the model and ideology is perceived as an all encompassing facet of society. Those most affected by free enterprise and in need of publicly subsidized benefits include women, the poor, minority populations, disabled, and older adults (Estes & Phillipson, 2002). Interlocking systems of oppression (Collins, 1991) are directly related to the material, political, and symbolic (ie. ideological) resources to which an individual citizen has rights (Acker, 1992; Estes *et al.*, 1984; Nelson, 1982; Townsend, 1981; Tussing, 1971; Williams, 1996).

Political Economy and the LTCOP

As stated earlier, the LTCOP faces certain discursive threats due to the population it serves. The LTCOP is located among and influenced by the age, class, disability/ability, gender, and race/ethnicity systems. It operates in a society that is surrounded by ideologies that can de-legitimize the work of the LTCOP. Through a

political economy analysis, it becomes painfully clear that policies are not always created for the benefit of the public, but for the benefit of capital, the wealthy and special interest organizations and institutions. The LTC system is located in the theoretical space between the medical industrial complex and the aging enterprise. The health, safety and rights of individuals within the LTC system are in direct competition with the expansion of wealth and capital in the United States.

State Theory

The state is composed of major social, political, and economic institutions, including the legislative, executive, and judicial branches of government; the military and criminal justice systems; and public education, health and welfare institutions.

(Waitzkin, 1983)

In broad terms, the state is widely defined as the instruments of political power.

Deviations from this definition often focus on the questions: how is that political power legitimated, by what means is that political power enacted, and whom does that political power serve? The original concept of the state provided by Marx is dependent on its relation to capitalism. Some Marxist theorists assert that the state is used as an instrument to dominate society in the interest of economic elites through their interpersonal ties with state officials (Miliband, 1983). Other Marxists take a less literal approach, shifting the focus away from who controls that state, to the structural position of the state, which is to advance the interests of capital (Poulantzas, 2000).

The state serves three major functions (Alford & Friedland, 1985; O'Connor, 1973). First, the state is held accountable for the accumulation of wealth and economic growth. O'Connor defines the accumulating function of the state as the responsibility of the state to create conditions favorable to economic growth and private profit, thus aiding

in the accumulation of capital, which the state taxes to sustain itself (1973). Corporations have long enjoyed substantial power in relation to the state; “economic wealth and power can readily translate into political influence” (Mills, 1957). However, the need for the state to promote the accumulation of wealth influences the other functions of the state, legitimation and the democratic process. The second function of the state, legitimation, is the states operation of social order by alleviating the inequalities created by a free market system (Alford & Friedland, 1985; O'Connor, 1973). Several theorists cite the contradictory functions of accumulation and legitimation within the state (Alford & Friedland, 1985; Estes & Associates, 2001a; O'Connor, 1973; Offe & Keane, 1984; Offe & Ronge, 1982). As Offe and Ronge declare, “in democracies, political elections disguise the reality that the resources available for distribution by the state are dependent on the success of private profit and capital reinvestment rather than on the will of the electorate” (1982). However, the need to legitimate itself and the social order necessitates an occasional conflict with the accumulating functions of the state, temporarily validating its democratic function (O'Connor, 1973). In order to avoid chaos, social unrest, and revolution, the state uses publicly subsidized benefits (tax cuts, Medicare, Social Security, education, etc) to alleviate the inevitable negative effects of a capitalist society (O'Connor, 1973).

State Theory and the LTCOP

The LTCOP operates as a legitimating function of the state; the program uses federal dollars to monitor the accumulating function of the LTC industry. However, as Claus Offe notes in *Contradictions of the Welfare State*, the state's access to profitable activity (such as the medical industrial complex and the aging enterprise, ie. LTC) is a

threat to capital, and creates a tension between the state and capital that encourages the privatization of such activities (Offe & Keane, 1984). The question then becomes, to what extent is the LTCOP part of civil life versus an extension of the state as a legitimating body or an “ideological state apparatus” (Althusser, 1971). In the latter case, the LTCOP would be extremely vulnerable to the whims of the state due to its contradictory functions with the LTC industry.

Estes and associates (2001a) highlight several questions to be asked regarding the state’s role in the provision of services for the aged, how does the state use its power (1) to allocate and distribute scarce resources, (2) to mediate between different segments and classes of society, and (3) to alleviate conditions that potentially threaten the social order? The movement toward a “capital investment state” (Quadagno & Reid, 1999) and the dedication of public benefits to the interests of the private sector, are in direct opposition to the health, safety and rights of LTC residents.

Literature Review

The Administration on Aging releases the *Long Term Care Ombudsman Report* and the *NORS Report* every fiscal year and can be found online at <http://www.aoa.gov>. The report provides national and state data and other information on the LTCOP in addition to comparisons of national ombudsman data for previous years. The AoA uses NORS data for budget justification and the strengthening of issue specific cases. It is not known how much these reports are utilized by the state or local LTCOP, but such a report could easily inform and validate systems advocacy on a number of issues related to the program. The *NORS Report* released by the AoA also includes a narrative from state

ombudsmen who provide descriptions of their priority issues, goals, and the processes needed to meet those goals (AoA, 2007).

While occasionally noted in literature on LTC, aging advocacy, and aging policy, literature focusing specifically on the LTCOP is sparse. Several documents comprise the majority of the literature available on the LTCOP. These documents focus primarily on and present data regarding the LTCOP. Empirical research examining LTCOPs was limited prior to the 1990s (Buford, 1984; Monk, Kaye, & Litman, 1984). These efforts typically focused on individual state or local program studies or historical-policy pieces (Cherry, 1991, 1993; Nelson, Huber, & Walter, 1995; Netting, Huber, & Kautz, 1995; Netting, Huber, Paton, & Kautz, 1995).

Through the past decade, research and publications on the LTCOP have grown, including a series of annual NORS (AoA, 1999, 2004) and subsequent OIG reports (1999a, 1999b, 2003). Cherry (1993) examined 210 Intermediate Care and Skilled Nursing Facilities in Missouri and found that the existence of a LLTCOP was a significant predictor of quality of care. Netting *et al.* (1995) found significant differences between the resolution of complaints by volunteer and paid ombudsmen, as paid staff resolved a higher rate of complaints than did volunteers. Keith (2000, 2001a, 2001b) contributed analyses on the role, characteristics, and efficacy of volunteer ombudsmen in LTC facilities and their interrelationships to one another (e.g., the importance of facility administrator and resident support on volunteer efficacy). The review of existing literature is divided into topical areas including, effectiveness, system advocacy, resources, autonomy, and inter-organizational relationships.

Effectiveness and the LTCOP

Prompted by publicized scandals within nursing facilities, governmental studies of the LTCOP were carried out by the Office of the Inspector General (OIG, 1991a, 1991b, 1991c; AoA/OIG, 1993), the General Accounting Office (GAO, 1992), and the IOM (1995). Highlighted in the OIG studies were factors associated with successful LTCOPs including: high visibility, frequent facility visits, and expeditious handling of complaints (OIG, 1991a, 1991b, 1991c). The IOM report, *Real People, Real Problems*, examined several critical issues relating to the performance of LTCOPs including: state compliance with program mandates, and conflicts of interest at the organizational level, and those related to provision of legal counsel (IOM, 1995). In 1995, the Administration on Aging (AoA) developed the National Ombudsman Reporting System (NORS), providing the first readily accessible 50-state data set and allowing comparisons (both over time and multi-state) on program outputs and outcomes (AoA, 2000; Huber, Borders, Netting, & Kautz, 2000) albeit with notable limitations.

The IOM carried out a national evaluation of the LTCOP, funded by the AoA as a requirement of the 1992 reauthorization of the OAA. The findings of this research are reported in the 1995 IOM report, *Real people real problems: an evaluation of the long term care ombudsman programs of the Older Americans Act* (IOM, 1995). The report was instrumental in enhancing the interests in and funding available for research on the LTCOP. The report defined an “exemplary” LTCOP as one that “operates as a whole, unified, integrated, and cohesive program focused on serving the advocacy needs of LTC

facility residents and others assigned and separately funded” (IOM, 1995). In addition to serving today’s needs, the program is in the forefront of tomorrow’s issues. In order to resolve issues, “the program engages in a broad-based discussion with all players and remains focused on resident interests” (IOM, 1995). Among the many findings, the report cited three major factors related to LTCOP’s effectiveness in and ability to conduct systems advocacy, program autonomy, resources, and inter-organizational relationships. The 1995 IOM study of conflicts of interest within the LTCOP revealed several types of conflicts of interest, one of which was organizational and results in constraints on LTCOP autonomy. After spearheading the IOM report, Estes and colleagues reaffirmed the findings of the IOM related to LTCOP effectiveness at both the state (2001b, 2004b) and local level (2006, 2007).

By any measurement, the IOM report has had an enormous impact on not only the LTCOP but also on the national discussion of the information, education, and advocacy needs of health care consumers and the art and science of being an Ombudsman. The report both forecast and laid the foundation for LTCOP expansion, outcome measurements, reporting systems, and standards. The report has been used by national health advocacy organization to urge the creation of an Ombudsman for all health care consumers¹, to justify federal legislation granting states funds to create a Health Care Consumer Assistance Office within each applying state. S.651, and to conduct supportive hearing proceedings².

The 2001 Kaiser Family Foundation study of *The Effectiveness of State Long Term Care Ombudsman Programs* is one of the most seminal pieces of literature on the

¹ See Families USA article <http://www.familiesusa.org/omron.htm>

² <http://www.senate.gov/~labor/107hearings/mar2001/032801wt/032801wt.htm>

LTCOP (Estes *et al.*, 2001b, 2004b). Estes' national study identified factors associated with the perceived effectiveness of state LTCOPs, including insufficient funding and constraints on autonomy caused by organizational placement. The study found that although state LTCOPs often reported insufficient funding and other problems, they still met federally mandated requirements.

The Kaiser Family Foundation Study (Estes *et al.*, 2001b) culminated in the development of state-wide studies of local LTCOPs in New York State, California (Estes *et al.*, 2006), Illinois, Ohio (Wellin & Kart, 2006), and Georgia (Estes *et al.*, 2007). This research extended the level of analysis to local LTCOPs, surveying LTCOP coordinators as well as Key Informants in the target states and nationally. The survey data collected was supplemented by data from the National Ombudsman Reporting System (NORS) and the Online Survey Certification and Reporting (OSCAR) system. The research identified characteristics of the LTCOP and the LTC system as a whole that are related to program effectiveness as measured by self-reports, key informant testimonials, and NORS data. The project focused on federally mandated activities and roles as well as associations with the organizational elements hypothesized to distinguishing effective programs: adequacy and control over resources, organizational autonomy, and good inter-organizational relationships. The research was instrumental in creating "summits" attended by LTCOP coordinators and policy events targeting the top rated issues in each state as identified by participants. Summit recommendations addressed elder abuse, neglect, and financial exploitation; post-acute, convalescent, and rehabilitative care; board and care; cultural competency; end-of-life issues; legal service and support;

staffing and staff training; relationships and interagency coordination; program autonomy; adequacy of resources; use of volunteers; and system advocacy.

In 2002, researchers, national experts and state LTC ombudsmen came together for a conference in Georgia hosted by the National Association of State Ombudsman Programs (NASOP) and funded by the Helen Bader Foundation (NASOP, 2003). The report published from the conference includes proceedings from, recommendations made at the meeting as well as background material provided to participants. The background material provided to participants in the conference includes several chapters and is still considered one of the best resources for LTCOPs (NASOP, 2003). Several issues were discussed, and the report makes recommendations related to systems advocacy, training and qualifications, data and information, program effectiveness, and the changing LTC resident population and its needs (NASOP, 2003).

Several areas for improvement in the work of the local LTCOP have been identified through this literature including, methods of addressing effectiveness including improving systems advocacy, and inter-organizational relationships; changing host agencies of local and state LTCOPs to alleviate programmatic constraints; and identifying and limiting the work of the LTCOP to conserve resources. The remainder of the literature review will focus on systems advocacy as well as the well-documented challenges to effectiveness (adequacy of resources, autonomy, and inter-organizational relationships) (Estes *et al.*, 2007; 2006; 2001b; 2004b).

Systems Advocacy and the LTCOP

Systems advocacy in the LTCOP can be defined as “actions intended to impact residents in more than one facility or to enable families and residents in a facility to

represent themselves” (Hunt, 2002, p. 1). Systems advocacy can take many forms including but not limited to (1) lobbying at the state and/or federal level for legislative changes, regulations and budget priorities, (2) speaking to the media, (3) conducting grassroots advocacy, (4) educating residents, families, facilities, providers, other organizations, and the community about important issues (Hunt, 2002). The 1995 IOM Report asserts that:

In addition to working on individual cases and complaints, ombudsmen must address and attempt to rectify the broader or underlying causes of problems for residents of LTC facilities. When working on the systems level, ombudsmen advocate for policy change by evaluating laws and regulations, providing education to the public and facility staff, disseminating program data, and promoting the development of citizen organizations and resident and family councils.

Section 712(a)(3) of the OAA (as amended in 2000) delineates the responsibility of the LTCOP to (1) Monitoring federal, state, and local laws, regulations and other government policies & actions, and (2) conduct legislative & administrative policy advocacy.

The IOM study further expands the definition of evaluating laws and regulations by detailing legislative, judicial, and administrative advocacy (1995). While legislative and judicial advocacy are self-explanatory, administrative advocacy is defined as advocacy that “may occur within the rule-making process or during policy implementation” (IOM, 1995, p.73). In addition to local level mandates for systems advocacy, the OAA requires the state office of the LTCOP to develop an annual report that contains recommendations for and strategies to conduct systems advocacy. The IOM study asked many questions regarding systems advocacy at the state level:

Does the program consistently comment on proposed changes in state or federal laws, regulations or policies?

Does it directly seek changes, clarifications, or improvements in state or federal laws, regulations, or policies?

Does it file complaints with responsible agencies about the operation of state or federal programs that have an impact on the quality of care and quality of life of residents?

Does the program assist residents, their families, other agencies, or the public in securing changes in state or federal laws, regulations, or policies?

Is the program's systemic advocacy focused on all kinds of LTC residents and all aspects of residents' lives and concerns?

Is the work coordinated with others so that coalitions, rather than the ombudsman program alone, are seeking systems change?

Is an annual report with substantive information on needed changes in state or federal laws, regulations, or policies prepared and circulated widely?

Huber, Borders, Badrak, Netting, & Nelson (2001) explored exemplary practices proposed in the IOM (1995) report, by operationalizing ten "infrastructure component scales" for local LTCOPs. Among the scales, "structure of the local ombudsman program" addressed key issue surrounding program location, autonomy, and resources; "legal resources" addressed the availability and quality of the legal services to which the local LTCOP has access; and "systemic advocacy" addressed the diversity and quantity of systemic advocacy activities and the scope of the network used for these activities.

Systems advocacy is repeatedly linked to effective LTCOPs, Niederer details the types of resident level and systems level advocacy necessary of a successful LTCOP (2004). She encourages resident, families, friends, family councils and resident councils to ask many questions, with her final question being, "does my ombudsman program operate within a system that functions like a cacophony in which there are distinct groups of musicians, each playing their own tunes, or does my Long Term Care Ombudsman

Program operate like a symphony, playing in perfect harmony, a magnificent song of protection” (Niederer, 2004).

Historically, the LTCOP has advocated not only for the needs and development of their own program, but for other citizen’s advocacy groups and nursing home reform (Hunt, 2002). Hunt (2001) examines the potential for improved coordination between citizen’s advocacy groups and the LTCOP. Her examination produces concrete examples of combined efforts between the LTCOP and citizens’ advocacy groups and the results of such efforts. Hunt later makes an argument for the use of systems advocacy to improve resident’s quality of life (2002). Her paper, *Ombudsman Best Practices: Using Systems Advocacy to Improve Life for Residents*, provides “support, guidance, and ideas for state and local long term care ombudsmen (LTCO) to use in pursuing changes in systems to improve the quality of life of residents” (Hunt, 2002, p. 1). Hunt provides essential information to LTCOPs on how to set priorities, select an issue, conduct necessary research, maintain focus, coordinate with the state office of the LTC ombudsman as well as other organizations, and how to identify and overcome barriers to effective systems advocacy (2002). Hunt asserts that the LTCOP’s responsibility to engage in systems advocacy needs to be “accepted, expected, and clear” (Hunt, 2002). Issues advocacy efforts should be chosen wisely, taking into consideration “the issue, the timing, the strategy, and others who need to be involved in the effort.” In coordinating with other advocates and organizations, Hunt advises LTCOPs to avoid “turf battles” and the need to give or receive credit for successes. Hunt acknowledges the barriers LTCOPs feel toward conducting systems advocacy, but argues that “ombudsmen who have undertaken systems advocacy efforts report increased leadership capacity, improved morale and

personal satisfaction, and sometimes better working relationships with other agencies” (Hunt, 2002).

Houser identifies two barriers to performing systems advocacy in addition to organizational placement: lack of resources, and lack of understanding on the part of the LTC ombudsman of their mandate to perform systems advocacy (Houser, 2002). Houser made several recommendations for how systems advocacy efforts can be improved at the state level (many of these suggestions can also be applied to local LTCOPs): improved training, support from NASOP and local associations of LTC ombudsmen, relation to other organizations (NASUA, Area Agencies on Aging, etc), and accountability (both of NASOP, local LTCOPs and Area Agencies on Aging). Houser emphasizes the autonomy of LTCOPs in their ability to participate in systems advocacy. LTCOPs must be free to pursue change at the facility, county, state or federal level if experience warrants the need for such change (Houser, 2002).

Frank describes what she calls the “Long Haul Approach” to generating social movements in her 1998 unpublished presentation, *Coalition Building: An Advocacy Tool for Policy Development and Social Change*. The approach includes four steps, (1) name real problems, (2) generate motivation to come to the table to address problems, (3) progress toward credible solutions, and (4) build and maintain infrastructure to move agenda (Frank, 1998). Frank also details how to build organizational capacity to support social movements or systems advocacy efforts. LTCOPs and coalition organizations need to establish communication, learn how to work together, allocate participation and ownership, and identify logistical support such as staff (Frank, 1998). Frank refers to the nursing home reform law as an example of a social movement because it required the

coalition building of NCCHNR, confrontation with the dominant nursing home organizational structure, and resulted in a culture change in nursing homes. Franks' ideas about social movements in the nursing home industry can serve as an exemplary framework for the systems advocacy work of LTCOPs within the same industry (Frank, 1998).

Estes and associates' research findings support the need for advocacy for the LTC ombudsman program through education, lobbying, publicity, and collaboration with individuals and other agencies in the LTC field (2001b). The researchers recommended that funding and staffing be increased to allow LTC ombudsmen to fulfill their role in systemic advocacy (2001b).

Ombudsmen report that systemic advocacy is one of the activities most often neglected because of inadequate funding. Due to the immediate needs of complaint investigation, goals such as legislative advocacy and community education may be set aside. LTCOP funding must therefore be sufficient for ombudsmen to fulfill their roles not only as complaint mediators and investigators, but also educators and advocates for residents.

Estes, 2001b

Attempts to address the major challenges in LTCOPs have occurred at the local, state and national level. Systems advocacy, although a challenge, is an integral element in addressing all of these issues. Systems advocacy attempts to increase resources, promote inter-organizational collaboration, and ensure program autonomy and freedom from conflicts of interest with the intention of improving the LTCOP effectiveness.

Adequacy of Resources and the LTCOP

Sufficient resources are necessary to sustain the level of staff and volunteers (which require training and supervision) necessary for LTCOPs to visit LTC facilities on

a regular basis as well as conduct systems advocacy. Many states set criteria for the number of required visits to certain facilities in a certain time period. The ability of LTCOPs to visit facilities on a regular basis is often the difference between individuals knowing of the LTCOP and their services or not.

In addition to the Older American's Act, state enabling statutes stretch LTCOP resources. State LTCOPs differ widely due to diverse state enabling statutes regarding access to residents, facilities and residents' records; willful interference, and legal representation of the program (NASUA), 2002). State statutes can further influence the work of LTCOPs by defining the target population and the extent to which local LTCOPs investigate and resolve complaints. For example, LTCOPs in California are investigators of elder abuse and mandatory reporters of elder abuse which conflicts with their federal mandate to act on behalf of the resident (Estes *et al.*, 2004). In Georgia, LTCOPs are required to serve additional facilities housing residents with mental retardation and mental illness (Estes *et al.*, 2007). This variability influences the adequacy of monetary resources, the training needed, the agencies with which the local LTCOP coordinates, and the demands placed on each local LTCOP. Furthermore, this variability necessitates different funding strategies on the local and systems level for each state, and often within states.

Also affecting the adequacy of LTCOP resources is their willingness to sacrifice to help those in need. In the case of natural disasters, like that following Hurricane Katrina, LTCOP often step in to help vulnerable LTC residents in capacities outside their normal duties with little or no extra compensation (Estes *et al.*, 2007; Murtiashaw, 2001). LTCOP coordinators in California often cited mandatory abuse reporting and

investigation, the witnessing of advanced directives, and monitoring residential care facilities for persons with mental illness, mental retardation or developmental disabilities as state mandates that add to the workload of their program (Estes *et al.*, 2006). Many of the California respondents felt that funding allocated to these additional mandates was insufficient if available (Estes *et al.*, 2006).

Educated, experienced, dedicated and resourceful LTCOP coordinators can influence the effectiveness of local LTCOPs. However, most regions don't receive sufficient funding to recruit the competitive employees needed to strengthen local programs. MacInnes and Hedt found that the yearly full-time salary ranges for local ombudsmen varied from \$12,480 - \$24,960 (Montana) to \$34,278 - \$61,540 (Maryland) (1999). These salaries can vary within states as well. In Georgia, local LTC ombudsmen full-time salaries ranged from \$14,560 to \$45,000 with most positions paying between twenty and thirty thousand dollars per year (MacInnes & Hedt, 1999).

The LTCOP is structured to be a volunteer based organization. However, the use of volunteers and beliefs about their role within the LTCOP vary widely (Estes *et al.*, 2006; Netting & Hinds, 1989). Despite this contention, several pieces of literature focus on increasing LTCOP volunteer effort and service duration. Nelson *et al* found that resigned LTC ombudsmen felt more role ambiguity, greater nursing facility resistance, higher boredom, and desired better supervision than active volunteer ombudsmen (Nelson *et al.*, 2004). Volunteer and paid ombudsmen often take on different responsibilities, resulting in a triaging of the work of the LTCOP (Netting *et al.*, 2000; Netting *et al.*, 1995). The 1995 IOM report recommended LTCOP staffing ratios of one

paid full-time equivalent (FTE) Ombudsman for every 2,000 licensed LTC beds within a state, and every 20 to 40 volunteer ombudsmen (pgs. 159-161).

LTCOP Autonomy / Conflict of Interest

Several research investigations have explored the impacts associated with the organizational arrangement of LTCOPs, for instance, whether the LTCOP is located inside or outside the State Unit on Aging or Area Agency on Aging. The IOM (1995) study identified LTCOP organizational placement as key to understanding "conflicts of interest," both real and perceived, as potentially impeding program effectiveness. The authors reported LTCOP "autonomy" as essential to the program's ability to meet its statutory requirements to fully represent LTC residents; to freely speak with the media, policymakers and legislators; to have independent legal counsel; and to participate in policy and operational discussions with other agencies (IOM, 1995). While the placement of the Office of the State Long Term Care Ombudsman is one barrier to autonomy, the method of appointment of the position may also pose constraints. For example, state ombudsmen may be politically appointed or subject to an open application process. In the case where state ombudsmen are politically appointed, involvement in the political arena is typically banned.

Huber, Netting, & Kautz (1996) found that programs located outside of Area Agencies on Aging both verified and resolved a significantly higher percentage of complaints to the satisfaction of the resident or complainant than did those located within Area Agencies on Aging. These researchers posited this may be due to divergent emphases characteristic of the two program types: those within Area Agencies on Aging

emphasize resident rights and administrative-systemic issues, whereas non-Area Agency on Aging programs emphasize resident care and quality of life.

The 1995 IOM report recommended that LTCOPs should not be located in an entity of government (state or local) or agency outside government whose head is responsible for: licensure, certification, registration, or accreditation of long term care residential facilities; provision of long-term care services, including Medicaid waiver programs; long-term care case management; reimbursement rate setting for LTC services; adult protective services; Medicaid eligibility determination; preadmission screening for LTC residential placements; or decisions regarding admission of elderly individuals to residential facilities. In addition to organizational or environmental conflicts of interest, the 1995 IOM study warned of conflicts arising from ombudsmen with multiple responsibilities that may result in the neglect of certain ombudsman activities.

Participants of a symposium titled “Coordination between Long Term Care Ombudsman and Adult Protective Services Programs and Related Issues” organized by the Administration on Aging noted that, “Participants identified the differing philosophies and roles that govern Adult Protective Services and ombudsman services and concluded that the potential for conflict of interest is not trivial” (as cited in IOM, 1995, p. 113). The AoA report concluded that “combing the role means that one job will not be done” (1994). While this signals the importance of preventing ombudsmen from taking on the duties of Adult Protective Services workers (such as Local LTCOP mandated abuse reporting in California), it also signals a gap in paradigms used by the two organizations which may result in strained working relationships. This IOM analysis has motivated

several states to relocate the state or local program offices to reduce the potential for real or perceived conflicts of interest (1995).

Program autonomy has been investigated for its impact on effectiveness in meeting LTCOP mandates at both the local (Estes *et al.*, 2006) and state level (Estes *et al.*, 2001b; 2004b). Houser emphasizes the need for independence as a program in the LTCOP's ability to participate in systems advocacy (2002). LTCOPs must be free to pursue changes at the facility, county, state or federal level, if experience warrants the need for such change. LTCOPs can be restricted by their host agency's supervision, control over financial matters, and policies on systems advocacy. Despite the assertion of the illegality of impeding LTCOPs systems advocacy efforts in the OAA, many host agencies continue to prevent the LTCOP's advocacy work (Estes *et al.*, 2006; 2004b; 2001b; NASOP, 2003). Often this restriction on autonomy is the result of a miscommunication regarding what systems advocacy work is, while other instances are due to the restrictions imposed on the host agency by funding sources (i.e., Georgia Elderly Legal Assistance Program, ELAP) (Estes *et al.*, 2007).

LTCOPs should have sufficient organizational autonomy to ensure that LTC ombudsmen may advocate for residents (in accord with their responsibilities as defined by law) without fear of political ramifications. As advised by the 1995 IOM report "ombudsmen must be able to pursue independently all reasonable courses of action that are in the best interest of residents" (p. 125).

Inter-Organizational Relationships and the LTCOP

Local LTCOPs interact often with several organizations, necessitating the development of productive and complimentary working relationships. Integral to the

local LTCOPs effectiveness and the residents well being, the LTCOP must interact well with the entire aging network including: residents, facility administrators, families, providers, law enforcement, legal services agencies, host agencies, regulatory agencies, community service agencies, Centers for Medicare and Medicaid Services (CMS), Area Agencies on Aging, the Office of the State LTC Ombudsman (OSLTCO), and other advocacy organizations such as the National Citizen's Coalition for Nursing Home Reform (NCCNHR) or LTC ombudsman associations,

As Freeman explores in *Uneasy Allies: Nursing home regulators and consumer advocates*, the relationship between the LTCOP and regulatory agencies is often strained (2000). However different, both entities with their limited authority and resources are required to meet the diverse and extensive needs of consumers. Freeman argues for the joining of forces between the LTCOP and regulatory agencies, and the advancement of cross-semester education in both entities to improve the quality of care in LTC facilities, and fight for resident rights (2000). In 2006, Keith found that of nursing homes in Connecticut, those with LTCOP presence had significantly higher sanctioning activity. He argues that this increase in identifying and addressing problems is due to the close working relationships between regulators and LTC ombudsmen in those facilities (Keith, 2006a). Nelson found that the presence of LTC ombudsmen in Oregon facilities was related to increased abuse reporting and abuse complaint substantiations, more survey deficiencies, and higher sanction activity (Nelson *et al.*, 1995).

Hunt explores the unique characteristics of the LTCOP, concluding that while some of these characteristics can be a source of misunderstanding and tension with other organizations, they also establish the LTCOPs value in the LTC field (2000). Some of

these unique characteristics which may impact the LTCOPs relationships with other organizations within the aging network are the programs confidentiality standards, method of investigation, loyalty to the residents' wishes, and provisions against conflicts of interest (Hunt, 2000). Hunt again addresses the inter-organizational relationships of LTC ombudsmen when she examines the common goals of, and the potential for better coordination of efforts between, citizen's advocacy groups and LTCOPs (2001).

Summary

Through the literature, LTCOP resources, autonomy and inter-organizational relationships are highlighted as major challenges to the LTCOP's effectiveness. Best practices models, and systems advocacy on state and national level are suggested to ease these challenges. However, a deeper analysis on the local LTCOP level is needed to be able to confidently assess the status of systems advocacy, identify factors influencing effectiveness at the local level, and assert best practices and policy recommendations.

If systems advocacy is conducted, LTCOPs often struggle on the individual program level with advocacy that should be done on the state or national level (Estes *et al.*, 2006). Local LTCOPs often report being unable to conduct necessary duties as a result of inadequate resources (Estes *et al.*, 2006). It is likely that local LTCOPs in every state have similar struggles with the adequacy of their resources. Additionally, other local LTCOPs likely experience restrictions on their program autonomy; and although all local LTCOPs have different networks of organizations, they probably find establishing, building, and maintaining inter-organizational relationships equally difficult.

The local LTCOP as an organization struggles with boundaries, buffering and bridging strategies, modes of governance, legitimacy, institutional actors, transaction

costs, their institutional environment, and the availability of resources. Organizational theory elucidates these challenges, the powers behind them and successful strategies to overcome them.

Systems advocacy is a local LTCOP response to addressing residents' issues beyond the individual level, and it requires analysis and strategies from Social Movement theories. Systems advocacy, like social movements, is dependent on resources (monetary, individuals, information, etc), and the political opportunity structures (political, economic, and cultural power) available to them. Social movement theory highlights the opportunities and threats in the local LTCOP's environment, as well as the best usage of those opportunities and response to threats. Through systems advocacy, the local LTCOP as an organization often finds itself in the midst of social movements (i.e. residents' rights, nursing home reforms, etc.). The work of Davis, McAdam, Scott and Zald (2005) on joining organizational theory and social movement theory will be particularly useful in examining the LTCOPs role within past, present and future social movements.

The political economy framework and state theory remind us to examine the larger structural, political, and economic pressures on the LTCOP. To understand the challenges and systems advocacy of the LTCOP, analysis of the age, class, gender, ability/disability, and race/ethnicity systems affecting the program are necessary. An understanding that many actors and organizations in the LTC environment are both political and economic stakeholders will emphasize the local LTCOP's powerful adversaries. As a legitimating function of the state the local LTCOP needs to recognize the contradictions of its work created by the accumulating functions of the state. The state's allocation of power, mediation between social classes and groups, and response to

societal tension are important influences on the local LTCOP. Analysis of the hegemony of organizations and ideologies that affect the local LTCOP, the LTC system as a whole and the residents' rights movement, will be important in understanding existing barriers to local LTCOP program effectiveness and ability to conduct systems advocacy.

Given this theoretical base, the systems advocacy of the local LTCOP and its major challenges can be explored giving new light to the past, present and future effectiveness of the program. With the improvement of systems advocacy in the LTCOP on the local, state and national level, may come increased resources, program autonomy, and positive inter-organizational relationships.

CHAPTER III: RESEARCH DESIGN AND METHODS

This project utilizes a community based participatory approach involving regular input and feedback from local and state ombudsmen (and other consultants) to obtain buy-in from the local ombudsmen themselves, and assure relevance and utilization of the findings. Researchers held regular teleconference meetings with key representatives in each state (state ombudsman, ombudsman association representatives, etc.) at all stages of the project including design, data collection and analysis, interpretation of data, determination of key issues, etc.

This chapter presents two primary research questions and several hypotheses. Methodological approaches will be the focus of the chapter; including, participants, informed consent, instruments, data collection, data analysis, and study limitations.

Research Questions and Hypotheses

This study will focus on five main research questions, and several specific hypotheses:

Research Question 1: *How are Georgia local LTCOPs' systems advocacy efforts influenced by the programs' resources (funding, staff, volunteers, training), autonomy (host agency, state LTCOP, sources of funding), and inter-organizational relationships (Area Agencies on Aging, citizen's advocacy groups, law enforcement, etc.)?*

- Hypothesis 1a: *Georgia local LTCOPs with adequate resources will be more likely to participate in various types of systems advocacy work than those with inadequate resources.*
- Hypothesis 1b: *Georgia local LTCOPs with adequate resources will be more likely to perceive their program as effective in conducting systems advocacy, than those with inadequate resources.*

- Hypothesis 1c: *Georgia local LTCOPs with program autonomy will be more likely to participate in various types of systems advocacy work than those without program autonomy.*
- Hypothesis 1d: *Georgia local LTCOPs with program autonomy will be more likely to perceive their program as effective in systems advocacy, than those without program autonomy.*
- Hypothesis 1e: *Georgia local LTCOPs with good inter-organizational relationships will be more likely to participate in various types of systems advocacy work than those with poor inter-organizational relationships.*
- Hypothesis 1f: *Georgia local LTCOPs with good inter-organizational relationships will be more likely to perceive their program as effective in systems advocacy, than those with poor inter-organizational relationships.*

Research Question 2: *How do Georgia local LTCOPs differ from those in New York State and California regarding their programs' resources, autonomy, and inter-organizational relationships? How do those differences influence their effectiveness and participation in systems advocacy?*

- Hypothesis 2a: *Adequacy of resources will differentially influence Georgia, California, and New York local LTCOP's perceived effectiveness and reported participation in systems advocacy.*
- Hypothesis 2b: *Constraints on Autonomy will differentially influence Georgia, California, and New York local LTCOP's perceived effectiveness and reported participation in systems advocacy.*
- Hypothesis 2c: *Inter-organizational relationships will differentially influence Georgia, California, and New York local LTCOP's perceived effectiveness and reported participation in systems advocacy.*

Methodological Approaches

A collaborative community-based participatory research design is utilized throughout this research. During the California and New York projects, a Project Advisory Committee was developed, comprised of persons with knowledge and experience related to ombudsman programs and long-term care to assist in every phase of the research design, planning, and implementation. Within each state, the research was conducted in collaboration with the state Ombudsman Association and the state Office of the Long Term Care Ombudsman. Additionally, the project is action oriented, with the ultimate goal being the production of knowledge and outcomes that are relevant to stakeholders and that can be applied to facilitate positive change (Green & Johnson, 1996; Israel, Schulz, Parker, Becker, Allen III, & Guzman, 2003).

A case study design will be taken to first analyze in-depth systems advocacy in Georgia's local LTCOPs. The study will incorporate (1) cross-sectional quantitative survey data (UCSF/IHA local LTCOP coordinator survey), (2) secondary data (National Ombudsman Reporting System), and (3) qualitative data (UCSF/IHA local LTCOP survey open-ended responses). By using different types and sources of data, the research affords a deeper, more comprehensive understanding of the phenomena under investigation (Denzin, 1978). Data will be examined both within and across states in order to explore the relationships between the independent variables (adequacy of resources, program autonomy, and inter-organizational relationships) and dependent variables (perceived effectiveness and reported participation in conducting systems advocacy).

In addition to the Georgia case study, this project will compare factors that influence effectiveness in conducting systems advocacy in Georgia, California, and New York. The comparison of issues confronting local Georgia ombudsmen programs with those confronted in similar programs across three geographically, demographically, economically, and politically diverse states is informative in identifying and sharing information regarding program strengths and weaknesses.

A case study of Georgia local LTCOPs will allow for a deeper analysis of what is often referred to as an exemplary state (presenting best practices on a variety of challenges including systems advocacy, with state policies and procedures used nationwide); while across-state comparisons of Georgia, California, and New York will explain why Georgia is unique and what challenges might exist in other states.

As in the IOM study, this research takes a formative evaluation approach, geared toward improving program performance by providing feedback on substantive operational dimensions of the program (Scriven, 1991). In contrast, summative evaluation assesses program effects and/or outcomes. IOM committee members concluded, that “because its goal is to assist in producing positive changes to improve the functioning and data reporting system of a program (Stadish *et al.*, 1991), formative evaluation is more appropriate to the ombudsman program than a summative evaluation would be” (IOM, 1995, p .). Similarly, as the development of local LTCOPs across states as well as within states vary, summative evaluation could be harmful to less stable and developed LTCOPs (Weiss, 1972). Future research may use substantive evaluation to explore hypotheses developed from previous formative evaluation.

Participants

All 15 local ombudsmen coordinators in Georgia participated in the survey. The Georgia project interviews began in April 2007, and were concluded in August 2007. Interviews were conducted for the California and New York State projects between March and July of 2004. All of California's 35 local LTCOP coordinators participated in the study, representing a 100 percent response rate. Only 39 of New York's 50 local LTCOP coordinators participated in the study, representing a 78 percent response rate.

Informed Consent

In the introductory letter and follow-up phone call the researchers explained that a consent form needed to be sign and returned prior to the interview (See Appendix ___ for consent forms). The letter and all correspondence explained that "Participation is voluntary and can be terminated at any time. All ombudsmen responses will remain confidential and you may refuse to answer any question. Written reports will present data in the aggregate so that no individual or organization may be identified." Moreover the primary investigator was available to speak with potential respondents by telephone to provide any needed explanation or relevant information. All Georgia respondents were asked to consent to being audio taped during the interview for transcription purposes.

Instruments

The telephone survey instrument for local LTC ombudsmen were drafted, pre-tested, revised, and utilized in other states (CA, NY, OH, IL) before it was again revised and administered in Georgia. Questions were generated based on a thorough review of prior work and data collected, issues raised and recommendations set forth by the 1995

IOM report, the more recent Kaiser Family Foundation study (2001b), other relevant literature, and recommendations of advisory committee members and consultants.

The survey for local LTCOP coordinators has both closed and open-ended items and are between 26 and 40 pages in length (depending on the state in which the survey was administered). The California and New York ombudsman survey was updated and adjusted to meet the specific needs and concerns of Georgia local LTCOPs. However, all instruments focused on program characteristics; funding; staffing; volunteers; host agency; autonomy; training; inter-organizational relationships; end-of-life care; cultural competency; post acute, rehabilitative, and convalescent care (PARCC); elder abuse; legal services; data management systems; and systems advocacy. Instrument measures include yes / no questions; 4-point Likert scales of effectiveness, agreement, and ability; and open ended questions.

A brief supplemental questionnaire, containing eight closed-ended items, was sent to study participants in California and New York (that gave permission to be re-contacted, 33 of 34 in CA and 38 of 39 in NY). The questionnaire was designed to collect additional information not collected in the original survey, including time-sensitive information and measures of program autonomy.

Data Collection

Local LTCOP coordinators were asked to participate in a pre-scheduled telephone interview. Researchers mailed an introductory letter to all potential subjects requesting participation in the study. A few weeks later a project researcher contacted each of the potential subjects (15 in Georgia, 35 in CA, and 50 in NY) to see if they would agree to participate. If willing, the researcher scheduled a 45- 90 minute telephone interview time.

A transcript from each interview was made, as well as individual Atlas.ti documents, and an excel spreadsheet. For local LTCOP survey interviews in California and New York, these transcripts were made from copious notes taken during interviews. Georgia local LTCOP survey interviews were audio taped (if permission was granted) and transcribed verbatim.

The study compiled secondary data from the NORS with primary survey data. NORS data provides objective information about local LTCOPs and program activities including staff size, number of LTC facilities served, and number and types of complaints reported. NORS data from each local program in California and New York (FY 2002-2003 and when possible FY 2003-2004) and Georgia (FY2006) were linked with local LTCOP coordinator survey data. It should be noted that the time period from which NORS data used in the study was drawn, and the time during which interviews were conducted are proximate but not identical. Integration of both sources of data serves to enhance the overall information collected about local LTCOPs.

NORS data were collected from the California and Georgia Office of the State Long-Term Care Ombudsman and the New York State Long Term Care Ombudsman Office. California NORS data was computerized and data files for each program were provided to the research team. In New York State, NORS data was compiled from hard-copies of quarterly reports obtained from the New York State Ombudsman Office. Quarterly reports were then summed (as appropriate) to obtain annual data for local programs. Georgia NORS data were obtained through the Aging Information Management System (AIMS) utilized by programs in Georgia.

Data Analysis

Analysis focused on program resources, autonomy, and inter-organizational relationships and how they influence perceived effectiveness and reported participation in systems advocacy. This project builds on the work and expertise of Dr. Carroll L. Estes who served as Chair of the 1995 IOM study of the LTCOP and the 50 state LTCOP survey funded by the Kaiser Family Foundation (Estes, *et al.*, 2001b; 2004b), as well as Georgia (Estes, *et al.*, 2007), California and New York State (Estes *et al.*, 2006), Illinois, and Ohio (Wellin, C., Kart, C.S., 2006) studies of the performance of local LTCOPs. The project analyzes information about the strengths and weaknesses of the local LTCOPs, leading to informed recommendations, training, education, and other action steps to promote fundamental improvements in the program. While systems advocacy was also an issue in the other state projects, particular emphasis was placed on systems advocacy in Georgia local LTCOPs resulting in more extensive data and a deeper analysis of the issue.

Quantitative analysis consisted of basic associations determined through comparisons of means, medians, proportions, and summary measures. Qualitative data analysis used a general inductive analytical approach (Bryman & Burgess, 1994; Dey, 1993; Ezzy, 2002; Miles & Huberman, 1994; Pope, Ziebland, & Mays, 2000; Silverman, 2000). The inductive approach is a systematic procedure for analyzing qualitative data where the analysis is guided by specific objectives. The objectives in the qualitative analysis were to explore previously identified issues, patterns, themes, and relationships in local LTCOP effectiveness. An inductive approach allows research findings to emerge

from the frequent, dominant or significant themes found in the quantitative data, without the restraints imposed by structured methodologies.

Qualitative Data

Content analysis of qualitative data focuses on a priori themes established in previous research (Estes *et al.*, 2001b; 2004b; 2006; IOM, 1995). Content was examined for the following themes: (1) program effectiveness, (2) adequacy of resources, (3) inter-organizational relationships, (4) program autonomy, and (5) systems advocacy. Each interview was coded using Atlas-ti, a qualitative data analysis program, as well as pencil and paper techniques. Direct quotations of local ombudsmen and informed respondents are utilized to substantiate and elucidate quantitative findings.

Quantitative Data

All quantitative data from local LTCOP survey interviews and NORS data were matched at the program level and entered into a data file to allow examination of survey responses and NORS objective data for local programs. SPSS 15.0, a statistical analysis program, was used for all analyses. Where entire populations of local LTCOPs were surveyed in both Georgia and California, we do not provide statistical tests because we are not attempting to generalize to a target population. The data are based on the total population of Georgia and California coordinators or program data and not a sample of these units. Similarly, although we only have a response rate of 78% of the population of local LTCOPs in New York, we did not sample the population and thus will rely on an inquiry of the non-responding programs rather than a statistical test of significance. A review of NORS data for missing programs can help explain what potential bias there may be in my findings.

Dependent Variable Measures

Program Effectiveness

Local LTCOP coordinators provided ratings of their program's efficacy in each of the five statutorily mandated activities: (a) complaint investigation/resolution; (b) resident/ family education; (c) community education; (d) monitoring laws/regulations; and (e) systems / policy advocacy on four-point Likert-type scales (0 = *very ineffective* to 3 = *very effective*). Though not providing an absolute criterion of program performance, this approach is consistent with existing research efforts in this topic area (Estes *et al.*, 2004b; IOM, 1995; Keith, 2001a, 2001b).

In addition to effectiveness in meeting mandated activities, local LTCOP coordinators were asked to report what activities they were able to conduct despite a lack of resources (measured on a Likert-type scale, 0 = *always unable* to 3 = *never unable*). Activities included, (a) resident and Family education; (b) community education; (c) monitoring relevant laws, policies and regulations; (d) systems advocacy; and (e) working with survey and certification agencies. (0 = *always unable* to 3 = *always able*).

Lastly, as training is crucial to LTCOP effectiveness, program coordinators were asked whether their training on various issues related to systems advocacy were above average, average, or below average. Dimensions along the types of training provided relevant to this study were, (1) handling conflicts of interest, (2) systems advocacy, and (3) monitoring relevant laws, policies, and regulations. Local LTCOP coordinators were also asked whether their training was provided often and regularly (Likert-type scale, 0=*strongly disagree* to 3 = *strongly agree*).

Systems Advocacy

Advocating for residents at the system level is integral to positive system change. Several questions addressed systems advocacy in addition to effectiveness measure of systems advocacy, activities local LTCOPs are (un)able to conduct, and training measures. Measures of systems advocacy include nine dichotomous items (0 = *No*; 1 = *Yes*): (1) insuring and protecting residents' rights; (2) working to preserve or enhance nursing home licensing or certification systems; (3) addressing issues related to investigations of abuse & neglect; (4) communicating on behalf of residents to the media; (5) communicating on behalf of residents to the legislators/lawmakers; (6) working with other elements of the LTC system; (7) educating specific community entities, for instance law enforcement, about the local LTCOP; (8) communicating on behalf of LTCOP funding; and (9) contributing to an overall 'state platform or priorities' for state wide or national advocacy campaign. Georgia local LTCOPs were also given an opportunity to provide qualitative responses to the following questions: What issues advocacy work has your local LTCOP participated in? What resources, assistance and/or support were crucial in your local LTCOP's ability to conduct these issues advocacy efforts? What issues advocacy work should your local LTCOP be doing? Are there any additional resources, assistance, and/or support that your local LTCOP needs to do this issues advocacy work? What obstacles or resistance has your local LTCOP encountered to conducting issues advocacy?

Independent Variable Measures

Adequacy of Resources

Resources are necessary for local LTCOPs to maintain a regular presence in LTC facilities (typically nursing homes and board and care facilities, but especially when services are extended into other types of LTC facilities like community living arrangements and intermediate care facilities for persons with mental retardation (ICFMRs)). Local LTCOP resources include both monetary and staffing factors, as well as perceptions about the adequacy of these resources. There are fifteen measures included under the category of adequacy of resources. From the NORS data number of (1) full time equivalent staff (FTE), (2) volunteers, (3) beds served, (4) facilities served, and (5) program budget were collected. NORS data were also used to calculate a series of six ratios: (6) LTC beds served per paid FTE staff, (7) LTC facilities served per paid FTE staff, (8) LTC beds served per volunteers, (9) LTC facilities served per volunteers, (10) volunteers per paid FTE staff, (11) budgeted dollar per LTC bed served, and (12) budgeted dollar per LTC facility served. The remaining measures of resources were based on coordinator survey responses to the questions, (13) Does your Local LTCOP have a sufficient amount of funding to carry out all of its state and federal Mandates, would you say, 'Yes' or 'No'? (14) In your best estimate, how much additional funding, if any, would be necessary on an annual basis, in order to enable your Local LTCOP to meet all mandated state and federal requirements (dollar amount and/or percent increase to current budget)? (15) Briefly describe, how you would prioritize the use of additional funds if they were available to your Local LTCOP?

The 1995 IOM report recommends the use of full time equivalent staff to bed ratios (beds/FTE) to evaluate the workload of programs. While this study utilizes the suggested ratio, limitations of this measure exist including the oversight of number of facilities served, types of facilities and residents served, program funding, volunteers, mandates not related to the number of beds served, (community education, monitoring laws, regulations, and policies, and systems advocacy), and additional state mandates. In accordance with the 1995 IOM's recommendation to evaluate adequacy of resources through the beds/FTE ratio, programs in each state were split by the median beds/FTE for comparison, creating a lighter workload group (fewer beds/FTE) and a heavier workload group (more beds/FTE). The median was used rather than the mean because of the skew of the data and for future comparative purposes in the following chapter. Recalculating the variable for the beds/FTE median of each state, we hope to capture state specific struggles. If the ratio total beds/total FTEs were used across states, what is perceived as a light workload in one state may not be in another due to differing state responsibilities and resources. Thus the range of beds/FTE in both the heavier and lighter workload groups will vary across states.

Constraints on Autonomy

Local LTCOP autonomy has been described as essential to the program's ability to fully engage in activities to represent LTC residents, including ability for an ombudsman to speak with media, policymakers and legislators, and to have independent legal counsel (Estes, *et al.*, 2004b; IOM, 1995). Autonomy also involves issues of 'conflicts of interest' (both real and perceived) which may impede a program's ability to engage in program related activities and may be associated with program placement.

While Georgia coordinators were asked about constraints on autonomy as a result of their host agency *and* the placement of the Office of the State Long Term Care Ombudsman, California and New York coordinators were only asked if they perceived their program to have sufficient autonomy to carry out the programs' duties and activities [Table 3.1]. Where possible, qualitative statements by coordinators will be used to identify what types or sources of constraints on autonomy they perceived.

Table 3.1: Program Autonomy Measures Administered in Georgia, California, and New York Local LTCOP Coordinator Surveys

Georgia	California & New York
To what extent do you agree with the following statement, your local LTCOP's host agency (or organizational placement) allows for sufficient autonomy to carry out the program's duties and activities, (would you say, Strongly Agree, Somewhat Agree, Somewhat Disagree, or Strongly Agree)?	To what extent do you agree with the following statement, your local LTCOP's has sufficient autonomy to carry out the program's duties and activities, (would you say, Strongly Agree, Somewhat Agree, Somewhat Disagree, or Strongly Agree)?
To what extent do you agree with the following statement, your local LTCOP encounters constraints on autonomy due to the organizational placement of the State Office of the LTC Ombudsman., (would you say, Strongly Agree, Somewhat Agree, Somewhat Disagree, or Strongly Agree)?	
Has your local LTCOP encountered any obstacles or resistance to conducting systems advocacy (yes/no)?	
Do you have any state laws, regulations, or agency agreements that conflict with the ability of your local LTCOP to carry-out its Federal and state mandates (yes/no)?	

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

To examine the effect of autonomy on perceived effectiveness and participation in systems advocacy, a dichotomous variable was created from the four measures of perceived program autonomy in Georgia and the two measures in California and New

York. The dichotomous variable separated programs that perceived any constraints on autonomy from those that did not.

Inter-Organizational Relationships

Effective relationships with other organizational entities are critical to the performance of local LTCOPs. Several measures were examined relating to local LTCOPs’ inter-organizational relationships, based on coordinator survey responses. Local LTCOP coordinators reported the extent to which there is a positive working relationship with other organizations (Likert-type scale, 0=*strongly disagree* to 3=*strongly agree*). Georgia local LTCOPs were asked about their working relationships with 11 organizations, where California and New York were asked about seven organizations [Table 3.2].

Table 3.2: Inter-Organizational Relationship Measures Administered in Georgia, California, and New York Local LTCOP Coordinator Surveys

Georgia	California & New York
Office of the State Long Term Care Ombudsman	
Elderly Legal Assistance Program	Legal Services
Community Care Services Program and/or Service Options Using Resources in Community Environments	
Citizens’ Advocacy Groups (CO-AGE)	Citizens’ Advocacy Groups
Area Agency on Aging	
Department of Family and Children’s Services	
Adult Protective Services	
Office of Regulatory Services	Licensing and Certification
GeorgiaCares	
Department of Mental Health, Developmental Disability, and Addictive Disease	
Law Enforcement	

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

While Georgia local LTCOP coordinators may have been asked about similar organizations as California and New York local LTCOP coordinators, the wording may have varied slightly.

In order to evaluate the effect of inter-organizational relationships Georgia, California, and New York local LTCOPs were split by the median of the summary score of relationship measures. The summary score in Georgia included all 11 relationship measures, whereas the summary score in California and New York only included the seven relationship measures included in their survey. Programs falling under the median of the summary score of inter-organizational relationships were placed in the poorer inter-organizational relationship group, while the better inter-organizational relationship group included programs falling above the median of the summary score.

Data Limitations

Cross-sectional Design

Cross-sectional design does not allow researchers to infer causal relationships among the variables examined. Data collected at a single point in time inhibits the assessment of changes in program performance over time. Further investigations employing longitudinal techniques may be warranted to examine and monitor changes over time.

Ombudsman Survey Participation

Participation in the local LTCOP survey was voluntary. Representatives from each of the programs were contacted directly by the research staff. As discussed above, New York data analyses are calculated findings based on a sample of 39 of 50 Programs. Despite repeated follow-up efforts, eleven (11) program coordinators in New York State

declined to participate in the local LTCOP survey, resulting in a participation rate of 78 percent. As such, no survey data was available from these programs and they were omitted in analyses. A 78 percent response rate is potentially indicative of a sampling bias; consequently, the generalizability of the findings is potentially limited.

NORS Data Validity

As noted in earlier studies (Estes *et al.*, 2004b; National Association of State Units on Aging [NASUA], 2000; OIG, 2003), the consistency of NORS data remains to be empirically demonstrated, particularly the uniformity with which local LTCOPs code specific complaint categories. We restrict the use of NORS data to broad categories (rather than exploring specific complaint categories) in order to minimize such threats. However, we did encounter irregularities and inconsistencies within the NORS dataset and made considerable efforts to reconcile or omit these variables. These concerns notwithstanding, NORS data has been acknowledged and utilized by other researchers as an important (and virtually the only national) annually updated data source of information regarding local LTCOPs across all states and territories. For the present study, NORS data, disaggregated to the local program level, provided valuable secondary data on local LTCOP characteristics and complaints and served to enhance the survey data, improving the validity of study findings.

Missing Data

Local LTCOP Survey Data

Missing data is evident from participating local LTCOPs in reference to various items. This occurred only rarely in the local LTCOP survey, and occurred most often if local LTCOP coordinators chose to skip or exercised their right to refuse to answer

particular questions. Rather than employ mean / median replacement methods, most analyses were carried out based on the number of responses to that variable.

Consequently sample sizes may vary from analyses to analyses. If more than one-third of data is missing on a measure or if sensitivity analysis reveals a necessity to replace missing data, estimation and imputation methods are utilized.

NORS Data

Similar to the survey data, when necessary, estimation and imputation methods were utilized to calculate selected missing NORS variables, including: program budget information, staff full-time equivalents (FTEs), and annual complaint estimates. For program budget information, imputations were based on review of programs with similar total bed and facility counts to estimate program budgets. Staff FTEs were estimated using FTEs of programs with similar total bed counts and program budget information. Annual Complaint Estimates were imputed only when data was available for that particular local program for at least 3 of 4 quarters. When data was available for three quarters, the average complaint rate was imputed for the missing quarter and used to estimate total complaints (and by facility type).

In addition to missing the 2003-2004 NORS data from seven programs, a number of limitations should be noted regarding the New York NORS data. Annual NORS data was not available in computerized format at the individual program level for New York State. The New York State Long Term Care Ombudsman Program made available to the research team the physical submitted quarterly reports from local programs for fiscal year (FY) 2002-2003 and later, when available, FY 2003-2004. Research team members manually reviewed all available quarterly reports. Data was extracted and compiled for

local programs and entered to a computerized format. In total, more than 5,000 pages of reports were individually hand reviewed by the research team. Several programs individually redesigned report formats and combined single quarterly reports into semi-annual reports, which complicated data extraction and entry.

Whenever possible, data irregularities were addressed by contacting individual program coordinators. Ultimately, most data from FY 2002-2003 was discarded due to serious data irregularities and extensive missing information. Retained data was individually reviewed by the research team. Data from FY 2003-2004, though also problematic, was comparatively better and data irregularities were easier to reconcile, as it was more current. Research staff encountered problems related to key variables including: complaint counts, complaint verification and disposition, local LTCOP staffing counts, program budgets, and LTC bed counts. Data pertaining to complaint verification and disposition had to be discarded due to irreconcilable reporting irregularities (for instance, verification or disposition rates exceeding cases handled). Complaint count irregularities were common (for instance, reported complaint totals did not equal summed complaint category totals). Data concerning staff full-time equivalents (FTEs) had to be estimated for some programs. Again, estimates were based on available information submitted by other similar sized local programs in the state. Unfortunately, for some programs no NORS data had been submitted for the FY 2003-2004 reporting period and as such had to be coded as missing.

Annual NORS data was provided in computer format for each individual program. Some irregularities were noted in the data, most commonly related to staff-FTE reports (for example, several programs reported zero FTEs). All discrepancies were

handled through communication with the Office of the State Long Term Care Ombudsman and supplemental data was provided to clarify the identified problem. If data for FY 2003-2004 was available, this data was entered to replace data for FY 2002-2003. Information pertaining to resident complaints, complaint counts and types of complaints, utilized FY 2002-2003 data.

The Georgia Office of the State Long Term Care Ombudsman provided Aging Information and Management Systems (AIMS) reports of NORS data. Reports provided covered the period of October 2005 to September 2006. In Georgia, we present basic descriptive statistics drawn from the local LTCOP coordinator survey (N=15) and Aging Information Management System data (N=12) provided by the Georgia Office of the State Long Term Care Ombudsman. While there are 15 local LTCOP coordinators in Georgia, there are only 12 provider service areas (PSAs). This discrepancy between the sources of data required the AIMS data for one PSA be split among two coordinators in two instances and the AIMS data for two PSAs be divided between three coordinators in another instance. Similarly, California survey analyses are based on a total sample of 34, as two programs operated as a single entity, under a single coordinator – data from these two programs were summed as appropriate. Again, a sensitivity analysis will be conducted to ensure that this treatment of the data did not compromise the measure.

Supplemental Ombudsman Questionnaire

The response rate to the supplemental local LTCOP questionnaire was lower than initial responses among both California and New York ombudsman coordinators, (N=25 and N=30 respectively). Because information related to several programs is not represented, findings from the supplemental local LTCOP questionnaire may not reflect

all local LTCOPs. Findings of the supplemental questionnaire are noted and should be interpreted cautiously.

Data analysis

During across-state comparisons, state mandates often presented challenges in the analysis. For example, California local LTCOPs are abuse investigators as well as reporters, and are expected to witness Advance Directives (advanced health care agreements). Similarly, Georgia local LTCOP work is not limited to elderly residents in nursing homes and personal care homes, residents in community living arrangements (CLAs) and intermediate care facilities for persons with mental retardation (ICFMRs) are also served. The challenge of monitoring the quality and safety of long-term care in Georgia is compounded not only by resident's diverse needs, but also by the fact that LTC residents are in four different types of settings. Particularly challenging in Georgia is the population of mentally ill and mentally retarded residents in Institutional Care Facilities for Persons with Mental Retardation (ICFMRs) and Community Living Arrangements (CLAs). Where necessary, these across-state and even within state differences are highlighted. Survey instruments were adjusted according to the idiosyncrasies of local LTCOPs in each state. While adjusting the survey instruments to fit state language and reflect primary issues of interest, these modifications limited the studies ability to compare across states.

Summary

LTC ombudsmen provide a valuable service to our community, they give voice to residents of LTC facilities and advocate for the health, safety and rights of some of society's most vulnerable citizens. As the populations living in LTC facilities continues

to rise with the profit margin of the LTC industry, the local LTCOP will be invaluable in mediating between the needs of residents and the demands for accumulation of the industry.

Through the literature, local LTCOP resources, autonomy and inter-organizational relationships are highlighted as major challenges to the local LTCOP's effectiveness. Best practices models, and systems advocacy on the local, state and national level are suggested to ease these challenges. However, little discussion can be found in the literature regarding the local LTCOP's use of systems advocacy in addressing the programs' most prominent challenges.

If systems advocacy is conducted, local LTCOPs often struggle on the individual program level with advocacy that should be done on the state or national level (Estes *et al.*, 2006). As found in previous studies, local LTCOPs often report being unable to conduct necessary duties as a result of inadequate resources (Estes *et al.*, 2006). It is likely that local LTCOPs in every state have similar struggles with the adequacy of their resources. Additionally, other local LTCOPs likely experience restrictions on their program autonomy; and although all local LTCOPs have different networks of organizations, they probably find establishing, building, and maintaining inter-organizational relationships difficult.

The local LTCOP as an organization struggles with boundaries, buffering and bridging strategies, modes of governance, legitimacy, institutional actors, transaction costs, their institutional environment, and the availability of resources. Organizational theory elucidates these challenges, the powers behind them and successful strategies to overcome them.

Systems advocacy is a local LTCOP response to addressing residents' issues beyond the individual level, and it requires analysis and strategies from Social Movement theories. Systems advocacy, like social movements, is dependent on resources (monetary, individuals, information, etc), and the political opportunity structures (political, economic, and cultural power) available to them. Social movement theory highlights the opportunities and threats in the local LTCOP's environment, as well as the best usage of those opportunities and response to threats. Through systems advocacy, the local LTCOP as an organization often finds itself in the midst of social movements (i.e. resident's rights, nursing home reforms, etc.). The work of Davis, McAdam, Scott and Zald (2005) on joining organizational theory and social movement theory will be particularly useful in examining the local LTCOP's role within past, present and future social movements.

The political economy framework and state theory remind us to examine the larger structural, political and economic pressures on the local LTCOP. To understand the challenges and systems advocacy of the local LTCOP, analysis of the age, class, gender, ability/disability, and race/ethnicity systems affecting the program are necessary. An understanding that many actors and organizations in the LTC environment are both political and economic stakeholders will emphasize the local LTCOP's powerful adversaries. As a legitimating function of the state the local LTCOP needs to recognize the contradictions of its work created by the accumulating functions of the state. The state's allocation of power, mediation between social classes and groups, and response to societal tension are important influences on the local LTCOP. Analysis of the hegemony of organizations and ideologies that affect the local LTCOP, the LTC system as a whole

and the residents' rights movement, will be important in understanding existing barriers to local LTCOP program effectiveness and ability to conduct systems advocacy.

Given this theoretical base, the systems advocacy of the local LTCOP and its major challenges can be explored giving new light to the past, present and future effectiveness of the program. With the improvement of systems advocacy in the LTCOP on the local, state and national level, may come increased resources, program autonomy, and positive inter-organizational relationships.

CHAPTER IV: GEORGIA CASE STUDY FINDINGS

This chapter presents findings related to Georgia local Long Term Care Ombudsman Programs' (LTCOP) resources, autonomy, and inter-organizational relationships (IORs). Only through a case study analysis can we examine the impact of particularities of the local LTCOPs on program effectiveness and particularly systems advocacy. I evaluate the issues of resources, autonomy, IOR and systems advocacy using multiple measures of perceived effectiveness, meeting previously identified best practices, and participating in activities. Data presented are drawn from the LTCOP coordinator survey (N=15) and the Georgia Aging Information Management System (Georgia's National Ombudsman Reporting System equivalent). As seen in the previous chapter, while the Georgia Aging Information Management System provided data by 12 provider service organizations, we were able to break down this data to match the areas served by each of the 15 LTCOP coordinators. As stated previously, no statistical tests will be presented as the universe of Georgia local LTCOP coordinators was surveyed. Quantitative findings will be highlighted by qualitative responses from Georgia's local LTCOP coordinators. This chapter addresses the research aim: How are Georgia local LTCOPs' systems advocacy efforts influenced by resources (funding, staff, volunteers, beds, and facilities), autonomy (constraints from local LTCOP host agency, state LTCOP, and/or conflicting mandates), and inter-organizational relationships (Area Agencies on Aging, citizen's advocacy groups, law enforcement, etc.)?

The chapter is broken down into two parts with the first section providing (1) overall descriptive statistics on resources, autonomy, and inter-organizational

relationships; (2) detail about the method by which the effect of resources, autonomy and inter-organizational relationships are measured; (3) comparisons of program characteristics by resource, autonomy, and inter-organizational relationship dichotomous variables, and (4) analysis of the relationships between resource, autonomy, and inter-organizational relationship measures. The second part of the chapter will provide descriptive statistics on the effectiveness and systems advocacy measures, followed by comparisons to determine the effect of resources, autonomy, and inter-organizational relationships on Georgia local LTCOP's perceived effectiveness and reported participation in systems advocacy.

Georgia Local LTCOP Resources

As stated previously, resources have been found to have an effect on the capacity and effectiveness of LTCOPs (IOM, 1995; Estes *et al.*, 2007; 2006; 2004b; 2001b). Local LTCOP resources include funding, staff, and volunteers as well as ratios of each by the number of beds and facilities served. Because of large variability in the size of local LTCOPs, service areas, and populations served both within and across states, adequacy of local LTCOP resources should be a measure of workload rather than raw numbers of resource variables. The 1995 IOM report recommends the use of full time equivalent staff to bed ratios (beds/FTE) to evaluate the workload of programs. While this study utilizes the suggested ratio, limitations of this measure exist including the oversight of number of facilities served, types of facilities and residents served, program funding, volunteers, mandates not related to the number of beds served, (community education, monitoring laws, regulations, and policies, and systems advocacy), and additional state mandates.

The following section will (1) present descriptive statistics of Georgia local LTCOP funding, staff, and volunteers, as well as the number of beds and facilities served, (2) explain the dichotomous variable created to compare local LTCOPs with heavier workloads (more beds/FTE) to those with lighter workloads (fewer beds/FTE), and (3) compare descriptive statistics of local LTCOPs by the dichotomous workload variable (beds/FTE).

Funding

Georgia local LTCOPs received a total of \$2,513,110 with local LTCOPs receiving anywhere from \$74,070 to \$724,501. Georgia local LTCOPs received a median of \$1,097 per facility served, and \$40.08 per bed served annually [Figure 4.1]. More than half (60%) of coordinators reported the need for additional funding in order to carry out all mandates, “More money for more staff to meet 100 percent of the components. Until we have 100 percent of the components met, we should not be asked to do a lot of extra stuff without some extra funding” (G42401). Georgia local LTCOPs are charged with meeting ten program components which are a compilation of state and federal mandates. Coordinators who reported a need for additional funding claimed to need an increase of anywhere from \$5,000 to \$720,000 per year, or a median 28 percent increase in funding (N=9). One coordinator expressed further concern of the volatility of LTCOP funding.

The program is always in danger of losing money.... We're never sure exactly what we are going to get. Rarely do we get more. The Older American's Act is in danger of losing over a million dollars, and that would affect all programs. If there are changes in the budget for my program, I would be in danger of losing the only staff person I have. (G42401)

Table 4.1: Georgia Local LTCOPs Funding

	N	Range	Mean	Median
Budget	15	\$650,432	\$167,540.67	\$114,345.00
Budget/ Bed	15	\$48.50	\$39.68	\$40.08
Budget/ Facility	15	\$1,636	\$1,271.03	\$1,096.65

Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006

Note: Ratios are of the median number of each case rather than the median of the sum of all cases, thus dividing the median number of beds by facilities listed above will not provide the same median ratio provided in the table under beds/FTE.

When asked how they would prioritize the use of additional funding, Georgia local LTCOPs were most likely to want to increase FTE staff (N=9), and travel reimbursement (N=8). Only one coordinator reported that they would direct the funding toward increasing the number of volunteers, expanding training, or conducting systems advocacy.

Staff and Volunteers

Local LTCOP coordinators in Georgia have considerable tenure and experience, reporting an average of 13.1 years in their current position. One coordinator noted the importance of tenure in maintaining relationships.

We worked really hard to develop a good relationship with [the licensing and regulatory agency]. The director here has been in her position a long time and since I have been here 15 years, we have been working together for a long time and developed a respect for each other. It's great to have a good rapport and they are very responsive. It works very well. (G50101)

Table 4.2: Georgia Local LTCOP Staff and Volunteers

	N	Range	Mean	Median
FTE	15	10.25	3.08	3.00
Total Volunteers	15	25.00	7.67	2.00
Certified Volunteers	15	6.00	.47	.00
Certified Volunteers/FTE	15	.52	.09	.00

Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006

Note: Ratios are of the median number of each case rather than the median of the sum of all cases, thus dividing the median number of beds by facilities listed above will not provide the same median ratio provided in the table under beds/FTE.

Georgia local LTCOPs have a median of three paid program staff (FTEs) and a state-wide total of 46.25 FTEs [Figure 4.2]. One coordinator further expressed the importance of staff turnover,

The staff that we have here, we've had a low turnover rate... so there's a consistency, and with that consistency is our ability to resolve the issues and to prioritize how we do things. I think that is the biggest reason that we do as much as we do; we are well known. I think that might be the key, education and that is the key. (G42501)

However, another coordinator noted the difficulty in retaining staff with limited program resources, and high job qualification.

The one thing this program needs is additional funding. The majority of us believe that dealing with volunteers is not the answer to all problems. Policies ask for four years of college for coordinators, two years for staff and a certain amount of pay, but they don't give us the money to do what they ask us to do; the required starting salaries and benefits programs that we don't have the money for. (G42401)

Georgia local LTCOPs have a state-wide total of 115 volunteer/unpaid staff which includes volunteer visitors and other volunteers in addition to certified volunteers. When looking specifically at the ratio of certified volunteers to paid FTE staff, Georgia is extremely low with only seven certified volunteers in the state, six of whom are in the Atlanta area, and a state-wide average of .09 certified volunteers to one paid FTE staff. All Georgia local LTCOPs fall short of meeting the minimum recommended IOM standard of 20 certified volunteers to one paid FTE staff (1995). “We just have too much to do, there's no time to recruit or to train them. It's a catch 22; if you had volunteers you wouldn't have so much to do because they could do some of it” (G51501). Several coordinators suggested the placement of a volunteer coordinator either at the local or the regional level to address the shortage of volunteers; “One FTE or at least a part time

employee dedicated strictly to recruiting, training and retaining volunteers; I think that's what's missing. We can't dedicate enough time to it. I guess the Atlanta program has a volunteer ombudsman person, a paid employee that that is her only duty, and they have a lot of volunteers” (G42701). Few Georgia local LTCOP coordinators strongly agree that their local LTCOP had a sufficient number of paid FTE staff (6.7%), and a sufficient number of unpaid/volunteer staff (13.3%).

Facilities and Beds

Georgia local LTCOPs are state mandated advocates of residents of intermediate care facilities for people with mental retardation and community living arrangements in addition to the federal mandate to serve nursing home and board and care homes (which in Georgia are referred to as personal care homes). Georgia local LTCOPs serve a median of 3,615 beds in 114 facilities [Table 4.3]. There is wide variability in beds and facilities served by each program as can be seen by the range.

Table 4.3: Characteristics of Georgia Local LTCOPs, Facilities, and Beds

	N	Range	Mean	Median
Beds	15	1193.66	4,619.80	3,615.00
Facilities	15	931.00	167.07	114.00

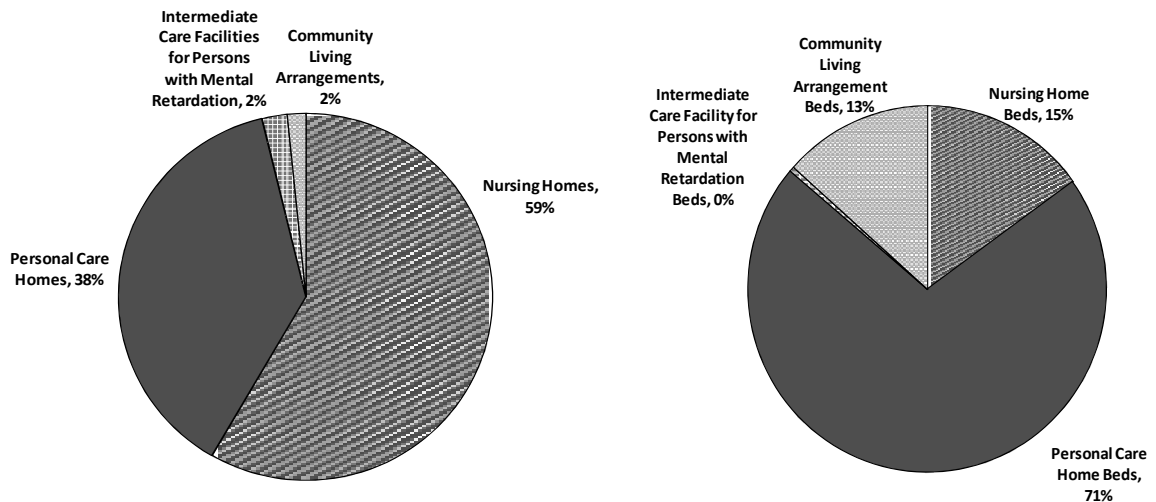
Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006

Of the total facilities served by Georgia local LTCOPs, 38 percent are personal care homes, while 71 percent of beds served are located in personal care homes [Figure 4.4]. Many coordinators expressed frustration with their intermediate care facility for people with mental retardation and community living arrangement work, and often referred to the debate around a mental health ombudsman that was legislated but not funded.

With nursing homes and personal care homes, we're good, we're in there, the residents know us, the contact information is up and we go out more frequently as needed. For intermediate care facilities for people with mental retardation and community living arrangements, frankly, I don't feel like we should be serving those. There is the mental health ombudsman issue in Georgia. Probably because our program is really overloaded with those, we really feel like it is imperative that we get that mental health ombudsman position funded, and that person serves that population instead of our program. We need to go back to our original mandate of serving our original target population, which are the elderly and disabled. (G51501)

This mission creep of state requirements to serve additional facility types and residents than are mandated through the Older American's Act could possibly be a major cause of resource shortages. Later analysis of difference in state mandates of Georgia, California, and New York local LTCOPs will aid in the evaluation of the effect of mission creep on program perceived effectiveness and reported participation in systems advocacy.

Figure 4.4: Proportion of Types of Facilities and Beds Served by Georgia Local LTCOPs (N=15)



Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006

If a mental health ombudsman program were funded to serve intermediate care facilities for people with mental retardation and community living arrangements, Georgia local

LTCOPs would be alleviated of 13 percent of the facilities and 3.8 percent of the beds they currently serve and an average of 13 percent of the time they reported spending in those facilities.

Workload

As previously stated, the most commonly used measure of the adequacy of local LTCOP resources is the ratio of bed served per full time equivalent staff (beds/FTE) (IOM, 1995). Georgia local LTCOPs served a median of 45 facilities/FTE staff, and 1,407 beds/FTE [Table 4.5]. Only two programs had a workload exceeding the IOM (1995) recommended program standard of serving no more than 2,000 beds/FTE [Figure 4.6].

Table 4.5: Georgia Local LTCOP Workload

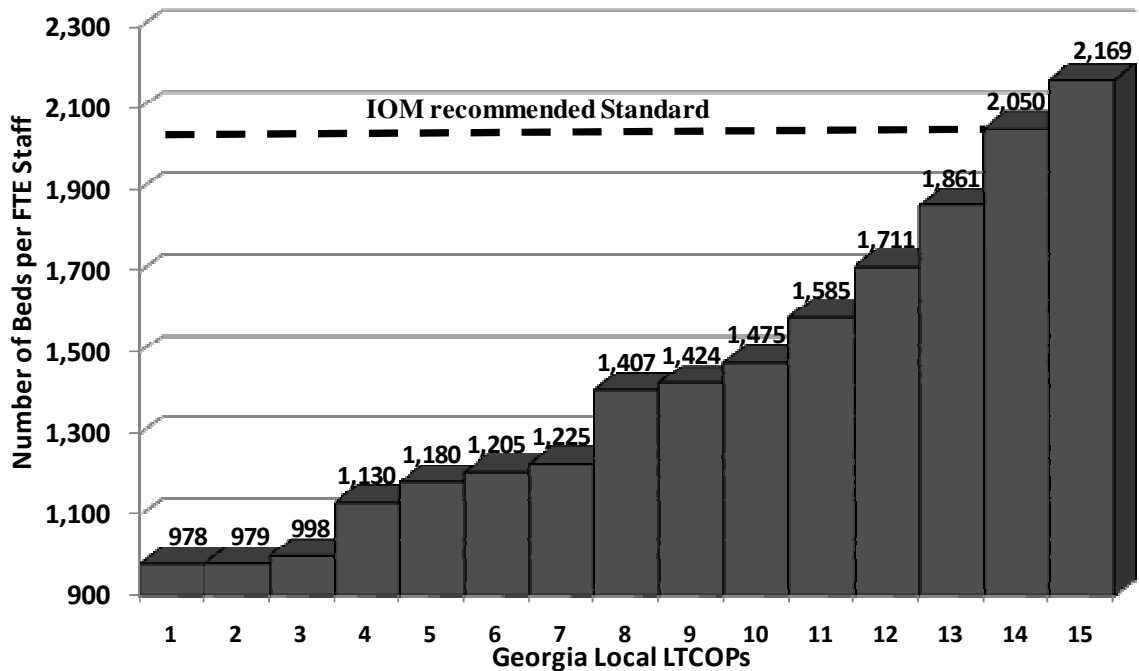
	N	Range	Mean	Median
Beds/FTE	15	1,190.40	1,425.16	1,407.25
Facilities/FTE	15	62.99	47.04	44.86

Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006
 Note: Ratios are of the median number of each case rather than the median of the sum of all cases, thus dividing the median number of beds by facilities listed above will not provide the same median ratio provided in the table under beds/FTE.

Georgia local LTCOPs are state mandated to meet routine visits to facilities, with requirements varying depending on the facility type (i.e. nursing homes once every month). One coordinator noted her heavy workload when asked about the state mandated and facility- specific number of routine visits. “I am one ombudsman for five counties. Due to the lack of resources, it is very difficult to *meet all* of the required program components. Not having sufficient time to put in the time, especially with the routine visits” (G50702). Nearly three quarters of coordinators (70%) who reported needing additional resources also said they would prioritize the increased funds to hire new staff. As seen earlier, while a majority of beds are in NHs, making visiting many residents at

once possible, Georgia LTCOPs serve many small personal care homes stretching their resources with increased travel time and less productivity. One coordinator reported that there was “...not enough time or resources to spend adequate time conducting more thorough facility visits” (G50702). This Georgia-specific finding exemplifies the limitations of the beds/FTE ratio as a measure of workload. Not only are Georgia local LTCOPs spread across more facilities, they are charged with advocating for diverse resident populations with varying capacity and need.

Figure 4.6: Ratio of Georgia Long Term Care Beds (in all Facilities) to Full-Time Equivalent (FTE) Staff (N=15)



Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006

In accordance with the 1995 IOM’s recommendation to evaluate adequacy of resources through the beds/FTE ratio, the data were split by the median beds/FTE for comparison. The median was used rather than the mean because of the skew of the data and for future comparative purposes in the following chapter. Program characteristics

were run by the beds/FTE (workload) split to evaluate how the programs in each group might further differ.

Program Characteristics

Georgia programs with heavier workloads (more beds/FTE) had similar raw numbers of beds and facilities [Table 4.7]. Programs with heavier workloads reported fewer complaints per bed and facility, leading to questions of whether workload negatively affects Georgia local LTCOP’s ability to conduct basic complaint investigation work.

Table 4.7: Effect of Resources on Median Differences of Program Characteristics in Georgia Local LTCOPs

Median Program Characteristics		N	Lighter Workload	N	Heavier Workload
	Beds	8	3,646	7	3,421
Facilities	8	105	7	114	
FTE	8	3.00	7	2.00	
Beds/FTE	8	1,155	7	1,711	
Facilities/FTE	8	35	7	57	
Certified Volunteers	8	0.00	7	0.00	
Complaints	8	301	7	239	
Complaints/Bed	8	0.10	7	0.06	
Complaints/Facility	8	3.36	7	1.93	
Budget	8	\$132,866	7	\$94,073	
Budget/Bed	8	\$41.78	7	\$32.91	
Budget/Facility	8	\$1,311	7	\$895	

Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

Another explanation could be that programs with heavier workloads are more selective about the complaints that they report, essentially triaging complaints in order to balance their workload. Programs with heavier workloads also had a lower budget even when considering the ratio of dollars and complaints per bed and facility, and served about 20

more facilities/FTE than those with a lighter workload. This finding implies collinearity across measures of resources (funding ratios, as well as facility ratios) with the workload measure (beds/FTE).

Given these findings, a lack of multiple resources may simultaneously affect Georgia local LTCOPs, effectively exacerbating their heavy workload. An important follow up question to these findings to be explored in the next chapter concerns the effects of other resources (Raw numbers of FTEs, volunteers, funding, and beds and facilities served as well as ratios of resource variables by beds and facilities served) on programs already strained with heavier workloads (as measured by beds/FTE).

After a review of autonomy and inter-organizational relationships, and state specific detail on perceived effectiveness and reported participation in systems advocacy, the proportions of coordinator responses on effectiveness and systems advocacy measures will be compared by workload to assess the effects of resources on them.

Georgia Local LTCOP Autonomy

As reviewed earlier in this paper, perceived conflicts or constraints can be just as debilitating for local LTCOPs as actual conflicts or constraints (IOM, 1995). Several measures of program autonomy were included in the local LTCOP coordinator survey, including direct questions about constraints on autonomy from one's host agency or as a result of the placement of the Office of the State Long Term Care Ombudsman, conflicts with state laws, regulations, or agency agreements, and affiliation with host agencies known to restrict program autonomy. The following section will (1) present descriptive statistics on Georgia local LTCOPs' responses on autonomy measures, (2) explain the dichotomous variable created to compare Georgia local LTCOPs that reported constraints

on program autonomy with those that did not, and (3) compare program characteristics of Georgia local LTCOPs by the dichotomous autonomy variable.

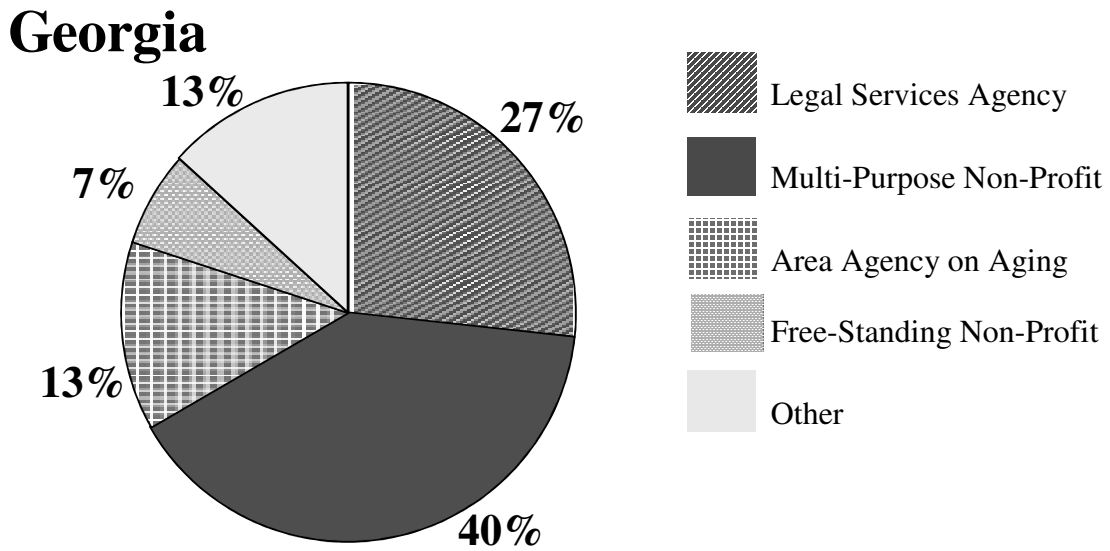
Constraints

A majority of coordinators strongly agreed that their host agency allows for sufficient autonomy (92.3%). However, some coordinators verbalized host agency constraints on conducting systems advocacy, “our limitations are those limitations faced by the legal services corporation on lobbying and legislative advocacy, however, the state ombudsman is a registered lobbyist in Georgia, other than that there are few limitations” (G42701). Furthermore, 67 percent of coordinators strongly disagreed that there were constraints on LTCOP autonomy due to the placement of the Office of the State Long Term Care Ombudsman. One coordinator who perceived constraints on autonomy stemming from the placement of the Office of the State Long Term Care Ombudsman stated, “our state office is housed with the Office of Regulatory Services and all the other aging programs and sometimes it poses a conflict” (G50301). Another coordinator recollected an attempt to alleviate limitations placed on the Office of the State Long Term Care Ombudsman limitations, “being housed in the state aging division places political constraints on the state ombudsman, we have had formal meetings in the past to discuss this issue but most of the participants of those meetings are state employees and I don't feel that those actually found that conflict. We were outnumbered” (G42701). The majority of coordinators (86.7%) reported having no state laws, regulations, or agency agreements that conflict with their ability to carry-out Federal and state mandates.

Host Agency

The largest proportion of Georgia local LTCOPs was hosted by multi-purpose, non-profit agencies, followed by Legal Service Agencies [Figure 4.8]. Two programs were located in Area Agencies on Aging and another two chose other to categorize their host agency. Only one program identified as freestanding, non-profit. Three coordinators (20%) reported having had a change in their host agency in the last five years. The majority of coordinators (76.9%) strongly agree that their local LTCOP is recognized as a priority by their host agency.

Figure 4.8: Proportion of Georgia Local LTCOP’s Host Agency Affiliations (N=15)



Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

Legal Service Agencies and Area Agencies on Aging are thought to represent a potential or actual conflict with LTCOPs over systems advocacy work. While legal service agency restrictions are the result of limitations posed by their funders, Area Agencies on Aging may impede systems advocacy work through extensive bureaucratic approval processes or by virtue of their political or service provider connections. Other

times the LTCOP's position or advocacy work are in conflict with the priorities or what is considered beneficial for the host agency. While Legal Service Agencies may restrict autonomy, one coordinator cited the many ways their legal services host agency assisted their LTCOP,

Our host agency provides legal back up for resident issues and ombudsman issues. LTCOP coordinator attends monthly management meetings. The host agency provides legal advice to ombudsman in the field when necessary. The host agency actively pursues funding for the program from many different funders for ongoing support and special projects. (G42701)

Because of the variability of perceived constraints across host agencies, it is thought that the use of host agency measures to evaluate constraints on autonomy would not be informative. Similarly, dispersion of local LTCOPs across different host agencies varied widely across states making evaluation and comparisons difficult.

To examine the effect of autonomy on perceived effectiveness and participation in systems advocacy, a dichotomous variable was created from four measures of perceived program autonomy:

1. To what extent do you agree with the following statement, your local LTCOP's host agency (or organizational placement) allows for sufficient autonomy to carry out the program's duties and activities, (would you say, Strongly Agree, Somewhat Agree, Somewhat Disagree, or Strongly Agree)?
2. To what extent do you agree with the following statement, your local LTCOP encounters constraints on autonomy due to the organizational placement of the State Office of the LTC Ombudsman., (would you say, Strongly Agree, Somewhat Agree, Somewhat Disagree, or Strongly Agree)?
3. Do you have any state laws, regulations, or agency agreements that conflict with the ability of your local LTCOP to carry-out its Federal and state mandates (yes/no)?
4. Has your local LTCOP encountered any obstacles or resistance to conducting systems advocacy (yes/no)?

The dichotomous variable separated programs that perceived any of the above constraints on autonomy from those that did not. Program characteristics of the groups created by the dichotomous autonomy variable are examined below.

Program Characteristics

Georgia local LTCOP coordinators who reported constraints on autonomy were typically in larger programs in terms of having higher median number of beds and facilities, and a heavier workload (beds/FTE) than programs that perceived autonomy [Table 4.9]. Although programs reporting constraints on autonomy reported more complaints, the ratio of complaints per bed and per facility did not differ substantially across groups. Similarly, although the budgets were higher for programs reporting constraints, when considering the number of beds and facilities served, the difference across groups is not substantial.

Table 4.9: Effect of Autonomy on Median Differences of Program Characteristics in Georgia Local LTCOPs

Program Characteristics	N	Constraints	N	No constraints
Beds	8	3,688	7	3,615
Facilities	8	115	7	94
FTE	8	2.50	7	3.00
Beds/FTE	8	1,441	7	1,225
Facilities/FTE	8	41	7	45
Certified Volunteers	8	.00	7	.00
Complaints	8	313	7	227
Complaints/Bed	8	.08	7	.08
Complaints/Facility	8	2.43	7	2.41
Budget	8	\$122,215	7	\$114,345
Budget/Bed	8	\$40.66	7	\$39.72
Budget/Facility	8	\$1,301	7	\$1,089

Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

Returning to the discussion of potential relationships between host agencies and program autonomy, these two measures were explored. Of the coordinators that reported constraints on autonomy three were housed in Legal Service Agencies and five were housed in multi-purpose non-profit agencies. No programs housed in Area Agencies on Aging reported constraints on autonomy. Three (75%) out of the four Legal Services Agency affiliated Georgia local LTCOPs, and five out of six (83.3%) of the multi-purpose non-profit agencies reported constraints on autonomy.

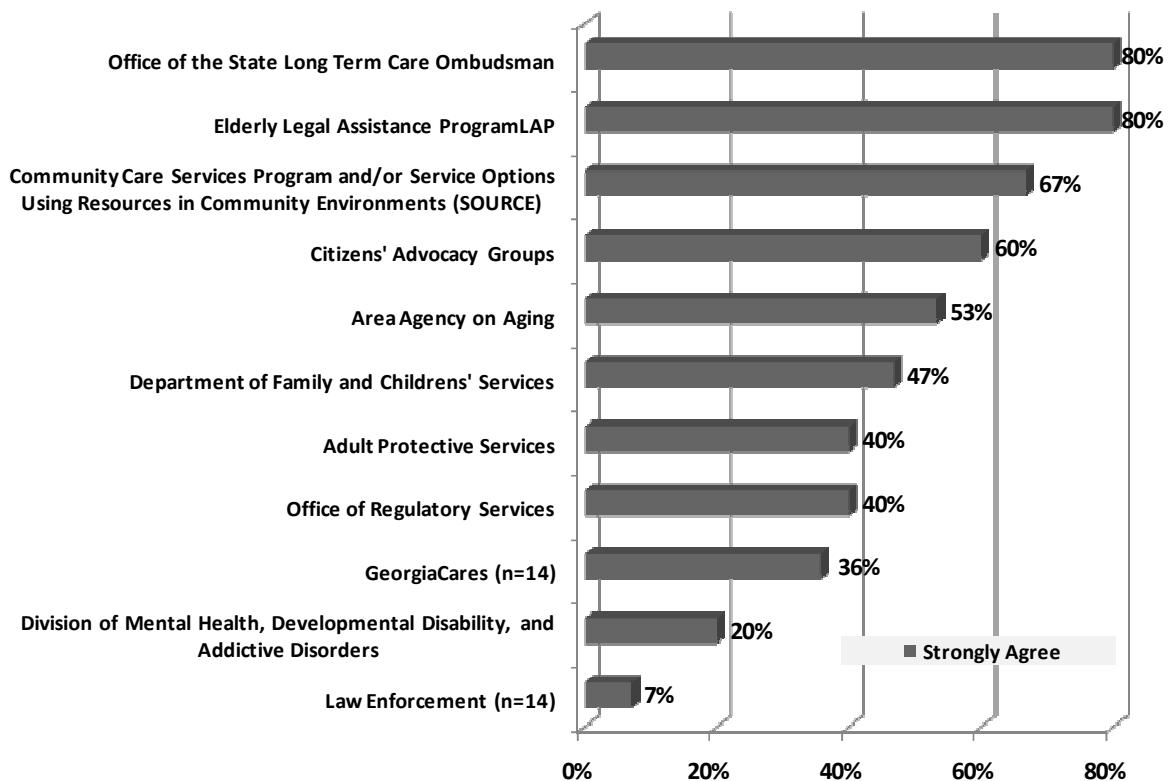
Georgia Local LTCOP Inter-Organizational Relationships

LTCOPs interact with a multitude of organizations in numerous ways for a variety of reasons. Such organizations include State Units on Aging, Area Agencies on Aging, departments of health, divisions of licensure and certification, Adult Protective Services, law enforcement, legal services agencies, and citizens' advocacy groups (IOM, 1995, p. 66). As supported in Social Movements literature, inter-organizational relationships are integral to successful advocacy (Scott, 2004; Laumann & Knoke, 1987; Powell *et al.*, 1996). The following section will (1) present findings on Georgia local LTCOPs' relationships with other organizations; (2) explain the dichotomous variable created to compare Georgia local LTCOPs with poorer or better inter-organizational relationships, and (3) compare descriptive statistics of Georgia local LTCOPs by the inter-organizational relationship dichotomous variable.

The majority of Georgia local LTCOP coordinators strongly agreed that they had a positive working relationship with other organizations, with the Office of the State Long Term Care Ombudsman Program and GeorgiaCares receiving the highest ratings [Figure 4.10]. In states that have local LTCOPs as well as state LTCOPs (as in Georgia,

California, and New York), a positive working relationship between the two programs may mean better resources, information, and networking for local LTCOPs. “We have a great state office. Easily accessible, very knowledgeable, they will answer every question you have, great resource, very helpful. I’ve been through several state offices and this one is the best” (G51601).

Figure 4.10: Proportion of Georgia Local LTCOP Coordinators that Strongly Agreed That They Had a Positive Working Relationship with Other Organizations (N=15)



Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

While most coordinators strongly agreed that they had a good working relationship with Area Agencies on Aging, one coordinator noted particular challenges in working with the agency,

Our Area Agency on Aging is located far away and they have a lot of staff turnover. When we get a new program manager out of their office they

don't understand our role and we have to re-explain what it is. They are intrusive and want to come watch in-services. We already have all of that oversight from the state office and it is kind of a bother. There is so much about what we do that we can't share with them, like if they receive a complaint and give it to us, but we don't respond. There is not a lot we can tell them because of patient confidentiality. We can't share things with them.... They are removed from us. I wish we had a straight line from us to the state office. (G50101)

Another coordinator reported difficulty in their collaborations with the Office of Regulatory Services (Georgia's licensure and regulatory agency),

I write out my complaints instead of verbally giving them to the complaint intake worker over the phone because she doesn't write down everything verbatim. It's kind of like that game where you tell one person something, they tell someone else and by the time it get around it ends up nothing like the complaint itself. They only get a fraction of what I say. (G50301)

Despite coordinators reporting a lack of resources to conduct systems advocacy, relationships with citizen's advocacy groups were generally positive. The Georgia Council on Aging (CO-AGE) was often noted as a source of support in conducting systems advocacy, "We really stay up on all of the legislation they are sponsoring, and support that legislation with advocacy through legislators, family councils, and nursing homes. The Council on Aging has also picked up several ombudsman recommended legislations" (G50101). Another ombudsman provided more detail in describing their work with the Council on Aging,

We participate in most of their activities and some of their priorities have been directly related to ombudsman work. They have been successful legislatively for our residents and for the ombudsman program. They were most helpful in getting the personal needs allowance increased in Georgia, and a couple of years ago in restoring some funding that were cut from the ombudsman program. (G42701)

Georgia coordinators were least likely to strongly agree that they had a positive relationship with the Division of Mental Health, Developmental Disabilities, and Addictive Diseases (66.7%), law enforcement (71.4%), and Adult Protective Services (80%). Georgia's state Adult Protective Services office was until recently housed in the Department of Family and Children's Services. With the moving of Adult Protective Services into the Department of Aging Services, came a new telephone abuse reporting system. Several coordinators cited difficulty with the new system as a barrier to developing a positive working relationship with Adult Protective Services.

They used to be housed with Department of Family and Children's Services, and you could call them directly and get help quicker. Now, since they are in the Division of Aging Services, and we thought it would help. To me, you can't call the Adult Protective Services worker anymore you have to call the complaint number. I would say 50 percent of the time, they have gone home. I have to keep calling or figure out how to take care of the complaint myself. In my facility, we have the area Adult Protective Services worker, but now they say you have to call the state office. We don't have time to keep calling. The LTCOP especially should be able to work directly with Adult Protective Services without having to go through the complaint line. We were put in the pot like everybody else, and we're not like everybody else. (G42401)

Similarly, many coordinators reported difficulty in working with law enforcement agencies often citing large numbers of law enforcement agencies, or a disconnect in understanding of LTCOP work.

We set up multi-disciplinary task forces, but it is hard to get them involved and to come to meetings. We cover many counties all of those counties have a sheriff's department. In those counties there are many small cities with police departments and they are just not familiar with the ombudsman program until we have direct contact with them. They don't really understand the ombudsman program. Some of our bigger counties are like that... we come in contact with them for case work or Seniors and Law Enforcement Together (SALT) councils and community educations, but none of them really know what the ombudsman program is. (G51601)

One Georgia coordinator simply stated their low rating of their relationship with the Division of Mental Health, Developmental Disabilities, and Addictive Diseases, “Their system is so messed up. They don't even know who's in charge. It is so hard to navigate that system, it's a nightmare. When you finally do get the person you need to work with... we work together to get things taken care of. But they're just a mess” (G50101).

In order to evaluate the effect of inter-organizational relationships, Georgia local LTCOPs were split by the median of the summary score of the 11 inter-organizational relationship measures. Program characteristics of the groups created by the dichotomous inter-organizational relationship variable are examined below [Table 4.11]. Programs falling under the median of the summary score of inter-organizational relationships are in the poorer inter-organizational group, while the better inter-organizational group includes programs falling above the median of the summary score.

Program Characteristics

Coordinators that reported better working relationships were typically in larger programs with more beds and facilities, although they reported a lighter workload (fewer beds/FTE) [Figure 4.11]. Similarly, although Georgia local LTCOPs with better relationships reported more complaints, these differences were largely mediated by the number of beds and facilities served. Programs with poorer relationships also had smaller budgets, even after factoring in the number of beds and facilities served.

Table 4.11: Effect of Inter-Organizational Relationships on Median Differences of Program Characteristics in Georgia Local LTCOPs

Program Characteristics	N	Poorer IORs	N	Better IORs
Beds	7	2,711	8	3,816
Facilities	7	93	8	128
FTE	7	2.00	8	3.25
Beds/FTE	7	1,711	8	1,215
Facilities/FTE	7	57	8	40
Certified Volunteers	7	.00	8	.00
Complaints	7	219	8	352
Complaints/Bed	7	.08	8	.09
Complaints/Facility	7	2.16	8	2.70
Budget	7	\$90,990	8	\$157,234
Budget/Bed	7	\$33.85	8	\$40.66
Budget/Facility	7	\$959	8	\$1,157

Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

Before assessing the effects of resources, autonomy and inter-organizational relationships on perceived effectiveness and participation in systems advocacy, the potential for confounding relationships between predictive variables will be explored.

Relationships between Measures

Examining the relationship between workload (beds/FTE), autonomy, and inter-organizational relationships is necessary to build the confidence in later findings around these measures. Potentially confounding predictive measures will be noted and taken into consideration later in analysis.

Georgia Local LTCOP Resources and Autonomy

Overall, the summary measure of Georgia local LTCOP autonomy did not differ significantly by workload. However, one specific measure did differ; programs with heavier workloads were 30 percent more likely than programs with lighter workloads to

report encountering any obstacles or resistance to conducting systems advocacy work.

Also examined was the host agency of programs by workload. Programs within Area Agencies on Aging were likely to have lighter workloads, while Georgia local LTCOPs in Legal Service Agencies and free-standing non-profit LTCOPs typically had heavier workloads.

Georgia Local LTCOP Autonomy and Inter-Organizational Relationships

Georgia local LTCOPs that perceived no constraints on autonomy reported better working relationships with the Office of the State Long Term Care Ombudsman Program, Area Agencies on Aging, Licensing and Regulatory Agencies, Adult Protective Services, law enforcement, Legal Service Agencies, citizen's advocacy groups, GeorgiaCares, and the Division of Mental Health, Developmental Disabilities and Addictive Diseases. The overall average rating of relationships across all organizations was better for programs with no constraints than programs that perceived constraints on autonomy. Programs in Legal Service Agencies were varied in their overall ratings of inter-organizational relationships. Programs within Area Agencies on Aging had more positive relationships, whereas free-standing and multi-purpose non-profit housed LTCOPs tended to have poorer inter-organizational relationships.

Georgia Local LTCOP Resources and Inter-Organizational Relationships

Splitting the data by workload showed different levels of positive relationships depending on the organization. Programs with lighter workloads reported better relationships with Area Agencies on Aging, Adult Protective Services, law enforcement, citizen's advocacy groups, Community Care Services Program and/or Service Options Using Resources in Community Environments (SOURCE), Department of Family and

Children's Services, GeorgiaCares, and the Division of Mental Health, Developmental Disability and Addictive Disease. On the other hand, programs with heavier workloads reported slightly better relationships with the Office of the State Long Term Care Ombudsman, licensing and regulatory, and legal services agencies including the Georgia Elderly Legal Assistance Program. Returning to the type of host agencies affiliated with programs with heavier workloads (legal service agencies were likely to have heavier workloads), the positive relationships with legal service agencies may be more reflective of their close working proximity with those programs than their workload.

The following section will provide descriptive statistics on the effectiveness and systems advocacy outcome measures, followed in each section by comparisons to assess the effects of resources, autonomy, and inter-organizational relationships on program's perceived effectiveness and reported participation in systems advocacy.

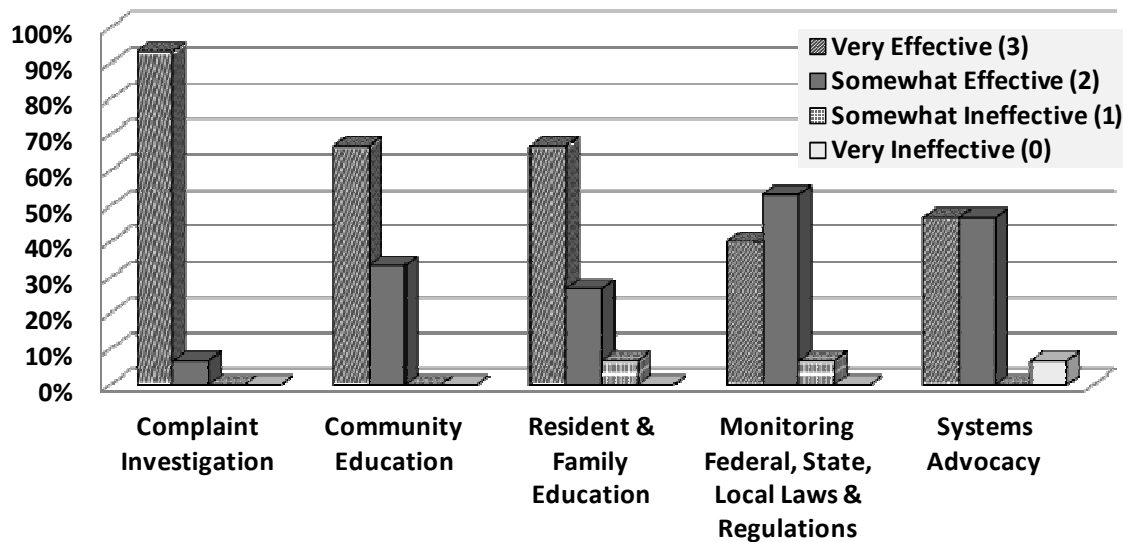
Georgia Local LTCOP Effectiveness

Several measures of program effectiveness were taken through the Georgia local LTCOP coordinator interviews. Coordinators were asked about their effectiveness in (1) meeting each of their five mandated activities, (2) serving the four different types of facilities, (3) their ability to conduct certain activities related to systems advocacy, and (4) adequacy of training relevant to systems advocacy work. The following section will describe the overall effectiveness findings of the Georgia study followed by an analysis of the effect of resources, autonomy and inter-organizational relationships on perceived effectiveness. Broad measures of effectiveness will be evaluated with a special emphasis on those relevant to systems advocacy. Qualitative data will expand on the quantitative findings, giving more depth and certainty to the analysis.

Mandates

Georgia coordinators were highly likely to rate their local LTCOPs as very effective in handling complaint investigation, but were less likely to say the same about their effectiveness in monitoring laws, regulations, and policies and systems advocacy [Figure 4.12]. One coordinator expressed indifference about their role in meeting mandates other than complaint investigation, stating that the LTCOP’s mission was “...to visit the LTC facilities and residents, and advocate to resolve their problems or complaints. All the other stuff is superfluous” (G42401).

Figure 4.12: Proportion of Georgia Local LTCOP Coordinators that Rated their Programs as Very Effective in Meeting Specific Federally Mandated Requirements (N=15)



Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

Another coordinator stated that their need to triage their work can exclude some mandated activities, “[I need] more hours in the day, more time because it is one of the lower priorities of things we have to do, so the advocacy has to be squeezed in” (G50202).

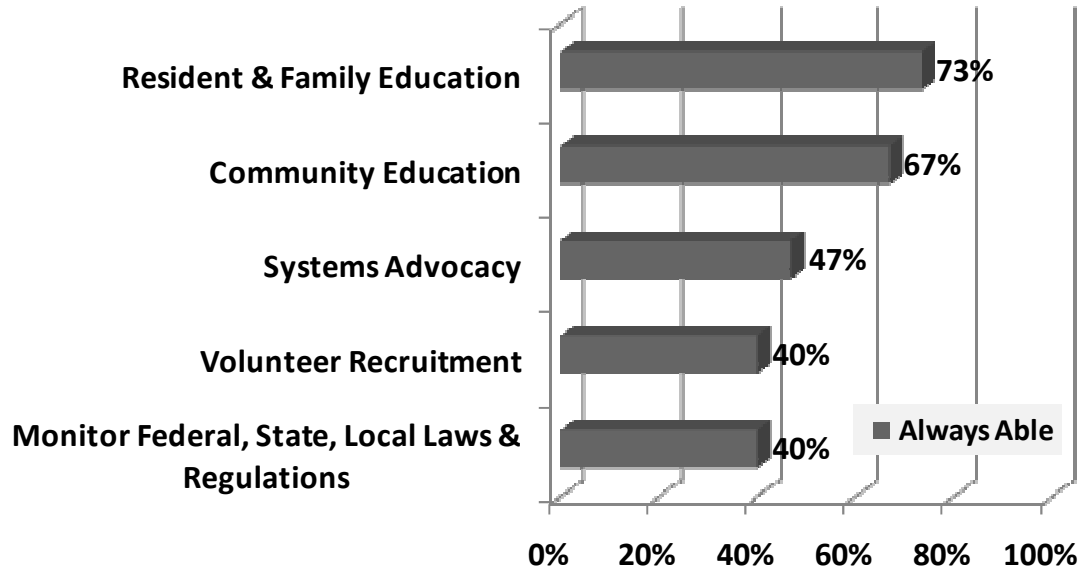
Facilities

The majority of coordinators rated their LTCOP's effectiveness in both nursing homes and personal care homes as very effective. In contrast, more coordinators rated their LTCOP as only somewhat effective or ineffective in serving intermediate care facilities for people with mental retardation and community living arrangements, which is a state imposed mandate. Differences in resident capacities and numbers of facilities played into coordinator's perceived effectiveness in facility settings. "We cannot meet personal care home and community living arrangement mandates because of the number of facilities in our county area. With intermediate care facilities for people with mental retardation and community living arrangements, the population is much less able to communicate with us and there is less involvement of family" (G42701).

Activities

Coordinators were asked what activities they were unable to perform as a result of a lack of resources. Due to the skewed responses on this measure (most coordinators reported being able to conduct activities) Figure 4.13 displays the proportion of coordinators that reported being always able to conduct the activities listed. Systems advocacy, and monitoring federal, state, local laws and regulations were least likely to be reported by coordinators as activities their LTCOP was always able to perform despite their reported lack of resources or funds.

Figure 4.13: Proportion of Georgia Local LTCOP Coordinators that were Always Able to Conduct Activities Related to Systems Advocacy (N=15)

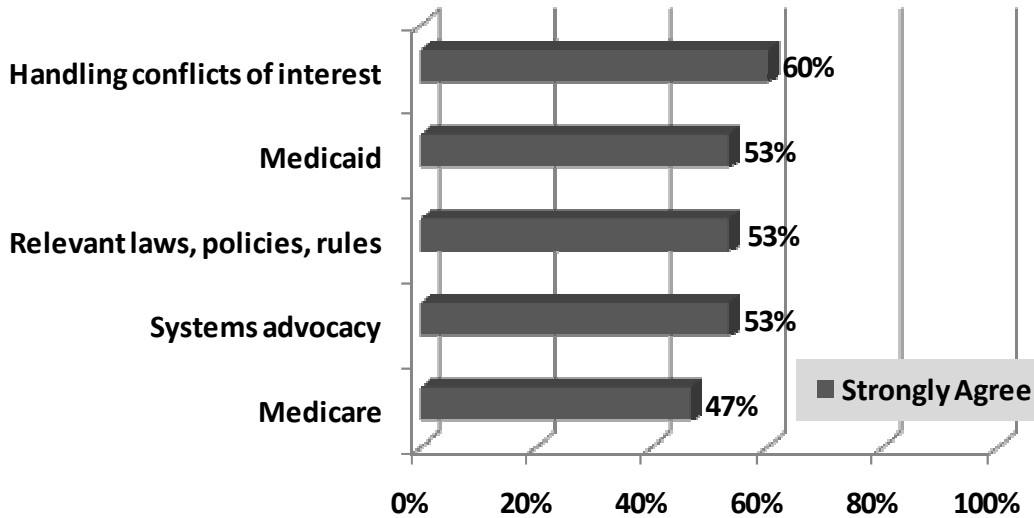


Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

Training

The areas that received the lowest percentage of above average ratings include Medicare and Medicaid [Figure 4.14].

Figure 4.14: Proportion of Georgia Local LTCOP Coordinators that Rated their Program’s Training on Systems Advocacy Issues as Above Average (N=15)



Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

A majority of coordinators reported above average ratings of training in systems advocacy and relevant laws, policies, and rules. While all coordinators strongly agreed that training is provided often and regularly, when asked about the difference between initial and ongoing training, one coordinator offered this critique:

Initial training is a comprehensive overview. After that, there is little in depth training. We need specifics and details on how to do complaint investigation. Complaint case writing is not covered even though this program has repeatedly asked for it. The [annual] conferences vary. Sometimes the speakers are great, sometimes they are horrible. (G42701)

This study hypothesizes that *Georgia local LTCOPs with adequate resources, program autonomy and positive inter-organizational relationships will be more likely to rate themselves as more effective in conducting systems advocacy than those with inadequate resources, constraints on program autonomy, and poorer inter-organizational relationships*. Because of the skewed responses to effectiveness measures (high ratings of effectiveness), and narrow range of responses (little variability) analysis will focus on coordinators who reported very effective, strongly agree, and always able. Although measures of effectiveness were on a 4-point Likert-type scale, the skew of the data (toward high effectiveness) make analysis of the highest ratings (very effective, strongly agree, and always able) compared to the other three Likert points more explanatory than splitting the scale and comparing effective and ineffective ratings.

Effect of Resources on Georgia Local LTCOP Effectiveness

Mandates

Coordinators with lighter workloads (beds/FTE) reported being more effective than those with heavier workloads at meeting all mandated activities [Table 4.15].

Particularly striking is the drop in effectiveness in monitoring laws, regulations, and policies and systems advocacy as can be seen by the lower proportion of coordinators that rated themselves as very effective. This finding implies that adequacy of resources as measured by workload is particularly important to meeting these mandates.

Table 4.15: Effect of Resources on the Proportion of Georgia Local LTCOP Coordinators that Rated their Program as Very Effective in Meeting Federally Mandated Requirements and Within Different Facilities

Effectiveness		N	Lighter Workload	N	Heavier Workload
Mandates (Proportion of 'Very Effective' Ratings)	Complaint Investigation	8	100.0	7	85.7
	Community Education	8	75.0	7	57.1
	Resident and Family Education	8	75.0	7	57.1
	Monitoring Laws, Regulations, Policies	8	75.0	7	0.0
	Systems Advocacy	8	87.5	7	0.0
	Effectiveness mean	8	82.5	7	40.0
Facilities (Proportion of 'Very Effective' Ratings)	In Nursing homes	8	100.0	7	85.7
	In Personal Care Homes	8	87.5	7	71.4
	In Intermediate Care Facilities for People with Mental Retardation	4	75.0	4	25.0
	In Community Living Arrangements	8	62.5	7	28.6

Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

One coordinator reported that a barrier to their effectiveness in conducting systems advocacy was, “Not having the resources that are really needed to do a more effective job. It goes back to not having the time that is needed to really do the advocacy work, to where you can really see that I as an ombudsman helped to advocate for certain policy issues” (G50702). Programs with lighter workloads were also less likely to mention the need to prioritize mandates. “It relates to how much time we have. We are a

small program with a very small budget and only three people. We have to prioritize. The monitoring of regulations, policy and advocacy just are not a priority” (G51501).

Facilities

Additionally, programs with heavier workloads reported lower effectiveness in all settings served. “It goes back to not having enough time to conduct more thorough visits. The residents and family members are being dis-served by not being able to spend the time you need in a facility” (G50702). Lower effectiveness in intermediate care facilities for people with mental retardation and community living arrangements are likely the result of triaging priority facilities as well as due to the challenges presented by the resident populations and the need for additional resources (staff, volunteers, funding, training, time) to improve effectiveness in serving these facilities.

Due to the lack of staff personnel, it makes it extremely difficult to meet the routine visits. It tends to be the personal care home visits that are more difficult to meet because there are more of them. For one ombudsman, 14 nursing homes, 34 personal care homes, 29 community living arrangements is a lot for one person. (G50702)

Intermediate care facilities for people with mental retardation and community living arrangements having the dual diagnosis of mental retardation and mental health issues; you need more time to be able to work in those environments and you need really good education on how to work in those environments and that tend to be lacking. (G50101)

Activities

Resources played a large role in coordinators’ responses when asked if they were ever unable to conduct activities due to a lack of resources [Table 4.16]. A higher proportion of coordinators with a lighter workload reported being always able to conduct resident and family education; community education; monitoring federal, state, and local laws and regulations; and systems advocacy than those coordinators with a heavier

workload. Coordinators often cited the role that volunteers and/or funding might play in enhancing capacity and efficacy. “They [Volunteers] would play an important part in helping staff investigate complaints, they could do in-services for staff, participate in community education events, and they could do a newsletter” (G42701). As with reported effectiveness in meeting mandates, adequacy of resources is particularly important to Georgia local LTCOP’s ability to monitor laws, regulations, and policies, and conduct systems advocacy as can be seen by the lower proportion of coordinators with heavier workloads reporting that they were always able to conduct these activities. “I have program components that I have to meet for complaint investigation, community education and resident and family education. Those have to come first. With the time that I have left I work on the state and federal legislation and advocacy” (G50101).

Table 4.16: Effect of Resources on the Proportion of Georgia Local LTCOP Coordinators that were Always Able to Conduct Activities Related to Systems Advocacy

Effectiveness		N	Lighter Workload	N	Heavier Workload
Ability to Conduct Activities (Proportion of ‘Always Able’ Ratings)	Resident and family education	8	74.0	7	71.4
	Community education	8	75.0	7	57.1
	Monitoring Laws, Regulations, Policies	8	75.0	7	0.0
	Systems Advocacy	8	87.5	7	0.0

Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

Training

Programs with a heavier workload rated their training lower than programs with lighter workloads for multiple topics including handling conflicts of interest, and systems advocacy [Table 4.17]. The largest difference however was in the negative effect of

heavy workloads on training about relevant laws, policies, and rules. All coordinators agreed that their training was provided often and regularly.

Table 4.17: Effect of Resources on the Proportion of Georgia Local LTCOP Coordinators that Rated their Program’s Training on Systems Advocacy Issues as Above Average and Strongly Agreed that Training was Provided Often and Regularly

Effectiveness		N	Lighter Workload	N	Heavier Workload
Training (Proportion of ‘Above Average’ Ratings) (Proportion of ‘Strongly Agree’ Ratings)	Handling Conflicts of interest	8	75.0	7	42.9
	Systems Advocacy	8	100.0	7	71.4
	Relevant Laws, Policies and Rules	8	87.5	7	14.3
	Provided Often and Regularly	8	100.0	7	100.0

Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

In summary, workload affected coordinators’ ratings of effectiveness in meeting all mandates, especially monitoring laws, regulations, and policies and systems advocacy. Similarly, program with a heavier workload were less likely to always be able to conduct systems advocacy activities, with no heavier workload programs reporting that they are always able to conduct monitoring federal, state, and local laws and regulations, and systems advocacy. All programs with heavier workloads rated their trainings as less sufficient than did programs with better resources, with the largest difference being in relevant laws, policies, and rules.

Effect of Autonomy on Georgia Local LTCOP Effectiveness

Mandates

Coordinators that reported experiencing any one of the four measures of constraints were less likely to report being very effective in meeting mandated activities

[Table 4.18]. A summary measure of effectiveness in meeting mandated activities shows that about 27 percent fewer coordinators reported being very effective in meeting mandates if they also perceive constraints on their autonomy.

Table 4.18: Effect of Autonomy on the Proportion of Georgia Local LTCOP Coordinators that Rated their Programs as Very Effective in Meeting Specific Federally Mandated Requirements and Working Within Different Facilities

Effectiveness		N	Constraints	N	No constraints
Mandates (Proportion of 'Very Effective' Ratings)	Complaint Investigation	8	87.5	7	100
	Community Education	8	50.0	7	85.7
	Resident and Family Education	8	50.0	7	85.7
	Monitoring Laws, Regulations, Policies	8	25.0	7	57.1
	Systems Advocacy	8	37.5	7	57.1
	Summary Measure	8	50	7	77.1
Facilities (Proportion of 'Very Effective' Ratings)	In Nursing Homes	8	87.5	7	100
	In Personal Care Homes	8	62.5	7	100
	In Intermediate Care Facilities for People with Mental Retardation	5	40	3	66.7
	In Community Living Arrangements	8	50	7	42.9

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

Facilities

Coordinators experiencing constraints on autonomy rated themselves as less effective in nursing homes, board and care facilities, and intermediate care facilities for people with mental retardation than programs that perceived no constraints.

Activities

Similarly, programs with no constraints were more likely to report being always able to conduct resident and family education, community education, monitor laws, regulations and policies, and systems advocacy than programs that perceived constraints

on autonomy [Table 4.19]. One coordinator reported that “[constraints] come from legal services. You can't lobby, you can't talk to the media without approval. In some ways you can understand that, it doesn't make sense” (G50201).

Table 4.19: Effect of Autonomy on the Proportion of Georgia Local LTCOP Coordinators that were Always Able to Conduct Activities Related to Systems Advocacy

Effectiveness		N	Constraints	N	No constraints
Ability to Conduct Activities (Proportion of 'Always Able' Ratings)	Resident and family education	8	50	7	100
	Community Education	8	62.5	7	71.4
	Monitoring Laws, Regulations, Policies	8	25.0	7	57.1
	Systems Advocacy	8	37.5	7	57.1

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

Training

No constraints also led to a higher proportion of coordinators strongly agreeing that they receive adequate training on handling conflicts of interest, systems advocacy, and relevant laws, policies, and rules [Table 4.20]. All coordinators agreed that their LTCOP’s training was provided often and regularly.

Table 4.20: Effect of Autonomy on the Proportion of Georgia Local LTCOP Coordinators that Rated their Program’s Training on Systems Advocacy Issues as Above Average and Strongly Agreed that Training was Provided Often and Regularly

Effectiveness		N	Constraints	N	No constraints
Training (Proportion of 'Above Average' Ratings) (Proportion of 'Strongly Agree' Ratings)	Handling Conflicts of interest	8	50	7	71.4
	Systems Advocacy	8	75	7	100
	Relevant Laws, Policies and Rules	8	50	7	57.1
	Provided Often and Regularly	8	100	7	100

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

With little variability in program autonomy measures (most programs perceived no constraints) the dichotomous measure had less sensitivity than would be preferred. However, program autonomy was shown to have an effect on effectiveness in meeting all mandates, including monitoring laws, regulations, and policies, and systems advocacy. In conducting certain activities related to systems advocacy, programs with no constraints were more likely to always be able to conduct resident, family and community education, monitor laws, regulations and policies, and conduct systems advocacy than those experiencing constraints. Lastly, no constraints allowed for better results on all measures of program effectiveness in trainings relevant to systems advocacy work.

Effect of Inter-Organizational Relationships on Georgia Local LTCOP

Effectiveness

Mandates

Coordinators reporting better inter-organizational relationships also reported higher effectiveness across all mandated areas as well as in the overall summary measure [Table 4.21]. Inter-organizational relationships had the largest effect on Georgia local LTCOP effectiveness in monitoring laws, regulations, and policies; and systems advocacy as can be seen in the different proportion of coordinators that rated themselves as very effective on these measures across the two groups. “I am a part of the Council of Community Ombudsmen and it as a whole has done some advocacy that has been very effective” (G50702). In other words, the ability to effectively meet these mandates is more dependent on positive inter-organizational relationships than are the other mandates. Some coordinators emphasized the negative effect of poorer working relationships on their effectiveness, “the Office of Regulatory Services doesn’t always

substantiate and cite complaints that we refer to them. They make it where they have to see something themselves in order to cite an issue. There is a problem with them enforcing the facilities” (G50801).

Table 4.21: Effect of Inter-Organizational Relationships on the Proportion of Georgia Local LTCOP Coordinators that Rated their Programs as Very Effective in Meeting Specific Federally Mandated Requirements and Working Within Different Facilities

Effectiveness		N	Poorer IORs	N	Better IORs
Mandates (Proportion of ‘Very Effective’ Ratings)	Complaint Investigation	7	85.7	8	100
	Community Education	7	42.9	8	87.5
	Resident and Family Education	7	57.1	8	75.0
	Monitoring Laws, Regulations, Policies	7	0	8	75.0
	Systems Advocacy	7	14.3	8	75.0
	Effectiveness mean	7	40.0	8	82.5
Facilities (Proportion of ‘Very Effective’ Ratings)	In Nursing homes	7	85.7	8	100
	In Personal Care Homes	7	57.1	8	100
	In Intermediate Care Facilities for People with Mental Retardation	4	0	4	100
	In Community Living Arrangements	7	28.6	8	62.5

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

Facilities

Coordinators reporting better relationships also tended to rate themselves as more effective in each of the facility settings [Table 4.21. Poorer relationships with the Division of Mental Health, Developmental Disabilities, and Addictive Diseases may reflect poor effectiveness in intermediate care facilities for people with mental retardation and community living arrangements, “...it is extremely difficult, anytime I have those issues come up. It is a constant battle trying to find out who does what” (G50101).

Activities

Better inter-organizational relationships were also associated with a higher proportion of coordinators reporting being always able to conduct activities related to systems advocacy [Table 4.22]. Programs with poorer relationships more often reported being unable to conduct resident and family education; community education; monitoring federal, state, and local laws and regulations; and systems advocacy. The largest differences were in monitoring federal, state, and local laws and regulations; and systems advocacy, meaning that these activities are highly dependent on positive working relationships with other organizations.

Table 4.22: Effect of Inter-Organizational Relationships on the Proportion of Georgia Local LTCOP Coordinators that were Always Able to Conduct Activities Related to Systems Advocacy

Effectiveness		N	Poorer IORs	N	Better IORs
Ability to Conduct Activities (Proportion of 'Always Able' Ratings)	Resident and family education	7	42.9	8	100
	Community education	7	42.9	8	87.5
	Monitoring Laws, Regulations, Policies	7	0	8	75.0
	Systems Advocacy	7	14.3	8	75.0

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

Training

Programs with better working relationships were also more confident that their programs received adequate training in systems advocacy, and relevant laws, policies, and rules [Table 4.23]. All coordinators agreed that their LTCOP’s training was provided often and regularly.

Table 4.23: Effect of Inter-Organizational Relationships on the Proportion of Georgia Local LTCOP Coordinators that Rated their Program’s Training on Systems Advocacy Issues as Above Average and Strongly Agreed that Training was Provided Often and Regularly

Effectiveness		N	Poorer IORs	N	Better IORs
Training (Proportion of 'Above Average' Ratings) (Proportion of 'Strongly Agree' Ratings)	Handling Conflicts of interest	7	57.1	8	62.5
	Systems Advocacy	7	71.4	8	100.0
	Relevant Laws, Policies and Rules	7	28.6	8	75.0
	Provided Often and Regularly	7	100	8	100.0

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

Inter-organizational relationships were shown to be related to effectiveness on various levels. However, no programs with poorer inter-organizational relationships reported being very effective in monitoring laws, regulations, and policies, and few reported being very effective in conducting systems advocacy. Programs with poorer inter-organizational relationships were similarly less likely to report always being able to conduct systems advocacy work. Poorer relationships also negatively affected programs’ perceptions of the adequacy of training relevant to systems advocacy work. It is likely, as others have noted (Estes *et al.*, 2003, Freeman, 2000), that interagency collaboration assists local LTCOPs in effectively performing mandated activities, while uncooperative relationships impede efforts.

Georgia Local LTCOP’s Participation in Systems Advocacy Work

As seen earlier, almost half of Georgia coordinators reported that they were very effective in conducting systems advocacy. Only one coordinator rated their program as very ineffective in conducting systems advocacy. When asked to identify the systems advocacy issues that their program participated in over the past year, Georgia coordinators gave the following responses:

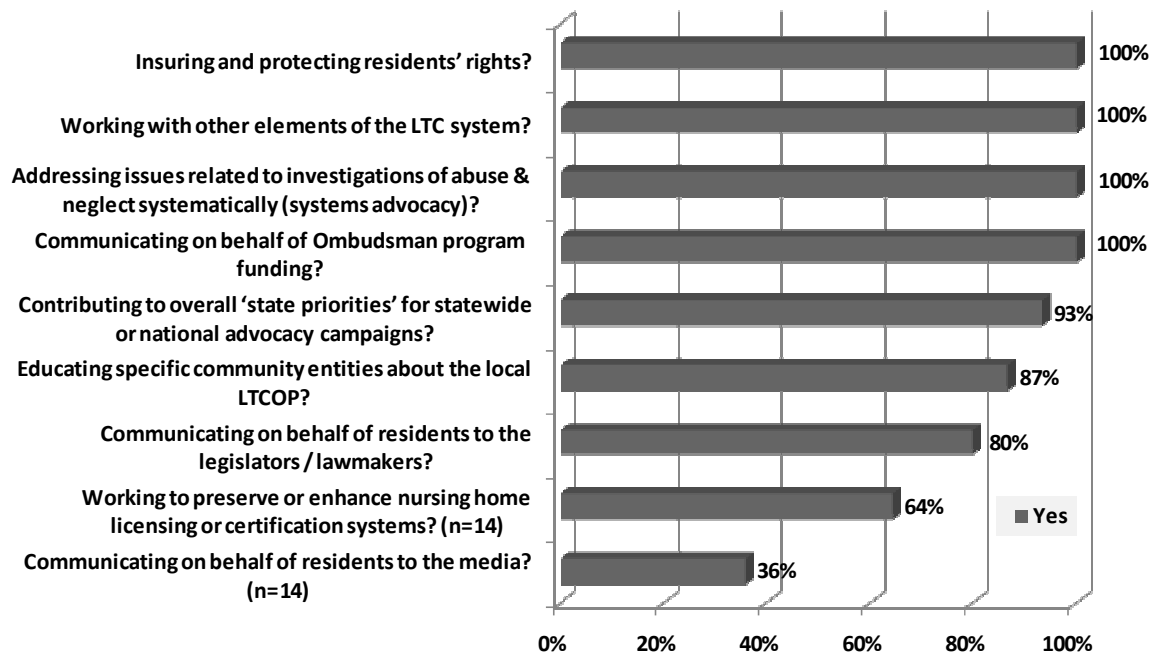
Table 4.24: Systems Advocacy Issues Addressed by Georgia Local LTCOPs in the Past Year

Ombudsman funding	Nutrition in nursing homes
Personal needs allowance	Abuse reporting
Staffing ratios	Medicaid coverage of electric wheelchairs in nursing homes
Elder Justice Act	Elder rights councils
Criminal neglect laws	Medicare Part D
Facility discharge notifications	Medicaid regulations
Mental Health Ombudsman	Personal care home regulations
Beacon Rights Program	Medicaid funding for personal care homes
Katrina victims	Mental health and mental illness issues
Miller Trusts	CNA labor issues
Triads with law enforcement	Use of restraints
Estate recovery	

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

When given a list of types of systems advocacy work, all coordinators reported being involved in insuring and protecting residents' rights, working with other elements of the LTC system, addressing issues related to investigation of abuse and neglect, and communicating on behalf of LTCOP funding [Figure 4.25].

Figure 4.25: Proportion of Georgia Local LTCOP Coordinators that Reported Participating in Systems Advocacy Work (N=15)



Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

Only one-third of coordinators reported being involved in communicating on behalf of residents to the media. Two-thirds of coordinators agreed that there was systems advocacy work that their program should be doing, of which 70 percent reported needing additional resources, assistance and/or support to conduct this systems advocacy work. Almost half of coordinators reported encountering obstacles or resistance to conducting systems advocacy.

In addition to being asked what types of systems advocacy work their programs had participated in, Georgia local LTCOP coordinators were also asked what resources, assistance, and/or support were crucial in their ability to conduct the issues advocacy efforts they participated in, what issues advocacy work their local LTCOP should be doing, and are there any additional resources, assistance, and/or support that their local LTCOP needed to do systems advocacy work? A majority of Georgia local LTCOP coordinators cited their relationships with other organizations as support that was crucial to their ability to conduct systems advocacy. Specifically, seven of the fifteen (47%) coordinators noted the information, materials, issues updates, and encouragement by the state office,

One thing that is very helpful is the state's advocacy alerts that they send. They alert us to urgent issues as well as give us a list of legislators and their committees to contact and also we get that from the CO-AGE program that we're a member of. They do similar alerts to help direct our advocacy at the proper legislators and the committee.

In fact, every Georgia local LTCOP coordinator mentioned collaborating with other organizations whether through information sharing, support, or direct assistance. Besides the Office of the State Long Term Care Ombudsman, Georgia local LTCOP coordinators reported collaborating most with advocacy organizations like the Council on Aging,

Council of Community Ombudsmen (CoCO), and NCCNHR. One local LTCOP coordinator noted that their “membership in the Council on Aging is crucial in guidance and assistance. The Council of Community Ombudsmen (CoCO) gives us a lot of support and assistance with advocacy. We are also involved in a lot of local collaborative efforts, Seniors and Law Enforcement Together (SALT), task forces, etc” (G50701). Two-thirds of Georgia’s local LTCOP coordinators agreed that there were advocacy issues their LTCOP should be participating in and most of those coordinators were able to provide a list of current or future issues that they felt their program should be addressing, “All of it, anything related to elderly issues, mental health issues, funding issues” (G50202). Another coordinator responded simply, “whatever benefits the residents” (G42401). Yet another stated, “When things come up with the legislators, we as ombudsmen should be in there to beat the drum for our residents” (G50201). In addition to citing funding, time, staff, volunteers, etc as needed resources to conduct issues advocacy work, one coordinator stated, that they would like “to have a better knowledge about what other LTCOPs are doing successfully with issues advocacy in their areas, and that would help our area” (G50101).

This study hypothesizes that *Georgia local LTCOPs with adequate resources, program no constraints and positive inter-organizational relationships will be more likely to conduct various forms of systems advocacy than those with inadequate resources, constraints on program autonomy, and poorer inter-organizational relationships*. The effects of resources, autonomy, and inter-organizational relationships on systems advocacy efforts will be examined by comparing proportions of affirmative responses to measures across groups.

Effect of Resources on LTCOP’s Participation in Systems Advocacy Work

Programs with heavier workloads reported less involvement in all systems advocacy activities than programs with lighter workloads when the groups did not both fully participate in that type of systems advocacy work [Table 4.26]. One coordinator suggested the need to “increase funding. We have so much to do, when you do work on an issue, you are rushing, you know it is important, but you have to go out and investigate complaints and make visits” (G51501).

Table 4.26: Effect of Resources on the Proportion of Georgia Local LTCOP Coordinators that Reported Participating in Systems Advocacy Work

Systems Advocacy (Percent Yes)	N	Lighter Workload	N	Heavier Workload
Advocate Residents’ Rights	8	100	7	100
Nursing Home Licensing/Certification	7	71	7	57
Investigation of Elder Abuse and Neglect	8	100	7	100
Communicate on Behalf of Residents to Media	8	50	6	17
Communicate on Behalf of Residents to Legislators/Lawmakers	8	88	7	71
Working with Other Elements of the LTC System	8	100	7	100
Educate Specific Community Entities about the LTCOP	8	100	7	71
Communicate on Behalf of LTCOP Funding	8	100	7	100
Contribute to an Overall State Platform	8	100	7	86
Additional Resources/Assistance Needed to do Systems Advocacy Work	7	43	6	83
Encountered Obstacles or Resistance to Conducting Systems Advocacy Work	8	25	7	57

Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

All programs, regardless of their workloads, reported advocating for residents' rights, investigating elder abuse and neglect, working with other elements of the LTC system, and communicating on behalf of LTCOP funding. Programs with heavier workloads were more likely to report a need for additional resources/assistance to help with systems advocacy work, "I don't believe we should be doing it because the lack of resources and having the time to meet this component. I feel like other things should be a priority, such as complaint investigation and educating the residents, and working with resident and family council groups" (G50702). Lastly, programs with lighter workloads were less likely to report experiencing obstacles or resistance to conducting systems advocacy work.

Resources had the largest effect on coordinators reported participation in communicating on behalf of residents to the media and educating specific community entities about the LTCOP. Programs with lighter workloads were only slightly more likely to participate in nursing home licensing and certification, communicating on behalf of residents to legislators and lawmakers, and contribute to an overall state advocacy platform. Programs with heavier workloads were about twice as likely to report needing additional resources or assistance or to have encountered obstacles or resistance to conducting systems advocacy work.

Effect of Autonomy on Georgia Local LTCOP's Participation in Systems Advocacy Work

Programs experiencing at least one of the four measures of constraint were less likely than programs with no constraints to participate in systems advocacy related to nursing home licensing and certification; communicating on behalf of residents to the

media, legislators and lawmakers, and to contribute to an overall state platform [Table 4.27].

Table 4.27: Effect of Autonomy on the Proportion of Georgia Local LTCOP Coordinators that Reported Participating in Systems Advocacy Work

Systems Advocacy (Percent Yes)	N	Constraints	N	No Constraints
Advocate Residents' Rights	8	100	7	100
Nursing Home Licensing/Certification	8	37.5	6	100
Investigation of Elder Abuse and Neglect	8	100	7	100
Communicate on Behalf of Residents to Media	8	12.5	6	66.7
Communicate on Behalf of Residents to Legislators/Lawmakers	8	62.5	7	100
Working with Other Elements of the LTC System	8	100	7	100
Educate Specific Community Entities about the LTCOP	8	87.5	7	85.7
Communicate on Behalf of LTCOP Funding	8	100	7	100
Contribute to an Overall State Platform	8	87.5	7	100
Additional Resources/Assistance Needed to do Systems Advocacy Work	6	66.7	7	57.1

Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

One coordinator described the constraints their program experienced in communicating on behalf of residents to legislators and lawmakers, “there are constraints in lobbying, they do not allow you to lobby” (G50201).

Programs reporting perceived constraints on autonomy were more likely to cite the need for additional resources and/or assistance to conduct systems advocacy work.

One coordinator described the support available to them as well as the limitations of their otherwise very supportive legal services host agency.

There needs to be autonomy from legal services agencies. The state ombudsman does support us, I am not sure she can do any more. What

possibly could they do at the state level? Support, I feel that our program is a good program and should be in a legal services setting, but they have more complaints about the people who hold the contract. If legal services were more 'loosy-goosy' the program would be able to advocate. (G50201)

Coordinators reporting constraints on autonomy were least likely to work to promote and enhance nursing home licensing and certification systems, and communicating on behalf of residents to the media out of all types of systems advocacy work. Smaller differences were found in their lack of communicating on behalf of legislators or lawmakers, and contributing to an overall state advocacy platform. Both groups were almost identical in their reported participation in educating specific community entities about the LTCOP. About 20 percent more coordinators experiencing constraints noted needing additional resources or assistance to conduct systems advocacy work than coordinators not experiencing constraints on autonomy.

Effect of Inter-Organizational Relationships on Georgia Local LTCOP's Participation in Systems Advocacy Work

Programs with better ratings of inter-organizational relationships were more likely to participate in all types of systems advocacy work when the groups did not both fully participate in that type of work [Table 4.28]. However, coordinators in both groups were almost equally likely to report the need for resources and/or assistance in order to conduct systems advocacy efforts. Programs with better inter-organizational relationships reported fewer obstacles or barriers to systems advocacy work than programs with poorer inter-organizational relationships.

Table 4.28: Effect of Inter-Organizational Relationships on the Proportion of Georgia Local LTCOP Coordinators that Reported Participating in Systems Advocacy Work

Systems Advocacy (Percent Yes)	N	Poorer IORs	N	Better IORs
Advocate Residents' Rights	7	100	8	100
Nursing Home Licensing/Certification	7	42.9	7	85.7
Investigation of Elder Abuse and Neglect	7	100	8	100
Communicate on Behalf of Residents to Media	7	14.3	7	57.1
Communicate on Behalf of Residents to Legislators/Lawmakers	7	71.4	8	87.5
Working with Other Elements of the LTC System	7	100	8	100
Educate Specific Community Entities about the LTCOP	7	85.7	8	87.5
Communicate on Behalf of LTCOP Funding	7	100	8	100
Contribute to an Overall State Platform	7	85.7	8	100
Additional Resources/Assistance needed to do Systems Advocacy Work	5	60.0	8	62.5
Encountered Obstacles or Resistance to Conducting Systems Advocacy Work	7	57.1	8	25.0

Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007

One coordinator discussed how her relationship with a citizen's advocacy group helped her LTCOP participate in systems advocacy work despite a lack of resources and time, "We have a pretty good system. The director of our host agency is a member [of a citizen's advocacy group] and she represents us well. We don't have enough time to make it a priority of our program alone; we send our requests through them" (G51601). Many coordinator's cited collaborations with other organizations, the Office of the State Long Term Care Ombudsman Program, the Council of Community Ombudsmen, National Citizen's Coalition for Nursing Home Reform, Council on Aging, Area Agencies on Aging, Elderly Legal Assistance Programs, and a variety of task forces when asked about

resources, assistance or support that were crucial to their ability to conduct systems advocacy work. Several coordinators noted assistance and leadership from the Office of the State Long Term Care Ombudsman Program as crucial in their systems advocacy work,

Our state office is tremendous. They keep us informed on all of the issues and on the progress of each one as the legislative sessions are in progress. (G42502)

Information on each issue from the state office, the legislative and department of community health contact information that we may have gotten from the state ombudsman or internet resources. Support from the state ombudsman and our host agency just to perform the advocacy. (G51501)

One thing that is very helpful is the state's advocacy alerts that they send. They alert us to urgent issues as well as give us a list of legislators and their committees to contact.... (G50801)

The state office really encourages us to get involved in issues [systems] advocacy. (G50101)

Collaborations with citizen's advocacy groups were most commonly cited when coordinators were asked about resources and/or assistance their LTCOPs received that were integral to their systems advocacy work,

The Council on Aging and the National Citizen's Coalition for Nursing Home Reform also provides us with a lot of information. We have a network of people who keep us apprised of what is going on and we work very hard to call our legislators to tell them to support certain issues that are affecting the lives of our residents.... We advocate for many Council on Aging issues. We go up to the senior week at the capital every year and advocate for Council on Aging issues. We also work with a Georgia advocacy group here that helps our program with issues in the community with unlicensed homes. We work well together. (G42502)

[Our] membership in the Council on Aging; the Council of Community Ombudsmen gives us a lot of support and assistance with advocacy. We are also involved in a lot of local collaborative efforts, Seniors and Law Enforcement Together (SALT) councils, task forces, etc. (G50701)

Inter-organizational relationships seem to have the strongest effect on licensing and certification systems advocacy and communicating on behalf of residents to the media. Inter-organizational relationships played very little in determining coordinator's tendency to report needing additional resources or assistance to conduct systems advocacy work and educating specific community entities about the LTCOP. Only a small difference was found in the groups with better inter-organizational relationships ability to communicate on behalf of residents to legislators or lawmakers. Coordinators reporting better inter-organizational relationships were about half as likely as those with poor inter-organizational relationships to report encountering obstacles or resistance to conducting systems advocacy work.

Conclusion

The goal of this chapter was to explore the findings relevant to the first study aim, *How are Georgia local LTCOPs' systems advocacy efforts influenced by the programs' resources (funding, staff, volunteers, training), autonomy (host agency, state LTCOP), and inter-organizational relationships (Area Agencies on Aging, citizen's advocacy groups, law enforcement, etc.)?* Throughout this chapter, quantitative and qualitative data are used to explore the relationships between resources, autonomy, inter-organizational relationships and both perceived effectiveness and reported participation in systems advocacy. The findings support the following hypothesis:

- I. *Georgia local LTCOPs with adequate resources will be more likely to (1) rate their program as effective in meeting mandates, conducting activities, and receiving training related to systems advocacy, and (2) participate in various types of systems advocacy work than those with inadequate resources.*

Resources proved the most important variable in Georgia LTCOPs self-rated effectiveness, with no coordinators in heavier workload programs rating their program as very effective at monitoring laws, regulations, and policies, or systems advocacy. Similarly, no coordinators in heavier workload programs reported that they were always able to monitor laws, policies, and regulations and conduct systems advocacy. Lastly, all programs with heavier workloads rated their trainings as less sufficient than did programs with better resources, with the largest difference being in relevant laws, policies, and rules. Resources also had a large effect on the types of systems advocacy work done by Georgia local LTCOPs. Coordinators with heavier workloads were twice as likely as those with lighter workloads to report needing additional resources / assistance to conduct systems advocacy work and encountering obstacles or resistance to conducting systems advocacy work.

II. *Georgia local LTCOPs with program autonomy will be more likely to (1) rate their program as effective in meeting mandates, conducting activities, and receiving training related to systems advocacy, and (2) participate in various types of systems advocacy work than those without program autonomy.*

Poor variability in autonomy measures lead to only moderate findings of effects on coordinators perceived effectiveness and reported participation in systems advocacy work. Georgia programs with constraints on autonomy were about 20 percent less likely than programs with no constraints to rate their program as very effective at monitoring laws, regulations, and policies, and systems advocacy. Similarly, programs with no constraints were more likely to report being always able to conduct resident and family education, community education, monitor laws, regulations and policies, and systems

advocacy than programs that perceived constraints on autonomy. Georgia local LTCOPs without constraints were also more likely to strongly agreeing that they receive adequate training on handling conflicts of interest, systems advocacy, and relevant laws, policies, and rules. In measuring the types of systems advocacy work done by Georgia local LTCOPs, the largest difference in proportions was between coordinators that experienced constraints versus those who did not and communicating on behalf of residents to media and working to promote and enhance nursing home licensure and certification systems. Programs that perceived constraints were also more likely to report needing additional resources and/or assistance to conduct systems advocacy.

III. Georgia local LTCOPs with better inter-organizational relationships will be more likely to (1) rate their program as effective in meeting mandates, conducting activities, and receiving training related to systems advocacy, and (2) participate in various types of systems advocacy work than those with poor inter-organizational relationships.

Very few coordinators with poor inter-organizational relationships rated their program as very effective in conducting systems advocacy, and none rated themselves as very effective in monitoring laws, regulations, and policies. Programs with poor inter-organizational relationships were less likely to report always being able to conduct systems advocacy work. Lastly, poor relationships negatively affected programs' perceptions of the adequacy of training relevant to systems advocacy work. The largest effect of inter-organizational relationships on types of systems advocacy work conducted was on licensing and certification systems advocacy and communicating on behalf of residents to the media. Over 30 percent more coordinators experiencing poor inter-

organizational relationships reported encountering obstacles or resistance to conducting systems advocacy work than those with better inter-organizational relationships.

Given these findings, all three hypotheses are affirmed for the Georgia local LTCOP. The next chapter reexamines this data with a comparative lens, utilizing New York and California findings to those in Georgia. Comparisons between the three states will illuminate the differences in resources, autonomy, and inter-organizational relationships and how they differentially affect local LTCOP's perceived effectiveness and participation in systems advocacy work in each state. Later, we will explore *why* these differences might exist and how these states can learn from each others' practices to improve and expand their advocacy work.

CHAPTER V: COMPARATIVE FINDINGS: GEORGIA, CALIFORNIA, AND NEW YORK LOCAL LONG TERM CARE OMBUDSMAN PROGRAMS

This chapter addresses the research aim: How do Georgia local Long Term Care Ombudsman Programs (LTCOPs) differ from those in New York State and California regarding their programs' resources, autonomy, and inter-organizational relationships? How do those differences influence their efficacy in and ability to perform systems advocacy? Findings related to Georgia, California, and New York local LTCOP resources, autonomy, and inter-organizational relationships are presented. Across-state comparison will be made using the data from surveys conducted with local LTCOP coordinators in Georgia (N=15/15), California (N=35/35 programs), and New York (N=39/50 programs) over a three year period (2004-2007). While only 78 percent of New York local LTCOP coordinators participated in the survey, New York local LTCOP non-respondents did not vary substantially from those that did as measured by available National Ombudsman Reporting System (NORS) data [Table 5.1].

Thus, as with Georgia data, no statistical tests in the comparisons were conducted as the entire populations of California and Georgia local LTCOP coordinators were surveyed, and the 78 percent of local LTCOP coordinators in New York appear to be representative of the population given the data available. In addition to presenting survey data, this chapter utilizes National Ombudsman Reporting System (NORS) data to compare local LTCOP characteristics across these three states. Wide variation characterized most of these descriptive characteristics (evidenced by large standard deviations and widely differing mean and median scores), indicating that within state

variation across programs is considerable. To preserve these local variations, medians are used in comparisons rather than mean scores. Quantitative findings will be highlighted by qualitative responses from local LTCOP coordinators from Georgia, California, and New York.

Table 5.1: Median Program Characteristics of New York Local LTCOP Respondents versus Non-Respondents

Median Program Characteristics	N	Respondents		Non-Respondents	
		N		N	
Beds	35	701	5	799	
Facilities	33	11	5	15	
FTE	36	.39	7	.35	
Beds/FTE	35	2,088	5	2,256	
Facilities/FTE	33	28	5	31	
Certified Volunteers	35	8	7	9	
Complaints	34	99	6	113	
Complaints/Bed	34	.13	4	.17	
Complaints/Facility	32	9	4	11	
Budget	35	\$15,366	7	\$12,400	
Budget/Bed	34	\$19.22	5	\$15.27	
Budget/Facility	32	\$1,628	5	\$862	

Source: New York National Ombudsman Reporting System Data Fiscal Year 2004

* N may vary as data was not always available for all local LTCOPs in California and New York

This chapter is broken down into two parts with the first section providing (1) overall descriptive statistics on resources, autonomy, and inter-organizational relationships in Georgia, California, and New York; (2) detail about the methods by which the effect of resources, autonomy, and inter-organizational relationships are measured within each state; (3) comparisons of program characteristics by resource, autonomy, and inter-organizational relationship dichotomous variables both within and across states; and (4) analysis of the relationship between resource, autonomy, and inter-organizational relationship dichotomous variables within each state. The second part of

the chapter will provide descriptive statistics on the effectiveness and systems advocacy measures in Georgia, California, and New York; followed by comparisons to determine the differential effect of resources, autonomy, and inter-organizational relationships on local LTCOP perceived effectiveness and reported participation in systems advocacy within and across these states.

Within state comparisons highlight the variability of local LTCOPs within each state, and the individual and overall effect of resources, autonomy, and inter-organizational relationships on local LTCOP's perceived effectiveness and reported participation in systems advocacy within each state. Across-state comparisons emphasize the differential and similar effects of resources, autonomy, and inter-organizational relationships on local LTCOP's perceived effectiveness and reported participation in systems advocacy across the states.

Local LTCOP Resources

Beds served to full time equivalent staff ratios (beds/FTE) will once again be used as the recommended measure of resources (IOM, 1995), but attention will be paid to other resources such as the number of facilities served, types of facilities and residents served, program funding, volunteers, mandates not related to the number of beds served, (community education, monitoring laws, regulations and policies, and systems advocacy), and additional state mandates. Comparisons will also be made across states to determine the differential effect of resources on local LTCOPs.

The following section will (1) detail Georgia, California and New York local LTCOP's funding, staff, and volunteers, as well as the number of beds and facilities served; (2) explain the dichotomous variable created to compare the effect of heavy

workloads (more beds/FTE) versus light workloads (fewer beds/FTE) on local LTCOPs both within and across states; and (3) compare descriptive statistics of local LTCOPs within and across states by the dichotomous workload variable (beds/FTE).

Funding

Funding varied widely within each state, but there was some similarity across states with the median budget of Georgia local LTCOPs only slightly less than that in California [Table 5.2]. New York local LTCOPs received a much lower median amount funding and had the largest range across local LTCOPs (\$842,000) than that of Georgia (\$650,432) or California (\$672,251), reflecting the one very large and the many very small programs in New York State. However, if program size is taken into account, one would still expect a ratio of dollars / bed to be similar across states. Whereas, median dollars/bed were similar in Georgia and California, New York local LTCOPs received about half of the funding/bed of these states. Furthermore, funding was not adjusted for cost of living differences in each state, making these findings even more striking as the cost of living in New York and California is higher than that in Georgia. Like beds/FTE ratios, dollars/bed, does not take into consideration variability in the number and types of facilities served both within and across states, or mandates not related to beds served such as community education, monitoring laws, regulations, and policies, and systems advocacy. Interestingly, despite its low amount of funding/bed, New York local LTCOPs received a higher median dollar/facility than both Georgia and California. Despite their seemingly less adequate funding in the dollars/facility ratio, more Georgia coordinators (40%, N=15) reported having adequate funding to carry out all mandates than did California (21.9%, N=32). However, 41.7 percent of New York coordinators reported

having adequate funding to carry out all mandates. This finding implies that dollar/bed ratios may be a better measure of perceived adequate funding in California while dollars/facility may be a better measure in New York.

Table 5.2: Georgia, California, and New York Local LTCOP Funding

	Georgia		California		New York	
	N	Median	N*	Median	N	Median
Budget	15	\$114,345.00	33	\$141,719.00	42	\$14,127.00
Budget/ Bed	15	\$40.08	33	\$38.83	39	\$18.50
Budget/ Facility	15	\$1,096.65	33	\$1,396.16	37	\$1,525.00

Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006; California and New York National Ombudsman Reporting System Data Fiscal Year 2004

* N may vary as data was not always available for all local LTCOPs in California and New York

Georgia coordinators who reported a need for additional funding claimed to need an increase of anywhere from \$5,000 to \$720,000 per year, or a median 28 percent increase in funding (N=9). California coordinators reported a needed 38 percent median increase in funding with amounts ranging from \$5,000-\$500,000 (N=24). New York local LTCOPs cited the highest needed median percent increase in funding (100%), ranging from \$600 to \$3 million (N=20). One California coordinator stated that “the Department of Health Services and Community Care Licensing are experiencing cut backs in funding and staff. They have told us that they are going to give the ombudsmen more cases but we don’t have any more money than they do” (CA-D503CX). Another expressed the need for outside funding,

We have been very successful in going out the community, to private foundations. We have done our own fundraising and gotten several grants. I would say 65-70 percent of our budget is through private grants and fundraising. If we had to operate on the Administration on Aging and the federal and state operating funds we could never do it. We have 50 volunteers. We are in every Nursing home one time per week and every board and care facility one time per month. We could not do that without the grants. (CA-A405BV)

When asked how they would prioritize the use of additional funds, increasing FTE staff time was indicated as a priority in Georgia (9 coordinators), California (19 coordinators), and New York (14 coordinators). New York local LTCOP coordinators often cited a specific need for administrative and office staff, whereas California expressed a need for specialty staff. One coordinator noted the difficulty of attracting staff to the position, “funding-salaries being what they are, it is difficult to attract the right kinds of staff (CA-D412AZ). Another noted that the “pay level now is more like that of an entry level pay” (NY-A406EB). Georgia local LTCOPs did not express a preference for types of FTE staff. While expanding volunteers were cited as a priority in California (6 coordinators) and New York (8 coordinators), only one coordinator in Georgia would use additional funds to expand volunteer resources. Reasons for this difference may have to do with beliefs about the program’s use of volunteers that will be discussed below. Coordinators in California that preferred to expand volunteer resources also cited a need for a volunteer coordinator to help manage the expansion of a volunteer base

Seven coordinators in New York preferred additional funding go to training, with four coordinators in New York and none in Georgia citing the same. Another peculiarity occurred in Georgia coordinators need for additional funding to reimburse for travel expenses, eight coordinators evidenced this need. This finding is likely related to the finding that Georgia received the lowest median ratio of dollars/facility, and served increasingly smaller and dispersed facilities (as we will see later), resulting in a need to increase travel reimbursement. Funding to improve and expand systems advocacy efforts was also cited by coordinators in New York (5), California (3), and Georgia (1). These

findings suggest that although additional funding for staff is needed in each state, the type and qualifications of needed staff vary across states. Similarly, programs vary in the belief that additional volunteers are needed.

Staff and Volunteers

Georgia had the highest number of FTEs, followed closely by California, with New York far behind with a median of fewer than half a FTE per program [Table 5.3]. Where only 15 percent of New York local LTCOPs had a full time coordinator (more than 35 hours per week), 91 percent of California programs and 93 percent of Georgia programs had a full time coordinator. California also had the largest range of FTE staff across local programs (17.25). Georgia local LTCOP coordinators had the longest average tenure (13.1years), followed by New York (8.0 years), and California (6.6years).

Table 5.3: Georgia, California, and New York Local LTCOP Staff and Volunteers

	Georgia		California		New York	
	N	Median	N*	Median	N	Median
FTE	15	3.00	33	2.75	43	.36
Certified Volunteers	15	0	33	24	42	8

Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006; California and New York National Ombudsman Reporting System Data Fiscal Year 2004

* N may vary as data was not always available for all local LTCOPs in California and New York

While New York local LTCOPs had fewer than one-sixth of the median number of FTEs in California and Georgia local LTCOPs, they had a median of eight certified volunteers per local LTCOP. Thus, while Georgia had the largest number of FTEs, their meager number of volunteers (7 total certified volunteers *statewide*) compared to California and New York makes this advantage of staff questionable. California had the highest number volunteers and California and New York both had an approximate range of 90 certified volunteers across local programs.

The 1995 IOM study recommended a ratio of 20 volunteers to one FTE staff. New York was the only state in this study that met the criteria, with an average of 21.56 certified volunteers/FTE staff. California had 8.03 and Georgia just 0.15 certified volunteers/FTE. One coordinator in California noted that volunteer resources can help meet program demands, “I am small program. We deal with three facilities and I have four volunteers – It is a total of 289 beds – so I have more resources – I know in other places they are saying ‘not able to do it, not able to do it, not able to do it’ – but, they are covering more facilities – we have more resources to do things” (CA-C504AY). Like Georgia, some California coordinators expressed the belief that volunteers can be more trouble than they are worth, “there are not many [volunteers] that are fit for the role of Ombudsman. Maybe in the 70’s and 80’s, but in today’s world, the issues are such that this shouldn’t be a volunteer position” (CA- D412AZ). Similar to those in Georgia, programs in California noted the need for volunteer coordinators to help recruit, train, and retain volunteers.

Few Georgia local LTCOP coordinators strongly agree that their local LTCOP had a sufficient number of paid FTE staff (6.7%), and a sufficient number of unpaid/volunteer staff (13.3%). California and New York coordinators provided similar responses, with 6.1 percent of California and 18.2 percent of New York coordinators strongly agreeing that they have a sufficient number of paid staff, and 15.2 percent of California and 10.8 percent of New York coordinators strongly agreeing that they have a sufficient number of volunteers.

As seen in responses to prioritizing additional funding, the value of volunteer resources is differentially perceived both across and within states. Where 87 percent of

coordinators in Georgia (N=15) reported that they believed volunteers had a role in their local LTCOP, many coordinators in California expressed concern about the role of volunteers in their program.

Ombudsman need to be perceived more as professionals and funded as such. This takes a lot of training and skill and we are dealing with very complex issues. We need to be recognized as professionals, which is not reflected in the federal and state funding and legislation. Everyone talks about it as a volunteer program, but very professional staff is needed to do what we do. (CA-A407AS)

Without the professionalization of the LTCOP one coordinator fears that “the program will become a paper tiger” (CA- A405BV). Additionally, another California coordinator noted that the perception of the local LTCOP as a volunteer organization impedes the development of inter-organizational relationships, “We are seen as a bunch of volunteers and not given the respect we [the LTCOP] deserve. There is some hesitation to give us that respect and work with us” (CA-D519AV). New York local LTCOP coordinators had a more favorable perception of volunteers and many expressed a desire to reward them for their work, “I want to do more for the volunteers- they do this out of the goodness of their heart, and it would be great if I could give them a stipend, or a Christmas party” (CA- A422AG). The same coordinator believed that if volunteers were monetarily compensated for their work, they could recruit better volunteers, “If the volunteers had a stipend, I could get a good volunteer to work the legislative policy stuff” (CA- A422AG).

Facilities and Beds

Despite serving Intermediate Care Facilities for Persons with Mental Retardation and Community Living Arrangements in addition to the federally mandated skilled

nursing facilities and board and care homes, Georgia and California local LTCOPs serve a similar median number of beds and facilities [Table 5.4]. New York program’s lower median number of beds and facilities served reflect the large number of very small programs in the state. Following with what we know about the demographics of each state, New York has a larger range of beds (53,291) across local LTCOPs than Georgia and California, reflecting New York City’s size in comparison to the remainder of New York State. Interestingly, New York has the smallest range of nursing homes (250) out of all the states suggesting that there are several LTC facilities with high numbers of beds, particularly in the New York City area. By looking at the number of beds/facility we can identify the median size of facilities in each state. As expected, New York local LTCOPs served the highest median number of beds/facility. The range of beds/facility in New York also reflected the drastic demographic differences for New York local LTCOPs (210, minimum 1 beds/facility, maximum 211 beds/facility). Georgia and California local LTCOPs served a similar median number of beds/facility, with California local LTCOP’s range (82) higher than that of Georgia (26).

Table 5.4: Georgia, California, and New York Local LTCOP Facilities and Beds

	Georgia		California		New York	
	N	Median	N*	Median	N	Median
Beds	15	3,615	33	3,566	40	742
Facilities	15	114	33	97	38	12
Beds/Facility	15	32	33	35	38	76

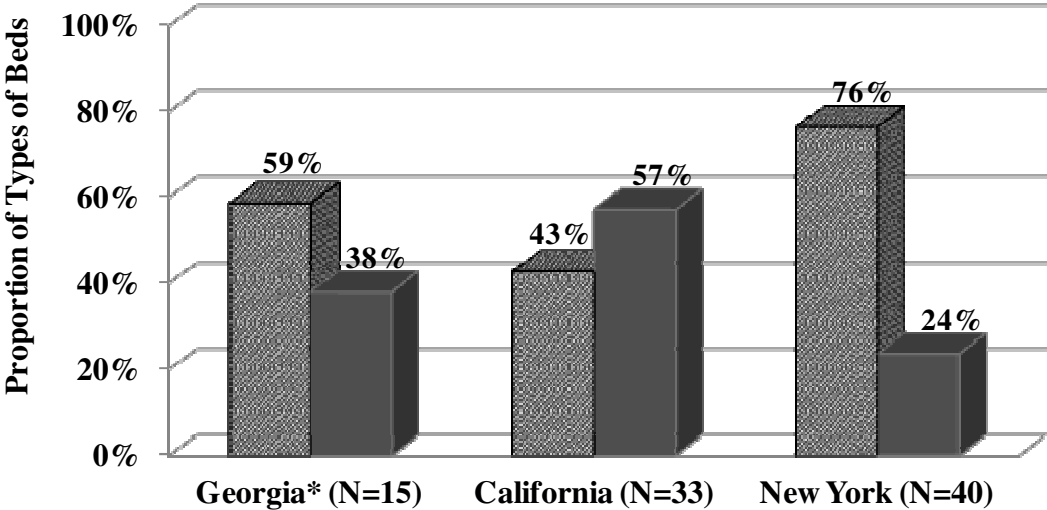
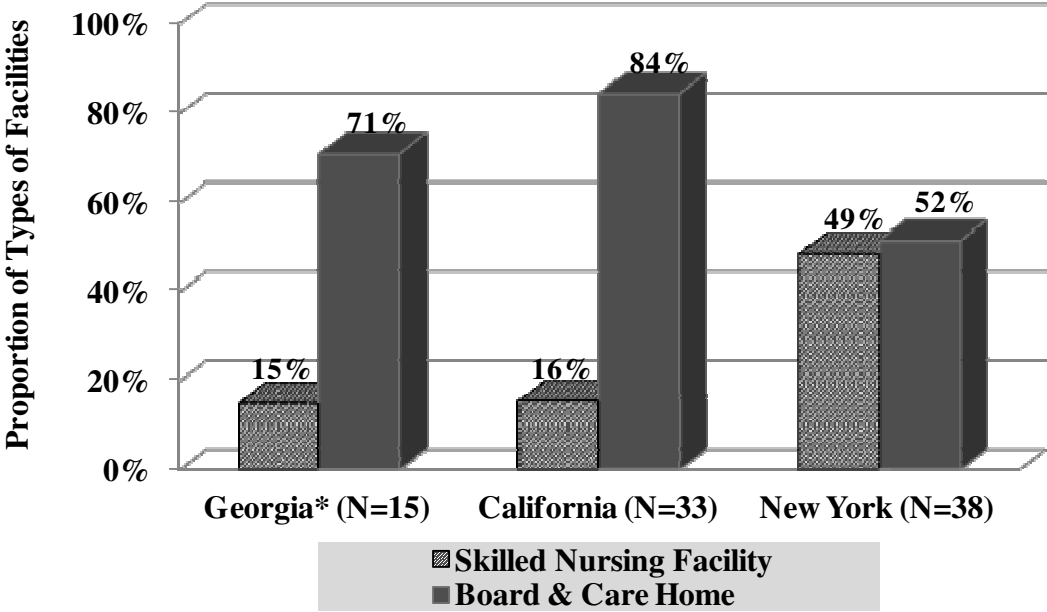
Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006; California and New York National Ombudsman Reporting System Data Fiscal Year 2004

* N may vary as data was not always available for all local LTCOPs in California and New York

For comparative purposes, intermediate care facilities for persons with mental retardation and community living arrangements were left out of Figure 5.5. Board and

care homes (board and care homes) make up the majority of facilities served by Georgia, California, and New York.

Figure 5.5: Proportion of Types of Facilities and Beds Served by Georgia, California, and New York Local LTCOPs



Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006; California and New York National Ombudsman Reporting System Data Fiscal Year 2004

* The exclusion of Georgia's intermediate care facilities for persons with mental retardation, community living arrangements, and respective beds means that Georgia percentages will not total to 100 percent.

While all programs serve a larger proportion of board and care homes than nursing homes, in Georgia and New York the majority of beds served are in nursing homes. Over half of the beds served by California local LTCOPs are in board and care homes. New York local LTCOPs serve the largest proportion of nursing home facilities and beds out of the three states. These findings suggest that while Georgia and California's LTC system has become less institutionalized, New York facilities, and particularly proportion of their beds remain in skilled nursing settings.

Though not state mandated as in Georgia, California local LTCOP coordinators expressed some concern over increasingly diverse facilities falling under their jurisdiction,

In [respondent's area], with law suits and the Olmstead decision, ombudsman will get a lot more into homecare, with the unavailability of low income, MediCal beds. As medical dollars become less regulated, different areas will need to have some type of ombudsman programs. It will be necessary more and more with these types of dissimilar programs.
CA-B408DX

As Georgia local LTCOP coordinators saw the need for a specialized mental health ombudsman, so too did this coordinator see the need for ombudsmen programs serving dissimilar facilities and home care programs. Another California coordinator noted that their work in some of these facilities is unfunded "Adult residential facilities, witnessing advance directives and monitoring developmental disability homes; it is required but unfunded" (CA-C504BW). California and New York coordinators also reported, as did Georgia coordinators, difficulty visiting board and care homes, lack of training of board and care home staff, difficulty working with board and care home licensing and certification agencies, and a lack of knowledge of the LTCOP among board and care home residents. "Adult care is really growing, but not training for staff or regulations"

(CA-B407DU). Not only are there systematic problems in the growth of board and care homes in California, but local LTCOPs increasingly responsible for populations of residents they are not trained to serve, “we don’t have training to do abuse investigations with developmentally disabled residents” (CA-B407DU). One coordinator posed a solution to the demands of different facility types, “look at identifying specialists on staff; people that know more about residential care facilities, the environment and regulations; same with adult living facilities, developmental disabilities and younger populations (CA- D603AT).

Workload

While we have previously noted the limitations of the beds/FTE ratio to measure adequacy of resources we will use the ratio again to facilitate across-state analysis while continuing to take into consideration other resources such as FTEs, volunteers, facilities and beds served, types of facilities and residents served, program funding, mandates not related to the number of beds served (community education, monitoring laws, regulations and policies, and systems advocacy), and additional state mandates.

Georgia local LTCOPs had the lightest median workload (beds/FTE), followed by California and New York with the heaviest median workload [Table 5.6].

Table 5.6: Georgia, California, and New York Local LTCOP Workloads

	Georgia		California		New York	
	N	Median	N*	Median	N	Median
Beds/FTE	15	1,407	33	1,503	40	2,137
Facilities/FTE	15	45	33	47	38	29

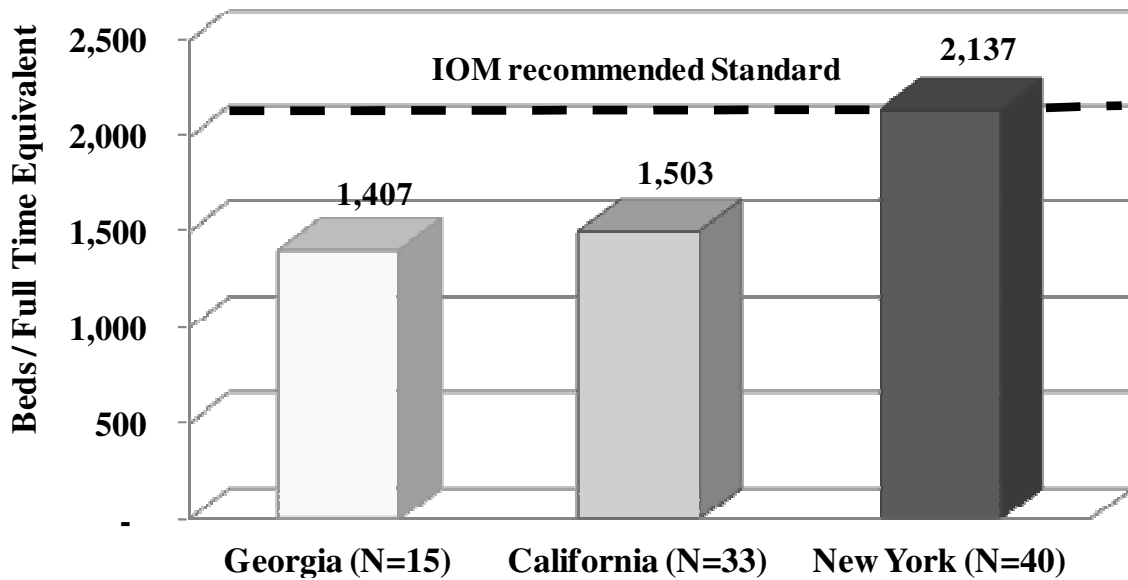
Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006; California and New York National Ombudsman Reporting System Data Fiscal Year 2004

* N may vary as data was not always available for all local LTCOPs in California and New York

While only two programs in Georgia exceeded the IOM recommended workload of serving no more than 2,000 beds/FTE, ten California, and 22 New York local LTCOPs

exceeded the IOM recommendation [Figure 5.7]. Furthermore, the heaviest workload in New York was 7,163 beds/FTE and 4,476 beds/FTE in California compared to the maximum 2,169 beds/FTE in a Georgia local LTCOP. These findings show that extreme diversity in workload within states and across states needs to be taken into consideration when evaluating programs.

Figure 5.7: Median Ratio of Georgia, California, and New York Long Term Care Beds (in all Facilities) to Full-Time Equivalent (FTE) Staff



Source: Georgia National Ombudsman Reporting System Data Fiscal Year 2006; California and New York National Ombudsman Reporting System Data Fiscal Year 2004

Although New York local LTCOPs served the highest median number of beds/FTE, they served the lowest median number of facilities/FTE [Table 5.6]. One California coordinator noted the importance of the number of facilities/FTE when considering local LTCOPs' workloads,

You are missing the number of facilities and volunteers. I mean I am small program. We deal with three facilities and I have four volunteers. It is a total of 289 beds, so I have more resources. I know in other places they are saying 'Not able to do it. Not able to do it. Not able to do it,' but, they are

covering more facilities. We have more resources to do things. CA-C504AY

The need to visit more facilities housing fewer residents places stress not only on the LTCOP's time, but their staff resources, and the funding available for transportation. Given these findings, it appears as though California local LTCOPs may struggle the most in attempting to serve residents in numerous facilities.

To evaluate the effect of resources, dichotomous variables were created in each state separating programs with workloads heavier than the median from those with workloads lighter than the median beds/FTE. By recalculating the variable for the beds/FTE median of each state, we hope to capture state specific struggles. If we calculated workload by the total beds/total FTEs across states, what is perceived as a light workload in one state may not be in another due to differing state responsibilities and other available resources. Before looking at autonomy of local LTCOPs both within and across states, program characteristics were run by the beds/FTE split (workload) in each state to evaluate how the programs in each group might further differ both within and across states [Table 5.8].

Program Characteristics

While Georgia local LTCOP differences in median program characteristic across light and heavy workload programs are minimal, California and New York local LTCOPs with heavier workloads tended to be larger programs serving many more beds and facilities overall than those with lighter workloads [Table 5.8]. This finding evidences a trend in larger California and New York programs struggling with maintaining an adequate number of staff to meet the needs of the high number of beds and facilities served.

No attempts to compare certified volunteers in Georgia to California and New York were made because of the small number of volunteers in Georgia and the poor distribution across programs. However, as a major resource in California and New York, volunteers will be included in the analysis of program characteristics in those states.

Table 5.8: Effect of Resources on Median Differences of Program Characteristics in Georgia, California and New York Local LTCOPs

	Light Workload						Heavy Workload					
	Fewer than 1,407 Beds/FTE		Fewer than 1,503 Beds/FTE		Fewer than 2,137 Beds/FTE		More than 1,407 Beds/FTE		More than 1,503 Beds/FTE		More than 2,137 Beds/FTE	
	N *	GA	N	CA	N	NY	N	GA	N	CA	N	NY
Beds	8	3,646	17	2,058	20	475	7	3,421	16	6,936	20	3,039
Facilities	8	105	17	48	20	9	7	114	16	191	20	24
FTE	8	3.000	17	2.000	20	0.33	7	2.000	16	3.800	20	1.07
Beds/ FTE	8	1,155	17	1,001	20	1,377	7	1,711	16	2,195	20	3,021
Facilities/ FTE	8	35	17	33	20	20	7	57	16	60	20	39
Certified Volunteers	8	0	17	17	19	6	7	0	16	40.5	20	23
Beds/ Certified Volunteers	1	2,446	17	158	19	110	2	4,495	16	253	20	150
Facilities/ Certified Volunteers	1	76	17	3.6	19	1.8	2	173	16	6.7	20	1.6
Complaints	8	301	16	503	19	45	7	239	16	1,181	20	640
Complaints / Bed	8	0.10	17	0.20	19	0.12	7	0.06	16	0.14	20	0.14
Complaints / Facility	8	3.36	17	7	19	4	7	1.93	16	4.6	20	12
Budget	8	\$132,866	17	\$106,760	19	\$12,389	7	\$94,073	16	\$227,407	20	\$37,803
Budget/ Bed	8	\$41.78	17	\$61.16	19	\$31.50	7	\$32.91	16	\$28.39	20	\$14.90
Budget/ Facility	8	\$1,311	17	\$1,695	19	\$1,704	7	\$895	16	\$1,120	20	\$1,242

Source: Georgia NORS Data Fiscal Year 2006; California and New York NORS Data Fiscal Year 2004

* N may vary as data was not always available for all local LTCOPs in California and New York

Note: larger findings are bolded to show trends

California and New York local LTCOP's median number of beds/certified volunteer ranged from 110-253. As one would hope, California and New York local LTCOPs with heavier workloads also had more certified volunteers. However, when looking at the ratios of beds and facilities/certified volunteers, California and New York programs with heavier workloads (as evidenced by more beds/FTE staff), also had higher ratios of beds and facilities served by certified volunteers. Thus, it does not appear as though the volunteers in these two states are buffering programs with heavier workloads as measured by beds/FTE. California programs also showed a larger within state difference in beds/certified volunteer and facilities/certified volunteer across the workload median than New York, showing that an imbalance in volunteer resources may exacerbate a lack of staff resources in some programs.

California local LTCOPs had the highest overall number of reported complaints which likely reflects their additional state mandate to conduct abuse investigation. New York local LTCOPs with heavier workloads reported 14 times more complaints than New York programs with lighter workloads. In contrast, Georgia and California local LTCOPs with lighter workloads reporting more complaints than heavier workload programs. Larger differences were seen in the number of complaints/facility than in complaints/bed. Georgia programs with lighter workloads reported the most complaints/facility. Within states, both Georgia and California programs with lighter workloads reported more complaints/facility than those with heavier workloads. Once again, New York did not follow the trend of the other two states. New York local LTCOPs with heavier workloads reported three times the amount of complaints/facility as New York programs with lighter workloads. If complaints/ bed or facility are used to measure outcomes, New York local

LTCOPs with worse resources would outperform programs with better resources. This finding shows a possible confounding factor in New York local LTCOP's measurement of adequate resources as measured by beds/FTE.

The relationship between the budget and workload reveals some similarities between Georgia, California and New York local LTCOPs. Programs with lighter workloads received around \$500 more per facility than those with heavier workloads in each state. Local LTCOPs in all three states with lighter workloads as measured by beds/FTE also received more adequate funding/bed and funding/facility. The largest differences were seen in California and New York local LTCOPs with heavier workloads receiving only half of the funding/bed than did lighter workload programs in those states. Differences found in funding both within and across states will be taken into consideration when examining the effect of beds/FTE on local LTCOP's perceived effectiveness and reported participation in systems advocacy.

In summary, California and New York local LTCOPs with heavy workloads also had fewer certified volunteers/ bed and facility. More complaints/bed and facility were reported by Georgia and California local LTCOPs with lighter workloads, where the opposite was true for New York programs. All three states reported less funding/bed and facility in heavier workload programs than in lighter workload programs, exacerbating the shortage of FTE staff with limited monetary resources.

Resources had the largest effect on Georgia local LTCOP's effectiveness in, and ability to conduct systems advocacy. While we predict a similar finding in California and New York, the variability in local LTCOP resources within states, the different state mandates, and the availability of volunteers will likely further affect local LTCOP

perceived effectiveness and reported participation in systems advocacy. After a review of autonomy and inter-organizational relationships, and general findings on effectiveness and systems advocacy measures, proportions of coordinator responses on effectiveness and systems advocacy measures will be compared by workload to determine the effect of resources.

Local LTCOP Autonomy

As explored in the previous chapter, perceived constraints on autonomy were associated with lower ratings of effectiveness and less capacity to conduct certain types of systems advocacy work. Several measures of constraints on program autonomy were included in the Georgia local LTCOP coordinator survey that were not included in the previous California and New York coordinator surveys [Table 5.9]. While Georgia coordinators were asked about constraints on autonomy as a result of their host agency *and* the placement of the Office of the State Long Term Care Ombudsman, California and New York coordinators were only asked if they perceived their program to have sufficient autonomy to carry out the programs' duties and activities. Where relevant, qualitative statements by coordinators will be used to identify what types or sources of constraints on autonomy they perceived. Georgia coordinators were also asked an additional question about encountering obstacles or resistance to conducting systems advocacy. Again, qualitative data will be used to supplement the limited California and New York quantitative data. All coordinators were asked if they experienced any conflicts with state laws, regulations, or agency agreements. Measures of host agency affiliation will also be examined in relation to known barriers to LTCOP program autonomy and systems advocacy efforts.

Table 5.9: Program Autonomy Measures Administered in Georgia, California, and New York Local LTCOP Coordinator Surveys

Georgia	California & New York
To what extent do you agree with the following statement, your local LTCOP's host agency (or organizational placement) allows for sufficient autonomy to carry out the programs' duties and activities, (would you say, Strongly Agree, Somewhat Agree, Somewhat Disagree, or Strongly Agree)?	To what extent do you agree with the following statement, your local LTCOP has sufficient autonomy to carry out the programs' duties and activities, (would you say, Strongly Agree, Somewhat Agree, Somewhat Disagree, or Strongly Agree)?
To what extent do you agree with the following statement, your local LTCOP encounters constraints on autonomy due to the organizational placement of the State Office of the LTC Ombudsman., (would you say, Strongly Agree, Somewhat Agree, Somewhat Disagree, or Strongly Agree)?	
Has your local LTCOP encountered any obstacles or resistance to conducting systems advocacy (yes/no)?	
Do you have any state laws, regulations, or agency agreements that conflict with the ability of your local LTCOP to carry-out its Federal and state mandates (yes/no)?	

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

The following section will (1) present descriptive findings on program autonomy measures by state, (2) explain the dichotomous variables created to compare local LTCOPs that reported constraints on autonomy to those that did not within and across states, and (3) compare program characteristics of local LTCOPs by the dichotomous autonomy variable both within and across states.

Constraints

While 92.3 percent of Georgia coordinators strongly agreed that their host agency allowed for sufficient program autonomy, only 66.7 percent said the same for the placement of the Office of the State Long Term Care Ombudsman. A similar proportion of California local LTCOP coordinators strongly agreed that they had sufficient

autonomy to carry out their mandated duties (73.3%). However, one California coordinator noted constraints on autonomy at the state level, “The state LTCOP should not be an appointed position; and then he could lobby. We have no lobbying power. By having it as an appointed position, it politicizes the program so residents don’t have a representative on the state level. Lobbying could be powerful” (CA-A407AS). New York coordinators were less likely to strongly agree that their program has sufficient autonomy (45.5%). However, when measuring whether there were state laws, and/or regulations that conflicted with the ability of their program to perform federally mandated duties, New York and Georgia local LTCOPs reported the least amount of conflict (15.8% and 13.3%, respectively). Over half of California coordinators (57.6%) agreed that state laws and/or regulations conflicted with the ability of their program to perform federally mandated activities. Most California local LTCOP coordinators cited the conflicting state mandate to investigate elder abuse with the federal mandate to maintain the confidentiality of resident and act according to their wishes. One coordinator in California stated that there are “huge conflicts in state and federal requirements for mandated reporting. It has to do with consent, are we mandated reporters or not mandated reporters? The wordings of the mandates at those two levels are conflicted” (CA-A421AN). When asked what are the biggest challenges in addressing/ advocating for issues related to physical abuse, gross neglect and financial exploitation, one New York local LTCOP coordinator said,

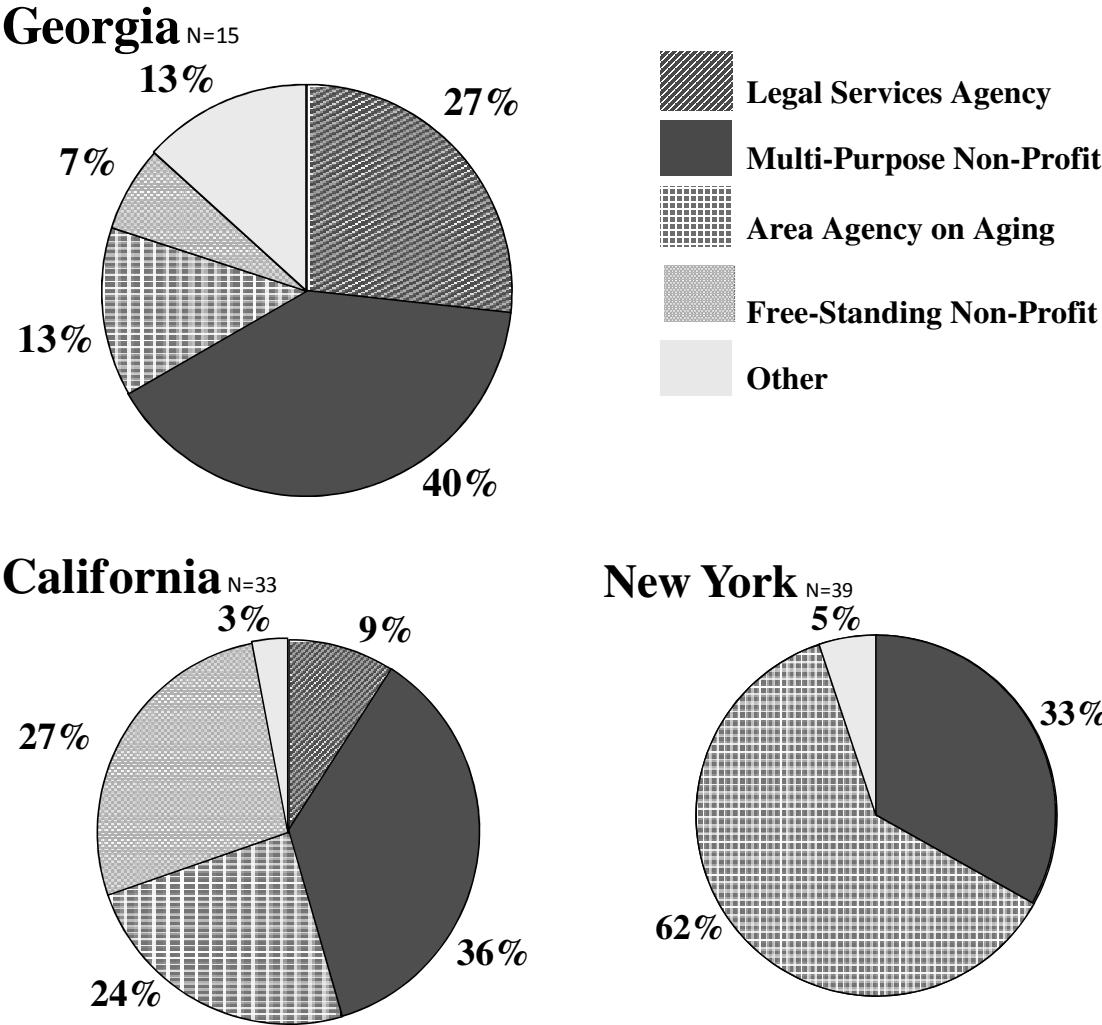
There are none because we are not mandated reporters. Resident may be encouraged to call the health department. You see, we maintain a resident focused approach, so if the resident does not want to pursue it, we don’t. But we do what we can do. We may point something out to a nurse and say, aren’t you a mandated reporter? NY-A331CF

These contrasting quotes highlight the importance of enacting congruous laws at the state and federal level.

Host Agency

Local LTCOPs in Georgia, California and New York all had a similar proportion of placements in multi-purpose non-profit agencies (33-40%) [Figure 5.10].

Figure 5.10: Proportion of Georgia, California, and New York Local LTCOP’s Host Agency Affiliations



Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in California and New York
 Note: larger findings are bolded to show trends

While Georgia and California were more evenly distributed across different host agencies, a majority of New York's local LTCOPs were located in Area Agencies on Aging. Georgia had the highest proportion of legal service agency placements, and California had the highest proportion of free-standing non-profits. New York local LTCOPs reported the least amount of changes in host agency placement in the five years prior to the study (2.6%), with Georgia (21.4%) and California (18.2%) reported more, recent changes in host agency placement. Georgia local LTCOPs were more likely to strongly agree that their program was recognized as a priority by their host agency (66.7%) than both California (50%), and New York programs (31.6%). Again, we believe that due to the variability of perceived constraints across programs housed by the same host agency, the use of host agency measures to evaluate constraints on autonomy would not be adequate to capture the effect of this factor on program's perceived effectiveness and reported participation in systems advocacy.

As was done in the previous chapter, a dichotomous variable was created to measure any reports of constraints on autonomy to the questions in Table 5.9. The dichotomous variable created separates programs that perceived any constraints on autonomy from those that did not. Program characteristics of the groups created by the dichotomous autonomy variable by state are examined below [Table 5.11]. Additionally, relationships between the program autonomy dichotomous variable, resources and inter-organizational relationships will later be examined in order to identify any collinearity amongst these variables.

Program Characteristics

The findings displayed in Table 5.11 allow us to examine the relationship between the dichotomous autonomy variable and program characteristics which may confound the later findings when we examine perceived effectiveness and reported participation in systems advocacy.

Table 5.11: Effect of Autonomy on Median Differences of Program Characteristics in Georgia, California, and New York Local LTCOPs

	Constraints						No Constraints					
	N*	GA	N	CA	N	NY	N	GA	N	CA	N	NY
Beds	8	3,688	26	3,995	10	657	7	3,615	7	2,958	25	783
Facilities	8	115	26	101	9	9	7	94	7	91	24	12.5
FTE	8	2.5	26	2.05	10	0.37	7	3	7	3.03	26	0.4
Beds/ FTE	8	1,441	26	1,504	10	2,196	7	1,225	7	1,479	25	2,088
Facilities/ FTE	8	41	26	47	10	19	7	45	7	34	24	29
Certified Volunteers	8	0	26	21.5	10	10.5	7	0	7	28	25	8
Beds/ Total Volunteers	1	3,567	26	205	10	130	2	3,934	7	160	24	138
Facilities/ Total Volunteers	1	166	26	5.27	9	1.2	2	131	7	4.53	23	1.8
Complaints	8	313	25	787	10	113	7	227	7	635	24	97
Complaints/ Bed	8	0.08	25	0.18	10	0.13	7	0.08	7	.20	24	0.11
Complaints/ Facility	8	2.43	25	6.21	9	12	7	2.41	7	7.06	23	7.08
Budget	8	\$122,215	26	\$127,068	10	\$15,430	7	\$114,345	7	\$221,923	25	\$15,336
Budget/ Bed	8	\$40.66	26	\$37.04	10	\$21.20	7	\$39.72	7	\$44.85	24	\$19.22
Budget/ Facility	8	\$1,301	26	\$1,242	9	\$2,104	7	\$1,089	7	\$1,583	23	\$1,525

Source: Georgia NORS Data Fiscal Year 2006; California and New York NORS Data Fiscal Year 2004; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

Note: larger findings are bolded to show trends

Local LTCOPs experiencing constraints on autonomy had a slightly higher number of beds/FTE in each state though the differences are not compelling. Similarly, only small differences are noted within states between programs experiencing constraints and those that did not, in complaints/bed, volunteers/bed, and budget/bed. As little

differences were seen within states, we can assume that there is little collinearity between the autonomy measure and other program characteristics.

Returning to the alternate measure of program autonomy presented in the Georgia findings chapter, an examination of host agency affiliation and the dichotomous autonomy measure can tell us more about how autonomy might be related to host agency affiliation. A majority of Georgia local LTCOPs housed in multi-purpose non profits and legal services agencies reported experiencing constraints on autonomy (83%, N=6 and 75%, N=4 respectively). One third of New York local LTCOPs housed in Area Agencies on Aging reported constraints (N=24), and 23 percent of New York local LTCOPs housed in multipurpose non-profits reported the same (N=13). California local LTCOPs reported the highest proportion of constraints on autonomy out of all three states, with 100 percent of programs housed in legal services agencies (N=3), 88 percent of programs housed in Area Agencies on Aging (N=8), 78 percent of those in freestanding non-profits (N=9), and 75 percent of those in multipurpose non-profits (N=12) reporting constraints on autonomy. Although neither of the two Area Agency on Aging affiliated programs in Georgia reported constraints, Area Agency on Aging affiliated programs in California and New York maintained the highest proportion of reported constraints on autonomy,

Housing the ombudsman program in an Area Agency on Aging is a direct conflict of interest that impedes with my ability to do my job. I am seen as a county employee and under their authority rather than under the authority of the State LTC Ombudsman. My director does not want to subcontract because she would then have less control. I really do not think that I am as effective as I could be. I have been disappointed that I cannot do the job I want to do. I have no time to do much more than maintaining the status quo. NY-A330BC

With three quarters of Georgia's legal service agency affiliated programs and all California local LTCOPs housed in legal service agencies reporting constraints, the

findings evidence some support for the claim that Area Agencies on Aging and legal service agency present the most constraints to local LTCOP program autonomy.

However, as we saw in Georgia Area Agency on Aging affiliated programs, there is some variability across states in the constraints on autonomy placed by host agency affiliation.

In summary, the dichotomous autonomy measure showed little co-variance with other program characteristic in each state implying that the effect of the variable explored later, will be fairly straightforward. Also, local LTCOP affiliation with legal service agencies in Georgia and California, as well as with Area Agencies on Aging in California and New York were more likely to report constraints on autonomy. Potential reasons for this affiliation will be explored later in the next chapter.

Local LTCOP Inter-Organizational Relationships

In addition to the variability of inter-organizational relationships within states as we saw in the Georgia case study, it is believed that inter-organizational relationships differ greatly across states, and that the effect of inter-organizational relationships on perceived effectiveness and reported participation in systems advocacy will also differ across states. Despite this variability it is likely that all local LTCOPs have some interaction with the following organizations: the Office of the State Long Term Care Ombudsman, State Units on Aging, Area Agencies on Aging, departments of health, divisions of licensure and certification, adult protective services, law enforcement, legal services, and citizens' advocacy groups (IOM, 1995, p. 66). Georgia local LTCOPs were asked about their working relationships with 11 organizations, where California and New York were asked about seven organizations [Table 5.12]. While Georgia local LTCOP

coordinators may have been asked about similar organizations as California and New York local LTCOP coordinators, the wording may have varied slightly.

Table 5.12: Inter-Organizational Relationship Measures Administered in Georgia, California, and New York Local LTCOP Coordinator Surveys

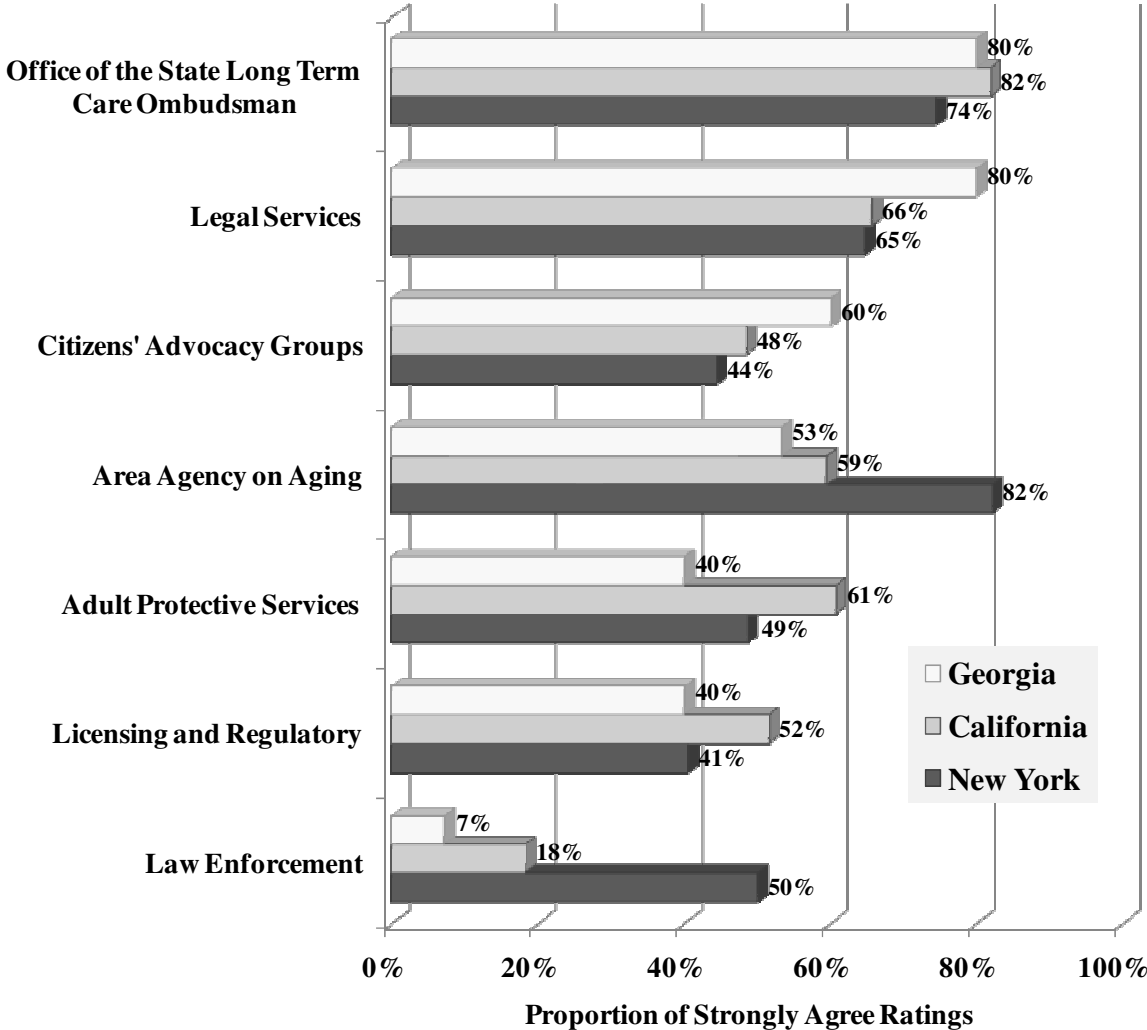
Georgia	California & New York
Office of the State Long Term Care Ombudsman	
Elderly Legal Assistance Program	Legal Services
Community Care Services Program and/or Service Options Using Resources in Community Environments	
Citizens' Advocacy Groups (CO-AGE)	Citizens' Advocacy Groups
Area Agency on Aging	
Department of Family and Children's Services	
Adult Protective Services	
Office of Regulatory Services	Licensing and Certification
GeorgiaCares	
Department of Mental Health, Developmental Disability, and Addictive Disease	
Law Enforcement	

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

The following section will (1) present findings on Georgia, California and New York local LTCOPs' relationships with other organizations; (2) explain the dichotomous variable created in each state to compare local LTCOPs with better/worse inter-organizational relationships, and (3) compare descriptive statistics of local LTCOPs by the inter-organizational relationship dichotomous variable within and across states. For the purpose of capturing as much of the data collected as we could, the dichotomous variable in Georgia was a sum of the 11 inter-organizational relationship measures, while the California and New York dichotomous measures were based on the sum of their seven inter-organizational relationship measures.

Georgia local LTCOPs reported better relationships with legal services agencies, and citizens’ advocacy groups than did those in California or New York [Figure 5.13]. California local LTCOPs reported better relationships with the Office of the State Long Term Care Ombudsman, adult protective services, and licensing and certification agencies. New York local LTCOPs reported the best relationships with Area Agencies on Aging and law enforcement agencies.

Figure 5.13: Proportion of Georgia, California, and New York Local LTCOP Coordinators that Strongly Agreed that their Program had a Positive Working Relationship with Other Organizations



Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

Most coordinators in all states strongly agreed that they had a positive relationship with their Office of the State Long Term Care Ombudsman. As one New York local LTCOP coordinator stated,

A good strong well informed program starts at the top. The last two years, we have been inundated with information from the state office regarding ombudsman work. We have very head strong advocacy in New York State, but until two years ago, we never heard from the state office. But in the recent past, we have been very connected to the state office. It is a matter of leadership. NY- B413CB

Another New York local LTCOP coordinator noted discrepancies across programs in the state and the attention from the Office of the State Long Term Care Ombudsman, “the state monitors us once a year, but we don’t get a lot of attention from them. New York City is so big and it gets a lot of attention and most of the assistance” (NY-A405AL). However, another New York local LTCOP cited using local consortiums to overcome obstacles posed by their poorer relationship with the Office of the State Long Term Care Ombudsman, “I think the program is wonderful, but there are inconsistencies in the state office. I am very frustrated. We build internally at the county level to overcome obstacles, to overcome roadblocks. We formed a nine county consortium to meet and support each other” (NY-A405AL). These local consortiums were mentioned in Georgia as well (Seniors and Law Enforcement Together (SALT) councils) when coordinators discussed ways in which they improved their communication, effectiveness and advocacy by building relationships with other organizations at the local level. Georgia coordinators similarly rated positively their relationships with legal services agencies and New York coordinators with Area Agencies on Aging.

The lowest proportions of strongly agree ratings of positive relationships were between Georgia and California local LTCOPs and law enforcement agencies, and New York local LTCOPs and licensing and certification agencies. Like Georgia local LTCOP coordinators, California local LTCOP coordinators expressed difficult in maintaining relationships with law enforcement agencies and educating them about the long term care ombudsman program, “the changes in leadership of the police force affects the knowledgebase – I have to retrain them. Also the Ombudsman is not seen as a legitimate player in the eyes of law enforcement. They are not sure what we can do” (CA-C504AY).

One New York local LTCOP coordinator expressed challenges their program has faced in working with licensing and certification agencies,

There have been several instances when we have put in complaints for serious matters, but the department of health went in and found nothing wrong. The woman later froze to death on the roof. All the sudden they are giving out fines but they can never find anything. The department of health has been demoralized completely. There is no such thing as an organization chart, because everyone is switch around. NY-A401DI

New York local LTCOP coordinators also voiced similar concerns as Georgia coordinators in their working relationships with licensing and certification agencies for non-skilled nursing homes (board and care homes and community living arrangements in Georgia, and adult homes in New York), “with adult homes we have no idea when they are being surveyed and we don’t receive reports once the survey is done. There is no connection. With nursing homes, they tell me when they are surveying and send me a copy of the report” (NY-A408AE).

Other notable comparisons across states include the higher proportions of New York local LTCOP coordinators that strongly agreed that their program had positive

working relationships with Area Agencies on Aging, and law enforcement agencies than Georgia and California local LTCOPs.

In order to evaluate the effect of inter-organizational relationships Georgia, California, and New York local LTCOPs were split by the median of the summary score of relationship measures. The summary score in Georgia included all 11 relationship measures, whereas the summary score in California and New York only included the seven relationship measures included in their survey. Program characteristics of the groups created by the dichotomous Inter-organizational relationship variable in each state are examined below [Table 5.14].

Program Characteristics

Findings presented in Table 5.14 show that Georgia, California, and New York local LTCOP coordinators that reported better inter-organizational relationships, also had lighter workloads (fewer beds/FTE), served fewer facilities/FTE, and reported slightly more complaints/ bed and facility. Georgia and California local LTCOPs with better inter-organizational relationships were better funded with more dollars/bed and dollars/facility than Georgia and California programs with poorer inter-organizational relationships. New York local LTCOPs with better inter-organizational relationships received slightly less funding/bed and facility than programs with poorer inter-organizational relationships.

Table 5.14: Effect of Inter-Organizational Relationships on Median Differences of Program Characteristics in Georgia, California, and New York Local LTCOPs

	Poorer IOR						Better IOR					
	N*	GA	N	CA	N	NY	N	GA	N	CA	N	NY
Beds	7	2,711	15	4,614	18	1,090	8	3,816	18	3,240	16	692
Facilities	7	93	15	148	17	12	8	128	18	91	15	10
FTE	7	2	15	2.88	18	0.45	8	3.25	18	2.5	17	0.35
Beds/ FTE	7	1,711	15	1,539	18	2,262	8	1,215	18	1,491	16	2,137
Facilities/ FTE	7	57	15	53	17	27.5	8	40	18	39	15	30.23
Certified Volunteers	7	0	15	28	18	13.5	8	0	18	17	16	6.5
Beds/ Total Volunteers	2	4,495	15	158	18	135	1	2,446	18	271	15	150
Facilities/ Total Volunteers	2	173	15	4.53	17	1.55	1	76	18	5.68	14	1.73
Complaints	7	219	15	813	18	139	8	352	17	656	15	83
Complaints/ Bed	7	0.08	15	0.18	18	0.11	8	0.09	17	0.18	15	0.14
Complaints/ Facility	7	2.16	15	5.68	17	8.19	8	2.7	17	6.3	14	9.06
Budget	7	\$90,990	15	\$144,083	17	\$18,205	8	\$157,234	18	\$137,199	17	\$12,702
Budget/ Bed	7	\$33.85	15	\$36.25	17	\$19.95	8	\$40.66	18	\$39.59	16	\$18.47
Budget/ Facility	7	\$959	15	\$1,253	16	\$1,680	8	\$1,157	18	\$1,516	15	\$1,525

Source: Georgia NORS Data Fiscal Year 2006; California and New York NORS Data Fiscal Year 2004; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

Note: larger findings are bolded to show trends

In summary, better inter-organizational relationships were associated with an equal or a higher number of reported complaints/bed and facility in all states. Georgia and California local LTCOPs with better inter-organizational relationships also received more funding/bed and facility. Across states, larger programs (more beds, facilities, FTEs and volunteers) were less likely to be in the better inter-organizational relationship category. After a review of the relationships between the resource, autonomy, and inter-organizational relationship measures, the following section will provide descriptive

statistics of Georgia, California, and New York local LTCOP's perceived effectiveness and reported participation in systems advocacy; followed in each section by analysis of the effect of resources, autonomy, and inter-organizational relationships on effectiveness and systems advocacy.

Relationships between Measures

Examining the relationship between workload (beds/FTE), autonomy, and inter-organizational relationships in each state is necessary to build the confidence in later findings around these measures. Potential collinearity across measures will be noted and taken into consideration later in analysis.

Local LTCOP Resources and Autonomy

Georgia local LTCOP's dichotomous autonomy measure did not differ widely by the dichotomous resource measure [Table 5.15].

Table 5.15: Georgia, California, and New York Local LTCOP's Median Beds per Full Time Equivalent Staff (Beds/FTE) by Autonomy and Host Agency Affiliation

	Georgia		California		New York	
	N	Median Beds/FTE	N	Median Beds/FTE	N	Median Beds/FTE
All local LTCOPs	15	1,407	33	1,503	40	2,137
Constraints	15	1,441	33	1,504	39	2,196
No Constraints	15	1,225	33	1,479	39	2,088
Area Agency on Aging	2	1,215	8	1,144	21	1,638
Legal Services Agency	4	1,449	3	2,870	0	-
Freestanding Non-Profit	1	2,169	9	1,357	0	-
Multipurpose Non-profit	6	1,358	12	1,840	13	3,098
Other	2	1,079	1	1,479	1	4,389

Source: Georgia NORS Data Fiscal Year 2006; California and New York NORS Data Fiscal Year 2004; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

Note: larger findings are bolded to show trends

California and New York local LTCOPs experiencing constraints on autonomy had a slightly higher number of beds/FTE in each state than programs with no reported constraints, though the differences are not compelling. Georgia local LTCOPs within Area Agencies on Aging were likely to have lighter workloads, while Georgia local LTCOPs in Legal Service Agencies and free-standing non-profit LTCOPs typically had heavier workloads. The single Georgia local LTCOP housed in a freestanding non-profit had the heaviest workload, with local LTCOP coordinators that selected other reporting the lightest workload [Table 5.16]. California local LTCOPs in legal services agencies had the heaviest workload with programs in Area Agencies on Aging reporting the lightest. However another California local LTCOP coordinator, noted the benefit of being affiliated with their host agency,

My program is fortunate that we are in this center [multipurpose non-profit] and our funding is combined. If we were a stand alone, I could not do all that I am doing. We could not do any training in facilities. Because of combined funding, discretionary funds can go to under-funded programs, like the ombudsman program. We are really lucky, but not typical. (CA-C504BW)

The New York local LTCOP coordinator who selected other to the host agency question had the heaviest workload, with multipurpose non-profits also reporting a workload far above the median workload for the state. As one New York ombudsman said about their multipurpose non-profit host agency, host agencies can place constraints on autonomy by imposing rules as well as by limiting resources,

The Ombudsman program needs to be freestanding and free from politics. There should also be standards about how much the sponsoring agency can take from the program. I will get grants and the sponsoring program will take a chunk. We are renting from them, they are not sponsoring us. The program suffers from lack of funding. (NY-C412BG)

Across all three states, Area Agencies on Aging affiliated local LTCOPs reported relatively low workloads.

Local LTCOP Autonomy and Inter-Organizational Relationships

The overall average rating of inter-organizational relationships by Georgia and New York local LTCOPs was better for programs with no constraints than programs that perceived constraints on autonomy [Table 5.16].

Figure 5.16: Proportion of Georgia, California and New York Local LTCOP Coordinators in the Better Inter-Organizational Relationship Category by Autonomy and Host Agency Affiliation

Proportion of Coordinators Reporting Better IORs	Georgia		California		New York	
	N	% Better IORs	N	% Better IORs	N	% Better IORs
Constraints	8	25.0	26	57.7	11	27.3
No Constraints	7	85.7	7	42.9	27	63.0
Area Agency on Aging	2	100.0	8	75.0	24	50.0
Legal Services Agency	4	50.0	3	100.0	0	-
Freestanding Non-Profit	1	0	9	44.4	0	-
Multipurpose Non-profit	6	33.3	12	33.3	12	50.0
Other	2	100.0	1	100.0	2	100.0

Source: Georgia NORS Data Fiscal Year 2006; California and New York NORS Data Fiscal Year 2004; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

Note: larger findings are bolded to show trends

Though the difference was smaller, California local LTCOPs experiencing constraints were more likely to report better inter-organizational relationships than California local LTCOPs that reported no constraints on their program's autonomy.

All Georgia local LTCOPs housed within Area Agencies on Aging (N=2), and California local LTCOPs within legal services agencies (N=2) reported having better inter-organizational relationships. Although only five local LTCOPs across all three states categorized their host agency as "other," all five reported better inter-organizational

relationships. Half of the Area Agency on Aging and multipurpose non-profit affiliated local LTCOPs in New York reported having better inter-organizational relationships.

Across all three states, local LTCOPs housed in multi-purpose non-profits were consistently less likely to report better inter-organizational relationships.

Local LTCOP Resources and Inter-Organizational Relationships

Georgia, California, and New York local LTCOP coordinators that reported better overall inter-organizational relationships also had lighter workloads (fewer beds/FTE)[Table 5.17]. In other words, programs with heavier workloads were also more likely to report poorer inter-organizational relationships.

Table 5.17: Georgia, California, and New York local LTCOP’s Median Beds per Full Time Equivalent Staff (Beds/FTE) by Inter-Organizational Relationship Dichotomous Summary Measure

	Georgia		California		New York	
	N	Median Beds/FTE	N	Median Beds/FTE	N	Median Beds/FTE
All local LTCOPs	15	1,407	33	1,503	40	2,137
Poorer IORs	7	1,711	15	1,539	18	2,262
Better IORs	8	1,215	18	1,491	16	2,137

Source: Georgia NORS Data Fiscal Year 2006; California and New York NORS Data Fiscal Year 2004; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.
 Note: larger findings are bolded to show trends

One California local LTCOP coordinator noted this association between resources and inter-organizational relationships, “There is a lack of staff, money, and time and therefore, we lack the ability to coordinate, cooperate and collaborate with all other relevant players. It is certainly not a lack of desire we would love to do these things” (CA- D503CX).

As seen previously, larger California and New York local LTCOPs (more FTEs, beds, facilities, volunteers, and a higher budget) were more likely to report poorer inter-

organizational relationships [Table 5.14]. The opposite was true for Georgia, with larger local LTCOPs reporting better inter-organizational relationships. Georgia and California local LTCOPs reporting better working relationships served fewer facilities/FTE than those reporting poorer relationships.

The following section will provide descriptive statistics on Georgia, California, and New York local LTCOP's effectiveness, followed by an analysis of the effect of resources, autonomy, and inter-organizational relationships on measures of effectiveness in each of these states

Local LTCOP Effectiveness

Measures of effectiveness were largely similar across states, with few instances of Georgia coordinators being asked additional or more in-depth questions. Measures of program effectiveness presented here include, (1) meeting each of their five mandated activities, (2) serving nursing homes and board and care facilities³, (3) ability to conduct certain activities related to systems advocacy, and (4) adequacy of training on relevant systems advocacy issues. Qualitative data are presented to expand on the quantitative findings, giving more depth and certainty to the analysis. As before, skewed responses to effectiveness measures require analysis to focus on coordinators who reported very effective, strongly agree, and always able.

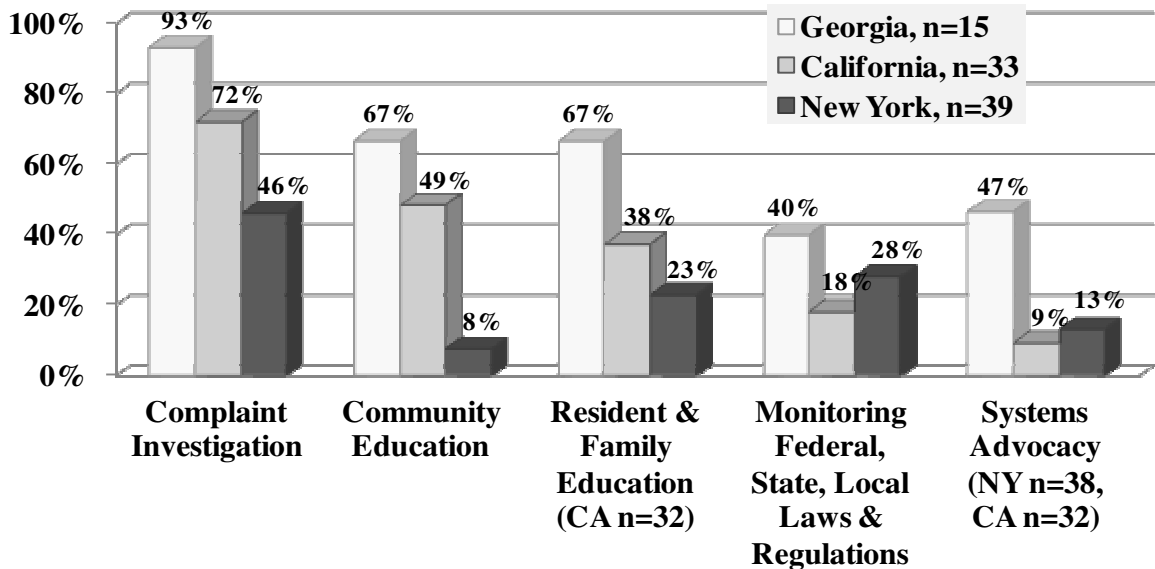
Mandates

Figure 5.18 illustrates the differences in perceived effectiveness between Georgia, California, and New York local LTCOPs for each of the five federally mandated

³ Georgia local LTCOPs also served intermediate care facilities for persons with mental retardation and community living arrangements. Ratings of effectiveness in serving those facilities are not presented here as comparisons could not be made because California and New York programs did not serve those types of facilities.

activities. While there are similarities in the general pattern of responses across the three states, a higher proportion of Georgia coordinators rated their programs as very effective in meeting all five mandates, than coordinators in California and New York. All three states show a decreased proportion of coordinators that rated their programs as very effective in monitoring federal, state, local laws and regulations; and systems advocacy.

Figure 5.18: Proportion of Georgia, California, and New York Local LTCOP Coordinators that Rated their Programs as Very Effective in Meeting Specific Federally Mandated Requirements



Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

The lowest proportion of very effective ratings in Georgia were for monitoring federal, state, local laws and regulations; systems advocacy in California; and community education in New York. One New York local LTCOP coordinator asserted that some mandates are not seen as a priority in their local LTCOP,

[In terms of,] Community education and resident and family education, there's not enough time and it is not a high priority in my office. Monitoring federal, state, and local law, regulations, and other government

policies and actions; and legislative and administrative policy advocacy also not a priority in our office. NY-A330BC

Local LTCOP coordinators in California tended to rate their programs higher than those in New York for three of the five activities: complaint investigation, community education, and resident and family education.

Facilities

Georgia local LTCOP coordinators also reported the highest proportion of very effective ratings in serving nursing homes and board and care facilities out of all three states [Table 5.19].

Table 5.19: Proportion of Georgia, California, and New York Local LTCOP Coordinators that Rated their Program as Very effective in Serving Nursing Home and Board and Care Residents

Proportion of Very Effective Responses	Georgia		California		New York	
	N	Median	N*	Median	N*	Median
Nursing Homes	15	93.3	33	60.6	39	43.6
Board and Care Homes	15	80.0	33	36.4	38	13.2

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

Note: larger findings are bolded to show trends

The lowest ratings of effectiveness in nursing homes and board and care facilities were reported by New York local LTCOP coordinators. While no comparisons can be made across states for intermediate care facilities for persons with mental retardation and community living arrangements, it is interesting to note that Georgia local LTCOPs were more likely to rate themselves as very effective in those settings than New York programs were to rate themselves as very effective in both nursing homes and board and care facilities.

Returning to the previous discussion of Georgia and New York local LTCOPs' poorer relationships with licensing and certification agencies serving personal care homes, board and care homes, and adult homes, it is not surprising to see lower reports of effectiveness in these facilities in comparison to nursing homes. One New York local LTCOP coordinator asserted that "With neglect we are ineffective in family type homes because we regulate on the highest possible standards, but the Department of Social Services regulates on the minimum standard" (NY-A422AG). As in Georgia, one California coordinator noted the difficulty of serving residents with diverse mental capacity and health,

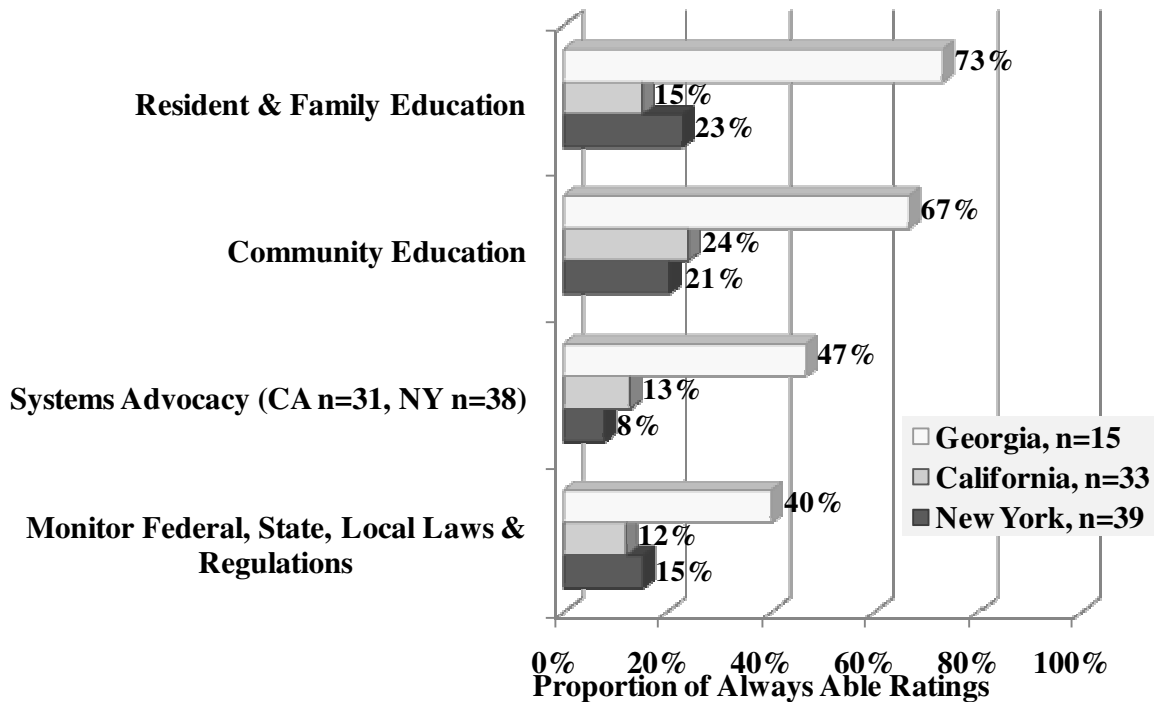
We need adequate training of Ombudsmen related to medical issues that contribute to gross neglect, and investigative techniques especially when dealing with special populations (developmentally disabled, mental health patients). Getting the participation of local law enforcement; residents don't present well, so having law enforcement be willing to have training to have more sympathy with potential victim that don't interview well. It is easy not to investigate further when first interview doesn't go well. They are short staffed too. CA-B405CV

While effectiveness in serving facilities does not relate directly to systems advocacy work, it contributes to local LTCOP's lack of resources as well as to the systemic issues that the local LTCOPs are facing in each state. Whether in Georgia, California, and New York, the changing landscape of the LTC field requires more efficient and educated practices on the part of the ombudsman.

Activities

Georgia, California and New York local LTCOP coordinators were asked what types of activities they were able to conduct despite a lack of resources.⁴ Georgia local LTCOP coordinators were more likely than California and New York local LTCOP coordinators, to report being always able to conduct almost all activities related to systems advocacy [Figure 5.20].

Figure 5.20: Proportion of Georgia, California, and New York Local LTCOP Coordinators that were Always Able to Conduct Activities Related to Systems Advocacy



Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

Georgia local LTCOPs reported the highest proportion of being always able to monitor laws, regulations, and policies, and conduct systems advocacy across the three states. Out of all activities, monitoring laws, regulations, and policies, and conducting

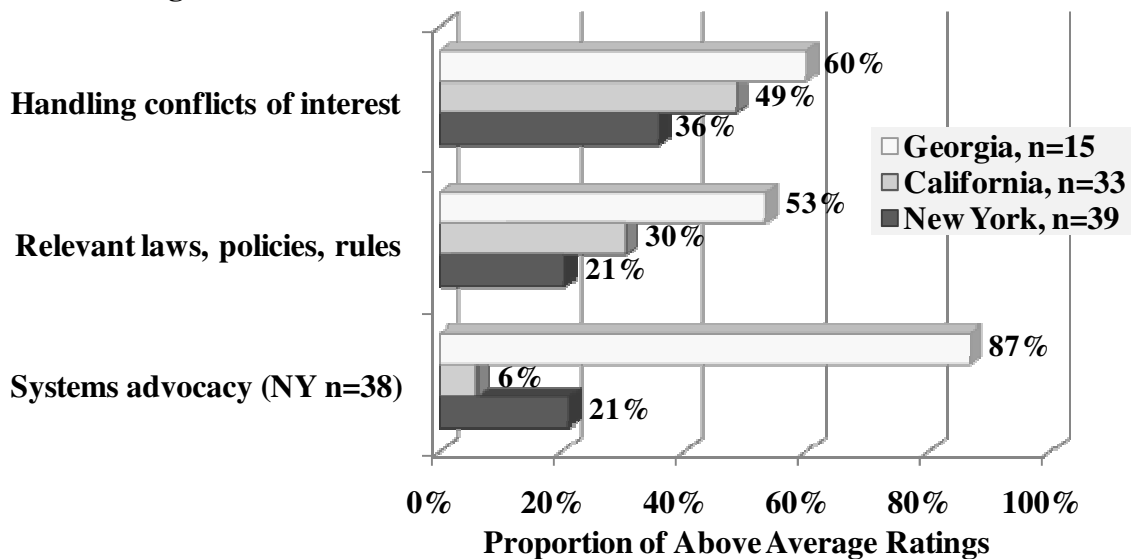
⁴ Activity measures presented followed a question about whether they felt their program had adequate resources to conduct their duties.

systems advocacy were the activities most likely to be neglected by California and New York local LTCOPs. It is possible that Georgia’s registered lobbyist state ombudsman gives their local LTCOPs an advantage in being able to conduct activities related to systems advocacy despite a lack of resources.

Training

While six areas of training were examined in the previous chapter, only three measures of training on issues related to systems advocacy were included in all three state coordinator surveys. As with other effectiveness measures presented, Georgia local LTCOP coordinators were more likely than California and New York local LTCOP coordinators to rate their training on handling conflicts of interest; relevant laws, policies, and rules; and systems advocacy as above average [Figure 5.21].

Figure 5.21: Proportion of Georgia, California, and New York Local LTCOP Coordinators that Rated their Program’s Training on Systems Advocacy Issues as Above Average



Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

One New York coordinator stated that programs across the state “need uniform training; training should emphasize how to be an ombudsman. There is not enough practical stuff.

Training is not standardized. I have no idea what the county next door to me does” (NY-A406EB). Out of the three areas of training presented here, Georgia coordinator’s lowest proportion of above average ratings of training was on the topic of relevant laws, policies, and rules. Only six percent of California coordinators reported that their training on systems advocacy was above average. The lowest proportion of New York coordinators rated their training on relevant laws, policies, and rules, and systems advocacy as above average. Additionally, all Georgia coordinators, 76 percent of California coordinators, and 33 percent of New York coordinators strongly agreed that their local LTCOP’s training is provided often and regularly.

In summary, measures of program effectiveness in meeting mandates, serving facility types, conducting activities, and training varied across states, with Georgia local LTCOP coordinators consistently reporting better effectiveness than California and New York local LTCOP coordinators. In all three states, lower ratings of effectiveness in meeting systemic mandates than in other mandated activities evidence the need to evaluate factors that influence perceived effectiveness and reported participation in systems advocacy.

This study hypothesized that *resources, autonomy, and inter-organizational relationships will differentially influence local LTCOP coordinator’s perceived effectiveness in systems advocacy in Georgia, California, and New York*. The following sections will examine the effect of resources, autonomy and inter-organizational relationships on local LTCOP effectiveness measures in Georgia, California, and New York.

Effect of Resources on Local LTCOP Effectiveness

Mandates

As seen previously, Georgia local LTCOP coordinators reported better effectiveness in meeting mandates than did coordinators in California or New York. For Georgia local LTCOPs, heavier workloads (more beds/FTE) were associated with lower effectiveness in all five of the federally mandated activities [Table 5.22].

Table 5.22: Effect of Resources on the Proportion of Georgia, California, and New York Local LTCOP Coordinators that Rated their Programs as Very Effective in Meeting Federally Mandated Requirements and Within Different Facilities

Proportion of Very Effective Ratings	Light Workload						Heavy Workload					
	Georgia		California		New York		Georgia		California		New York	
	Fewer than 1,407 Beds/FTE		Fewer than 1,503 Beds/FTE		Fewer than 2,137 Beds/FTE		More than 1,407 Beds/FTE		More than 1,503 Beds/FTE		More than 2,137 Beds/FTE	
	N*	VE**	N	VE	N	VE	N	VE	N	VE	N	VE
Complaint Investigation	8	100.0	17	82.4	18	33.3	7	85.7	16	62.5	17	53.0
Community Education	8	75.0	17	41.2	18	11.1	7	57.1	16	56.3	17	6.0
Resident/Family Education	8	75.0	17	41.2	18	22.2	7	57.1	15	33.3	17	24.0
Monitoring Federal, State, Local Laws, Regulations, etc.	8	75.0	17	11.8	18	16.7	7	0	16	25.0	17	41.0
Systems Advocacy	8	87.5	17	0	18	0	7	0	15	20.0	16	31.3
Effectiveness mean	8	82.5	17	35.3	18	16.7	7	40.0	15	39.4	16	31.1
In Nursing homes	8	100.0	17	70.6	18	33.3	7	85.7	16	50.0	17	47.1
In Personal Care Homes	8	87.5	17	41.2	17	11.8	7	71.4	16	31.3	17	5.9
In ICFMRs	4	37.5	-	-	-	-	7	25	-	-	-	-
In CLAs	8	62.5	-	-	-	-	7	28.6	-	-	-	-

Source: Georgia NORS Data Fiscal Year 2006; California and New York NORS Data Fiscal Year 2004; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** Very Effective

Note: larger findings are bolded to show trends

In California local LTCOPs with lighter workloads, coordinators were more likely to report being very effective in complaint investigation and resident and family education. However, higher proportions of very effective ratings were reported in community education, monitoring federal, state, and local laws and regulations, and systems advocacy by California programs with heavier workloads. Similarly, New York local LTCOP coordinators with lighter workloads were more likely to rate their programs as very effective in community education, while heavier workload programs were more likely to rate themselves as very effective in the remaining four federally mandated activities. Reasons for these inconsistencies across the states will be further explored.

Facilities

Georgia and California local LTCOPs with lighter workloads were more likely to report being very effective in nursing homes and board and care homes [Table 5.22]. New York local LTCOPs with lighter workloads also reported higher effectiveness in board and care homes although their heavier workload programs were more likely to report being very effective in nursing homes.

Activities

Similar to measures of effectiveness in meeting mandated activities, Georgia local LTCOP's ability to conduct activities related to systems advocacy were differently affected by workload (beds/FTE) than California and New York local LTCOPs [Table 5.23]. In ability to conduct activities related to systems advocacy, California and New York programs with heavier workloads were more likely to report being always able to conduct all activities, than their lighter workload counterparts. Associations between other measures of resources and ability to conduct activities will be explored later.

Table 5.23: Effect of Resources on the Proportion of Georgia, California, and New York Local LTCOP Coordinators that were Always Able to Conduct Activities Related to Systems Advocacy

Proportion of Ratings of Being Always Able to Conduct Activities	Light Workload						Heavy Workload					
	Georgia		California		New York		Georgia		California		New York	
	N*	AA**	N	AA	N	AA	N	AA	N	AA	N	AA
Resident and Family Education	8	75.0	17	11.8	18	16.7	7	71.4	16	18.8	17	23.5
Community Education	8	75.0	17	5.9	18	16.7	7	57.1	16	43.8	17	23.5
Monitoring Laws, Regulations, Policies	8	75.0	17	5.9	18	11.1	7	0	16	18.8	17	23.5
Systems Advocacy	8	87.5	15	6.7	18	5.6	7	0	16	18.8	16	12.5

Source: Georgia NORS Data Fiscal Year 2006; California and New York NORS Data Fiscal Year 2004; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

**Always Able

Note: larger findings are bolded to show trends

Training

Georgia local LTCOPs with lighter workloads were more likely to report above average training in all areas than Georgia programs with heavier workloads. Similarly, California local LTCOPs with lighter workloads were more likely to report above average ratings of training on systems advocacy than heavier workload programs in California [Table 5.24]. However, local LTCOPs in California with heavier workloads were more likely to report above average training in all other areas. Local LTCOPs in New York with heavier workloads were more likely to report above average training on all measures than were lighter workload programs. While all programs in Georgia strongly agree that their programs received training often and regularly, California and New York programs with heavy workloads were more likely than their lighter workload counterparts to strongly agree.

Table 5.24: Effect of Resources on the Proportion of Georgia, California, and New York Local LTCOP Coordinators that Rated their Program’s Training on Systems Advocacy Issues as Above Average and Strongly Agreed that Training was Provided Often and Regularly

Proportion of Above Average Ratings of Training	Light Workload						Heavy Workload					
	Georgia		California		New York		Georgia		California		New York	
	N*	AA**	N	AA	N	AA	N	AA	N	AA	N	AA
Handling Conflicts of Interest	8	75	17	47.1	18	22.2	7	42.9	6	50	17	47.1
Systems Advocacy	8	100	17	11.8	17	11.8	7	71.4	10	0	17	23.5
Relevant Laws, Policies and Rules	8	87.5	17	23.5	18	11.1	7	14.3	16	37.5	17	23.5
	N	SA***	N	SA	N	SA	N	SA	N	SA	N	SA
Provided Often and Regularly	8	100	17	76.5	17	27.5	7	100	16	87.5	17	76.5

Source: Georgia NORS Data Fiscal Year 2006; California and New York NORS Data Fiscal Year 2004; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** Above Average

Note: larger findings are bolded to show trends

In summary, while adequacy of resources as measured by workload produced positive associations with all measures of effectiveness in Georgia, findings in California and New York were less consistent. These findings lead us to conclude that beds/FTE either (1) failed as a measure of resources, or (2) resources did not have the same negative results on California and New York local LTCOP effectiveness as was seen in Georgia. California and New York local LTCOPs with heavier workloads were more likely than programs with lighter workloads to rate their program as very effective in meeting most mandated activities, and always able to conduct all activities related to

systems advocacy, and as receiving above average training on most issues related to systems advocacy.

Effect of Additional Resource Measures on Local LTCOP Effectiveness

As discussed previously, the ratio of beds/FTE, the IOM recommended measure of adequacy of resources, has several limitations. The beds/FTE measure fails to take into account 1) the systems level work of local LTCOPs immeasurable by bed ratios (community education; monitoring federal, state, and local laws and regulations; and systems advocacy), 2) additional state mandates such as California's abuse reporting mandate, and Georgia's mandate to serve additional facilities as well as diverse populations of residents, 3) volunteer resources that may alleviate (or exacerbate) the workload on FTE staff, 4) number of facilities served and travel reimbursements that may limit the ability of ombudsmen to travel to facilities, 5) qualifications and specialization of staff that are often reflective of the salaries offered, and 6) inter-organizational relationships that may facilitate the LTCOP's work. Looking at alternate measures of resources (FTEs, volunteers, beds, facilities, budget) begins to shed more light on the differential importance of specific resources on Georgia, California, and New York local LTCOP's effectiveness in meeting their federally mandated activities; particularly in monitoring federal, state, local laws and regulations, and systems advocacy. As was done with other continuous measures, resource variables were split into two groups by their median and compared to examine their effect on local LTCOP's perceived effectiveness in conducting systems advocacy activities [Appendix A.1]. In Georgia, volunteer resources were measured by comparing the three local LTCOPs with volunteers to those with none.

Ratios of dollars/bed, dollars/facility, facilities/FTE, beds/volunteer, and facilities/volunteer were left out of the reported findings for reasons similar to why it is believed that beds/FTE is an inadequate measure of resources in local LTCOPs. Measuring facilities/FTE would address the concern that the beds/FTE measure doesn't take into consideration the differential dispersion of beds across many (or few) facilities. However, this measure also doesn't consider the types of facilities and residents served which may influence effectiveness. Dollars/bed and dollars/facility also relies on bed and facility measures which are not reflective of systems level activities such as community education, monitoring federal, state, and local laws and regulations, or systems advocacy. Lastly, beds/volunteer and facilities/volunteer, may begin to highlight the potential importance of volunteer resources, but as Georgia had so few volunteers, and it is known that training and certification of volunteers differs across states, this measure of resources was omitted. However, all resource measures can be found in the analysis presented in the tables in appendix.

Mandates

The beds/FTE measure resulted in the predicted positive associations between Georgia's lighter workload programs (fewer beds/FTE) and higher ratings of effectiveness in meeting mandates and serving facilities. However, the beds/FTE measure of workload resulted in mixed associations with California local LTCOPs' ratings of effectiveness and opposite associations with New York local LTCOPs than were found in Georgia.

In addition to being associated with programs with lighter workloads, larger Georgia local LTCOPs (with more FTEs, beds, facilities, and a higher budget) were also

consistently more likely to report being very effective in meeting mandates [Appendix A.1]. Thus while Georgia local LTCOPs affirmed the hypothesis that higher effectiveness is associated with a lighter workload (as measured by beds/FTE), the program's effectiveness in monitoring federal, state, and local laws and regulations and systems advocacy measure were also associated with larger programs.

In California, local LTCOPs with lighter workloads were associated with higher ratings of effectiveness in complaint investigations and resident and family education. However, California local LTCOPs with heavier workloads were more likely to report higher effectiveness in community education; monitoring federal, state, and local laws and regulations; and systems advocacy. To help explain these unexpected associations, other measures of resources were examined. Unlike Georgia, smaller California local LTCOPs with fewer FTEs, volunteers, beds, facilities and a smaller budget were generally more likely to perceive their programs as very effective in meeting most mandates. [Appendix A.2]. Effectiveness in systems advocacy was differently associated with measures of resources than effectiveness in other mandates; with larger California local LTCOPs with more FTEs, volunteers, beds, facilities, and a higher budget reporting higher effectiveness in meeting their systems advocacy mandate. Associations with resident and family education and monitoring federal, state, and local laws and regulations were less consistent across resource measures. The number of beds served had the largest effect on California local LTCOP's overall mean of effectiveness in meeting mandates, with ten percent more coordinators serving fewer beds reporting being very effective overall than coordinators serving more beds. Interestingly, no California local LTCOPs with fewer facilities reported being very effective in systems advocacy.

New York local LTCOPs had nearly opposite associations than we predicted and found in Georgia, with heavier workload programs more likely to report being very effective in all but one mandated activity, community education. However, as in Georgia, larger New York local LTCOPs with more FTEs, volunteers, beds, facilities, and a higher budget were more likely to report being very effective in almost all mandated activities [Appendix A.3]. Effectiveness in community education, the exception, was associated with smaller programs with fewer FTEs, volunteers, beds, and a lower budget. No New York local LTCOPs with fewer FTEs, volunteers, beds, and a lower budget reported being very effective in conducting systems advocacy, implying that smaller New York local LTCOPs struggle in meeting their systems advocacy mandate. Important to remember here is the striking difference in size of programs across states, with New York Local LTCOPS reporting a much lower median budget [Table 5.1], and fewer FTEs [Table 5.2], beds, and facilities [Table 5.3] than Georgia and California local LTCOPs. One coordinator stated, “Most of my time is spent with the Health Insurance Counseling and Advocacy Program (HICAP). I simply don’t have the time to advocate in that area. It is a time constraint more than anything else” (NY-A329AA). This statement supports Estes’ *et al* (2004b) finding that hours per week worked by local LTCOPs’ coordinators were positively associated with higher effectiveness in New York local LTCOPs.

While larger Georgia and New York local LTCOPs (more FTEs, volunteers, beds, facilities, and a higher budget) were more likely to rate their program as very effective in meeting mandated activities, smaller California local LTCOPs were generally more likely to rate themselves as very effective in meeting most mandates. However, larger programs in California rated themselves as more effective in systems advocacy than did smaller

programs. In fact, with the exception of Georgia's measure of volunteers, larger programs (more FTEs, volunteers, beds, facilities, and a higher budget) in all three states were more likely to rate their programs as very effective in systems advocacy. It is suspected and will be discussed later, that there is a critical threshold for the size of local LTCOPs under which effectiveness, especially in systems advocacy is inhibited. These findings will be explored later in the discussion chapter.

Facilities

Georgia and California local LTCOPs with lighter workloads (fewer beds/FTE) were more likely to report being very effective in nursing homes and board and care homes. New York local LTCOPs with lighter workloads also reported higher effectiveness in board and care homes although their heavier workload programs were more likely to report being very effective in nursing homes. Looking at alternate measures of resources allows for further inquiry into the effect of resources on local LTCOP's perceived effectiveness in serving nursing homes and board and care homes.

As with effectiveness in meeting mandated activities, larger Georgia local LTCOPs, with more FTEs, beds, facilities, and a higher budget were consistently more likely to report being very effective in serving nursing homes and board and care facilities [Appendix A.1]. In contrast, smaller (fewer FTEs, volunteers, beds, facilities, and a lower budget) California local LTCOPs were more likely to report being very effective in serving both nursing homes and board and care homes [Appendix A.2].

Associations in New York with local LTCOP effectiveness in nursing homes differed from effectiveness in board and care homes [Appendix A.3]. As in Georgia, larger New York programs (more FTEs, volunteers, beds, facilities, and a higher budget)

were associated with higher ratings of effectiveness in nursing homes. However, local LTCOP effectiveness in New York were similar to California in that smaller programs (fewer FTEs, beds, facilities, and a lower budget) were more likely to report being very effective in board and care homes. In fact, no New York local LTCOPs serving more facilities rated their program as very effective in board and care homes. These findings imply that higher numbers of facilities negatively affect California and New York local LTCOP's perceived effectiveness in serving board and care homes.

Activities

Georgia local LTCOPs with a lighter workload (fewer beds/FTE) were more likely to report being always able to conduct all activities related to systems advocacy, whereas California and New York local LTCOPs with heavier workloads reported higher effectiveness in conducting activities. By looking at other measures of resources, we can explore what resources may be particularly important in local LTCOP's ability to conduct activities in each state. As with mandated activities, and facilities served, larger Georgia local LTCOPs with more FTEs, beds, facilities, and a higher budget were more likely to report being always able to conduct all activities [Appendix A.4].

Similar to effectiveness in meeting mandated activities and facilities served, smaller California local LTCOPs with fewer FTEs, volunteers, beds, facilities, and a lower budget were more likely to report being always able to conduct most activities [Appendix A.5]. Ability to conduct community education was often associated differently with resources than conducting other activities. Larger California local LTCOPs were more likely to report being always able to conduct community education.

New York local LTCOPs with more facilities were consistently associated with ability to conduct all activities [Appendix A.6]. Smaller New York local LTCOPs with fewer FTEs, volunteers, and a lower budget were more likely to report being always able to conduct resident and family education; community education; and to monitor laws, regulations, and policies. As with meeting their systems advocacy mandate, larger facilities (more FTEs, volunteers, beds, facilities, and a higher budget) were associated with New York local LTCOP's ability to conduct systems advocacy.

As with effectiveness in mandated activities, larger programs in Georgia, and smaller programs in California were more likely to report being always able to conduct activities. Larger programs in New York were also more likely to report being always able to conduct systems advocacy, though smaller New York local LTCOPs were more likely to report being always able to conduct all other activities. Fewer volunteers were associated with higher proportions of local LTCOP coordinators who report being always able to monitor laws, regulations, and policies in all states; and to conduct systems advocacy in Georgia and California. These findings imply that better volunteer resources are not associated with better ability to conduct these systems level activities in all three states.

Training

Georgia local LTCOPs with lighter workloads (fewer beds/FTE) were more likely to rate their training on issues related to systems advocacy as above average. California local LTCOPs reported inconsistent associations between workload and effectiveness in training. New York reported opposite associations than were found in Georgia, with heavier workload programs more likely to report above average training.

Larger Georgia local LTCOPs with more FTEs, beds, facilities, and a higher budget were more likely to report above average training on most issues [Appendix A.7]. Georgia local LTCOPs with no volunteers (N=12) were more likely to rate their program's training on systems advocacy and relevant laws, policies, and rules as above average. This finding implies that more volunteer resources may be associated with lower effectiveness in training due to the increased demand to train volunteers.

In California local LTCOPs, other measures of resources did not provide many more consistent associations than did the workload (beds/FTE) measure [Appendix A.8]. However, smaller California local LTCOPs with fewer FTEs, volunteers, beds, facilities, and a lower budget were more likely to strongly agree that their training was provided often and regularly. Also of note, no programs with higher numbers of FTEs, volunteers, beds, and facilities reported above average training on systems advocacy. In contrast, larger programs (as seen by higher numbers of FTEs, volunteers, beds, facilities, and a higher budget) were more likely to report above average training on relevant laws, policies and rules. This finding conflicts with previous findings that smaller California local LTCOP were more effectiveness in meeting mandates, serving facilities, and conducting activities. Perhaps training in California local LTCOPs on relevant laws, policies, and rules is similarly related to larger Georgia and New York local LTCOP's higher effectiveness in systems advocacy mandates, and activities. It is possible that larger programs in California are associated with better training in this area because they have more diverse resources, specializations, or access to information than smaller programs.

Larger New York local LTCOPs with more FTEs, beds, and a higher budget were more likely to report above average training on all issues [Appendix A.9]. Larger programs in New York (more FTEs, beds, facilities and a higher budget) were also more likely to strongly agree that their training is provided often and regularly. One coordinator stated that budgetary constraints limit their ability to travel to state trainings, “locally we have budget constraints here so we can’t travel to conferences and meetings that we have in the past” (NY-A330CD). While higher numbers of facilities had largely been found to be associated with higher New York local LTCOP effectiveness in mandates, facilities, and activities; programs serving fewer facilities report better training on all issues than programs serving more facilities.

In summary, larger Georgia and New York local LTCOPs were generally more likely to report being very effective in meeting mandates, and serving facilities, more able to conduct activities, and more likely to rate their training as above average than smaller programs. In contrast, smaller California programs were generally more likely to report being very effective in mandates, serving facilities, more able to conduct activities, and more likely to rate their training as above average than larger California local LTCOPs. The exceptions to this were the association between larger California local LTCOPs and higher effectiveness in meeting their systems advocacy mandate and in rating their training on relevant laws, policies, and rules as above average.. In fact, with the exception of Georgia’s number of volunteers, larger programs (more FTEs, volunteers, beds, facilities, and a higher budget) in all three states were more likely to rate their programs as very effective in systems advocacy. The tendency for larger programs to be more effective in systems advocacy could be further evidence of the existence of a

critical threshold of program size, under which effectiveness, particularly in systemic activities, decreases. Programs with more volunteers were often less associated with California local LTCOP's effectiveness in meeting mandates, conducting activities, and training. These findings imply that volunteer resources may not be a crucial variable in effectiveness in systems advocacy and related activities and training in California. Furthermore, having more volunteer resources may lead to poorer effectiveness in training, as can be seen in the associations between California and New York local LTCOPs with more volunteers and a lower proportion of coordinators reporting that their program is provided training often and regularly.

Thus, while the dichotomous workload measure (beds/FTE) resulted in unexpected associations with program effectiveness in California and New York, the findings support the effect of program size (as measured by more FTEs, volunteers, beds, facilities, and a higher budget) on local LTCOP effectiveness in all three states, particularly on effectiveness in systems advocacy. However, smaller California, and larger Georgia and New York local LTCOPs were associated with higher effectiveness in meeting mandates, serving facilities, conducting activities, and rating their training as above average. This variability across states on the effect of program size, as well as the difference we saw with the dichotomous workload measure (beds/FTE), evidence the need for state specific understanding of resources and what contributes to programs' workloads in addition to beds/FTE. Further discussion on these findings will be provided in the following chapter.

Effect of Autonomy on Local LTCOP Effectiveness

Earlier, we found that the dichotomous autonomy measure showed little collinearity with other program characteristic in each state implying that the effect of the variable on perceived effectiveness and reported participation in systems advocacy will be fairly straightforward.

Mandates

Georgia local LTCOPs with no constraints on program autonomy were more likely than those with constraints to rate their program as very effective in meeting all mandated activities [Table 5.25].

California local LTCOPs with no constraints were also more likely to report being very effective in resident and family education; and monitoring federal, state, and local laws and regulations more often than those programs experiencing constraints. However, California programs experiencing constraints were more likely to report being very effective in complaint investigation, community education, and systems advocacy. The effectiveness mean was higher in Georgia and California local LTCOPs with no constraints than it was for programs with constraints. Meaning that on average, a higher proportion of coordinators rated themselves as very effective in meeting the five federally mandated activities in programs not experiencing constraints on autonomy than in programs experiencing constraints. In contrast, New York local LTCOPs experiencing constraints were more likely to report being very effective in all mandates except, monitoring federal, state, and local laws and regulations. The mean score of effectiveness measures in New York local LTCOPs with constraints on autonomy was slightly higher than the mean for programs with no constraints on autonomy.

Table 5.25: Effect of Autonomy on the Proportion of Georgia, California, and New York Local LTCOP Coordinators that Rated their Programs as Very Effective in Meeting Specific Federally Mandated Requirements and Working Within Different Facilities

Proportion of Very Effective Ratings	Constraints						No Constraints					
	Georgia		California		New York		Georgia		California		New York	
	N*	VE**	N	VE	N	VE	N	VE	N	VE	N	VE
Complaint Investigation	8	87.5	26	73.1	11	54.5	7	100	7	71.4	28	42.9
Community Education	8	50.0	26	50.0	11	9.1	7	85.7	7	42.9	28	7.1
Resident/Family Education	8	50.0	26	34.6	11	18.2	7	85.7	6	50.0	28	25.0
Monitoring Federal, State, Local Laws, Regulations, etc.	8	25.5	26	15.4	11	36.4	7	57.1	7	28.6	28	25.0
Systems Advocacy	8	37.5	26	11.5	11	18.2	7	57.1	6	0	27	11.1
Effectiveness mean	8	50.1	26	36.8	11	27.3	7	77.1	6	38.6	27	22.2
In Nursing homes	8	87.5	26	53.8	11	45.5	7	100	7	85.7	28	42.9
In Board and Care Homes	8	62.5	26	38.5	11	0	7	100	7	28.6	27	18.5

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** Very Effective

Note: larger findings are bolded to show trends

Facilities

As with effectiveness in mandated activities, Georgia local LTCOPs with no constraints were more likely to report being very effective in both nursing homes and board and care homes [Table 5.25]. California local LTCOPs with no constraints were more likely to report being very effective in nursing homes, but less likely in board and care homes. New York local LTCOPs reported opposite findings than those in California, with local LTCOPs with no constraints more likely to report being very effective in board and care homes, and less likely in nursing homes.

Activities

In Georgia, programs experiencing constraints on autonomy were less likely to conduct all activities related to systems advocacy [Table 5.26].

Table 5.26: Effect of Autonomy on the Proportion of Georgia, California, and New York Local LTCOP Coordinators that were Always Able to Conduct Activities Related to Systems Advocacy

Proportion of Ratings of Being Always Able to Conduct Activities	Constraints						No Constraints					
	Georgia		California		New York		Georgia		California		New York	
	N*	AA**	N	AA	N	AA	N	AA	N	AA	N	AA
Resident and Family Education	8	50.0	26	19.2	11	18.2	7	100	7	0	28	25.0
Community Education	8	62.5	26	26.9	11	18.2	7	71.4	7	14.3	28	21.4
Monitoring Laws, Regulations, Policies	8	25.0	26	15.4	11	9.1	7	57.1	7	0	28	17.9
Systems Advocacy	8	37.5	26	16.0	11	9.1	7	57.1	6	0	28	7.4

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** Always Able

Note: larger findings are bolded to show trends

California local LTCOPs had findings opposite of Georgia's, with programs experiencing constraints on autonomy more likely to report being always able to conduct all activities.

In fact, no California local LTCOPs with no constraints reported being always able to conduct resident and family education; systems advocacy, and monitor laws, regulations, and policies. New York local LTCOPs with no constraints on autonomy were more likely to report being always able to conduct resident and family education; community education; and monitor laws, regulations, and policies than New York programs with constraints on autonomy. The difference between New York local LTCOPs experiencing

constraints and those not experiencing constraints in their ability to conduct systems advocacy was small. One New York local LTCOP coordinator cited the use of volunteers as a way around their programs' constraints, "...there are limits to what we can do. Seeing as we are paid through Government funding ourselves, there are certain things we are not allowed to do, but, I tell my volunteers that they can do something. We [as a program] can't do anything political, but volunteers can" (NY-A406EB).

Training

Georgia local LTCOPs that experienced constraints were less likely to report above average training on all issues related to systems advocacy [Table 5.27]. All Georgia local LTCOP coordinators strongly agreed that their program's training was provided often and regularly.

California programs showed mixed associations between programs with/without constraints on autonomy and above average ratings of training. The strongest association was between California local LTCOP's program autonomy and above average training on systems advocacy. Above average ratings of all other areas of training were associated with programs with constraints on autonomy. These findings imply that while most aspects of training are not negatively influenced by programs' constraints, systems advocacy training is sensitive to constraints on autonomy. Although close, California local LTCOPs with constraints on program autonomy were more likely to strongly agree that training was provided to their local LTCOPs often and regularly.

Table 5.27: Effect of Autonomy on the Proportion of Georgia, California, and New York Local LTCOP Coordinators that Rated their Program’s Training on Systems Advocacy Issues as Above Average and Strongly Agreed that Training was Provided Often and Regularly

Proportion of Above Average Ratings of Training	Constraints						No Constraints					
	Georgia		California		New York		Georgia		California		New York	
	N*	AA**	N	AA	N	AA	N	AA	N	AA	N	AA
Handling Conflicts of Interest	8	50.0	26	50.0	11	36.4	7	71.4	7	42.9	28	35.7
Systems Advocacy	8	75.0	25	4.0	9	11.1	7	100.0	6	16.7	28	25.0
Relevant Laws, Policies and Rules	8	50.0	25	32.0	10	20.0	7	57.1	7	28.6	28	21.4
	N	SA***	N	SA	N	SA	N	SA	N	SA	N	SA
Provided Often and Regularly	8	100.0	26	76.9	11	18.2	7	100.0	7	71.4	28	39.3

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** Above Average

*** Strongly Agree

Note: larger findings are bolded to show trends

New York local LTCOPs with constraints on autonomy were slightly more likely to rate training on handling conflicts of interest as above average. The largest effect of autonomy on New York local LTCOP’s rating of training was between no constraints on autonomy and above average rating of training on systems advocacy. Programs reporting no constraints on autonomy in New York were more likely to strongly agree that their local LTCOPs received training often and regularly.

While the dichotomous autonomy measure had the expected effect on Georgia local LTCOP’s perceived effectiveness in meeting mandates, ability to conduct activities, and above average ratings of training, the measure was less informative when California

and New York local LTCOPs were analyzed. California local LTCOPs were split across the autonomy variable in effectiveness in meeting mandates and above average training. However, California local LTCOPs reporting constraint on autonomy were associated with a higher proportion of coordinators reporting that they were always able to conduct all activities. New York local LTCOPs were more likely to rate themselves as very effective in almost all mandated activities and facilities. However, New York programs without constraints were generally more likely to report being always able to conduct activities, and receiving above average training. Across all three states, local LTCOPs without constraints were more likely to report above average ratings of training on systems advocacy. Given these findings it is possible that perceived constraints on autonomy are not associated with perceived effectiveness in meeting mandates. Perhaps, as some ombudsmen report feeling that complaint investigation and resident and family education are a priority, inability to conduct other activities due to a lack of autonomy is not associated with perceived effectiveness. However, if this were the case, one would expect fewer local LTCOPs experiencing constraints to report being always able to conduct activities.

Lastly, it should be noted again here that California and New York local LTCOPs were only asked two questions about constraint on autonomy that resulted in the dichotomous autonomy variable, whereas Georgia's dichotomous autonomy variable was based on four separate measures of constraints on autonomy. Findings in California may be particularly reflective of their local LTCOP's state mandate to report abuse, which conflicts with their federal mandate to act on behalf of resident's wishes. If that is the case, then the dichotomous autonomy variable in California may be less informative

about constraints on autonomy that may lead to inability to conduct systems advocacy work than it is about the effect of conflicting state and federal mandates which may or may not directly affect their effectiveness in systems advocacy work.

Though we can speculate on the findings from the analysis of the dichotomous autonomy variable on effectiveness, it remains uncertain why the findings in Georgia did not repeat themselves in California and New York. Either constraints on autonomy do not have the same negative effect on California and New York local LTCOPs as they did on Georgia's, or the measure of constraints on autonomy does not accurately measure what it is intended to measure. Taking a closer look at the relationship between Area Agencies on Aging and legal service agency affiliation and local LTCOP effectiveness can help address the shortcomings of the dichotomous autonomy measure in these two states.

Effect of Host Agency Affiliation on Local LTCOP Effectiveness

As discussed previously, Area Agency on Aging and legal service agency affiliation were considered as a possible measure of constraints on autonomy but were set aside when the dichotomous autonomy measure was found to have stronger and more consistent associations with Georgia local LTCOPs. To refine the analysis of program constraints on autonomy, Area Agency on Aging and legal service agency affiliation will be examined for their effect on California and New York local LTCOP's effectiveness. Area agency on Aging and legal service agency affiliation will be analyzed through a dichotomous measure separating programs housed by the entity compared to those that are housed outside of the entity. No collinearity between the dichotomous program autonomy variable and descriptive statistics of program characteristics was found. However, local LTCOP affiliation with Area Agencies on Aging and legal service

agencies in California and New York were found to be associated with constraints on autonomy.

Mandates

Area Agency on Aging affiliation in Georgia was positively associated with effectiveness in meeting all mandates and in serving facilities [Table 5.28]. However, non-Area Agency on Aging affiliated programs in California and New York were more likely to report being very effective in meeting most mandates.

Table 5.28: Effect of Host Agency Affiliation on the Proportion of Georgia, California, and New York Local LTCOP Coordinators that Rated their Programs as Very Effective in Meeting Specific Federally Mandated Requirements and Working Within Different Facilities

Mandates and Facilities (Very Effective)	Georgia				California				New York	
	AAA N=2	Non-AAA N=13	LSA N=4	Non-LSA N=11	AAA N=22	Non-AAA N=15	LSA N=3	Non-LSA N=30	AAA N=24	Non-AAA N=15
Complaint Investigation	100	92	75	100	38	84	100	70	38	60
Community Education	100	62	75	64	38	52	67	47	8	7
Resident/Family Education	100	62	25	82	75	25	100	31	21	27
Monitoring Federal, State, Local Laws, Regulations, etc.	100	31	25	46	0	24	67	13	17	47
Systems Advocacy	100	39	25	55	0	13	67	3	0	36
Effectiveness mean	100	57	45	69	30	40	80	33	17	35
In Nursing homes	100	92	75	100	50	64	67	60	33	60
In Personal Care Homes	100	77	50	91	25	40	33	37	13	13

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** Very Effective

Note: larger findings are bolded to show trends

No California local LTCOPs housed in an Area Agency on Aging reported being very effective in monitoring federal, state, and local laws and regulations and systems advocacy. One California local LTCOP housed in an Area Agency on Aging noted how constraints on her program influenced her effectiveness,

I am a county employee but I report to the Office of the State Long term Care Ombudsman which is hard in itself. I have to work within the politics of the county. I have to go after the bad guys without stirring up the county. There is a 'good old boy' network up here that protects the residential care providers; they are literally getting away with murder. I don't understand how I can go into a home and take a picture of someone who is restrained and drooling from overmedication and nothing is done. They are still restrained and they are still drooling. This is such a broken system. CA-A401AW

Similarly, no New York local LTCOPs housed in Area Agencies on Aging reported being very effective in meeting their systems advocacy mandate. One New York local LTCOP coordinator asserted that their affiliation with Area Agencies on Aging was a clear barrier to their program's effectiveness,

Locating the ombudsman program in an Area Agency on Aging is a direct conflict of interest that impedes with my ability to do my job. I am seen as a county employee and under their authority rather than under the authority of the State LTC ombudsman. My director does not want to subcontract because she would then have less control. I really do not think that I am as effective as I could be. There is not sufficient time, other tasks are my priority. The State unit on Aging needs a separate agreement with the counties to let the Ombudsmen do their jobs. I have been disappointed that I cannot do the job I want to do. I have no time to do much more than maintaining the status quo. NY-A330BC

Georgia local LTCOPs housed in legal service agencies were less likely to report being very effective in all mandates (other than community education). As seen in the previous chapter, many Georgia local LTCOP coordinators expressed the constraints imposed on their autonomy due to their placement within a legal services agency. In

contrast, California programs housed in a legal services agency were more effective in meeting all mandates. There were no legal service agency affiliated local LTCOPs in New York.

Facilities

In contrast to Georgia, California and New York local LTCOPs housed outside of Area Agencies on Aging were more likely to report being very effective in nursing homes. Georgia local LTCOPs housed in legal service agencies were less likely to report being very effective in both nursing homes and board and care homes, whereas California programs housed in a legal services agency were more effective in serving nursing homes, but less effective in board and care homes.

Activities

Only two Georgia LTCOPs were housed in Area Agencies on Aging, with both programs reporting that they were always able to conduct all activities related to systems advocacy [Table 5.29]. In contrast, California local LTCOPs housed in Area Agencies on Aging were less likely to report being always able to conduct all activities related to systems advocacy. In fact, no California local LTCOP coordinators housed by Area Agencies on Aging felt that they were always able to monitor laws, regulations and policies, or conduct systems advocacy.

As in Georgia, Area Agency on Aging affiliation in New York was associated with slightly higher proportions of coordinators who reported being always able to conduct resident and family education, community education, and monitor laws, regulations, and policies. These findings are incongruent with our previous finding that New York local LTCOPs housed in Area Agencies on Aging were less likely to report

being very effective in meeting mandates and in serving nursing homes. However, differences were small across groups and non-Area Agency on Aging affiliated New York local LTCOPs still reported higher effectiveness in ability to conduct systems advocacy. While our dichotomous autonomy measure found negative effects of constraints on New York local LTCOP's ability to conduct resident and family education, community education, and monitor laws, regulations, and policies; non-Area Agency on Aging affiliation in New York local LTCOPs was a better measure of their ability to conduct systems advocacy.

Table 5.29: Effect of Area Agency on Aging Affiliation on the Proportion of Georgia, California, and New York Local LTCOP Coordinators that were Always Able to Conduct Activities Related to Systems Advocacy

Activities (Always Able)	Georgia				California				New York	
	AAA N=2	Non- AAA N=13	LSA N=4	Non- LSA N=11	AAA N=22	Non- AAA N=15	LSA N=3	Non- LSA N=30	AAA N=24	Non- AAA N=15
Resident and Family Education	100	69	75	73	13	16	67	10	25	20
Community Education	100	62	100	55	13	28	67	20	21	20
Monitoring Laws, Regulations, Policies	100	31	25	46	0	16	67	7	17	13
Systems Advocacy	100	39	25	55	0	17	67	7	4	14

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** Always Able

Note: larger findings are bolded to show trends

As with effectiveness in meeting their community education mandate, Georgia local LTCOPs housed in legal services agencies were also more likely to report being always able to conduct resident and family education, and community education. However, Georgia local LTCOPs affiliated with legal services agencies were less likely

to report being always able to monitor laws, regulations, and policies; and conduct systems advocacy than Georgia programs outside legal service agencies. While there were only three legal service agency affiliated programs in California, as with mandated activities, this affiliation resulted in coordinators being more likely to report being always able to conduct activities. No New York local LTCOPs were housed in legal service agency.

Training

Similar to effectiveness in mandates and activities, both Georgia local LTCOPs housed in Area Agencies on Aging reported above average ratings of training in all areas and strongly agreed that their program received training often and regularly [Table 5.30].

Table 5.30: Effect of Host Agency Affiliation on the Proportion of Georgia, California, and New York Local LTCOP Coordinators that that Rated their Program’s Training on Systems Advocacy Issues as Above Average and Strongly Agreed that Training was Provided Often and Regularly

Training (Above Average)	Georgia				California				New York	
	AAA N=2	Non-AAA N=13	LSA N=4	Non-LSA N=11	AAA N=22	Non-AAA N=15	LSA N=3	Non-LSA N=30	AAA N=24	Non-AAA N=15
Handling Conflicts of Interest	100	54	50	64	38	52	100	43	21	60
Systems Advocacy	100	85	75	91	0	9	0	7	15	33
Relevant Laws, Policies and Rules	100	46	25	64	13	38	100	24	13	36
(Strongly Agreed)										
Provided Often and Regularly	100	100	100	100	75	76	100	73	21	53

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** Above Average

*** Strongly Agree

Note: larger findings are bolded to show trends

As with mandates and ability to conduct activities, California local LTCOPs housed in Area Agencies on Aging were less likely to report above average trainings in all areas and were less likely to strongly agree that their local LTCOPs are provided training often and regularly. Additionally, all non-Area Agency on Aging affiliated local LTCOP coordinators in New York were more likely to report their training on issues related to systems advocacy as above average and were more likely to strongly agree that their program received training often and regularly.

When looking at the affect of legal service agency affiliation on Georgia and California programs (there are no legal service agency affiliated programs in New York), the two states, as with Area Agencies on Aging, responded in different ways to questions of effectiveness in training on issues related to systems advocacy. Georgia local LTCOPs in legal service agencies were less likely to rate their training on handling conflicts of interest, systems advocacy, and relevant laws, policies, and rules as above average. In contrast, the three programs in California that were housed in legal service agencies were more likely to report above average training in all categories except systems advocacy. No California local LTCOPs housed in a legal services agency rated their program's training on systems advocacy as above average.

In summary, while our dichotomous autonomy measure was associated with effectiveness in Georgia as expected (more constraints were associated with lower effectiveness ratings in mandates, facilities, activities, and training), the measure proved less appropriate in revealing an association between autonomy and effectiveness in California and New York. While Area Agency on Aging affiliation was generally associated with poorer effectiveness in California and New York local LTCOPs, Area

Agency on Aging affiliation had a positive effect on Georgia local LTCOP's effectiveness in meeting mandates and in serving facilities. Similarly, while legal service agencies had a negative effect on Georgia local LTCOP's effectiveness, it had positive associations with effectiveness in California local LTCOPs. Although host agency affiliation exposed more consistent associations in California and New York than our dichotomous autonomy variable did, the effect of host agency affiliation differed across states. The across-state differences in the ability of host agency affiliation to measure constraints on autonomy means that the measure should not be used in future across-state comparisons. Thus, while important findings were revealed in Georgia, California, and New York on the effect of host agency affiliation on effectiveness, a measure consistently addressing constraints on autonomy across states still needs to be developed. Before turning to effectiveness in conducting different types of systems advocacy work, the effect of inter-organizational relationships on Georgia, California, and New York local LTCOP's effectiveness in systems advocacy will be assessed.

Effect of Inter-Organizational Relationships on Local LTCOP Effectiveness

It is likely, as others have noted (Estes *et al.*, 2004, Freeman, 2000), that interagency collaboration assists local LTCOPs in effectively performing mandated activities, while uncooperative relationships impede efforts. Inter-organizational relationships may vary across states due to different organizational environments, varying program need, and the substance of such relationships. However, a summary measure of several organizational relationships is expected to capture the positive or negative influence of those relationships on effectiveness. As discussed earlier, this summary measure is based on seven measures of inter-organizational relationships in the California

and New York local LTCOP coordinator survey and 11 measures of inter-organizational relationships in the Georgia local LTCOP coordinator survey.

Mandates

In Georgia, local LTCOPs with better inter-organizational relationships were more likely to report being very effective in all mandated activities [Table 5.31].

Table 5.31: Effect of Inter-Organizational Relationships on the Proportion of Georgia, California, and New York Local LTCOP Coordinators that Rated their Programs as Very Effective in Meeting Specific Federally Mandated Requirements and Working Within Different Facilities

Proportion of Very Effective Ratings	Poorer IORs						Better IORs					
	Georgia		California		New York		Georgia		California		New York	
	N*	VE**	N	VE	N	VE	N	VE	N	VE	N	VE
Complaint Investigation	7	85.7	15	73.3	18	33.3	8	100	18	72.2	20	60.0
Community Education	7	42.9	15	46.7	18	0	8	87.5	18	50.0	20	15.0
Resident/Family Education	7	57.1	14	14.3	18	16.7	8	75.0	18	55.6	20	30.0
Monitoring Federal, State, Local Laws, Regulations, etc.	7	0	15	6.7	18	33.3	8	75.0	18	27.8	20	25.0
Systems Advocacy	7	14.3	14	0	18	11.1	8	75.0	18	16.7	19	15.8
Effectiveness mean	7	40.0	15	28.2	18	18.9	8	82.5	18	44.4	20	29.2
In Nursing homes	7	85.7	15	53.3	18	38.9	8	100	18	66.7	20	50.0
In Personal Care Homes	7	57.1	15	20.0	18	5.6	8	100	18	50.0	19	20.0

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** Very Effective

Note: larger findings are bolded to show trends

No Georgia local LTCOPs with poorer inter-organizational relationships reported being very effective monitoring federal, state, and local laws and regulations; and few reported

being very effective in conducting systems advocacy. As in Georgia, California and New York local LTCOPs with better inter-organizational relationships were more likely to rate their program as very effective in meeting most mandates. The exceptions to this trend were the findings that local LTCOPs with poorer inter-organizational relationships were more likely to rate themselves as very effective in complaint investigation in California; and in monitoring federal, state, and local laws and regulations in New York. No California programs with poorer inter-organizational relationships rated their program as very effective in systems advocacy, and few rated themselves as effective in monitoring federal, state, and local laws and regulations.

In New York, while more coordinators with better relationships rated their complaint investigations, community education, resident and family education, and systems advocacy as very effective; programs with poorer inter-organizational relationships were more likely to rate themselves as more effective in monitoring federal, state, and local laws and regulations. Better inter-organizational relationships were associated with better effectiveness in community education, resident and family education, and systems advocacy in all three states; showing the most across-state consistency in meeting mandates out of the variables examined. This finding implies that effectiveness in meeting these mandates is particularly associated with better inter-organizational relationships, and potentially more dependent on them. The overall effectiveness mean was higher for programs with better inter-organizational relationships in all three states.

Facilities

Similar to findings on effectiveness in meeting mandated activities, programs with better inter-organizational relationships in all states were more likely to report being very effective in nursing homes and board and care homes [Table 5.32]. The largest differences, and likely the most influenced by inter-organizational relationships were among local LTCOP's perceived effectiveness in board and care homes across all states.

One New York local LTCOP coordinator stated,

[There are] Not enough resources to be in there all the time. The relationship with the government, state oversight agencies is minimal. We have no knowledge when they are doing a survey. There is no connection. We could provide them with input about the home. With the nursing homes we get copies of their reports, but with board and care we get no reports, sometimes we don't even know they were in there. NY-A402BK

Activities

Georgia and California programs with poorer inter-organizational relationships were less likely to report being always able to conduct all types of activities [Table 5.32]. New York local LTCOPs again went against the trend, with poorer relationship programs more likely to report being always able to conduct all systems advocacy activities except resident and family education. Differences in New York local LTCOPs across ratings of inter-organizational relationships were small however, with the largest influence showing in the difference in proportion of being always able to conduct systems advocacy.

Table 5.32: Effect of Inter-Organizational Relationships on the Proportion of Georgia, California, and New York Local LTCOP Coordinators that were Always Able to Conduct Activities Related to Systems Advocacy

Proportion of Ratings of Being Always Able to Conduct Activities	Poorer IORs						Better IORs					
	Georgia		California		New York		Georgia		California		New York	
	N*	AA**	N	AA	N	AA	N	AA	N	AA	N	AA
Resident and Family Education	7	42.9	15	0	18	22.2	8	100	18	27.8	20	25.0
Community Education	7	42.9	15	13.3	18	22.2	8	87.5	18	33.3	20	20.0
Monitoring Laws, Regulations, Policies	7	0	15	0	18	22.2	8	75.0	18	22.2	20	10.0
Systems Advocacy	7	14.3	14	0	18	16.7	8	75.0	17	23.5	19	0

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** Always Able

Note: larger findings are bolded to show trends

No local LTCOPs with poorer inter-organizational relationships in Georgia or California reported being always able to monitor laws, regulations and policies. Additionally, no California local LTCOPs with poorer inter-organizational relationships reported being always able to conduct resident and family education or systems advocacy. These findings suggest that ability to monitor laws regulations, and policies in New York and California, and conduct resident and family education, and systems advocacy in California are strongly associated with inter-organizational relationships. Interestingly, no New York local LTCOPs with better inter-organizational relationships reported being always able to conduct systems advocacy. This suggests that positive inter-organizational relationships may not be as beneficial to New York local LTCOPs in conducting systems advocacy as they are to Georgia and California local LTCOPs.

Training

Georgia and New York local LTCOPs with better inter-organizational relationships were more likely to rate their training on all issues as above average, and strongly agree that their program's training is provided often and regularly [Table 5.33].

Table 5.33: Effect of Inter-Organizational Relationships on the Proportion of Georgia, California, and New York Local LTCOP Coordinators that Rated their Program's Training on Systems Advocacy Issues as Above Average and Strongly Agreed that Training was Provided Often and Regularly

Proportion of Above Average Ratings of Training	Poorer IORs						Better IORs					
	Georgia		California		New York		Georgia		California		New York	
	N*	AA**	N	AA	N	AA	N	AA	N	AA	N	AA
Handling Conflicts of Interest	7	57.1	15	46.7	18	22.2	8	62.5	18	50.0	20	50.0
Systems Advocacy	7	71.4	14	7.1	15	6.7	8	100.0	16	6.3	19	36.8
Relevant Laws, Policies and Rules	7	28.6	14	28.6	17	11.8	8	75.0	18	33.3	20	30.0
	N	SA***	N	SA	N	SA	N	SA	N	SA	N	SA
Provided Often and Regularly	7	100.0	15	66.7	18	16.7	8	100.0	18	83.3	20	50.0

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** Above Average

*** Strongly Agree

Note: larger findings are bolded to show trends

Poorer inter-organizational relationships were associated with lower proportions of coordinators in all three states rating their training on handling conflicts of interest, and relevant laws, policies, and regulations as above average. Only a small difference separated California LTCOP coordinators with poorer inter-organizational relationships

who were more likely to report above average training on systems advocacy than those with better relationships.

In summary, better inter-organizational relationships were generally associated with higher ratings of effectiveness in mandates and in above average ratings of training in all three states. While New York programs have largely escaped the hypothesized outcomes of our analysis on resources and autonomy, it seems that at least when it comes to effectiveness in mandates and training, inter-organizational relationships play an important role. However, New York local LTCOPs with poorer inter-organizational relationships were more likely to report being always able to conduct all activities. Reasons for this inconsistency will be further explored.

Effect of Specific Inter-Organizational Relationships on Local LTCOP Effectiveness

Although our dichotomous summary variable of inter-organizational relationships generally had a similar effect on California and New York local LTCOPs' ratings of effectiveness as it did in Georgia, directing our attention to specific inter-organizational relationships will deepen our findings, and hopefully help explain the inconsistencies in the California and New York findings. To evaluate individual inter-organizational relationships. Programs that strongly agreed that they had a good working relationship with an organization were compared to those that somewhat agreed, somewhat disagreed, or strongly disagreed.

Mandates

Better inter-organizational relationships were generally associated with better effectiveness in meeting mandates in all states. However, the exceptions to this trend were the findings that local LTCOPs with poorer inter-organizational relationships were

more likely to rate themselves as very effective in complaint investigation in California and in monitoring federal, state, and local laws and regulations in New York.

In Georgia, better relationships between local LTCOPs and the Office of the State Long Term Care Ombudsman, Area Agencies on Aging, licensing and certification, law enforcement (n=1), and citizens advocacy groups were associated higher proportions of coordinators who rated their program as very effective in meeting all mandates [Appendix A.10]. Effectiveness in complaint investigation was associated with better relationships with the Office of the State Long Term Care Ombudsman and law enforcement, though only one Georgia local LTCOP strongly agreed that they had a good working relationship with law enforcement. Interestingly, no Georgia local LTCOPs with poorer relationships with the Office of the State Long Term Care Ombudsman or Area Agencies on Aging reported being very effective in monitoring federal, state, and local laws and regulations. As seen in the previous chapter, the Georgia state ombudsman is a registered lobbyist and a major asset to local LTCOPs in monitoring federal, state, and local laws and regulations and conducting systems advocacy, “Our state office is tremendous. They keep us informed on all of the issues and on the progress of each one as the legislative sessions are in progress” (G42502). Relationships with legal service agencies were less consistent; with programs with poorer relationships with legal service agencies slightly more likely to report being very effective in complaint investigation. Higher ratings of effectiveness in resident and family education, monitoring federal, state, and local laws and regulations, and systems advocacy were positively associated with better relationships with all organizations. This finding implies that these mandated are more affected by inter-organizational relationships. Better relationships with all

organizations were associated with higher mean scores of effectiveness across mandated activities.

Inter-organizational relationships had a less consistent effect on California local LTCOPs' findings on effectiveness [Appendix A.11]. Although effectiveness in complaint investigation was associated with poorer inter-organizational relationships in the previous analysis, it was associated with better relationships with the Office of the State Long Term Care Ombudsman and law enforcement. One California local LTCOP coordinator stated, "Our effectiveness depends on different entities that we have to work with, collaborate with, and refer to. If they drop the ball, the complaints don't go anywhere, there is a road block" (CA-D412AZ). As California local LTCOPs are charged with reporting abuse and investigating abuse in addition to complaint investigation, this association between better relationships with law enforcement and higher effectiveness in complaint investigation is easy to understand. Effectiveness in community education, and resident and family education were associated with California local LTCOPs with better inter-organizational relationships with the Office of the State Long Term Care Ombudsman, Area Agencies on Aging, adult protective services, law enforcement, legal services agencies, and citizens' advocacy groups. No California local LTCOPs with poorer relationships with the Office of the State Long Term Care Ombudsman rated their program as very effective in community education, implying that the Office of the State Long Term Care Ombudsman is particularly influential in California local LTCOP's perceived effectiveness in meeting their community education mandate. Effectiveness in monitoring federal, state, and local laws and regulations was associated with California local LTCOPs reporting better inter-organizational relationships with Area Agencies on

Aging, licensing and certification, adult protective services, legal services agencies, and citizens' advocacy groups. No California local LTCOPs reporting poorer relationships with the Office of the State Long Term Care Ombudsman, Adult Protective Services, and legal service agencies rated their program as very effective in systems advocacy.

Interestingly, no California local LTCOPs reporting better inter-organizational relationships with law enforcement and citizens' advocacy groups rated their program as very effective in systems advocacy. While one could reason why local LTCOPs that are more effective in systems advocacy would have poorer relationships with law enforcement, the association with citizens' advocacy groups is counter-intuitive.

As in California, New York local LTCOP's effectiveness in meeting mandates is differentially affected by individual inter-organizational relationships [Appendix A.12]. Effectiveness in complaint investigation, community education, and resident and family education were associated with better inter-organizational relationships with the Office of the State Long Term Care Ombudsman, Area Agencies on Aging, licensing and certification, law enforcement, legal service agencies, and citizens' advocacy groups. New York local LTCOP effectiveness in community education and resident and family education were consistently associated with better relationships with all organizations. This finding implies that effectiveness in these mandates is highly associated with positive inter-organizational relationships in New York local LTCOPs. Interestingly, New York local LTCOPs that were more likely to rate their program as very effective in monitoring federal, state, and local laws and regulations and systems advocacy, were only associated with better relationships with licensing and certification, and adult protective services. Thus, while effectiveness in monitoring federal, state, and local laws

and regulations was found to be associated with poorer inter-organizational relationships in the previous analysis, here we find that it is associated with better relationships with licensing and certification, and adult protective services. In contrast with California local LTCOPs, better relationships with citizens' advocacy groups were associated with higher ratings of effectiveness in systems advocacy by New York local LTCOPs. One New York local LTCOP coordinator noted the importance of their relationship with the New York State Ombudsman Association (similar to the Council of Community Ombudsmen (CoCO) in Georgia, and the California Long Term Care Ombudsman Association (CALTCOA)) to systems advocacy work, "I want to emphasize the consortiums we built and how much help they are. They are informal. We also have a New York State Ombudsman Association (NYSOA) that is four years old that allows us to advocate as individuals for things we cannot do as ombudsmen" (NY-A402AJ). Additionally, as the New York state ombudsman is an appointed position and embedded in the political system, and Area Agency on Aging affiliation was previously found to be associated with lower ratings of effectiveness, it is not surprising that poorer relationships with these two organizations were associated with lower effectiveness in monitoring federal, state, and local laws and regulations and systems advocacy. Perhaps as local LTCOPs in New York cannot rely on their Office of the State Long Term Care Ombudsman as much as Georgia local LTCOPs can, their relationships with citizens' advocacy groups become that much more important. In contrast to the leadership in systems advocacy from the state office noted by Georgia local LTCOP coordinators, one New York local LTCOP coordinator stated,

It is not part of what we are doing here, not our primary role here. Monitoring legislation? For that stuff we look to the state office. I mean

if we were asked by the state office, if they tell us that is what they want we'll do it. But, I mean, it is not my understanding that this is our roll here at the local level. NY-407CD

The effect of the state ombudsman as an appointed position in New York is unmistakable when local LTCOP coordinators note the need for leadership and guidance in order to conduct systems advocacy work.

Facilities

In Georgia, better relationships between local LTCOPs and the Office of the state Long Term Care Ombudsman, Area Agencies on Aging, licensing and certification, law enforcement, and citizens advocacy groups were associated with higher proportions of coordinators who rated their program as very effective in serving nursing homes [Appendix A.10]. Programs with poorer relationships with legal service agencies were slightly more likely to report being very effective in serving nursing homes.

Individual inter-organizational relationships had inconsistent effects on California local LTCOP's effectiveness in nursing homes and board and care homes [Appendix A.11]. California local LTCOPs with better inter-organizational relationships with Adult Protective Services, law enforcement, and legal service agencies were more likely to rate their program as very effective in both nursing homes and board and care homes. Better inter-organizational relationship between California local LTCOPs and law enforcement had the largest effect on ratings of effectiveness in serving both nursing homes and board and care homes. All local LTCOPs reporting better relationships with law enforcement also reported that their program was very effective in nursing homes.

New York local LTCOPs with better inter-organizational relationships with the Office of the State Long Term Care Ombudsman, Area Agencies on Aging, licensing and

certification, legal services agencies were more likely to report that their program was very effective in both nursing homes and board and care homes [Appendix A.12]. New York local LTCOPs with poorer inter-organizational relationships with Adult Protective Services, law enforcement, and citizens' advocacy groups were more likely to report being very effective in the nursing home setting. New York local LTCOPs with higher effectiveness in board and care homes were consistently more likely to report better relationships with all organizations.

Activities

Returning briefly to our dichotomous summary measure of inter-organizational relationships, while Georgia and California local LTCOPs with better inter-organizational relationships were more likely than those with poorer inter-organizational relationship to report being always able to conduct all activities in our previous analysis using the summary measure of relationships, New York local LTCOPs did not show the same associations. New York local LTCOPs with poorer overall relationships were more likely to report being always able to conduct community education, and systems advocacy, and to monitor laws, regulations, and policies. In fact, no New York local LTCOPs with better inter-organizational relationships reported that they were always able to conduct systems advocacy.

As with mandated activities and facilities served, Georgia local LTCOPs that reported better relationships with other organizations were more likely than those with poorer relationships to report that they were always able to conduct all activities related to systems advocacy [Appendix A.13]. Of note, no local LTCOPs with poorer relationships with the Office of the State Long Term Care Ombudsman reported that they

were always able to conduct resident and family education and monitor laws, regulations, and policies. This finding is likely related to the finding in the previous chapter that the Georgia Office of the State Long Term Care Ombudsman is instrumental in keeping local LTCOPs abreast of laws, regulations, policies, etc. Similarly, no Georgia local LTCOP coordinators that reported having poorer relationships with their Area Agency on Aging reported being always able to monitor laws, regulations, and policies. The one Georgia local LTCOP that strongly agreed that they had a good working relationship with law enforcement rated their program as always able to conduct all activities measured.

California local LTCOP's ability to conduct activities was associated with better relationships with all organizations except citizens' advocacy groups [Appendix A.14]. California local LTCOPs with poorer relationships with citizens' advocacy groups were more likely to report being always able to conduct all activities than those with better relationships with citizens' advocacy groups. Again, better relationships with the Office of the State Long Term Care Ombudsman showed strong associations, with no local LTCOPs with poorer relationships with the Office of the State Long Term Care Ombudsman reporting that they were always able to conduct any of the activities.

New York local LTCOPs, like those in California, showed more consistent associations between inter-organizational relationships and ability to conduct activities than was seen with effectiveness in mandates [Appendix A.15]. Better relationships with the Office of the State Long Term Care Ombudsman and the Area Agency on Aging were associated with increased proportions of New York local LTCOP coordinators that reporting being always able to conduct all activities. Poorer relationships with licensing and certification, legal services agencies, and citizens' advocacy groups were associated

with higher ability to conduct all activities. This finding implies that New York local LTCOP's ability to conduct activities is not negatively influenced by poorer relationships with these organizations, and their poorer relationships with these organizations may actually enhance their program's ability to conduct activities related to systems advocacy. Lastly, New York local LTCOP's ability to conduct systems advocacy was associated with poorer relationships with all organizations except Area Agencies on Aging.

Training

Our dichotomous inter-organizational relationship measure was most consistently associated with higher proportions of above average ratings of trainings in all three states. Further examination of individual inter-organizational relationships will help identify specific relationships associated with better training. Better relationships with Area Agencies on Aging, Adult Protective Services, and law enforcement were associated with a higher proportion of Georgia local LTCOPs that rated their training as above average in all areas [Appendix A.16]. Above average training on relevant laws, policies, and rules were most consistently associated with positive relationships with all organizations except licensing and certification. Interestingly, and contrary to our previous findings on effectiveness in mandates and activities, Georgia local LTCOPs with better relationships with the Office of the State Long Term Care Ombudsman were less likely to report above average training in systems advocacy. As the Georgia state ombudsman is a registered lobbyist, we would expect the opposite of these findings.

California local LTCOPs with better relationships with Adult Protective Services were consistently associated with a higher proportion of coordinators rating their training as above average in all areas [Appendix A.17]. Poorer relationships with Area Agencies

on Aging were also consistently associated with higher proportions of coordinators rating their training as above average in all areas. Poorer relationships with Area Agencies on Aging and Adult Protective Services were associated with a higher likelihood that California local LTCOP coordinators would strongly agree that their program was provided training often and regularly.

In New York, local LTCOPs with better relationships with licensing and certification, adult protective services, legal services agencies, and citizens' advocacy groups were associated with more above average ratings of training and a higher proportion of coordinators who strongly agreed that their program was provided training often and regularly [Appendix A.18]. In contrast to the earlier finding that better relationships with citizens' advocacy groups was negatively associated with effectiveness in systems advocacy, above average ratings in training on systems advocacy were strongly associated with New York local LTCOPs with better relationships with citizens' advocacy groups. This finding implies that better training on systems advocacy issues are being provided to New York local LTCOPs with better relationships with citizens' advocacy groups. Better relationships with all organizations except law enforcement were associated with a higher proportion of California local LTCOPs that strongly agreed that their program's training was provided often and regularly.

In summary, our dichotomous inter-organizational measure generally had a similar effect on California and New York local LTCOPs' ratings of effectiveness as it did in Georgia. Further analysis of individual relationships provided a deeper understanding of the effect of specific relationships on local LTCOP effectiveness, and helped clarify the minor inconsistencies in our findings in California and New York. In

California, effectiveness in complaint investigation was associated with better relationships with the Office of the State Long Term Care Ombudsman and law enforcement. Explanations of these findings are likely found in the mandate for California local LTCOPs to report and investigate elder abuse in addition to their complaint investigation work. New York local LTCOPs with better relationships with licensing and certification and adult protective services were associated with higher effectiveness in monitoring federal, state, and local laws and regulations, implying that better relationships with these organizations in some way assist New York local LTCOPs in this meeting this mandate. The previous association found between New York local LTCOPs with poorer relationships and being always able to conduct community education, systems advocacy, and monitor laws, regulations, and policies is better understood when looking at the effect of individual inter-organizational relationships. Better relationships with the Office of the State Long Term Care Ombudsman and the Area Agency on Aging were consistently important to New York local LTCOP's ability to conduct all activities. Better relationships with Adult protective services were also associated with ability to monitor laws, regulations, and policies.

Poorer relationships with law enforcement were associated with lower proportions of very effective ratings in monitoring federal, state, and local laws and regulations and systems advocacy mandates, and above average ratings of training in both California and New York local LTCOPs, as well as ability to conduct activities in New York local LTCOPs. Thus better relationships with law enforcement agencies does not seem to be related to higher effectiveness in systems advocacy in California and New York local LTCOPs and may actually pose a barrier to effectiveness in these states. Better

relationships with Adult Protective Services were consistently associated with higher proportions of above average ratings of training in all areas. While better relationships with citizens' advocacy groups were consistently associated with effectiveness in Georgia local LTCOPs' mandates, activities, and training, it showed different associations with California and New York local LTCOPs, particularly in coordinator's ability to conduct activities.

In the following section, overall findings on systems advocacy measures will be discussed and comparisons made across states before analyzing the effect of resources, autonomy, and inter-organizational relationships on systems advocacy measures.

Georgia, California, and New York Local LTCOP's Participation in Systems Advocacy Work

Georgia local LTCOP coordinators were given a survey with a significantly expanded systems advocacy section from the California and New York surveys [Table 5.34]. While the Georgia survey provides us with more quantitative data, the qualitative data pulled from California and New York local LTCOP coordinator interviews can begin to fill in some of the holes left in the comparison by the lack of quantitative data.

Table 5.34: Systems Advocacy Measures Administered in Georgia, California and New York Local LTCOP Coordinator Surveys

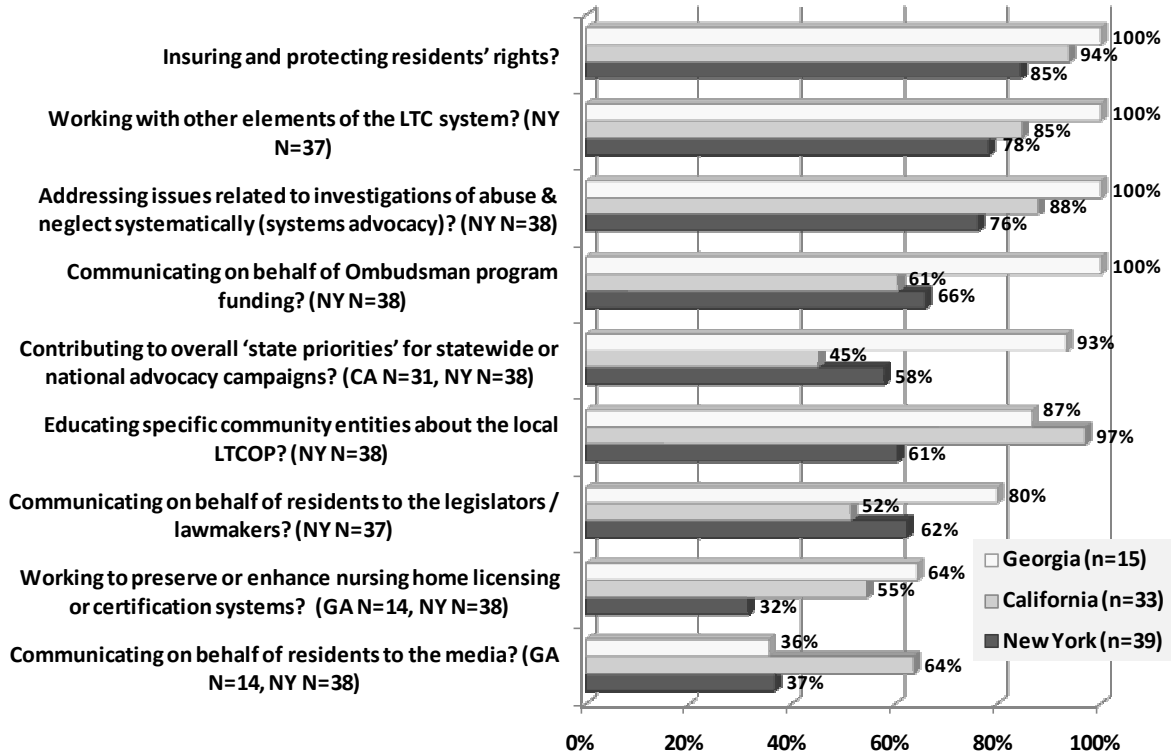
Georgia	California & New York
<p>Please tell us if your local LTCOP engages in any of the following types of Systems/Issues Advocacy, by indicating ‘Yes’ or ‘No’ for each topic area mentioned.</p> <ul style="list-style-type: none"> - Insuring and protecting residents’ rights - Working to preserve or enhance nursing home licensing or certification systems <ul style="list-style-type: none"> - Addressing issues related to investigations of abuse & neglect - Communicating on behalf of residents to the media - Communicating on behalf of residents to the legislators / lawmakers <ul style="list-style-type: none"> - Working with other elements of the LTC system - Educating specific community entities, for instance law enforcement, about the Local LTCOP <ul style="list-style-type: none"> - Communicating on behalf of Ombudsman program funding - Contributing to an overall ‘state platform or priorities’ for state wide or national advocacy campaign 	
<p>What issues advocacy work has your local LTCOP participated in? <i>Has your LTCOP participated in other issues advocacy work?</i></p> <ul style="list-style-type: none"> - Could you briefly describe? - What resources or assistance/support were crucial in your Local LTCOP’s ability to conduct these issues advocacy efforts? 	
<p>What issues advocacy work should your local LTCOP be doing?</p> <ul style="list-style-type: none"> - Could you briefly describe? - Are there ANY additional resources or assistance/support that your local LTCOP needs to do this issues advocacy work? <ul style="list-style-type: none"> o Could you briefly describe? 	
<p>Has your local LTCOP encountered any obstacles or resistance to conducting systems advocacy (yes/no)?</p> <ul style="list-style-type: none"> - Could you briefly describe? 	

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

Georgia local LTCOP coordinators were more likely to report involvement in seven of the nine systems advocacy activities listed than were California and New York local LTCOP coordinators [Figure 5.35]. California coordinators were more likely than Georgia’s to report educating specific community entities about the local LTCOP and

both California and New York coordinators were more likely to report communicating on behalf of residents to the media than Georgia coordinators.

Figure 5.35: Proportion of Georgia, California, and New York Local LTCOP Coordinators that Reported Involvement in Systems Advocacy Work



Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

One California local LTCOP coordinator emphasized the importance of community education to the effectiveness of their program,

The biggest issues are information and knowledge about the program in the state and community, getting information to other agencies. We are seen as a bunch of volunteers and not given the respect we deserve. There is some hesitation to give us that respect and work with us. People tend to think residents in facilities are going to die so there is no need to fight for their rights. CA-D519AV

Where the least amount of Georgia coordinators reported participating in communicating on behalf of resident to the media, California coordinators were least likely to contribute

to overall ‘state priorities’ for statewide or national advocacy campaigns. New York local LTCOP coordinators were least likely to work to preserve or enhance nursing home licensing or certification systems.

This study hypothesized that *resources, autonomy, and inter-organizational relationships will differentially influence local LTCOP’s reported participation in various forms of systems advocacy work in Georgia, California, and New York*. The following sections will examine the effect of resources, autonomy, and inter-organizational relationships on local Georgia, California and New York local LTCOP’s ability to conduct systems advocacy. The effect of resources, autonomy, and inter-organizational relationships on systems advocacy efforts will be determined by comparing proportions of affirmative responses to measures both across states as well as across the groups created by the dichotomous resources, autonomy, and inter-organizational relationship variables.

Effect of Resources on Georgia, California, and New York Local LTCOP’s Participation in Systems Advocacy Work

Resources had a large effect on the types of systems advocacy work done by Georgia local LTCOPs [Table 5.36]. Georgia programs with lighter workloads were more likely to participate in all systems advocacy activities that did not receive 100 percent participation from coordinators in Georgia. The largest difference in participation across workload within Georgia was in local LTCOP coordinator’s reported participation in communicating on behalf of residents to the media. This finding implies that participation in this activity is the most vulnerable to a shortage of resources in Georgia.

In California, local LTCOPs with lighter workloads (fewer beds/FTE) were more likely to participate in all systems advocacy activities than programs with heavier

workloads, except working with other elements of the LTC System, which showed only a slight difference across workload groups. As in Georgia the largest difference in California was seen in the effect of workload on coordinator's reported participation in communicating on behalf of residents to the media.

Table 5.36: Effect of Resources on the Proportion of Georgia, California, and New York Local LTCOP Coordinators that Reported Involvement in Systems Advocacy Work

Systems Advocacy (Percent Yes)	Georgia				California				New York			
	N*	LW**	N	HW***	N	LW	N	HW	N	LW	N	HW
Advocate Residents' Rights	8	100	7	100	17	100	16	87.5	18	94.4	17	76.5
Nursing Home Licensing/ Certification	7	62.5	7	57.1	17	58.8	16	50	17	17.6	17	47.1
Investigation of Elder Abuse and Neglect	8	100	7	100	17	94.1	16	81.3	17	88.2	17	70.6
Communicate on Behalf of Residents to Media	8	50	6	16.7	17	88.2	16	37.5	17	52.9	17	23.5
Communicate on Behalf of Residents to Legislators/ Lawmakers	8	87.5	7	71.4	17	52.9	16	50	16	68.8	17	58.8
Working with Other Elements of the LTC System	8	100	7	100	17	82.4	16	87.5	16	81.3	17	76.5
Educate Specific Community Entities about the LTCOP	8	100	7	71.4	17	100	16	93.8	18	55.6	16	75.0
Communicate on Behalf of LTCOP Funding	8	100	7	100	17	64.7	16	56.3	17	64.7	17	70.6
Contribute to an Overall State Platform	8	100	6	85.7	17	56.3	16	33.3	17	52.9	17	64.7

Source: Georgia NORS Data Fiscal Year 2006; California and New York NORS Data Fiscal Year 2004; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** LW= Lighter Workload

*** HW= Heavier Workload

Note: larger findings are bolded to show trends

In New York, participation in systems advocacy activities varied, with programs with lighter workloads more likely to participate in five of the nine types of systems advocacy work. These inconsistent finding in New York strengthen our conclusion that

beds/FTE is either a poor measure of resources in New York local LTCOPs or resources do not consistently and negatively affect New York local LTCOP's perceived effectiveness and reported participation in systems advocacy.

To summarize, Georgia and California local LTCOPs with lighter workloads (fewer beds/FTE) were more likely to report participating in various types of systems advocacy. The activities most affected by resources in both Georgia and California were communicating on behalf of residents to the media. Thus, without adequate FTEs to cover beds, Georgia and California local LTCOPs are less likely to communicate on behalf of residents to the media.

While our workload (beds/FTE) measure generally had the expected effect on Georgia, California and especially New York local LTCOP's participation in systems advocacy activities revealed less consistent associations than those found in Georgia. Looking at other measures of resources provides more insight into the effect of program resources on systems advocacy activity beyond our findings using the workload (beds/FTE) measure [Appendix 19-21].

Effect of Additional Resource Measures on Georgia, California, and New York Local LTCOP's Participation in Systems Advocacy Work

Analysis of other types of resources did not reveal any more consistent associations in Georgia than our workload measure did across participation in systems advocacy activities [Appendix A.19]. However, larger Georgia local LTCOPs (with more FTEs, bed, facilities, and a higher budget) were more likely to report participating in communicating on behalf of the residents to the media. In contrast, smaller Georgia local LTCOPs reported more participation in communicating on behalf of residents to legislators and/or lawmaker. These contradictory findings in the influence of program

size are difficult to explain as one would think that smaller programs in more rural locations would have easier access to the media, legislators, and lawmakers. Perhaps larger programs in more urban areas of Georgia find the use of media more beneficial to their systems advocacy work than programs in rural areas of Georgia. All smaller Georgia local LTCOPs with fewer FTEs, beds, facilities, and a smaller budget participated in educating specific community entities about the LTCOP. This finding leads us to suspect that smaller Georgia local LTCOPs may also maintain better relationships with community entities than larger programs. All larger Georgia local LTCOPs (more FTEs, beds, facilities, and a higher budget) reported contributing to the overall state platform. This finding implies that larger Georgia local LTCOPs have better access to and influence on the state advocacy platform.

Participation in most types of systems advocacy work by California local LTCOPs was generally associated with smaller programs (fewer FTEs, volunteers, beds, and a smaller budget) [Appendix A.20]. Communicating on behalf of residents to legislators and/or lawmakers was an outlier, with larger programs (more FTEs, volunteers, facilities, and a higher budget) being more effective in conducting this activity. Fewer beds were consistently associated with higher proportions of coordinators participating in all types of systems advocacy work. As California local LTCOPs with heavier workloads (more beds/FTE) were found to be more likely to work with other elements of the LTC system, we hoped that further analysis of resources would assist us in understanding this association. However, findings across resource measures on California local LTCOP's participation in working with other elements of the LTC system varied.

In contrast to findings in California, larger New York local LTCOPs (more FTEs, volunteers, beds, and budget) were generally more likely to participate in all systems advocacy activities [Appendix A.21]. Returning to the inconsistent findings between New York local LTCOP's participation in systems advocacy work and our workload measure, we find that the current analysis reveals several trends in associations. New York local LTCOP participation in working to preserve or enhance nursing home licensing and certification systems, educating specific community entities about the LTCOP, communicating on behalf of LTCOP funding and contributing to the overall state program were associated with larger programs (more FTEs, volunteers, beds, and a higher budget).

Although our dichotomous workload measure did not result in the expected effect on New York local LTCOP's ability to participate in systems advocacy activities, other measures of resources emerged as potentially superior measures of resources in New York local LTCOPs. Particularly, larger New York local LTCOPs (more FTEs, volunteers, beds, and a higher budget) were more likely to participate in most systems advocacy work.

Effect of Autonomy on Georgia, California, and New York Local LTCOP's Participation in Systems Advocacy Work

In measuring the types of systems advocacy work done by Georgia local LTCOPs, a higher proportion of programs without constraints tended to report participating in most systems advocacy activities [Table 5.37]. The largest difference in proportions was between Georgia local LTCOP coordinators that experienced constraints versus those who did not and communicating on behalf of residents to media, and working to preserve or enhance nursing home licensing and certification systems. Only in

educating specific community entities about the LTCOP, did Georgia local LTCOPs stray from the trend of higher participation by programs with no constraints on autonomy, but the difference was very small.

Table 5.37: Effect of Autonomy on the Proportion of Georgia, California, and New York Local LTCOP Coordinators that Reported Participating in Systems Advocacy Work

Systems Advocacy (Percent Yes)	Georgia				California				New York			
	N	C*	N	NC**	N	C	N	NC	N	C	N	NC
Advocate Residents' Rights	8	100	7	100	26	92.3	7	100.0	11	72.7	28	89.3
Nursing Home Licensing/Certification	8	37.5	6	100	26	57.7	7	42.9	11	27.3	27	33.3
Investigation of Elder Abuse and Neglect	8	100	7	100	26	96.2	7	57.1	11	54.5	27	85.2
Communicate on Behalf of Residents to Media	8	12.5	6	66.7	26	65.4	7	57.1	11	27.3	27	40.7
Communicate on Behalf of Residents to Legislators/Lawmakers	8	62.5	7	100	26	50.0	7	57.1	11	54.5	26	65.4
Working with Other Elements of the LTC System	8	100	7	100	26	84.6	7	85.7	11	72.7	26	80.8
Educate Specific Community Entities about the LTCOP	8	87.5	7	85.7	26	96.2	7	100.0	11	45.5	27	66.7
Communicate on Behalf of LTCOP Funding	8	100	7	100	26	57.7	7	71.4	11	63.6	27	66.7
Contribute to an Overall State Platform	8	87.5	7	100	25	44.0	6	50.0	11	36.4	27	66.7

Source: Georgia NORS Data Fiscal Year 2006; California and New York NORS Data Fiscal Year 2004; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* C= Constraints

** NC= No Constraints

Note: larger findings are bolded to show trends

California local LTCOP's participation in systems advocacy activities varied across programs with and without constraints. Differences across groups were generally small with the largest difference occurring between California local LTCOPs with constraints on autonomy and investigation of elder abuse and neglect. California local

LTCOPs without constraints were more likely to advocate for residents' rights, communicate on behalf of residents to legislators and/or lawmakers, work with other elements of the LTC system, educate specific community entities about the LTCOP, communicate on behalf of LTCOP funding, and contribute to overall state platforms. One California local LTCOP noted their inability to advocate for residents' rights systemically when they said, "there are times I would like to speak out in litigation but I can't. I could be a very good witness, but I am not allowed to be. I could be instrumental in many of those cases" (CA-B407DU). These findings imply that California local LTCOP's participation in those types of systems advocacy work is more likely to require program autonomy than other types of systems advocacy work.

While the dichotomous autonomy measure did not produce expected results in analysis of New York local LTCOP effectiveness measures, it successfully showed an association between program autonomy and participation in all systems advocacy activities. Autonomy had the largest influence on New York local LTCOP's systematic investigation of abuse and neglect and education of specific community entities about the LTCOP, with programs experiencing constraints less likely to report participating in these activities. As noted previously, our dichotomous autonomy measure may be more reflective of constraints in California from conflicting state and federal mandates than from constraints that would prevent systems advocacy work.

As was done with local LTCOP effectiveness, the effect of host agency affiliation on Georgia, California, and New York local LTCOP's participation in systems advocacy will be explored. This further analysis may shed more light on the effect of constraints on autonomy on California local LTCOP's participation in systems advocacy work.

Effect of Host Agency Affiliation on Georgia, California, and New York Local LTCOP's Participation in Systems Advocacy Work

Returning to host agency affiliation as a potential measure of constraints on program autonomy, we examined the participation of programs within Area Agencies on Aging and legal service agencies in types of systems advocacy work [Table 5.38]. Georgia local LTCOPs housed in Area Agencies on Aging and those outside legal service agencies were more likely to report participating in all systems advocacy activities. In other words, affiliation with legal service agencies resulted in lower proportions of Georgia local LTCOP coordinators participating in systems advocacy work, while affiliation with Area Agencies on Aging resulted in higher proportions of coordinators reporting that they participated in systems advocacy work. As seen by the larger differences in proportion of participation across groups, communicating on behalf of residents to the media was highly associated with affiliation with Area Agencies on Aging, suggesting that Area Agency on Aging affiliation in Georgia improves access to media outlets or encourages this type of systems advocacy work. Similarly, Georgia local LTCOPs housed outside of legal service agencies were much more likely to communicate on behalf of residents with legislators and/or lawmakers than programs located within legal service agencies. As seen in the previous chapter, three out of the four Georgia local LTCOPs in legal service agencies reported constraints on autonomy, and many noted the effects of these constraints in their qualitative responses.

Area Agency on Aging affiliation produced mixed findings across California local LTCOPs in the proportion of coordinators reported participation in systems advocacy work. In contrast to findings of legal service agency affiliation and participation in systems advocacy work in Georgia, California local LTCOPs housed in a legal service

agency affiliation (N=3) were more likely to report participating in six of the nine systems advocacy activities.

Table 5.38: Effect of Host Agency Affiliation on the Proportion of Georgia, California, and New York local LTCOP Coordinators that Participating in Systems Advocacy Work

	Georgia				California				New York	
	AAA* N=2	Non-AAA N=13	LSA** N=4	Non-LSA N=11	AAA N=8	Non-AAA N=25	LSA N=3	Non-LSA N=30	AAA N=24	Non-AAA N=15
Advocate Residents' Rights	100	100	100	100	100	92	100	93	79	93
Nursing Home Licensing/Certification	100	58	50	70	75	48	67	53	17	53
Investigation of Elder Abuse and Neglect	100	100	100	100	100	84	100	87	70	87
Communicate on Behalf of Residents to Media	100	25	25	40	50	68	100	60	35	40
Communicate on Behalf of Residents to Legislators/Lawmakers	100	77	25	100	50	52	67	50	50	80
Working with Other Elements of the LTC System	100	100	100	100	88	84	67	87	68	93
Educate Specific Community Entities about the LTCOP	100	85	75	91	100	96	100	97	46	86
Communicate on Behalf of LTCOP Funding	100	100	100	100	25	72	67	60	48	93
Contribute to an Overall State Platform	100	92	75	100	57	42	0	50	44	80

Source: Georgia NORS Data Fiscal Year 2006; California and New York NORS Data Fiscal Year 2004; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* AAA= Area Agency on Aging

** LSA= legal service agency

Note: larger findings are bolded to show trends

Non-Area Agency on Aging affiliated programs in New York (N=15) were more likely to participate in all systems advocacy activities. As seen by the larger difference across groups in the proportion of New York local LTCOP coordinators reporting that they communicate on behalf of LTCOP funding, participation in this activity is especially negatively impacted by New York local LTCOP's affiliation with legal service agencies. No New York local LTCOPs were housed in legal service agencies.

While Area Agency on Aging affiliation may be an adequate measure of constraints on autonomy in New York local LTCOPs, the measures' inconsistent findings in California local LTCOPs' associations between Area Agency on Aging affiliation and participation in systems advocacy work, and the opposite findings in Georgia limit the usefulness of this measure across states.

In Summary, while Georgia local LTCOPs with no constraints on autonomy as measured by the dichotomous autonomy measure were more likely to report participating in all but one of the activities, Georgia programs inside Area Agencies on Aging and outside legal service agencies were more likely to report participating in all of the activities. California local LTCOPs did not respond consistently to our dichotomous autonomy variable, with a higher proportion of coordinators reporting constraints participating in three of the nine activities. Legal service agency affiliation in California had slightly more consistent results with local LTCOPs housed in legal service agencies more likely to report participating in seven of the nine types of systems advocacy work. California local LTCOP's affiliation with Area Agencies on Aging were split across our systems advocacy variables, with programs housed Area Agencies on Aging more likely to participate in five of the seven types of systems advocacy work. New York local

LTCOPs showed the most consistent response to our dichotomous autonomy variable, with programs experiencing constraints on autonomy less likely to participate in all systems advocacy activities. Additionally, when examining Area Agency on Aging affiliation, New York local LTCOPs housed outside of Area Agencies on Aging were more likely to participate in all systems advocacy activities than programs housed in Area Agencies on Aging. Our final analysis examines the effect of individual inter-organizational relationships on local LTCOP's participation in various systems advocacy work.

Effect of Inter-Organizational Relationships on Georgia, California, and New York Local LTCOP's Participation in Systems Advocacy Work

In Georgia, local LTCOPs with better inter-organizational relationships reported higher involvement in all systems advocacy activities. The largest effect of inter-organizational relationships on types of systems advocacy work was in working to preserve and enhance nursing homes licensing and certification systems, and communicating on behalf of residents to the media [Table 5.39]. Thus, in Georgia, local LTCOP's participation in working to preserve and enhance nursing home licensing and certification systems, and communicating on behalf of the resident to the media were most influenced and potentially more dependent on the programs' inter-organizational relationships.

Table 5.39: Effect of Inter-Organizational Relationships on the Proportion of Georgia, California, and New York Local LTCOP Coordinators that Reported Participating in Systems Advocacy Work

Systems Advocacy (Percent Yes)	Georgia				California				New York			
	N*	- IOR**	N	+ IOR***	N	- IOR	N	+ IOR	N	- IOR	N	+ IOR
Advocate Residents' Rights	7	100	8	100	15	93.3	18	94.4	18	88.9	20	80.0
Nursing Home Licensing/Certification	7	42.9	7	85.7	15	40.0	18	66.7	18	44.4	19	15.8
Investigation of Elder Abuse and Neglect	7	100	8	100	15	86.7	18	88.9	18	77.8	19	73.7
Communicate on Behalf of Residents to Media	7	14.3	7	57.1	15	66.7	18	61.1	17	41.2	20	30.0
Communicate on Behalf of Residents to Legislators/Lawmakers	7	71.4	8	87.5	15	40.0	18	61.1	17	64.7	19	57.9
Working with Other Elements of the LTC System	7	100	8	100	15	86.7	18	83.3	17	76.5	19	78.9
Educate Specific Community Entities about the LTCOP	7	85.7	8	87.5	15	93.3	18	100.0	18	66.7	19	52.6
Communicate on Behalf of LTCOP Funding	7	100	8	100	15	73.3	18	50.0	18	77.8	19	52.6
Contribute to an Overall State Platform	7	85.7	8	100	14	50.0	17	41.2	18	61.1	19	52.6

Source: Georgia NORS Data Fiscal Year 2006; California and New York NORS Data Fiscal Year 2004; UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** -IOR= Poorer Inter-Organizational Relationships

*** +IOR= Better Inter-Organizational Relationships

Note: larger findings are bolded to show trends

Again, California local LTCOPs varied in their participation in systems advocacy activities across programs with better and poorer inter-organizational relationships. While

participation in most activities was close across groups, programs with better relationships were more likely to work to preserve and enhance nursing home licensing and certification systems, as well as communicate on behalf of residents to legislators and lawmakers. However, programs with poorer inter-organizational relationships were more likely to communicate on behalf of LTCOP funding, and contribute to an overall state platform.

As with ability to conduct activities related to systems advocacy, New York local LTCOPs with poorer inter-organizational relationships were more likely to participate in almost all types of systems advocacy work. While it is possible that our measure of inter-organizational relationships is not capturing what it is intended to capture, it is also possible that New York local LTCOPs do not benefit from positive inter-organizational relationships in the same way that Georgia and California local LTCOPs do, at least in terms of reported ability to conduct and participation in systems advocacy.

Where Georgia local LTCOPs with better overall inter-organizational relationships were consistently more likely to participate in all types of systems advocacy work, local LTCOPs in New York with better inter-organizational relationships were less likely to participate in most systems advocacy work. California local LTCOPs showed inconsistent associations between our dichotomous inter-organizational relationship summary variable and participation in systems advocacy work. Examining individual relationships for associations with Georgia, California, and New York local LTCOP's participation in systems advocacy work, will highlight the relationships that are most essential to that participation. Comparisons will be made between local LTCOP coordinators that strongly agreed that they had positive working relationships with other

organizations and those that did not (strongly disagreed, somewhat disagreed, and somewhat agreed).

Effect of Specific Inter-Organizational Relationships on Georgia, California, and New York Local LTCOP's Participation in Systems Advocacy Work

Georgia local LTCOPs with better relationships with the Office of the State Long Term Care Ombudsman, Area Agencies on Aging, licensing and certification, Adult Protective Services, law enforcement, and citizens' advocacy groups were more likely to participate in most activities, though findings were not as consistent as with the inter-organizational dichotomous summary variable. The one Georgia local LTCOP coordinators that strongly agreed that they had a good working relationship with law enforcement participated in all systems advocacy activities [Appendix A.22]. No Georgia local LTCOPs with poorer relationships with the Office of the State Long Term Care Ombudsman reported communicating on behalf of residents to the media. Georgia local LTCOPs with a better relationship with the Office of the State Long Term Care Ombudsman were also more likely to contribute to the overall state advocacy platform. Working to preserve and enhance nursing home licensing and certification systems and communicating on behalf of residents to the media were consistently associated with better relationships with all organizations. These findings imply that within Georgia, local LTCOP's participation in these activities is highly associated with and possibly dependent upon maintaining positive inter-organizational relationships.

California local LTCOP's participation in systems advocacy work was inconsistently associated with individual inter-organizational relationships [Appendix A.23]. Only with Adult protective services were better relationships associated with participation in almost all types of systems advocacy work. California local LTCOP's

ability to communicate on behalf of residents to the media was associated with better relationships with all organizations except the Office of the State Long Term Care Ombudsman. Interestingly, communicating on behalf of residents to legislators/lawmakers was associated with better relationships with all organizations except citizens' advocacy groups. Better relationships with citizens' advocacy groups was most associated with communicating on behalf of residents to the media. As the California Association for Nursing Home Reform (CANHR) is highly involved in nursing home licensing and certification, it is surprising that California local LTCOPs with poorer relationships with citizens' advocacy groups were more likely to work to preserve and enhance nursing home licensing and certification systems.

Lastly, New York local LTCOPs with better overall inter-organizational relationships were less likely to participate in almost all types of systems advocacy work [Appendix A.24]. However, when looking at New York relationships with specific organizations, several findings stand out. First, better relationships with citizens' advocacy groups were associated with higher proportions of participation in most types of systems advocacy work. In contrast, New York local LTCOPs with poorer relationships with the Office of the State Long Term Care Ombudsman, licensing and certification, and law enforcement were associated with lower proportions of coordinators who reported participating in most systems advocacy work. As in California, the New York state ombudsman is an appointed position and therefore likely to have a limiting effect on local LTCOP's participation in systems advocacy work.

Better relationships with law enforcement in Georgia and California were associated with increased proportions of coordinators that participated in systems

advocacy work, whereas the opposite was true with New York local LTCOPs. It is possible that local LTCOPs in New York with better relationships with law enforcement encounter more barriers to participating in systems advocacy work than coordinator with poorer relationships with law enforcement. Relationships with the Office of the State Long Term Care Ombudsman in each state also showed mixed results. As with effectiveness measures, Georgia local LTCOPs with better relationships with the Office of the State Long Term Care Ombudsman were more likely to report participating in most systems advocacy activities. As a state appointed position in California and New York, the state ombudsman has less autonomy and more constraints on their ability to participate in systems advocacy work. Thus, better relationships with the Office of the State Long Term Care Ombudsman resulted in lower proportions of very effective ratings in monitoring federal, state, and local laws and regulations in California and both monitoring federal, state, and local laws and regulations and systems advocacy New York local LTCOPs. Our analysis of participation in systems advocacy activities yielded similar results with California local LTCOPs showing mixed associations across relationships with the Office of the State Long Term Care Ombudsman, and New York local LTCOPs with poorer relationships with the Office of the State Long Term Care Ombudsman reporting higher participation in almost all types of systems advocacy work. Lastly, although one would expect better relationships with citizens' advocacy groups to be associated with higher effectiveness and participation in systems advocacy work, California local LTCOPs reported less consistent associations between higher proportions of participation in activities and better relationships with citizens' advocacy organizations. Georgia and New York local LTCOPs with better relationships with

citizens' advocacy groups were more likely to participate in most types of systems advocacy work.

Conclusion

The goal of this chapter was to explore the findings relevant to the second study aim, *How do Georgia local LTCOPs differ from those in New York and California regarding their programs' resources, autonomy, and inter-organizational relationships; and how do these differences influence their perceived effectiveness and reported participation in systems advocacy?* Throughout this chapter, quantitative and qualitative data were used to explore the relationships between resources, autonomy, inter-organizational relationships and both perceived effectiveness and reported participation in systems advocacy in Georgia, California and New York local LTCOPs. The following chapter will summarize our findings around our hypotheses in the case study and comparative analysis.

CHAPTER VI: DISCUSSION

Looking through a theoretical lens at local LTCOP's perceived effectiveness and reported participation in systems advocacy work can deepen our understanding of the research findings, and advance a discussion of local, state, and national policy implications. The local long term care ombudsman program stands out in its organizational environment as an organization mandated to conduct systems level advocacy. With this novel approach to their work come privilege and challenge, freedom and constraint. When viewed through an organizational lens, the local LTCOP can be examined using organizational theory and particularly aspects of the theory which lend to analysis of organizational resources, autonomy, inter-organizational relationships, and effectiveness. The local LTCOP's mandate to conduct systems advocacy work allows for the examination of the local LTCOP as a social movement organization, using resource mobilization theory and political opportunity structures. Recently, social movement theorists and organizational theorists have come together to acknowledge the role of organizations, organizational processes and institutions in mobilizing resources, and maintaining movement momentum (Davis *et al.*, 2005). The local LTCOP is part of the residents' rights movement, movements to prevent elder abuse, nursing home reform movements, de-institutionalization movements, disability movements, etc. They are organizations that persist (oddly enough on federal funding), and are capable of adapting to changing LTC environments, resident needs, and political climates in order to improve the quality of care and lives of residents living in long term care facilities. As a social movement organization, the local LTCOP operates within a resource competitive

environment, faces regulative structures which limit organizational autonomy, and struggles with normative modes of governance often pitting itself against other organizations within their environment.

However, as was previously argued, the normative focus of organizational studies in framing the cultural-cognitive influences on an organizations' structure and processes neglects the power of the state and the economic and political stakeholders that may override the often less powerful normative influences. In the following chapter, a political economic approach will highlight the structural forces (political, ideological, and economic forces) that affect local LTCOPs and the LTC field as a whole, as well as elucidates the potential for social change in the residents' rights movement. State theory allows for a more global analysis of the local LTCOP, placing it within the concepts of state legitimation and accumulation. State theory also leads to a discussion of citizenship and citizens' rights and how the treatment of LTC residents is influenced by the ideological construction of citizenship that necessitates youth, ability, and productivity.

After a brief review of program characteristics in each state, and the status of perceived effectiveness and reported participation in systems advocacy, this chapter will be organized around the findings on our independent variables (resources, autonomy, and inter-organizational relationships) addressing each of our research questions and hypotheses. Existing literature will be revisited for consistencies or contradictions to this study's findings. Organizational theory and social movement theory will be invoked to advance the discussion of the findings to a higher level of analysis. IOM policy recommendations that have been reaffirmed through this research will be provided in

addition to, new recommendations (1995). Lastly, the limitations of the study and the potential for future research will be addressed.

Local LTCOPs in Georgia, California, and New York

Program Characteristics

Differences in program characteristic across states are essential to understanding our findings. Several factors set local LTCOPs in Georgia, California, and New York apart from one another, including (1) program size, (2) number, size and type of facilities served, (3) number of beds served, (4) diversity of residents served, (5) additional state mandates, (6) historical development of the program within certain host agencies, (7) politically or non-politically appointed state ombudsmen, and (8) the program's reliance on volunteers.

Local LTCOP size (as measured by number of FTEs, volunteers, staff and facilities served, and the size of the programs budget) tends to reflect their community size. Thus, we expected New York to have a very large outlier in program size in the New York City area. Atlanta would also house the largest Georgia local LTCOP, but California's program size would present a more normal curve, with Los Angeles, San Francisco, and San Diego. This knowledge of program size is important as it reflects the resources that are allocated to the program. As was expected in New York, there was a large outlier and many very small local LTCOPs that skewed our data on program size. As we saw from our findings, New York local LTCOPs have a much lower median budget, fewer FTEs, and serve a much lower median number of beds and facilities than Georgia and California programs. Recognizing that across-state comparisons of budget do not take into consideration the cost of living differences in each state, further

acknowledges the dire state of resources in New York. Additionally, New York local LTCOPs had a median of fewer than half of one FTE, with only 15 percent of the programs in New York reporting a full time coordinator.

New York local LTCOPs served a higher median number of beds/facility, suggesting that the state houses fewer, and very large, LTC facilities, while Georgia and California have followed the de-institutionalization trend, serving increasingly more board and care homes (e.g. personal care homes, and assisted living facilities). In fact, almost three-quarters of the facilities in New York that local LTCOPs serve are nursing homes, whereas fewer than 60 percent are nursing homes in Georgia and California. California local LTCOPs serve more beds in board and care facilities than they do in nursing homes. While the growth in these smaller facilities in Georgia and California may be reflective of a positive move away from large, institutionalized nursing home chains, they present an additional burden to the local LTCOPs in these states by spreading residents across many smaller facilities and geographical distances.

This variability in the types of facilities served also may be attributed to the discussion of state- specific mandates, such as Georgia local LTCOP's mandate to serve intermediate care facilities for persons with mental retardation, and community living arrangements. While also necessitating more visits to more facilities housing fewer residents, these facilities also house diverse residents with needs often exceeding ombudsmen staff and volunteer's qualifications and training. Additionally, Georgia local LTCOPs must work with separate licensing and certification entities than those that serve nursing homes and personal care homes, requiring the development and maintenance of

additional inter-organizational relationships as well as the knowledge of the rules and regulations governing these facilities.

California local LTCOPs also struggle under the additional state-specific mandate to report and investigate abuse. In addition to expanding their workload, broadening the qualifications needed of local LTCOP staff and residents, this designation of the LTCOP as a mandated reporter of abuse conflicts with the LTCOP's federal mandate to act on behalf of residents' wishes. Thus, California local LTCOPs when confronted with abuse are placed in the middle of a state and federal conflict regarding their responsibility as an ombudsman to the resident, or to the state to report the abuse. In addition, California local LTCOPs are charged with the additional task of witnessing advanced health care directives, diverting the attention on residents, and complaint investigation to paperwork and end of life legal matters for which the local LTCOPs staff and volunteers are often poorly trained.

Georgia's local LTCOPs also differ from those in California and New York, through their limited use of volunteers. Only three programs in Georgia had certified volunteers, with a total of seven in the state. In contrast, the median number of certified volunteers per program was eight in New York, and 24 in California. Training requirements for ombudsmen volunteers vary across states. Coordinators in Georgia often noted the need for volunteer coordinators to recruit, train and manage volunteers, otherwise stating that volunteers are more of a burden than an asset.

Local LTCOPs in New York are also different from those in Georgia and California regarding their historical placement within Area Agencies on Aging. Historically, as a pilot project in New York, the ombudsman program was housed under

Area Agencies on Aging, creating several notable problems over the years. In addition to constraints on the programs autonomy (as was re-affirmed in both California and New York), the embeddedness of New York local LTCOPs within Area Agencies on Aging has historically resulted in a tug of war over local LTCOP funding , and unnecessarily high administrative costs.

By looking at these basic programmatic differences across states, some differences in available and adequate resources, program autonomy, and necessary inter-organizational relationships are revealed. Additionally, these differences are related to local LTCOP coordinator's perceived effectiveness as well as their beliefs about their role as an ombudsman in participating in systems advocacy work.

Perceived Effectiveness in Georgia, California, and New York local LTCOP's Systems Advocacy

Georgia coordinators were highly likely to rate their local LTCOPs as very effective in handling complaint investigation, but were less likely to say the same about their effectiveness in monitoring laws, regulations, and policies, and systems advocacy. Similarly, Georgia local LTCOP coordinators were less likely to report being always able to conduct systems advocacy, and monitor laws, regulations, and policies than other activities. Lastly, Georgia local LTCOP coordinators were more likely to rate their training in systems advocacy as above average, than they were other training issues. All Georgia coordinators strongly agreed that their program's training is provided often and regularly. The majority of coordinators rated their LTCOP's effectiveness in both nursing homes and personal care homes as very effective. In contrast, more coordinators rated their LTCOPs as only somewhat effective or ineffective in serving intermediate care

facilities for people with mental retardation and in community living arrangements, both of which are state imposed mandates.

Measures of program effectiveness in meeting mandates, serving facilities, conducting activities, and training related to systems advocacy varied across states, with Georgia local LTCOP coordinators consistently reporting better effectiveness than California and New York local LTCOP coordinators. Within each state, coordinators were less likely to rate their programs as very effective in meeting systems level mandates (community education; monitoring federal, state, and local laws and regulations; and systems advocacy or legislative and policy advocacy) than they were in meeting other mandates. In Both California and New York, coordinators reported lower effectiveness in serving board and care homes than they did in nursing homes. Georgia local LTCOP coordinators were more likely than California and New York local LTCOPs to they were able to conduct almost all activities related to systems advocacy. Out of all the activities, monitoring laws, regulations, and policies, and conducting systems advocacy were the activities most likely to be neglected by California and New York local LTCOPs.

While this research examines perceived effectiveness across states, it is important to note that there are differential forces influencing perceived effectiveness across states. Additional state mandates, proximity to other organizations, and many other factors were likely to influence local LTCOP coordinators' understandings of their programs' roles, and hence their perception of effectiveness. However, it is a reminder of just how different these programs may look in structure and function. In fact, this reminder serves our purpose well, as differing program characteristics are examined for best practices in

programmatic structure and function as well as perceived effectiveness and reported participation in systems advocacy.

Reported Participation in Systems Advocacy in Georgia, California, and New York Local LTCOPs

As seen earlier, almost half of Georgia coordinators reported that they were very effective in conducting systems advocacy, the highest proportion in the three states studied. When given a list of types of systems advocacy work, all coordinators reported insuring and protecting residents' rights, working with other elements of the LTC system, addressing issues related to investigation of abuse and neglect, and communicating on behalf of LTCOP funding [Figure 4.25]. Only one-third of Georgia coordinators reported communicating on behalf of residents to the media. Two-thirds of Georgia coordinators agreed that there was systems advocacy work that their program should be doing, of which 70 percent reported needing additional resources, assistance and/or support to conduct this systems advocacy work. Even in Georgia, the state reporting the highest effectiveness in systems advocacy, almost half of the local LTCOP coordinators reported encountering obstacles or resistance to conducting systems advocacy. Qualitative data on systems advocacy in Georgia revealed several state-wide trends, including collaboration with other organizations to conduct systems advocacy, the immense support local LTCOPs receive from their state ombudsman, and citizens' advocacy groups.

Georgia local LTCOP coordinators were more likely to report involvement in seven of the nine systems advocacy activities listed than were California and New York local LTCOP coordinators. California coordinators were more likely than those in Georgia to report educating specific community entities about the local LTCOP, and both California and New York coordinators were more likely to report communicating on

behalf of residents to the media than Georgia coordinators. Where Georgia coordinators were least likely to report communicating on behalf of resident to the media; California coordinators were least likely to contribute to overall ‘state priorities’ for statewide or national advocacy campaigns; and New York coordinators were least likely to work to preserve or enhance nursing home licensing or certification systems.

Research Purpose, Questions, Hypotheses, and Findings

The purpose of this study was to examine the performance of local LTCOPs in Georgia, California, and New York through the identification of specific factors (adequacy of resources, organizational autonomy, and inter-organizational relationships) that are associated with local LTCOP coordinator’s perceived effectiveness and their reported ability to conduct systems advocacy. A more macro purpose of this study was to examine the LTCOP’s organizational performance in the context of its environment and role within the political, economic, and cultural arenas of the LTC system. Specifically, this project primarily focused on federally mandated activities, ability to conduct systems advocacy activities, training on systems advocacy issues, and participation in various types of systems advocacy work. As a social movement organization, the findings of this research examined the relationships between three organizational elements hypothesized to distinguish effective programs: adequacy of resources, organizational autonomy, and inter-organizational relationships. The following research questions were posed:

1. How are local LTCOPs’ systems advocacy efforts influenced by the programs’ resources (funding, staff, volunteers, training), autonomy (host agency, state LTCOP, sources of funding), and inter-organizational relationships (e.g. Area Agencies on Aging, citizens’ advocacy groups, and law enforcement)?
2. How do Georgia local LTCOPs differ from those in New York and California regarding their programs’ resources, autonomy, and inter-

organizational relationships? How do those differences relate to their perceived effectiveness and reported participation in systems advocacy?

The following section reviews the research findings and hypotheses. The general themes from the research are developed through organizational theory, social movement theory, political economy, and state theory in order to gain a better understanding of the local LTCOP as a social movement organization, and its role in LTC reform.

Resources

Hypothesis 1a: *Georgia local LTCOPs with adequate resources will be more likely to participate in various types of systems advocacy work than those with inadequate resources.*

Hypothesis 1b: *Georgia local LTCOPs with adequate resources will be more likely to perceive their program as effective in systems advocacy, than those with inadequate resources.*

Hypothesis 2a: *Adequacy of resources will differentially influence Georgia, California, and New York local LTCOP's perceived effectiveness and reported participation in systems advocacy.*

Georgia

As seen in the previous chapter, Georgia local LTCOP's resources proved the most important variable in perceived effectiveness, with programs with lighter workloads (fewer beds/FTE) more likely to report that they were very effective in meeting mandates and serving facilities, always able to conduct activities related to systems advocacy, and more likely to rate their program's training on issues related to systems advocacy as above average than heavier workload programs. In fact, no Georgia local LTCOP coordinators with heavier workloads rated their program as very effective at monitoring laws, regulations, and policies, or systems advocacy, or reported that they were always able to monitor laws, policies, and regulations and conduct systems advocacy. Programs

with heavier workloads were much less likely to report being very effective intermediate care facilities for persons with mental retardation and community living arrangements than they were in board and care homes (personal care homes) and nursing homes. Coordinators reported several challenges in serving these additional facilities and populations including, inadequate training, poor inter-organizational relationships with licensing and certification entities for these facilities, and state-wide advocacy efforts to legislate and fund a mental health ombudsman to serve those facilities.

Georgia local LTCOPs with lighter workloads (fewer beds/FTE) were also more likely to report participating in various types of systems advocacy. Coordinators with heavier workloads were twice as likely as those with lighter workloads to report needing additional resources, assistance, and/or support to conduct systems advocacy work and encountering obstacles or resistance to conducting systems advocacy work. While adequacy of resources as measured by workload produced expected associations between lighter workloads and higher effectiveness in Georgia, additional measures of resources were also analyzed.

Larger Georgia local LTCOPs were generally more likely to report being very effective in meeting mandates and serving facilities, being always able to conduct activities, and more likely to rate their training as above average than smaller facilities. Although examination of additional resource measures did not provide any more consistent information, it did reveal some interesting associations. While smaller Georgia local LTCOPs were more likely to communicate on behalf of residents to legislators and/or lawmakers, and educate specific community entities about the LTCOP; larger

Georgia programs were more likely to communicate on behalf of residents to the media, and contribute to an overall state platform.

California

In contrast to Georgia, California local LTCOPs with heavier workloads were generally more likely to report that they were very effective in meeting mandates and serving facilities, always able to conduct activities related to systems advocacy, and more likely to rate their program's training on issues related to systems advocacy as above average. However, California local LTCOPs with lighter workloads (fewer beds/FTE) were more likely to participate in all systems advocacy activities than programs with heavier workloads, except working with other elements of the LTC System (which showed only a slight difference across workload groups). Additional resource measures deepened our analysis of perceived effectiveness and reported participation in systems advocacy in California local LTCOPs.

Smaller California local LTCOPs were generally more likely than larger programs to report that they were very effective in meeting mandates and serving facilities, always able to conduct activities related to systems advocacy, and more likely to rate their program's training on issues related to systems advocacy as above average. The exception to this was the association between larger California local LTCOPs and higher effectiveness in meeting their systems advocacy mandate. Participation in types of systems advocacy work by California local LTCOPs was generally associated with smaller programs. Communicating on behalf of residents to legislators and/or lawmakers was an outlier, with larger programs more likely to report participating in this activity.

New York

As in California, New York local LTCOPs with heavier workloads were more likely to rate their program as very effective in meeting mandated activities, always able to conduct activities related to systems advocacy, and as receiving above average training on issues related to systems advocacy. In New York, participation in systems advocacy activities varied, with programs with lighter workloads more likely to participate in five of the nine types of systems advocacy work. These inconsistent findings in New York strengthen our conclusion that our workload (beds/FTE) measure is either a poor measure of resources in New York local LTCOPs or that resources do not consistently and negatively affect New York local LTCOP's perceived effectiveness and reported participation in systems advocacy. By looking at additional resource measures, we hope to better understand the discrepancies found in the New York findings.

As in Georgia, and unlike California, larger (more FTEs, volunteers, beds, and a higher budget) New York local LTCOPs were also generally more likely to report being very effective in meeting mandates and serving facilities, being always able to conduct activities, and more likely to rate their training as above average than smaller local LTCOPs. Additionally, larger New York local LTCOPs (more FTEs, volunteers, beds, and a higher budget) were generally more likely to participate in all systems advocacy activities.

Across-state Comparisons

While our workload (beds/FTE) measure generally had the expected effect on Georgia local LTCOP's perceived effectiveness and reported participation in systems advocacy, the measure was less consistent when applied to California and New York

local LTCOP's. In contrast to Georgia, New York local LTCOPs with heavier workloads consistently reported better effectiveness. In looking at additional measures of resources, several intra-state trends were revealed.

With the exception of Georgia's number of volunteers, larger programs (more FTEs, volunteers, beds, facilities, and a higher budget) in all three states were more likely to rate their programs as very effective in systems advocacy. The tendency for larger programs to be more effective in systems advocacy could be further evidence of the existence of a critical threshold of program size, under which effectiveness, particularly in systemic activities, decreases. Better volunteer resources (more volunteers) was often associated with lower effectiveness in monitoring federal, state, and local laws and regulations and systems advocacy mandates; ability to monitor laws, regulations, and policies, and conduct systems advocacy; and training on relevant laws, policies and rules, and systems advocacy. These findings suggest that volunteer resources are not a crucial variable in effectiveness in systems advocacy and related activities and training.

Thus, while the workload measure (beds/FTE) resulted in unexpected associations with program effectiveness in California and New York, the findings support the effect of program size on local LTCOP effectiveness. Variability across states on the effect of different resources measures on local LTCOP effectiveness suggest the need for state specific understanding of resources as well as additional complexity in measuring workload than just beds/FTE.

Autonomy

Hypothesis 1c: Georgia local LTCOPs with program autonomy will be more likely to participate in various types of systems advocacy work than those without program autonomy.

Hypothesis 1d: *Georgia local LTCOPs with program autonomy will be more likely to rate themselves effective in conducting systems advocacy than those without program autonomy.*

Hypothesis 2b: *Constraints on Autonomy will differentially influence Georgia, California, and New York local LTCOP's perceived effectiveness and reported participation in systems advocacy.*

Georgia

As seen in the previous chapter, Georgia programs with no constraints on autonomy were more likely than programs with constraints to report being very effective in meeting mandates and serving facilities, being always able to conduct activities, and more likely to rate their training as above average. In measuring the types of systems advocacy work done by Georgia local LTCOPs, programs with no constraints were more likely to participate in almost all types of systems advocacy work. The largest differences in proportion were between coordinators that experienced constraints versus those who did not and communicating on behalf of residents to the media and working to preserve or enhance nursing home licensure and certification systems. Programs that perceived constraints were also more likely to report needing additional resources and/or assistance to conduct systems advocacy. Although the dichotomous autonomy measure had the expected effect on Georgia local LTCOP perceived effectiveness and reported participation in systems advocacy, Area Agency on Aging and legal service agency affiliation were also examined as a potential measure of constraints on autonomy.

Area Agency on Aging affiliated local LTCOPs in Georgia were more likely to report being very effective in meeting mandates and serving facilities, being always able to conduct activities, and more likely to rate their training as above average than programs housed outside Area Agencies on Aging. In contrast, legal service agency

affiliated Georgia local LTCOPs were less likely to report being very effective in meeting mandates and serving facilities, being always able to conduct activities, and less likely to rate their training as above average than non-legal service agency affiliated programs. Three out of the four Georgia local LTCOPs in legal service agencies reported constraints on autonomy, and many noted the effects of these constraints in their qualitative responses.

California

California local LTCOPs reported inconsistent associations across the autonomy variable in effectiveness in meeting mandates and above average training. However, California local LTCOPs reporting constraint on autonomy were associated with a higher proportion of coordinators reporting that they were always able to conduct all activities. California local LTCOPs also did not report consistent associations across the dichotomous autonomy variable in participating in systems advocacy work, with coordinators reporting constraints more likely to report participating in three of the nine activities.

In contrast to Georgia, Area Agency on Aging affiliated local LTCOPs in California were less likely to report being very effective in meeting mandates and serving facilities, less likely to be always able to conduct activities, and less likely to rate their training as above average than programs housed outside Area Agencies on Aging. Also in contrast to Georgia, legal service agency affiliated local LTCOPs in California were more likely to report being very effective in meeting mandates and serving facilities, more likely to be always able to conduct activities, and more likely to rate their training as above average than California programs housed outside legal service agencies.

California local LTCOPs housed in Area Agencies on Aging did not report consistent trends in participating in systems advocacy work. However, legal service agency affiliated California local LTCOPs had slightly more consistent results, with local LTCOPs housed in legal service agencies being more likely to participate in seven of the nine types of systems advocacy work than those housed outside of legal service agencies.

New York

New York local LTCOPs with constraints on autonomy were more likely to rate themselves as very effective in almost all mandated activities and facilities. However, New York programs without constraints were generally more likely to report being always able to conduct activities, and receiving above average training. Despite inconsistency across effectiveness measures, New York local LTCOPs showed the most consistent response out of all three states to the dichotomous autonomy variable in systems advocacy measures, with programs with no constraints on autonomy more likely to report participation in all systems advocacy activities.

Similar to local LTCOPs in California, New York local LTCOPs housed in Area Agencies on Aging were less likely to report being very effective in meeting mandates, and in serving nursing homes. Although Area Agency on Aging affiliated local LTCOPs in New York were more likely to report being always able to conduct most activities related to system advocacy, differences were small across groups; and non-Area Agency on Aging affiliated New York local LTCOPs still reported higher effectiveness in ability to conduct systems advocacy. Additionally, New York local LTCOP coordinators housed outside of Area Agencies on Aging were more likely to report their training on issues related to systems advocacy as above average and were more likely to strongly agree that

their program received training often and regularly. Lastly, New York local LTCOPs housed outside of Area Agencies on Aging were more likely to participate in all systems advocacy activities than programs housed within Area Agencies on Aging. No New York local LTCOPs were housed in legal services agencies.

Across-state Comparisons

While the dichotomous autonomy measure had the expected effect on Georgia local LTCOP's perceived effectiveness in conducting activities related to systems advocacy, the measure was less informative when California and New York local LTCOPs are analyzed. California local LTCOPs reported the least consistent associations between the dichotomous autonomy variable, effectiveness measures, and systems advocacy measures out of all three states. It is believed that the dichotomous measure in California was more reflective of the conflict of interest posed by their additional state mandate to report and conduct abuse investigation rather than specific constraints on their autonomy due to organizational placement. However, California local LTCOPs reporting constraint on autonomy were associated with a higher proportion of coordinators reporting that they were always able to conduct all activities.

New York local LTCOPs with constraints on autonomy were more likely to report being very effective in meeting most mandates, but less likely to report being always able to conduct systems advocacy related activities. Although associations were less consistent in California and New York local LTCOPs, above average ratings of training on systems advocacy were associated with no constraints on program autonomy in all three states. In order to attempt to capture a relationship between autonomy and

effectiveness, Area Agencies on Aging and legal services agency affiliation were also examined.

Area Agency on Aging affiliation was generally negatively associated with California and New York local LTCOP's effectiveness, and positively associated with Georgia local LTCOP's program effectiveness in meeting mandates and in serving facilities. Similarly, while legal service agency affiliation was negatively associated with Georgia local LTCOP's effectiveness, it had positive associations with effectiveness in California local LTCOPs. Although host agency affiliation resulted in more consistent associations in California and New York than the dichotomous autonomy variable did, its use in measuring program autonomy is limited since affiliation differentially affected local LTCOP's effectiveness across states.

Inter-Organizational Relationships

Hypothesis 1e: *Georgia local LTCOPs with good inter-organizational relationships will be more likely to participate in various types of systems advocacy work than those with poor inter-organizational relationships.*

Hypothesis 1f: *Georgia local LTCOPs with good inter-organizational relationships will be more likely to perceive their program as effective in systems advocacy, than those with poor inter-organizational relationships.*

Hypothesis 2c: *Inter-organizational relationships will differentially influence Georgia, California, and New York local LTCOP's perceived effectiveness and reported participation in systems advocacy.*

Georgia

Georgia local LTCOPs with better inter-organizational relationships were consistently more likely to report being very effective in meeting mandates and serving facilities, being always able to conduct activities, and more likely to rate their

training as above average. Additionally, Georgia local LTCOPs with better inter-organizational relationships were more likely to conduct all types of systems advocacy work. While the dichotomous summary measure of inter-organizational relationships had the expected effect on Georgia local LTCOP's perceived effectiveness and reported participation in systems advocacy, we also examined the effect of individual inter-organizational relationships.

In Georgia, better relationships between local LTCOPs and all organizations were consistently associated with higher proportions of coordinators who rated their program as very effective in meeting all mandates and serving facilities, and to report being always able to conduct activities. In Georgia, where the state ombudsman is not an appointed position, and the state ombudsman is actually a registered lobbyist, local LTCOPs with better relationships with the Office of the State Long Term Care Ombudsman were more likely to report being very effective in monitoring federal, state, and local laws and regulations and systems advocacy. In fact, no Georgia local LTCOPs with poorer relationships with the Office of the State Long Term Care Ombudsman reported being very effective in monitoring federal, state, and local laws and regulations, or being always able to monitor laws, regulations, and policies.

Georgia local LTCOPs with better relationships with the Office of the State Long Term Care Ombudsman, Area Agencies on Aging, licensing and certification, Adult Protective Services, law enforcement, and citizens' advocacy groups were more likely to participate in most types of systems advocacy work, though findings were not as consistent as with the inter-organizational relationship dichotomous summary variable. The one Georgia coordinator that strongly agreed that their local LTCOP had a good

working relationship with law enforcement, participated in all systems advocacy activities [Appendix A.22]. No Georgia local LTCOPs with poorer relationships with the Office of the State Long Term Care Ombudsman reported communicating on behalf of residents to the media. Georgia local LTCOPs with a better relationship with the Office of the State Long Term Care Ombudsman were more likely to contribute to the overall state advocacy platform. Working to preserve and enhance nursing home licensing and certification systems and communicating on behalf of residents to the media were consistently associated with better relationships with all organizations. These findings suggest that within Georgia, local LTCOP's participation in these activities is highly associated with and possibly dependent upon maintaining positive inter-organizational relationships.

California

As in Georgia, California local LTCOPs with better inter-organizational relationships were consistently more likely to report being very effective in meeting mandates and serving facilities, being always able to conduct activities, and more likely to rate their training as above average. California local LTCOPs showed less consistent associations across systems advocacy work and the dichotomous summary measure of inter-organizational relationships.

Findings on California local LTCOPs' individual relationships with other organizations and effectiveness in meeting mandates, serving facilities, conducting activities, and training were also inconsistent. Positive relationships with Adult Protective Services were most consistently associated with California local LTCOPs reporting that

they are very effective in meeting mandates and serving facilities, being always able to conduct activities, and more likely to rate their training as above average

Again, California local LTCOPs with better relationships with Adult Protective Services were more likely to report participating in almost all systems advocacy activities. As with the dichotomous autonomy measure, associations between California local LTCOPs' relationships with other organizations and participation in types of systems advocacy work were inconsistent.

New York

New York local LTCOPs with better inter-organizational relationships were generally associated with higher ratings of effectiveness in meeting mandates, serving facilities, and in above average ratings of training. However, although differences were small, New York local LTCOPs with better inter-organizational relationships were less likely to report being always able to conduct all activities except resident and family education. In contrast to Georgia and California, New York local LTCOPs with poorer inter-organizational relationships were more likely to participate in systems advocacy work. Only in working with other elements of the LTC system did New York local LTCOPs with better relationships report being more likely to participate than those with poorer relationships.

As in California, associations between New York local LTCOP's relationships with other organizations, effectiveness in meeting mandates, conducting systems advocacy related activities, training, and participation in various types of systems advocacy work were inconsistent. However, also similar to California, New York local LTCOPs with better relationships with Adult Protective Services were the most

consistent in their reported effectiveness in meeting mandates, conducting activities, and training.

Relationships with other organizations showed more consistent associations with New York local LTCOP's participation in systems advocacy work. New York local LTCOP's with better relationships with citizens' advocacy groups were more likely to report participating in most types of systems advocacy work. In contrast, New York local LTCOPs with better relationships with the Office of the State Long Term Care Ombudsman, licensing and certification, and law enforcement were associated with lower proportions of coordinators who reported participating in most systems advocacy work. As with the dichotomous autonomy variable, participation in systems advocacy work was generally associated with poorer relationships with most organizations.

Across-state Comparisons

Except for the association between New York local LTCOPs with poorer inter-organizational relationships and ability to conduct activities; local LTCOPs with better relationships in all three states were consistently more likely to report being very effective in meeting mandates and serving facilities, being always able to conduct activities, and more likely to rate their training as above average. In fact, no New York local LTCOP reporting poor inter-organizational relationships through the dichotomous measure, rated their program as very effective in monitoring laws, regulations, and policies. Where Georgia local LTCOPs with better overall inter-organizational relationships were consistently more likely to participate in all types of systems advocacy work, local LTCOPs in New York with better inter-organizational relationships were less likely to participate in most systems advocacy work. California local LTCOPs showed

inconsistent associations between the dichotomous inter-organizational relationship summary variable and participation in systems advocacy work.

Across states, local LTCOPs with better relationships with Adult Protective Services were consistently more likely to report being very effective in meeting mandates and serving facilities, being always able to conduct activities, and more likely to rate their training as above average. Poorer relationships with law enforcement were associated with lower effectiveness in monitoring federal, state, and local laws and regulations and systems advocacy mandates, and fewer above average ratings of training in both California and New York local LTCOPs, as well as less ability to conduct activities in New York local LTCOPs. Better relationships with law enforcement in Georgia and California were associated with increased proportions of coordinators that participated in systems advocacy work, whereas the opposite was true with New York local LTCOPs.

Relationships with the Office of the State Long Term Care Ombudsman in each state also showed mixed results. As with effectiveness measures, Georgia local LTCOPs with better relationships with the Office of the State Long Term Care Ombudsman were more likely to report participating in most systems advocacy activities. As a politically appointed position in California and New York, the state ombudsman has less autonomy and more constraints on their ability to conduct systems advocacy work. Thus, better relationships with the Office of the State Long Term Care Ombudsman resulted in lower ratings of effectiveness in monitoring federal, state, and local laws and regulations in California and both monitoring federal, state, and local laws and regulations and systems advocacy New York local LTCOPs. The analysis of participation in systems advocacy work yielded similar results with California local LTCOPs showing mixed associations

across relationships with the Office of the State Long Term Care Ombudsman, and New York local LTCOPs with poorer relationships with the Office of the State Long Term Care Ombudsman reporting higher participation in almost all types of systems advocacy work.

Lastly, although one would expect better relationships with citizens' advocacy groups to be associated with higher effectiveness and participation in systems advocacy work, California local LTCOPs reported less consistent associations between higher proportions of participation in activities and better relationships with citizens' advocacy organizations. Georgia and New York local LTCOPs with better relationships with citizens' advocacy groups were more likely to participate in most types of systems advocacy work.

While the inter-organizational relationship dichotomous summary measure generally had the expected effect on Georgia, California, and New York local LTCOP effectiveness, examining the effect of each of the seven inter-organizational relationships measures in Georgia, California, and New York provides a deeper understanding of the relationships that are integral to effectiveness in systems advocacy.

Discussion of Findings

The LTCOP, since its inception, has been a part of various social movements, acting on behalf of residents both individually and on a systems level. Organizations like the LTCOP participate in social movements through their relationships with other organizations, joining coalitions, and engaging in political action to affect state policy. It could be argued that the residents' rights movement needs the organized aspects of the LTCOP (and its organizational population) to survive. As Davis and colleagues observed,

“...movements, if they are to be sustained for any length of time, require some form of organization: leadership, administrative structure, incentives for participation, and a means for acquiring resources and support” (2005, p. 5).

The Local LTCOP and their Organizational Environment

The LTCOP and its environment can be examined for its network ties, competitive exchange structures and profits (Burt, 1983), inter-organizational systems affecting policy settings at the national level (Laumann & Knoke, 1987), and the formation and effects of strategic alliances (Powell *et al.*, 1996). Within the LTC environment, exists cognitive, normative, and regulative structures that both impose on and enable the LTCOP in their various functions. Organizational populations are defined as “consisting of all those organizations that compete for resources in the same environmental niche” (Scott, 2004, p. 8). In resource dependency theory, organizational environments contain both political and economic systems. It posits that organizations exchange resources to survive, but power imbalances may result from unequal exchanges. The following section will evaluate the local LTCOP within its organizational environment, looking at (1) program size, (2) networking and collaboration amongst organizations, (3) legitimacy, (4) leadership and human capital, and (5) organizational boundaries and mission creep.

Critical Threshold of Program Size

As was noted earlier, program size was exposed as a major variable in perceived effectiveness and participation in systems advocacy work, especially in New York. In diametric opposition to Georgia and California local LTCOPs, very few New York local LTCOPs had a full time equivalent staff member. New York programs were also much

smaller in comparison to those in Georgia and California, serving fewer beds and facilities, and receiving a smaller budget. Thus, as seen earlier, measurements of effectiveness in New York by the beds/FTE workload ratio were confounded by program size measures. It is likely that there is a critical threshold for the size of local LTCOPs under which effectiveness drastically declines. Pfeffer and Salancik addressed the role that size plays in organizations,

Organizations that are large have more power and leverage over their environments. They are more able to resist immediate pressures for change and, moreover, have more time in which to recognize external threats and adapt to meet them. Growth enhances the organization's survival value, then, by providing a cushion or slack against organizational failure.

Pfeffer and Salancik, 1978, p. 139

Under this reasoning, the association found between larger local LTCOPs and higher perceived effectiveness and reported participation in systems advocacy would be a result of the increased power, and less permeable boundaries of larger programs. While not evaluated in this research, it is possible that larger local LTCOPs are more independent financially, as well as structurally (less likely to be housed in a host agency), normatively, and cognitively. Larger local LTCOPs that are able to build and maintain their normative and cognitive structure, through the maintenance of a boundary separating the organization from their environment, would likely be more inclined to preserve their function as systems advocates.

Additionally, it could be argued that larger programs are afforded non-monetary resource slack through the division of labor, and diversity of informational, experiential, and strategic human capital of more staff and volunteers. Perhaps larger organizations have the benefit of more diverse resources among staff and volunteers, economies of

scale, division of labor, and increased productive capacity and stability. These benefits to larger programs may enable them to achieve their more specialized mandates, such as monitoring federal, state, and local laws and regulations and systems advocacy. Another explanation could be that smaller programs' efforts are directed towards more administrative tasks, just to maintain the status quo.

LTC Organizational Population, Networking, and Collaboration

Network theory offers insight into the collaborative relationships (or strained relationships) between organizations. “An organization’s location in a network of relations as well as the structure of the network itself, are recognized to affect organizational behavior and outcomes” (Scott, 2004, p. 6). Organizational populations are defined as “consisting of all those organizations that compete for resources in the same environmental niche” (Scott, 2004, p. 8). Examination of organizational populations includes looking at organizations sharing the same archetype of the LTCOP, exhibiting a similar structure and pursuing similar ends. The organizational set of the LTCOP consists of itself and its significant exchange partners (e.g. Adult Protective Services, Office of Regulatory Services, Area Agencies on Aging, law enforcement, legal services, and citizens’ advocacy groups). An examination of the organizational set of the LTCOP reveals information about resources, flows of information, relationships with other organizations, and the consequences of these factors (for both the organization and the larger environment). This approach is particularly helpful in “exploring resource dependence relations and questions of organizational strategy” (Scott, 2004, p. 8).

The performance of the LTCOP also influences the functioning of many interconnected programs such as law enforcement, regulatory agencies, legal services,

other aging organizations, and LTC facilities, administration, and staff. These organizations rely on the efficient performance of other organizations without which, they may be called upon to pick up the slack. Without the LTCOP, regulatory agencies would be required to conduct more visits, legal services agencies would receive less referrals, law enforcement may not have the evidence they need, the LTC system would have less quality control and state government would have to find other efficient ways to meet the needs of residents and the public that are met by the work of the LTCOP. LTCOP characteristics, structure and performance affect social inequality within LTC facilities, communities, by influencing the culture of and the politics around LTC and aging.

Institutional theory sees material-resource, cultural-cognitive, and normative environmental forces influencing organizations (Selznick, 1949). The normative modes of governance in the LTCOP's population limit what is considered appropriate activities. Regulative structures also influence the legality of specific activities, particularly those which may be seen as risky or creating liability issues for host agencies. Social movement theories are helpful in understanding the diffusion of social movement type activities through organizational fields or populations. "Research has demonstrated that cognitive structures limit the range of practices that social movement activists can imagine; normative structures limit what is considered appropriate movement practice; and regulative structures limit the range of practices that movements can pursue" (Davis *et al.*, 2005, p. 3).

Lastly, the material resource environment of organizations like the LTCOP, affect the program's financial ability to fund activities. With limited resources, those activities

which seem “alternative” are likely to be the first to be neglected in tight funding situations. Institutional theory posits that social beliefs exist as values that influence organization, but also under the guise of professional expertise, procedural rules, and legal requirements (Scott, 1992). Rules, belief systems, mode of governance, buffering and bridging strategies, financing, managing, and the delivery of services permeate organizational boundaries throughout an organizational environment. Additionally organizations with different material-resource, regulative, cultural-cognitive and normative structures may clash in their organizational environment.

For example, from the 1995 IOM study we learned that, “Because ombudsmen and regulators operate within differing organizational structures and under separate protocols for evidence and reporting, ombudsmen frequently encounter difficulties in obtaining the level of support for enforcement that they feel is warranted to remedy problems in the care and treatment of residents” (Buford, 1984; Chaitovitz, 1994).

Similarly,

...it was evident that these programs had uncertain and sometimes conflicting relationships with other local programs dealing with aspects of LTC, such as abuse protection programs, offices of conservatorship, and local offices of licensing and certification. Local programs had to work out these arrangements on an individual basis. No structural support or legislation defined the parties with whom they were to have relationships and no sanctions were available if these parties refused to cooperate with the ombudsman program.

IOM, 1995, p. 151

As a result of differing economic and political contexts in each state, the findings support the idea that different constellations of organizations and relationships are important in different states. For example, California local LTCOPs that reported being very effective in community education were less likely to report positive relationships

with most individual organizations. As effectiveness in complaint investigation was generally associated with better inter-organizational relationships according to the dichotomous measure, and again in individual relationships, it is likely that California local LTCOP's additional state mandates influence their relationships. Role confusion results from their additional mandates to report and investigate elder abuse on the part of the ombudsman as well as other organization's actors. Also, these additional mandates place the LTCOP in competition with Adult Protective Services and licensing and certification for jurisdiction over elder abuse cases as well as resources targeting elder abuse services. The only positive individual inter-organizational relationships associated with higher effectiveness in complaint investigation were with the Office of the State Long Term Care Ombudsman and law enforcement. California's additional state mandate for local LTCOPs to investigate elder abuse (in addition to their federal mandate to investigate complaints) means that a better relationship with law enforcement is likely to facilitate abuse investigations.

Additionally, poorer relationships with some organizations may facilitate LTCOP's effectiveness in some areas. As the ombudsman program's cognitive and normative structures surrounding systems level advocacy are typically different than those of other organizations in the LTC environment, it is not surprising that effectiveness in monitoring federal, state, and local laws and regulations, and systems advocacy were the mandates most likely to be associated with poorer relationships with other organizations. Interestingly, local LTCOPs with poorer relationships with their politically appointed office of the state ombudsman reported higher effectiveness in monitoring federal, state, and local laws and regulations in California and New York; and

higher effectiveness in systems advocacy in New York. In contrast, Georgia's non-politically appointed state ombudsman was considered a major asset to local LTCOPs in these areas.

One anomaly in the findings relevant to this theory was the finding that better relationships with citizens' advocacy groups in California were less likely to report being very effective in monitoring federal, state, and local laws and regulations, and systems advocacy; and less likely to report being always able to monitor laws, regulations, and policies and conduct systems advocacy. New York local LTCOPs with better relationships with citizens' advocacy groups were also less likely to report being very effective in monitoring federal, state, and local laws and regulations, and less likely to report being always able to monitor laws, regulations, and policies and conduct systems advocacy.

Legitimacy

Legitimacy is "a condition reflecting the alignment of an organization to normative, regulatory, and cultural-cognitive rules and beliefs prevailing in its wider field and social environment" (Scott, 2000, p. 238). The LTCOP, rather than producing something tangible, provides a service that is rewarded (legitimated) through both political systems (regulations, political sanctions, recognition, policy formation) and economic systems (funding increases for the LTCOP, increased funding to residents, or funding directed to campaigns affecting the work of the LTCOP or the residents they serve). Legitimacy accords the LTCOP necessary sanction and support from its environment. The LTCOP needs social acceptability and credibility in addition to other resources in order to survive as an organization.

Not only are the actions of organizations deemed legitimate or not, individual actors within the organization struggle with the legitimacy of their roles. Cognitive legitimacy defines what types of actors can exist in an organization, what their respective rights and capacities are, and what types of action they can legitimately take (Krasner, 1988; Meyer *et al.*, 1987). While beliefs about use of volunteers vary both within and across states, there are several implications from the findings. As with other social movement organizations, local LTCOP coordinators in Georgia, California, and New York noted difficulty in recruiting, retaining, and supervising volunteers (participants). Georgia local LTCOPs were particularly vocal about the difficulties with recruiting volunteers without an increase in staff to train and manage those volunteers. Other coordinators viewed the expectation to recruit volunteers as a way to inadequately “band-aid” their lack of resources, noting that volunteers are less dependable and usually less skilled than staff. The abilities of volunteers vary; coordinators in each state noted the need for more experienced, educated, and/or specialized volunteers. In fact, fewer volunteers were associated with higher proportions of local LTCOP coordinators who report being always able to monitor laws, regulations, and policies in all states; and to conduct systems advocacy in Georgia and California. These findings suggest that better volunteer resources are not associated with better ability to conduct these systems level activities. The consequences of the program’s lack of resources as well as its dependence on volunteers may make turnover of experienced actors an issue; the LTCOP is in need of further investment in human capital. Additionally, many local LTCOP coordinators noted the negative perception of their program as a volunteer organization, and the resultant hesitancy to collaborate, offer assistance, and give credibility. Some asserted

that their program's use of volunteers was a barrier to legitimacy in their organizational environment, and that the program needs to be professionalized.

The debate around the use of volunteers in local LTCOPs reflects contrasting opinions about the institutionalization and increased bureaucratization of organizations. While many organizational theorists see it as inevitable, others note the often resultant loss of volunteers for less committed staff, the loss of independence afforded a volunteer organization, the democratic nature of volunteer organizations, and the potential loss of charismatic authority. In organizational theory, bureaucratization though enhancing formal rationality, limits substantive rationality such as freedom, creativity, individualism, autonomy, and democracy. This debate about the use of volunteers in the local LTCOP is very much a debate about maintaining the substantive rationality of the program embodied through the use of volunteers (Jaffee, 2001).

Within the LTC environment, the systems advocacy mandate of the LTCOP evidences a disparity in their normative and cultural-cognitive forms of legitimacy, occasionally resulting in a strain on their inter-organizational relationships. Consequently, actors within the LTCOP may be apprehensive about systems advocacy as they may not feel adequately informed, trained or empowered. It is also possible that in the LTCOPs quest for professional recognition, despite its volunteer tradition, actors may believe systems advocacy to be diminishing of their legitimacy as an organization or their role as an actor within the organization.

Weber also talks about the legitimacy of authority, based on charisma, reputation, lineage, or credentials. Legitimacy may also be earned through the command that is deemed the best and most logical way to accomplish some goal (Jaffee, 2001). To the

extent that systems advocacy is seen as the most logical way to accomplish a goal of the local LTCOP, failure to command in this way as a leader due to constraints on autonomy may limit the legitimacy of that leader. While constraints on autonomy did not show consistent relationships with local LTCOP effectiveness across states, organizational theory and social movement theory can illustrate the importance of autonomy at the leadership level, and the effect a lack of autonomy may have on the legitimacy of the leadership of social movement organizations, such as the LTCOP.

Leadership and Human Capital

While linked to inter-organizational relationships in the findings, leadership emerged as an important resource in local LTCOP's perceived effectiveness and reported participation in systems advocacy. Georgia's higher ratings of effectiveness in, ability to conduct, and above average training in monitoring federal, state, local laws and regulations, and conducting systems advocacy, than in California and New York are likely a result of their state program's being led by a registered lobbyist. Similarly, California and New York local LTCOP coordinators were quick to note the limitations of their leadership due to their positions being politically appointed, and thus politically entrenched.

Leadership can be understood generally as a mechanism for influencing the behavior of individual participants. Several studies have focused on the identification of specific leadership traits or characteristics (democratic, laissez-faire, authoritarian) that result in individual behavior geared toward the goals of the organization (White and Lippitt, 1953; Stogdill and Coons, 1957). More recently, transactional and transformational styles of leadership have been examined for their effect on

organizational change and the accomplishment of organizational goals (Burns, 1978; Bass, 1990). The needs of followers in a social movement organization may differ from those of other organizations, as leaders in social movement organizations require an entrepreneurialism or what Weber called charismatic authority more so than other organizations. However the traits or characteristics of leaders are described, the findings suggest that as in other social movement organizations, leadership is integral to program effectiveness in all areas.

The 1995 IOM study reported that,

Ombudsmen—particularly state ombudsmen—operate in a politically charged environment accentuated by the fact that most often the state ombudsman is a state employee. Government cannot function efficiently if its employees work in opposing directions. All levels of government in the United States have formal and informal standards that govern chains of command. Every executive branch of government justifiably exercises some control over its employees' contacts with the legislative branch and media.... By federal statute, the ombudsman is required to speak out against government laws, regulations, policies, and actions when the circumstances justify such action. Taking such steps, however, is antithetical to the hierarchical rules of government. It is not surprising, therefore, that conflicts occur. The imposition of a state's routine chain-of-command rules on the ombudsman can significantly constrain his or her independence, although no person in such situations may intentionally act to interfere with the work of the ombudsman. (p. 8)

In comparison to the politically appointed state ombudsmen in California and New York, Georgia's state ombudsman is a non-politically appointed position and a registered lobbyist. As such, the state ombudsman in Georgia offers considerably more by way of promoting systems advocacy than is possible for the California and New York state ombudsmen. As state appointed positions, the California and New York state ombudsmen are limited in their capacity to model systems advocacy at the state and

national level, and are less likely to promote it at the local level than are non-politically appointed positions.

Leadership is particularly important in systems advocacy as the local LTCOP stands alone in its organizational environment for both its ability to and mandate to conduct systems level advocacy requiring a strong leadership, and to create a followership into these activities. Leadership is perhaps the most important mechanism linking political opportunities, mobilizing structures, framing processes and outcomes (Ganz, 2000; Morris, 2000). Strategic leaders can rely on network ties and essentially operate as a part of the SMOs repertoire of contention.

Weber approaches leadership through his concept of charismatic authority, and the routinization of charisma through bureaucratization. This routinization of charisma may result in expanded, but less committed participants; the replacement of voluntary, irregular, and heartfelt contributions with systematic sources of support; more orderly and impersonal arrangements between leader and follower rather than personal ties; and the development of rules of succession of leadership (Jaffee, 2001). Thus while, California and New York state ombudsmen are inhibited from taking public positions and modeling systems level advocacy for their local LTCOPs, Georgia's state ombudsman has engendered a followership of systems advocates through training, encouragement, involvement, assistance, and modeling.

As a social movement organization, local LTCOPs can learn from organizational theory and social movement theory about the negative effect of constraints on the autonomy of leadership and the development of followership in an organization.

Regardless of the qualifications, background, or network ties of a leader, if they are in a state appointed position, their capacity to lead in systems-level work is limited.

Organizational Boundaries and Mission Creep

Organizations rely on boundaries to buffer themselves from external influences. Boundaries are set for organizational actors (distinctive roles, membership criteria, identity), relations (interaction frequency, communication patterns, networks), activities (tasks, routines, talk), and normative and legal criteria (ownership, contracts, legitimate authority). However, over time, organizational boundaries become more permeable and less fixed. Many organizations permeate boundaries through internalization (absorbing services, mission creep) or externalization (contract out or cancel services) (Scott *et al.*, 2000). Organizational theorists assert that the survival of an institution is dependent on several factors including modes of governance, organizational legitimacy, and the ability of organizations to maintain boundaries (Jaffee, 2001).

Mission creep in organizational theory is defined as a broadening of a program's scope of work through a change in institutional arrangements. As was seen in this study's findings and in previous literature, local LTCOPs are increasingly responsible for additional types of facilities and residents. Some have been charged to expand their role into additional tasks, such as investigating elder abuse, witnessing advanced directives, and serving additional populations and facility types. Bridging activity includes boundary spanning and boundary shifting strategies, between organizations and their exchange partners, competitors, and regulators. This expansion of work can be considered a bridging strategy of LTCOPs, meant to strengthen the connection of the organization to their resource supplier through bargaining, contracts, cooptation, joint ventures, and the

use of trade associations and government connections (Scott, 2003). However, this internalization of responsibilities, in addition to those mandated through the Older American's Act may exacerbate limited resources. Additionally, reliance on variable and volatile funding may create instability in the organization as well as among its actors.

As supported by the findings, Georgia's state mandate to serve intermediate care facilities for persons with mental Retardation (ICFMRs) and community living arrangements (CLAs), exacerbates the program's lack of resources, perceived inadequacy of training, usefulness of volunteers, and necessary inter-organizational relationships. In addition to requiring more visits to smaller facilities with fewer residents, Georgia coordinators expressed concern about their program staff and volunteers' ability to serve mentally retarded and mentally ill residents. They noted a lack of education and training in their program as well as facility staff, residents and family members. Additionally, in California, LTCOPs have contracted with the state government to take on the further responsibilities of witnessing of advanced directives, investigating elder abuse, and being mandated reporters of elder abuse. As in Georgia, these additional responsibilities exacerbate limited resources, and lead to role confusion among participants (staff and volunteers) as well as among other organizations that work with LTCOPs. The designation of local LTC ombudsmen in California as mandated abuse reporters is in direct conflict with their federal mandate to act on behalf of the resident, pursuing abuse charges only with the consent of the resident.

Among institutionalized SMOs, like the local LTCOP, the expansion of the organization's mission is often a reflection of the organization's struggle to survive. With more responsibilities often come more funding, and more legitimacy in their

organizational environment. Georgia local LTCOPs attempts to externalize their role in serving these additional facilities and diverse populations, which while successfully legislated, have not been funded. Although exacerbating limited resources (particularly in training), this internalization of the mental health ombudsman duties has likely benefited the program through increased visibility, network development, and diverse funding pathways. The effects on Georgia's local LTCOP of externalizing and removing funding and visibility are unknown. However, without increased resources to continue to conduct this work, the Georgia local LTCOP will continue to suffer.

Host Agencies, Transaction Costs, and the Loss of Autonomy

To review the literature, despite the assertion of the illegality of impeding LTCOPs systems advocacy efforts in the OAA, many host agencies continue to prevent the LTCOP's advocacy work (Estes *et al.*, 2006; 2004b; 2001b; Houser, 2002; NASOP, 2003). Often this restriction on autonomy is the result of a miscommunication regarding what systems advocacy work is, while other instances are due to the restrictions imposed on the host agency by funding sources (i.e., Georgia Elderly Legal Assistance Program, ELAP) (Estes *et al.*, 2007). LTCOPs should have sufficient organizational autonomy to ensure that LTC ombudsmen may advocate for residents (in accord with their responsibilities as defined by law) without fear of political ramifications. As advised by the 1995 IOM report "ombudsmen must be able to pursue independently all reasonable courses of action that are in the best interest of residents" (125). The OAA is the primary regulative source of LTCOP legitimation, though certain aspects of it continue to be overlooked.

The LTCOP, as a rational system, meets the needs of vulnerable residents of LTC facilities. The LTCOP was created by and is maintained by actors within the organization despite the environmental restraints placed on the organization. Thus, the LTCOP, guided by its actors operates within an environment to the best of its ability to meet the goal of serving LTC residents and improving the quality of care in the LTC setting. However, the LTCOP may also be seen as a natural system that is very much subject to the financial, regulatory, and cultural limits of its environment. Despite the agency of the actors within the LTCOP, there are restraints that limit the actor's ability to influence and shape the organization's goals and processes as well as the organization's ability to influence its own environment.

The bureaucratic rationality of the environment in which the LTCOP functions influences the program's effectiveness in systems advocacy by imposing normative structures on the LTCOP that conflict with their participation in systems level advocacy. While it may not be intentional, the LTCOPs placement under Area Agencies on Aging, legal services agency or other host agencies may limit the LTCOPs ability to perform systems advocacy such as talking to the media, monitoring and speaking out on legislation or lobbying for policy change.

Governance structures designate the oversight and compliance mechanisms within organizations through normative or regulative structures. These governance structures lend legitimacy to the organization. Schuman defines *legitimacy* as "a generalized perception or assumption that the actions of an entity are desirable, proper, or appropriate within some socially constructed system of norms, values, beliefs, and definitions" (Suchman, 1995, p. 574). However, with increased bureaucratic rationality, binding

contracts, agency agreements, and regulative and normative structures, often come administrative support, comradery, inter-organizational interaction and proximity, supplies, and even monetary resources.

As argued by some organizational theorists, "... regulatory structures, particularly political ones... limit the range of practices that actors can get away with and institutionalize in organizations and movements" (Campbell and Lindberg, 1990; Della Porta, 1996 in Davis *et al.*, 2005, p. 66). For the LTCOP, transactions between the state and other organizations in the LTC system result in what organizational theorists refer to as transaction costs. Transaction costs are an element of many economic and organizational theories, describing the costs (monetary, resource, social, political, psychological) that organizations may incur through their transactions (Scott, 2004) with the state as well as with other organizations. For example, the loss of autonomy of LTCOPs housed under restrictive host agencies is considered a transaction cost. By allowing their host agency to permeate their organizations boundary, or being coerced by virtue of their organizational placements, local LTCOPs are burdened and constrained by their host agencies' cultural-cognitive, normative and regulative structures.

In addition, resource dependency theory warns of the restriction of organizational independence that may result from dependence on resources. In other words, monetary transactions through host agencies may exert pressures on the LTCOP to conform to a certain structure in order to assure additional resources. The 1995 IOM study reported that, dependent on the assumption that politics and economics are intertwined political activity that restricts the LTCOP may do so through either political or economic mean.

Well-networked organizations rely less on monetary resources, have more leverage in their environment, and thus more autonomy in organizational practice. For those organizations not as connected, their reliance on monetary resources is higher, leading to less independence, and more need to conform their practices to the normative structures of their funding source (Scott, 1995). This dependence on resources provided from cognitively and normatively different organizations may result in permeated organizational boundaries. This discussion suggests that LTCOPs should secure funding outside of federal pathways in order to fuel their work outside the proper channels of political institutions.

Policy Implications

The ultimate test of policy research is its applicability and usefulness as judged by those being evaluated. It is hoped that through this study local LTCOPs may be empowered to strengthen, if not re-assert their role as a social movement organization. This study concludes with several policy recommendations concerning local LTCOPs' resource, autonomy, and inter-organizational relationships. This research:

Resources

- supports the 1995 IOM recommendation (5.8) that the ratio of staff to volunteers be in the range of one paid full-time equivalent manager for 20-40 volunteers. This manager (volunteer coordinator) will recruit, certify, train, and manage volunteers.
- recommends that training be standardized across states for both staff and volunteers, while maintaining state-specific training focusing on state specific issues.
- recommends that the Assistant state Secretary of Aging establish a minimum requirement for program size with at least one FTE staff dedicated solely to LTCOP work.
- recommends that coordinator's access to information about their budget should be ensured in order to enable better planning, as well as oversight of host agency costs.

- recommends the development of state specific measures of resources based on a number of factors including, FTEs, volunteers, beds, facilities, budget, as well as additional state mandates that may affect local LTCOP's workload.
- supports the 1995 IOM recommendation (7.1) that before expanding the local LTCOP into new roles, the capacity of local LTCOPs to effectively meeting their existing federally mandated activities needs to be ensured.
- supports the 1995 IOM recommendation (6.6) that additional mandates be adequately compensate.
- recommends best practices models be developed for expanded organizational mandates.
- recommends that mileage reimbursement is increased to match increases in gas prices as well as the expansion of de-institutionalization and diverse LTC settings.
- recommends that the human capital of the LTCOP at all levels be expanded, creating both state leadership, staff and volunteers with diverse qualifications including systems advocacy .

Autonomy

- supports the 1995 IOM recommendation (4.1) that no state ombudsman be a politically appointed position, allowing for the recruitment of leaders based on a fair and balanced application process, and ensuring full autonomy at the state level.
- recommends that LTCOPs maintain organizational boundaries by developing training on the history of the LTCOP and the mandates that make it different from other organization (Hunt, 2004).
- supports the 1995 IOM recommendation (4.1) that both state and local LTCOPs not be placed in host agencies that restrict the program's systems advocacy work.
- recommends the development and strengthening of ombudsman associations in all states.
- recommends that state mandates that conflict with federal mandates be resolved or eliminated.
- recommends the continued clarification and strengthening of the local LTCOPs' federal mandates in the Older American's Act.

Inter-Organizational Relationships

- recommends the development of task forces linking the LTCOP to citizens' advocacy organizations.
- recommends the implementation of national, state, regional or local memorandums of understanding (MOUs) with organizations with whom a relationship with the LTCOP is crucial. This research recommends that these MOUs be disseminated widely within each organization.
- recommends advanced training for law enforcement on elder abuse and the LTCOP role in order to facilitate better collaboration.
- recommends standardization of the practice of LTCOP ride-a-longs with licensing and regulatory agencies in order to encourage better coordination between the organizations.

Research Limitations

As detailed in chapter 3, the methods chapter, there are shortcomings associated with the data and methods used. Given the small data set, the full participation of Georgia and California local LTCOP coordinators, and the defendable representativeness of the available New York data; the analyses were limited to simple associations between dichotomous variables, median characteristics, and the proportion of specific responses. While the data available did not require statistical tests of correlations or regressions, this minimized the ability to control for variables to eliminate collinearity and confounded association.

The use of perceived effectiveness and reported participation in systems advocacy work are susceptible to questions concerning validity of self-report data. However, the survey questions were clear, with definitions of terms that may have been foreign to participants. Systems advocacy may be a particularly difficult area of activity to measure as it could be interpreted differently across programs.

The analysis of the original workload (beds/FTE), autonomy (constraints and no constraints), and summary inter-organizational relationship (better or poorer) measures failed to reveal consistent associations within and across states. While it is possible that the independent variables did not have the expected affect on the dependent variables, it is also possible that the measures did not accurately measure what was intended. With a total of 89 local LTCOP's reporting from three states, the findings are not generalizable. Additional analysis in other states is necessary to confirm the findings and enhance their generalizability.

Implications for future research

The refinement and duplication of this research in additional states is needed in order to identify additional barriers to effective systems advocacy, as well as best practices in systems advocacy work that may be generalizable across states. Larger data sets and the participation of additional states will provide the power needed for more technical analytical methods. In order to address the need for adequate measure of resources and autonomy, it is recommended that future research focus on the development of measurements that resemble actual workloads within and across states. The development of these measures should be identified through the examination of local LTCOPs of adequate size so as not to confound potential measures of resources. Additionally, a study of local and state LTCOP leadership may identify particular characteristics skills, networks, and leadership styles associated with effectiveness in systems advocacy.

Lastly, a historical analysis of the LTCOP, its emergence, and its participation in systems advocacy is needed. This historical analysis can focus on political, economic, and ideological structures that enabled or inhibited the LTCOPs effectiveness in systems advocacy. One research questions might be, How have the elements lending legitimacy to the LTCOP (rules, beliefs, and associated field structures) changed over time and how do those changes reflect the well-being of the program? Organizational ecology can be used to examine the different organizations within the LTC environment, how they differ by state, and how they “arise, grow, compete, and decline over long periods of time” (Hannan & Freeman, 1989).

CHAPTER VII: CONCLUSION

The normative focus of organizational studies in framing the cultural-cognitive influences on an organizations' structure and processes neglects the power of the state and the economic and political stakeholders with the power to override often less powerful normative influences. Organizations such as the LTCOP are not necessarily structured the way they are because of equal pressures from the normative, regulative and cognitive-cultural sphere. As we will explore, applying a political economy framework to, and evaluating the political opportunity structures in, the systems advocacy work of local LTCOP; can highlight the influence of power, economic forces, and ideology on the LTCOP and the larger LTC field.

Local LTCOPs and the Potential for Successful Systems Advocacy

Classical Paradigms of Social Movements

Models of classical social movements (e.g., mass society theory, status inconsistency, and collective behavior) share the pluralist view of social movements. These classical models define a causal, linear relationship between structural strain (cause), disruptive physical state (immediate motivation) and social movement (outcome). Without an understanding, or recognition, of the role of economic and political power as both a barrier to and a facilitator of social change, social movements indeed may appear an irrational choice compared to the other easier, and less disruptive avenues to affect change. Thus, the focus of early social movement theories was on the psychological and social abnormalities of individuals and groups involved in social movements. Social movements were envisaged as comprised of discontented individuals

who, in response to a disruptive social strain, reach some psychological threshold that motivates them to join together in a social movement with the express purpose of managing these mental tensions.

Strain between the local LTCOP and other organizations in the LTC environment, might arise from these lingering conceptions of social movements and their implications for the work and legitimacy of the LTCOP. Thus, rather than being seen as a rational response to a closed political system, systems advocacy may be viewed by other organizations as nonpolitical, non-rational forms of collective action. This imposition of normative structures in organizational environments adhering to the pluralist belief in open political systems de-legitimizes the LTCOP and their systems advocacy work to nothing more than a collective of non-rational individuals utilizing non-political behavior to ameliorate psychological distress and discontent.

Contrary to classical conceptions, Doug McAdam asserts that social movements reflect differential power relations. The LTCOP, like social movements often organize outside of political institutions, choosing unconventional means rather than “proper channels.” He asserts that social movements might choose unconventional channels to promote change because their access to the political arena is limited (McAdam, 2007). Indeed, the concept of an ombudsman is based in the development of an authority outside of the political system representing aggrieved parties, and constraining organizational structures. With the paradigm shift away from the belief in a pluralist political arena, came knowledge and theories of social movements that acknowledged both political and economic power, coercion and exclusion. In this new paradigm, social movements are very rational responses to a closed political system. Resource mobilization theory

emerged from this paradigm shift, followed by another shift in knowledge to an understanding of Political Opportunity Structures.

Resource Mobilization Theory, Economic Elites, and Access to the Economic Arena

Resource mobilization theory criticized strain theories by asserting that strain is omnipresent, and individual and collective responses to that strain that resemble social movements are rational when faced with a closed political system, unequal power, and resources. Resource mobilization theory recognizes that social movements are likely to be used as a tool of the poor and powerless, but that successful movements require external resources.

While Resource Mobilization theory redirects the emphasis towards groups and responses to barriers to the political arena, rather than irrational responses of individuals explained in psychological terms, it fails to account for the motivations and resources of the development of social movements. The theory does answer some questions regarding how resources are acquired, but it never fully defines those resources. Resource mobilization theory also assumes that social movement groups and participants are powerless and without “indigenous” resources, and that elite supporters are the only providers of resources for social movement mobilization. Resource mobilization theory neglects to sufficiently address the power embodied in the political arena, and the breakdown of the political power of social movements and the democratic process in general (McAdam, 1999). Additionally, it fails to give the state, capital and labor sufficient attention in political struggles and social movement mobilization.

Resource mobilization theory also fails to state whether all external resources are desired and do they always lead to positive growth in the social movement. Resource

dependency theory on the other hand clearly delineates the dangers of organizations dependence on outside resources. As seen in the LTCOP, external resources may also bring in external agendas which may hamper those of the movement at hand. While McAdam praises resource mobilization theory for its theoretical and empirical direction in seeing social movements as a “tactical response to the harsh realities of a closed and coercive political system,” he feels it falls short of realizing the inherent power of those who organize into groups for social change.

Political Opportunity Structures and Political Economy

The definition of political opportunity structures varies with the wielder of the term; Tarrow defines them as “consistent but not necessarily formal, permanent, or national signals to social or political actors which either encourage or discourage them to use their internal resources to form social movements” (Tarrow, 1996, p. 54). McAdam broke the definition down further to reflect what he saw as four dimensions of political opportunity structures, (1) the relative openness or closure of the institutionalized political system, (2) the stability or instability of that broad set of elite alignments that typically undergird a polity, (3) the presence or absence of elite allies, and (4) the state’s capacity and propensity for repression (McAdam, 1996).

Similarly, Estes’ political economy of aging incorporates the citizen/public as a part of, and affected by interactions with the state, post-industrial capital, and the sex/gender system. Age, class, disability/ability, gender, and race/ethnicity are identified as key elements of the model, while ideology is viewed as a core element of all social relations and struggles (Estes, C.L., Biggs, S., Phillipson, C., 2004a). Like political opportunity structures, political economy credits the role of power in politics, enabled by

economic resources and ideological support. Taking these critical theories one step further, Collins identifies interlocking systems of oppression (Collins, 1991) that are directly related to the material, political, and symbolic (i.e. ideological) resources to which an individual citizen has rights (Acker, 1992; Estes *et al.*, 1984; Nelson, 1982; Townsend, 1981; Tussing, 1971; Williams, 1996).

When applied at the organizational level, the local LTCOP may seem powerless against antagonists with political, economic, and cultural capital far exceeding that of the program. LTC resident's social, economic, and political capital are weak compared to that of their adversaries (nursing home industry, pharmaceutical industry, American Hospital Association, and occasionally the American Medical Association). However, critical theories focus on sources of oppression and barriers to social change in the interests of individuals, groups, organizations, and social movements, empowering them with macro-level analysis, and encouraging the development of strategies to overcome these political, economic, and ideological barriers. McAdam asserts that, should collective knowledge of the grievance occur and the "...cognitive / affective byproducts of the framing process... combine with opportunities and organization, chances are great that collective action will develop" (2004, p.204).

Political Opportunity, Policy Elites, and Access to the Political Arena

Collective action originates from political opportunities, framing processes, and mobilizing structures (McAdam, 1999). *Opportunity* can be defined as "the probability that social protest actions will lead to success in achieving the desired outcome" (Kousis & Tilly, 2005, p. 3). Conversely, *threat* is divided into two parts, (1) exposure to a set of harms (general threat), and (2) the cost a social group must incur from protests or that it

expects to suffer if it does not take action (collective action threat) (Kousis & Tilly, 2005).

Social movements like the residents' rights movement, the disability movement, and the nursing home movement are typically movements that recruit aggrieved individuals (constituents) or adherents to the social movements' claims due to their proximity to aggrieved individuals. Additionally, it is challenging to enlist participants based on threat, as aggrieved individuals are likely sick, frail, disabled, or deceased. Not only does the LTCOP face the typical political opportunity structures of other organizations in the LTC fields, they are affected by discursive opportunity structures of the ageism prevalent in our society and affecting LTC residents and the legitimacy of the LTCOP's work.

Social movement organizations like the LTCOP respond to threats in much the same way that participants respond according to Kousis and Tilly. In addition to individually aggrieved organizations, threats can effect entire organizational environments. However, differences in cognitive, normative, and regulative structures within the LTCOP's organizational environment mean that other organizations may not perceive the same threats, and respond in synergetic ways.

Not only do these conflicting organizational structures prevent the perception of collective action threats, but it also limits the LTCOP's access to social movement allies, support, and networks. Identifying threats and opportunities that bring agencies together may enhance the strength of systems advocacy efforts for all parties involved (Kousis & Tilly, 2005). The cognitive, normative, and regulative structures of their organizational environment, and the LTC system also affects the way LTCOP's frame the situation and

comprise a set of opportunities balanced between the restrictive structures of their environment and the opportunities presented to the social movement (Kousis & Tilly, 2005).

In less conflictual organizational environments (unusual LTCOPs, with the exception of Georgia's Office of the State Long Term Care Ombudsman), opportunities arise that may not elsewhere. For example, Georgia's leadership facilitates the local LTCOP's access to the political arena, providing the LTCOP with the opportunity needed to effect change on a systemic level. As was seen in the case study of Georgia, local LTCOP's built movement networks around the issue of resident personal needs allowance. The LTCOP was instrumental in framing the issue with movement allies, and mobilizing new participants around the issue in the community as well as with policy and economic elites. Georgia local LTCOP's success in their systems advocacy efforts is dependent on many factors including resources, autonomy, and inter-organizational relationships, as well as political opportunities. Framing processes and mobilizing structures are also essential components of effective social movement action (McAdam).

Framing Processes, Ideology, and Access to the Cultural Arena

Since his original edition of *Political Process and the Development of Black Insurgency: 1930-1970*, McAdam acknowledges the cultural construction of threat and opportunity. Many sociologists refer to this framing process as the social construction of knowledge or ideologies. The term cultural arena, similar to the term political arena or economic arena, refers to the producers and disseminators of knowledge, or the locus of ideological production and maintenance. Accessing the cultural arena enables a social movement organization to frame a problem, disseminate information, promote a solution,

create participants out of bystanders and mobilize the social movement needed to reach organizational goals.

The future of social movements like the residents' right movement, the nursing home reform movement, and the disability movement, of which LTCOPs are a contributing and participating organization, relies on the ability to frame and disseminate information. Bystanders, as participants in social movements according to McAdam are potential unmotivated social movement adherents (1996). Through the LTCOP's community education, networking and accessing media outlets, the ombudsman program can motivate bystanders, turning them into allies or volunteers.

In the case of the local LTCOP, cultural opportunities and framing processes arose through the work of Ralph Nader, and the release and publication of Claire Townsend's report on nursing homes in 1971. This release of information, created adherents out of bystanders and mobilized a protagonist, resulting in political opportunity structures, and the engaging of political and economic elites. Through this release of information and the framing of ideology, as well as elite contention in the form of support from Arthur Flemming, the Nursing Home Ombudsman Program was later awarded access to monetary resources and political support through the Older American's Act.

However, as in the concentration of political power and economic power, access to the cultural arena, the producers of knowledge, and the locus of ideological control are increasingly limited. The danger of the institutionalization of the concept of an ombudsman program, such as the LTCOP, while potentially increasing their political, economic, and cultural resources, threatens the organizations ideological foundation. The original ideational challenge that the LTCOP presented to the nursing home industry has

devolved into a narrower organizational mission. As can be seen in the development of powerful institutionalized social movement organizations, (American Medical Association, World Health Organization, AARP, etc.) interests get foggy, and organizations can lose their way (or be forced off the path) becoming, as one ombudsman noted, “a paper tiger.”

The Local LTCOP as a Legitimizing Function of the State

Within social movement theory, symbolic action by antagonists, can serve to quell the demands of social movement actors. In addition to the nursing home lobby as the obvious antagonist, the state can also serve as an antagonist. By touting an underfunded, volunteer organization with poor regulatory capacity, in order to quell social movements, the state is able to maintain their legitimacy as well as continue to enable the accumulation of the nursing home industry.

To review state theory, the state serves three contradictory functions (Alford & Friedland, 1985; O'Connor, 1973). First, the state is held accountable for the accumulation of wealth and economic growth. O'Connor defines the accumulation function of the state as the responsibility of the state to create conditions favorable to economic growth and private profit, thus aiding in the accumulation of capital, which the state taxes to sustain itself (1973). Corporations have long enjoyed substantial power in relation to the state; “economic wealth and power can readily translate into political influence” (Mills, 1957). Two other functions of the state are the legitimization of the state and capitalist society, and the democratic process. State legitimization maintains social order by ameliorating a minimal level of the hardships that are created by a free market, capitalist system (O'Connor, 1973). Several theorists cite the contradictory functions of

accumulation and legitimation by the state (Alford & Friedland, 1985; Estes & Associates, 2001a; O'Connor, 1973; Offe & Keane, 1984; Offe & Ronge, 1982). As Offe and Ronge declare, “in democracies, political elections disguise the reality that the resources available for distribution by the state are dependent on the success of private profit and capital reinvestment, rather than on the will of the electorate” (1982).

However, the need for the state to legitimate itself and to maintain the social order creates a contradictory relation to the accumulating functions of the state, particularly as the state is to validate its democratic function (O'Connor, 1973). In order to avoid chaos, social unrest, and potential revolution, the state uses publicly subsidized benefits (e.g. health insurance subsidies, Medicare, Social Security, and Supplemental Security Income) to alleviate the most troublesome and inevitable negative effects of a capitalist society (O'Connor, 1973).

Estes and associates (2001a) highlight several questions to be asked regarding the state's role in the provision of services for the aged, such as the LTCOP: How does the state use its power (1) to allocate and distribute scarce resources, (2) to mediate between different segments and classes of society, and (3) to alleviate conditions that potentially threaten the social order? The movement toward a “capital investment state” (Quadagno & Reid, 1999) and the dedication of public benefits to the interests of the private sector, are in direct opposition to the health, safety and rights of LTC residents. The LTCOP is situated between a powerful nursing home lobby, the aging enterprise, and the residents they serve (Estes, 1979).

The LTCOP provides a legitimating function for the state: the program uses federal dollars to advocate for residents and monitor the LTC industry. However, as

Claus Offe (1984) notes in *Contradictions of the Welfare State*, the state's access to profitable activity (such as the medical industrial complex and the aging enterprise (Estes, 1979) is a threat to the public interest, and creates a tension between the state in serving the interests of the people and corporate capital that demands the privatization of LTC (Offe & Keane, 1984). The question then becomes, to what extent is the LTCOP part of civil life versus an extension of the state as a legitimating body or an "ideological state apparatus" (Althusser, 1971)? In the latter case, it would be expected that the LTCOP would be extremely vulnerable to the whims of the state due to the states' contradictory functions with the LTC industry and the medical industrial complex (Estes *et al.*, 2004a).

The LTCOP is at a critical juncture in which its future role is one of legitimating the capitalist state versus maintaining and strengthening its role as a critical social movement organization, protecting individual residents, monitoring the LTC industry, and taking advantage of political opportunity structures in order to achieve necessary nursing home reforms. Without the LTCOP's systems advocacy, the program becomes a paper tiger, working only at the individual level of resident complaints rather than addressing the underlying problems in the LTC industry. In this case, the LTCOP performs a legitimating function that enables the state's primary commitment to promoting the accumulation of the nursing home industry.

The Local LTCOP as a Mobilizing Structure

However, as seen through the work of Davis, McAdam, Scott, and Zald(2005, organizations may benefit social movements by providing stability during lulls in social movement activity, securing stable funding, and maintaining the social movement's

capacity to respond quickly to political, economic, and ideological opportunities.

Additionally, organizations may legitimate the social movement to those outside of the movement for whom its internal organization are not visible. This legitimation works on a micro level in allowing individuals within the social movement to affirm their advocacy work to others who may respond better to “working with (organization’s name)” rather than “working for (advocacy topic)” or “working toward (social movement goal).”

The LTCOP acts as both a potential and actual mobilizing structure to social movements surrounding long term care issues. Depending on the socio-historical moment, it may act as a “collective vehicle, informal as well as formal through which people mobilize and engage in collective action” (McAdam , *et al.*, 1996). As argued by McCarthy and Zald, grievances, threats and opportunities are necessary, but insufficient conditions for effective collective action (1977).

Over ten years ago, the IOM conducted its ground breaking review of LTCOP effectiveness at the state level. Subsequent research extended the analysis of program effectiveness to the local level in five states (California, New York, Illinois, Ohio, and Georgia)(Estes *et al.*, 2007; 2006; 2004b; 2001b). This research contributes to the knowledge produced from these studies by providing an analysis of factors associated with local LTCOPs, focusing on perceived effectiveness and reported participation in systems advocacy, while utilizing organizational theories, social movement theories, political economy, and state theory to advance a discussion of the local LTCOP as a social movement organization. As we have seen, significant barriers exist to local LTCOPs effectiveness in systems advocacy in addition to the adequacy of resources, organizational autonomy, and inter-organizational relationships.

The LTCOP as an organization struggles within the cognitive, normative, and regulative structures of their organizational environment. LTCOP's organizational barriers are forcefully permeated by host agencies, organizational structures that may foster conflicts of interest, and bridging strategies such as mission creep. Legitimation of the LTCOP within its organizational environment poses many challenges to its effectiveness in systems advocacy. Finally, leadership and size of programs were identified as additional factors influencing local LTCOP's perceived effectiveness and reported participation in systems advocacy.

Resource mobilization theory and resource dependency theory address the role of resources in social movement mobilization and organizational development respectively. While resource mobilization theories tout the ability of resources to fuel a social movement, resource dependency theory warns of the restrictions and alternate agendas that may accompany those resources. Thus, the LTCOPs identification and establishment of politically constraining, and agenda altering funding sources and streams in order to enhance their systems advocacy capacity are essential.

Political opportunity structures, political economy, state theory and other critical theories emphasize, (1) the macro-level barriers (closed economic, political, and ideological arenas), (2) meso-level limitations (development of social movement allies, and operation within cultural, normative and regulative constraints), and (3) micro level impediments (development of adherents, and the expansion of movement participants). However, the delineation of these barriers to effectiveness allows for a better understanding of the methods by which local LTCOPs can overcome those barriers which include being vigilant in identifying political opportunity structures, framing the issues

addressing LTC residents, and identifying movement allies, and engaging in other mobilizing structures.

It is essential to keep in mind that a discussion of power is a very real issue. One can talk about the power struggle between residents' rights advocates and the LTC industry, but such a narrow abstract discussion glosses over the very real poverty, neglect, corruption, abuse, and exploitation that affect residents of LTC facilities. It is hoped that this research contributes to the improvement of the quality of care and quality of life of long term care residents.

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APPENDIX A

Appendix A.1: Effect of Different Measures of Resources on the Proportion of Georgia Local LTCOP Coordinators that Rated their Program as Very Effective in Meeting Mandates and Serving Facilities

Mandates and Facilities (Very Effective)	N	FTEs (n=15)		Vols (n=15)		Beds (n=15)		Facilities (n=15)		Budget (n=15)		\$/Bed (n=15)		\$/Fac (n=15)		Fac/FTE (n=15)		Bed/Vol (n=15)		Fac/Vol (n=15)		
		L*	H**	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H	
Complaint Investigation	15	86	100	92	100	86	100	86	100	86	100	100	88	100	88	86	100	100	92	100	92	100
Community Education	15	43	88	58	100	43	88	43	88	43	88	71	63	71	63	57	75	58	100	58	100	
Resident/Family Education	15	57	75	67	67	57	75	57	75	57	75	71	63	71	63	57	75	67	67	67	67	
Monitoring Federal, State, Local Laws, Regulations, etc.	15	14	63	42	33	14	63	29	50	14	63	14	63	14	63	57	25	42	33	42	33	
Systems Advocacy	15	29	63	50	33	29	63	43	50	29	63	14	75	14	75	71	25	50	33	50	33	
Effectiveness mean	15	46	78	62	67	46	78	52	73	46	78	54	70	54	70	66	60	62	67	62	67	
In Nursing homes	15	86	100	92	100	86	100	86	100	86	100	100	88	100	88	86	100	92	100	92	100	
In Board and Care Homes	15	71	88	83	67	71	88	71	88	71	88	86	75	86	75	71	88	83	67	83	67	

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* L= Low, Below the Median

** H= High, Above the Median

Note: larger findings are bolded to show trends

Appendix A.2: Effect of Different Measures of Resources on the Proportion of California Local LTCOP Coordinators that Rated their Program as Very Effective in Meeting Mandates and Serving Facilities

Mandates and Facilities (Very Effective)	N*	FTEs (n=33)		Vols (n=33)		Beds (n=33)		Facilities (n=33)		Budget (n=33)		\$/Bed (n=33)		\$/Fac (n=33)		Fac/FTE (n=33)		Bed/Vol (n=33)		Fac/Vol (n=33)	
		L**	H***	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H
Complaint Investigation	33	75	71	75	71	81	65	81	65	75	71	69	77	75	71	75	71	69	77	75	71
Community Education	33	63	35	50	47	56	41	50	47	56	41	50	47	44	53	56	41	56	41	63	35
Resident/Family Education	32	38	38	50	25	44	31	44	31	31	44	27	47	33	41	44	31	38	38	31	44
Monitoring Federal, State, Local Laws, Regulations, etc.	33	19	18	13	24	25	12	13	24	19	18	19	18	19	18	25	12	13	24	13	24
Systems Advocacy	32	6	13	6	13	6	13	0	19	6	13	6	6	13	6	6	13	0	18	0	18
Effectiveness mean	32	40	35	39	36	42	32	38	37	37	37	36	39	37	38	41	34	35	40	36	38
In Nursing homes	33	69	53	69	53	81	41	75	47	69	53	50	71	50	71	69	53	63	59	63	59
In Board and Care Homes	33	44	29	50	24	50	24	56	18	50	24	25	47	13	59	50	24	31	41	38	35

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** L= Low, Below the Median

*** H = High, Above the Median

Note: larger findings are bolded to show trends

Appendix A.3 Effect of Different Measures of Resources on the Proportion of New York Local LTCOP Coordinators that Rated their Program as Very Effective in Meeting Mandates and Serving Facilities

Mandates and Facilities (Very Effective)	N*	FTEs (n=43)		Vols (n=42)		Beds (n=40)		Facilities (n=38)		Budget (n=42)		\$/Bed (n=39)		\$/Fac (n=37)		Fac/FTE (n=38)		Bed/Vol (n=39)		Facs/Vol (n=37)	
		L**	H***	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H
Complaint Investigation	39	35	53	33	55	33	53	35	44	38	47	44	39	31	42	35	44	44	44	50	31
Community Education	39	12	5	13	5	11	6	6	13	13	5	6	11	15	5	6	13	13	6	13	6
Resident/Family Education	39	18	26	20	25	22	24	24	19	19	26	31	17	15	26	24	19	19	28	38	6
Monitoring Federal, State, Local Laws, Regulations, etc.	39	24	32	27	30	17	41	18	31	25	32	50	11	23	26	18	31	6	50	19	31
Systems Advocacy	38	0	26	0	25	0	31	6	20	0	26	33	0	0	21	6	20	0	29	19	7
Effectiveness mean	38	18	28	19	28	17	31	18	25	19	27	33	28	17	24	18	25	16	31	28	16
In Nursing homes	39	18	63	27	55	28	53	18	56	19	58	44	33	31	37	29	44	44	39	56	19
In Board and Care Homes	38	13	11	7	10	12	6	19	0	13	11	6	12	8	11	19	0	6	6	13	0

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** L= Low, Below the Median

*** H = High, Above the Median

Note: larger findings are bolded to show trends

Appendix A.4: Effect of Different Measures of Resources on the Proportion of Georgia Local LTCOP Coordinators that Reported Being Always Able to Conduct Systems Advocacy Activities

Activities (Always Able)	N	FTEs (n=15)		Vols (n=15)		Beds (n=15)		Facilities (n=15)		Budget (n=15)		\$/Bed (n=15)		\$/Fac (n=15)		Fac/FT E (n=15)		Bed/Vol (n=15)		Fac/Vol (n=15)	
		L*	H**	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H
Resident and Family Education	15	57	88	67	100	57	88	57	88	57	88	86	63	86	63	57	88	67	100	67	100
Community Education	15	43	88	67	67	43	88	43	88	43	88	57	75	57	75	71	63	67	67	67	67
Monitoring Laws, Regulations, Policies	15	14	63	42	33	14	63	29	50	14	63	14	63	14	63	57	25	42	33	42	33
Systems Advocacy	15	29	63	50	33	29	63	43	50	29	63	14	75	14	75	71	25	50	33	50	33

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* L= Low, Below the Median

** H= High, Above the Median

Note: larger findings are bolded to show trends

Appendix A.5: Effect of Different Measures of Resources on the Proportion of California Local LTCOP Coordinators that Reported Being Always Able to Conduct Systems Advocacy Activities

Activities (Always Able)	N*	FTEs (n=33)		Vols (n=33)		Beds (n=33)		Facilities (n=33)		Budget (n=33)		\$/Bed (n=33)		\$/Fac (n=33)		Fac/FTE (n=33)		Bed/Vol (n=33)		Fac/Vol (n=33)		
		L**	H***	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H	
Resident and Family Education	33	19	12	25	6	19	12	19	12	25	6	13	18	19	12	13	18	18	6	24	6	24
Community Education	33	25	24	19	29	19	29	13	35	25	24	31	18	31	18	19	29	25	24	25	24	
Monitoring Laws, Regulations, Policies	33	13	12	19	6	13	12	13	12	19	6	13	12	13	12	6	18	0	24	0	24	
Systems Advocacy	31	13	13	20	6	14	12	14	12	20	6	13	13	13	7	19	0	24	0	24	0	

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** L= Low, Below the Median

*** H = High, Above the Median

Note: larger findings are bolded to show trends

Appendix A.6: Effect of Different Measures of Resources on the Proportion of New York Local LTCOP Coordinators that Reported Being Always Able to Conduct Systems Advocacy Activities

Activities (Always Able)	N*	FTEs (n=43)		Vols (n=42)		Beds (n=40)		Facilities (n=38)		Budget (n=42)		\$/Bed (n=39)		\$/Fac (n=37)		Fac/ FTE (n=38)		Bed/ Vol (n=39)		Facs/ Vol (n=37)	
		L**	H***	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H
Resident and Family Education	39	24	21	27	20	22	18	18	25	25	21	19	22	23	21	18	25	31	11	25	19
Community Education	39	24	16	27	15	22	18	18	25	25	16	25	17	31	16	12	31	25	17	19	25
Monitoring Laws, Regulations, Policies	39	24	11	27	10	17	18	12	25	25	11	19	17	31	11	12	25	25	11	13	25
Systems Advocacy	38	6	11	7	10	6	13	6	13	7	11	13	6	17	5	6	13	6	12	6	13

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** L= Low, Below the Median

*** H = High, Above the Median

Note: larger findings are bolded to show trends

Appendix A.7: Effect of Different Measures of Resources on the Proportion of Georgia Local LTCOP Coordinators that Rated their Program's Training on Systems Advocacy Issues as Above Average and Strongly Agreed that Training was Provided Often and Regularly

Training (Above Average)	FTEs (n=15)		Vols (n=15)		Beds (n=15)		Facilities (n=15)		Budget (n=15)		\$/Bed (n=15)		\$/Fac (n=15)		Fac/FTE (n=15)		Bed/Vol (n=15)		Fac/Vol (n=15)	
	L*	H**	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H
Handling Conflicts of Interest	15	57	63	58	67	63	57	71	50	63	43	75	43	75	71	50	58	67	58	67
Systems Advocacy	15	86	88	92	67	88	86	100	75	88	71	100	71	100	100	75	92	67	92	67
Relevant Laws, Policies and Rules	15	29	75	58	33	75	29	43	63	75	29	75	29	75	71	38	58	33	58	33
(Strongly Agree)																				
Provided Often and Regularly	15	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* L= Low, Below the Median

** H= High, Above the Median

Note: larger findings are bolded to show trends

Appendix A.8: Effect of Different Measures of Resources on the Proportion of California Local LTCOP Coordinators that Rated their Program's Training on Systems Advocacy Issues as Above Average and Strongly Agreed that Training was Provided Often and Regularly

Training (Above Average)	N*	FTEs (n=33)		Vols (n=33)		Beds (n=33)		Facilities (n=33)		Budget (n=33)		\$/Bed (n=33)		\$/Fac (n=33)		Fac/FTE (n=33)		Bed/Vol (n=33)		Fac/Vol (n=33)	
		L**	H***	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H
Handling Conflicts of Interest	33	56	41	50	47	38	59	44	53	56	41	63	35	38	59	44	53	44	53	44	53
Systems Advocacy	33	13	0	13	0	13	0	13	0	6	7	0	12	6	7	13	0	13	0	13	0
Relevant Laws, Policies and Rules (Strongly Agree)	33	20	41	27	35	13	47	20	41	19	41	50	25	25	38	20	41	13	47	13	47
Provided Often and Regularly	33	81	71	88	65	81	71	81	71	81	71	75	77	75	77	69	82	69	82	69	82

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** L= Low, Below the Median

*** H = High, Above the Median

Note: larger findings are bolded to show trends

Appendix A.9: Effect of Different Measures of Resources on the Proportion of New York Local LTCOP Coordinators that Rated their Program's Training on Systems Advocacy Issues as Above Average and Strongly Agreed that Training was Provided Often and Regularly

Training (Above Average)	N*	FTEs (n=43)		Vols (n=42)		Beds (n=40)		Facilities (n=38)		Budget (n=42)		\$/Bed (n=39)		\$/Fac (n=37)		Fac/FTE (n=38)		Bed/ Vol (n=39)		Facs/ Vol (n=37)	
		L**	H***	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H
Handling Conflicts of Interest	39	24	47	40	35	28	41	35	31	25	47	44	28	23	42	35	31	19	50	25	44
Systems Advocacy	38	14	28	8	28	13	25	21	13	14	29	19	18	0	29	28	7	8	22	33	0
Relevant Laws, Policies and Rules (Strongly Agree)	39	12	28	13	26	11	25	18	13	13	28	27	11	8	21	18	13	6	29	25	6
Provided Often and Regularly	39	24	47	40	35	28	41	18	50	25	42	38	28	46	21	12	56	31	39	31	38

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** L= Low, Below the Median

*** H = High, Above the Median

Note: larger findings are bolded to show trends

Appendix A.10: Effect of Individual Organizational Relationships on the Proportion of Georgia Local LTCOP Coordinators that Rated their Programs as Very Effective in Meeting Mandates and Serving Facilities

	OSLTCO (N=15)	Area Agency on Aging (N=15)		Licensing and Certification (N=15)		Adult Protective Services (N=15)		Law Enforcement (N=14)		Legal Services Agency (N=15)		Citizens' Advocacy Groups (N=15)	
		- IOR**	+ IOR***	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR
Mandates and Facilities (Very Effective)													
N*		3	12	7	8	9	6	14	1	3	12	6	9
Complaint Investigation	15	67	100	86	100	89	100	92	100	100	92	83	100
Community Education	15	0	83	29	100	56	83	62	100	67	67	33	89
Resident/Family Education	15	33	75	57	75	56	83	62	100	33	75	50	78
Monitoring Federal, State, Local Laws, Regulations, etc.	15	0	50	0	75	33	50	31	100	33	42	17	56
Systems Advocacy	15	33	50	14	75	44	50	39	100	33	50	17	67
Effectiveness mean	15	27	72	37	85	56	73	57	100	53	65	40	78
In Nursing homes	15	67	100	86	100	89	100	92	100	100	92	83	100
In Board and Care Homes	15	33	92	71	86	67	100	77	100	67	85	83	78

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** - IOR = Poorer IOR, Coordinator's that strongly disagreed, somewhat disagreed, or somewhat agreed that they have a positive working relationship with the organization

*** +IOR = Better IOR, Coordinator's that strongly agreed that they have a positive working relationship with the organization

Note: larger findings are bolded to show trends

Appendix A.11: Effect of Individual Organizational Relationships on the Proportion of California Local LTCOP Coordinators that Rated their Programs as Very Effective in Meeting Mandates and Serving Facilities

	OSLTCO (N=33)	Area Agency on Aging (N=32)		Licensing and Certification (N=33)		Adult Protective Services (N=33)		Law Enforcement (N=33)		Legal Services Agency (N=32)		Citizens' Advocacy Groups (N=31)	
		- IOR**	+ IOR***	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR
Mandates and Facilities (Very Effective)													
	N*	6	27	13	19	16	17	13	20	27	6	11	21
Complaint Investigation	33	67	74	77	68	75	71	77	70	71	83	73	71
Community Education	33	0	59	39	53	56	41	39	55	48	50	27	57
Resident/Family Education	32	17	42	33	42	40	35	33	40	31	67	9	50
Monitoring Federal, State, Local Laws, Regulations, etc.	33	33	15	15	21	13	24	8	25	19	17	0	29
Systems Advocacy	32	0	12	8	11	6	13	0	15	12	0	0	14
Effectiveness mean	32	23	40	34	39	38	37	31	41	36	43	22	44
In Nursing homes	33	67	59	54	63	63	59	54	65	52	100	36	71
In Board and Care Homes	33	33	37	39	32	25	47	31	40	26	83	27	38

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

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Note: larger findings are bolded to show trends

Appendix A.12: Effect of Individual Organizational Relationships on the Proportion of New York Local LTCOP Coordinators that Rated their Programs as Very Effective in Meeting Mandates and Serving Facilities

	OSL/TCO (N=39)		Area Agency on Aging (N=39)		Licensing and Certification (N=37)		Adult Protective Services (N=35)		Law Enforcement (N=26)		Legal Services Agency (N=34)		Citizens' Advocacy Groups (N=27)	
	- IOR**	+ IOR***	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR
Mandates and Facilities (Very Effective)	10	29	7	32	15	17	13	13	12	22	15	12	15	12
Complaint Investigation	39	40	29	50	36	60	50	41	46	54	42	55	40	58
Community Education	39	0	0	9	5	13	0	18	0	8	0	14	0	17
Resident/Family Education	39	10	14	25	18	27	11	35	15	31	17	32	20	42
Monitoring Federal, State, Local Laws, Regulations, etc.	39	30	43	25	23	33	17	41	46	31	33	27	40	33
Systems Advocacy	38	20	14	13	14	14	11	13	25	8	17	14	7	36
Effectiveness mean	38	20	20	24	19	29	18	30	26	26	22	28	21	37
In Nursing homes	39	30	14	50	41	47	44	41	54	46	33	55	53	50
In Board and Care Homes	38	10	14	23	0	21	11	19	15	17	8	19	7	25

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004
 * N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

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Note: larger findings are bolded to show trends

Appendix A.13: Effect of Individual Organizational Relationships on the Proportion of Georgia Local LTCOP Coordinators that Report Being Always Able to Conduct Systems Advocacy Activities

Activities (Always Able)	OSLTCO (N=15)		Area Agency on Aging (N=15)		Licensing and Certification (N=15)		Adult Protective Services (N=15)		Law Enforcement (N=15)		Legal Services Agency (N=15)		Citizens' Advocacy Groups (N=14)	
	- IOR**	+ IOR***	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR
	3	12	7	8	9	6	9	6	14	1	3	12	6	9
Resident and Family Education	15	0	43	100	56	100	56	100	69	100	67	75	50	89
Community Education	15	33	29	100	67	67	44	100	62	100	67	67	50	78
Monitoring Laws, Regulations, Policies	15	0	0	50	33	50	11	83	31	100	33	42	17	56
Systems Advocacy	15	33	14	75	44	50	22	83	39	100	67	42	33	56

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

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Note: larger findings are bolded to show trends

Appendix A.14: Effect of Individual Organizational Relationships on the Proportion of California Local LTCOP Coordinators that Report Being Always Able to Conduct Systems Advocacy Activities

Activities (Always Able)	N*	OSLTCO (N=33)		Area Agency on Aging (N=32)		Licensing and Certification (N=33)		Adult Protective Services (N=33)		Law Enforcement (N=33)		Legal Services Agency (N=32)		Citizens' Advocacy Groups (N=31)	
		- IOR**	+ IOR***	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR
	N*	6	27	16	17	13	20	27	6	11	21	16	15		
Resident and Family Education	33	0	19	6	24	8	20	7	50	9	19	25	7		
Community Education	33	0	30	29	29	15	30	22	33	9	29	31	13		
Monitoring Laws, Regulations, Policies	33	0	15	0	24	8	15	7	33	0	14	25	0		
Systems Advocacy	31	0	15	0	25	8	17	8	40	10	15	29	0		

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

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*** +IOR = Better IOR, Coordinator's that strongly agreed that they have a positive working relationship with the organization

Note: larger findings are bolded to show trends

Appendix A.15: Effect of Individual Organizational Relationships on the Proportion of New York Local LTCOP Coordinators that Report Being Always Able to Conduct Systems Advocacy Activities

Activities (Always Able)	OSLTCO (N=39)		Area Agency on Aging (N=39)		Licensing and Certification (N=37)		Adult Protective Services (N=35)		Law Enforcement (N=26)		Legal Services Agency (N=34)		Citizens' Advocacy Groups (N=27)	
	- IOR**	+ IOR***	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR
	10	29	7	32	22	15	18	17	13	13	12	22	15	12
N*														
Resident and Family Education	39	31	0	28	23	20	22	24	23	15	25	18	27	25
Community Education	39	28	0	25	23	13	17	24	8	15	25	14	20	17
Monitoring Laws, Regulations, Policies	39	21	0	19	18	13	17	18	15	0	33	0	20	8
Systems Advocacy	38	11	0	10	9	7	17	0	8	0	25	0	13	0

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** - IOR = Poorer IOR, Coordinator's that strongly disagreed, somewhat disagreed, or somewhat agreed that they have a positive working relationship with the organization

*** + IOR = Better IOR, Coordinator's that strongly agreed that they have a positive working relationship with the organization

Note: larger findings are bolded to show trends

Appendix A.16: Effect of Individual Organizational Relationships on the Proportion of Georgia Local LTCOP Coordinators that Rated their Program's Training on Systems Advocacy Issues as Above Average and Strongly Agreed that Training was Provided Often and Regularly

	OSLTCO (N=15)		Area Agency on Aging (N=15)		Licensing and Certification (N=15)		Adult Protective Services (N=15)		Law Enforcement (N=15)		Legal Services Agency (N=15)		Citizens' Advocacy Groups (N=14)	
	- IOR**	+ IOR***	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR
Training (Above Average)														
N*	3	12	7	8	9	6	9	6	14	1	3	12	6	9
Handling Conflicts of Interest	15	67	57	63	56	67	56	67	54	100	67	58	67	56
Systems Advocacy	15	100	86	88	78	100	78	100	85	100	67	92	83	89
Relevant Laws, Policies and Rules (Strongly Agree)	15	33	29	75	56	50	33	83	46	100	33	58	33	67
Provided Often and Regularly	15	100	100	100	100	100	100	100	100	100	100	100	100	100

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** - IOR = Poorer IOR, Coordinator's that strongly disagreed, somewhat disagreed, or somewhat agreed that they have a positive working relationship with the organization

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Note: larger findings are bolded to show trends

Appendix A.17: Effect of Individual Organizational Relationships on the Proportion of California Local LTCOP Coordinators that Rated their Program’s Training on Systems Advocacy Issues as Above Average and Strongly Agreed that Training was Provided Often and Regularly

	OSLTCO (N=33)		Area Agency on Aging (N=32)		Licensing and Certification (N=33)		Adult Protective Services (N=33)		Law Enforcement (N=33)		Legal Services Agency (N=32)		Citizens’ Advocacy Groups (N=31)	
	- IOR**	+ IOR***	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR
Training (Above Average)	6	27	13	19	16	17	13	20	27	6	11	21	16	15
Handling Conflicts of Interest	33	67	54	47	50	47	31	60	48	50	55	48	44	53
Systems Advocacy	33	17	8	6	6	6	0	10	8	0	13	5	7	7
Relevant Laws, Policies and Rules (Strongly Agree)	33	17	42	26	31	31	31	32	35	17	20	38	47	13
Provided Often and Regularly	33	50	77	74	75	77	77	75	70	100	73	76	63	87

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

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Note: larger findings are bolded to show trends

Appendix A.18: Effect of Individual Organizational Relationships on the Proportion of New York Local LTCOP Coordinators that Rated their Program’s Training on Systems Advocacy Issues as Above Average and Strongly Agreed that Training was Provided Often and Regularly

	OSLTCO (N=39)		Area Agency on Aging (N=39)		Licensing and Certification (N=37)		Adult Protective Services (N=35)		Law Enforcement (N=26)		Legal Services Agency (N=34)		Citizens’ Advocacy Groups (N=27)	
	- IOR**	+ IOR***	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR
Training (Above Average)	10	29	7	32	22	15	18	17	13	13	12	22	15	12
Handling Conflicts of Interest	30	38	43	34	14	73	39	41	46	46	33	41	33	58
Systems Advocacy	10	28	17	24	5	43	19	31	25	39	9	35	8	50
Relevant Laws, Policies and Rules (Strongly Agree)	22	21	17	22	10	40	17	29	33	23	17	29	13	50
Provided Often and Regularly	20	38	0	41	27	47	28	41	46	15	17	36	20	50

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

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Note: larger findings are bolded to show trends

Appendix A.19: Effect of Different Measures of Resources on the Proportion of Georgia Local LTCOP Coordinators that Reported Involvement in Systems Advocacy Work

Systems Advocacy (Percent Yes)	N	FTEs (n=15)		Vols (n=15)		Beds (n=15)		Facilities (n=15)		Budget (n=15)		\$/Bed (n=15)		\$/Fac (n=15)		Fac/FTE (n=15)		Bed/Vol (n=15)		Fac/Vol (n=15)	
		L*	H**	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H
Advocate Residents' Rights	15	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Nursing Home Licensing/ Certification	15	57	71	64	67	57	71	71	57	57	71	71	57	71	57	71	71	64	67	64	67
Investigation of Elder Abuse and Neglect	15	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Communicate on Behalf of Residents to Media	15	17	50	36	33	17	50	33	38	17	50	33	38	33	38	29	43	36	33	36	33
Communicate on Behalf of Residents to Legislators/ Lawmakers	15	86	75	83	67	86	75	86	75	86	75	86	75	86	75	71	88	83	67	83	67
Working with Other Elements of the LTC System	15	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Educate Specific Community Entities about the LTCOP	15	100	75	83	100	100	75	100	75	100	75	71	100	71	100	75	75	83	100	83	100
Communicate on Behalf of LTCOP Funding	15	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Contribute to an Overall State Platform	15	86	100	92	100	86	100	86	100	86	100	100	88	100	88	86	100	92	100	92	100

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

Note: larger findings are bolded to show trends

* L= Low, Below the Median

** H= High, Above the Median

Appendix A.20: Effect of Different Measures of Resources on the Proportion of California Local LTCOP Coordinators that Reported Involvement in Systems Advocacy Work

Systems Advocacy (Percent Yes)	N*	FTEs (n=33)		Vols (n=33)	Beds (n=33)		Facilities (n=33)		Budget (n=33)	\$/Bed (n=33)	\$/Fac (n=33)	Fac /FTE (n=33)	Bed/ Vol (n=33)		Fac/ Vol (n=33)	
		L**	H***		L	H	L	H					L	H	L	H
Advocate Residents' Rights	33	100	88	100	88	100	88	100	88	94	94	100	88	94	94	94
Nursing Home Licensing/ Certification	33	63	47	56	53	63	47	56	53	63	56	53	63	47	63	47
Investigation of Elder Abuse and Neglect	33	94	82	94	82	94	82	94	82	81	81	94	82	94	94	82
Communicate on Behalf of Residents to Media	33	69	59	75	53	88	41	81	47	69	50	81	47	75	53	53
Communicate on Behalf of Residents to Legislators/ Lawmakers	33	50	53	50	53	56	47	44	59	50	56	56	47	38	65	44
Working with Other Elements of the LTC System	33	88	82	82	88	88	82	81	88	88	88	81	88	88	94	77
Educate Specific Community Entities about the LTCOP	33	100	94	100	94	100	94	100	94	100	100	100	94	94	100	100
Communicate on Behalf of LTCOP Funding	33	56	65	50	71	69	53	56	65	56	56	69	53	63	59	53
Contribute to an Overall State Platform	33	60	31	60	31	53	38	60	31	60	40	50	40	50	57	35

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004
* N may vary as data was not always available for all local LTCOPs in Georgia, California, and New York.

** L= Low, Below the Median

*** H = High, Above the Median

Note: larger findings are bolded to show trends

Appendix A.21: Effect of Different Measures of Resources on the Proportion of New York Local LTCOP Coordinators that Reported Involvement in Systems Advocacy Work

Systems Advocacy (Percent Yes)	N*	FTEs (n=43)		Vols (n=42)		Beds (n=40)		Facilities (n=38)		Budget (n=42)		\$/Bed (n=39)		\$/Fac (n=37)		Fac/ FTE (n=38)		Bed/ Vol (n=39)		Facs/ Vol (n=37)	
		L**	H***	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H
Advocate Residents' Rights	39	82	90	80	90	83	88	82	88	75	95	75	94	69	95	94	75	88	83	100	69
Nursing Home Licensing/Certification	38	19	47	13	50	18	47	19	38	20	47	44	24	23	33	25	31	25	39	31	25
Investigation of Elder Abuse and Neglect	38	75	84	80	80	77	82	75	81	73	84	75	82	69	83	88	69	75	83	81	75
Communicate on Behalf of Residents to Media	38	44	37	36	40	41	35	41	27	40	37	27	44	25	37	47	20	40	33	44	20
Communicate on Behalf of Residents to Legislators/Lawmakers	37	53	74	50	75	56	71	63	60	50	74	60	65	42	72	69	53	60	67	75	47
Working with Other Elements of the LTC System	37	75	83	86	79	77	81	77	79	73	83	86	72	64	84	77	79	71	89	80	80
Educate Specific Community Entities about the LTCOP	38	59	72	67	68	56	75	65	63	56	78	67	67	54	74	77	50	50	82	69	63
Communicate on Behalf of LTCOP Funding	38	56	79	50	80	59	76	59	73	53	84	75	65	58	74	65	67	60	72	69	60
Contribute to an Overall State Platform	38	44	74	40	75	47	71	63	50	40	74	63	53	31	72	69	44	38	78	69	44

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

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Appendix A.22: Effect of Individual Organizational Relationships on the Proportion of Georgia Local LTCOP Coordinators that Reported Involvement in Systems Advocacy Work

Systems Advocacy (Percent Yes)	OSLTCO (N=15)		Area Agency on Aging (N=15)		Licensing and Certification (N=15)		Adult Protective Services (N=15)		Law Enforcement (N=15)		Legal Services Agency (N=15)		Citizens' Advocacy Groups (N=14)	
	- IOR**	+ IOR***	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR
	3	12	7	8	9	6	9	6	14	1	3	12	6	9
N*														
Advocate Residents' Rights	15	100	100	100	100	100	100	100	100	100	100	100	100	100
Nursing Home Licensing/Certification	15	33	57	71	44	100	50	83	58	100	0	75	40	78
Investigation of Elder Abuse and Neglect	15	100	100	100	100	100	100	100	100	100	100	100	100	100
Communicate on Behalf of Residents to Media	15	0	17	50	11	80	25	50	33	100	33	36	20	44
Communicate on Behalf of Residents to Legislators/Lawmakers	15	67	86	75	67	100	78	83	77	100	67	83	83	78
Working with Other Elements of the LTC System	15	100	100	100	100	100	100	100	100	100	100	100	100	100
Educate Specific Community Entities about the LTCOP	15	100	86	88	89	83	89	83	85	100	100	83	83	89
Communicate on Behalf of LTCOP Funding	15	100	100	100	100	100	100	100	100	100	100	100	100	100
Contribute to an Overall State Platform	15	67	86	100	89	100	89	100	92	100	100	92	83	100

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

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Appendix A.23: Effect of Individual Organizational Relationships on the Proportion of California Local LTCOP Coordinators that Reported Involvement in Systems Advocacy Work

Systems Advocacy (Percent Yes)	OSLTCO (N=33)		Area Agency on Aging (N=32)		Licensing and Certification (N=33)		Adult Protective Services (N=33)		Law Enforcement (N=33)		Legal Services Agency (N=32)		Citizens' Advocacy Groups (N=31)	
	- IOR**	+ IOR***	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR
	6	27	13	19	16	17	13	20	27	6	11	21	16	15
N*														
Advocate Residents' Rights	100	93	100	90	94	94	100	100	93	100	91	100	94	100
Nursing Home Licensing/Certification	67	52	46	63	56	53	39	65	52	67	55	57	69	47
Investigation of Elder Abuse and Neglect	83	89	77	95	94	82	77	95	89	83	82	91	81	93
Communicate on Behalf of Residents to Media	67	63	62	63	63	65	54	70	63	67	46	71	50	73
Communicate on Behalf of Residents to Legislators/Lawmakers	50	52	46	53	50	53	39	60	52	50	46	57	56	47
Working with Other Elements of the LTC System	83	85	85	84	88	82	90	90	85	83	91	81	88	80
Educate Specific Community Entities about the LTCOP	100	96	100	95	94	100	92	100	96	100	100	100	100	100
Communicate on Behalf of LTCOP Funding	50	63	54	63	75	47	62	60	67	33	46	67	56	60
Contribute to an Overall State Platform	67	40	50	39	38	53	42	47	40	67	80	30	57	40

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004

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Appendix A.24: Effect of Individual Organizational Relationships on the Proportion of New York Local LTCOP Coordinators that Reported Involvement in Systems Advocacy Work

Systems Advocacy (Percent Yes)	OSLTCO (N=39)		Area Agency on Aging (N=39)		Licensing and Certification (N=37)		Adult Protective Services (N=35)		Law Enforcement (N=26)		Legal Services Agency (N=34)		Citizens' Advocacy Groups (N=27)	
	- IOR**	+ IOR***	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR	- IOR	+ IOR
	10	29	7	32	22	15	18	17	13	13	12	22	15	12
Advocate Residents' Rights	80	86	86	84	91	73	83	82	92	85	92	86	80	100
Nursing Home Licensing/Certification	50	25	43	29	41	20	41	18	69	8	50	29	33	33
Investigation of Elder Abuse and Neglect	90	71	71	77	82	73	77	82	92	83	83	81	73	92
Communicate on Behalf of Residents to Media	50	32	43	36	48	20	44	25	54	31	36	46	43	42
Communicate on Behalf of Residents to Legislators/Lawmakers	80	56	71	60	62	60	65	56	77	67	73	67	64	75
Working with Other Elements of the LTC System	90	74	86	77	80	80	72	87	92	83	82	86	86	91
Educate Specific Community Entities about the LTCOP	70	57	43	65	62	67	71	53	92	54	75	62	67	73
Communicate on Behalf of LTCOP Funding	70	64	71	65	76	47	78	50	77	62	83	67	67	67
Contribute to an Overall State Platform	80	50	57	58	59	53	71	41	77	67	67	67	60	67

Source: UCSF/IHA Georgia Local LTCOP Coordinator Telephone Survey Data, 2007; UCSF/IHA California & New York Local LTCOP Coordinator Telephone Survey Data, 2004
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