

A PROCESS PERSPECTIVE ON LEGITIMACY  
FOR PUBLIC ADMINISTRATION:  
REFOCUSING THE NATIONAL LONG-TERM CARE POLICY DEBATE

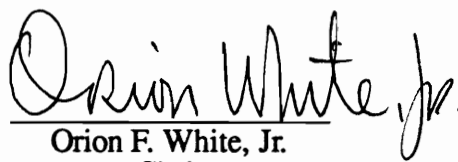
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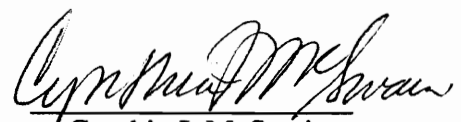
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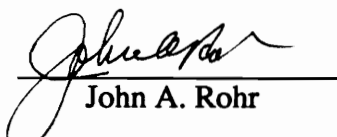
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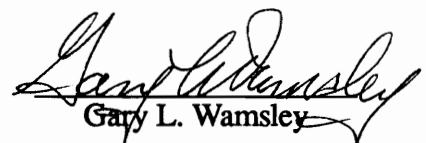
Public Administration and Public Affairs

  
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## **ABSTRACT**

**Attacks on public administration are commonplace in today's anti-bureaucratic approach to government. The legitimacy of public administration has long been questioned. Public administration is not one of the three branches of government explicitly formed by the Constitution. Further, public administrators are not elected by the people.**

**Numerous attempts have been made to develop an idea of legitimacy that is grounded in the Constitution and that renders public administration consistent with the representative character of American government. A recent attempt presents public administration as an institution of governance that is derived from, and grounded in, the Agency Perspective. This perspective provides a new foundation stone for the legitimacy of public administration. Central to the perspective is public administration's ability to evoke dialogue in a way that takes into account the public interest and brings about communities of shared meaning.**

**This literature, however, does not provide a specific enough perspective, i.e., a perspective that has been given a practical specification. Simply exhorting public administrators to evoke dialogue is not sufficient. Public administrators who are encouraged in this general manner will have no choice but to look to what they know: interest group liberalism. Public administration needs a more specific alternative to interest group liberalism and a new methodology from which public administrators can work.**

**In the research at hand, a new methodology is developed and demonstrated. The outline of the new methodology can be seen through the lens of principled negotiation. This literature maintains that negotiation from the positions of the various parties involved in a conflict, as is characteristic of interest group liberalism, is inefficient. Principled negotiation, on the other hand, recognizes that vital interests, not positions, are the key to creating consensus and achieving collaboration. The difficulty with this approach is that people, either as individuals or as role occupants in organizations, typically are unaware of their vital interests. Therefore, it is the task of the negotiator or, in this case, the public administrator to help surface these deeper interests.**

The new methodology is grounded in the literature of structuralism. Structuralism is a social theory and a method of inquiry (Gibson, 1984:2) that provides a means of looking beneath the surface of events or issues to identify patterns of meaning that are not evident at the surface. The work of linguist Ferdinand de Saussure served as the basis for modern structuralism (Sturrock, 1988:6). Working from Saussure's writings, Claude Levi-Strauss "treats all forms of cultural expression as language and he assumes that like language it is all [structured] by unconscious laws that constitute a grammar for each" (White, 1983:12). In a similar vein, the structuralist undertaking in this research views the vital interests of the related groups and role occupants as the "underlying grammar" that structures the various approaches to policy formulation.

This research employs a case study design to which the theory of structuralism and the technique of structural analysis have been applied. The case study is that of national long-term care policy. Role occupants from 23 national organizations involved in long-term care policy were interviewed. The role occupants are key people involved in long-term care policy formulation for the organizations for which they work. The organizations' long-term care position papers were obtained. Using a process of structural analysis, the position papers and interview transcripts were analyzed to identify vital interests. An analysis of linguistic elements such as metaphors and other figures of speech, justifications, preferred meanings, and recurrent terms was conducted. In addition, content analysis was carried out with the aid of a computer program. The vital interests identified through these analyses served as the basis for the development of a strategy to shape the national long-term care policy debate.

**DEDICATION**

**This Work Is  
Dedicated to the Memory  
of my Father**

**Harry Aaron Zelif**

## ACKNOWLEDGEMENTS

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John Rohr's work in legitimacy for public administration contributed to my adoption of legitimacy as the issue to be addressed in this dissertation. His conviction of the constitutional basis for legitimacy for public administration stands in stark contrast to current opinion regarding *the bureaucracy*. It is such thinking that moves forward the debate on the legitimacy of public administration.

Steve McConnell's tireless efforts to move the issue of long-term care onto the national agenda and keep it there also impressed me during the time I worked in the U.S. Senate Committee on Labor and Human Resources Subcommittee on Aging. I learned much about policy development from Steve.

Of the people I met on Capitol Hill, Judy Feder also stood out. Her clear thinking about, and conviction of the need for, long-term care reform impressed me. Her ability to work with others to bring a project, in this case the Long-Term Family Security Act, to completion was remarkable.

I would like to acknowledge the Houghton-Mifflin Company for their permission to use the Circle Chart from Roger Fisher and William Ury's book, Getting to Yes: Negotiating Agreement Without Giving In.

In addition, I must include the staff members of the Subcommittee on Aging. I wish to thank Bill Benson, Subcommittee Staff Director, for the opportunity to work on health and long-term care policy. Little did I know what was in store for me when he gave me the assignment to prepare the Long-Term Home Care Act for introduction in the Senate. As a result of that endeavor and similar ones, I learned about the multifaceted nature of long-term care policy and had the opportunity to meet and work with people involved in the formulation of national long-term care policy. I learned from Bill's careful listening to the people and groups who brought to him their concerns for the aging population. From Robyn Lipner's work on the fetal tissue research legislation, I learned how individuals with very different ideologies can work together effectively to meet their common interests in a specific policy area. I thank her for that. Adele Robinson conveyed to me the excitement of the legislative process. I thank her for communicating her concern for the disability community and encouraging me to include the needs of that community in the long-term care initiatives on which I was working. Don Kramer's faithful answering of letters that came to the Subcommittee conveyed the importance of the opinions of each citizen. Jodi Sternoff made a noble effort to keep the hardworking, fast-paced Subcommittee on track. Working with the Subcommittee staff was an invigorating experience I will not forget.

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## **CHAPTER 1**

### **INTRODUCTION**

#### **Statement of the Problem**

Public administration has long been in need of an idea of its legitimacy that is grounded in the Constitution and that renders it consistent with the representative character of American government. Public administration, however, is not one of the three branches of government explicitly formed by the Constitution. Further, public administrators are not elected by the people.

In recent years, the legitimacy of public administration has been under intensified attack. Anti-bureaucratic rhetoric has become even more commonplace than usual. Traditional approaches to the question of legitimacy for public administration have not satisfactorily answered these attacks. Yet, public administration has become an essential part of our nation's approach to democracy. What, then, is to be done?

Since it may be that attempts to establish legitimacy for public administration cannot answer the question for all time, perhaps the approach should be to address the question within the context of one's own time. Just as the politics-administration dichotomy seemed to answer the question in the time in which it was proposed, perhaps another approach, suited for this time in our nation's history, would be appropriate.

A recent attempt to address the tension between bureaucracy and democracy (Wamsley et al, 1990) has provided a new standpoint from which to approach the issue. Refounding Public Administration addresses the recent attacks on the legitimacy of public administration. The current debate, the authors maintain, should shift from "questions of 'whether' there should be a role for The Public Administration to questions of 'what form?' that role should take" (Wamsley et al., 1990:35). The task of facing the many complex problems of our nation requires "a new way of thinking about, speaking about and acting toward the Public Administration." Public administration should be accorded authority and legitimacy in those areas deemed its appropriate functions, while at the same time being constrained by the Constitution which public administrators have sworn to uphold.

The authors see a distinctive role for public administration. They see public administration as an institution of governance that is derived from, and grounded in, the "Agency Perspective." This perspective provides a new foundation stone for the legitimacy of public administration. Central to the Agency Perspective is public administration's ability to evoke dialogue in a way that takes into account the public interest and brings about communities of shared meaning.

The public interest is not seen from a substantive perspective, but rather a process one. Instead of viewing the public interest within the context of particular issues, the public interest is seen as emerging from a process that involves all of the parties affected by a particular decision or policy, not just the powerful parties.

## **Purpose and Significance of the Study**

The literature of the agential leader, however, does not provide a specific enough perspective, i.e., a perspective that has been given a practical specification. Simply exhorting public administrators to evoke dialogue is not sufficient. Public administrators who are encouraged in this general manner will have no choice but to look to what they know: interest group liberalism. Public administration needs a more specific alternative perspective and a new methodology from which public administrators can work. This dissertation proposes to provide an adequate idea of legitimacy for public administration by providing a more specific perspective and a new methodology. It addresses the question: from what perspective and with what methodology should the public administrator in a democratic government work? More specifically, it focuses on the question: how can the public administrator, acting from an agential perspective, identify the vital interests of the various groups in a policy subsystem and, building on those interests, develop a strategy for shaping the related policy debate? In doing so, this dissertation will contribute more generally to the longstanding, traditional debate on the question of the role of bureaucracy in a democracy.

## **Methodology and Framework of the Study**

The specific perspective and new methodology are grounded in the theory of structuralism and the technique of structural analysis. The theory of structuralism

serves as a foundation for a new kind of workable perspective for the agential leader. It enables the agential leader to drop the traditional perspective of interest group liberalism and to use, instead, a perspective that looks beyond interest group liberalism's limited and ultimately unworkable framework. This dissertation carries out a case study using structural analysis that provides both an example of, and a foundation for, the perspective and methodology of the public-interest-producing dialogue that is central to the identity, effective functioning, and legitimacy of the agential leader.

The outline of the new methodology this dissertation proposes can be seen through the lens of principled negotiation. This literature teaches us that negotiation from the positions of the various parties involved in a conflict, as is characteristic of interest group liberalism, is inefficient (Fisher & Ury, 1981). The egos of persons in each of the parties become identified with their positions. This identification locks the participants into their positions and blocks them from seeing other possibilities that could result in decisions that could meet the underlying interests of each party.

Principled negotiation, on the other hand, recognizes that vital interests, not positions, are the key to creating consensus and achieving collaboration. The difficulty with this approach is that people, whether as individuals or as members of organizations, typically are unaware of their vital interests. Therefore, it is the task of the negotiator to help surface these deeper interests. The negotiator uses the positions of the groups as a starting place for identifying the underlying interests.

The national long-term care policy debate, which may be seen as part of the larger health care debate, serves as the issue to which the process is applied. This issue was selected because I focused on it during my congressional fellowship in the United States Senate Labor and Human Resources Committee's Subcommittee on Aging. For instance, I prepared S. 2193, the Long-Term Home Care Act, for introduction in the Senate. Long-term care includes home and community-based care for disabled and chronically ill individuals of all ages as well as institutional care such as that provided in nursing homes.

Using structural analysis, the long-term care position papers of the various groups in the long-term care policy subsystem, as well as the transcripts from interviews with members of these groups, are analyzed to show how the underlying, vital interests of the groups can be identified. In this process, specific linguistic elements are analyzed to reveal the underlying interests. From the vital interests, a strategy for shaping the policy debate is developed.

### **Strengths and Limitations of the Research Design**

This dissertation employs a qualitative research design. Qualitative methods "are concerned with the meanings of action and events to the people studied" (Blieszner & Shea, 1987:68). This type of design is useful when the thoughts and feelings of people are important in a study. There is strong internal validity in such studies because they "consider the world view of their subjects" (1987:69).

This study also carries with it the limitations of qualitative research. As Schofield (1990) states, one assumption of qualitative research is that it is influenced by the characteristics and perspective of the individual researcher. It is important, however, to keep in mind that the purpose of qualitative research is not to "produce a standardized set of results that any other careful researcher in the same situation or studying the same issue would have produced. Rather, it is to produce a coherent and illuminating description of and perspective on a situation that is based on and consistent with detailed study of that situation" (1990:203). It is not expected that other researchers studying like situations, or even the same situation, will replicate the findings. As Schofield notes, "As long as the other researchers' conclusions are not inconsistent with the original account, differences in the reports would not generally raise serious questions related to validity or generalizability" (1990:203). One way of addressing the limitations of qualitative research is to combine it with quantitative approaches. In this study, content analysis is employed.

The relatively small sample size used in qualitative studies can also be seen as a limitation. In this type of study, however, it is not the number of individuals, but rather the understanding of the issue that emerges from each of the informants that is emphasized. With 23 informants or "role occupants," this study has a larger sample size than do other studies with a similar research design.

Structuralism and structural analysis also carry certain limitations. Although they provide a broad framework for research, they do not provide a specific

approach that can be directly applied to a given study. Therefore, it is incumbent upon the researcher who uses structural analysis as a methodology to gain an understanding of the approach and adapt it to the study at hand.

### **Definitions of Selected Terms Used in the Study**

**Legitimacy** The right to exist in a given context; as John Rohr suggests, legitimacy involves not only legality, but also respect for, confidence in, and, perhaps even affection for the entity deemed legitimate (Wamsley et al., 1990:55); with regard to public administration, the entitlement to govern (Schaar, 1981:21).

**Long-Term Care** Home, community-based, and institutional care for disabled and chronically ill individuals of all ages that is provided over a period of time; as distinct from short-term, acute care.

**National Long-Term Care Policy Subsystem** The policy subsystem comprised of public, private, and nonprofit organizations (also called "parties") that are involved in, and affected by, national long-term care policy decisions.

**Role occupant** An individual who occupies a position, a role, within an organization; in this study, a staff member of one of the organizations in the national long-term care policy subsystem who is directly involved in the formulation of the long-term care policy position of the organization.

**Structuralism** A social theory and a method of inquiry (Gibson, 1984:2) that provides a means of looking beneath the surface of events or issues to identify structures that are not evident at the surface.

**Structural Analysis** An analytic technique through which the underlying structures of events or issues can be identified.

**Account Analysis** Analysis of accounts; a structural analytic tool used to examine data.

**Account** An "account" is defined as talking in an interactive setting (Garfinkel, 1967; Scott & Lyman, 1968; and Buttny, 1985) that reveals the interpretation of, and preferred meanings related to, the events; also referred to as "narratives" (Weick & Browning, 1986:243).

**Episode** Sequences of activities that have unity (Buttny, 1985:67); parts of accounts.

**Vital Interests** In the context of this paper, interests or wants that underlie the policy positions of the various parties involved in a given area.

**Agency Perspective** Public administration, viewed as an institution of governance, is seen as being derived from and grounded in the Agency Perspective. This perspective provides a new foundation stone for the legitimacy of public administration. Central to the Agency Perspective is public administration's ability to evoke dialogue in a way that takes into account the public interest and brings about communities of shared meaning (Wamsley et al, 1990).

**Agential Leader** A public administrator who is functioning from an Agency Perspective.

**Medical Model of Long-Term Care** In this model, the medical needs of the recipients of services are emphasized and services tend to be delivered under the supervision of a nurse.

**Social Model of Long-Term Care** In this model, the focus is on the non-medical needs of the client, e.g. help with grocery shopping, housekeeping, respite care. These services tend not to be provided under the supervision of a nurse.

**Respite Care** Care that is provided to an individual in order that the caregiver of that individual can have some time away from caregiving responsibilities.

**Social Insurance for Long-Term Care** A public insurance program that would provide long-term care insurance for everyone. The Social Security program is an example of a social insurance program. Some proposals regarding long-term care reform include a social insurance program for long-term care. Payment for the insurance would be through public funds and could include beneficiary copayments.

**Private Long-Term Care Insurance** Long-term care insurance products sold by private insurance companies.

**Pepper Commission** The Commission chaired by United States Representative Claude Pepper until his death and thereafter by United States

Senator Jay Rockefeller that had the task of making recommendations related to health and long-term care reform.

Long-Term Care Family Security Act Legislation introduced in the 102nd Congress by the Democratic majority in the U.S. Senate and House of Representatives; introduced by Senators Jay Rockefeller and George Mitchell and Representatives Henry Waxman and Dick Gephardt.

## CHAPTER 2

### LITERATURE REVIEW

Developing an idea of legitimacy for public administration is a challenge in a democratic government. Elected representatives, although "one step removed from direct participative democracy" (Mosher, 1980:3), derive legitimacy from having been elected by the people. They can be removed from office at the next election if the people are dissatisfied.

Public administrators who are appointed, and able to be removed, by elected representatives are two steps removed from the people. Although less strong than that of elected representatives, a source of legitimacy exists in these administrators' ties to the electorate; they lose their offices when the people fail to reelect the representatives who appointed them.

The idea of legitimacy based on this connection to the people does not hold, however, for public administrators who are three steps removed from direct democracy. As Frederick Mosher (1980) pointed out, such administrators are not elected, nor appointed by, nor subject to removal by elected representatives. Their appointment is based on their specialized skills and knowledge and they may not be removed for partisan political reasons. Yet, they make decisions of great import to the people.

## Politics-Administration Dichotomy

Numerous authors have contributed to the search for an idea of legitimacy for public administration. The politics-administration dichotomy was perhaps the initial step in this search. Politics and administration were treated as separate entities. Elected officials determined policy; public administrators carried out these policies in an objective manner.

Mosher (1980) identified two developments as being associated with the emergence of the dichotomy. One was the rise of representative democracy in the Western world during the 1700's and 1800's. The second was the awareness of the necessity for a "permanent, protected, and specialized civil service" (1980:5). In the United States, this awareness arose as a reaction to the corruption of the patronage system.

The patronage system was seen as a means of "democratizing American politics" (Elrod v. Burns, 1976). Public employment, formerly the domain of the upper classes, was opened to *the people*. Patronage enabled elected officials to implement more easily the policies of their parties--policies supported by the people through the election process--by employing people with similar political beliefs. In his impassioned defense of the patronage system, Justice Powell pointed out the contribution patronage can make in policy implementation:

Elected officials depend upon appointees who hold similar views to carry out their policies and administer their programs. Patronage. . . serves the public interest by facilitating the implementation of policies endorsed by the electorate. . . . As one commentator has written, ". . . if govt is to work, policy implementation is just as important as policymaking. . . ." The growth of the civil service system already has limited the ability of elected politicians to effect political change (Branti v. Finkel, 1980).

The patronage system, however democratic it was, had become so corrupt and inefficient by the 1860's, that Abraham Lincoln--who in his first term in office was an avid user of patronage--stated that the system could "become far more dangerous to the Republic than the rebellion itself."

The remedy recommended for these ills was civil service reform in which public administrators were appointed based on competence rather than partisan political support. The argument that public administrators be appointed based on merit was coupled with the assertion that politics had no place in administration (Shafritz & Hyde, 1987:2). In this way, administration was separated from the perceived corrupting influence of politics. The Civil Service Reform Act of 1883, a result of the reform effort, promoted political neutrality rather than partisanship in public administration (Rosenbloom, 1983:108).

From the reforms emerged a cadre of public officials who were neither elected nor appointed by elected representatives. Nor could these officials be removed at election time. Thus, while addressing the problems of the patronage

system, civil service reform created another problem. Because civil servants were no longer appointed by elected officials, public administration was left without a source of legitimacy from its former tie, albeit a secondary one, to the people.

The politics-administration dichotomy provided a new idea of legitimacy for public administration. While the legitimacy of representatives continued to rest on election, the basis for the legitimacy of public administration changed. The legitimacy of public administration now rested on its expertise, as well as on the subordinate, value-neutral nature of public administration inherent in the politics-administration dichotomy. Public administrators were seen as executing the policies of elected officials in a detailed, systematic, and value-neutral manner.

Woodrow Wilson, who supported the reformers, is credited with being the source of this idea of legitimacy for public administration. In his 1887 essay, Wilson wrote that "administration lies outside the proper sphere of politics" (1887:18). He wrote further that the "field of administration is a field of business" (1887:18) and that administration should be built on a science of management. The expression of the will of the people in policymaking was the province of the legislature with the interpretive assistance of the judiciary. The impartial, nonpartisan administration of these policies was the task of the executive branch. Politics, Wilson wrote, "should not be suffered to manipulate" public administration (1887:18).

Other authors elaborated the concept of separating administration from politics. Frank Goodnow echoed Wilson in writing:

There are, then, in all governmental systems two primary or ultimate functions of governments, viz. the expression of the will of the state and the execution of that will. . . .These functions are, respectively, Politics and Administration. . . .Politics has to do with policies or expressions of the state will. Administration has to do with the execution of these policies (1900:18,22).

The definition of public administration in the first textbook in public administration, Introduction to the Study of Public Administration (1926), supported the dichotomy. Its author, Leonard White, saw public administration as "the management of men [sic] and materials in the accomplishment of the purposes of the state" (1926:56). As Dwight Waldo noted, "White's text. . . reflected the general thrust of the field: Politics should not intrude on administration; management lends itself to scientific study; public administration is capable of becoming a 'value-free' science in its own right; the mission of administration is economy and efficiency, period" (Henry, 1987:41-42). White pointed to the improvements in business effected by the scientific management movement and suggested that similar advances in public administration could be achieved through the application of scientific management principles. However, in a manner less supportive of the dichotomy, White added that his definition of public administration "leaves open the question to what extent the administration itself participates in formulating the purposes of the state" (1926:57).

Dimock's definition of public administration also supported the dichotomy. Public administration was "a study of the powers and problems, the organization and personnel, and the methods of management involved in carrying out the laws and policies of government authorities" (1933:261).

The politics-administration dichotomy depended upon the concept of objective responsibility (Mosher, 1980:7) that was defended by Herman Finer (1941). This approach to responsibility entails the administrator's objective implementation of policies determined by others, regardless of the administrator's condemnation or approval of the policies. Predictability of the administrator's behavior is predicated on such responsibility. Responsibility is ensured by an external check on public administrators provided by the legislature. Charles Hyneman, who wrote about bureaucratic power, also maintained that the bureaucracy should be controlled and directed primarily by elected officials (1945, 1950).

Although the dichotomy was useful for the reformers and did provide an idea of legitimacy for public administration that was accepted for a time, it did not hold true in the practice of public administration. Public administrators realized that they did more than merely carry out the policies of others. Thus, in the 1930's, evidence of dissent began.

By 1937, Dimock saw problems with the dichotomy: "Today," he wrote, "we cannot accept unqualifiedly the generalization of Woodrow Wilson to the effect that 'the field of administration is a field of business. . . removed from the hurry and strife

of politics" (1937:32). Dimock concluded that politics "runs all the way through administration" (1937:32). He saw that organizations, failing to achieve their objectives in the legislature, would transfer their efforts to public agencies.

In the 1940's, the decline of the dichotomy was evident. Paul Appleby asserted that "Public administration is policy-making" (1949:29). While acknowledging that public administration was not autonomous, he maintained that it was "one of a number of basic political processes by which this people achieves and controls governance" (1949:170). Shafritz and Hyde call Appleby's chapter, "Government Is Different," printed in Big Democracy (1945), the "obituary for the politics-administration dichotomy" (1987:124). Appleby concluded the chapter with the words, "Government is different because government is politics" (1945:10).

Appleby, like others who served in the New Deal administration (Waldo, 1953:56), discovered the reality of politics in administration. He did, however, make a distinction between the politics mingled in administration and partisan politics. He advised public administrators to avoid partisan political activities.

Numerous authors joined Appleby and Dimock in pointing out the inadequacies of the politics-administration dichotomy. C.J. Friedrich (1940) wrote that while the dichotomy had some value in indicating the emphasis in public administration, it was no longer acceptable in its absolute form. Instead, he continued, politics and administration are intertwined. Like Appleby, Friedrich

maintained that public administration was one source of policymaking. Like Dimock, Friedrich saw the task of policy formulation increasingly falling to the administration.

In addition, Friedrich argued against Finer's concept of objective responsibility that depended upon external oversight. Due to the extensiveness of the public administrator's expertise and specialization, Friedrich maintained, external oversight was not a realistic possibility (Shafritz & Hyde, 1987:43). In the concept of subjective responsibility, which Friedrich supported, professionalism is important. Responsibility, instead of being enforced in a hierarchical manner, is enforced through means of accountability developed within public administration itself. Friedrich saw professionalism, which entails an internalized code of standards and behavior, as an important means of achieving responsibility. This internal accountability was to replace Finer's external check on public administration by the legislature (Waldo, 1984:121). Mosher (1968) wrote in a similar vein. He focused on the preparation of public administrators. Within that preparation, prospective administrators were to be imbued with a sense of responsibility. In the concept of subjective responsibility, citizen participation in policymaking was seen as augmenting internal responsibility. Public administration was to be responsive not only to technical knowledge but also to popular sentiment (Friedrich, 1940a:462).

The New Public Administration movement that came into being in the 1960's also worked against the dichotomy and promoted citizen participation. The movement's proponents opposed the notion of value neutrality in public

administration that was part of the dichotomy. Instead, they called for a moral commitment on the part of public administrators "to take political positions and to speak for the weak and poor, who lacked a voice or representation due to their isolation from society's mainstream" (Burke, 1989:86). Public administration, instead of being value neutral, was to be infused with values. Actually, the perceived value-free approach of the dichotomy adhered to certain values. To those values of efficiency, effectiveness, economy, and responsiveness to elected representatives, the New Public Administration movement added others. These additional values included "citizen responsiveness, worker and citizen participation in decision making, the equitable distribution of public services, the provision of a range of citizen choices, and administrative responsibility for program effectiveness" (Frederickson, 1971a:49).

By the fourth edition of his text, Introduction to the Study of Public Administration, White began to speak less favorably of the dichotomy. He noted that a "more sophisticated understanding of both politics and administration has led to much qualification of the Goodnow thesis" (1955:6). He acknowledged that policy considerations "seep down" from the legislature to the public administration, requiring refinement of policy to be made in public agencies.

In the end, the deficiencies of the dichotomy could not be ignored. Concomitant with the demise of the dichotomy was the loss of a perceived source of legitimacy for public administration. Indeed, Mosher maintained that the main

challenge for public administration, on a theoretical level, is to find a "viable substitute" for the dichotomy (1980:6).

### **Representative Bureaucracy**

Other authors have searched for an idea of legitimacy for public administration in the representative character of the public sector. The executive and the legislative branches gain legitimacy from being representatives of the people. A key difference between these officials and public administrators is, of course, that the former are elected and the latter are not.

Various authors have presented their views on what is required for public administration to be considered representative. Samuel Krislov and David Rosenbloom (1981) stated that it is not the power per se of public administrators that constitutes the threat to democracy, thereby rendering public administration illegitimate in a democratic form of government. It is, rather, the "unrepresentative power" of public administration that poses the threat. These authors posited that if this power cannot be constrained by elected individuals and bodies, it can be made representative in other ways. These approaches include: representation by personnel, by administrative organization and through citizen participation. By these means, the power of public administrators can be legitimated.

## Representation by Personnel

Representation by personnel involves the way in which the people in public administration mirror or re-present the population at large. Mosher (1968) referred to this type of representation as "passive representation." Representation by personnel is presented from a number of perspectives. Krislov and Rosenbloom (1981) noted that Thomas Jefferson promoted partisan representation in the federal service. Jefferson thought that the partisan balance in the electorate should be reflected in the bureaucracy. Krislov and Rosenbloom also pointed out that bureaucratic representativeness was implied in the spoils system of the Jacksonian era. Instead of partisan representation, Jackson promoted representation as reflective of the nation's social composition. Mosher (1968) pointed out that representation also is evident in the Pendleton Act's section providing for the states to be represented proportionately when appointments were made in Washington.

One of the first scholars to address the concept of representative bureaucracy was Donald Kingsley (1944). Kingsley studied the British Civil Service. He looked at bureaucracy through the lens of class. He called for the vertical integration of members of groups that were not represented in the bureaucracy.

For others, representation by personnel meant equal opportunity in hiring and promotion practices. Harry Kranz (1976) maintained that to have a truly representative bureaucracy, the groups included in the bureaucracy should be directly proportionate to those groups' presence in the population.

The concept of equal opportunity, however, is at odds with the concept of merit. When one is achieved, the other is compromised. The path toward a more representative public administration has been characterized by struggles between advocates of the conflicting concepts. O. Glenn Stahl (1976:24-25), for instance, pointed to the possible decline in the quality of public administration resulting from employment on the basis of affirmative action rather than merit. Another problem Stahl finds with affirmative action is the potential that public employment will be viewed as a reward or as a means of increasing the income of the needy. Although Elliot Zashin acknowledged that affirmative action had problems, he maintained that there had been no diminishing of quality in the public administration as a result of affirmative action (1981:380). John C. Livingston's argument in favor of affirmative action asserted that an emphasis on merit means that "group disadvantage rooted in racism can be made to appear as individual moral failure" (1979:154).

Whatever the struggles between quality and representativeness, other authors maintain that public administration, as it is currently constituted, *is* representative of the people. Charles Goodsell argued that bureaucrats "mirror the democratic makeup and attitudes of the general population quite faithfully" (1983:15). He recommended an attitudinal shift away from anti-bureaucratic rhetoric and toward a recognition that:

bureaucracy is very close. It is public institutions operating within our communities. It is public employees living in our neighborhoods. It is programs mandated by government officials for whom we personally voted. It is collective action on our behalf. In a meaningful sense, then, bureaucracy is ours. That is why the case for bureaucracy is important (1983:149).

### Representation by Administrative Organization

Mosher (1968) used the term "active representativeness" to describe what Krislov and Rosenbloom (1981) call representativeness by administrative organization. In active representativeness, public administrators press for the interests of groups they are expected to represent. Public administration can, through its structures and the missions of its organizations, represent varied interests. Government agencies have been created to represent certain groups. For instance, farmers are represented by the Department of Agriculture and veterans by the Veterans Administration. In addition, government agencies may "turn to, or even create, organized interest groups to supplement their power in the legislature and elsewhere" (Krislov & Rosenbloom, 1981:533). One of the problems with representation by administrative organization is that only organized, powerful groups tend to be represented. An additional problem is that the interest groups may not adequately represent the concerns of the persons they purport to represent.

### **Representation through Increased Participation**

Another method of achieving representation in public administration is through increased participation. Two streams of thought are evident in this approach. In one stream, participation within the bureaucracy is increased. Thayer (1973) maintained that more fluid types of organizations were needed. From this perspective, bureaucratic hierarchy is considered anti-democratic. In the more fluid types of organizations suggested by Thayer collective, rather than hierarchical, decisionmaking predominates.

In Policy and Administration (1949), Appleby contributed to this stream of thought. He posited that organizations that employ democratic internal processes tend to treat the public in a manner consistent with a democratic government. On the other hand, an organization that relates to its employees in an authoritarian manner tends to treat the public in a similar, undemocratic fashion.

Waldo also saw the need for more democratic approaches to administrative organization. His alternative to hierarchical bureaucracy included "substantial abandonment of the authority-submission, superordinate-subordinate thought patterns which tend to dominate our administrative theory" (1952:103).

In the second stream of thought, participation by citizens is increased. Morrow described three forms of citizen participation: "the citizen committee as an advisory group; the citizen committee as a governing group in a specific policy area; and the idea of neighborhood government, where citizens have direct responsibilities

in a number of policy areas" (1975:191). Participation, Morrow posited, helps citizens develop "civic maturity" which, in turn, enhances the quality of the resultant policy. As noted earlier, the New Public Administration movement also called for increased participation in government. Public administrators were encouraged to foster participation as a political value (Burke, 1989:86).

Morrow also noted that opportunity for citizen input increases with the decentralization of decisionmaking authority. Indeed, as Herbert Kaufman pointed out, calls for increased participation result in requests for administrative decentralization. A cycle exists with one augmenting the other. Calls for increased participation arise from the conviction that "hitherto excluded and unorganized interests have little to say about decisions that affect them profoundly" (1969:396). Kaufman predicted strong resistance to the resultant demands for administrative decentralization. He anticipated great resistance from the agencies themselves whose *modus operandi* would be put on the chopping block if serious decentralization efforts were to occur.

Thus, the representativeness of public administration, viewed through various lenses, has been seen by some authors as legitimating the endeavor of public administration. However, many of the actions that have the potential to make public administrative more representative have not been forthcoming. Opposition to affirmative action, resistance to more fluid or decentralized organizational forms and frequent failure to take citizen input seriously (Krislov & Rosenbloom, 1981:533,536)

are among the forces working against such an end. In addition, certain efforts that have brought about increased participation, such as interest group pluralism, have been called into question.

## **The Public Interest and Interest Group Pluralism**

### **The Public Interest**

. . . that vague, impalpable but all-controlling consideration, the public interest.

Justice Felix Frankfurter (Phillips, 1960:72)

Following the demise of the politics-administration dichotomy, the idea of the public interest as a legitimating factor for public administration received increased attention (White, 1983:2). The concept, admittedly, has had an uneven history in public administration. On one hand, the image arises of the public administrator searching for, and working in pursuit of, the public good. On the other hand is the image of a public official using a vague concept to justify a policy decision that may otherwise be indefensible. Appleby wrote that government's focus on the public interest makes government different from the private sector. He wrote that concern for the public interest "runs to the details of administrative action" (Appleby in Waldo: 1953:61).

But what is the public interest? Numerous and diverse definitions have been proposed by various writers. Frank Sorauf (1957:619-624) offered a classification of the many definitions of the public interest. He identified five classes of definitions:

- 1) commonly-held value,
- 2) the wise or superior interest,
- 3) moral imperative,
- 4) a balance of interests, and
- 5) undefined.

Sorauf concluded that the public interest as commonly-held value most closely adheres to a concept claiming to entail *the public* and *interest*. Both the public interest as wise or superior interest and as moral imperative, he maintained, address neither part of the concept. Both of these definitions include a prior standard to employ in evaluating different policy proposals. However, Sorauf contended that the multiple definitions of the public interest obviate the concept's effective use as a standard for analyzing policy. Whose definition would be used? The balance-of-interests approach, he claimed, is neither *public* nor *interest* and lacks a prior standard for evaluation. The last approach listed above, that of the public interest as undefined, renders the concept personalized rather than public.

The better approach, Sorauf suggested, is one in which the public interest is not defined in terms of content nor evaluated in light of a prior standard. "The

public interest," he continued, "rests not in some policy emerging from the settlement of conflict, but with the method of that settlement itself, with compromising in a peaceful, orderly, predictable way the demands put upon policy" (1957:638). American democracy, Sorauf contended, is dedicated to finding the appropriate way of doing things, the *modus vivendi* of activities, rather than to the content resulting from the particular activity. Sorauf concluded, saying that the public interest serves additional functions. It acts as a unifying symbol. It serves to legitimate policy choices. It serves a "hair shirt" role, reminding policy makers of unrepresented interests.

Richard Flathman (1966) argued that the public interest is a normative concept that has value in the selection and justification of public policy. The main point of the term, he stated, was to express approval or to commend. Use of the term carries certain obligations, however. The criteria employed to determine the public interest "must take account of the full range of the effects of those actions . . . for the members of the public" (1966:6,9). The public interest is more than an instrument of propaganda, Flathman asserted; it is a component of political discourse. There is no unchanging descriptive meaning of the public interest that applies to all policy choices. Meaning, Flathman stated, is derived from discourse. The inclusion of the public interest concept in discourse affects not only the types of policies that are selected, but also the nature of the process by which those decisions are made.

Being a normative standard, the public interest raises the problems related to all types of standards. These problems are not easily resolved because they involve morals and politics. Thus, Flathman was not surprised that people have difficulty with the concept of the public interest. He wrote that although "we are free to abandon the *concept*,. . .if we do so we will simply have to wrestle with the *problems* under some other heading" (1966:13).

Norton Long (1987), in disagreement with Sorauf, saw the public interest as a useful concept in comparing various policy proposals. He proposed the use of policy analysis to evaluate the effect on the public interest of the various proposed policies. The dimensions Long used for this analysis included "life, health, security, self-respect, the respect of others, education, jobs, income, housing, and recreation" (Wamsley et al., 1990:144). The effect of proposals would be evaluated in terms of their impact on these dimensions for the individuals affected by the policy.

Gerhard Colm, who called the public interest the "essential key to public policy" (Colm, 1967:115), agreed that the public interest was an important concept. He maintained that the concept was virtually indispensable for government officials involved in policymaking. Colm noted that the concept had fallen on hard times because of the emergent emphasis on scientific theory in political science. The public interest could not be dealt with in the precise terms deemed necessary in the logical positivist framework that swept political science after the publication of Herbert Simon's book, Administrative Behavior (1957). The public interest, Colm

aply noted, "stubbornly defies neat and precise formulations and mathematical equations of political and economic behavior" (1967:115).

Leys and Perry found that government outsiders were more discouraged about the term than were those who actually participate in government (1959:5). The concept's importance, they claimed, is evident to everyone who reads political theory, law or economics. William Zarecor, also defending the concept, stated that all of political theory could be seen as an attempt to devise means of meeting the public interest (1959:277).

Virginia Held posited that much of the problem with the concept is the generic failure to address basic questions that relate to it. These questions revolve around such issues as the meaning of the public interest, the individual interest, and the means by which the validity of statements concerning the public interests can be determined (1970:12-13). Even if these questions are not answered satisfactorily, Julius Cohen maintains that the concept will still have power. Persons making legislative decisions have a vested interest in the concept and "would be tongue-tied without it" (1962:160). Lacking exact measures for changing values and "for translating what is, at bottom, individual and incommensurate into something called 'community values,' the concept of public interest will still function to embellish public goals forged by our more traditional tools and techniques" (1962:161).

Glendon Schubert stood in opposition to the value of the concept, bluntly stating that "there is no public-interest theory worthy of the name" (1960:223). While

acknowledging that the concept could serve the "hair shirt" function proposed by Sorauf, Schubert discounted any further use. Schubert realized that he would be criticized for not providing such a theory, but he preemptively countered such criticism by rejecting the notion that there is a need for such a theory. He stated that political scientists would better spend their time on other concepts. The public interest, he wrote, had little hope of serving as a "useful [tool] in the scientific study of political responsibility" (1960:224).

Robert Dahl and Charles Lindblom also had difficulty with the concept. They failed to find serious meaning in the term, stating that it lacked precision and usually meant only that the person using it supported the related policy (1963:501). Anthony Downs was in agreement regarding the vagueness of the concept. He acknowledged that persons involved in government constantly use the term, but that specificity and general agreement on its meaning were lacking (1962:1-2). Downs's theory of political action had been criticized for not addressing the public interest. Economic principles alone, his critics contended, could not explain political decisionmaking. In amending his theory, Downs made the assumption that citizens within a democratic form of government agree that the function of government is "to act for the greatest benefit of society as a whole" (1962:3). Downs saw the public interest as being similar to the minimal agreement needed for a democracy to operate. This agreement involves two areas. The first is agreement on the basic rules of society regarding conduct and decisionmaking. The second entails consensus on underlying

principles related to the types of policies government should be implementing. Downs looked at Schubert's review of schools of thought on the public interest. Unlike Schubert, Downs found "some partial truth" in each of the various approaches to the public interest. In attempting to reconcile his previous work on economics and self interest with the public interest, Downs concluded that individual citizens base their political decisions on a combination of self interest and public interest or what he calls a "total net position" (1962:12, 27).

Goodsell offered a more recent approach to the concept of the public administration. He drew from Flathman's focus on the importance of the concept in public discourse:

The contribution [of the idea of the public interest] is . . .one of establishing a normative frame of reference, of subtly conditioning the terms of public policy discussion, and of giving higher-order purposiveness a more elevated position of attention than it would otherwise occupy" (1990:103)

Extending the work of John Searle (1969), Goodsell explained that the use of certain words commits the speaker to the values that underlie the words. For example, underlying the use of the term "private property" is a rule against stealing. In a similar way, the use of "the public interest" commits the speaker to certain values. These values, Goodsell suggested, include a concern for: 1) legality and morality, 2) political responsiveness, 3) political consensus, 4) connections between policies and

their normative purposes, 5) the effects of public policy, and 6) interests that have not been articulated or advocated by an organized group. In like manner, Stephen Bailey posited that the main contribution of the public interest "lies not in its clarity but in its perverse and persistent moral intrusion upon the internal and external discourse of rulers and ruled alike" (1962:106).

### Interest Group Liberalism

E. Pendleton Herring looked at the public interest in a different way. In Public Administration and the Public Interest (1936), Herring examined the difficulties resulting from government's enlarged scope and the increase in public administrators' discretion. Congress, he said, passes legislation that is formulated in compromise and lacking in specifics. Public administrators must supply the necessary specificity in the process of writing regulations.

Although statutes impose limits on the public administrator's discretion, they also allow for discretion within those limits. Within these areas of discretion, public administrators write their "interpretation of state purpose" (Herring, 1936:74). Thus, much of the task of reconciling conflicting group interests, each seeking its own interest, has moved from the legislature to public administration. Herring saw the reconciling of these interests as the purpose of government. Herring, therefore, accepted a political role for public administration and saw the reconciliation of differing interests as a legitimate role for public administration. A "great administrative machine," he wrote, was needed to accomplish this goal (1936:75).

Herring searched for criteria that could guide public administration in this endeavor. He looked to the President for help, but found the task of coordination of public agencies beyond the abilities "of the transient occupants of this position" (1936:77). He suggested that an administrative law system, if developed in the future, could set limits on the discretion of public administrators. In the end, Herring looked to the public interest as a standard to guide public administrators. He saw this standard for public administration as being equivalent to the concept of due process in the judiciary. He defined the public interest in terms of "its identification with the interests of certain groups" (1936:77). The public interest, Herring wrote, is built on the concerns of special interests. "Harmonious relationships," therefore, are needed between public administration and special interests. By means of such relationships, public administration can work to achieve the state's purpose and special interests can attain their goals. Although Herring did add that the public administrator "may even reach out" to groups that are not well-organized, his focus seemed to remain on meeting the interests of larger, well-organized groups.

E.E. Schattsneider (1935) also wrote about interest groups. He highlighted their ability to bring to government attention interests that are not addressed in governmental structure. He cautioned government to treat them as representing specific interests, not the national interest. Given that caveat, Schattsneider approached these groups as contributing to the political system.

Emmett Redford concluded his examination of democracy in the administrative state with a kind of interest group liberalism. Redford posited that democracy rests on three concepts: equality, individuality and participation. Regarding participation, he wrote that certain elements were essential. These elements included:

1) access to information. . ., 2) access, direct or indirect, to forums of decision, 3) ability to open any issue to public discussion, 4) ability to assert one's claims without fear of coercive retaliation, 5) consideration of all claims asserted (1969:8).

In evaluating the application of these concepts to agency operation, however, Redford found a different set of elements in place. He discovered that the individual's goals are of lesser importance than those of the agency, that authority is unevenly distributed, and that opportunities for participation in decision making by the public and by employees in lower positions are infrequent (Denhardt, 1989:112). In light of his findings, Redford concluded that the "attainment of the democratic ideal in the field of administration depends on the representation of many and diverse interests among decision makers" (Redford, 1969). To the thoughts of Herring and others, Redford added that this representation is legitimated by its conformity to "the tenets of democratic morality." He looked for a "pattern of workable democracy" which he defined as:

the inclusive representation of interests in the interaction process among strategic organizational centers--a representation resulting from the responsiveness of the interaction process in the totality of its parts and the totality of its decision to the demands of [citizens] in an open society in which there is universal capacity for participation in meaningful ways (1969:197).

He added that certain societal prerequisites were needed for a pattern of workable democracy to exist. These prerequisites include the presence of an open society in which any issue can be discussed publicly. In addition, there must be a widely distributed will and ability to participate in order that public officials remain sensitive to all interests. Redford also saw decision making through consensus as essential. He concluded that these requirements were satisfied in American society.

Interest group liberalism flourished in "the real world" as well as in the literature. However, the belief that "a satisfactory criterion of the public interest is the preponderant acceptance of administrative action by politically influential groups" (Leiserson, 1942:13) would later come under fire from other writers.

### **The Discrediting of Interest Group Liberalism**

Approximately thirty years after Herring's work, Grant McConnell (1967) took issue with the idea that public benefit automatically resulted from the balancing and counterbalancing of special interests. He referred to James Madison who viewed organized private groups as "the most serious problem of popular government" (McConnell, 1967:1).

McConnell stated that one of the most important orthodoxies supporting interest group politics was the belief, rooted in our nation's agrarian past, in the goodness of small social and political groups. However, he pointed out, putting power into the hands of small groups does not eliminate power or its attendant problems. Special interest groups seek power over policies affecting their membership as well as the larger community. Unlike government, however, with its long history of adherence to constitutional mandates, these groups often lack protections for the individual. Not only did McConnell see interest group politics as not producing the public interest but also as being antithetical to it:

Far from providing guarantees of liberty, equality, and concern for the public interest, organization of political life by small constituencies tends to enforce conformity, to discriminate in favor of elites, and *to eliminate public values from effective political consideration* [italics added] (1967:6).

McConnell noted that these groups, seeking their specialized aims, have achieved various amounts of control over public policy in their areas of interest. What Krislov and Rosenbloom viewed as representation by administrative organization, McConnell saw as "the conquest of pieces of governmental authority by different [private] groups" (1967:7).

Another of McConnell's concerns with interest group politics was its lack of representation of all related interests. Far from being an "inclusive representation

of interests" (Redford, 1969:197), many constituencies are not organized, resulting in their effective elimination from the formulation of policy. A further problem is the uneven power that special interests exert. McConnell stated that special interests do not affect every public policy arena nor do they affect all governments alike. Their influence in state governments, with their relatively small constituencies and fragmented political systems, is great. In the federal government, crises such as depressions and wars have resulted in a passing of authority to private business interests. "Rural elites," McConnell claimed, have been aided in acquiring power over agricultural policy by the agrarian myth.

Because special interest groups seek their own aims, they do not provide fertile ground for the emergence of the public interest. The emergence of public values, McConnell asserted, requires a national constituency. Liberty and equality, he maintained, have suffered at the hands of interest group pluralism. Power has gradually devolved to small, private groups. The real threat to democracy, he said, comes not from mass movements, but rather from special interest groups (1967:358-359).

Theodore Lowi (1979) echoed McConnell. Lowi blamed governmental paralysis on the "harmonious relationships" developed in interest group liberalism (Shafritz & Hyde, 1987:44). Lowi, like McConnell, condemned the very things that Herring and others praised about this approach. The competition among interest groups is aimed at particular interests not the public interest. Liberalism's concept

of groups, Lowi stated, fails to take into account part of Madison's definition of group or faction. Madison's definition, found in Federalist 10, is:

. . . a number of citizens, whether amounting to a majority or minority of the whole who are united and actuated by some common impulse of passion, or of interest, *adverse to the right of other citizens, or to the permanent and aggregate interests of the community* [italics added] (Madison, 1787:57).

As David Truman (1951) and Lowi note, interest group liberalism uses only the first part of the definition, stopping with the word, *interest*. The negative aspects of groups are not addressed. To a Madisonian, government regulation of groups was necessary in order to address their negative side. Such regulation was seen a chief task of government (Madison, 1787:59). To the interest group liberal, however, government accommodation of groups is what is needed (Lowi, 1979:59).

Interest group liberalism, Lowi continued, achieves only a sense of representation--and at a cost. Flexibility is diminished. Laws become vague, lacking the structure and substance needed to control policy, resulting in "policy without law" (1979:92). Power is justified in a maladaptive way "by avoiding law and by parceling out to private parties the power to make public policy" (1979:44). By parceling out authority, government becomes decentralized and unable to plan. Bargaining replaces planning.

Although interest group liberalism has been called a process, Lowi says this is a false metaphor. A biological process is self-correcting, involves equilibrium, and is natural. Pluralism, Lowi contends, has none of these characteristics. Its main characteristics are that it is government-sponsored and repeated. Successive administrations, both Democratic and Republican, subscribe to interest group liberalism. Overall, Lowi presented "a scathing indictment of the administrative process in which agencies charged with regulation are seen as basically protectors of those being regulated" (Shafritz & Hyde, 1987:281).

The New Public Administration movement also spoke against interest group pluralism. Although the voices of the movement were diverse, general agreement existed regarding interest group pluralism. Savage noted, in a way that presaged Lowi, that:

pluralism has become a kind of self-fulfilling prophecy, in which public administration increasingly acts as an arbitrator between unequal competing interests, frequently deciding in favor of those with power rather than acting as an advocate of some larger public need (1971:48).

Lowi's substitute for interest group liberalism, *judicial democracy*, however, was deemed unworkable. The search continues for a workable alternative.

## **Constitutional Foundation for Legitimacy**

Other writers have looked to the Constitution to provide an idea of legitimacy for public administration. Both Charles Wiltse (1941) and Norton Long (1952) argued that the public administration could function in the representative capacity intended for Congress by the framers of the Constitution. Wiltse looked to public administration to help fulfill Congress' constitutional imperative to be representative. Numerous public agencies, Wiltse noted, make recommendations to Congress based on their interactions with various interest groups. This "representative function" was seen as augmenting Congress' decreasing capacity to be representative.

Long, continuing Wiltse's argument, also tied legitimacy for public administration to the constitutional mandate for representativeness in government.

He stated that:

by appropriate recruitment, structure, and processes, the bureaucracy can be made a vital part of a functioning constitutional democracy, filling out the deficiencies of Congress and the political executive (1952:818).

Long looked to public administration to be especially helpful in representing groups that were not well represented in Congress.

Rohr (1986) extended the line of argument that found legitimacy for public administration rooted in the Constitution. Rohr maintained that the dating of the

founding of American public administration with Wilson's article provides an illegitimate founding for the field. Attacks on the legitimacy of the field, therefore, should be expected. Wilson's argument, Rohr maintains, was based on separation of functions, not separation of powers. For Wilson's argument to have constitutional congruence, a constitutional amendment would have been required. Although Wilson earlier had called for such an amendment, which would have allowed cabinet members to serve in the legislature, he refrained from doing so in his 1887 article.

Wilson's instrumental approach to administration entailed legislative supremacy. The Founders, however, did not envision such a government. They fashioned a government with three equal branches, independent of one another. The legislature is not supreme and public administration is not answerable only to it. As Rohr pointed out, "American Public Administration can never be purely instrumental because there is no way of telling whose instrument it will be. A struggle for control of the Public Administration is part of the wholesome politics of a regime of separation of powers" (Rohr, 1985:415).

Rohr looked, instead, to the Constitution itself for an idea of legitimacy for public administration. The people, who are sovereign, ratified the Constitution. Public administrators and elected officials are constitutional officers who take an oath to uphold the Constitution. Their authority, whether they are elected or appointed, is derived from the Constitution. Elections, as Herbert Storing pointed out, are "merely a method of choosing, not a method of authorizing" (Storing,

1981:230). In this way, the legitimacy of both elected and non-elected officials can be traced to the Constitution.

In To Run A Constitution, Rohr presented a more detailed idea of constitutionally-rooted legitimacy for the administrative state. In his book, Rohr examined not only the Constitution itself, but also the discourse that surrounded its formulation. He included in the category of *Founder* both the Federalists and the Anti-Federalists. He examined the "argument of the founding," the dialogue between these groups, a dialogue that in many ways continues to the present.

Rohr's argument was three-fold. First, he pointed out that the administrative state was not incompatible with the Constitution. Often, the legitimacy of the administrative state is attacked on the basis of the separation-of-powers doctrine. The combining of executive, legislative, and judicial powers in public agencies, Rohr countered, is not averse to the Founders' approach to separation of powers. Blending of powers is evident in various parts of the Constitution. For example, the Constitution directs the Senate to carry out executive, judicial and legislative functions. With the House of Representatives, the Senate approves legislation that is sent to the President. In its advice-and-consent role, the Senate performs executive functions. When the Senate conducts impeachment proceedings, it acts in a judicial capacity.

The Framers' concept of separation of powers involved a relaxed standard rather than the rigid standard employed by those who attack public administration

on this principle. As Publius pointed out in Federalist 47, the violation of the separation-of-powers principle occurs not when there is a blending of power, but rather when:

the *whole* power of one department is exercised by the same hands which possess the *whole* power of another department, the fundamental principles of a free constitution are subverted (Madison, 1788:325-326).

Thus, Rohr found that a blending of powers such as that evident in public agencies is not incompatible with the Framers' concept of separation of powers. In addition, Rohr discussed three attributes of the Senate presented by Publius in Federalist 62. They are duration, expertise and stability. Rohr maintained that these attributes, intended for the Senate by the Constitution, are better embodied in the higher levels of the career civil service than in the Senate.

Rohr stated that the administrative state "heals a defect in the Constitution" (1986:40). The Anti-Federalists maintained that the number of representatives provided for in the Constitution was inadequate. They believed that the elected representatives should form a microcosm of society and should "mix with the people, think as they think, feel as they feel" (Storing, 1983:257). Insufficient representation would preclude such a goal.

Many of the Federalists agreed that the Constitution provided for insufficient representation. Thus, their counterarguments were weak. Even Madison, with his concept of representation as filtering and refining of the opinions of the public, agreed that representation in the House of Representatives was inadequate (Rohr, 1986:43). The administrative state, however, does provide for such representation of the microcosm persuasion. Thus, according to Rohr, the administrative state not only conforms to the Constitution, but also heals its defect related to representation.

Having established that public administration is compatible with the principles of the Constitution, Rohr developed a constitutional theory of public administration that provides a way in which public administration can be expected to uphold those principles. He stated:

The role of the Public Administration is to fulfill the objective of the oath of office: to uphold the Constitution of the United States. This means that administrators should use their discretionary power in order to maintain the constitutional balance of powers in support of individual rights.

Rohr envisioned public administration as a balance wheel, a role initially intended for the Senate. While the Senate does not exercise government's three main powers, as intended by the Framers, public administration does so in a manner that is subordinate to the three branches of government. In the role of balance wheel, public administration chooses "which of its constitutional masters it will favor at a

given time on a given issue in the continual struggle among the three branches. . . [in helping to maintain] the proper constitutional balance of powers" (Rohr, 1986:182, 184). By being subordinate to the branches, yet able to choose among them, public administration maintains the autonomy needed for professionalism as well as its tie to elected representatives. Without falling prey to the inaccuracies of the politics-administration dichotomy, Rohr thus provided a revised version of the dichotomy.

### **Refounding Public Administration**

One of the most recent efforts to establish legitimacy for public administration is Refounding of Public Administration (Wamsley et al., 1990). The Refounding is a response to the anti-bureaucratic rhetoric of recent years, rhetoric that attacks public administration as an illegitimate part of the governance process. The authors call for a change in public dialogue that would move the focus from "the nature and role of 'government' to questions about the nature and role of 'public administration'" (1990:35).

The authors maintain that public administration's role will enlarge due to the problems facing government. An invigorated public administration is required to address issues such as the crumbling infrastructure, market shortcomings and urban problems. However, a public administration that is deemed illegitimate by the public

is in a weakened position from which to address these challenges. A restoration of respect for public administration is needed.

In the Refounding, public administration is seen not as an entity to be denigrated, but rather as "a major social asset." The authors frame public administration as "an institution of government" that is part of the process of governance (1990:34). Public administration is seen as self-consciously derived from, and drawing legitimacy from, the Agency Perspective (1990:36).

The Agency Perspective provides a normative guide for public administration, both empowering and constraining public administrators. Agencies and public administrators are viewed as agents, acting on behalf of multiple principals that include Congress, the President, the judiciary, and the people. The Agency Perspective rejects the management view of public administration as being hierarchically answerable only to the President. The Agency Perspective finds this latter approach out of line with the Constitution's system of fragmented power that does not give CEO power to the President. Although subordinate, Agencies are also seen as functioning with autonomy. The Agency Perspective, drawing on the work of Rohr, one of the authors, roots public administration in the Constitution.

Public administrators are seen, using Terry Cooper's (1980) phrase, as "special citizens." They are special, not in terms of privileges, but rather in terms of responsibility to act in the place of others. In the Agency Perspective, public administrators:

develop Agencies and administer and lead them so as to (1) maintain the capacity to act effectively as society's agent; (2) enrich participation in civic life; (3) enhance legitimate authority; and (4) thus promote our systemic capacity to govern. At the heart of such an effort is the building of community, not of place but of shared hearts and minds (1990:153).

The public agency provides institutional grounding for the Agency Perspective. The Agency Perspective draws energy from the ideals of the New Public Administration movement. Wamsley refers to the Agency Perspective as Minnowbrook I (the beginning point of the New Public Administration movement) with institutional grounding. The authors of the Refounding, although committed to the values and actions of the New Public Administration movement, found that those values and actions required grounding or embodiment in the "social constructs of government" to be most effectual (1990:20-21). Thus the Agency Perspective is embodied in the public agency.

Inherent in the Agency Perspective is public administration's ability to evoke dialogue in a way that takes the public interest into account and brings about communities of shared meaning. In this perspective, the agency becomes a catalyst for the public interest, broadly defined. In determining the allocation of "millions of dollars and thousands of jobs and votes, as well as happiness or anxiety for millions of citizens, . . . the Public Administrator and the agency are thus involved . . . in defining more concretely than anyone else the public interest and the common good" (1990:142). The authors define Agencies as:

repositories of, and their staffs are trustees of, specialized knowledge, historical experience, time-tested wisdom, and most importantly, some degree of consensus as to the public interest relevant to a particular societal function (Wamsley et al., 1990:37).

The authors, while acknowledging the problematic nature of the public interest, find meaning in it. Like Sorauf, they define the public interest in terms of process rather than content. This definition views the public interest as:

attempting to deal with the **multiple** ramifications of an issue rather than a select few; seeking to incorporate the **long-range** view into deliberations. . . ; considering **competing** demands and requirements of affected individuals and groups, not one position; [and] proceeding equipped with **more** knowledge and information rather than less (Wamsley et al., 1990:40).

Key in this definition of the public interest, and reminiscent of Flathman's approach, is that "all those who have a stake in the matter at hand have had the opportunity to share in defining it" (1990:41). In keeping with the institutional focus of this work, public administration is regarded "as the leading institutional embodiment and proponent of the public interest in American life" (1990:107). While acknowledging that public administrators cannot "know the content of the public interest" (1990:41), the authors maintain that public administrators are in a position to foster "the kind of process essential for its ongoing pursuit." Public administrators do not impose a preconceived notion of the public interest on the people. The public interest,

instead, emerges from a process in which the agential leader functions as a facilitator, assuming "an equality among interests without reference to power, that is, [maintaining] the functional myth that there are no 'special interests' only the public interest. . . .The reference point is the dialogue as the search for a solution (or problem) in the general interest of the community" (1990:119). The general, or public, interest is seen in terms similar to Long's dimensions for evaluating proposed policies, provided earlier, which encompass more than economic considerations.

In order to be viewed as a legitimate agent, "the Agency must stand for: (1) the broadest possible definition of the public interest derivable from its statutory mandate, requirements for fiduciary responsibility, and consistent with the Constitution; and (2) a sincere search for a consensus on the 'common good' within the realm of the substantive policy concerns that fall within the agency's ambit" (1990:117). The interests of those affected by the policy, whether or not they are powerful, are to be represented.

The Agency Perspective draws on Roland McKean's concept of the public interest as symbol. The use of the public interest as a focal point in policy discourse can aid, McKean contends, in arriving at agreement by converting "unfocused goodwill into beneficial behavior" (1979:261). Such discourse, with its focus on the greater good, "evokes a commitment to look at the point of view of others" (Wamsley et al., 1990:140). Such discourse also contributes to the formation of communities of shared meaning.

The authors of the Refounding posit that public administration should increase its linkages with the people as it works toward establishing its legitimacy. The judicial system gained legitimacy, in part, because of judges' direct contact with the people. As the political system in England was evolving, judges began as "agents of the king." As such, they traveled throughout the country resolving disputes in the king's name. Their reputation for fairness spread and the common law they established helped to build a nation. In like manner, public administration:

should assert the value of the Agency Perspective in effective functioning of the political system, the value and legitimacy of the Public Administrator as an actor in the governing process, and the distinctiveness and worth of his or her role--competence directed to the maintenance of: the Agency Perspective, the broadest possible understanding of public interest, and the constitutional governance process (Wamsley et al., 1990:43).

In the Agency Perspective, public administrators work with, and learn from, others. Indeed, "public administrators and their fellow citizens are both mentors and students of one another" (1990:153). Authority and participation are seen as intertwined, not in conflict. The "authority problem" is a key issue in public administration, as it is in the Agency Perspective. Traditionally, authority has been seen as the antithesis of participation. The authority and elitism of public administration frequently are pitted against "democratic and egalitarian processes of participation" (White, 1990:182). The Agency Perspective, however, looks at

authority in a positive light. Effective authority is seen as essential for effective participation. Effective participation is seen as a vehicle for facilitating the maturation of citizens who have a capacity for reasoned discourse. This approach to participation is similar to that of Morrow who posited that participation helps in the development of civic maturity and that mature citizens, in turn, enhance the formulation of policy (1975:191).

A mature citizenry is a desired, and necessary, concomitant to a democratic form of government. Such citizens, in turn, are essential for effective authority. As White, one of the authors of the Refounding, notes:

the precondition of effective participation is maturity and the precondition of maturity is participation's opposite--authority. That is, it is necessary to have stable, effectively functioning authority in order to contain, structure, and move forward the process of human maturation. Hence the basic condition of a "healthy" social order is a *dialectical* condition, the two poles of which are (1) effective participative process, and (2) effective authoritative process (1990:211-212).

The kind of participation entailed in the Agency Perspective is not like that involved in interest group pluralism. As White states, "The essence of pluralism is the contending of interests through power tactics. The essence of participation is a special texture or quality of relationship that power immediately corrodes away" (1990:208). Within this relationship exists respect for the individuals involved and

an acceptance of conflict as being a natural part of discourse. Such a process of participation requires authority that "involves assent, trust, [and] willingness to follow or emulate" (1990:148).

A policy subsystem provides an appropriate setting for such participation. Members of a subsystem, to some extent, have developed "a common language and a predominant outlook on policy, a way of thinking and talking about it" (Wamsley, 1990:150). Agencies are key actors in policy subsystems. Agencies, using a process of participation, have the potential of becoming focal points of communities of shared meaning. As Wamsley writes, "In the absence of strong political parties, community built around an Agency and linked to a larger policy subsystem(s) may be one of our best hopes for meaningful citizen involvement and development" (Wamsley et al., 1990:150).

Therefore, the Agency Perspective involves a process in which the public administrator acts as agent of the people while focusing on the public interest, broadly defined. The Agency Perspective, however, requires increased specificity in order to be put into practice by a public administrator. Lacking such specification, the Perspective offers too little guidance to a public administrator who wants an alternative to interest group liberalism. This dissertation proposes to provide an adequate idea of legitimacy for public administration by developing a more specific alternative perspective and a new methodology from which public administrators can work.

## CHAPTER 3

### METHODOLOGY

The methodology of this dissertation is grounded in the literature of structuralism. Structuralism is a social theory and a method of inquiry (Gibson, 1984:2). It provides a means of looking beneath the surface of events or issues to identify patterns of meaning that are not evident at the surface.

[Structuralism] seeks to go beneath the obvious surface level. . .to find deep regularities that permutate upwards and create what we commonly observe in social life (White & McSwain, 1991:22)

A central aspect of structuralism is the assumption that the human mind is "innately structured or structuring" (White, 1983:9). In The New Science (1725), Giambattista Vico presented an initial orientation to structuralism. He posited that "primitive" people were active in shaping their world. He used myths to demonstrate this formative action. Myths, he wrote, are "civil histories of the first peoples," many of which portrayed "the politics of the heroic cities" (1725: 352, 647). Myths not only are grounded in actual experience but also are representative of a people's attempt to cope with that experience, making it comprehensible and giving it form. "That shape," Vico suggested, "springs from the human mind itself, and becomes the shape

of the world that [sic] mind perceives as 'natural,' 'given,' or 'true'" (Hawkes, 1977:13).

People are seen as "makers" of their own reality. Vico's approach involved the principle of *verum factum* which holds that the things people perceive to be true (*verum*) are equivalent to what people themselves have made (*factum*). People, however, typically perceive things to be true without having an awareness of their own involvement in having made that truth.

In the endeavor to construct myths and institutions, people construct themselves. This process of construction or *making* "involves the continual creation of recognizable and repeated forms which we can now term a process of *structuring*" (Hawkes, 1977:14). Once established, the world, as perceived by people, continuously structures the people themselves through customs and rituals. Thus, not only do people create societies and institutions but these entities, in turn, shape the people who created them. Vico, to the extent possible for an individual who was himself being shaped by the phenomena he sought to observe, stood outside of this structuring force. He posited the existence of a mental language that is manifested in a universal human capacity "not only to formulate structures, but also to submit [one's] own nature to the demands of their structuring" (Hawkes, 1977:15).

## Structure

How, then, is *structure* defined? Caws defined it simply as "a set of relations" (1988:5). Piaget (1968) defined *structure* in terms of wholeness, transformation and self-regulation (Hawkes, 1977:16-17). By wholeness, Piaget meant that the entities within the structure have internal coherence. Their shared existence within the structure differs from their independent existence outside of the structure--the whole being greater than the sum of its parts. Secondly, Piaget saw structures as being dynamic, rather than static, and capable of the "transformational procedures" involved in processing new information. Through these processes, language which is "a basic human structure is capable of transforming various fundamental sentences into the widest variety of new utterances while retaining these within its own particular structure" (Hawkes, 1977:16).

Finally, Piaget saw structures as being self-regulating. By this he meant that no claim beyond the structures themselves is made to substantiate their transformational procedures; the rules of the structure itself suffice. The very rules that bring about the transformations serve to validate them. The structure itself is thus sealed off from other structures, in this case other languages. Instead of referring to other structures, a given structure refers only to itself.

## Structuralism

Structuralism provides a lens through which the world can be viewed. This lens is primarily attuned to the observation of structures. In the early twentieth century, thinking similar to that of Vico's crystallized. This "new perception involved the realization that despite appearances to the contrary the world does not consist of independently existing objects, whose concrete features can be perceived clearly and individually, and whose nature can be classified accordingly" (Hawkes, 1977:17). Although individuals treat their perceptions as objective reality, their biases have influenced their perceptions. An awareness of this influence shifts the focus of inquiry from the object being perceived to the relationship between the observer and the observed. This relationship becomes primary because, within it, "reality" is created. The first principle in structuralism, therefore, is that "the world is made up of relationships rather than things . . . every element in any given situation has no significance by itself, and in fact is determined by its relationship to all the other elements involved in that situation. In short, the full significance of any entity or experience cannot be perceived unless and until it is integrated into the *structure* of which it forms a part" (Hawkes, 1977:17-18).

Caws writes of structuralism as "the art of the intelligible," a means of understanding how elements "fit together" and how they "fit into" a given structure (1988:7). Structuralists, therefore, search for "the permanent structures into which individual human acts, perceptions, stances fit, and from which they derive their final

nature" (Hawkes, 1977:18). In this search, the areas of language and anthropology have been particularly examined. Structuralism also has been applied to areas such as mathematics, philosophy and literary theory.

Linguist Ferdinand de Saussure is a seminal figure in structuralism. His work served as the basis for modern structuralism (Sturrock, 1988:6). Saussure looked at language as a system of signs that form a coherent whole. He focused, not on the individual words, but on the internal relationships in a linguistic system or language. In examining the relationships in a language, Saussure sought to understand language as a whole. He contended that meaning emerged not from the object being observed, but rather from the relationship between the sound of a word (the signifier) and the related concept in the mind of the individual (the signified). A linguistic sign is composed of "the structural relationship between the signifier and the signified. . .and language is made up of these. The linguistic sign is arbitrary; this means that it stands for something by convention and common usage, not by necessity" (Sarup, 1989:3). Thus, the meaning associated with a particular object can change over time with no related change in the object itself. Also, individuals employing different language systems can ascribe very different meanings to the same object.

Saussure made a distinction between the spoken word, *la parole*, and the underlying system of conventions or structure of language, *la langue*, that gives meaning to individual speech acts. Surface events, in this case spoken words, are

seen as having been derived from underlying structures in the mind. The focus should, therefore, be placed on the "system of regularities" that underlie language rather than on the words themselves.

Saussure effected a paradigmatic shift in linguistics. The traditional or *diachronic* approach looked at language along the continuum of time. Saussure's *synchronic* approach looked, instead, at language at a given point in time. It focused on the contexts and the systems within which words are used. Language was seen as "a structure of systematic relations" (White & McSwain, 1991:16) in which individual words are defined in terms of other words. In this context, words are not seen as referring to external objects but rather to other words. White and McSwain use the analogy of a chess piece to understand the synchronic approach to linguistics. The meaning of a chess piece is derived from its relationship to the other pieces on a chess board. The board, or system, and the relationship among the pieces provide meaning to the objects. The same piece used on a different board with different pieces would have a different meaning--although the object itself remained the same. In a similar way, "different language structures or systems create different 'worlds' of meaning and hence different lived worlds" (White & McSwain, 1991:17). Thus, in studying language, linguists look beneath the surface of the words for patterns that can provide explanations.

Saussure also used the distinction between *syntagmatic* and *paradigmatic* relationships. The former involves the relationship between a word or element and

the words around it, e.g., the relationship between a noun and the adjective describing the noun. Paradigmatic relationships entail the connection between a word that is used by a writer or speaker and other, similar, words that are not chosen. Meaning arises not only from the words that are chosen, but also from the adjectives that are not used (Lyons, 1973:12). For instance, different meanings emerge when an idea is described as "new," "innovative" or "untested." Words that could have been used, but were not, "constitute the word's *associative* aspect and form part of its. . .relationship with the whole language structure" (Hawkes, 1977:27). In the end, Saussure, in examining the nature of language, studied the nature of the human mind (White, 1983:9).

Robey (1973) noted that the *formal* beginning of structuralism in linguistics--under the influence of Saussure--occurred with the presentation of the *Thèse* which was collectively introduced in 1929 by the members of the Prague Linguistic Circle. A theory and methodology were presented that focused on language as a functional system that is understood in terms of its goal, communication. *Structure*, in *Thèse*, refers to "the structure of the system, the manner in which the individual elements of a particular language are arranged for this purpose in relations of mutual dependence" (Robey, 1973:1). Because this arrangement varies from language to language, an understanding of the individual elements can be achieved only in terms of a whole system. Thus, the focus of linguistic study is not on individual linguistic acts, but rather on the structure of the system.

Naom Chomsky, who also was influenced by Saussure, developed the idea of a "genetic code of language. "In Chomsky's view, grammar has its roots in an innate reason, a reason that may in principle lead to the discovery of a genetic program that defines the structure of language itself" (White, 1983:10). Chomsky reasoned that people do not and cannot acquire all that they know about language through learning. A structuring mechanism, he contended, predates an individual's learning of language.

While Saussure applied structuralism to the study of language, structuralism has since been applied to a variety of areas that are seen metaphorically as *languages*. Anthropologist Levi-Strauss treated various phenomena as languages. For example, in an approach like that of Vico, he viewed myths as languages and examined the structure from which they emerge (Sturrock, 1988:35). Working from the writings of Saussure, Levi-Strauss endeavored to "uncover the structure of human nature itself" (White, 1983:12). In an approach similar to Chomsky's, he:

treats all forms of cultural expression as language and he assumes that like language it is all [structured] by unconscious laws that constitute a grammar for each (White, 1983:12).

Structuralism also is evident in the works of Freud and Marx. Freud looked beneath the conscious level of the psyche to find the unconscious realm where he sought explanations for human behavior. Jacques Lacan had a particular interest in

the linguistic components of Freud's work. For Lacan, Freud's major contribution was not in positing the existence of an unconscious. Instead, Freud's key insight was that the unconscious has a structure and that this structure affects human action and, in doing so, becomes accessible. Lacan used the metaphor of the unconscious as a language that is evinced in language patterns. "The unconscious. . .is endlessly voluble and self-revealing: in our dreams, forgettings, misrememberings, slips of tongue or pen, jokes, symptoms, verbal and physical mannerisms, it insists on being heard" (Sturrock, 1988:118).

Marx also is considered a structuralist, although his approach is quite different from that of other structuralists. Marx looked beneath the surface of history to find the forces, such as ownership of the means of production, that he identified as driving history (White & McSwain, 1991:22). He saw "human nature or at least consciousness [as being] derivative from the material infrastructure of society" (White, 1983:12). Levi-Strauss credited Marx with being one of his sources of inspiration (Sturrock, 1988:21).

As a methodology, structuralism provides for the analysis of an issue as a whole, while also examining the relationships among the parts. Structuralism, therefore, offers an ideal method of looking beneath the surface of the positions surrounding an issue, particularly one that involves a number of parties, to identify the deeper and broader meanings of these positions.

## Vital Interests

In a vein similar to that of Chomsky and Levi-Strauss, the structuralist undertaking in this research identifies an *underlying grammar* that structures the approaches of the various parties involved in policy formulation. The vital interests of the participants in the policymaking process are seen as comprising this grammar. In becoming aware of the grammar of policy formulation, the agential leader can serve as a catalyst for effective policy negotiations.

Interest group liberalism, on the other hand, focuses not on vital interests but rather on the positions of the organizations. The literature of principled negotiation maintains that negotiating from positions typically can lead to unwise agreements. In this approach, the various stakeholders become locked into their positions. Their egos become identified with the positions, lessening the opportunity for reconciliation. In addition, the process creates incentives to postpone, rather than to facilitate, agreement. Each side sets its demands high and concedes small areas only as required to keep the process going. When the focus of negotiation is on the stated positions, it is not placed on identifying and meeting the underlying interests.

On the other hand, when vital interests are identified, an agreement may be crafted that will meet those underlying interests. The literature of principled negotiation points to the importance of vital interests in negotiating agreements, in this case, policy agreements. While negotiation based on the positions of the various groups results in compromises that typically satisfy none of the parties involved,

negotiation from vital interests opens the possibility of agreements that were not evident previously, ones that can meet the parties' vital interests and the broader public interest at the same time.

Fisher and Ury (1981) are among the authors who maintain that negotiation from the interests of the various parties involved in an adversarial issue is more effective than negotiation from the positions of the various parties. Fisher and Ury's work is similar to that of organizational theorist Mary Parker Follett. These more recent authors include Follett's story of the librarian who identified the vital interests of the two library patrons and resolved their problem in a way that had occurred to neither of them, but with which they both agreed. Using Fisher and Ury's terminology, the librarian went beyond the patrons' stated positions, identifying their vital interests and negotiating from those interests. The patrons' interests, not their positions, motivated their actions and wishes. Had the librarian focused on their positions, however, she might still be mediating the dispute.

The difficulty with the approach of principled negotiation, however, is that people, whether seen as individuals or as occupants of roles in organizations, typically are unaware of their vital interests. It becomes the task, therefore, of the agential leader to surface these interests. These interests lie beneath the surface of the policy positions and are grounded in the affective or feeling patterns that characterize the organizations.

The case study in this research demonstrates a way for the agential leader to identify the vital interests of the parties involved in a policy subsystem and to develop an agential strategy for refocusing the debate. Vital interests form the key to achieving collaboration and creating consensus and can aid in the creation of communities of meaning.

### **Case Study Design**

This research employs a case study design to which the theory of structuralism and the technique of structural analysis have been applied. Public administration and policy studies are among the many types of research in which the case study design has been utilized. The case study in this research involves national long-term care policy formulation. Long-term care policy is considered to be either a part of the larger issue of national health-care policy or a separate policy issue. Long-term care involves home and community-based services that are provided to disabled and chronically ill individuals, as well as institutional care provided to such individuals. Although the majority of recipients of long-term care services are older people, younger disabled individuals also are in need of such services.

A case study design is appropriate "when 'how' or 'why' questions are being posed, when the investigator has little control over events, and when the focus is on a contemporary phenomenon within some real-life context" (Yin, 1984:13). The study in this dissertation complies with each of these conditions and, therefore, is

appropriate for the case study research design. This design is not one that seeks to explain behaviors or events. It is, rather, one that seeks to extend theory, e.g., the theory of legitimacy found in the Agency Perspective, into practice, e.g., that of the public administrator who seeks to function in an agential capacity.

In this study, a multiple-case design is employed. The study involves policymaking in the national long-term care policy subsystem. This policy subsystem is comprised of public, private, and nonprofit organizations (also called "parties") that are involved in, and affected by, national long-term care policy decisions. In this study, a *case* is such an organization.

The validity of the study is enhanced by the use of triangulation which involves the use of more than one source of information. One source of information is the long-term care policy position paper of each of the organizations in the study. Position papers present the particular organization's formal position or preference regarding national long-term care policy. The second source of data is a role occupant within each of these organizations. A role occupant is a staff member in an organization included in the study who is involved in the formulation of the long-term care policy position of the organization. Interviews were conducted with role occupants. The unit of analysis is a linguistic element such as a metaphor or other figure of speech. Linguistic elements in both the position papers and the interview transcripts were analyzed.

### **Selection of Cases and Role Occupants**

During a Congressional Fellowship in the United States Senate Committee on Labor and Human Resources Subcommittee on Aging, I prepared S. 2193, the Long-Term Home Care Act, for introduction in the Senate. During that experience, I became aware of a number of the organizations with an interest in national long-term care policy. In preparing the bill for introduction, I sent drafts of the legislation to key long-term care policy people in those organizations, requesting their input. The organizations are among the cases in this study. The people are included as role occupants.

In addition, I consulted with Bill Benson, Staff Director of the Subcommittee on Aging where I worked. He provided a list of organizations and the people, or role occupants, in those organizations who were most involved with long-term care. The list also was reviewed by Judy Feder, Co-Director of the Center for Health Policy Studies at Georgetown University, and Steve McConnell, Senior Vice President for Public Policy at the national Alzheimer's Association.

I telephoned each person on the list to determine if he or she would agree to be interviewed. On occasion, the person said that another individual in the organization would be more appropriate for the interview. The reason generally given was that the other person was more directly involved in long-term care policy than the person to whom I was speaking. In that event, I called the second person to request that she or he participate in the study. One of the role occupants

recommended the inclusion of an additional organization and role occupant. That person agreed to be interviewed and was added to the list.

I selected a three-week span in May and June of 1992 in which to conduct the interviews and telephoned the role occupants to schedule the interviews. For one organization, the American Medical Association, the appropriate person to be interviewed was located in Chicago. I was told that the people working in the Washington office were staff members who carry through on the policies set in Chicago. A date and time were set for a telephone interview. One additional interview took place by telephone. The role occupant for the American Hospital Association was out of town most of the time when I was conducting interviews and, in spite of numerous attempts, was unable to schedule an in-person interview. In the end, a telephone interview was conducted. For the remaining interviews, I asked each role occupant to select a place where he or she would not be disturbed. Interviews were conducted in the role occupants' offices.

I requested that written position papers or, if position papers had not been written, related information be sent to me prior to the interview. I also requested directions to the office. If the person inquired about the questions I would be asking in the interview, I explained that the questions were very general and required no preparation. For the initial interviews, I sent a letter to the role occupant thanking the person for agreeing to be interviewed and confirming the time and date of the interview. A copy of this letter can be found in Appendix A. When the role

occupant was not present for the first interview, I realized that telephone calls to confirm the interview times and dates would be more effective. Telephone contact is more suited to the ever-changing environment in which the role occupants work. It allows for easier rescheduling of interviews. A contact for confirmation was made approximately a week prior to the interview and a second contact on the working day prior to the interview. All but two of the remaining role occupants were present for the interview at the agreed-upon time. The two interviews were rescheduled.

### Cases

This study entails 23 cases and 23 role occupants. For one organization, the United States House of Representatives, two role occupants were interviewed. One of these role occupants worked for a Democratic representative; the other worked for a Republican representative. For two organizations, The ARC and The Consortium for Citizens with Disabilities, one role occupant who was related to both organizations was interviewed. The latter organization has no paid staff. In addition, a role occupant from the American Health Care Association also was interviewed. However, the tape recording of that interview was unusable.

The organizations and role occupants are listed in Table 1 in the order in which the interviews were conducted. Each of the organizations is located in Washington, DC Each of the role occupants also is located in Washington, except as noted.

**TABLE 1. ORGANIZATIONS AND ROLE OCCUPANTS**

ORGANIZATION	ROLE OCCUPANT
The National Association for Home Care (NAHC)	Val Halamandaris, President
National Association of Area Agencies on Aging (NAAAA)	Larry Rickards, Assistant Director
National Association of State Units on Aging (NASUA)	Dan Quirk, Executive Director
Blue Cross and Blue Shield Association (BCBS)	Diane Fulton, Legislative Policy Analyst
United States Senate	Health and Long-Term Care Policy Aide to a Democratic Senator*
American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)	Claudia Bradbury, Policy Associate
American Association of Retired Persons (AARP)	John Rother, Director of Legislation and Public Policy
Washington Business Group on Health (WBGH)	Robert Levin, Director, Institute on Aging, Work and Health
The ARC	Marty Ford, Assistant Director, Governmental Affairs Office
The Consortium for Citizens with Disabilities (CCD Coalition)	Marty Ford, Co-Chair of the Long-Term Services/Medicaid Task Force
United States Department of Health and Human Services (DHHS)	Mary Harahan, Director, Long-Term Care Division
Alzheimer's Association	Judy Riggs, Director, Federal Issues
The Long-Term Care Campaign (LTCC)	Deborah Bryceland-Betts, National Campaign Director
Families USA	Phyllis Torda, Director of Public Policy
American Medical Association (AMA)	Joanne Swartzberg, M.D., Director, Department of Geriatric Health(AMA Headquarters, Chicago)
United States Health Care Financing Administration (HCFA)	Don Johnson, Director, Division of Medicaid Analysis

**TABLE 1 (Continued). ORGANIZATIONS AND ROLE OCCUPANTS**

ORGANIZATION	ROLE OCCUPANT
United States House of Representatives	Health and Long-Term Care Policy Aide to a Democratic Representative*
National Governors Association (NGA)	John Leuhrs, Director, Health Policy Program
Health Insurance Association of America (HIAA)	Susan Van Gelder, Associate Director, Policy Development and Research
American Public Welfare Association (APWA)	Jane Horvat, Director, Health Policy Unit
American Association of Homes for the Aging (AAHA)	Sheldon Goldberg, Senior Vice President
United States House of Representatives	Chip Kahn, Minority Staff Person, Ways and Means Committee, Subcommittee on Health
American Hospital Association (AHA)	Jean Polatsek, Associate Director for Congressional and Executive Branch Relations
American Nurses Association (ANA)	Virginia Burggraf, Long-Term Care Specialist

\* These role occupants requested to be identified by job title rather than by name.

The number of cases in this study is larger than in other, similar studies. For instance, Patrick Sheeran's structural analytic study of "women, society, the state, and abortion" (1987) included twelve interviews. In Robert Lane's 1962 study of three characteristics of political life, fifteen interviews were conducted (Sheeran, 1987:96). The larger number of interviews in this dissertation reflects the attempt to include the various groups, powerful or not powerful, that are affected by national long-term care policy decisions.

### **Enhancing the Validity of the Study**

In formulating a research design, it is important to consider the validity of the study. As Eisner and Peshkin point out, "validity. . . pertains to the congruence of the researcher's claims to the reality his or her claims seek to represent" (1990:97). Wolcott (1990) has developed nine points for achieving and enhancing the validity of qualitative research. The first point is to talk little and listen much. Being inquisitive and listening to the answer are requisites. "Conversational queries" that are based on the role occupant's replies tend to elicit additional information. In this approach, the researcher is willing to ask each question even if a given role occupant would expect the researcher to know the answer (Kirk & Miller, 1986). These guidelines were followed during the interviews.

The second point is to record accurately. Tape recording and transcribing allowed me to do this. Wolcott recommends taking notes during the interview. At

times during the interviews I made brief notations of questions that I wanted to ask when the role occupant finished speaking. In this way, I could remain focused on what the role occupant was saying rather than focusing on my next question. I placed the notes so that the role occupant could see them if he or she so chose. Wolcott also recommends making notations after the interview. This was especially necessary if the role occupant made comments related to the interview after I had turned off the tape recorder and had put my notes away.

The third point is to begin writing early, even prior to fieldwork. The purpose of this point is "to make a record of what one already knows or suspects" and to identify gaps in information (Eisner & Peshkin, 1990:129). Prior to the interviews, I reviewed the position papers that had been sent to me. If no paper had been sent--some organizations had none--I endeavored to learn about the organization itself. From these sources, I gained indications of vital interests. During the interviews, I listened for indications of these potential interests. Wolcott recommends recording first impressions as well as successive impressions. I recorded ideas that emerged throughout the study. The fourth point is to let the readers "see" for themselves. This is accomplished by using the role occupant's own words rather than using only the researcher's words in the data analysis chapter.

The next point is to record the data fully even data that do not "fit the developing account or [the researcher's] interpretation of it" (1990:130). At times,

data may be atypical and the researcher may have no explanation for it. Wolcott recommends that the data be included even when explanation is lacking.

The sixth point is to be candid. Wolcott calls for the researcher to record her or his reactions when they appear relevant to the case. He also recommends putting oneself into the setting being described. Except for the two telephone interviews, I interviewed the participants in their own offices where they would develop long-term care policy for their organizations.

Seeking feedback is key to the next point. I found it helpful to speak with people involved in long-term care and in the formulation of the theory of agential perspective during the study. The next point is to attempt to achieve balance. Wolcott recommends returning to the field notes or to the field setting during the process of writing and revising. The researcher asks to what extent his or her account "squares with" the settings or people upon which it was based. I reviewed the field notes during the data analysis process. Writing accurately is the last point. The manuscript has been reviewed during the writing process with attention being given to technical accuracy and coherence.

### **Interview Preparation**

In order to organize the information needed for scheduling and preparing for the interviews, I used Paradox, a database management program. The program was very helpful in organizing the necessary pieces of information. A copy of a Paradox

report is located in Appendix B. The fields in the report include the role occupant's name, salutation, title, organization name, address, and telephone and fax numbers, as well as directions to the office, the date and time of the interview, the contact person for scheduling the interview, an indication as to whether the scheduled interview was firm or tentative, information related to the request for a position paper, preinterview notes, information about the person who suggested this person as a potential interviewee, the type of organization, post-interview notes, and a notation as to whether or not a letter confirming the date and time of the interview had been sent or a confirmation call had been made. The program allowed for easy restructuring when I needed to change the name of a field, add additional space to a field or add new fields.

Reports that included all of the fields or only selected fields could be printed. Regular updates of information were necessary in order for the most recent information to be available in the report. The reports were helpful in a number of ways. For instance, my knowing the name of the person who had recommended this person as a potential interviewee helped me when I spoke with the role occupant regarding his or her participation in the study. This information was particularly helpful when I spoke with people I had not met. Information such as directions and preinterview notes was particularly helpful on the day of the interview. The reports produced through use of the program also alerted me to missing information.

Prior to conducting the interviews in Washington, I pretested the interview instrument. I interviewed a delegate to the Virginia legislature who has an interest in long-term care. The interview provided me the experience of proceeding through the interview process prior to the Washington interviews. As a result of the frequent interruptions during that interview, I requested that the role occupants arrange for the interview to take place in an area where they would not be interrupted. The information from the interview is not included in the dissertation data.

### Interviews

Prior to asking questions of the role occupants, I provided a short explanation as to how the interview would proceed. An explanation for the need to tape the interview was given and permission for the taping was requested. At that time, the interviewee was asked if she or he had any questions about me or about the interview. This introduction, as well as the interview questions, can be found in Appendix C.

During semistructured interviews, three broad questions were asked of the interviewees. Additional questions were based on the participant's answers to the three questions. The first question, which dealt with the positive aspects of long-term care, was asked at the outset of the interview. The second and third questions were asked, to the extent possible, when they flowed from the participant's answers. They dealt with the negative aspects of long-term care and the role occupant's ideal

long-term care policy. Each broad question included clarifying questions that were asked if the participant seemed--or said he or she was--unsure as to how to answer the question or as to the meaning of the question. Figures of speech were explored by additional questions or by my repeating the respondent's words in the form of a question.

Brief written notes were taken during the interview. If an indication of a vital interest surfaced, I wrote a note about it. I did not interrupt the interviewee to ask about it. The taking of brief notes served an additional function. In the event that the person added important information after the tape recorder was turned off, paper was available for notes and the role occupant already had become accustomed to my notetaking. At those times, notetaking seemed to indicate to the role occupant that I considered those statements important even though they had not been tape recorded. If I felt that my notetaking was distracting for the role occupant, I took minimal or no notes during the interview. The beginning and ending times of the interviews were noted. Soon after each interview, I noted any aspects of the interview that seemed particularly significant to me. Letters thanking the role occupants for their participation in the interview process were sent. An example of these letters is located in Appendix D.

## Data Analysis

Each interview was transcribed. Account analysis was the specific structural analytic tool used to examine both the position papers and the interview transcripts. In addition, content analysis was used to analyze the interview transcripts. The transcripts were amenable to this latter analysis because they were stored in computer files.

Account analysis involves "an investigation of the way individuals record and represent to themselves certain properties of the collectives to which they belong" (Harre, 1978). For purposes of analysis, accounts are divided into episodes. Episodes are sequences of activities that have unity (Buttny, 1985:67). An episode, for example, might deal with the provision of home and community-based care or with the events surrounding the Medicare Catastrophic Coverage Act.

According to Scott and Lyman (1968), an account is "talk about motives in a problematic situation" (Buttny, 1985:57). An account involves a response to a situation. During an account or an episode, a person may attempt to manage the varied meanings implied in a situation. Preferred meanings of events or issues may emerge in the account. Justification for actions or positions may be provided. Justifications and preferred meanings can provide indications of vital interests. Different interests, for example, are indicated if the justification for needing long-term care reform is "It's the right thing to do" rather than "State budgets are breaking." Different interests also are indicated if the preferred meaning of the

events surrounding the Medicare Catastrophic Coverage Act is "People learned about the need for private long-term care insurance" rather than "People learned to avoid supporting any proposal related to catastrophic health-related expenses."

The written positions and interview transcripts also were analyzed for metaphors and other figures of speech. Vital interests are implied in metaphors, similes, clichés, slips of the tongue, puns, synecdoches, and other figures of speech. For example, different underlying interests are implied when a person speaks of an organization as a market or as a family.

Recurring terms and phrases also were analyzed. Continuing mention of a specific issue can reveal an underlying interest. On the other hand, the lack of mention of an issue also may indicate vital interests. For example, if a role occupant frequently speaks about older disabled and chronically ill individuals and does not mention younger disabled people, interests related to meeting the long-term care needs of older people are indicated. A similar part of the analysis involves looking at the topics that are presented in generalities and those dealt with in detail. Those treated in detail can reveal areas of vital interest. Topics dealt with only in generalities provide an indication of areas that are not considered important.

The data also were examined for the categories that were used because categories also can reveal underlying interests. For instance, if long-term care is categorized as "old-age health," an interest in the concerns of the elderly, and not in the concerns of younger disabled individuals, is evident. This phrase, which classifies

long-term care as *health*, implies an interest in a medical model of long-term care rather than a social model. Categories often are presented in the form of dichotomies in which two oppositional categories are used. For instance, if a role occupant uses the dichotomy of the medical model and the social model of long-term care and speaks of one in detail and the other in generalities, a vital interest in the former is revealed.

Other elements of analysis include absolutes and doubts. Absolutes include expressions using words such as "must" or "all." They convey an overall viewpoint through which the issue being discussed is seen and vital interests are revealed. On the other hand, doubts or reversals in a line of reasoning can reveal that the underlying interests differ from previously stated positions.

Words or phrases that imply movement or energy convey an interest in moving the debate in the related direction. In like manner, words or phrases that infer interference with movement or energy convey an interest in avoiding the debate's movement in that direction.

The dimensions on which decisionmaking is conducted by the role occupant also are indicative of vital interests. For instance, economics may be the key dimension for decisionmaking for a given role occupant. In this case, an underlying interest may exist in addressing long-term care from an economic perspective and in dealing with the costs associated with long-term care and methods of financing care.

When words that are particularly strong are used, vital interests also may be revealed. For instance, when something is referred to as "brilliant" or as "evil," indications of vital interests are revealed. In printed material, emphasis also may be conveyed through the use of bold type.

In addition, the context in which information is presented may be indicative of vital interests. Context may be understood in terms of material objects and also may include physical or mental states or social relationships. If an account or an episode is presented in terms of relationships, for instance, there may be a vital interest in maintaining relationships.

Content analysis also was conducted on the interview transcripts. The transcripts, rather than the position papers, were analyzed because they are in computer files as needed for this analysis. This analysis was an extension of the structural analysis of recurrent terms and phrases. The Access to Knowledge through the Symbolic Access Method (askSam) computer software was employed for this analysis. This software program is designed to analyze text as symbols through content analysis.

Words identified during the structural analytic process were used in the content analysis. Words that referred to the same concept were grouped into clusters. The words and clusters of words that were used in the content analysis can be seen in the table in Appendix E.

The program searches for each term and highlights it. A word was counted if it was presented in the desired context. For instance, only instances of the word, *old*, that refer to age were counted. The phrase, *an old adage*, would not be included in the frequency count. The frequency of a term's use is indicative of its importance to the role occupant. In addition, as Saussure noted, words that could have been used, but were not, also are important. For instance, if words related to older disabled individuals are not used, that area of long-term care policy may not involve vital interests for that organization.

At times there is apparent inconsistency between the results of the content and structural analyses of the interview transcripts. A specific interest may be identified in the structural analysis but the frequency of the related word is zero in the content analysis. This apparent inconsistency occurs when the precise terms are not used in the text of the interview but rather are described.

The vital interests then are used to develop a strategy for shaping the national long-term care policy debate. The literature of principled negotiation is employed in shaping the strategy. In sum, the analysis is presented in a manner that forms a model method that agential leaders can use in fostering dialogue, and that shows structuralism to be a valuable foundation for the working perspective of the agential leader.

## CHAPTER 4

### DATA ANALYSIS AND IDENTIFICATION OF VITAL INTERESTS: CASES 1-8

This chapter contains the analyses of the position papers and interviews with role occupants. The analysis of each position paper, where one was available, precedes the analysis of the interviews. The structural analysis of each interview is followed by a content analysis and summary.

In this chapter, certain words are underlined. These are words such as preferred meanings, justifications, clichés, metaphors, similes, slips of the tongue, puns, synecdoches, and other figures of speech, as well as recurring terms and phrases, categories, dichotomies, absolute statements, expressions of doubt, and topics that are presented in generalities and those dealt with in detail. These words are underlined to indicate to the reader the specific linguistic element being analyzed. When a vital interest is identified the word, *interest*, also is underlined.

The cases are presented in the order in which the role occupants were interviewed. Although the two role occupants from the United States House of Representatives were interviewed on different days, they are included in the same case.

### **Case 1: National Association for Home Care (NAHC)**

NAHC "represents approximately 6,000 home health agencies, home care aide organizations and hospices. NAHC is committed to assuring the availability of humane, cost-effective, high quality home care services to all who require them" (NAHC, 1992:i).

#### **Position Paper (NAHC, 1992)**

NAHC's preferred meaning for long-term care is "not only a concern for the elderly, but also a problem faced by individuals of all ages who are disabled, cognitively impaired, or chronically or terminally ill" (NAHC, 1992:i). This preferred meaning includes the various populations needing long-term care. It encompasses chronically ill and disabled people of any age, including terminally ill individuals. This meaning indicates an underlying interest in a long-term care policy that is comprehensive.

Another preferred meaning for long-term care is "one of the most devastating problems America faces today, and with rapidly changing demographics, this problem will only get worse" (1992:i). This meaning, especially in terms of the strength of the language used, reveals a vital interest in conveying the urgency of the need for long-term care reform.

An absolute statement is used in an episode dealing with private insurance: "While private long-term care insurance will never be a total solution for financing long-term care, it can protect some people against large out-of-pocket expenses and

appropriate reforms in the way of minimum federal standards should be implemented" (NAHC, 1992:1). This statement, with its exclusion of any possibility of a totally private sector approach, reveals an interest in a long-term care policy that is not totally private sector oriented, but which includes both public and private dimensions.

An absolute statement is used that entails the categories of health and long-term care reform: "No reform legislation should go forward without addressing the issue of long-term care" (1992:1). This absolute statement, which entails blocking any proposals that exclude long-term care, reveals an interest in dealing with health and long-term care reform together.

The preferred meaning of the repeal of most of the Medicare Catastrophic Coverage Act also supports this latter interest: "It is unclear why many of the reform plans being considered by Congress and the President would repeat the mistake of the Medicare Catastrophic Coverage Act, which was repealed only a year after its enactment because it failed to provide long-term care benefits" (1992:2). In linking the failure of the Catastrophic legislation to its exclusion of long-term care benefits, this preferred meaning reveals an interest in including long-term care benefits as part of health-care reform legislation.

#### **Role Occupant Interview (NAHC)**

The role occupant interviewed was NAHC's President, Val Halmandaris. The interview lasted 70 minutes with the taped portion lasting 55 minutes.

## Structural Analysis

This role occupant's preferred meaning for long-term care is "not simply nursing homes but rather day care, respite care, and hospice care for people who are terminally ill." In its focus on services that go beyond institutional care, this preferred meaning reveals an interest in providing a comprehensive range of long-term care services. This interest is similar to one identified in the position paper analysis.

The role occupant's metaphor for long-term care involves the elimination of long-term care from the Medicare legislation prior to its passage: Long-term care is "what was left on the cutting room floor." In other words, long-term care had been part of the Medicare "movie" until the last minute when it was cut from the film. His preferred meaning for the current long-term care debate is as an "opportunity to correct that decision." In the current debate, the role occupant wants long-term care to remain in the film to the end. These preferred meanings reveal an interest in achieving the current effort to include long-term care coverage in health care reform even though the previous effort failed. The strength of the role occupant's metaphor for this effort also supports this interest: "For me, this is not a job; it's a crusade." This interest also is similar to one identified in the position paper analysis.

A recurrent term in this interview is *the insurance industry*. The role occupant sees the deletion of long-term care from the Medicare legislation as the result of the efforts of the insurance industry. He sees the potential for a similar result in the

current debate. This recurrent term, with its negative connotation regarding the insurance industry, reveals a vital interest in opposing insurance industry efforts to eliminate long-term care from any health care reform package. The role occupant's negative synecdoche of "clerks they hire off the street" to stand for all insurance claims personnel also reveals an interest in opposing "the clout" of the insurance industry.

The role occupant's metaphor for the catalyst needed to move the current health and long-term care debate is President John Kennedy's use of *the moral imperative* to spark action on Medicare. The role occupant states that Kennedy's use of the moral imperative "suddenly was like adding a match to rocket fuel. All of a sudden the momentum began to move dramatically toward the enactment of the Medicare program in 1963 . . . . It galvanized the public and it's what finally got action after many, many years of struggling and building brick by brick." This metaphor reveals an underlying interest in treating health and long-term care as moral imperatives in order to effect a quick resolution to the problems associated with long-term care, rather than a slow, "brick-by-brick" approach.

The role occupant's preferred meaning for home is "the castle that means something to us which is renewing and we look to it for sustenance." In contrast to this positive meaning for *home* is the role occupant's negative meaning of *institutionalization* as an event that "shatters the family" and as "the greatest fear of the elderly." The contrasting nature of the two meanings reveals an interest in a

long-term care policy that enables people to be able to choose to stay at home and to receive needed care there rather than in an institution.

In using the categories of *health* and *long-term care*, the role occupant compares the effects of great expenses in each area. With high health care expenses, the role occupant says, "Individuals may free fall for awhile without insurance but ultimately they're caught in the Medicaid net . . . . as distinguished from the problem of long-term care where there is no help. There isn't any insurance. There's nothing you can do. It's like seeing a train coming at you on the tracks and I mean [there's] no opportunity to avoid it. The collision is coming." These metaphors for health and long-term care expenses are in stark contrast. They reveal an urgent interest in formulating a long-term care social insurance program to provide a long-term care "net."

The role occupant's metaphor for the deficit is "the joker in the deck." The joker is "an extra card added to a deck allowing special privileges" (ELIA, 1971:520). The role occupant, therefore, may see the deficit as a potential help in bringing about health and long-term care reform. The metaphor reveals an interest in using the deficit as a reason to effect reform in health and long-term care.

The role occupant's preferred meaning of "the real issue in long-term care is not age but disability." This preferred meaning puts the focus for service eligibility on the disability of the person rather than the person's age. Thus, it reveals an interest in formulating a long-term care policy whose programs are not geared to or

restricted to people of a certain age group but rather are fashioned to meet the varying needs of disabled people of all ages. This interest is similar to one revealed in the position paper analysis.

The role occupant's preferred meaning of Medicaid is "a bifurcated program where everybody and nobody is responsible." This negative meaning of Medicaid reveals an interest in a long-term care policy in which responsibility is clearly vested in a designated level of government.

Case management can be defined in a number of ways. The role occupant's preferred meaning of case management is the model developed in the Medicare Hospice Benefit. In hospices receiving this benefit, decisions related to care are made by an interdisciplinary team that includes the patient and family as well as medical personnel and others and not, as the role occupant notes, "on a paternalistic basis." This meaning reveals an underlying interest in an interdisciplinary approach to long-term care that involves the client and family in decisions regarding the care they will receive.

### Content Analysis

The results of the content analysis of the transcript of the interview with this role occupant are located in Table 2. The table indicates high frequencies in the older-age, disability, and younger-age clusters. This finding indicates an interest in addressing the long-term care needs of chronically ill and disabled individuals of any age. The high frequency in the use of the Pepper Commission, which proposed

**TABLE 2. CONTENT ANALYSIS:  
THE NATIONAL ASSOCIATION FOR HOME CARE (NAHC)**

<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>	<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>
Older age cluster: aged, aging, elder*, old*, senior	34	Public sector cluster: social insurance, social or government program*, public sector	9
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	20	Private sector cluster: private insurance, private care, private sector	2
Younger age cluster: young*, youth, child*	16	Woodwork effect	1
Low income cluster: low* income, poor, poverty, impoverish*	1	Asset protection or sheltering	0
High income cluster: high* income, rich*, wealthy	1	Medicaid	3
Home and community-based care cluster: community care, community-based, home (health) care	20	Medicare	31
Institutional cluster: nursing home*, institution*	10	Flexibility cluster: flexib*, less rigid	0
Incremental	0	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	2	Pepper Commission	25
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	13	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	5
Funding cluster: financ*, fund*	6	Catastrophic Act	0
Social model	0	Medical model	0

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

comprehensive long-term care reform, indicates an interest in a comprehensive approach to change. The frequencies in the community-based care cluster and the institutional cluster indicate an interest in a policy that fosters the use of home and community-based services while also including institutional care. The public sector cluster has a frequency that is more than four times greater than that of the private sector cluster, indicating an interest in a public sector approach to long-term care reform with a smaller private sector component. The frequency in the use of *Medicare* is over ten times that of *Medicaid*, indicating an interest in using Medicare as the basis of long-term care reform. The high frequency for the expenditure cluster indicates an interest in satisfactorily addressing the cost concerns of long-term care reform. These results support or add to the findings from the related structural analysis.

### Summary (NAHC)

Interest, therefore, was revealed in a long-term care policy that is comprehensive; meets the needs of chronically ill and disabled people of any age; includes public and private sector dimensions; provides a comprehensive range of services; involves a social insurance program based on Medicare; fosters individual choice as to the location in which services will be received; entails an interdisciplinary approach that involves the client and family in decisionmaking; provides for home care; addresses the cost concerns associated with long-term care; and clearly vests responsibility in a designated level of government. Interests also were indicated in

achieving long-term care reform as part of health-care reform legislation; effectively opposing efforts, especially on the part of the insurance industry, to separate the two reform efforts; conveying the urgency of the need for long-term care reform; quickly achieving health and long-term care reform by framing reform as a moral imperative; and using the deficit as a reason to effect health and long-term care reform.

### **Case 2: National Association of Area Agencies on Aging**

The National Association of Area Agencies on Aging (NAAAA) is "a private, nonprofit national advocacy and public interest organization. Its purpose is to represent the interests and concerns of the more than 600 Area Agencies on Aging (AAAs), also known as 'the triple As'" (Van Tassel & Meyer, 1992:124). The 1973 Older Americans Act (OAA) amendments established the triple As. NAAAA's chief policy concerns are OAA programs, "transportation, home health care and long-term care, nursing home reform, Medicare and Medicaid programs and funding, and public housing for the elderly" (Van Tassel & Meyer, 1992:125).

#### **Position Paper (NAAAA, 1989)**

The categories used for long-term care include *comprehensive* and *community-based care*. These categories are expansive and indicate an interest in dealing with long-term care reform in a comprehensive fashion that includes attention to non-institutional care.

In an episode dealing with hesitations about community-based long-term care, the metaphor of a mirror is used: "The [proposed long-term care] bills reflect the fear of policy makers that, although the demand for home care is growing, the delivery of home care may not be satisfactorily managed and utilization and costs may spiral out of control. This fear is mirrored in the hesitancy of the private insurance industry to launch into long term care much beyond institutional care and the usual limited indemnity policies" (1989:1). This metaphor, indicates an interest in a policy that effectively addresses the fears of Congress which, in turn, would increase private long-term care insurance coverage.

A distinction is made between *long-term home care* and *the care provided through Medicaid and Medicare*. Justification is offered for not extending Medicaid or Medicare to provide extended home care: "There are deep fundamental differences between long term care and the care provided by the Medicare and Medicaid systems, and to extend their structures for service delivery to home care would leave unaddressed any effective measures to assure appropriate access to clients, reasonable cost to payers, and quality control of services" (1989:1). This justification, which emphasizes perceived negative consequences of extending Medicaid or Medicare, reveals an interest in using neither as the basis for long-term care reform. In its focus on the need to ensure access to quality long-term care services at a reasonable cost, the justification also reveals an interest in achieving access to reasonably priced, quality services. The latter interest also is revealed in

the paper's justification for including care coordination, also called case management, in long-term care. Care coordination, the paper states, "assures access to appropriate services," "assures quality care," and "contains costs" (1989).

The paper uses the categories of *long-term home care* and *long-term institutional care*. These categories are utilized to show the potentially detrimental effects, including "passivity and dependence," of institutionalization of individuals who could live at home. The categories also are used to present the potential cost reduction resulting from home as opposed to institutional care. However, the paper points out that "home care can also be abused." Justification for this statement is provided: "Home health care agencies are funded primarily through third party payer systems, as are nursing homes. However, home health agencies are reimbursed on a fee-for-service basis rather than a per diem basis and can often times profit from a unilateral increase in the frequency and duration of services to a client. Further, unless care is monitored by a family and/or a case manager from an agency not vested in service delivery, neglect and/or abuse can occur" (1989:2). This justification reveals an interest in a long-term care policy that addresses abuses of the long-term care system that increase costs.

The paper justifies the involvement of triple As in an expanded home and community-based long-term care system by stating that their legislative charge is "to 'strengthen or develop at the substate or area level a system of comprehensive, and coordinated services for older persons--services which will enable older persons to

live in their homes or other places of residence as long as possible.' This was the first federal venture into community-based long term care. The Area Agencies on Aging, for the most part non-service-providing agencies, contract with local community agencies for the delivery of services to older persons. This contract process insures effectiveness and efficiency through competitive bidding and contract enforcement" (1989:3). This justification reveals an interest in having the experience and approach of the triple As be incorporated in some way into the home and community-based component of long-term care reform.

The justification for including care coordination in long-term care is that it "assures access to appropriate services," "assures quality care," and "contains costs." These justifications, which address potential problems in home and community-based care, reveal an interest in a long-term care policy that includes care coordination as a means of addressing problems inherent in the long-term care system.

#### Role Occupant Interview (NAAAA)

The role occupant interviewed was Larry Rickards, Assistant Director of NAAAA. The interview lasted 75 minutes with 55 minutes being tape recorded.

#### Structural Analysis

The role occupant's preferred meaning for long-term care is as being "at its formative phase. . . .It's a growing and dynamic area where there is an honest and felt need for improving long-term care. Nobody has to sell the need for it. There's just, 'How do we do it?'" The justification for dealing with long-term care is that

"It's kind of disjointed now. It's not really well coordinated or focused. It's kind of used to cover the whole gambit of things" from Older Americans Act programs for community-based care for frail elders . . . to meet a need for younger populations who are disabled for a whole variety of reasons . . . to people who need institutional nursing home care or other types of long-term care [including] mental hospital long-term care." This justification, which describes the current provision of long-term care as "disjointed," reveals an interest in addressing the lack of coordination in long-term care in order to meet the needs of the various groups of people needing long-term care.

The role occupant's preferred meaning for the current stage of long-term care reform is "that there is some coalescing around certain kinds of principles and the fact that some of the disability groups, the disability community is talking to the aging community, who is talking to the rehab community, etc. is one of the new and more exciting aspects. People do feel that we can build something that's going to be good. . . . It's really looking for some of those common grounds where there is agreement and out of that your sense is of understanding and of trust and of developing a history of working together." Underlying this preferred meaning is an interest in continued dialogue among the various populations or communities needing long-term care and an interest in a continuing coalescing of their concerns. The role occupant's justification for such a coalescing of interests is that "when we have this understanding, we don't have to keep going over and over [areas of

disagreement] when we get into the legislative arena." This justification reveals an interest in the long-term care community presenting a unified front to the policymakers in Congress.

Without such joint efforts, the groups will "simply fight over a smaller pot." Another metaphor occurs when the role occupant says that groups will say to each other, "We need to start cutting into your pie." As an alternative, the role occupant suggests that "a better feeling is that we can't just leave these people adrift. We've got to try to see what we can do on their behalf in order to also make sure that our constituency is well taken care of." The first two metaphors involve destruction by fighting or cutting. The third metaphor involves a constructive effort of saving people who are "adrift" and unlikely to get help through their own efforts. These metaphors reveal an interest in the various long-term care groups' working together for their mutual benefit.

A metaphor the role occupant uses for the current stage of long-term care reform is that of *shopping*. "It's almost like being able to go shopping. I like this part of this [long-term care proposal]. I like Stark's because of this or whomever's because of that [feature]. Gee, wouldn't it be nice if we could pull this and this and this? I think all of us are doing that. If you start pulling from each one, you begin to build something that is more comprehensive than any one drafter has yet to come up with." This metaphor reveals an interest in achieving a comprehensive long-term

care policy through a process of "mixing and matching" current long-term care policy proposals.

The role occupant uses AIDS as a metaphor for the integral nature of health and long-term care: "People are taking AZT for several years and that's [health care] or beginning to need some assistance. That's long-term care even if it's not institutional or nursing home or any of our current models . . . . Maybe the continuum in long-term care [includes] self-care in doing the prevention kind of things, but it isn't long-term care as we normally think of it. So maybe the spectrum gets longer. . . .So many things are health care that become long-term care." This metaphor, which presents health and long-term care as integrated entities, indicates an interest in seeing health and long-term care as part of the same continuum of care.

In an episode dealing with the lack of adequate preparation for paid in-home caregivers, the role occupant states, "Mostly there's nothing. Maybe you can find a book some place if you're able to sort through the wheat from the chaff." This metaphor, with its emphasis on the difficulty of finding adequate materials for preparing in-home caregivers, reveals an interest in having readily available, high quality educational materials for paid caregivers who work in the homes of individuals needing long-term care.

In an episode regarding the woodwork effect, the role occupant uses the cliché of *being dumped*: "Certainly the object is not to have [families] do less.

You're not being supplanted by formal caregivers. I don't see dumping or the families necessarily moving out of their caregiver role in favor of professional caregivers." The term, *being dumped*, has negative connotations and reveals an interest in avoiding a policy that would encourage the replacement of the informal system by a formal one.

In addressing the formal/informal dichotomy, the role occupant states, "We've seen it as being formal or informal rather than as in a team where we're pulling and working together. There are places really thinking on those lines now and, I think, that's going to be more our mental concept in the future. It's not 'we' or 'them.' Ideally, at least." The role occupant's treatment of this dichotomy reveals an interest in a team approach to long-term care that involves all of the care providers.

The role occupant uses the cliché of *being played out* when speaking about the various funding proposals for long-term care: "I think some of these ideas need to be played out more forcefully in the future." This cliché reveals an interest in exploring more thoroughly the potential avenues for financing long-term care.

Typically people are unaware of their vital interests. However, in one instance this role occupant expresses a vital interest. He states that having the social model fully integrated into the long-term care system is even more basic than the continuing existence of the triple As. The amount that the role occupant is willing to give up in order to achieve this model of long-term care reveals an interest in incorporating

the social model into long-term care reform. It also reveals an interest in compromising in order to achieve this interest.

### Content Analysis

The findings from the content analysis of this interview transcript can be found in Table 3. The high frequencies in the older age and disability clusters indicate an interest in a long-term care policy that meets the needs of both older individuals and younger, disabled people. The frequencies in the institutional and home and community-based care clusters indicate an interest in providing services in a variety of settings. The relatively high frequency for *comprehensive* indicates an interest in a comprehensive approach to reform. The relatively high frequency in the funding cluster indicates an interest in developing an appropriate financing mechanism for long-term care reform. These results support the findings from the related structural analysis.

### Summary (NAAAA)

Thus, interests were revealed in a comprehensive policy that addresses the interrelatedness of health and long-term care; effectively addresses Congress' fears related to home and community-based care; fully incorporates the social model of long-term care; is based on neither Medicare nor Medicaid; stimulates an increase in private insurance coverage of home and community-based care; addresses the long-term care needs of people of all ages; ensures access to quality long-term care services at reasonable costs; includes an interdisciplinary team approach to long-term

**TABLE 3. CONTENT ANALYSIS:  
NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING (NAAAA)**

<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>	<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>
Older age cluster: aged, aging, elder*, old*, senior	20	Public sector cluster: social insurance, social or government program*, public sector	1
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	33	Private sector cluster: private insurance, private care, private sector	1
Younger age cluster: young*, youth, child*	4	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	0	Asset protection or sheltering	0
High income cluster: high* income, rich*, wealthy	0	Medicaid	0
Home and community-based care cluster: community care, community-based, home (health) care	4	Medicare	0
Institutional cluster: nursing home*, institution*	9	Flexibility cluster: flexib*, less rigid	0
Incremental	0	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	7	Pepper Commission	0
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	4	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	6
Funding cluster: financ*, fund*	7	Catastrophic Act	0
Social model	0	Medical model	0

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

care; avoids replacing the informal system of care with a formal one; is a result of piecing together parts of current long-term care proposals; addresses potential abuses that can increase costs; incorporates the experience of the OAA organizations in providing home and community-based care; addresses the lack of coordination in long-term care; and includes care coordination. An interest in OAA organizations' involvement in the formulation of long-term care policy also was indicated.

In addition, interests were revealed in the continued coalescing of the concerns of the various long-term care populations; working together for the mutual benefit of the long-term care groups; presenting a unified voice to policymakers in Congress; compromising on other interests in order to achieve a social model of care; having adequate materials to prepare paid caregivers working in individuals' homes; thoroughly exploring potential funding mechanisms; and developing an appropriate financing mechanism.

### **Case 3: National Association of State Units on Aging**

The National Association of State Units on Aging (NASUA) is a private organization that provides support to state level units on aging. These units were formed as a result of the 1965 enactment of the Older Americans Act which called for each state to designate a unit to formulate plans, and receive funds, for older individuals. The State Units on Aging are state government agencies that administer

the programs of the Older Americans Act (OAA). Fifty-seven territorial and state units on aging comprise the membership of NASUA.

NASUA affects public policy by providing information to senators, representatives and congressional staff members and by conducting research. NASUA works with the National Association of Area Agencies on Aging (NAAAA) in providing training conferences and opportunities to develop ideas and strategies (Van Tassel & Meyer, 1992:135-137).

#### Position Papers (NASUA, 1987 and 1988)

The justification for the social insurance program NASUA proposes is "the rapidly growing population of older people, especially the very old" (1988:1). This justification, with its exclusive mention of the older population, reveals a vital interest in meeting the long-term care needs of that population. While NASUA "recognizes" the long-term care needs of younger disabled individuals, its focus is on the needs of the older population. The justification for this focus is NASUA's experience in working with this population. This justification reveals NASUA's interest in being recognized as having experience in this area.

An absolute statement is used regarding state involvement in the new Medicare long-term care benefit program proposed by NASUA: "State governments must play a strong role in the administration of this new benefit program" (1988:2). The justification for state involvement includes the following: "This new program will build upon the long term care systems development work already underway; will

significantly reduce start-up costs; and will enhance integration with existing programs" (1988:2). The organizations created by the OAA form a part of the states' long-term care system. Thus, this justification reveals an interest in including the home and community-based care approach of OAA programs in long-term care reform. In order for policy to "build upon" the current programs, these programs would need to be included in policy formulation. Thus, an interest in OAA program involvement in long-term care policy formulation also is indicated.

NASUA's preferred meaning for quality assurance is based on the individualized case management system used by the local Agencies on Aging. In linking quality assurance, which is an essential element of long-term care, to case management, which is not universally considered an essential element, this preferred meaning reveals a vital interest in the continuing use of case management in long-term care.

NASUA does not call for a specific package of long-term care benefits and justifies this action by specifying the need for an "individually tailored [program] to respond to the needs of an older person as identified through the assessment process" (1988:5). Additional justifications are provided: "1) This program should avoid the design mistakes of Medicare and Medicaid and encourage the development of creative responses to individual needs rather than fitting the needs of older people into rigid service categories; 2) Certain services can substitute for another, depending upon client needs and preferences and the availability of home care staff . . . 3) The

assistance typically needed by older persons to cope with activities of daily living are supportive services rather than medically oriented services and such services are best described as a response to individually assessed needs" (1988:5). These justifications, with their focus on flexibility and meeting individual needs, reveal a vital interest in the development of a long-term care program that is flexible and that focuses on the individual receiving long-term care services. The last justification entails the categories of the *social* and *medical models* of long-term care. The treatment of these categories, which presents long-term care services as supportive and not medical, reveals an interest in an approach to long-term care that emphasizes the social model.

Strong language is used regarding Medicaid's current role in long-term care: "Medicaid has become the nation's long term care insurance program. But the Medicaid long term care system exacts a terrible price for its benefits: it requires pauperization to gain access; it requires the dissolution of households and relocation to institutions; it is organized through the medical care provider systems; and it is not uniform in its benefits" (1987:2). This strong criticism of the Medicaid system indicates an interest in a policy that provides uniform benefits throughout the states, does not include impoverishment as a prerequisite for receiving benefits, provides for home and community-based care, and includes the social model of care.

### Role Occupant Interview (NASUA)

Dan Quirk, Executive Director of NASUA, was interviewed. The taped portion of the interview lasted 25 minutes with the total interview lasting approximately 40 minutes.

#### Structural Analysis

The overall context in which this interview is presented is that of home and community-based care. The role occupant's preferred meaning of long-term care is "primarily . . . community based care and not care in the nursing home." His justification for this preferred meaning "is that older people don't want to go to nursing homes . . . . I mean, that's the major ideological force behind [home and community-based care]. It isn't saving money, although it probably will save money. It is primarily giving people what they want and a life which will have an enormous amount of dignity." He uses strong language in speaking of this goal: "The more you talk to older people, the more you understand this driving need not to lose their independence and not to leave their own home." These linguistic elements, which focus on individual preference to remain at home, indicate a vital interest in formulating a long-term care policy that focuses on home and community-based care rather than on institutional care.

The role occupant's preferred meaning of long-term care includes a focus on the individual: "I think everybody knows someone, either a relative or friend who is in that situation where services are needed to stay in the home and I think that

personalizes the issue for people which is very important . . . People see their relatives [and] friends who don't want to lose their independence, who don't want to leave their home and so it becomes a driving force as well." This preferred meaning, which presents a personalized lens through which long-term care is viewed, reveals an interest in seeing long-term care in terms of the individual needing care.

The metaphor this role occupant uses for gaining reimbursement for home and community-based services is "jumping over hoops." The phrase generally is said to be "jumping through hoops." In his slip of the tongue, the role occupant reveals that gaining access to home and community-based services is even more difficult than jumping through hoops; one must jump over them. This metaphor and slip of the tongue reveal how difficult the role occupant thinks it is in the current system to obtain reimbursement for noninstitutional long-term care. They also reveal a certain degree of frustration in dealing with the current system. They reveal a vital interest in changing the system to one that lacks the current system's institutional bias.

The role occupant uses the term, "new dollars," when speaking of federal money that will be allocated in the future. The term is a synecdoche for new federal programs. "The next federal buck that's spent," the role occupant states, "needs to go in the home care side." This synecdoche, with its exclusive focus on home care, indicates an interest in a long-term care policy that provides funding for home and community-based care. This interest also is supported by the use of an absolute

statement: "They are absolutely not getting what they want," the role occupant says of persons receiving long-term care in institutions.

The role occupant uses the metaphor of *blossoming* to denote the growth of a home and community-based infrastructure that would come into existence if federal funding were to become available. These services are like trees that have buds and are just waiting for the proper conditions to bloom. This metaphor reveals a positive attitude toward home and community-based services and an interest in formulating a long-term care policy that provides the conditions needed for their growth.

The role occupant's preferred meaning of an ideal long-term care policy includes the categories of federal, state, and local government. For this role occupant, an ideal policy would be "federally financed, state administered, locally managed [and would] have the full continuum of services available to older people. [It would be] a case managed system that would allow the older person[s] to get the level of care they need in the community or in the nursing home if necessary. And it would be publicly financed." This preferred meaning reveals an interest in the involvement of government at all levels, with payment being the federal government's responsibility. In justifying the use of case management in terms of achieving an appropriate level of client care, the role occupant reveals an interest in a case management system like that being used in OAA programs.

In an episode regarding NASUA's part in a comprehensive national long-term care policy, the role occupant states, "What happens to us once the big boys get into

the game and once there is a system in place, I frankly think that we'll take on some other agenda . . . . I think there's a role here for us as a network in making sure older people have access to that system, if not oversight [of the system]. Which is why we pushed, I think, for this new Title VII of the Older Americans Act which, I think, carves out a role on the elder rights issues of older Americans. And our current leadership . . . may be diminished once the system's in place and that's not to say that some of my current membership won't become the establishment." This episode includes a willingness to relinquish part or all of the organization's current agenda in order to achieve comprehensive long-term care. In it, therefore, is revealed an interest in having the agenda of the organization advanced, rather than the organization itself. An implied interest is that the organization have the opportunity to advance its agenda during the formulation of a long-term care policy. The role occupant's use of the metaphor of *architects of the system* when speaking of the organization's leaders also supports this interest. His justification of "frankly, we're the experts now" for NASUA's having a role in policy formulation also supports this interest.

The role occupant's preferred meaning of OAA "not [as] a social insurance program" reveals, given the role occupant's support for a social insurance approach for long-term care, an interest in not having the Act serve as the basis for national policy. His use of the metaphor, *not fitting the mold*, when speaking of the relationship of OAA to social insurance also supports this interest.

Regarding social insurance for long-term care, the role occupant uses strong language: "I don't think there's any other way to solve it. [Otherwise,] we will continue to force people into nursing homes because it's the only place where they can go to get care. And we force them to become destitute in order to get federal monies to pay for it." This negative typification of the institutional bias and impoverishment requirements of current long-term care policy reveals an interest in a program that includes home care and that does not require impoverishment as a prerequisite for receiving care.

The role occupant uses the categories of the *older generation of older people* and the *newer generation of older people*. He states, "The newer generation of older people [the baby boomers] will be healthier and wealthier and more educated and better able to advocate on their behalf. And I think the number one thing they're going to want is home care . . . . I think that's going to help. They are going to expect more. No doubt about it. And demand more." This categorization, which presents older people's wishes as being the same as those of the organization, reveals an interest in meshing the demands of older people with the goals of the organization.

Using the categories of *health* and *long-term care*, the role occupant addresses the advisability of dealing with the issues together. "The health care debate is sort of overshadowing the long-term care debate which is a component. And there is a debate obviously in the field right now: Do we hitch our star to the health care

reform or do we go a separate track? It's a hard one to call. I mean, I think we hitch our star to the health care reform as long as it's moving." In this episode, the role occupant reveals that long-term care is left in the dark when associated with health care. His slip of the tongue in saying "hitch our star" rather than "hitch our wagon to the star" reveals his thinking that long-term care not health care is the "star," the primary interest. The analysis of this episode reveals a vital interest in moving the long-term care debate and in allying it with whatever interests will help in that endeavor.

The role occupant's metaphor for achieving financing for long-term care is expressed in this statement: "That's the toughest nut to crack right now." One "tough nut to crack" is a Brazil nut which is possible, but difficult, to crack open. The task of opening it without crushing the nut inside is even more of a challenge. The metaphor reveals how difficult it will be not only to gain financing for long-term care but also to achieve a financing mechanism that will not also hurt long-term care. This metaphor reveals an interest in achieving such a mechanism.

The metaphor the role occupant uses for the potential passage of health and long-term care reform legislation is the passage of the Social Security Act. "When we finally passed the Social Security Act in 1935, . . . I think a third of the states already had their own systems in place." Lacking federal initiative in health and long-term care reform, he notes, a number of states are beginning to address these

needs. This metaphor indicates an interest in state initiatives in health and long-term care as precursors to federal legislation.

### **Content Analysis**

The results of the content analysis of this interview are displayed in Table 4. The high frequency in the older age cluster indicates an interest in meeting the long-term care needs of older individuals. The high frequencies in the institutional cluster and the home and community-based care cluster indicate an interest in a policy that provides care in a variety of settings. The high frequency in the public sector cluster indicates an interest in a public approach to long-term care reform.

### **Summary (NASUA)**

Interest was revealed in a long-term care policy that meets the long-term care needs of the older population; is not built on OAA but includes the home and community-based care approach of the OAA programs; is flexible; focuses on the individual receiving services; emphasizes the social model of care; fosters the growth of, and provides payment for, home and community-based services; is biased in favor of home and community-based services but includes institutional care as well; includes case management; involves government at all levels; designates the federal government as the payer of services; avoids impoverishment as a prerequisite for receiving payment for services; entails a social insurance program; provides uniform benefits throughout the states; includes a financing mechanism that will not hinder the provision of long-term care; and is based on state initiatives. Interests also were

**TABLE 4. CONTENT ANALYSIS:  
NATIONAL ASSOCIATION OF STATE UNITS ON AGING (NASUA)**

<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>	<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>
Older age cluster: aged, aging, elder*, old*, senior	32	Public sector cluster: social insurance, social or government program*, public sector	18
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	1	Private sector cluster: private insurance, private care, private sector	1
Younger age cluster: young*, youth, child*	1	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	0	Asset protection or sheltering	0
High income cluster: high* income, rich*, wealthy	0	Medicaid	2
Home and community-based care cluster: community care, community-based, home (health) care	28	Medicare	1
Institutional cluster: nursing home*, institution*	31	Flexibility cluster: flexib*, less rigid	0
Incremental	0	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	0	Pepper Commission	0
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	5	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	0
Funding cluster: financ*, fund*	8	Catastrophic Act	0
Social model	2	Medical model	2

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

indicated in movement in the long-term care debate; in seeing long-term care in terms of the individual needing care; and in meshing the demands of older people with those of NASUA. In addition, interest in long-term care over health care was revealed. Although an interest was revealed in NASUA's involvement in the implementation of long-term care reform, a deeper interest was revealed in involvement in the formulation of long-term care reform and in achieving an incorporation of NASUA's interests in the resultant policy.

#### **Case 4: Blue Cross and Blue Shield Association**

Blue Cross and Blue Shield Association (BCBS) provides services to the local Blue Cross and Blue Shield Plans in the United States as well as the United Kingdom, Canada and Jamaica. BCBS administers health programs through contracts with the federal government (Burek, 1991:1424).

##### **Position Paper (BCBS, 1991)**

The paper addresses the categories of *public* and *private roles* "in assuring protection against long-term care expenses" (BCBS, 1991). Under the category of *public responsibility*, the paper "recommends that the federal government use its limited federal funds to: 1) provide tax incentives for the sale and purchase of private long-term care insurance; 2) improve public programs for those not reached by private insurance, e.g., the poor, sick and very-old; 3) expand public long-term care education activities; and 4) encourage flexible approaches to state regulation

of long-term care insurance regulation" (BCBS, 1991:24). The justification for tax incentives is that they have "been a serious concern for development of the private insurance market" (BCBS, 1991:25). The justification for flexible regulations is that "flexibility is needed to support the development of this new market" (BCBS, 1991:25). These various justifications reveal an interest in a public policy that supports the growth of private long-term care insurance and reduces industry risk.

#### **Role Occupant Interview (BCBS)**

The role occupant interviewed was Diane Fulton, Legislative Policy Analyst for Blue Cross Blue Shield. A sixty minute portion of the 75 minute interview was tape recorded.

#### **Structural Analysis**

The role occupant's preferred meaning for long-term care is in the context of insurance: "When I think of long-term care, I automatically think insurance." Her preferred meaning of insurance is "enabling people to receive care in a setting that makes them the happiest whether it be at home, whether it be adult day care, whether it be whatever. But enabling a person to stay, and I hate to say this, but in a happy environment for as long as possible. And enabling a person to have a choice about where care is delivered versus years ago where it seemed to me more people just automatically went to a nursing home and didn't have much to say because there weren't many alternatives." These preferred meanings, with their focus on client

preference, reveal an interest in a policy that allows for choice as to the location in which long-term care services will be delivered.

The role occupant's preferred meaning of Medicaid includes "the whole dark cloud that surrounds Medicaid and I know that so many people worry about just being on Medicaid and it's a social insurance program and it's awful and they never wanted to be [on welfare] . . . . The elderly are just mortified at the thought of ever needing Medicaid." This preferred meaning, including the metaphor of the *dark cloud*, reveals an interest in avoiding a long-term care policy based on Medicaid. This interest also is supported by the role occupant's justification for separating long-term care from Medicaid "so that [long-term care] doesn't have that dark cloud hanging over it." Another justification for separating the two is that "a large portion of Medicaid dollars is going to pay for long-term care services and that's not what they were intended for and there are a lot of people out there who need Medicaid dollars for other purposes."

The role occupant's preferred meaning of private long-term care insurance is as an entity that exists "for those who can afford to pay for their services." Her preferred meaning of social insurance is an entity that exists for the poor. Her justification for a social insurance program that serves low income individuals is that "It's totally inappropriate to spend limited federal dollars to pay for long-term care services for those who could afford to pay for them themselves and I think a large portion could afford to pay for it themselves if you plan ahead especially." The role

occupant's synecdoche for providing public long-term care funds for the rich is "Why should we pay for Senator Rockefeller's mother to be in a nursing home, or Donald Trump's?" These linguistic elements, with their negative connotations regarding publicly funded care for wealthy individuals, indicate an interest in a policy that encourages the purchase of private long-term care insurance by those who can afford it and that provides for the long-term care needs of those who cannot.

In an episode dealing with the public/private dichotomy, the role occupant says, "The insurance companies cannot solve the problem. Insurance companies aren't going to accept those that are already sick. It's like the burning house syndrome. So I think there is a role for government but I think we have to both compromise a little bit. This is definitely not Blue Cross Blue Shield . . . . Both Democrats wanting a total social insurance, which I think is unreasonable, and insurance companies wanting the government just to stay totally out of it. This same debate has been going on for five years and it's getting really tiresome . . . . Everybody's just a little bit pig-headed about this right now and thinks their way is best . . . . I think in the next few years we're going to have to compromise." The role occupant's use of the metaphor of *being pig headed* indicates an interest in working toward a solution. This interest also is supported by the role occupant's metaphor for the current long-term care debate which is "really not making headway because everybody has their heads in the sand and is unwilling to move. I just get increasingly frustrated dealing with the same issues and never making any progress."

The role occupant's justification for the need to compromise is that "insurance representatives are really thinking that the possibility of long-term care federal standards is a real possibility and it's scaring the heck out of a lot of insurance companies. This is again my personal view. I think that the threat of federal standards might bring the insurance companies to the middle." This justification for the need to compromise reveals an interest in avoiding strict federal regulations of private long-term care insurance by that industry's participating in, rather than resisting, the process.

The role occupant's preferred meaning of long-term care insurance regulation is that it "would carve out the niche of the private insurance market. Nobody knows what this market is going to be like and there's always the threat that the federal government is just going to take over and there won't be a role and so a lot of companies are just sitting on the side lines. Maybe if the federal government said, 'Okay, these are the standards. This is all we're going to do. There's not going to be a social program. This is all we can afford to do.' Then I think reputable companies would enter the market." This preferred meaning indicates an interest in knowing what part of long-term care can be considered the purview of the private sector.

In an episode on government regulation of private long-term care insurance, the role occupant presents her preferred meaning of those regulations as not being so stringent that they would stop the "evolution" of the market and would "kill the

market because nobody will want to sell policies like that [with mandated nonforfeiture and inflation protection]." This preferred meaning indicates an interest in flexible regulations that adapt to changes in the private long-term care insurance market.

The role occupant's justification for having the federal government promulgate long-term care insurance standards is that uniform standards would result. On the other hand, the role occupant also provides justification for state governments' promulgation of standards because of the states' ability to more quickly respond to changes in the market. These opposing justifications indicate interests in adaptability in private insurance regulations and in a regulation policy that is uniformly applied throughout the country.

In an episode concerning proposed government regulations that would mandate inflation and nonforfeiture features in long-term care insurance policies, the role occupant uses an analogy. She states that such a mandate would be like the government telling you "what type of car you have to buy." In speaking of government regulations, the role occupant uses the categories of the *content* and the *delivery or sale* of the insurance product: "If the federal government wanted to establish standards that weren't going to prohibit growth in the product, there are sales criteria that [sales agents] would have to meet. [The regulations would] govern the delivery of the insurance more so than the specific features of the insurance. When we get into the specific features, I think is when we start to limit the growth

of the market and the potential of the market. But there are a lot of things [like] our consumer Bill of Rights type of thing. A consumer has the right to these following things when they buy a long-term care policy." This analogy reveals an interest in regulations that do not unnecessarily restrict consumer choice in the purchase of long-term care insurance. The categories reveal an interest in regulations that address sales procedure rather than policy content.

The role occupant's analogy for estate recovery is that "politically it's like a time bomb. All these states have a right to do it but none of the politicians [is] willing to implement it because it's just not a very nice political thing to do. But I honestly think it makes sense in a lot of cases and I mean Medicaid has no money and there is this money out there that I think we could be rolling back into the program." This analogy reveals an interest in finding a politically acceptable way to recover money from the estates of individuals who received publicly funded long-term care.

In an episode about the Medicare Catastrophic Coverage legislation, the role occupant provides her preferred meaning of the legislation: "The Catastrophic bill did a world of good in educating people because it didn't cover long-term care insurance. During the whole debate, one of the big deals was that Catastrophic didn't cover the true catastrophic long-term care need which was nursing home care. I think it educated a lot of people about the need for long-term care or that it wasn't covered elsewhere. But there's still a lot to be done." This preferred meaning,

which focuses on specific educational results of the legislation, conveys an interest in education regarding the need for long-term care insurance coverage.

The role occupant presents her preferred meaning of the spousal impoverishment provisions of the Medicare Catastrophic Coverage legislation, provisions that were not repealed: "You hear these horror stories--though Catastrophic helped this a little bit with the spousal impoverishment provisions--about spouses at home eating dog food because they're trying to keep their wife in a nursing home and they don't want to go on Medicaid but they're selling everything they have [or] having to get a divorce so that the spouse can qualify. Nobody intended this to still be going on. It's disheartening." This preferred meaning, with its negative perspective on spousal impoverishment, reveals an interest in addressing means testing in a way that does not require the impoverishment of spouses of individuals needing long-term care.

The role occupant's preferred meaning of nursing home care is that "a nursing home, in my opinion, shouldn't be the first alternative but like the final solution." This preferred meaning, which is the opposite of current policy, reveals an interest in a long-term care policy that is biased toward noninstitutional care.

The role occupant's preferred meaning of the Robert Wood Johnson demonstration projects in which the public and private sectors work together is that "It's a great idea in my mind. It makes a lot of sense to me . . . . Connecticut has one where if you buy a long-term care policy that would pay out \$100,000 that when

your policy is exhausted an extra \$100,000 of your assets are protected against Medicaid impoverishment . . . . I mean that's working together. That's the federal government, the state government and the private insurers working together." This preferred meaning reveals an interest in exploring public-private solutions to the problems in long-term care.

Several times, the role occupant had a slip of the tongue when speaking of Medicaid benefits. She referred to them instead as *Medicare benefits*. This slip of the tongue reveals an interest in having long-term care benefits as a part of Medicare rather than Medicaid.

### **Content Analysis**

The findings from the content analysis of this interview transcript are located in Table 5. The high frequencies in the public and private sector clusters indicate an interest in a public policy that includes a private component. The frequencies in the home and community-based care cluster and the institutional cluster indicate an interest in a policy that provides for care in a variety of settings, with an emphasis on institutional care. This emphasis contradicts the emphasis found in the structural analysis. Thus, in the summary, only the interest in providing care in various settings, and not the emphasis, will be included.

### **Summary (BCBS)**

Thus, an interest was revealed in a policy that is based on Medicare, not Medicaid; involves choice as to the setting in which services are provided; is biased

**TABLE 5. CONTENT ANALYSIS:  
BLUE CROSS AND BLUE SHIELD (BCBS)**

<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>	<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>
Older age cluster: aged, aging, elder*, old*, senior	14	Public sector cluster: social insurance, social or government program*, public sector	56
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	2	Private sector cluster: private insurance, private care, private sector	13
Younger age cluster: young*, youth, child*	4	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	3	Asset protection or sheltering	2
High income cluster: high* income, rich*, wealthy	1	Medicaid	43
Home and community-based care cluster: community care, community-based, home (health) care	6	Medicare	15
Institutional cluster: nursing home*, institution*	18	Flexibility cluster: flexib*, less rigid	0
Incremental	0	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	0	Pepper Commission	1
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	3	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	0
Funding cluster: financ*, fund*	1	Catastrophic Act	4
Social model	0	Medical model	0

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

toward non-institutional care; provides for care in a variety of settings; delineates a private sector component; encourages the purchase of private long-term care insurance by those who can afford it; provides public long-term care funds for poor individuals; reduces the risk of the insurance industry; does not unnecessarily restrict consumer choice in the purchase of long-term care insurance policies; educates the public regarding the need for such insurance; includes flexible, adaptable, uniform regulation of the insurance industry that adapts to market changes, focuses on sales procedures rather than policy content and results from cooperative efforts on the part of government and the insurance industry; includes a politically acceptable estate recovery program; does not require spousal impoverishment; and includes joint public-private efforts. Interests also were revealed in the insurance industry's participating in the formulation of long-term care insurance regulations and compromising in order to achieve long-term care reform.

#### **Case 5: United States Senate**

The U.S. Senate is one of two houses of Congress that address a multitude of policy issues, including long-term care policy.

#### **Position Paper (U.S. Senate)**

No position paper is available for the Senate.

### **Role Occupant Interview (U.S. Senate)**

The role occupant who was interviewed asked to be identified only as an aide to a Democratic senator. Because the focus is on interviewees as role occupants in specific organizations, rather than as specific individuals, the honoring of this request for confidentiality does not diminish the data or the analysis. The interview lasted 40 minutes with 30 minutes being tape recorded.

#### **Structural Analysis**

This role occupant's preferred meaning for recipients of long-term care is that they are "principally low income . . . and not only is it poor people; it's poor women. Something on the order of 80% of individuals who have two or more restrictions in their activities of daily living have incomes below 200% of poverty. In reality it has very little to do with middle class people torn between taking care of their children and taking care of their parents." This preferred meaning, which focuses on people with low incomes, reveals an interest in developing a long-term care policy that addresses the needs of low income individuals, many of whom are women.

The role occupant's preferred meaning for Medicare is a system that "serves the people who need it most the least well." Because of the copayments, the "40 or 20% of seniors [who] have incomes below two hundred percent of poverty can't afford to use the Medicare system. It's a disgrace." This preferred meaning, with its emphasis on the problems of people with low incomes, also indicates an interest in formulating a system that meets the needs of these individuals.

The role occupant's preferred meaning of long-term care reform is as an incremental, rather than a comprehensive, approach. Her justification for an incremental approach is "that the policymakers on one hand are putting [comprehensive pieces of legislation] forward and on the other hand are thoroughly thinking to themselves, 'We can't possibly take action on this.' I don't think there will be any action on long-term care policy until people are willing to proceed in small steps." Her preferred meaning of an incremental approach includes a voluntary public insurance for nursing home care, an expansion of the Medicaid home and community-based waivers, a "beefing up" of coverage for lower income individuals, regulation of private long-term care insurance, and "generally set[ting] up a system that middle class and upper income seniors can plug into." This metaphor of *plugging into something* indicates an interest in having government funding for home and community-based care for low income individuals create a system that becomes available for use by others who can pay for care. The role occupant's preferred meaning of a comprehensive approach is an approach that advocacy groups use to "get [their members] ginned up about the idea of the government paying their bills." "Ginned" means "to catch or snare in a gin [or trap], as game" (ELIA, 1971). This preferred meaning reveals an interest in advocacy groups leaders' avoiding the use of comprehensive long-term care as an issue to gain support within the organization.

The role occupant's preferred meaning for comprehensive long-term care legislation is as "Nirvana bills," bills that are ideal but unachievable on this earth, and as "solutions that will never be accepted." Her preferred meaning of the Democratic majority's comprehensive long-term care legislation is that it is a "piece-of-trash bill. I shouldn't say that but I think that bill is just so ill-conceived. I don't think it's politically sellable and it costs a fortune. It doesn't even pander to the middle class. It tells them they have to spend down." The role occupant's preferred meaning for grassroots support for comprehensive long-term care reform is that it is nonexistent: "But we put [the comprehensive long-term care bill] in and the whole theory was the grassroots were going to be so enthusiastic. Well, I haven't seen letter one. So where's the enthusiasm?" The justification she proposes for this lack of support is that the legislation requires a spend down of assets in order for non-poor individuals to qualify for benefits. These preferred meanings and justifications reveal an interest in not putting energy into pushing for a comprehensive social insurance approach to long-term care reform unless grassroots support is evident.

The role occupant's preferred meaning of asset protection is that it is not "a disgrace that people should have to spend some of their savings to pay for long-term care. That is what they're saving for." This preferred meaning, which treats asset protection in a negative way, reveals an interest in avoiding unlimited asset protection when qualifying for long-term care.

## **Content Analysis**

The results of the content analysis of the Senate interview transcript are displayed in Table 6. The high frequency in the home and community-based care cluster, with a low but still relatively high frequency in the institutional cluster, indicates an interest in a long-term care policy that includes both but gives preference to home and community-based care. The high frequency in the low income cluster indicates an interest in a long-term care policy that meets the needs of low income individuals. These interests either support or supplement those identified in the related structural analysis.

### **Summary (U.S. Senate)**

An interest was revealed in a long-term care policy that addresses the needs of low income individuals, especially women; avoids unlimited asset protection; includes attention to institutional and home and community-based care with preference given to the latter; and, by funding care for poorer individuals, brings about a home and community-based care system that could also be used by people who could pay for services. Interests also were revealed in achieving incremental changes in long-term care policy because comprehensive change appears unlikely unless grassroots support increases; and in advocacy groups leaders' avoiding a push for comprehensive reform as a means of gaining support within their organizations and becoming open to the possibility of incremental reform measures.

**TABLE 6. CONTENT ANALYSIS:  
UNITED STATES SENATE**

WORD OR CLUSTER OF WORDS	#	WORD OR CLUSTER OF WORDS	#
Older age cluster: aged, aging, elder*, old*, senior	9	Public sector cluster: social insurance, social or government program*, public sector	4
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	0	Private sector cluster: private insurance, private care, private sector	1
Younger age cluster: young*, youth, child*	1	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	19	Asset protection or sheltering	1
High income cluster: high* income, rich*, wealthy	6	Medicaid	14
Home and community-based care cluster: community care, community-based, home (health) care	21	Medicare	11
Institutional cluster: nursing home*, institution*	12	Flexibility cluster: flexib*, less rigid	0
Incremental	0	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	0	Pepper Commission	0
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	6	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	4
Funding cluster: financ*, fund*	1	Catastrophic Act	1
Social model	0	Medical model	0

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

## **Case 6: American Federation of Labor and Congress of Industrial Organizations**

The American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) is "a voluntary federation of 90 national and international labor unions in the United States [that] represents [the membership] in the creation and execution of broad national and international policies and in coordinating a wide range of joint activities" (AFL-CIO, nd:1). AFL-CIO has over 14 million members.

### **Position Paper (AFL-CIO, 1991)**

There are only two sentences about long-term care in this position paper that deals primarily with health care. Given that health care is dealt with in specifics and long-term care is dealt with in generalities, an interest in health care reform over long-term care reform is revealed. The preferred meaning of long-term care services is presented as "including inpatient, community-based treatment and home care" (1991:2). This preferred meaning, which focuses on all types of long-term care, indicates an interest in developing a comprehensive package of long-term care services as benefits in a long-term care policy.

### **Role Occupant Interview (AFL-CIO)**

The role occupant interviewed was AFL-CIO Policy Associate, Claudia Bradbury. The interview lasted 60 minutes with a 50 minute portion being tape recorded.

## Structural Analysis

The role occupant reflects on the categories of the *health* and *long-term care debates* and says that the latter is "much more a humanitarian debate than the acute care [debate] is." Her justification for this statement is that "If you're not in favor of long-term care, that really does say something about you because these are the people that actually need the care. It's not so much insurance in case you do need it [because] these are people that need it now." This justification, with its emphasis on the need for care *now*, conveys a sense of urgency for action and an interest in movement in long-term care reform.

The role occupant further specifies these categories of *long-term care* and *health care debates* as being maternal and economic. *Maternal* is used to designate the long-term care debate while *economic* designates the health care debate. The groups involved in the long-term care debate, she states, "are most notably advocacy groups for disabled and elderly populations which you tend to associate as a maternal/paternal type of group. For the acute care side of things, the long-term care debate is focused around the providers of health care, insurers and payers. Very, very little is heard from the actual consumer advocacy groups." The role occupant says the debates are "entirely different. [With] long-term care, you're discussing much more what needs to be part of the benefit--how to define the benefit, how to define how and when and who gets that benefit. And the acute care

side of things, who pays for it." This categorizing of the debates in very different ways indicates an interest in dealing with the two issues separately.

In addition, the role occupant categorizes the recipients of health and long-term care differently, saying, "It's a different community that receives the care. It's a different person." She uses the separateness she sees in health and long-term care to justify not having an employment-based system for long-term care: "The people that need that care aren't in the employment-based system so it doesn't make any sense that we should finance it from them." The categories and justification indicate an interest in avoiding a reform package that treats long-term care insurance as an employer responsibility.

The role occupant also uses the male/female dichotomy: "Whenever I think of the long-term care provider, I think of them as a woman. And whenever I think of an acute care provider, I think of them as a man." This dichotomy also is evident in the role occupant's description of Congress: "It's very strange that as a society females represent 52% and in Congress we represent less than 10%. I mean it's no surprise that income and health care are major issues, but long-term care, family assistance and other types are much less funded and always a subject of debate for paring back when you talk about welfare. Those are all maternal issues and I think long-term care is one of them." The male/female dichotomy is seen by this role occupant as an underlying reason for movement on some issues and stagnation on others. Her preferred meaning for Congress is "a paternalistic body" that doesn't

value "maternal programs" such as long-term care as much as other types of programs. Therefore, long-term care "doesn't have that much value especially if it's going to cost a lot." This dichotomy and preferred meaning reveal an interest in either changing the composition of Congress to make it less paternalistic or in changing the issue of long-term care to appear more "male."

Like the ARC and CCD Coalition role occupant, this role occupant uses the "child care fight/battle" as a metaphor for the long-term care reform effort. The child care effort, this role occupant states, has been "a maternal issue and that's been hellacious. It's been an awful fight for us. Awful." However, she adds, as child care has become a family responsibility rather than a mother's responsibility, it has become an economic issue. So too, she predicts, as care of the elderly and disabled becomes a family responsibility, it too may be framed as an economic issue. This metaphor reveals an interest in framing the long-term care debate in such a way as to make movement on the issue more likely.

The role occupant's preferred meaning for an ideal long-term care policy is one in which "people that are in need of long-term care don't have to live their lives in humiliation and poverty." This meaning ties into her preferred meaning of spend down for Medicaid: "People find that humiliating. It's a humiliating stigma to be placed on Medicaid . . . . and to be sixty, seventy, eighty and to have lived a full life and to have nothing to show for it, which is really the value we place on money . . . . The more money you have, it shows the accomplishments in your life." Also

related to these preferred meanings is the role occupant's strong language when she speaks of Medicaid: "I don't think Medicaid's a vehicle for anything. Medicaid, I think, has failed miserably as a program. Just failed!" The negative language and meanings reveal an underlying interest in avoiding Medicaid as the basis of long-term care reform.

The role occupant's preferred meaning of the Pepper Commission Report and the related legislation is "the only major piece of legislation that's been chewed over by so many different people and not really been spit up." This preferred meaning indicates an interest in using proposed legislation that's already been debated and remains part of the debate as the basis for long-term care policy.

### **Content Analysis**

The results of the content analysis of the interview transcript can be found in Table 7. Medicaid is used, with high frequency, in a context of criticism of the program indicating a negative interest in Medicaid. A high frequency is evident for the funding cluster, indicating an interest in developing an appropriate funding mechanism for long-term care reform. The high frequency in the public sector cluster indicates an interest in a public rather than a private sector approach to long-term care reform. These interests either support or supplement interests identified in the related structural analysis.

**TABLE 7. CONTENT ANALYSIS:  
AMERICAN FEDERATION OF LABOR AND  
CONGRESS OF INDUSTRIAL ORGANIZATIONS (AFL-CIO)**

<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>	<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>
Older age cluster: aged, aging, elder*, old*, senior	6	Public sector cluster: social insurance, social or government program*, public sector	11
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	4	Private sector cluster: private insurance, private care, private sector	0
Younger age cluster: young*, youth, child*	5	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	4	Asset protection or sheltering	0
High income cluster: high* income, rich*, wealthy	0	Medicaid	22
Home and community-based care cluster: community care, community-based, home (health) care	7	Medicare	8
Institutional cluster: nursing home*, institution*	7	Flexibility cluster: flexib*, less rigid	0
Incremental	0	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	0	Pepper Commission	7
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	3	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	2
Funding cluster: financ*, fund*	19	Catastrophic Act	0
Social model	0	Medical model	0

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

### Summary (AFL-CIO)

The analysis revealed an interest in a long-term care policy that includes a comprehensive package of long-term care services as benefits; does not treat long-term care insurance as an employer responsibility; is not based on Medicaid; is built on legislation that has already been debated and has remained part of the debate; and contains an appropriate funding mechanism. Interests also were revealed in dealing with health and long-term care separately but concurrently; addressing long-term care reform quickly; framing long-term care reform in such a way as to foster movement; and changing the composition of Congress to make it more receptive to long-term care reform.

### **Case 7: The American Association of Retired Persons**

The American Association of Retired Persons (AARP) is "the largest national organization for the elderly and the country's second largest mass membership group" (Van Tassel & Meyer, 1992:15). AARP is known for its membership services and lobbying efforts on behalf of the elderly. The organization offers its members a variety of insurance policies including health and long-term care insurance.

### Position Paper (AARP, 1991)

The only figure of speech identified in AARP's position paper is a common one of stating that something is *a step forward*: "The new Medicaid option that allows states to provide home and community services to older people is a significant

step forward" (1991:40). This metaphor, with its positive focus on noninstitutional care, indicates a vital interest in including home and community-based care in any long-term care reform effort. Certain of the words in bold type in AARP's long-term care policy principles also support the existence of this interest. One of the principles states that a "national long-term care program should provide a comprehensive range of services. These services should include: (1) in-home assistance; (2) community services; (3) long-term care services in a full range of supportive housing options; (4) institutional care; and (5) rehabilitative services" (1991:37).

#### Role Occupant Interview (AARP)

AARP Legislative Counsel, John Rother, was interviewed. This interview lasted approximately 70 minutes of which a 50 minute portion was taped.

#### Structural Analysis

In this interview, *caregiver* is a recurrent term. The interview itself is provided within a context of concern for, and attention to, long-term caregivers. The context and the repeated discussions of caregivers reveal a vital interest in a policy that addresses the needs and concerns of caregivers. The preferred meaning of caregivers in this interview is that of political activists working on behalf of the people for whom they care. The role occupant states that this meaning of *caregiver*, not only in terms of direct care but also with an emphasis on political activity, provides him energy as he works in the area of long-term care. He uses the cliché, "coming out

of the closet" when he speaks of caregivers. He states that caregivers come out of the closet when they become aware that they are not alone in their situation and begin to define their situation as a "shared experience" rather than a "personal tragedy." Another factor involved in coming out of the closet is a realization that there are political solutions to the problems caregivers face. When asked what keeps caregivers in the closet, the role occupant responds, "There's certainly a sense of wanting to care for your own . . . There's probably some sense of shame having to do with mental incapacity or urinary incontinence or other things that are very distressing. And it's probably a function of our general denial of death in this country . . . so the conditions and events that are associated with death and with loss of dignity are hidden away." This cliché, which stresses the positive results of "coming out of the closet," reveals an interest in dealing openly with the needs associated with long-term care.

An interest in an open debate also is revealed in an episode dealing with health policy. The role occupant remarks that "We're not a very conscious country on health policy." When explaining the use of the word, *conscious*, the role occupant adds that "an awareness of risk, a willingness to get past the denial of [pause], a willingness to debate openly issues that do surround death and loss of capacity" is needed. This justification reveals a vital interest in facing, as a nation, the difficult issues related to diminished functioning and death. Such an addressing of the issues could serve as a precursor to action on long-term care reform.

In addition, this role occupant sees the situation of caregivers as being "linked." Therefore, political activity that benefits one caregiver is seen as benefitting other caregivers. When "coming out of the closet" is seen in terms of caregivers being "linked," a further image comes to mind. When many caregivers stay in the closet, it is difficult--being linked--for any to come out. Conversely, when many caregivers come out of the closet, others are likely to join them. Given that this role occupant sees political action on the part of caregivers as an essential element in movement in long-term care reform, this image reveals a vital interest in the education and increased political awareness of caregivers because these elements are essential prerequisites for the desired political action.

A public debate that this role occupant sees as having been educational from a long-term care perspective was the debate that surrounded the Medicare Catastrophic Coverage Act. His preferred meaning of this debate is "the greatest exercise of public education about long-term care that could have possibly happened." He explains that the debate brought about by this legislation resulted in "a terrific increase in [public] awareness of the risk of long-term care." Prior to this legislation, he notes, long-term care had been "the private disaster." The debate provided an opportunity for caregivers to "share their experiences publicly and gave validity to their experience." This preferred meaning reveals a vital interest in public education leading to a general awareness that each person is "at risk" of needing long-term care. Such an awareness is essential for acceptance of a social insurance

approach to long-term care which is based on a concept of shared risk. This interest also is revealed in the role occupant's use of the cliché, "getting past the slogans," when he speaks of the American public's understanding of health care and long-term care reform. One way of "getting past the slogans and [starting to ask] some harder questions" is to become educated regarding the issues.

This role occupant uses the metaphor of *being rooted* when referring to a public debate about long-term care. "It is very hard," he comments, "to have a public discussion or debate that's rooted in the reality that we are all at risk because people don't want to believe that they're at risk. And that's a major, if not *the* major problem in moving toward a public demand for long-term care." The concept of the long-term care debate being "rooted" implies that the debate is like a plant. Plants are life-giving. This metaphor indicates that the role occupant views such a debate in a positive light and reveals a vital interest in having such a public debate. Closely related and prerequisite to this interest is the previously noted interest in facing the uncomfortable issues surrounding long-term care.

However, the role occupant understands the difficulty in achieving that interest. He states that the denial of death in our society is so great that even he frames the issue of long-term care in terms of the caregiver rather than the recipient of care. "In fact you cannot really have, among the older population in particular, a meaningful discussion about the prospect of having to be in a nursing home . . . . It is simply too threatening. And we've learned that the only way we could

have a discussion is to talk about the possibility of becoming the caregiver . . . . But the idea that you yourself would be subject to this--most people will simply say, 'I'll shoot myself first' or something." This justification reveals an underlying interest in presenting long-term care in ways that people can tolerate hearing. This justification also reveals that he, like others, has identified no way of fostering a discourse that involves acceptance of one's own risk of needing long-term care. Although a vital interest has been revealed in having a public debate that openly addresses death, this interest is tempered by the role occupant's experience in which he has reframed issues surrounding death to make them more acceptable.

This role occupant's preferred meaning for public leadership is a "catalyst for hope" in long-term care reform. A catalyst effects change. The role occupant states that the other elements needed for long-term care reform already are in place. These elements are politically aware caregivers who have an understanding that a political solution exists. He notes, however, that the catalyst needed for action does not yet exist. However, he does mention that then-presidential hopeful Bill Clinton had spoken of long-term care. This preferred meaning indicates an interest in public sector leadership in long-term care reform.

Justification also is provided for reform in long-term care policy. "I think," the role occupant states, "that the current situation is so bad and likely to get so much worse that--combined with the coming of age of the baby boom generation into the years where the care giving becomes a real immediate reality--those two things

together will produce change." He states that the factors making the long-term care situation worse include the ability to keep "people alive longer and longer, but we're not doing very well at all in keeping them functioning well in those years. And as long as that continues then the costs, both financial and human, are multiplying not just adding." He uses the metaphor, *hitting the wall*, to describe the situation of the states with regard to their Medicaid budgets. He states that these budgets are, to a large extent, "driven" by long-term care expenditures, particularly in providing for nursing home care. The metaphor reflects the fiscal pain felt by the states. In addition, when one "hits the wall," one can go no further in that direction. This cliché indicates the states' inability to move further in the current direction with regard to Medicaid. To go anywhere, they must change direction. This justification reveals a vital interest in avoiding proposed long-term care solutions that augment or amend Medicaid. This interest also can be seen in this role occupant's preferred meaning for Medicaid as being "just a complete failure and there's no real point in spending very much time trying to fix something that's that fundamentally flawed." The role occupant uses this preferred meaning as justification for avoiding a Medicaid-based long-term care system.

*Economic* is a recurrent term used in the interview. The role occupant sees neither health care reform nor long-term care reform as having primary emphasis in the current policy discourse. Instead, "cost containment is getting top priority," he maintains. Because cost containment is the chief concern of the related debate, he

states, health care is receiving more attention than is long-term care. The issue of access to health care is "quite a bit cheaper [than long-term care] . . . because you're just moving money around that's already in the system [rather than adding new costs to the system]." He notes that the public dollars for health care, except those for approximately 37 million Americans who lack health insurance, are already being allocated. This recurrent term reveals an interest in resolving the cost issues related to health and long-term care reform.

In addition, the role occupant states that economic productivity is related to health care in ways it is not related to long-term care. When working-age people receive the acute health care they need, they can return to productive employment. With health care reform, "there's a moral claim that has to do with future and productivity that really ties into the economic concern about the future." The repetition of the economic concerns associated with health care indicates a vital interest in having health care needs met as well as those of long-term care.

The context within which long-term care is placed in this interview is that of health care. This role occupant explains that long-term care "can't move on its own." Without an ability to continue as a part of health care reform, long-term care will "get thrown overboard at the first sign of trouble." This metaphor reveals the role occupant's perception that the support for long-term care among health-reform supporters is minimal. In the metaphor, long-term care is not *washed* overboard; it is *thrown* overboard. When a boat is in danger of sinking, the least valued items are

discarded to lighten the weight of the boat. This metaphor reveals the role occupant's perception that the task of continuing to link health and long-term care could be very difficult, if not impossible, if health care reform encounters problems. A vital interest in promoting long-term care as part of health care reform is revealed.

This role occupant uses the dichotomy of the "male/female split" to explain the current approaches to health care and long-term care and the difficulty of integrating the two. Our national approach to health care, he notes, is based on a technology-driven, "automobile-mechanic image of health care" in which the goal is to "fix the part" so that the car can work again. In this concept of health care, people are metaphorically seen as "economic robots," as machines that are to be fixed and "put back on the job." Long-term care, the role occupant explains, involves a more feminine, holistic approach to health care. "Long-term care is mostly about compassion, about the past, and about caregiving for people who've already contributed," he states. This non-economic focus, he adds, "doesn't play into the whole concern about the future. Will America be able to maintain its prosperity in the next century and that kind of thing." The cliché, *play into*, sounds like the situation of an instrument that does not fit with the music played by an orchestra. It sits idle while attention is paid to other instruments. A change in the approach of the musicians would be needed for that instrument to "fit in." So too, this role occupant would like a shift in health care "to a more functioning-based understanding of what care is about and that the purpose of care is to help people

function to their highest capacity, whatever that capacity is. And then, sometimes, you can't fix it, but it's still worth providing care and providing a supportive environment. We're not there yet, as a country, at all in that sense." This cliché indicates a vital interest in changes that would result in long-term care's fitting into the nation's approach to health care. This interest is closely linked to the interest in tying long-term care to health care as a means of moving forward on long-term care.

Justification is provided for an approach that has people, rather than economics, as its starting point. "If you start with people, real people, long-term care is integral [to health-care]. If you start, however, with programs or with dollar flows, there is a tendency to separate it out," resulting in a fragmented system rather than a holistic one. Again, the role occupant is calling for a fundamental shift in the way health care is viewed, one that would naturally include long-term care. This justification reveals a vital interest in joining health and long-term care to the extent possible. An interest in opposing further separation of the health and long-term care, therefore, is also revealed.

The role occupant metaphorically refers to health care reform as "a package." He notes what the "package" needs to contain in order for it to be acceptable to a family or an individual. "I think they're only willing to pay more in taxes if the major concerns and anxieties and risks that you face are dealt with. And from that point of view--I mean we *know* because we asked the question, we measured it--the

willingness to pay was related to how complete the package is and the more complete the package is, the higher [the] willingness to pay . . . . Eighty-five percent of Americans already have health insurance coverage. They're the one that are going to have to pay more for health reform. What do they get from a health reform package? They primarily get, under a combined approach, what they don't have now which is long-term care. In addition, you get access for everyone [and] cost containment." His preferred meaning for long-term care is "the most compelling element of a health reform package." Again an interest in integrating health and long-term care policy is revealed. In addition, an interest is revealed in actively fostering the acceptance of long-term care in a health reform package.

From this role occupant's perspective, long-term care reform will likely involve a social insurance program. His preferred meaning of social insurance is that "It's an earned protection that's supportive of work effort and of saving and self-reliance, rather than based on dependency." This preferred meaning casts social insurance in a positive light, especially in a nation that prides itself on individual self-reliance and independence. It seems likely that this role occupant's support for a social insurance approach to long-term care reform would not easily be relinquished. He indicates that there is a second approach that he could support, that of the social health maintenance organization or SHMO in which both health and long-term care are provided. However, "a precondition for taking that approach would be to have people interested in joining HMO's and only about 10% of the Medicare population

[AARP's constituency] is currently in an HMO and about 30% of the general population. So we're still a long way away from having broad acceptance of that delivery style. And I think we're not likely to get from 10% to 100% in a year or two." The preferred meaning, therefore, indicates an interest in a social insurance approach to long-term care reform.

In an episode on financing for long-term care, the role occupant justifies his call for broad-based financing for a social insurance program for long-term care. Broad-based financing, he states, is needed "in order to be affordable and in order to have the same kind of participatory feeling that Social Security [and] Medicare have . . . . Because the payroll tax is already pretty substantial and because the political perception of using the payroll tax to pay for long-term care . . . is very, very negative because the payroll tax lets the retired population off the hook entirely." This justification reveals a vital interest in achieving a financing mechanism for long-term care reform that is perceived as fair. Otherwise, the role occupant would not support a financing mechanism that does not let his organization's membership "off the hook."

### **Content Analysis**

The result of the content analysis of this interview transcript can be found in Table 8. The almost equal frequencies for the older age, disability and younger age clusters indicate an interest in a policy that meets the long-term care needs of chronically ill and disabled individuals of any age. The higher frequency of the

**TABLE 8. CONTENT ANALYSIS:  
AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP)**

WORD OR CLUSTER OF WORDS	#	WORD OR CLUSTER OF WORDS	#
Older age cluster: aged, aging, elder*, old*, senior	3	Public sector cluster: social insurance, social or government program*, public sector	14
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	3	Private sector cluster: private insurance, private care, private sector	3
Younger age cluster: young*, youth, child*	2	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	1	Asset protection or sheltering	0
High income cluster: high* income, rich*, wealthy	0	Medicaid	5
Home and community-based care cluster: community care, community-based, home (health) care	0	Medicare	11
Institutional cluster: nursing home*, institution*	2	Flexibility cluster: flexib*, less rigid	0
Incremental	1	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	4	Pepper Commission	1
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	12	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	1
Funding cluster: financ*, fund*	5	Catastrophic Act	3
Social model	2	Medical model	0

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

public sector cluster indicates an interest in a policy that focuses on a public sector approach to reform. The frequency in the private sector cluster indicates an interest in a smaller, private sector component in long-term care reform. The high frequency in the expenditure cluster indicates an interest in addressing problems related to long-term care costs. The higher frequency of Medicare than of Medicaid may indicate an interest in having Medicare, instead of Medicaid, serve as the basis for long-term care reform. These interests either complement or supplement those identified in the related structural analysis.

#### Summary (AARP)

Thus, interests were revealed in a long-term care policy that addresses long-term care as part of health care reform; addresses the needs of caregivers; includes a social insurance program; contains a funding mechanism that is perceived to be fair; addresses the problems associated with the cost of long-term care; addresses the long-term care needs of individuals of all ages; is not based on Medicaid; offers a comprehensive range of services, including home and community-based care; includes a smaller, private sector component; and includes public education regarding the risk of needing long-term care. Interests also were revealed in public leadership support of long-term care reform; education to increase general awareness of the shared risk of needing long-term care; education to increase the political awareness of caregivers; an open debate about long-term care; and active support for the inclusion

of long-term care reform in health care reform. An interest also was revealed in a holistic approach to health care that would include long-term care.

### **Case 8: Washington Business Group on Health**

According to the role occupant who was interviewed, Washington Business Group on Health (WBGH) is an employer organization with members representing more than 200 of the Fortune 500 corporations.

#### **Position Paper (WBGH)**

No position paper had been prepared on long-term care.

#### **Role Occupant Interview (WBGH)**

The role occupant interviewed was Robert Levin, Director of WBGH's Institute on Aging, Work and Health. The interview lasted 55 minutes of which 50 minutes were tape recorded.

#### **Structural Analysis**

Recurrent phrases the role occupant uses throughout the interview relate to doubt. He states, "I really don't know how active the government should be in providing long-term care through a social insurance program, for example. I think there are pro's and con's to it." He also says, "I personally don't have strong feelings on where we as a society should be going in terms of our policies in this area. I think that's also mirrored in the business community . . . . Most companies don't have a major interest in how this plays out." The justification he provides for the

latter statement is that "they don't have a major interest because it [long-term care] doesn't affect their products *per se*." The recurrent phrases and justification indicate an interest in not participating, at this time, in the long-term care policy debate.

The role occupant's preferred meaning of employer involvement in long-term care is as "educator and plan sponsor" rather than as provider of long-term care insurance. This preferred meaning, which entails a minimal investment, reveals an interest in minimal employer involvement in long-term care issues.

Another recurrent term is that of *prevention*. "More governmental policy and employer interest," the role occupant says, "should be directed to the whole issue of what are the techniques that can be used to prevent the onset of long-term care whether that's health promotion, physical fitness related activities, nutrition, or pharmaceutical interventions." This recurrent term indicates an interest in a public policy that stresses disease prevention and health promotion. This interest entails some integration of health and long-term care policy. The model or metaphor that he presents for an integrated health and long-term care policy is that of rehabilitation in which care for an acute illness is followed by long-term care. This metaphor reveals an interest in an approach in which the effect of health policy on long-term care policy is considered.

The role occupant also ties prevention to *economics*, another recurrent term. He says that influencing policy is the reason "why you talk about prevention and other things that could have a longer impact on the cost side." Also in terms of

economics, the role occupant says "that companies are much more aware of the impact that long-term care has on the productivity of their own employees." The recurrent use of this term indicates an interest in having long-term care framed in economic terms in order to attract the attention of business.

### **Content Analysis**

The results of the content analysis of this interview transcript can be found in Table 9. The higher frequency in the older age cluster as compared to the disability and younger age clusters indicates an interest in seeing long-term care primarily as an issue of the elderly. The high frequency of the public sector cluster is indicative of an interest in seeing long-term care reform as a public responsibility. These interests either support or supplement interests found through structural analysis.

### **Summary (WBGH)**

Interest was revealed in a long-term care policy that entails minimal employer involvement; entails integration of health care with long-term care, with an emphasis on health promotion and disease prevention; treats long-term care reform as a public responsibility; and meets the long-term care needs of people of all ages but especially the elderly.

Also revealed was an interest in not participating, at this time, in the long-term care policy debate. However, an interest in framing long-term care in economic terms as a means of attracting the attention of business also was revealed.

**TABLE 9. CONTENT ANALYSIS:  
WASHINGTON BUSINESS GROUP ON HEALTH (WBGH)**

WORD OR CLUSTER OF WORDS	#	WORD OR CLUSTER OF WORDS	#
Older age cluster: aged, aging, elder*, old*, senior	17	Public sector cluster: social insurance, social or government program*, public sector	20
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	3	Private sector cluster: private insurance, private care, private sector	6
Younger age cluster: young*, youth, child*	1	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	0	Asset protection or sheltering	5
High income cluster: high* income, rich*, wealthy	1	Medicaid	6
Home and community-based care cluster: community care, community-based, home (health) care	6	Medicare	2
Institutional cluster: nursing home*, institution*	6	Flexibility cluster: flexib*, less rigid	2
Incremental	0	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	0	Pepper Commission	1
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	8	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	0
Funding cluster: financ*, fund*	4	Catastrophic Act	0
Social model	2	Medical model	2

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

## **CHAPTER 5**

### **DATA ANALYSIS AND IDENTIFICATION OF VITAL INTERESTS: CASES 9-16**

#### **Cases 9-10: The ARC and the Consortium for Citizens with Disabilities**

The ARC, formerly the Association for Retarded Citizens of the United States, focuses on "improving the lives of all children and adults with mental retardation and their families" (ARC, 1992b:1). The Consortium for Citizens with Disabilities (CCD Coalition) is comprised of 83 member organizations that have a concern for people with disabilities. Included are organizations such as the AIDS Action Council, American Academy of Pediatrics, Disability Rights Education and Defense Fund, Epilepsy Foundation of America, Goodwill Industries of America, March of Dimes, National Easter Seal Society, National Head Injury Foundation, the ARC, and the National Multiple Sclerosis Society (CCD, 1992a:1-11). The Coalition has no paid staff. Its functioning is centered in the work of its committees which focus on such areas as long-term services and supports, Medicaid, personal assistance, rights, social security, children and families, developmental disabilities, health and education (CCD, 1992b:1-2).

#### **Position Paper (ARC, 1991 and 1992a).**

No long-term care position paper was provided for the CCD Coalition. The ARC position statements on quality and individual service coordination (ARC, 1991)

were analyzed. Also analyzed were the "Medicaid--Long Term Assistance" and "Personal Assistance" sections of ARC's 1992 legislative goals (ARC, 1992a).

ARC's preferred meaning for quality is "a process that converts evolving values and beliefs into quantitative and qualitative assessments" and that involves advocacy "for increased empowerment of individuals and families" (ARC, 1991:IV). Quality also is seen as a "multidimensional concept" that is categorized as to levels. The first two levels involve client and family satisfaction. The third level involves outcomes. The fourth level entails "questions about the relevance and functionality of goals and objectives within the individual plan" (ARC, 1991:IV). The fifth level of monitoring quality entails the utilization of case management. The sixth level includes "visits and checks" by advocates, friends and family. Such visits are called "citizen monitoring." The last level of monitoring quality includes traditional approaches such as certification, accreditation, and state licensure regulations. Quality can be classified in many ways. This particular classification focuses on the individuals who receive long-term care services. It reveals a vital interest in relating quality assurance mechanisms to the clients, especially to their needs and their own evaluation of the services they receive. In defining quality assurance as a process, rather than as a set of standards, a vital interest in a flexible approach to quality assurance also is revealed.

ARC's preferred meaning of case management is "individual service coordination [which is] a distinct social service that enables people with mental

retardation and their families to find, utilize and coordinate available resources and opportunities in their communities on the basis of individual need" (ARC, 1991:VI). This preferred meaning reveals a vital interest in focusing on the individual and the individual's service needs. Again there is a vital interest in not losing sight of the person for whom long-term care services exist. This preferred meaning is associated with the use of absolute statements: "Children and adults with mental retardation *must* be able to take advantage of the multiple resources and services available to all other citizens . . . . *All* children and adults with mental retardation and their families should have access to the services of a service coordinator . . . . Individual service coordinators . . . *must* provide reliable information, help explore options, coach individuals and families and guide them in making informed decisions and gaining access to services and supports" [italics added] (ARC, 1991:VI). These absolute statements reveal a vital interest in an awareness, on the part of disabled individuals, of the services available to them and of the means of accessing those services. An additional interest is revealed in framing long-term care as being supportive of the individuals needing care, rather than as "doing for" those individuals. This interest involves a long-term care system that empowers the individual.

ARC provides a justification for integrating disabled individuals into the community rather than institutionalizing them. ARC maintains that such integration "is in the public interest." This justification lends itself to ARC's proposal that public funds "be made available at appropriate levels to support the essential function of

individual service coordination that is of high quality" (ARC, 1991:VI). The justification also reveals a vital interest in having long-term care framed as a public issue rather than as a private one.

Under the "Medicaid--Long Term Assistance" and the "Personal Assistance" sections of ARC's 1992 legislative goals, the key goals are presented in bold type. The goals call for support and expansion of Medicaid-funded home and community-based services. This presentation indicates an interest in changing Medicaid from an institutional to home and community-based care focus, thereby enabling more disabled individuals to remain at home.

#### **Role Occupant Interview (The ARC and CCD Coalition)**

This interview was conducted with Marty Ford, ARC's Assistant Director for Governmental Affairs and the Coalition's Cochair of the Long-Term Services Task Force and of the Social Security Task Force and member of the Personal Assistance Task Force. The Coalition is an organization that has no paid staff. The names of committee co-chairs are provided by the Coalition in lieu of staff members. This interview lasted 115 minutes with the recorded portion consisting of 90 minutes.

#### **Structural Analysis**

This role occupant's preferred meaning of long-term care is presented in terms of the individual needing care. "I got into this area because I have a brother with profound mental retardation who needs very, very intensive long-term care . . . . So I had the personal interest and then I've also seen my father in his years of

needing personal care as he got older. And so you see the personal issues that you can bring to the work . . . . And you see it with everyone working in the Coalition."

This preferred meaning reveals an underlying interest in the specific individual needing long-term care.

The role occupant uses a cooking metaphor when speaking of the way in which long-term care issues related to her job. The "position that I took was one where the long-term care issues were in my pot." Cooking food provides needed nourishment to oneself and to others. The use of this metaphor indicates an interest in providing needed services to disabled individuals, and in so doing to help oneself also. This interest also ties into the preferred meaning of long-term care as a personal issue.

A second preferred meaning for long-term care is "a very big and very important issue that just has to be resolved." There is energy in this sentence as well as an absolute statement. The statement reveals a vital interest in movement in long-term care reform. A similar interest is revealed in the role occupant's use of "a long haul" to describe long-term care reform. A long haul involves hard work over a long period of time. A long haul can become discouraging if there is no indication of impending completion.

This role occupant's preferred meaning of the disability community is as being "quite large . . . and a strong force." This meaning reveals a vital interest in changing the general perception of the disabled population as being small and weak. "I mean,"

the role occupant adds, "the disability community, I think, is seen as fairly small compared to the elderly community and our issues can get lost." There may also be an interest in following the path similar to that of the elderly population which formerly was seen as small and weak, but which, especially though the growth of special interest organizations, is now seen as large and as a strong force in shaping policy.

In an episode dealing with the passage of the Americans with Disabilities Act (ADA), the role occupant states, "It's pretty remarkable to have seen that major civil rights legislation pass in a fairly short time. And that's exciting! Where also it makes everybody open their eyes and say, 'Maybe we have been missing something.'" The metaphor of *opening their eyes* reveals an interest in having the disability community and its needs be visible to the general public.

The role occupant's preferred meaning for ADA is a means of coalescing the disability community, of getting the various disability groups "over the hump of paying attention to your little pot . . . to considering broader issues that affect everybody. The Americans with Disabilities Act really has spurred interest in people working together on a broad basis." This meaning indicates an interest in further unifying the disability groups in order that they might focus on issues of disability rather than on issues only related to specific disabilities. This interest also is seen in the use of the metaphors of *birth* and *growth*. "And I think that's been born out over and over by all of our discussions. We've had to educate each other." An

understanding of each other's concerns was "born," contributing to a unified voice for the disability community. "And we're branching out at this point to bring in more involvement," she adds. "We have had the community of people who are blind involved, but their needs are different. And they are needs that are overlooked." This "branching out" is aimed at increased consolidation of the disability groups.

The metaphor of *balance* is used in an episode dealing with quality assurance in long-term care. The role occupant speaks of "coming to a balance between the need for really solid quality assurance mechanisms for one segment or for several segments of the population. And I think a lot of elderly people are going to feel their vulnerability as they lose functioning and may not feel the ability to hire and fire [their paid caregivers] at will. In coming to the balance between those people who what or who need more protection [regarding service providers] and the desires of folks who say, 'All I need is the service system out there. Let me make the decisions about whether I'm happy with the service or not.'" The quality assurance needs of the elderly population and the younger, disabled population are not portrayed as being in opposition, but rather as in need of balance. Younger, disabled individuals, in general, want to be able to determine for themselves if the services they receive are quality services. Older individuals, in general, may want "outside observers" to decide. In using the metaphor of balance, the role occupant is not asking that the needs of the younger, disabled community receive more attention than those of the elderly. A vital interest, rather, is revealed in recognizing

the difference in the needs of the two communities and "finding the line in the middle somewhere that will accommodate both."

For this role occupant, the balance is struck in the care plan that may be written for an individual receiving long-term care. Quality, therefore, is defined in terms of the individual. The preferred meaning of quality is not "in terms of service delivery . . . but we've got customer satisfaction." Again, a vital interest is revealed in shaping long-term care, specifically quality assurance, in terms of the individual receiving services. A related vital interest is revealed in the use of the categories of *nursing home standards* and *home and community-based standards*. "I mean if you just look at nursing home standards," the role occupant comments, "I mean that is rigid. We're talking in terms of personal assistance and individualized services [in the home]. I just can't see that kind of rigidity maintaining any sort of flexibility and therefore you end up not meeting people's needs again." This categorization reveals an underlying interest in the use of flexible standards based on individual needs.

The preferred meaning of case management is service coordination. The role occupant states, "People with disabilities don't want to be seen as cases nor do they want to be managed." A vital interest in maintaining the autonomy of the recipient of long-term care services is revealed. This interest also is revealed in the preferred meaning of adult day care. The role occupant explains, "It might be adult day services or adult support services or something like that, but day care is what we

provide to children . . . . It's such an incredibly offensive term to people who are functioning people with disabilities to be thought of as needing day care."

The role occupant uses the categories of *semantics* and *philosophy* to elaborate on this response. "There are a lot of real sensitivities in language that have to be worked out. Some of it's semantic. Some of it's philosophical." It's not only the words, but the philosophy underlying them: "A lot of [the response] is based on the dignity of the person and a real desire to not be seen as being cared for but just needing support to function." Again, the old/young dichotomy is used. The role occupant categorizes long-term care recipients either as *disabled and increasing their functioning ability* or as *elderly and losing their functioning abilities*. This categorization presents a more positive framing of the situation of the disabled *vis-à-vis* long-term care than of the elderly. It reveals an interest in a positive presentation of the long-term care needs of disabled individuals. A vital interest again is revealed in conveying the underlying difference in the long-term care needs of the disabled and elderly communities. This interest seems to have the aim, not of distancing the two communities, but rather in improving the overall image of long-term care. The disability community's preferred meaning of long-term care is seen as having the potential to put a positive "spin" on long-term care in general, thereby helping both the disability and elderly communities. This interest in having the disability community be seen as adding a positive perspective to long-term care also is revealed in the use of the metaphor, *at the table*. The role occupant speaks of disability

groups "bringing something new to the table." That "something new" is the positive framing of long-term care as adding to the abilities of a person rather than maintaining independence as a person loses functioning.

The metaphor of being *at the table* also is used in speaking of individuals with cognitive impairment: "There needs to be representation of that point of view and those needs at the table if those persons themselves cannot . . . represent themselves at the table." This use of the metaphor focus on those persons least able to represent their own interests. It reveals an interest in inclusion of all of the related interests in the process of long-term care policy formulation, even those interests that are least able to organize and represent themselves.

In an episode related to current long-term care legislative proposals, the role occupant states that the drafters of the proposals have "acknowledged [that these proposals were] focused primarily on elderly people and what we perceived as their needs and while we tried to accommodate some disability interests, we really only played around the edges and we know we haven't hit the central philosophy." This statement, with its metaphors, reveals an interest in putting forth legislative proposals that directly address the needs of younger disabled people. This is not to say that the needs of older individuals should be neglected, but rather that the specific needs of younger people also should be met.

In the same episode, the role occupant uses absolute statements and provides justifications for those statements when she speaks about legislative provisions that

make a person ineligible for payment for home and community-based care if that care exceeds the cost of nursing home care. This episode, therefore, includes the division of long-term care services into the categories of *institutional* and *home and community-based care*: "Well, the disability community just simply won't accept [being ineligible for home and community-based care because the cost exceeds that of institutional care] because we don't believe that a person should have to leave their life and go live in a nursing facility for the purpose of getting services. They can't be independent, productive, and integrated into the community in a nursing facility . . . . They don't want to live their lives in nursing homes beginning at age twenty. They want support to help them get jobs and stay functioning in their own homes . . . . and we're saying the time has come to change the basic philosophy. Services shouldn't be facility-based. People don't live in facilities except by force. They live in their homes and the services should be provided there." These absolute statements, justifications and categories reveal an underlying interest in an approach to long-term care that supports the independence and productivity of recipients of services (especially younger, disabled recipients), as well as one that seeks to integrate those individuals into the community. The use of the negative metaphor of disabled people being "driven to [the use of nursing homes] because they have no other choice" also supports this underlying interest. The metaphor also suggests a vital interest in a long-term care policy that includes elements of choice for the

recipients of services. This concern for choice ties into the vital interest in maintaining the autonomy of recipients of long-term care.

In an episode dealing with the categories of *the disabled individual* and *the individual's family*, the role occupant speaks of the wishes of both and the need for the individual's wishes to have priority. "Now we also have to make a distinction between what families want and what individuals want when you're talking about adults particularly because quite often while the 'family' may be able to and may be happy to take care of somebody, it may not be the best thing for that individual. The individual may want their independence from their family, may need it, and desire it, and can't get it. So family and individual are always not tied together. And quite a lot of the focus on these long-term care bills is relieving the burden of the family. And that again is very offensive to people with disabilities, the adults. And they say, 'I wouldn't be a burden on my family if services were available to me . . . .and in fact, I'm too old to be living at home. I shouldn't be having my mother give me a bath.'" These categories, in addition to the strong language, indicate a vital interest in maintaining the autonomy of the individual when the person is a capable adult.

The preferred meaning of respite care also supports the existence of this interest in maintaining the individual's independence. Respite care is care provided to an individual in order that the caregiver can be free for a time of the caregiving responsibilities. This role occupant sees respite care as a "only a stop-gap measure

until we have comprehensive long-term service reform." The role occupant adds, "It's still looking at dignity. Who should be receiving this service?" The existence of these interests also is supported by the role occupant's dichotomy of seeing recipients as *adults who need long-term care services* versus recipients as *dependents of families*. The first is a category that emphasizes the autonomy of the recipient. The second, the role occupant states, "is very paternalistic."

In an episode in which the role occupant speaks of intermediate care facilities for the mentally retarded (ICF/MR), the dichotomy of institutional/home and community-based care is used. The role occupant uses an absolute statement and provides justification for that statement. With the emphasis on institutional care, she states, "You have to go to the ICF/MR or some other such out-of-home placement where you get the package that costs X regardless of whether you need everything in the package or not. It's a waste of resources." The absolute statement and justification reveal a vital interest in providing long-term care in the recipient's home. The preferred meanings of institutional care as "out-of-home" care and as a "waste of resources" also support the existence of this interest.

The role occupant uses an absolute statement in talking about quality assurance. She uses the categories of *rigid government regulations* and *flexible standards* when she says, "We certainly, as organizations that are pushing for flexibility and individuality, we *never* want to see again the kind of abuse and neglect that went on in the large state institutions. I mean, we recognize that as rigid and

unbending as those federal regulations can be, they've made a big, big difference in the lives of people who live in those facilities that now get federal money that didn't used to. And there is no question of the difference in quality of life. It's still institutionalized though. It's still very, very limited." This categorization and use of an absolute statement reveal a vital interest in preventing abuse and neglect of recipients of long-term care.

The role occupant utilizes the categories of the *social* and *medical models* of long-term care. Her preferred meaning of the social model is a less costly approach to long-term care that better meets the individual's needs without "nurses overseeing everything and they're not nursing services. I mean helping someone go to the bathroom is not a nursing service." She says the thinking of some people that the social model means providing "a housekeeper and a maid for all older people . . . is prejudice." Her preferred meaning, with its negative view of the medical model perspective, reflects an interest in focusing on the social model.

Although this role occupant speaks against the use of the word, "care," she uses the word herself. She justifies this use by saying, "I use 'long-term care' a lot because I was speaking from the perspective of a lot of the long-term care proposals." This justification may indicate that the stronger interest lies in changing the focus and philosophy of long-term care rather than in changing the terminology.

## **Content Analysis**

The results of the content analysis of this interview transcript are displayed in Table 10. The high frequency in the disability cluster indicates an interest in addressing the needs of disabled individuals in any long-term care policy. The lower, but still high, frequency in the older age cluster indicates an interest in also addressing the needs of older persons. The high frequencies in the home and community-based care and the institutional clusters indicate an interest in including both types of care, but in emphasizing the former. The high frequency in the expenditure cluster indicates an interest in addressing the costs involved in long-term care. The relative frequencies in the flexibility and inflexibility clusters indicate an interest in a flexible policy. The relative frequencies in the public and private sector clusters indicate an interest in a public approach to long-term care reform.

### **Summary (The ARC and CCD Coalition)**

An interest was revealed in a long-term care policy that treats long-term care as a public issue; is flexible; contains flexible quality assurance standards that relate to the needs of the individual; focuses on the individual needing care and on empowering that individual; includes elements of choice for the recipients of care; prevents abuse and neglect of recipients of service; increases awareness on the part of disabled individuals regarding available services and the means of accessing them; has a home and community-based focus; presents the needs of disabled individuals in a positive light; is sensitive to and balances the differing needs of younger and

**TABLE 10. CONTENT ANALYSIS:  
THE ARC AND THE CONSORTIUM FOR CITIZENS WITH DISABILITIES**

<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>	<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>
Older age cluster: aged, aging, elder*, old*, senior	26	Public sector cluster: social insurance, social or government program*, public sector	7
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	60	Private sector cluster: private insurance, private care, private sector	0
Younger age cluster: young*, youth, child*	11	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	0	Asset protection or sheltering	1
High income cluster: high* income, rich*, wealthy	0	Medicaid	8
Home and community-based care cluster: community care, community-based, home (health) care	38	Medicare	0
Institutional cluster: nursing home*, institution*	33	Flexibility cluster: flexib*, less rigid	10
Incremental	0	Inflexibility cluster: rigid*, inflexib*	3
Comprehensive*	6	Pepper Commission	3
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	16	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	6
Funding cluster: financ*, fund*	2	Catastrophic Act	0
Social model	0	Medical model	0

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

older persons needing long-term care; supports the productivity of younger disabled individuals and seeks to integrate them into the community; includes all of the related interests in policy formulation; supports the autonomy of recipients of care; emphasizes the social model of long-term care; and addresses the costs of long-term care. An interest also was revealed in the further coalescing of the disability groups resulting in their speaking in a unified voice. An interest in the increased visibility of the disabled community and its needs also was revealed. In addition, an interest in movement in long-term care reform was indicated.

#### **Case 11: United States Department of Health and Human Services**

The Department of Health and Human Services (DHHS) is a federal executive branch cabinet-level department that administers a wide range of federal human service programs. The four operating divisions of DHHS are the Administration for Children and Families, Health Care Financing Administration, Social Security Administration, and the Public Health Service (OFR, 1992/93:302-304).

#### **Position Paper (DHHS)**

No position paper was obtained from DHHS. The role occupant said "The administration is unwilling to make long-term care policy."

### Role Occupant Interview (DHHS)

The role occupant interviewed from DHHS was Mary Harahan, Director of the Long-Term Care Division. The interview lasted 95 minutes with 65 minutes being taped.

#### Structural Analysis

A recurrent term used by this role occupant is *flexibility*. The role occupant calls for flexibility in allowing people to age in place rather than "kicking them" into a nursing home. Use of the metaphor, *being kicked*, implies an interest in avoiding nursing home use when the individual does not want it and prefers to remain where she or he currently resides. The role occupant also calls for flexibility in reimbursement for long-term care services in order that people don't go to a nursing home only because its cost is reimbursed. This use of the term, *flexibility*, is combined with an absolute statement: "There isn't any doubt that we need to put more money into home care . . . because there are more people who are disabled and, and we need to do that in a way that provides, I think, the decision making at the lowest level." This absolute statement, combined with the recurrent term, indicates an interest in formulating a policy that is flexible regarding the setting in which long-term care services are provided. This statement also presents the *level* at which decisions are made as a dimension for decisionmaking. The role occupant adds, "[Long-term care policy] needs to be so flexible that the government is not up here doing what we end up having to do all the time which is to specify the services

and define them and guess under the circumstances under which they're going to be delivered. All of which just get us into contortions. We need to make that money highly flexible to be useful to meet long-term care needs. We can fulfill a long-term care need fifteen different ways is a need, you can't, you have appendicitis you haven't got fifteen choices." Through the use of this decisionmaking dimension, the role occupant reveals an interest in putting decisionmaking, to the extent possible, at the state level and at the recipient-of-care level.

In an episode dealing with the Pepper Commission, the role occupant calls for a different kind of thinking about long-term care, one that involves movement from a system "where reimbursement determines a lot about where you go to a very different kind of system" in which the individual's choices are increased. She uses the metaphor of the client *being kicked* along a continuum that ends with nursing home care. This metaphor reveals an interest in a system that has more opportunity for client choice as to the place in which long-term care services are received rather than a system in which the place of care is determined by reimbursement. However, the role occupant also points out that flexibility is limited by costs. Her metaphor for unlimited flexibility is *an open-ended pot of money*. This metaphor, with its potential for fiscal disaster, reveals an interest in avoiding the high cost of a totally flexible system in which the government is expected to pay the costs whatever they are. The role occupant's preferred metaphor for a financing mechanism is *a highly flexible pot of money* that consolidates all the public money being spent on long-term

care and sets a cap on the amount the federal government will contribute to national long-term care needs. These metaphors reveal an interest in a policy with a flexible financing mechanism that includes attention to cost containment. "And," she adds, "we're not going to sit here and screw around with second guessing [the states] on how to spend it." This metaphor reveals an interest in avoiding excessive federal regulation of the states in the area of long-term care.

The role occupant's preferred meaning of long-term care is an approach "that lends itself to tree thinking instead of forest thinking." In explaining this expression, she states that long-term care "is an issue that lends itself to big thinking, to thinking outside the structures that are existing programs because, after all, we don't really have a federal long-term care policy that is very comprehensive." She explains that in health care, the various sides are "entrenched." This is not the case in long-term care, she notes, and therefore there is freedom to think about the issue outside of existing structures. "I mean," she continues, "nobody really looks at the Medicaid program and thinks, 'Gosh, that is our long-term care policy.' Now I know that's true. So, it's just possible, I think, to be less rigid in how you approach it without people getting really defensive." This preferred meaning, with its negative perspective on Medicaid, indicates an interest in a comprehensive, flexible, innovative long-term care policy.

The role occupant expresses doubt when opposing the use of a social insurance approach to long-term care: "But then again I shouldn't have very good

feelings about the role of private insurance 'cause we've already seen what the health care system has done with private insurance." This expression of doubt about a completely private sector solution, coupled with opposition to a completely public sector solution, reveals an interest in avoiding the polarities in formulating changes in long-term care policy. An interest in finding a policy that integrates both sectors is indicated.

Conservatives, liberals, Republicans and Democrats, the role occupant maintains, are uncertain as to the approach to take in long-term care. In comparing this attitude to that in health care, she says that in long-term care, "You just don't get the same kind of lines drawn in the sand." Use of this metaphor, which emphasizes the oppositional nature of the health care debate, indicates an interest in a less adversarial approach in the long-term care debate. The strong language in her statement, "The health care debate is paralyzed by politics," indicates an interest in examining long-term care policy, to the extent possible, apart from politics.

The role occupant also uses the categories of *health* and *long-term care* in other ways. She differentiates the two on the basis of perceived crisis: "The interesting thing about long-term care is that it is not a system at this point that's in crisis in the way the health care system is . . . . The factors that are going to fundamentally alter the way we deliver long-term care are still playing themselves out." She adds that because the preferred meaning of long-term care crisis is as a future, and not a present, event, the response is to say, "Let's shove it off because

it's not causing the same kind of difficulty as the health care problem is causing." The role occupant points to the 37 million Americans who have no health insurance and says, "We're not seeing huge numbers of disabled people going without [long-term] care. As a matter of fact we can find virtually no one who's going without care. That doesn't mean they're not, but it means that in our surveys we're not seeing that as a big problem. Whereas, there's no analogue for the 37 million uninsured." The role occupant uses strong language in saying, "It would be evil to fix long-term care before you've fixed health care. If we do that, we all deserve to go bury ourselves in the ocean." In explaining the offensiveness of dealing with long-term care first, the role occupant says, "Because we're not in a crisis." Medicare and Medicaid provide a "safety net" for older people, she states, but no such safety net is provided for poor children who lack health insurance. This justification pits the health care needs of children against the long-term care needs of older individuals. The justification reflects an interest in developing a health care policy that meets the health care needs of poor children prior to addressing long-term care reform.

In an episode dealing with transfer of assets, the role occupant speaks of "creating a climate" in which there are disincentives for asset transfer. Her preferred meaning of a policy that does not encourage asset transfer is one that provides older people a way of staying independent of their children. When assets are transferred to children in order to meet the Medicaid financial eligibility requirements for nursing home care, older individuals lose control of their assets. The role occupant

uses the metaphor of older people *being driven* to attorneys who specialize in estate planning when speaking of current long-term care policy. *Being driven* implies that older people are going to attorneys because of the long-term care policy not because they want to go. The role occupant states that the children of these individuals, rather than the individuals themselves, benefit. An interest is revealed in a policy that does not "drive" people to attorneys for asset protection measures.

*Fairness* is proposed as a dimension for decisionmaking by this role occupant. Asset transfer "is not fair," this role occupant states, because those individuals who "are smart enough to have an attorney can have your nursing home care paid for by the Medicaid program, but if you're not, you pay for it out of pocket." She adds, "To me what matters is that the system and the rules be fair." Using fairness as a guideline, this role occupant would provide alternatives to asset transfer. This dimension for decisionmaking indicates an interest in a long-term care policy that includes financial eligibility requirements that are considered to be fair.

This role occupant's synecdoche for the medical model of long-term care is expressed as follows: "You do not need a brain surgeon to go shopping for someone." This synecdoche, with its negative portrayal of the medical model, indicates an interest in avoiding a purely medical model of care.

Other categories used by this role occupant are those of *paid* and *voluntary* long-term care. She states, "I don't know what the impact would be of formalizing a system that is now 75 or 80% voluntary, but I expect that there are some very good

things that happened as the result of the voluntary system." Her use of these categories implies an interest in a policy that does not replace the care provided by families and friends with formal services.

### **Content Analysis**

The results of the content analysis of this interview transcript are displayed in Table 11. The frequencies in the older age and disability clusters indicate an interest in meeting the needs of both older individuals and younger, disabled persons. The frequencies in the home and community-based care and institutional clusters indicate an interest in providing both types of services. The frequencies in the public and private sector clusters indicate an interest in a policy that includes components for both sectors. These findings support or supplement those of the related structural analysis.

### **Summary (DHHS)**

An interest was revealed in a comprehensive, flexible, innovative long-term care policy that allows for recipient choice as to the setting in which services are provided; contains a reimbursement system that does not dictate the setting in which care is received; puts decisionmaking, to the extent possible, in the hands of recipients of care and the states; avoids excessive federal regulation of the states; discourages asset transfer; includes a flexible financing mechanism that includes attention to cost containment; does not make the government responsible for payment for all long-term care services; creates an area of responsibility for the

**TABLE 11. CONTENT ANALYSIS:  
UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)**

WORD OR CLUSTER OF WORDS	#	WORD OR CLUSTER OF WORDS	#
Older age cluster: aged, aging, elder*, old*, senior	26	Public sector cluster: social insurance, social or government program*, public sector	17
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	13	Private sector cluster: private insurance, private care, private sector	14
Younger age cluster: young*, youth, child*	2	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	3	Asset protection or sheltering	11
High income cluster: high* income, rich*, wealthy	1	Medicaid	17
Home and community-based care cluster: community care, community-based, home (health) care	23	Medicare	5
Institutional cluster: nursing home*, institution*	20	Flexibility cluster: flexib*, less rigid	8
Incremental	0	Inflexibility cluster: rigid*, inflexib*	1
Comprehensive*	3	Pepper Commission	6
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	7	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	1
Funding cluster: financ*, fund*	3	Catastrophic Act	5
Social model	0	Medical model	0

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

private sector; includes financial eligibility requirements that are considered fair; does not replace the informal system of long-term care with formal services; avoids a purely medical model of care; reduces premature and unnecessary admissions to nursing homes; and achieves a balance between institutional care and home and community-based care. Other interests involved the long-term care reform debate. Interests were revealed in a debate that is less adversarial than the current health care reform debate and that avoids politics as much as possible. An interest in meeting the health care needs of uninsured children before dealing with long-term care reform also was revealed.

#### **Case 12: The Alzheimer's Association**

The Alzheimer's Association is a "national voluntary health agency dedicated to researching the prevention, cure and treatment of Alzheimer's disease and related disorders. The association disseminates information, supports research, and encourages legislative measures, . . . helps shape public policies, and assists in federal, state, and local advocacy" (Van Tassel & Meyer, 1992:3,5). The organization consists of a network of "more than 200 Chapters, 1,600 support groups, and over 35,000 volunteers" (Alzheimer's Association, 1991:2).

#### **Position Paper (Alzheimer's Association, 1991)**

This paper is presented in the context of *family*. *Family* also is a recurrent term used in the paper. The context and recurrent term indicate an interest in

achieving a public policy that addresses the needs of family members of individuals requiring long-term care.

The justification for public financing of long-term care is that "Long term care has reached crisis proportions in America. Families live in fear that chronic disease will strike one of their loved ones, sapping the family's physical energy, their emotional well-being, and their life savings. As our population ages, most American families can expect to face a long term care crisis at some point . . . . Private insurance is not a viable option for most people because of cost and limitations on coverage" (Alzheimer's Association, 1991:6). This multifaceted justification, which includes a major focus on the financial ramifications of long-term care, reveals an interest in addressing long-term care financing as a public rather than a private responsibility.

The preferred meaning of caring for a person with Alzheimer's Disease is "a wrenching social problem for years to come" (1991:6). This preferred meaning, with the emotion-laden adjective, *wrenching*, reveals an interest in a policy that addresses the emotional needs of those providing long-term care to family members.

#### **Role Occupant Interview (Alzheimer's Association)**

The role occupant who was interviewed was Judy Riggs, Director of Federal Issues. The interview lasted 90 minutes of which a 60 minute portion was taped.

## Structural Analysis

The role occupant frequently uses the effort to achieve comprehensive child care legislation as an analogy for the effort to achieve comprehensive long-term care legislation. She previously worked as an advocate for child care and she comments, "I'm really still representing the very same families I was representing in the early seventies except that their needs have broadened. Some of them still have child care needs, but the long-term care needs are overwhelming." This use of the analogy, which focuses on family members of persons needing care, indicates an underlying interest in the needs of the caregivers.

The analogy continues as the role occupant speaks of "the reaction to child care in the '70's [that] came very much from people who said women with children should be at home and that any public policy that supports child care is an incentive to shift child caring responsibilities from parents to the public." The same categories of *public responsibility* versus *family responsibility* are evident, the role occupant maintains, in the long-term care debate. "There is this argument that families are doing this job now and if you develop a public program particularly on the home side, you're simply going to substitute paid care for what families have been doing without being paid." The analogy and categories reveal an interest in balancing the public and private responsibilities related to the provision of long-term care. They also reveal an interest in the needs of the families of individuals needing long-term care. This latter interest also is evident in the role occupant's justification for

working in issues related to aging: "I entered the whole process because of my own family experience."

Her synecdoche for Alzheimer's disease is "not knowing my children." This synecdoche is family oriented and reveals an interest in seeing long-term care needs from the vantage point of the family and seeing long-term care as a family issue. This interest also is revealed in the role occupant's preferred meaning for the driving force behind long-term care: "There's no question in my mind that the energy and the motivation behind this whole issue is families."

Her preferred meaning of Alzheimer's Disease is as a "horrendous emotional, physical and financial disaster" that politicizes the caregivers. Caregivers, she states, find that "there's no hope in terms of medical treatment and there's no help. There's no system out there to support you, particularly older people who thought they were secure with Medicare." This preferred meaning of Alzheimer's disease as a politicizing phenomenon reveals an interest in addressing long-term illnesses in the public arena and in formulating public responses to the needs related to them.

The role occupant's metaphor for the process of enacting comprehensive long-term care reform is "the way we changed things when we enacted Medicare or when we enacted Social Security." Her preferred meaning for an incremental approach to long-term care reform is "a frustration." This metaphor and preferred meaning reveal an interest in avoiding the discouragement of doing "bits and pieces of things" and an interest in national movement toward comprehensive change.

The metaphor the role occupant uses for Alzheimer's disease is "the time bomb in the health care system. I mean, Alzheimer's disease is the most uninsured and the costliest illness that families are likely to face. Alzheimer's disease is the missing piece in the health care debate." The *time bomb* metaphor reveals an interest in acknowledging the likely future effects of Alzheimer's disease and addressing them. The *missing piece* metaphor reveals an interest in having Alzheimer's disease, which has both health and long-term care ramifications, help bring the health care and long-term care debates to a stage of resolution.

In an episode related to the categories of *health* and *long-term care*, the role occupant speaks about the anxiety related to the two types of care. "The polling has shown more people are anxious about the health care needs. But if you dig down beneath some of that, a lot of the anxiety is about long-term care." The role occupant's justification for this statement is "the reality that most Americans are in fact pretty well insured because most Americans who do work do have insurance and an awful lot of Americans don't pay for it. But [in] the long-term piece, everybody's uninsured. Everybody." A second justification concerns the Medicare Catastrophic Coverage legislation that "wasn't covering what were truly the catastrophic concerns, concerns about catastrophic costs [resulting from] long-term care." The latter justification plus the role occupant's earlier calling long-term care a *piece [of the puzzle]* indicate an interest in dealing with health and long-term care reform together.

In the episode in which the categories of *health* and *long-term care reform* are used, the role occupant analyzes the two in terms of their "driving forces." Long-term care reform "is not like health care reform [in terms of] where the drive for reform comes from . . . . What's driving the health care debate is business interests. It's the major corporations who see so much of their profits going into health insurance. It's small businesses who are having a horrendous time trying to insure their employees. It's coming from physicians and health care providers . . . who say, 'We're not getting reimbursed enough to meet our costs.' Long-term care is an issue that's driven by people who are affected by a disease. There's a real difference. And it's partly because all those other institutional interests haven't developed because there hasn't been a system in place. It means that the force for change has to come from families and consumers rather than from all the interest groups that already have access to the system." This preferred meaning of the driving force behind long-term care reform reveals an underlying interest in having the long-term care reform effort seen as a grassroots phenomenon.

Again related to the health and long-term care categories is an episode dealing with asset protection. "There really is this issue that's different I think than health care about whether we should be about protecting people's assets, about whether the federal government should protect inheritances." Her preferred meaning for asset protection is as "a big issue that's got to be resolved much more clearly. And of course part of that too is the whole role of private insurance. Should people

look to the future and consider if they will have significant income or assets to protect against high long-term care costs? And private insurance may become a much more viable piece if it's clear what the public program is." This preferred meaning reveals an interest in having a private sector component related to asset protection and to have that component of long-term care reform be shaped by the public sector component. The role occupant's synecdoche for asset protection is contained in the following statement: "I think you cannot ignore [the question], 'Why should the government pay for Donald Trump's long-term care?'" This synecdoche reveals an interest in framing asset protection in terms of a private, not a public, responsibility.

In the episode dealing with asset protection, the role occupant again uses the metaphor of a puzzle to represent the putting together of the pieces of reform. She presents asset protection as "a piece of the puzzle." This metaphor indicates an interest in having each of the components of long-term care reform fashioned in such a way as to fit together into a coherent whole.

In an episode dealing with case management, a vital interest is revealed in developing a long-term care policy in which control over decisionmaking rests, to the extent feasible, with the individual needing care and with the family. That interest is seen in the role occupant's metaphor for the case manager: "There's a perception of the traditional model of the case manager in the social work context as being the lady bountiful who comes in and tells somebody who's dysfunctional how to get their

lives organized and how to operate." Concerning the metaphor, the role occupant adds, "That's a model that doesn't work. In the context of long-term care, people are concerned about maintaining control over their lives. It's an essential element in a disability community. Because a person has perhaps a very severe physical disability in no way should limit that person's ability to control his or her life and his or her decisions about care. Research has shown one of the real barriers to people utilizing services is that fear of losing control."

### **Content Analysis**

The results of the content analysis of this interview transcript are displayed in Table 12. The frequencies in the public and private sector clusters indicate an interest in a public sector approach to long-term care reform with a smaller private sector component. The high frequencies in the younger and older age clusters indicate an interest in meeting the long-term care needs of people of all ages. The uniform frequencies in the home and community-based care and institutional clusters indicates an interest in including both types of care. The high frequency in the expenditure cluster indicates an interest in addressing the problems associated with long-term care costs. These interests either support or supplement those identified in the related structural analysis.

### **Summary (Alzheimer's Association)**

Interests were revealed in addressing health and long-term care reform together; having the components of long-term care reform constitute a coherent

**TABLE 12. CONTENT ANALYSIS:  
ALZHEIMER'S ASSOCIATION**

<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>	<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>
Older age cluster: aged, aging, elder*, old*, senior	15	Public sector cluster: social insurance, social or government program*, public sector	25
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	3	Private sector cluster: private insurance, private care, private sector	7
Younger age cluster: young*, youth, child*	25	Woodwork effect	2
Low income cluster: low* income, poor, poverty, impoverish*	2	Asset protection or sheltering	1
High income cluster: high* income, rich*, wealthy	0	Medicaid	6
Home and community-based care cluster: community care, community-based, home (health) care	11	Medicare	9
Institutional cluster: nursing home*, institution*	11	Flexibility cluster: flexib*, less rigid	1
Incremental	1	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	3	Pepper Commission	1
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	12	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	1
Funding cluster: financ*, fund*	1	Catastrophic Act	4
Social model	1	Medical model	1

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

whole; formulating a comprehensive long-term care policy that includes public financing, leaves an asset protection role for the private sector and includes home and community-based care as well as institutional care; balancing public and private long-term care responsibilities; having decisionmaking rest, to the extent possible, with individuals needing care and with their families; addressing the varied needs of family caregivers; seeing long-term care as a family issue and long-term care reform as a grassroots effort; meeting the long-term care needs of people of all ages; addressing the problems related to the cost of long-term care; and including attention to long-term care related illnesses such as Alzheimer's Disease in the public debate.

### **Case 13: The Long-Term Care Campaign**

The Long-Term Care Campaign (LTCC) consists of 140 national organizations, including American Public Health Association, Americans for Indian Opportunity Association, Association for Retarded Citizens of the United States, Central Conference of American Rabbis, Displaced Homemakers Network, Epilepsy Foundation of America, Lupus Foundation of America, NAACP, National PTA, Paralyzed Veterans of America, and World Institute on Disability. The cooperating organizations represent over 60 million individuals.

LTCC literature states that the organization is "dedicated to enacting comprehensive legislation to protect American families against the devastating costs

of Long Term Care . . . . [The organization] emerged in response to the tremendous outpouring of concern expressed by American families who are struggling with the emotional and financial stresses of Long Term Care." (LTCC, nd[a]:1).

#### **Position Paper (LTCC, nd[a] and [b])**

The organization's key legislative principles are presented in a context of comprehensiveness in terms of availability, services and financing (nd[a]:1). An absolute statement is used regarding costs: "Cost containment mechanisms must be built into the program" (nd[b]:1). The context and absolute statement, which contain the somewhat contradictory goals of comprehensiveness and cost containment, indicate an interest in a long-term care policy that balances the two.

#### **Role Occupant Interview (LTCC)**

The role occupant interviewed was Deborah Briceland-Betts, LTCC National Campaign Director. The interview lasted 70 minutes with a 60 minute portion being tape recorded.

#### **Structural Analysis**

In an episode dealing with her work in long-term care, the role occupant uses a simile when saying that working in long-term care is "like a fever." A fever, although uncomfortable, pushes an individual to action. This simile indicates a vital interest in movement to address the needs associated with long-term care. The role occupant's preferred meaning of long-term care is that it is not "a kitchen table or

back bedroom issue," but rather a political issue. This preferred meaning reveals an interest in framing long-term care as a public, and not a private, issue.

*Choice* is a recurrent term used by the role occupant. Although she wants to see an increase in home and community-based services, she does not see these as "displacing institutional care when that is the more appropriate choice." This recurrent term indicates an interest in a long-term care policy that includes a balance between access to institutional care and home and community-based care, with the balance being struck at the type of care that is appropriate for a given individual. The term also indicates an interest in avoiding a pendulum swing from an institutional bias to a bias against institutional care.

In an episode dealing with Medicaid, the role occupant presents her preferred meaning of Medicaid as that which is "breaking state budgets . . . and long-term care is the fastest growing portion of Medicaid and has forced states to begin to look at where they're spending their money." This preferred meaning indicates an interest in addressing the long-term care costs of Medicaid. In addition, an interest is revealed in framing the need for long-term care reform in economic terms. An awareness of the economic problems, the role occupant states, has resulted in "advocates and families [being] able to say, 'We need a program to address this in our state.'"

The role occupant provides an economic justification for a federal, rather than a state, long-term care program: "While states may understand the need [for long-

term care] and may be under the front line of fire, the kind of comprehensive program that we need to address the issue probably isn't fundable at the state level especially in rural states." *Choice* also is used as a justification for a national program: "and so definitely it should be a social insurance model. I've already mentioned in terms of having choice, [of] being able to pick what the caregivers and medical personnel feel is the appropriate form of care for this person whether it's a home care situation in a community program or institutional care." The justifications reveal an interest in a source of funding that is sufficient to create a comprehensive long-term care program and an interest in a policy that provides choice as to the setting in which services are received. The role occupant focuses on *choice* in terms of caregivers rather than the individuals needing care. This focus reveals an interest in meeting the needs of caregivers.

The role occupant uses the public/private dichotomy in an episode dealing with transfer of assets. Her preferred meaning of asset transfer is as "maybe the issue that people are concerned about, but are not articulating in a very good way." She continues, "And maybe the role for private insurance in our society always has been to protect assets and the more assets you have, the more insurance you have. Look at cars. Look at houses. Maybe that's where the public and private program fit is in long-term care." This preferred meaning indicates an interest in finding an appropriate public/private fit in long-term care policy, possibly in the area of asset protection.

The role occupant uses cost as a dimension of decisionmaking: "Even though I can sit here and say, 'We probably shouldn't make the decision based on cost,' if you really want this program you probably will have to make the decision based on cost. This dimension of decisionmaking indicates an interest in achieving long-term care reform even though it will entail compromises due to costs.

The role occupant expresses doubt as to a preferred cost containment mechanism: "I'm not sure that I have an answer for that, that I'm capable of giving that an answer." This doubt, combined with the use of cost as a dimension of decisionmaking, conveys an interest in being open to the various cost control mechanisms being proposed.

In several episodes, the role occupant speaks of the categories of *reality* and *ideal*. For instance, in an episode about access to long-term care services, she states, "If I talk the program line, the Long Term Care Campaign says 'a program available to everyone regardless of age or income.' . . . But I think the reality of what I see when I'm out around the country where people are saying, 'Yes, we want a public program, but we want some limits to that and to who can have access to it in terms of income.'" She adds, however, that people want to "draw the line" right above their own incomes. She concludes with a preferred meaning of asset protection as "probably a far more heated section of the debate than most people realize." These categories and preferred meaning indicate an interest in working out these tensions

between what is possible and what is desired in terms of asset protection in long-term care policy.

In an episode dealing with the long-term care legislation introduced by Senators Mitchell and Rockefeller and Representatives Gephardt and Waxman, the dichotomy of reality/ideal also appears. The role occupant offers her metaphor for the legislation as "a shadow of the Pepper Commission recommendations." A shadow is not the real thing. It is merely the darkness that is left when an object blocks out the light. "We're already beginning to see a wave of negative feeling that this bill is not enough," she comments. "I mean it's hard work for us just as it was hard for [Congress] to introduce it. It's hard for us to sell the package." Waves are powerful forces that have the potential to be destructive. These metaphors indicate an interest in a long-term care policy that more closely conforms to the Pepper Commission recommendations.

In this same episode, the role occupant utilizes the categories of *Congress, the organization's leadership, the vocal part of the membership, and the people needing services*. She says each of the categories, except the vocal part of the membership, is willing to accept compromise (or reality). In categorizing people in terms of their willingness to accept or reject compromise in long-term care reform, the role occupant reveals an interest in identifying the people and the reasons that serve as barriers to movement in long-term care reform.

In an episode regarding the Medicare Catastrophic Coverage Act, the role occupant presents her preferred meaning of the events surrounding the legislation: "After Catastrophic, people really want to know more about where the money's coming from for something. And when you say, 'Here's a program; funding sources to be announced later,' you don't get people's attention for very long." She continues, "All the polls have been telling us for years that people want [a long-term care] program. They are willing to pay higher taxes. Now we've got to get out there and really give it a hard test and say, 'Here it is. Here's the benefit and here's the proposed funding mechanism.'" This preferred meaning reveals an interest in having funding mechanisms included in proposed long-term care legislation. It also indicates an interest in putting a long-term care program, including funding, to the test in order to determine if people actually will support it.

The role occupant's preferred meaning for support of long-term care proposals is that "It's not an empty effort. It's not just busy work within a Campaign that's been around awhile, but there really is a political purpose behind what we're doing. And that is to once again demonstrate how strongly people feel about addressing a solution." This preferred meaning reveals some discouragement regarding the relationship between the organization's constituents and leadership and an interest in a membership that is willing to address the tough political issues related to long-term care and to support and work for a solution.

In an episode dealing with private long-term care insurance, the role occupant uses the metaphor of *carving*: "If we're going to make it manageable so that insurance can thrive, we have to carve out some insurable piece of the market for them." When a piece is *carved out* of an object, it is seen as having lesser importance than the object itself. This metaphor reveals an interest in a public-private solution to long-term care with the private component having less importance than the public. It reveals an interest in a long-term care policy that clearly designates the government's responsibility in long-term care and, therefore, the responsibilities left to the private sector.

The role occupant uses the cliché of *comparing apples and oranges* in an episode dealing with the purchase of long-term care insurance policies. She speaks of standardizing the language "to make policies more comparable so that someone in the present market who's trying to buy a policy can better understand what's available. Right now so many policies use the same words but they mean different things and it's like comparing apples and oranges to go in and try to buy a policy." This cliché reveals an interest in providing the consumer with a reliable way of comparing the various private long-term care insurance policies.

The role occupant uses the metaphor of *gambling* in an episode dealing with the current long-term care debate. "Prices [for long-term care] rise. I think that unhappily some people would rather--maybe not just some, maybe in our society, it's probably too many, maybe the majority, would rather--play the roulette game than

pay higher taxes. [They] look at their family history and at their lives and say, 'It won't happen in my family. Why should I pay higher taxes so my neighbor can raise my taxes as years go by? So we'll just take that chance.' And then how many families have we seen get up and say, 'We don't understand why this happened to us.'" This metaphor reveals an interest in a policy that does not treat long-term care needs as a gamble on the part of each individual, but rather acknowledges that everyone is at risk of needing long-term care and uses, instead, a concept of shared risk.

In an episode dealing with the categories of the *health and long-term care debates*, the role occupant states that health care "is on the faster track. It's going to be addressed, likely without giving any kind of attention to long-term care. [We need to] inject ourselves into the current health care debate to make sure that at least a full-scale discussion goes on and that some initial piece of long-term care makes its way into the solution so we may have made that first step." An injection involves introducing a substance into the muscle or bloodstream of a person in order that it permeate throughout the entire system of the body. An injection can be painful and may be resisted by the recipient. This metaphor reveals an interest in having long-term care treated as an integral part of health care, recognizing that the proponents of health care reform might resist such an undertaking.

In an episode in which the role occupant discusses Medicare and Social Security, she presents her preferred meaning of major social change as an event, like

Medicare or Social Security, that comes "from the presidency down. Historically in our system that's the way this kind of change comes. It comes in one fell swoop." This preferred meaning reveals an interest in presidential support of long-term care reform in order to effect long-term care reform and to effect it quickly.

### Content Analysis

The results of the content analysis of the LTCC interview transcript can be found in Table 13. The high frequency in the public sector cluster indicates an interest in a public sector approach to long-term care reform. The lower but still relatively high frequency associated with the private sector cluster indicates an interest in a private sector component in long-term care reform. The high frequency associated with the expenditure and funding clusters indicates an interest in dealing with the problems associated with the costs of long-term care and the funding of those expenditures. The similar frequencies in the institutional and home and community-based clusters indicate an interest in a policy that balances the two. These results support the findings from the structural analysis of the position paper and the interview.

### Summary (LTCC)

An interest was revealed in a long-term care policy that balances comprehensiveness and attention to cost containment; is based on a concept of shared risk; includes a balance between access to institutional care and to home and community-based care; addresses the needs of caregivers; includes an appropriate

**TABLE 13. CONTENT ANALYSIS:  
LONG-TERM CARE CAMPAIGN (LTCC)**

WORD OR CLUSTER OF WORDS	#	WORD OR CLUSTER OF WORDS	#
Older age cluster: aged, aging, elder*, old*, senior	4	Public sector cluster: social insurance, social or government program*, public sector	23
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	0	Private sector cluster: private insurance, private care, private sector	12
Younger age cluster: young*, youth, child*	2	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	0	Asset protection or sheltering	5
High income cluster: high* income, rich*, wealthy	1	Medicaid	5
Home and community-based care cluster: community care, community-based, home (health) care	9	Medicare	1
Institutional cluster: nursing home*, institution*	11	Flexibility cluster: flexib*, less rigid	1
Incremental	1	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	2	Pepper Commission	4
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	23	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	3
Funding cluster: financ*, fund*	11	Catastrophic Act	1
Social model	0	Medical model	0

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

financing mechanism; involves funding that is sufficient to effect a comprehensive program; addresses the problems associated with Medicaid's long-term care expenditures; includes choice as to the setting in which care is received; achieves a balance in terms of what is desired and what is possible regarding asset protection; conforms, to the extent possible, with the Pepper Commission recommendations; clearly designates the government's responsibility in long-term care and, therefore, the responsibilities left to the private sector; achieves an appropriate public/private fit, possibly in the area of asset protection; provides a reliable way for consumers to compare private long-term care insurance policies; and avoids a negative reaction similar to that associated with the Medicare Catastrophic Coverage legislation.

Interest also was revealed in having a long-term care debate that results in movement in long-term care reform; includes presidential support for long-term care reform; addresses health and long-term care together; frames long-term care reform as a public issue and in economic terms; includes openness to various cost containment strategies; identifies and addresses the barriers to movement in long-term care reform; involves compromise in order to achieve movement; and results in a proposal that can be put forth to determine the amount of support it engenders.

#### **Case 14: Families USA**

Families USA (Families United for Senior Action) is "an independent nonprofit, nonmembership organization that seeks to nurture through legislative

means a movement of empowerment among elders, especially those of low income" (Van Tassel & Meyer, 1992:73-75). Families USA provides testimony at congressional hearings and supports grassroots advocacy for the elderly.

#### **Position Paper (Families USA, [nd])**

Families USA's preferred meaning for long-term care is as "a national family crisis." The family, therefore, provides a context within which long-term care issues are presented. This context conveys an interest in tying the issue of long-term care to the values associated with *family*. The second context is that of a national crisis. A crisis is an event to which people tend to respond immediately. This latter context indicates an interest in framing long-term care as a crisis in order to bring about movement on the issue. The underlying interest, therefore, is movement in the long-term care debate.

#### **Role Occupant Interview (Families USA)**

The role occupant interviewed was Phyllis Torda, Director of Health and Social Policy at Families USA. The interview totaled 55 minutes with 50 minutes being taped.

#### **Structural Analysis**

In an episode dealing with the categories of health and long-term care reform, the role occupant's preferred meaning of the current approach to long-term care is that "you don't really have a system in place." This meaning is used as justification for the resistance to long-term care reform. "So in terms of being on the books of

the federal government," the role occupant states, "[long-term care] is a new expenditure. It's not shifting around money that's already being spent" as is the case in health care reform. Long-term care "is largely an expense that has been absorbed by individuals in a variety of ways. We know what people are paying in dollars, but we don't know what they are spending in terms of giving up their own lives to care for someone else." This metaphor of *giving up one's life* indicates the amount of sacrifice this role occupant feels is involved in the provision of long-term care. The metaphor reveals an interest in developing a long-term care policy that is not so dependent on the family and friends of persons needing long-term care and that takes into account the burden on the informal network of support.

Also in the episode dealing with health and long-term care, the role occupant's preferred meaning of health care is as an "eroding situation. The number of uninsured is going up, at least a million, two million, a year. And insurance prices are going up 20% a year. That's obviously leading to some sort of crescendo that's not going to be tolerable." In contrast is her preferred meaning of long-term care as "an issue that's only going to grow in importance in the coming years. And there's a lot of need [but] it may very well be into the next century before you have such a crisis in long-term care." These preferred meanings present *crisis*, or perceived crisis, as a prerequisite for major social reform. They convey an interest in dealing with issues, like health care, that are perceived to be at a crisis state prior to considering other issues such as long-term care.

In an episode dealing with Medicaid, the role occupant presents her preferred meaning of *the* policy issue related to long-term care: "The policy issue is whether our long-term care policies should protect people's assets." This preferred meaning frames the primary long-term care policy issue as an economic one. The role occupant's preferred meaning of asset protection is that which allows "people some little nest egg to pass on, but not an unlimited nest egg." This preferred meaning indicates an interest in achieving a middle ground between requiring almost all of a person's assets to be depleted prior to receiving Medicaid nursing home benefits and requiring little or no asset depletion.

In an episode related to private long-term care insurance, the role occupant categorizes the related problems. First, "if it [private long-term care insurance] is decent, it won't be affordable for many people." Second, there are problems related to purchasing policies at earlier ages. "Given what's happened to family income in the last decade or so," the role occupant states, "I just don't think there's a lot of evidence people have a lot of disposable income that they can be setting aside for financial planning for long-term care. The other problem is, even if you buy early, you have to buy a product that has a lot of inflation protection built in . . . because [otherwise] your coverage is going to really seriously erode." This categorization of the problems related to private long-term care insurance reveals an underlying interest in avoiding a long-term care policy that focuses on private sector solutions.

In speaking about private long-term care insurance, the role occupant uses the similes of whole life insurance and pensions. These similes reveal an interest in restructuring private long-term care insurance to make it more similar to these products. An interest in making changes in private long-term care insurance also is evident in the metaphor, *junk*, that the role occupant uses for some current long-term care insurance policies.

When speaking about Medicaid, the role occupant's preferred meaning is as a "pieced together" program that includes individual income plus federal and state funding. "If you go into a nursing home on Medicaid, you are required to contribute all of your income, minus \$30 a month, toward the cost of care." The role occupant uses the metaphor, *the real pressure points*, when she speaks of "state Medicaid and long-term care budgets which are increasing." Pressure points are places on the human body that have little circulation of blood, e.g., elbows and heels. These are the areas on bedridden individuals that are likely to develop decubiti or bedsores. Bedsores are extremely difficult to cure. Thus, Medicaid is seen as a program subject to deterioration rather than as one that is capable of growth. An interest, therefore, is revealed in not basing long-term care reform on Medicaid.

Also in the episode on Medicaid, the role occupant uses the metaphor, *myth*: "There's a myth that there's a safety net in our country for nursing home care and that anybody that really can't afford it can get help through Medicaid." In nineteen states, she explains, persons whose incomes exceed the income eligibility limit but

below the cost of nursing home care, cannot receive nursing home care. This metaphor reveals an interest in addressing this myth by educating people regarding gaps in long-term care benefits.

When speaking about long-term care reform, the role occupant uses the following preferred meaning: "You're getting something here. This is a good deal. It's worth paying for because you're getting something back that's worthwhile. We know that people feel that paying for Social Security is worthwhile and paying for Medicare is worthwhile through payroll taxes." In this preferred meaning, the role occupant uses Social Security and Medicare as similes for long-term care. These programs are financed through payroll taxes. The preferred meaning and similes convey an underlying interest in a social insurance approach to long-term care that is funded through a payroll tax earmarked for long-term care.

### **Content Analysis**

The results of the content analysis of this interview transcript can be found in Table 14. The frequencies in the institutional cluster and the home and community-based cluster indicate an interest in offering care in a variety of settings. In the interview, Medicaid is presented in a context of avoiding its use as the basis of reform, thus revealing an interest in developing long-term care reform policy on some other base. A high frequency also is found in the expenditure cluster, indicating an interest in finding a way to address the costs of long-term care. The high frequency in the older age cluster indicates an interest in meeting the long-term

**TABLE 14. CONTENT ANALYSIS:  
FAMILIES USA**

<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>	<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>
Older age cluster: aged, aging, elder*, old*, senior	14	Public sector cluster: social insurance, social or government program*, public sector	19
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	0	Private sector cluster: private insurance, private care, private sector	4
Younger age cluster: young*, youth, child*	0	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	5	Asset protection or sheltering	9
High income cluster: high* income, rich*, wealthy	2	Medicaid	28
Home and community-based care cluster: community care, community-based, home (health) care	14	Medicare	3
Institutional cluster: nursing home*, institution*	36	Flexibility cluster: flexib*, less rigid	0
Incremental	3	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	3	Pepper Commission	0
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	21	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	0
Funding cluster: financ*, fund*	5	Catastrophic Act	0
Social model	0	Medical model	1

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

care needs of the elderly. The higher frequency in the public sector cluster as compared with the private sector cluster indicates an interest in a public approach to long-term care reform with a smaller private sector component. These findings either support or supplement the interests identified through the related structural analysis.

### **Summary (Families USA)**

The analyses revealed an interest in a comprehensive long-term care policy that takes into account the current burden on the informal support network; is not based on Medicaid; achieves a middle ground between requiring almost all, and almost none, of a person's assets to be depleted prior to receiving Medicare; meets the needs of the elderly; offers care in a variety of settings; addresses the problems related to long-term care costs; provides payment for long-term care expenses; avoids an emphasis on private sector solutions but includes a private sector component; addresses the gaps in long-term care services; and involves a social insurance program funded through a payroll tax that is designated for long-term care. Interests also were revealed in restructuring long-term care insurance policies to be similar to whole life insurance policies and pensions; educating people regarding current gaps in long-term care benefits and services; seeing long-term care as a family issue; and dealing with health care reform which is perceived to be at a crisis state. An interest also was revealed in framing long-term care as a crisis in order to bring about movement on the issue.

### **Case 15: American Medical Association**

The American Medical Association (AMA) consists of 54 state groups and 271,000 members. AMA represents the medical profession in interactions with government agencies and Congress. The organization informs its membership about state and national legislation related to health and medicine (Burek, 1991:1440).

#### **Position Paper (AMA, 1991)**

This paper contains a section entitled, "Expansion of Long-Term Care for Senior Citizens." This classifying of long-term care in terms of senior citizens indicates a vital interest in looking at the long-term care needs of the older population.

The paper presents the preferred meaning of "expansion of long-term care for senior citizens" in terms of asset protection. In this approach, long-term care insurance is purchased in order to protect assets in the event of a long-term care need. Thus, "individuals who purchase long-term care insurance would be able to protect designated assets up to the dollar value of the insurance benefits from being included in any eligibility determination for Medicaid coverage for long-term care" (AMA, 1991:7). If a person were to purchase \$100,000 of private long-term care insurance and needed long-term care, the first \$100,000 of long-term care would be paid by the insurance company. The person could then receive Medicaid without having to relinquish control of assets up to the value of \$100,000. This preferred

meaning indicates a vital interest in an approach to long-term care that includes private sector solutions, perhaps related to asset protection.

### Role Occupant Interview (AMA)

Joanne Schwartzberg, M.D., Director of AMA's Department of Geriatric Health was interviewed. The interview lasted 65 minutes of which a 60 minute portion was taped.

### Structural Analysis

One context in which this interview is presented is that of *a new situation in which people live longer*. In speaking of the newness of the situation, the role occupant uses the analogy of *looking at a glass as half-empty or half-full*. "We're not doing good," she states, "but it's a new problem and we're learning all the time. So the things we're beginning to learn are that this is really a very different kind of illness and different kind of care, and all of our institutions just don't fill the need. So we're trying to make do with what used to work for other problems instead of new things that we need to think about for these current new problems. And the new problems are based on chronic illness and disability that goes with it." Instead, she says, "we try to use the treatments that we've learned for acute care and plug those in and hope that's going to work. It's terribly expensive. It isn't what's needed. It leaves lots of problems afterwards, and we just haven't quite got our act together yet to say, 'You know, let's start over again and look at this.'" Newness is used as justification for encouraging innovation. However, she notes, innovators are

"slapped down" by "tremendous regulation . . . which holds us back from innovation." This context and justification indicate an interest in a policy that allows physicians flexibility in trying new approaches in the area of long-term care. The context reveals an interest in learning more about, and meeting the long-term care needs of, older individuals.

The current approach to long-term care, the role occupant maintains, is not only expensive but also ineffective. The metaphor she uses for our current approach is "just sewing up the wound," while not addressing the underlying cause of the wound. There is a need, she maintains, to look at long-term care in a different way. Her justification for this approach is an economic one: "Holding down costs isn't really so doable unless we look at things very differently and provide a different kind of care." The metaphor and justification reveal an interest in an effective approach to long-term care that is different from the acute care model. There is an interest in examining the actual needs of people who require long-term care and basing long-term care policy on that knowledge.

The role occupant uses the term, *tender loving care*, as the synecdoche for this different type of care. Within the context of tender loving care, she includes client control of his or her environment and a support system of 15 or more people. These two elements, she states, are key to recovery from illness or injury and to successful aging. This synecdoche reveals an interest in the maintenance of independence within an environment of support for individuals needing long-term care.

A second context in which this interview is presented is that of home care. The preferred meaning of home care is a relationship between the physician or other health professional and the patient in which the patient "takes on more responsibility for self care." This preferred meaning is, therefore, linked to the interest in maintaining the independence of recipients of long-term care services. An interdisciplinary approach is integral to this role occupant's preferred meaning of home care: "As they [providers of long-term care services] all work together, they're more likely, to my way of looking at it, to come up with what's really needed in whatever this new health care has to be for chronic illness." This preferred meaning reveals an interest in a policy that involves an interdisciplinary approach to long-term care.

Within the context of home care, this role occupant says, "We have a policy at this point that is specifically a disincentive for physicians to make house calls that's been in place for years." Physicians, she states, have been receiving \$27 per home visit while a home health aide receives \$40. "So," she states, "we have put in a real disincentive for cheaper quality care because it would be much cheaper to get physicians involved early before the situations become acute." This preferred meaning of the current system as a disincentive to physician involvement in home care reveals an interest in the development of a system of long-term home care in which the physician plays an integral, rather than a marginal, role.

This role occupant uses the categories of the *social* and *medical models* of long-term care. In speaking of these models, she divides long-term care recipients into two categories, *those whose condition is stable* and *those whose condition is not*. For those whose needs are "going to be the same everyday," a social model is appropriate. For those whose disability, for instance, "is secondary to congestive heart failure and respiratory problems . . . who have a fluctuating condition all the time," a medical model is appropriate. "There's all the difference in the world in what [the providers of care] need to know" in delivering services to these two groups of people. "The story in long-term care is that [social problems and medical problems] run together," she notes. Things that *run together* are seen as complementary rather than oppositional. The role occupant uses an absolute statement in speaking of the two models: "It's going to be completely unsuccessful as long as you split the two. We aren't going to have a sensible policy as long as we split them." The use of this absolute statement, as well as the analogy and categories, reveals an interest in using both the social and medical models and in adapting the long-term care model to the needs of the individual receiving services.

This interest also is evident when the role occupant speaks of the oppositional way in which the two models are currently being addressed. "The hospital's on one side and they say, 'We have all the medical everything. We have doctors here and we have all the high tech here.' Then you have the community people saying, 'We have all the social workers and community resource people here and we don't need

the hospital. We don't need you.' The poor patient, of course, needs something completely different than either." The role occupant's preferred meaning of the models used in long-term care reveals an interest in dropping what she sees as an artificial split between social and medical needs and merging the two models to create a model that has the potential to meet more fully the needs of the recipient of services. An underlying interest is revealed in meeting the needs of the individual rather than maintaining a tie to a particular model of care. However, the role occupant uses an absolute statement in speaking of the needs of long-term care recipients: "There's always a medical reason." Within the role occupant's merged social and medical model is an interest in maintaining attention to the underlying medical causes of chronic illness and disability.

This role occupant categorizes potential reasons for the institutional bias of the long-term care system in the form of a question: "Now the question is whether people go to nursing homes because they can no longer be in control and no longer have a social support network or are we putting them there because we don't understand what is necessary to support someone in the community?" Underlying this question are two possible reasons for an institutional bias. One is based on the needs of the individual and one is based on a lack in the long-term care system. The role occupant suggests that the first is a justification and the second is the actual reason. This categorization reveals an underlying interest in understanding what is

needed for appropriate home and community-based long-term care and in basing policy on that knowledge.

The role occupant uses the metaphor of *pulling together* to describe the need to bring together the long-term care services offered by public, private and nonprofit institutions. To *pull together* requires effort; it involves action that would not otherwise take place. The need to *pull together* implies going against the *status quo*. With the current system, the role occupant states, "You're eligible for this piece of help, but you're not eligible for a complementary one you need . . . [therefore,] you go into a nursing home and you get everything even though that really wasn't appropriate and costs much more money." This metaphor reveals a vital interest in changing the current long-term care system in such a way as to address the fragmentation of the home and community-based service delivery system and the institutional bias of the current system.

### Content Analysis

The results of the content analysis of this interview transcript can be found in Table 15. The high frequency in the home and community-based care cluster, as compared with the institutional cluster frequency, indicates an interest in including both types of care, but in placing emphasis on the former. The frequencies in the older age, disability, and younger age clusters indicate an interest in addressing the long-term care needs of both older and younger individuals with an emphasis on the former group. The high frequency in the expenditure cluster indicates an interest

**TABLE 15. CONTENT ANALYSIS:  
AMERICAN MEDICAL ASSOCIATION (AMA)**

WORD OR CLUSTER OF WORDS	#	WORD OR CLUSTER OF WORDS	#
Older age cluster: aged, aging, elder*, old*, senior	26	Public sector cluster: social insurance, social or government program*, public sector	2
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	17	Private sector cluster: private insurance, private care, private sector	0
Younger age cluster: young*, youth, child*	4	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	1	Asset protection or sheltering	0
High income cluster: high* income, rich*, wealthy	0	Medicaid	3
Home and community-based care cluster: community care, community-based, home (health) care	44	Medicare	4
Institutional cluster: nursing home*, institution*	13	Flexibility cluster: flexib*, less rigid	3
Incremental	0	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	0	Pepper Commission	0
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	15	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	0
Funding cluster: financ*, fund*	2	Catastrophic Act	0
Social model	0	Medical model	0

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

in addressing the costs of long-term care. The relatively high frequency in the flexibility cluster, as compared with the inflexibility cluster, indicates an interest in a flexible long-term care policy. These findings either support or supplement those of the related structural analysis.

#### **Summary (AMA)**

An interest was revealed in a policy that emphasizes the needs of the older population, while still addressing the needs of younger, disabled individuals; includes both public and private components with the private component addressing asset protection; allows flexibility for physicians in trying new approaches in long-term care; creates an integral role for the physician in home care; maintains the independence of the recipient of care within a supportive environment; eliminates the split between the social and medical models; focuses on addressing client needs; seeks to identify the underlying medical causes of chronic illness and disability and to learn more about the long-term care needs of older individuals; is based on an understanding of appropriate home and community-based care; addresses the institutional bias of current long-term care policy; is different from the acute care model; and addresses the costs of long-term care.

## **Case 16: United States Health Care Financing Administration**

The Health Care Financing Administration (HCFA) is an operating division of the Department of Health and Human Services. HCFA provides oversight of both Medicaid and Medicare programs (OFR, 1992/93:327).

### **Position Paper (HCFA)**

No position paper was provided by this agency. When I asked the role occupant for a copy of HCFA's position paper, he responded, "We are far from uniform at HCFA. We have no position [on long-term care], no testimony [from public hearings]. No one's asked us. We say we have no position."

### **Role Occupant Interview (HCFA)**

HCFA's Director of Medicaid Analysis, Don Johnson, was interviewed. A thirty minute portion of the 35 minute interview was tape recorded.

### **Structural Analysis**

In an episode in which the role occupant speaks about the categories of long-term care and health care, the role occupant uses the metaphor of *being pushed*. "Long-term care," he states, "is pushed out of the debate by acute care and while there may be a lot of proposals floating around, most of the time they are relegated to a secondary position." In using the phrase, *pushed out*, the role occupant appears to view health and long-term care as being in competition, with health care being the winner. In addition, he refers to long-term care proposals as "floating." Things that float are light in weight and may be seen as lacking substance. The role occupant

also states, "Long-term care proposals are currently at a relatively low priority within our organization . . . most of the [long-term care] issues in my day-to-day operation are very secondary concerns and so (pause) which is sometimes difficult, given that I have staff who are devoted to it entirely, but that's my staff person's problem." His preferred meaning for long-term care, thus, is as someone else's problem. This metaphor and preferred meaning convey an interest in health care reform, but not long-term care reform. Long-term care is seen as *a loser* and, as this role occupant puts it, "No one wants to be the stuckee."

The role occupant uses the categories of *top-down* and *bottom-up issues*. Top-down issues, he states, include health care reform and acute care. They are top-down issues because the administration says they are important. Bottom-up issues are ones, like long-term care, that individuals say are problems, but the administration does not treat as important. The role occupant states, "Important people from Congress can say things about long-term care, but it's not perceived as serious, and the same thing with the administration. There are major bills and major ways of rethinking [long-term care], but they have no emphasis behind them, no drive to be completed." This lack of energy that the role occupant attributes to long-term care reform also is evident when he speaks about "the broader, the 'What shall we do in the next decade or in the last half of this decade or in the next century?' These are the issues that get pushed to the side. We are not planning at this point with a great deal of vigor." In this statement, long-term care is again being "pushed"

and the related planning lacks vigor. Long-term care is again portrayed as a loser. These categories and the lack of energy regarding long-term care indicate a lack of interest in long-term care reform unless it becomes a top-down issue supported by the administration.

Another metaphor indicates inertia in the administration's response to long-term care proposals. In speaking of the Reagan and Bush administrations, the role occupant states, "Innovative programs that put the burden upon the federal government are not something that we have leapt forward to support." He provides justification for this response by stating, "We face a budget deficit at the federal level. Is it bigger than the deficits they have at the state level? Who knows? But it's certainly *our* problem, not *their* problem and each would like to see the other shoulder more of the burden." In this episode, the role occupant refers to the cost of long-term care as a burden no one wants to bear. He continues by stating that budget neutrality will produce winners and losers and that "Neither side is willing to accept [an innovative solution] that dumps on them." In being portrayed as something that is dumped on people, long-term care is seen as something negative. An interest in avoiding long-term care reform because of the related costs is revealed.

The role occupant uses citizen response to the Medicare Catastrophic Coverage Act as a metaphor for reaction to any innovative idea for long-term care. A sufficient number of beneficiaries negatively responded to the passage of this

legislation, "throwing themselves into Mr. Rostenkowski's car," that most of it was repealed. The Catastrophic legislation had been heralded as an innovative answer to meeting the catastrophic expenses that can be associated with acute care needs. It ended, like its name, in catastrophe. In the role occupant's use of this metaphor, a vital interest is revealed in avoiding investing oneself in something new because "wonderful new solutions . . . have floundered [in the past] and if they come again they will probably flounder again."

Categories used by this role occupant include the *medical* and *social models of long-term care*. In speaking about these models, he states, "Long-term care doesn't have a home in many ways, but I think the character of it is health care policy [and not that] we are going to provide maid service for these people." This synecdoche of using *maid service* to mean the whole of long-term care services reveals a negative view of the social model of long-term care. The social model focuses on helping people with activities of daily living in order for them to be able to remain at home. Homemaker service is one of the services provided in the social model. This synecdoche reveals a vital interest in maintaining the medical model of long-term care.

Although the role occupant refers to the current system as a "perhaps erratic, sporadic system," he adds that "It doesn't amount to a national shame to see any reason to change the current ways of (pause), the responsibility of the family and friends and churches, maybe local governments taking care of a lot of these needs

individually." This justification for keeping an "erratic, sporadic system" reveals an interest in maintaining the *status quo* in long-term care unless it is perceived to be shameful.

When asked to say more about his statement that long-term care does not have a home, the role occupant responds, "Long-term care is ill-defined." In responding, he uses the categories of nursing home and home and community-based care. He explains that people tend to equate long-term care with nursing homes "and nursing homes . . . don't elicit a warm, fuzzy feeling. They are places where people go to die. They smell. They have a bunch of people sitting almost vacant in wheelchairs pushed up against the wall. That's, I think, the popular impression of what long-term care is. It's not community-based care. It's not Meals on Wheels. It's not something that everyone, when we're 65, is going to want, or 75 or 82 because long-term care . . . does not . . . have a home, does not have a clear image." This categorization pictures nursing home care as negative and home and community-based care as positive even though it is nursing home care, and not home and community-based care, that the system routinely provides. This categorization reveals a vital interest in providing home and community-based services. This categorization indicates that the role occupant himself may see the current focus on nursing home care as constituting a shameful situation.

This role occupant also speaks of a different image for long-term care than the nursing home image. Nursing homes, he maintains, are "something you'd rather

not think of in the first place." The new or preferred meaning of long-term care would focus on rehabilitation "as opposed to supporting them as they just die." The rehabilitation image, he adds, might be "an easier sell." This new image reveals a vital interest in framing long-term care in terms of rehabilitation and not impairment and death.

The context in which this interview is presented is one of not changing the system unless directed to do so, but in being willing to change it, especially with regard to expansion of home and community-based services, if so directed by the administration.

### **Content Analysis**

The results of the content analysis of this interview transcript can be found in Table 16. High frequencies are evident in the home and community-based care and institutional clusters, indicating an interest in a long-term care policy that includes both types of services. The frequencies in the public and private sector clusters indicate an interest in a policy that includes both sectors. The relative frequencies in the high and low income clusters indicate an interest in addressing the needs of low income individuals. The high frequency in the funding cluster indicates an interest in addressing the funding problems related to long-term care. These findings are similar to the results of the related structural analysis.

**TABLE 16. CONTENT ANALYSIS:  
UNITED STATES HEALTH CARE FINANCING ADMINISTRATION (HCFA)**

WORD OR CLUSTER OF WORDS	#	WORD OR CLUSTER OF WORDS	#
Older age cluster: aged, aging, elder*, old*, senior	2	Public sector cluster: social insurance, social or government program*, public sector	16
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	0	Private sector cluster: private insurance, private care, private sector	2
Younger age cluster: young*, youth, child*	0	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	6	Asset protection or sheltering	0
High income cluster: high* income, rich*, wealthy	0	Medicaid	5
Home and community-based care cluster: community care, community-based, home (health) care	20	Medicare	0
Institutional cluster: nursing home*, institution*	19	Flexibility cluster: flexib*, less rigid	1
Incremental	0	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	0	Pepper Commission	0
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	2	Democratic majority LTC bill cluster: Democratic majority bill, Rocketteller	0
Funding cluster: financ*, fund*	13	Catastrophic Act	0
Social model	1	Medical model	0

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

### Summary (HCFA)

These analyses revealed an interest in addressing health care reform but not long-term care reform unless the latter is supported by the administration; avoiding long-term care reform, in part, because of the related costs; maintaining the *status quo* in long-term care unless doing so is considered to be "shameful". An interest also was identified in a policy that provides home and community-based services as well as institutional care; meets the needs of low income individuals; maintains a medical model of care; contains public and private sector components; and addresses the funding problems related to long-term care. Also identified was an interest in a debate that frames long-term care in terms of rehabilitation. This interview was interesting in that the role occupant expressed opposition to change in long-term care policy at the beginning but expressed openness to change nearer the end.

## CHAPTER 6

### DATA ANALYSIS AND IDENTIFICATION OF VITAL INTERESTS: CASES 17-23

#### Case 17: United States House of Representatives

The U.S. House of Representatives is one of the two houses of Congress that address a wide variety of policy issues in our country, including long-term care policy.

#### Position Paper (House of Representatives)

No position paper was available for the House of Representatives.

#### Role Occupant Interview 1 (House of Representatives)

The role occupant is an aide to a Democratic member of the House of Representatives. The role occupant asked not to be identified by name or by representative's name. The interview lasted 35 minutes with 25 minutes being taped.

#### Structural Analysis

The role occupant's preferred meaning of long-term care reform is "a belief that it's the right thing to do. There is clearly an unmet need in this country. Seeing what an impact this lack of a system can have on a family energizes me or gives me that extra little kicker to get involved." This preferred meaning, with its focus on what is lacking in long-term care, reveals an interest in a policy that creates an adequate system for the delivery of long-term care services. The role occupant's preferred meaning of Medicaid is similar: "[It's] not really a system for dealing with

long-term care." The meaning that she finds in these "non-systems" is that "there's so little that really is in place that in some sense we have the luxury of, if you will, starting from scratch unlike when people talk about health care reform where you've got . . . a system in place [and] you either have to say, 'We're going to scrap it or work around or within it.' We have the luxury of trying to put together the right thing from the very beginning instead of making some of the same mistakes we saw for instance . . . with Medigap." This preferred meaning reveals an interest in viewing the current stage of long-term care in the positive light of the potential for shaping long-term care almost "from scratch."

The role occupant's preferred meaning of the current long-term care debate is "a lot of forces coming together or beginning to come together, for they're certainly not there yet, saying 'We've got to do something.' Again, not that I think it's going to happen this year but I think people are really beginning to see there's a crunch out there." The expression, *forces coming together*, implies movement. When an object is being *crunched*, it may be approaching a breaking point, resulting in action. This preferred meaning entails an interest in observing the reform process and knowing at what stage movement is most likely.

When explaining the use of the word, *forces*, the role occupant states, "It's the outside groups coming together and coming to us as a big coalition. There is a Long-Term Care Coalition. Either coming as a big group or individual groups who represent a lot of folks saying, 'This is it. We've got to do something.' . . . Coming

forth with some of their own ideas. Being willing to risk, if you will. Backing a piece of legislation that's going to cost a lot of money. People who are willing to face up to the hard choices. And members [of Congress] themselves who, whether because of their own personal experience or they're beginning to hear from more constituents that this is a real problem, coming to us and saying, 'What are we going to do? Let's have hearings. Let's draft legislation.' [Then] there's the force of the Chairman. This is an issue he is very much concerned about and would like to see us move forward on." This meaning of *forces* implies an interest in looking at long-term care reform from a perspective of potential movement.

In an episode dealing with the categories of health and long-term care, the role occupant states, "Unfortunately, from my perspective, we have two debates going on right now, so called health care reform and long-term care reform." Her justification for the debates being separate is "because I think we're not quite at the point where people see Health Care, with a capital H and capital C, as being a continuum of care, that people don't all of a sudden need to go into a nursing home or all of a sudden need home health services where that's somehow not related to their health care needs. So right now we're sort of broken in half." This justification, including the metaphor of *being broken*, reveals an interest in dealing with the health and long-term care as a single policy issue.

However, using politics as the dimension for decisionmaking, she continues, "Politically I think it's possible to do one without the other. But I think attempts will

be made as part of any health care [reform legislation], if we can't move a big package of long-term care reform proposals, [to include] some small pieces and try to add them into health care reform." Her justification for this scenario is that "to keep these folks on board, we ought to do a piece of long-term care for them." Continuing with the *on board metaphor*, the role occupant says that people might otherwise "jump ship" and stop working for comprehensive reform. The justification and metaphor indicate an interest in keeping the long-term care advocates involved in the process until comprehensive long-term care reform becomes a reality.

The role occupant uses the cliché of *giving it our best shot* when talking about effecting workable standards for private long-term care insurance. Her justification for this approach is "I don't want to come back ten years from now and say, 'Geez, let's do it again.' Which is what happened in Medigap." This cliché and justification reveal an interest in conducting as complete an analysis as possible of private long-term care insurance regulation prior to initial implementation of such regulations so that major revisions will not be required.

The role occupant uses the metaphor of *jelling* when speaking of the reasons long-term care reform hasn't moved: "While there is this long-term care coalition out there, they too have not quite jelled around 'This is the way to go.'" When certain foods have jelled, they are ready to be put on the table. This statement about jelling serves as the justification for thinking "It was very important to get a Democratic proposal out there for people to respond to and come back and tell us

what you like about it, what you don't like about it and we're willing to look at modifications." The justification indicates an interest in helping the advocacy groups "jell" around a specific policy proposal.

The role occupant presents two categories within the concept of consensus: "You have consensus [regarding] 'it's time for action' as well as consensus behind 'this is what action we should take' and we don't have either of those right now." The justification she provides for this lack of consensus is that "I think people feel that a [long-term care] package isn't ready to move yet [so] they don't see any need to get behind a package because if that's not the one that ultimately moves, have they committed themselves to something that's not going to happen? And so, they feel they have the time to study more, to analyze more." This justification entails inertia or lack of movement. The role occupant asks the question, "At what point for any issue does it all come together? And it's sort of a magical point when Congress is ready to act and the groups are ready to say, 'Hey, it's time to bite the bullet. This is what we can support. This is what we can't support.' It's when that happens that something actually finally does get the move on here." The metaphor of the magical point indicates how difficult it is to know precisely when the time for action will arrive. The metaphor of biting the bullet indicates how difficult it is to settle on one proposal. These linguistic elements reveal an interest in analyzing the progress related to long-term care reform and in knowing when the time for action has occurred, the "point at which the process takes on a life of its own."

The role occupant uses the metaphor of a *level playing field* when she speaks of the balance between nursing home care and home and community-based care in the Democrat's proposed long-term care legislation. However, in her preferred meaning of long-term care reform, she states, "In my view, and I don't have an answer for how you do this. An ideal policy [would] provide somewhat of a tilt to keep people at home." Her justification for this *tilting* is, "I think that's where people would like to be and I'd like to have a system that would allow that." These linguistic elements indicate an interest in shaping policy to meet the preferences of the recipients of services, even though it may be difficult to do so. They also indicate an interest in changing from a policy with an institutional bias or *tilt* to one with a home and community-based bias.

In an episode dealing with the categories of *elderly* and *younger disabled individuals* in need of long-term care, the role occupant continues, "I would hate to see a ten-year-old kid who's in a car accident [and] is paraplegic or quadriplegic stuck in a nursing home with people who are seventy years old and who are told to go to bed every night at eight o'clock." When people are *stuck*, they have no choice but to stay where they are. This synecdoche, which clearly shows the discrepant needs of disabled people of different ages, reveals an underlying interest in a policy that meets the specific long-term care needs of the younger, disabled population in addition to meeting the needs of the older population.

The role occupant notes that the sponsors of the Democratic long-term care legislation are not "wedded" to any of the financing mechanisms in the House version. (The Senate version of the bill omitted the section on financing.) When people are "wedded," it's more difficult to leave one another. When they are not "wedded," they can become attached to other people more easily. So too, these members of Congress can become supporters of other financing mechanisms. This metaphor indicates an underlying interest in finding an acceptable financing mechanism, whatever it might be.

### Content Analysis

The results of the content analysis of this interview can be found in Table 17. The highest frequency in the table is found in the expenditure cluster, indicating an interest in addressing the problems related to long-term care costs. The uniform frequencies in the home and community-based care cluster and the institutional cluster indicate an interest in including both types of care in a long-term care policy and, therefore, in ending the current institutional bias. The high frequency in the private sector cluster indicates an interest in including a private sector component in long-term care reform. The frequencies in the older age, disability and younger age clusters indicate an interest in meeting the needs of chronically ill and disabled individuals of any age. These interests support or supplement the ones revealed in the related structural analysis.

**TABLE 17. CONTENT ANALYSIS:  
UNITED STATES HOUSE OF REPRESENTATIVES  
DEMOCRATIC ROLE OCCUPANT**

WORD OR CLUSTER OF WORDS	#	WORD OR CLUSTER OF WORDS	#
Older age cluster: aged, aging, elder*, old*, senior	5	Public sector cluster: social insurance, social or government program*, public sector	3
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	3	Private sector cluster: private insurance, private care, private sector	9
Younger age cluster: young*, youth, child*	2	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	0	Asset protection or sheltering	0
High income cluster: high* income, rich*, wealthy	0	Medicaid	4
Home and community-based care cluster: community care, community-based, home (health) care	9	Medicare	3
Institutional cluster: nursing home*, institution*	9	Flexibility cluster: flexib*, less rigid	0
Incremental	0	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	3	Pepper Commission	1
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	12	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	2
Funding cluster: financ*, fund*	2	Catastrophic Act	0
Social model	0	Medical model	0

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

### **Summary 1 (House of Representatives)**

The analysis revealed an interest in moving toward a comprehensive long-term care policy that creates an adequate system for the delivery of long-term care services; knowing the stage in the policymaking process at which the issue of long-term care is and responding appropriately; maintaining the interest of long-term care advocates throughout the reform process; helping the long-term care groups to support a single long-term care proposal including a private sector component; thoroughly analyzing private long-term care insurance regulations prior to passage and implementation in order to avoid major regulation revision; including a home and community-based focus; meeting the specific long-term care needs of younger and older disabled individuals; finding an acceptable financing mechanism to address the cost of long-term care; dealing with health and long-term care together; and looking at long-term care from a perspective of potential movement. An interest also was revealed in viewing the current stage of long-term care development in a positive light because of the potential to build a system almost "from scratch."

### **Role Occupant Interview 2 (House of Representatives)**

The Republican role occupant interviewed was Chip Kahn, Minority Staff Person for Health on the House of Representatives Ways and Means Committee, Subcommittee on Health. This interview lasted 45 minutes of which a 35 minute portion was tape recorded.

## Structural Analysis

The role occupant's preferred meaning for long-term care is an issue about which "it's difficult for me to be positive; it's much easier for me to be the opposite." Also, he states, "It's not an issue that can be dealt with by the Congress at all . . . . I see long-term care for many Americans as an asset protection issue and an issue of income security but not one that we have the where-with-all to deal with effectively and one in which it may be better that there's not public policy change." He adds, "That's sort of a cruel view" and justifies his statement by saying, "but I think that if you're setting priorities about where we can spend money, I'd much rather spend dear federal dollars on working out some way to get everybody health insurance coverage . . . . I just don't think [long-term care reform] is within our means . . . . Clearly it's not possible politically, otherwise it would have happened. . . . I think better choices will be made if they spend their own money." He also sees long-term care as something the middle class can afford to pay for themselves. "I mean to be frank. In terms of the middle class," he maintains, "it seems to me that when their kids need to go to college, they figure out a way to pay for it. When they're buying a house, they figure out a way to pay for it. And when they need long-term care, they're going to need to figure out a way to pay for it. And if that povertizes them and doesn't allow them to leave a nest egg for their children, well then, that's life." These preferred meanings and justifications, with their focus on

individual responsibility, reveal an interest in avoiding a social insurance approach to long-term care.

The role occupant changes direction somewhat when he adds, "I don't want to appear totally like a scrooge." He presents his preferred meaning of the purpose of addressing long-term care: "to reduce people's anxiety [about needing long-term care and to] help people prepare better." This preferred meaning, which includes only small amounts of change, reveals an interest in incremental, not comprehensive, change in long-term care policy.

In an episode dealing with health and long-term care, the role occupant states that the two are "fundamentally different." The synecdoche he applies to health care is heart bypass surgery, an operation needed in life-threatening situations. This synecdoche, with its emphasis on urgency, reveals an interest in dealing with health care. He uses the categories of *family responsibility* and *public responsibility*: "[Responsibility] is just not as clear cut [with long-term care] as it is on the health side. I mean if somebody needs surgery or cancer treatment, there's only so much a family person can do. If someone needs care at home it's quite a different issue." These categories reveal an interest in framing health care as a public responsibility, therefore justifying a public response, and in framing long-term care as a family responsibility, therefore justifying a private response.

The role occupant employs the metaphor of *legal games* when speaking of asset protection: "I think it would be good to make the tax changes to encourage

more middle class people to try to get insurance rather than later play legal games to protect their assets and get them into Medicaid." This metaphor indicates an interest in promoting public policy that would support the "family responsibilities" related to long-term care through tax incentives to purchase long-term care insurance, thereby reducing the incentive for asset protection.

In an episode dealing with the public/private dichotomy, the role occupant utilizes the cliché of "smoothing the edges out" between the current public and private approaches to long-term care. The synecdoche he employs for this "smoothing out" is *the Robert Wood Johnson Foundation project* in which the assets of a person about to receive Medicaid's nursing home benefit are protected up to the value of the insurance policy. This synecdoche reveals an interest in a long-term care policy that does not place the total responsibility on the public sector but rather includes public/private ventures.

The role occupant uses the metaphor, *it wasn't in the cards*, for the failure of long-term care legislation to pass during Claude Pepper's lifetime even though Pepper was "beating the drums for long-term care." This metaphor, with its emphasis on the uncertainty of long-term care reform, reveals an interest in dealing with issues that are more certain of passage.

In an episode related to the regulation of private long-term care insurance, the role occupant employs the categories of *those who support regulation* and *those who do not*. "The members who are most interested in increasing the regulation of

private insurance are some of the same members that are really so cool to the notion of private insurance for long-term care. It means you've always got to be suspicious whether in the regulation they want to make it so difficult for the private insurance to be marketed." His metaphor for regulation is *policing*. These categories and metaphor indicate an interest in private long-term care insurance regulation not being so stringent as to destroy the market.

In an episode dealing with the Pepper Commission's support of long-term care reform, the role occupant justifies the support as follows: "I asked one of the Republican members who voted for it, 'How could you vote against Pay-or-Play which calls for big public programming and then go and vote for long-term care?' and he gave me a very cynical answer which was, 'It plays good at home and there's no chance that it would ever happen in the near future.'" This justification reveals an interest in downplaying previous Republican support for a comprehensive approach to long-term care reform.

In an episode dealing with the repeal of the Medicare Catastrophic Coverage legislation, the role occupant presents his preferred meaning of the forces that effected the repeal: "I think one of the most potent groups against Medicare Catastrophic was the federal employees, federal retirees. Now they're not rich. But they had pensions. They had federal employees' health plan as a wrap-around for their Medicare. They don't pay anything for health and they get their drugs so they didn't like Medicare Catastrophic." This preferred meaning reveals an interest in

portraying opposition to the failed legislation as a middle class, rather than an upper class, phenomenon.

### **Content Analysis**

The results of the content analysis of the interview transcript are located in Table 18. The frequencies in the public and private sector clusters reveal an interest in an approach to long-term care that includes both sectors. This table has a higher frequency in the high income cluster than does any other table, indicating an interest in meeting the needs of high income individuals. These interests supplement or support those identified in the related structural analysis.

### **Summary 2 (House of Representatives)**

An interest was revealed in a long-term care policy that does not include a social insurance program; fosters incremental change; frames long-term care as a family responsibility; supports families as they carry out this responsibility; provides tax incentives for the purchase of private long-term care insurance; reduces the incentive for asset protection; includes public and private sector ventures; and entails private long-term care insurance regulation that is not so strict as to destroy the market.

Interests also were revealed in downplaying previous Republican support for a comprehensive approach to long-term care reform; portraying opposition to the failed Catastrophic legislation as a middle class, rather than an upper class, phenomenon; meeting the needs of higher income individuals; and addressing issues

**TABLE 18. CONTENT ANALYSIS:  
UNITED STATES HOUSE OF REPRESENTATIVES  
REPUBLICAN ROLE OCCUPANT**

WORD OR CLUSTER OF WORDS	#	WORD OR CLUSTER OF WORDS	#
Older age cluster: aged, aging, elder*, old*, senior	3	Public sector cluster: social insurance, social or government program*, public sector	15
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	0	Private sector cluster: private insurance, private care, private sector	8
Younger age cluster: young*, youth, child*	1	Woodwork effect	1
Low income cluster: low* income, poor, poverty, impoverish*	0	Asset protection or sheltering	4
High income cluster: high* income, rich*, wealthy	10	Medicaid	18
Home and community-based care cluster: community care, community-based, home (health) care	7	Medicare	14
Institutional cluster: nursing home*, institution*	7	Flexibility cluster: flexib*, less rigid	0
Incremental	2	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	0	Pepper Commission	4
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	4	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	0
Funding cluster: financ*, fund*	3	Catastrophic Act	7
Social model	0	Medical model	0

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

such as health care reform that appear more certain of passage than is long-term care reform.

### **Case 18: National Governors Association**

The membership of the National Governors Association (NGA) consists of the governors of each of the states plus Puerto Rico, American Samoa, Guam, the Northern Mariana Islands and the Virgin Islands. NGA provides a voice through which the governors can influence the formulation and implementation of policy at the federal level. NGA also serves as a vehicle for sharing information about innovative methods of addressing problems at the state level. In addition, the organization conducts policy research (Burek, 1991:591).

#### **Position Paper (NGA, 1991).**

This position paper uses the categories of *health* and *long-term care*: "There is general recognition that the needs of the elderly and people with disabilities go beyond health care and include a social service component and long-term care . . . . The program should provide a continuum of services . . . and be fully integrated with other programs that provide services to the elderly and people with disabilities" (1991:25). This statement, in addition to the long-term care position being included as a subset of NGA's health care reform position, indicates an interest in addressing health and long-term care together.

The position paper uses the metaphor of *being broken* when referring to the operation of Medicaid: "The Governors believe that the Medicaid system is broken. It has become a rigid and overly complex program. Its institutional bias prevents states from providing preventive and primary care in settings most appropriate for their clients, and eligibility for the program is dominated by arcane rules that penalize clients, providers, and administrators" (1991:25). This metaphor indicates a vital interest on the part of the governors to base long-term care reform on something other than Medicaid in order to have a program that is less rigid and complex than Medicaid. They recommend Medicare as "the obvious framework for such a program" (1991:25).

#### **Role Occupant Interview (NGA)**

John Leurhs, NGA's Director of Health Programs was interviewed. The interview totaled 80 minutes. A 75 minute portion was tape recorded. The first side of the tape was unusable. Analysis was conducted on the last 30 minutes of the interview.

#### **Structural Analysis**

The role occupant employs the metaphor of *playing games* when he speaks of the implementation of current long-term care policy. For instance, he says that the eligibility criteria for skilled nursing facilities (SNF) were changed in the Medicare Catastrophic Coverage Act, allowing all age-eligible diabetics to be eligible for SNF care under Medicare. One-third of nursing home residents have diabetes, he notes.

Because the nursing home would receive a greater daily reimbursement for residents with Medicare than for those with Medicaid and because the states do not have to contribute to Medicare, the residents' status was changed from Medicaid to Medicare. "That's how we play this game," the role occupant comments. "Once money is available . . . the definition of medical care expands to include things because of payment . . . . So we play those games all the time, rather than saying, 'I'm going to cover the elderly.'" His use of this metaphor indicates an interest in removing opportunities for game playing in the long-term care payment system and cost shifting from one level of government to another. He explains, however, that certain things prevent that change from occurring: "Financial exposure, political risk, the power of interest groups. Provider groups with advocacy groups have a lot of power." He uses the metaphor of *putting the clamps on* when speaking of changing the system: "When you start trying to put clamps on that system, somebody's gonna scream. And there are opportunities to scream loud and long. And thus far, everyone's been willing to expand . . . [what] we put under the health care umbrella." An umbrella protects whatever is under it. This metaphor suggests that a purpose of the health care system is to protect those goods and services that have become part of the health care system from being deleted from that system. The justification for this protection is that the money spent on goods and services through Medicaid is "nobody's single dollar." For each Medicaid dollar spent, he notes, the states pay 43 cents and the federal government 57 cents. "The states say, 'Yeah, we'll do this

through Medicaid. It only costs us up to 50 cents.” This justification reveals an interest in increased fiscal responsibility through designating a single level of government to be responsible for funding long-term care.

The role occupant utilizes the categories of *disabled* and *elderly*. He differentiates the categories on the basis of cost of care: "It costs a lot more [for the disabled] than for the elderly . . . in the sense that we're talking about the disabled from cradle to grave . . . like neonatal. One of the things with the elderly is one can make a plausible assumption fiscally that the elderly, by the time they're elderly, will have made contributions into the system . . . . One cannot make that same assumption for the disabled." These categories convey an interest in legitimating public long-term care expenses for the elderly.

The metaphor this role occupant uses for Medicaid is "catch-all" because "there are so many competing priorities within Medicaid and you've got the different populations. You've got all the services. It becomes a catch-all and it's hard to make that system stable." This metaphor reveals an interest in having a stable long-term care system. The role occupant's preferred meaning for Medicaid is "a program of stark contrasts [that is] inequitable on its face. That's even before you get to state-by-state variations." One program, he states, allows a recipient to receive \$1200 a month and keep her or his home while another does not allow a recipient to own a home or a car valued at more than \$400. This preferred meaning reveals an interest in a policy that contains equitable, uniform financial eligibility requirements.

In an episode dealing with the Medicare Catastrophic Coverage Act, the role occupant uses the reaction to this legislation as justification for not including long-term care in the health care debate: "Who wants all the elderly coming in and yelling at me? The elderly burned our butts before.' I'm talking like Rostenkowski or someone else in there. 'I got my butt burned when I tried to do something nice for people in long-term care. I ain't touching that population. I'm not touching that issue.'" Being burned is a painful experience, one to be avoided. This justification reveals a vital interest in avoiding the development of a long-term care policy that evokes a similar reaction.

The role occupant utilizes two categories when speaking of possible reactions, both positive and negative, to dealing with health care and then long-term care. Dealing first with health care could "clear the decks and then there will be an opportunity to deal with long-term care reform, [but] other people say once we get finished and everybody's bloody and wounded, we'll need convalescing time from health care reform and they're not going to want to do long-term care because it's larger than long-term care. It's sort of income security for the elderly. It's the intergenerational transfer of wealth. That's all of that you bump into with long-term care." The justification for possibly not dealing with long-term care is twofold. First, the battles over health care reform could weaken the desire to continue and secondly long-term care involves many issues other than the provision of goods and services. The categories and justification reveal an uncertainty regarding the benefit of dealing

with health and long-term care separately, with health care being addressed first. They also reveal an interest in identifying potential obstacles to dealing with long-term care reform.

### **Content Analysis**

The results of the content analysis of this interview transcript can be found in Table 19. The frequencies in the older age and disability clusters indicate an interest in meeting the needs of both groups. The frequencies in the institutional and home and community-based care clusters indicate an interest in including both types of care, with an emphasis on the former. The high frequencies in the Medicaid, Medicare and public sector clusters indicate an interest in a public sector approach to long-term care reform. The lower frequency in the private sector cluster indicates an interest in a smaller private sector component. These results supplement or support the interests identified in the related structural analysis.

### **Summary (NGA)**

An interest was revealed in addressing health and long-term care reform together. Interests also were revealed in developing a long-term care policy that is based on something other than Medicaid, preferably Medicare; is less rigid and complex than Medicaid; includes home and community-based care as well as institutional care; removes opportunities for game playing in the payment system; eliminates cost shifting from one level of government to another by designating a single level of government to be responsible for funding long-term care; creates a

**TABLE 19. CONTENT ANALYSIS:  
NATIONAL GOVERNORS ASSOCIATION (NGA)**

WORD OR CLUSTER OF WORDS	#	WORD OR CLUSTER OF WORDS	#
Older age cluster: aged, aging, elder*, old*, senior	19	Public sector cluster: social insurance, social or government program*, public sector	11
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	14	Private sector cluster: private insurance, private care, private sector	5
Younger age cluster: young*, youth, child*	0	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	1	Asset protection or sheltering	0
High income cluster: high* income, rich*, wealthy	0	Medicaid	22
Home and community-based care cluster: community care, community-based, home (health) care	3	Medicare	16
Institutional cluster: nursing home*, institution*	12	Flexibility cluster: flexib*, less rigid	0
Incremental	0	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	0	Pepper Commission	0
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	11	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	1
Funding cluster: financ*, fund*	6	Catastrophic Act	0
Social model	0	Medical model	0

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

stable long-term care system; legitimates public long-term care expenses for the elderly; meets the long-term care needs of older and younger disabled individuals, with an emphasis on meeting the needs of the former group; contains equitable, uniform financial eligibility requirements; includes a private sector component; and avoids a negative public response. An interest in identifying potential obstacles to dealing with long-term care reform also was indicated.

### **Case 19: Health Insurance Association of America**

The Health Insurance Association of America (HIAA) is an association of insurance firms that offer health, long-term care and accident insurance. HIAA includes a task force on long-term care (OFR, 1992/93:2052).

#### **Position Paper (HIAA, 1990)**

Justification is provided for a program that emphasizes long-term care insurance for those who can afford it and social insurance for those who cannot. The justification for such a program is that the country cannot afford a program that is completely publicly funded, that other needs have greater public support, and that such a program is not politically feasible (1990:1-2). This multipronged justification indicates a vital interest in avoiding a completely social insurance approach to long-term care by including some private sector involvement.

Further justification is found in HIAA's preferred meaning of social insurance as being "prohibitively costly and unwarranted given the potential of the private

market" (1990:11). The justification within this preferred meaning, that of market potential, is an economic one: Because private long-term care insurance has a potential market, a totally public program is unwarranted. Economics, from this role occupant's perspective, should be used as the dimension for decisionmaking. The context in which this position paper is provided also is an economic one. Recurrent terms involve costs and prices. This focus on economics reveals an interest in looking at long-term care reform in terms of economics.

Justification also is provided for a government role in long-term care. "HIAA also recognizes that the private sector cannot realistically meet the entire need. There is a significant need for public sector involvement. This is true especially for the current generation of elders, who have not had the time, product availability or financial resources to provide effectively for themselves. HIAA believes that government should target its assistance to those who are in greatest need." (1990:4). This justification reveals an interest in having the long-term care needs of those who cannot afford private insurance met by the government. Included in this latter category is the current older generation for whom the availability of private long-term care insurance has been too brief to provide adequate coverage.

Words related to *choice* recur in the paper. For instance, the statement maintains that wealthier people "will pay, either directly or indirectly, for their own care and the care of those who cannot afford to provide for themselves. These

individuals should be permitted to choose how they fund that care" (1990:2). Revealed here is an interest in meeting the needs of the non-poor population.

An underlying interest in government provision of long-term care to the poor also is revealed in the relatively strong language used in this regard. Medicaid eligibility requirements, the role occupant states, are "rather harsh" and individuals should be allowed a higher level of assets. In addition, the statement advocates that "Medicaid's institutional bias toward nursing home use be eliminated to encourage low and moderate income elderly to receive community-based long-term care services" (1990:5) even though this change could result in the need for "new public dollars" to be spent on long-term care. An interest, therefore, is indicated in extending the focus of long-term care beyond institutional care.

#### Role Occupant Interview (HIAA)

HIAA's Associate Director of Policy Development and Research, Susan Van Gelder, was interviewed. The total interview lasted 90 minutes of which a 60 minute portion was taped.

#### Structural Analysis

The role occupant's responses are provided mainly in the context of economics. Her preferred meaning of private long-term care insurance is "a new product." In addition, a recurrent term used by the role occupant is that of "selling." She speaks of the need to sell the concept of private long-term care insurance. She notes the difficulty of selling taxpayers on an additional wage tax for a publicly

funded social insurance program for long-term care. Again, an interest in an economic framework for the debate surrounding long-term care is revealed.

The metaphor this role occupant uses for herself is the "Shell answer man." She explains that this is the person on the Shell gasoline commercials who "answered questions on everything. He was like Mr. Know It All." A related metaphor she uses is that of a robot answering "nonstop" questions. "To be in a position to know all that," she asserts, "is sort of fun." The use of these metaphors reveals a vital interest in having answers to questions about private long-term care insurance. She added that "Not too many people [know these answers] so somebody has to launch out." This metaphor of launching out from the safety of the shore into uncertain waters reveals an interest in entering new areas.

The role occupant utilizes the metaphor that long-term care is "taking a back seat as compared to health care reform." This metaphor entails the dichotomy of health care and long-term care. Health care is in the driver's seat with long-term care going along for the ride, having no control over the direction which the vehicle of joint reform will take. This metaphor reveals the role occupant's perception of the powerlessness of long-term care in relation to health care. At another point in the interview, she states that "certainly long-term care gains or suffers, depending on how you want to look at it, from any industry position taken on health care reform." There is always "spillover" to long-term care insurance, she states, from health care insurance decisions. Again, the relative power of health care is noted. The

metaphor and dichotomy indicate an interest in increasing the power of long-term care reform *vis-à-vis* health care reform.

In an episode related to the work of the Pepper Commission, this role occupant addresses the support of the members of the Pepper Commission for the recommendations related to long-term care reform. In terms of their votes, commission members were more solidly behind their long-term care reform recommendations than their health care reform proposals. Instead of seeing the vote as supportive of long-term care reform, the preferred meaning this role occupant attaches to the support for long-term care reform is "pie in the sky and so much more theoretical and conceptual that what could be hurt from supporting it? It wasn't going to happen. I mean, I've always read it that way and I think a lot of people do. And I think in their hearts they [those who speak otherwise] might too, but they're just unwilling to admit that." The health care part of the Commission Report, however, entailed "more disagreement because it was so much more real. Whereas long-term care wasn't and you could afford to be magnanimous or generous about that." This preferred meaning, like the previous metaphor, reveals a view of long-term care as being a weaker issue than that of health care and more of an interest in supporting health care reform than long-term care reform.

This role occupant frequently uses the metaphor of *evolution* when speaking of the development of long-term care insurance from an "idea" to a product that is economically feasible. She comments that the evolving nature of long-term care

insurance "should allow greater flexibility in policy design, changing directions maybe a little bit. There's also a recognition that it's being sold primarily on an individual basis now [rather than through employers, as is health care insurance]. And that brings with it a whole set of issues regarding older, somewhat more vulnerable people that has greater sensitivity than with regular health insurance." Evolution carries with it the possibility of extinction. Although this role occupant expresses movement and energy in expanding the sale of long-term care insurance, she also acknowledges the possibility of extinction: "So let's get out there. Let's get the product sold. Let's see. And then, if it doesn't work, we can go on with our lives and figure out another solution." This statement reveals a vital interest in having in place the factors needed for private long-term care insurance to evolve to the point of being tested. Successful evolution involves flexibility in adapting to the environment. The metaphor also reveals an interest in maintaining flexibility and avoiding rigidity when determining the shape and substance of private long-term care insurance.

In an episode related to the events surrounding the Medicare Catastrophic Coverage Act, this role occupant's preferred meaning for Congress' reaction is "skittish." One thinks of once-frightened horses as being skittish and fearful of another fright. The reaction of some older people to this legislation was very negative. This reaction brought about the repeal of most of the act. Congress, in this preferred meaning, is seen as fearful of passing another piece of legislation to

which older people will react negatively. This preferred meaning indicates an interest in having the support necessary to reassure members of Congress regarding the political feasibility of backing changes in long-term care.

The interview, like the position paper, points to a vital interest in having the long-term needs of the poor, including home and community-based needs, adequately addressed by the government. This interest includes use of the government-stimulated system by private insurance recipients as well. This role occupant uses the metaphor of *springing up* for the long-term care providers who would come into being "because [public] dollars are available . . . . Certainly, overnight, if there's a major influx of new money for, public money for, home care benefits, they could be the same providers that would spring up to serve this private population too." When plants spring up following rainfall in the desert, they appear to have come from nowhere. Actually, the seeds were there, waiting for the right conditions for growth. The use of this metaphor indicates that the role occupant believes that potential providers of home and community-based long-term care are just waiting for the right conditions. It also indicates an interest in fostering those conditions.

In an episode dealing with tax clarifications regarding long-term care insurance, the role occupant's preferred meaning of tax clarification is a "credentialing" and "legitimizing" force for private long-term care insurance. "It would be saying that the federal government says, 'This is an okay thing' which many feel, in and of itself, would have an educational value, help get the word out and

legitimize the product somewhat and maybe stimulate demand." This preferred meaning reveals a vital interest in government tax clarification as a means of providing legitimacy for private long-term care insurance products.

This role occupant uses the analogy of *two tracks* when speaking of the long-term care needs of rich and poor individuals. One track meets the needs of the poor. The other meets the needs of those who can afford long-term care insurance. The two tracks have "two separate payers, with no coordinated partnership." The justification for this approach, which contains the use of absolute statements, is that "if we had it to do over again no one would want to get into a Medigap/Medicare arrangement. First of all, nobody feels long-term care's like Medigap because Medigap clearly defines gaps in a large social program, whereas long-term care's not defining gaps anywhere . . . . The Medigap people feel they've been linked to this program that they have no control over. They're at the tail that's always caught with whatever change in Medicare policy. So they haven't liked that sort of being jerked around feeling." This justification involves the use of two categories. In one category, *private long-term care insurance is seen as different from Medigap insurance* which covers the parts of acute care that are not covered by Medicare. The second category presents *private long-term care insurance as being like Medigap*. Because the insurance industry has no control over Medicare coverage or the changes in that coverage, insurance people feel "jerked around" by the government. The use of this term reveals a vital interest in avoiding a gap-filling approach to long-term care

insurance and the sense of powerlessness--on the part of the insurance industry--that can accompany it.

*Fairness* and *equity* are provided as justifications for this role occupant's preferred approach to long-term care reform. The "new public money" required by this approach is seen as "fairer spending . . . because it's helping people who can't otherwise help themselves." These justifications reveal an interest in a perception of public long-term care expenditures as being fair.

This role occupant, in an episode describing a potential process leading to a long-term care system that would emphasize the use of long-term care insurance, uses the *foot-in-the-door* metaphor. She speaks of a potential "overnight" expansion of projects now funded by the Robert Wood Johnson Foundation. She describes the projects as partnerships between Medicaid and private insurance companies. As a result of these partnerships, clients who purchase long-term care insurance up to the value of their assets can protect those assets in the event long-term care is needed. After the insurance company has paid for a client's long-term care needs in an amount equivalent to the value of the client's assets, the client can become a Medicaid recipient without depleting his or her assets. Thereby, people have a disincentive to transfer their assets to their children in order to avoid using them for their own long-term care needs prior to becoming eligible for Medicaid. With adequate insurance, people can keep their property in their own names and still receive Medicaid. This role occupant describes this disincentive as the "carrot" in the

metaphor, *the carrot and the stick*. The "stick," she explains is the "tightening up" of the asset transfer restrictions. According to the metaphor, people tolerate what is unwanted, *the stick*, much better if there is something they do want, *the carrot*. The use of this metaphor conveys an interest in accompanying increased restrictions and regulations with something desirable. The role occupant speaks of the Robert Wood Johnson project as a possible way to "really slow the momentum or diminish the need for some major reform." This wish to diminish the energy in the movement toward major reform indicates a vital interest in an incremental approach to long-term care reform.

The role occupant employs rather strong language in talking about elder law seminars for lawyers who help clients transfer their assets in order to avoid using them for long-term care needs prior to becoming eligible for Medicaid. "I just think," she asks, "why go through these machinations and lose control over your resources when you could buy private insurance?" *Machination* is defined as "artful or evil contrivance; *often pl.* a crafty scheme, evil design, or plot" (ELIA, 1975:571). The use of this word implies an interest in avoiding the need for asset transfer. Asset transfer, she adds, "detracts from the other benefits that Medicaid is to provide to non-elderly people for acute care. It hurts. The states are outraged." Again, the strong language reveals an interest in an approach to long-term care that eliminates the incentives for asset transfer.

This role occupant uses the categories of *informed buyer of long-term care insurance* and *informed non-buyer*. Classifying people on the basis of their purchase decisions again reveals an economic framework. This classification also demonstrates that even informed, educated people may choose not to purchase long-term care insurance. The role occupant notes, "No one wants to think this will happen to them. I don't think it's an easy thing to sell. And maybe that reason alone means there has to be a government role. I don't know. Just because you can't convince people and you can't mandate [long-term care insurance]." In this episode, the role occupant expresses doubt in the ability of education alone to increase the demand for long-term care insurance. In doing so, she conveys doubt in the product's ability to sell itself which entails doubt in a purely private sector approach to long-term care reform. This doubt reveals an underlying interest in a government role that goes beyond merely providing education regarding the need for long-term care insurance.

Doubt is again expressed in a statement made in reference to long-term care. "Well, there's a real balance going on and I don't think (pause). The jury's really still out. You know it's a risky venture so the price reflects that high risk . . . . So it's really unclear in the long run how these two [risk and price] will balance out." The use of the jury metaphor for the current state of long-term care insurance conveys uncertainty as to the future of long-term care insurance. A jury can arrive at a positive or negative verdict. In using this metaphor, the role occupant conveys a sense that long-term care insurance is on trial, that some people view it as positive

and desirable and others see it as negative and unneeded. When a jury is "out," there is a sense of urgency on the part of those who are waiting; they want to know the verdict. In using this metaphor, the role occupant indicates a vital interest in knowing the "verdict" as it relates to long-term care insurance.

The role occupant's dislike of the uncertainty regarding the future of long-term care also is revealed in her use of the metaphor of *sitting on the fence*. "[The public sector is] just as negligent, or more negligent, than the private sector in the area because they haven't (pause), there's a lot of people who are sitting on the fence waiting because they believe the federal government will do something shortly. And it's really a disservice to people who are looking for options and think that will happen. I don't really think it will. I mean, I don't know where you stand, but I can't see this happening in the near term, not in the next few years." The role occupant's dislike of the uncertainty of the current situation is revealed in her use of the strong word, *negligent*, and the metaphor of *fence sitting*. Sitting on a fence, even for a short period of time, is quite uncomfortable. However, for people to be sitting on the fence for an extended period of time that has no predetermined end, may be seen as intolerable. Again, an interest is revealed in knowing the "fate" of private long-term care insurance.

Another dichotomy employed by this role occupant is that of the *social model of long-term care* and the *medical model*. She explains, "Long-term care is not acute care and I think there are many people who feel it shouldn't be medicalized and

support services and social services should be encouraged. And they don't believe the public program. It will be monolithic and won't be able to offer that range of choices or options. Whereas you have that availability or capability in the private sector to tailor your needs to what you want." In this episode, dichotomies that are related to the social/medical dichotomy also are evident. Included are the private/public, individual/monolithic, and flexible/inflexible dichotomies. These further dichotomies, which serve as justifications for a social model of long-term care, reveal an interest in, and depth of support for, the social model of long-term care.

### **Content Analysis**

The results of the content analysis of this role occupant's interview transcript are displayed in Table 20. High frequencies exist in both the public and private sector clusters, indicating an interest in a long-term care policy that includes both public and private components. The high frequencies in the expenditure and funding clusters indicate an interest in finding ways to finance the costs associated with long-term care. The high frequency in the older age cluster indicates an interest in meeting the long-term needs of older individuals. The relatively uniform frequencies in the institutional cluster and the home and community-based cluster indicate an interest in a policy that entails the provision of long-term care services in a variety of settings. When compared to the other tables, this table contains a high frequency in the asset protection cluster indicating an interest in addressing this area of

**TABLE 20. CONTENT ANALYSIS:  
HEALTH INSURANCE ASSOCIATION OF AMERICA (HIAA)**

WORD OR CLUSTER OF WORDS	#	WORD OR CLUSTER OF WORDS	#
Older age cluster: aged, aging, elder*, old*, senior	16	Public sector cluster: social insurance, social or government program*, public sector	31
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	0	Private sector cluster: private insurance, private care, private sector	24
Younger age cluster: young*, youth, child*	3	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	0	Asset protection or sheltering	9
High income cluster: high* income, rich*, wealthy	2	Medicaid	17
Home and community-based care cluster: community care, community-based, home (health) care	7	Medicare	7
Institutional cluster: nursing home*, institution*	9	Flexibility cluster: flexib*, less rigid	2
Incremental	0	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	0	PepperCommission	3
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	29	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	0
Funding cluster: financ*, fund*	11	Catastrophic Act	1
Social model	0	Medical model	0

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

concern. These results either support or supplement those of the related structural analysis.

### Summary (HIAA)

Thus, an interest was revealed in an incremental public/private approach to long-term care reform with the public component addressing the needs, including the institutional and noninstitutional needs, of those who cannot afford private long-term care insurance and with public expenditures being perceived as being fair. Interests also were revealed in meeting the long-term care needs of non-poor individuals through private sector means; having sufficient support for changes in long-term care such that members of Congress feel comfortable voting for them; addressing the long-term care needs of older individuals; creating an environment that fosters the evolution of new long-term care insurance products; maintaining flexibility and avoiding rigidity in determining the shape and substance of private long-term care insurance; having answers to the questions regarding private long-term care insurance; educating people regarding the need for long-term care insurance; knowing what part of long-term care reform the private sector can count as its own; embarking on incremental, rather than comprehensive, change; achieving tax clarification regarding the purchase of private long-term care insurance policies as a means of legitimizing those products; avoiding merely a gap-filling function for private insurance; and stimulating the growth of home and community-based services. Further interests were revealed in looking at long-term care from an economic

perspective; focusing on the social model of long-term care; being innovative; eliminating incentives for asset protection; developing acceptable disincentives for asset protection; providing both institutional and home and community-based care; knowing the future marketability of private long-term care insurance; and exploring new ways of financing the cost of long-term care services. In addition, interests were indicated in supporting health care reform and in increasing the "power" of long-term care in relation to health care.

#### **Case 20: American Public Welfare Association**

American Public Welfare Association (APWA) is a "60-year old nonprofit bipartisan association of agencies and individuals concerned with social welfare policy and practice. The Association's National Council of State Human Service Administrators represents the cabinet-level state officials charged with administering programs on behalf of low-income individuals and families" (APWA, 1990:i). State administrators represent individuals who are older and people of all ages who are disabled. According to the role occupant, APWA represents "the state public assistance agencies and most particularly the state Medicaid agencies."

#### **Position Paper (APWA, 1990)**

The justification for APWA's proposal to create a centralized long-term care funding program is that such a program "would be better able to rationalize resource use and expenditures overall [than the current system in which] costs are already

skyrocketing within an irrational and highly complex variety of funding sources" (APWA, 1990). The use of the metaphor, *skyrocketing*, for rising long-term care costs conveys an interest in controlling costs. The justification reveals an interest in consolidating funding sources for long-term care.

The justification for providing a "full range of community-based social and health services" is that such services could "prevent or delay costly institutionalization." This justification, with its emphasis on cost containment, reveals an interest in finding cost-effective measures in the provision of long-term care services. It also implies an interest in viewing community-based care as a means of achieving cost effectiveness in long-term care. The categories of *affordability for the individual* and *affordability for the government* are used. These categories indicate an interest in the overall cost of long-term care.

Various justifications are offered for developing a social insurance approach to long-term care. This type of model can "be designed to facilitate the role of the private sector in both long term care service delivery and coverage . . . [and] to help assure the development of needed services in response to demand." These justifications reveal an interest in a social insurance model that takes the private sector into account and that serves as a catalyst for the formation of a system of long-term care services. A further justification for a social insurance approach is that it "would permit building on state administrative and service delivery systems that

already exist." This justification reveals an interest in having national long-term care policy that builds on the states' expertise in long-term care.

#### Role Occupant Interview (APWA)

The role occupant interviewed was Jane Horvath, Director of APWA's Health Policy Unit. The interview time totaled 60 minutes with 45 minutes being taped.

#### Structural Analysis

In an episode dealing with the categories of *health* and *long-term care*, the role occupant states that long-term care is an issue that "could generate a heck of a lot more support [than health care reform] at this point in time because so many more people are touched by the need for long-term care. Working middle-aged people with their elderly parents, people whose children are surviving with terrible birth defects or trauma victims who never survived before. Everybody knows somebody who needs long-term care. Conversely, on the health care side, not everybody knows somebody who is poor and uninsured . . . . It's not the personal issue that long-term care is, so I think that there's the potential for kind of a greater grassroots emphasis on reforming long-term care than there is on the health care side of things." The role occupant describes health care reform as being backed by "economists and the major corporations. But I think at a grassroots level, long-term care will have more support." The role occupant's justification for support for long-term care reveals an interest in public policy that is based on the needs of individuals rather than on the efforts of special interest groups.

Also in dealing with health and long-term care, the role occupant provides justification for dealing with long-term care reform first: "Congress has gotten it into its bonnet that [health care reform] is the major issue and at some level it is, but from the state perspective, I'd prefer to see long-term care done first because as states consider moving forward with [health care reform], they're still looking at these monumental amounts of expenditures that they make in the long-term care side and until they can deal effectively with containing those costs, it's very hard for them to figure how to spend a smaller part of the pie in wiser ways . . . . I think [dealing with health care first] is going to hinder state participation and agreement with the feds on how you should reform access because financially they're just stressed to the limit now." This justification contains several clichés. The cliché, "Congress has gotten it into its bonnet," indicates that health care reform is not a necessary prerequisite to long-term care reform. In presenting health care reform as the "smaller part of the pie," the role occupant reveals an interest in thinking of health and long-term care as part of the same whole, with long-term care being the major part. An indication of the role occupant's preferred meaning of the current state of Medicaid is evident in the cliché, *being stressed to the limit*. When an airplane is stressed to the limit, it is on the verge of coming apart. This cliché reveals an interest in dealing with the problems in Medicaid before the Medicaid system falls apart.

The role occupant's preferred meaning of asset protection is as an issue that's "hot." Her justification for seeing asset protection in this way is, "We're seeing more trusts even on the income side of things as opposed to resources and federal policy with respect to trusts is very, very confusing . . . . The basic rule in Medicaid is that the trust is not to be counted as a resource for the client if the client has no control over it. You just put a trustee in charge of it when you set up the limits . . . . Then the client can claim poverty or indigence when it comes to health care because no monies will be disbursed from the trust to cover health care." This justification indicates an interest in dealing with the confusion surrounding this new approach to asset protection. Another preferred meaning for asset protection is *vanishing resources*: "When income and resources have just vanished and don't fall under the purview of an eligibility determination document, it's very hard to ascertain the extent to which this is occurring." This preferred meaning indicates an interest in tracking these resources in order to keep them visible. The role occupant utilizes the metaphor of *bouncing* when speaking of the trusts: "The number of very complicated trust documents that the states are seeing that get bounced up from the county eligibility worker to the state central office and the Attorney General's office [is increasing] because they're just these very complicated documents." Objects that "bounce up" are likely to fall back down. This metaphor indicates an interest in having the issue of trust documents addressed in such a way as to allow them to be dealt with at the lowest possible level.

One justification for the use of trusts is that a number of states lack medically needy programs. These programs address the needs of individuals whose incomes exceed the Medicaid eligibility requirements but which are below the amount needed for nursing home care. In states without a medically needy program, these individuals are left with a catch-22. They cannot qualify for Medicaid and cannot afford nursing home care. Therefore, according to the role occupant, they seek ways to adjust their income level in order to qualify for Medicaid. This justification reveals an underlying interest in addressing the needs of these individuals in such a way as to diminish the incentive for seeking asset protection. Her realization that this attempt will be difficult is reflected in her calling this "a very thorny issue." Objects with thorns are difficult to handle. This preferred meaning indicates an interest in "dethorning" this issue by addressing the inconsistent availability of medically needy programs.

Another justification links the increase in asset protection efforts to "the spousal impoverishment provisions in Catastrophic that considerably raise the asset and income levels and extended Medicaid to middle class couples, which is not necessarily inappropriate at all, but it spurred this whole new cottage industry of estate planning for Medicaid." These were provisions in the Medicare Catastrophic Coverage legislation that were not repealed. The role occupant's preferred meaning of the Medicare Catastrophic Act is legislation that opened Medicaid to the middle class, and in so doing, spurred asset protection efforts. Her qualifier, that this result

is not necessarily inappropriate, indicates an interest in not prohibiting the use of Medicaid to meet the long-term care needs of middle class individuals.

The role occupant's preferred meaning of the spousal impoverishment provisions in the Medicare Catastrophic Coverage Act is "[legislation that] just confused the heck out of [the experts]. It is mind-boggling. We all think we have it clear and then there's this new wrinkle because there are so many kinds of loopholes and cross-cutting issues. So it's encouraged more people to go to lawyers because if it's not simple for the experts, it's certainly not simple for somebody dealing with a crisis, needing funding for long-term care." This preferred meaning reveals an interest in simplifying the spousal impoverishment provisions related to Medicaid eligibility.

The role occupant offers a preferred meaning of discrimination against Medicaid clients on the part of the medical establishment: "It depends on the state. New York pays its nursing homes very well. Connecticut pays its nursing homes very well. Certainly if a nursing home operator is going to discriminate, it's certainly not because Medicaid doesn't pay well; it's because they don't like Medicaid clients . . . They assume you're poor. I know it goes on in doctors' offices. They always claim that the reimbursement hassles are so significant with Medicaid and that discourages them. In some states I'm sure that's true but in other states it's just a matter of poor people sitting in the waiting room with their other patients." This synecdoche of *poor people sitting in the waiting room* to represent discrimination

against Medicaid clients, reveals an interest in addressing the negative attitudes related to Medicaid which result in refusal to provide care to Medicaid recipients.

The role occupant's preferred meaning of the catalyst needed for social change is, "I think the rule of thumb with any movement or social change that occurs in the United States is that once it starts hitting the middle class, people start paying attention." This preferred meaning is related to the interest in a previous paragraph in allowing middle class individuals to use Medicaid long-term care benefits. According to the role occupant's preferred meaning, the involvement of the middle class could spur social change. The role occupant's justification for this preferred meaning is that "It's very hard for the middle class elderly to afford 20, 30, 40,000 dollars a year for nursing homes." The preferred meaning and justification indicate an interest in achieving social change related to long-term care.

The role occupant's justification for a state administered long-term care program is found in an episode dealing with the federal/state dichotomy. "States have far more expertise in long-term care because the federal government has never done it. Needs assessment, case management, community care, all that stuff the states have been doing for 15 years or more." This justification reveals an interest, as did the position paper, in creating a long-term care policy that is built on the states' expertise.

## **Content Analysis**

The results of the content analysis of this interview are located in Table 21. The high frequency in Medicaid indicates an interest in, and concern about, that program. The frequencies in the public and private sector clusters indicate an interest in a primarily public approach to long-term care reform with a smaller private sector component. The frequencies in the older age, disability and younger age clusters indicate an interest in addressing the long-term care needs of people of any age. The relative frequencies in the low and high income clusters indicate an interest in meeting the needs of people in both income brackets, with an emphasis on the needs of lower income individuals. The frequencies in the institutional and home and community-based care clusters indicate an interest in providing long-term care in a variety of settings. The high frequencies in the expenditure and funding clusters indicate an interest in developing a financing mechanism that addresses the high costs associated with long-term care. This content analysis, as compared with the others, has a high frequency in the asset protection cluster, indicating an interest in addressing the problems related to asset protection in long-term care. These interests support or supplement those identified in the structural analysis in this case.

### **Summary (APWA)**

Interests were revealed in developing a social insurance model that leaves a role for the private sector; serves as a catalyst for the formation of a system of long-term care services; provides services in a variety of settings; builds on the states'

**TABLE 21. CONTENT ANALYSIS:  
AMERICAN PUBLIC WELFARE ASSOCIATION (APWA)**

<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>	<b>WORD OR CLUSTER OF WORDS</b>	<b>#</b>
Older age cluster: aged, aging, elder*, old*, senior	8	Public sector cluster: social insurance, social or government program*, public sector	10
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	12	Private sector cluster: private insurance, private care, private sector	5
Younger age cluster: young*, youth, child*	5	Woodwork effect	2
Low income cluster: low* income, poor, poverty, impoverish*	10	Asset protection or sheltering	6
High income cluster: high* income, rich*, wealthy	5	Medicaid	40
Home and community-based care cluster: community care, community-based, home (health) care	10	Medicare	2
Institutional cluster: nursing home*, institution*	16	Flexibility cluster: flexib*, less rigid	0
Incremental	0	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	0	Pepper Commission	0
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	10	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	0
Funding cluster: financ*, fund*	10	Catastrophic Act	3
Social model	5	Medical model	2

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

experience in long-term care; is based on the needs of individuals; does not foster negative attitudes toward recipients of care; includes attention to cost containment; consolidates long-term care funding sources; frames community-based care in terms of cost effectiveness; expeditiously addresses the problems with Medicaid; clarifies the use of trusts for asset protection; tracks the resources that are being protected from consideration for Medicaid eligibility; decreases incentives for asset protection activities; simplifies the spousal impoverishment provisions related to long-term care; addresses the inconsistent availability of medically needy programs; addresses the negative attitudes toward Medicaid recipients that result in refusal to provide them care; and does not treat long-term care as an issue only of the poor. Interests also were revealed in social change related to long-term care and in dealing with health and long-term care reform together.

#### **Case 21: American Association of Homes for the Aging**

The American Association of Homes for the Aging (AAHA) is a "national trade organization representing nonprofit nursing homes, retirement communities, senior housing facilities, and community service organizations for older persons . . . . The organization supplies information to Congress, encourages grass-roots member involvement, and testifies [at congressional hearings] regularly" (Van Tassel & Meyer, 1992:11,14). AAHA membership includes 3,700 facilities that provide housing and other services to an older population and 800 associate members who

have an interest in the provision of nursing home care for older individuals (Van Tassel & Meyer, 1992:13).

### Position Paper (AAHA, 1992)

The position paper uses the categories of nursing home resident's *autonomy* and *risk*: "While AAHA supports the concept of resident decision-making and the right to autonomy in daily life decisions, the association also recognizes the positive value of risk in residents' lives. Surveyors need to recognize that some resident decisions may adversely affect the nursing home's ability to implement a care plan and provide services to meet the highest practicable well-being of residents" (1992:3). These categories indicate an interest in a policy that balances the needs associated with nursing home residents' autonomy and safety.

The justification for changing the financial responsibility rules for Medicaid is "to prevent inappropriate divestiture of resources by individuals who want to qualify for Medicaid and protect their assets" (AAHA, 1992:2). This justification, with its focus on abuses in asset transfer, reveals an interest in addressing problems related to asset protection.

The categories of *public* and *private* are used in two episodes, one dealing with long-term care financing and the other dealing with Medicaid reform. The recurrent use of these categories indicates an interest in involvement of both the public and private sectors in long-term care.

The justification for "preserving the right of nursing homes and other providers to sue state Medicaid programs . . . to secure adequate payment [is] because so many states underfund the Medicaid program" (1992:3). This justification, which focuses on underfunded Medicaid programs, conveys an interest in achieving increased Medicaid payment for long-term care.

### Role Occupant Interview (AAHA)

The role occupant interviewed was Michael Rogers, Senior Vice President for AAHA. A thirty-five minute portion of the 45 minute interview was tape recorded.

### Structural Analysis

The role occupant utilizes the for-profit/not-for-profit dichotomy. He distinguishes the two on "the economic dimension, that is the proprietary or for-profit community must develop ultimately some type of economic incentives for its investors or its partners or its owners. The not-for-profit community, I think, has been essentially driven by its mission, by that mission it has established for itself through its sponsoring agency . . . They're driven, I think, from a motive basis of 'How do we best serve the people who are our residents?' I don't mean to suggest that an organization like Manor Care, for instance, is not concerned with service to its residents. I think that they are very much concerned with service to their residents. And that's not to say that the not-for-profit is not driven by the corporate bottom line. But sometimes I think [the difference] depends on where you place your emphasis." These preferred meanings, which present not-for-profit priorities

in a more positive light, reveal an interest in having the care of long-term care recipients receive priority over concerns for profit.

The role occupant offers a justification for the increasing number of proprietary and non-profit organizations that provide a variety of services, rather than just nursing home care. "I think," he states, "that as you get into this cohort of elderly and future cohorts of elderly, they're going to be looking for more options. So those campus facilities that have affiliations with nursing homes, maybe assisted living, independent housing, they can have multiple options--the continuing care retirement community with multiple options for older people . . . . I might go into a facility saying, 'Hey, I just want independent housing, but I do want to have the assurances that if I do need long-term care, I can get it within the confines of my neighborhood, my community.'" This justification reveals an interest in having a long-term care policy that provides for diverse service and housing alternatives to allow for choice on the part of consumers. The role occupant refers to long-term care as a series of interrelationships "between housing and health care, between housing and assisted living . . . . between providers, consumers and the government and the constant tension that is there." This preferred meaning of long-term care reveals an interest in addressing these interrelationships.

The role occupant's justification for the need for "a fairly intensive educational effort" is that, "We tend to see things through our own eyes, through our own unique perspectives . . . . I think we need to really make more of an effort to understand

each other. And I think we need to have some further debates in this country as to what we're willing to pay for and what we're not willing to pay for." This justification reveals an interest in education to effect a broader perspective on long-term care and in knowing for which of the widening array of services and housing options the government will pay.

In an episode dealing with the woodwork effect, the role occupant utilizes the metaphor of a balloon. "Our people who traditionally have cared for their elderly parents or their elderly aunts are going to say, 'Hey, I'm not going to do anymore. It's the government's responsibility.' And what's that going to do to costs and taxes? So it gets back to this thing--if you push on one end of the balloon, it pops out here and if you push it back in there, it pops up some place else . . . . I think we're going to have to drop perhaps some of our own parochial perspectives, that is surrender to what might be the greater good." The role occupant speaks of the fear on the part of one area of long-term care that another area is "going to take away from our share of the pie so to speak." The metaphor indicates an interest in facing and dealing with the effects of a proposed change in one area of long-term care policy on the other areas and in taking a more comprehensive, and less segmented, look at long-term care.

The role occupant's preferred meaning of the Democrats' Long-Term Care Family Security Act is as "the centerpiece by which people can rally around." This

preferred meaning indicates an interest in having this legislation serve as the basis for debate and action.

### **Content Analysis**

The findings from the content analysis of this interview transcript are displayed in Table 22. The high frequency in the institutional cluster and the lower frequency in the home and community-based care cluster indicate an interest in providing both types of care, with an emphasis on the former. The frequencies in the older age and disability clusters indicate an interest in meeting the needs of older and younger disabled individuals, emphasizing the former. The high frequencies in the expenditure and funding clusters indicate an interest in developing a financing mechanism that addresses the costs associated with long-term care. The higher frequency in the public sector cluster as compared with the private sector cluster indicates an interest in a public approach to long-term care reform. These findings are similar to those of the related structural analysis.

### **Summary (AAHA)**

An interest was revealed in a policy that addresses long-term care in a comprehensive fashion; states the part of long-term care that will be publicly funded; addresses asset protection problems; includes diverse housing and service options and fosters choice on the part of recipients of care; meets the long-term care needs of individuals of all ages, especially older individuals; gives priority to meeting client needs; reflects the interrelatedness of health and long-term care services and

**TABLE 22. CONTENT ANALYSIS:  
AMERICAN ASSOCIATION OF HOMES FOR THE AGING (AAHA)**

WORD OR CLUSTER OF WORDS	#	WORD OR CLUSTER OF WORDS	#
Older age cluster: aged, aging, elder*, old*, senior	16	Public sector cluster: social insurance, social or government program*, public sector	7
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	2	Private sector cluster: private insurance, private care, private sector	0
Younger age cluster: young*, youth, child*	0	Woodwork effect	3
Low income cluster: low* income, poor, poverty, impoverish*	2	Asset protection or sheltering	0
High income cluster: high* income, rich*, wealthy	0	Medicaid	2
Home and community-based care cluster: community care, community-based, home (health) care	6	Medicare	4
Institutional cluster: nursing home*, institution*	17	Flexibility cluster: flexib*, less rigid	4
Incremental	0	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	2	Pepper Commission	3
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	8	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	4
Funding cluster: financ*, fund*	9	Catastrophic Act	0
Social model	1	Medical model	1

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

providers; increases the reimbursement to providers of long-term care; includes public and private involvement but emphasizes the former; deals with the effects of changes in one aspect of long-term care on the other areas; and balances the safety and autonomy needs of nursing home residents. Interests also were revealed in developing a financing mechanism that addresses costs; having the Democratic majority's long-term care bill serve as the basis for debate and action in long-term care; and having public education and debate that foster a broad perspective on long-term care.

#### **Case 22: American Hospital Association**

The American Hospital Association (AHA), according to the role occupant, represents 5,500 hospitals. Over half of the member hospitals provide some type of long-term care including nursing home care and adult day care. With an annual budget of \$80 million, AHA conducts educational activities and research in areas such as health and hospitals. In addition, AHA provides representation for hospitals in the formulation of federal legislation (Burek, 1991:1414).

#### **Position Paper (AHA, 1992)**

This paper presents a preferred meaning of health and long-term care delivery as "community care networks that would provide patients with integrated care organized at the community level. Networks would be responsible for all the health needs of their enrolled population and would coordinate patient care over time and

across various provider settings. Patients could turn to their network for everything from preventive care to acute care to long term care services" (AHA, 1992:3). The justification for this preferred meaning is that "community care networks hold the promise for true management of patient care . . . [and] are the keystone to universal access. They represent a self-disciplining system with coherent and consistent incentives that encourage providers to do what they do best--manage the health care of their patients" (AHA, 1992:3,5). The preferred meaning reveals a vital interest in dealing with health and long-term care together as part of the same continuum. The justification reveals an interest in a health and long-term care system that focuses on patient care management.

#### **Role Occupant Interview (AHA)**

The role occupant interviewed was Jean Polatsek, Associate Director for Congressional and Executive Branch Relations for AHA. The interview totaled 40 minutes with 35 minutes being tape recorded.

#### **Structural Analysis**

The role occupant's justification for saying that long-term care should be dealt with as part of health care reform is that "you can't have complete health care reform without bringing up the issue of long-term care . . . . It has to be an integral component of any kind of health reform because if you are trying to have a coordinated system or an integral system, there has to be the whole range of benefits available. And if you start trying to just piece meal it, what you're doing is using

inappropriate resources to match a need and it really is a very inefficient and certainly not a cost effective way of delivering care." A second justification for dealing with long-term care and health care together is that increased fragmentation will result if they are addressed separately "and it's fragmentation that adds to the cost." The role occupant's preferred meaning for long-term care is "just one more benefit along the [health care] spectrum." These justifications and preferred meaning reveal an interest in a policy that addresses both health and long-term care in a coordinated manner and that takes cost effectiveness into account.

*Cost* is a recurrent term used by the role occupant. Cost is seen as a factor that may prevent long-term care from being treated as part of health care reform. "Long-term care," the role occupant asserts, "has got an incredible price tag in and of itself. And if you're talking cost right now and how you're going to pay for things, there's really no way that they'll come up with the sixty billion." Whereas the role occupant views cost as currently being a deterrent to dealing with long-term care, she also sees it as being a future imperative to deal with long-term care: "It's the increasing costs [that cause them] not [to] want to deal with long-term care, but I think eventually they are going to have to as the population ages. They're not going to have a choice." The recurrent use of the term, *cost*, reveals an interest in the addressing the costs of health and long-term care reform and an interest in being attuned to the time when cost may become a force for, rather than against, long-term care reform.

The role occupant uses the metaphor of a "hodge podge" in speaking of the lack of coordination in long-term care: "There's no coordination in any of the long-term care areas. There's no coordination between any of the transitional care and any of the home care services. It's just a hodge podge in terms of the payment, in terms of management of care . . . . Nursing home care is under Medicaid and that's run by 50 different states. And then home care is somewhat Medicare, but not that much. You have adult day care which is not financed by anybody. And you have transitional care which depends on [the] setting [in which] you get it." This metaphor, which emphasizes the fragmentation in long-term care, indicates an interest in achieving coordination in the provision of, and payment for, long-term care services.

### **Content Analysis**

The results of the content analysis of this interview transcript are displayed in Table 23. The high frequency in the expenditure cluster indicates an interest in addressing the costs associated with long-term care. The similar frequencies in the home and community-based care clusters indicate an interest in a policy that provides for each type of care. These findings either support or add to the results of the related structural analysis.

### **Summary (AHA)**

Interests were revealed in formulating a policy that deals with health and long-term care as part of the same continuum; takes cost and cost effectiveness into

**TABLE 23. CONTENT ANALYSIS:  
AMERICAN HOSPITAL ASSOCIATION (AHA)**

WORD OR CLUSTER OF WORDS	#	WORD OR CLUSTER OF WORDS	#
Older age cluster: aged, aging, elder*, old*, senior	2	Public sector cluster: social insurance, social or government program*, public sector	1
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	0	Private sector cluster: private insurance, private care, private sector	0
Younger age cluster: young*, youth, child*	0	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	0	Asset protection or sheltering	0
High income cluster: high* income, rich*, wealthy	0	Medicaid	2
Home and community-based care cluster: community care, community-based, home (health) care	8	Medicare	1
Institutional cluster: nursing home*, institution*	7	Flexibility cluster: flexib*, less rigid	0
Incremental	0	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	0	Pepper Commission	0
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	13	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	0
Funding cluster: financ*, fund*	2	Catastrophic Act	0
Social model	0	Medical model	0

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

account; establishes a long-term care system that focuses on patient care management; provides for home and community-based care as well as institutional care; and achieves coordination in the provision of, and payment for, long-term care services. An interest also was revealed in being attuned to the time when cost may become a force for, rather than against, long-term care reform.

### **Case 23: American Nurses Association**

The American Nurses Association (ANA) is composed of 860 member associations that represent registered nurses. Among ANA's committees are political action and gerontological nursing committees (Burek, 1991:1463-1464). ANA seeks to influence national legislation related to nursing issues.

#### **Position Paper (ANA, [nd])**

This position paper uses the categories of *public responsibility* and *personal commitment to planning* for long-term care needs. It also uses the categories of *public sector* and *private sector responsibility*. The use of these categories reveals an interest in a long-term care system that integrates roles for the public and private sectors as well as for the individual who is at risk of needing long-term care.

The justification for including these various roles is "to prevent impoverishment and the potential loss of dignity." This justification reveals an interest in analyzing long-term care policy proposals in terms of impoverishment and in terms of their potential affect on individual dignity.

### Role Occupant Interview (ANA)

The role occupant interviewed was Virginia Burggraf, ANA's long-term care specialist. The interview totaled 110 minutes with 90 minutes being tape recorded.

#### Structural Analysis

The role occupant's preferred meaning of the strain on the Medicaid budgets is that "when a person in the past was discharged to a nursing home, they never came home. That is not happening now. What is happening is that I guess close to 50% of the individuals going into nursing homes transfer out. And that is a positive that has happened because our . . . Medicaid budgets are going broke." This preferred meaning reveals an underlying interest in a policy that continues to address the costs of long-term care.

A recurrent phrase that the role occupant uses is RUGS's or Resource Utilization Groups which involve "allocating staff to individuals based on their resource utilization." The recurrent use of this phrase indicates an interest in a long-term care policy in which availability of services is based on individual need rather than another criterion such as the person's diagnosis.

In an episode dealing with the categories of *nursing home population* and *at-home population*, the role occupant says, "It's ironic to think that the nursing home industry is [providing for] only 5% of the elderly population. So are we losing or missing something when we think about the 95% that's still in the community? . . . We pretend that [the 5%] is all that's there." These categories reveal an interest in

dropping the denial regarding the failure of the current system to address adequately the needs related to the 95% of the long-term care population who are not institutionalized.

Although terms related to the elderly recur throughout the interview, the role occupant states that her preferred meaning of long-term care includes the disabled population: "But when I think about long-term care--and I sometimes have to get correct myself when I talk about long-term care--we've always associated long-term care with the elderly and we've got to . . . change the idea of long-term care being specific to the elderly." This preferred meaning reveals an interest in a long-term care policy in which eligibility requirements do not limit care to the elderly, but rather to people of any age who meet the specified criteria. Another preferred meaning for long-term care is "as a spectrum of life span approaches to care." This preferred meaning also indicates an interest in a long-term care policy that addresses the needs of chronically ill or disabled individuals of any age.

However, the role occupant's metaphor for gerontological nursing is "a basket approach to long-term care." Gerontological nursing is concerned with the nursing needs of older individuals. If gerontological nursing is be the "basket" into which long-term care issues can be put, long-term care will not include a concern for younger chronically ill and disabled individuals. This metaphor indicates an underlying interest in having the long-term care needs of older people receive priority over the needs of younger individuals.

The role occupant states that nurses' preferred meaning of case managers is "the enemy." The justification for this preferred meaning is that the case manager is attuned to the need for cost containment and "unfortunately nurses have not been taught how to deliver cost effective care. We have been taught in nursing school to give everything to your patient." This justification reveals an interest in including cost containment in long-term care policy and in helping the professionals who are affected by those policies to adjust to the changing paradigm of care.

In an episode dealing with the reason people enter nursing homes, the role occupant states, "People go into nursing homes for nursing care, not medical care." Her preferred meaning of nurses is: "the ones who can truly call the right shots in the nursing home." The preferred meanings indicate a vital interest in nursing's involvement in policy decisions related to care in nursing homes.

*Disease prevention and health promotion* are recurrent terms used by the role occupant. For instance, the role occupant states, "I think we need to prevent some of the [diseases] like high blood pressure and the strokes of old age," illnesses that can lead to long-term care needs. She adds, "We really need to concentrate some of our long-term care efforts on [the 95% of older adults who are not in nursing homes], keeping them well and healthy in the community so they don't become chronically ill, so they don't have need for nursing home placement." This recurrent emphasis on disease prevention and health promotion indicates an interest in seeing

the interrelatedness of health and long-term care through the lens of disease prevention and health promotion.

The role occupant's dimension for analysis and decisionmaking regarding "legislation coming out of long-term care [is] to see if it meets the needs of individuals rather than groups." This dimension for analysis indicates an interest in formulating a long-term care policy that is focused on meeting the needs of the individual.

The role occupant's metaphor for the federal government is *father*: "I can't rely on father to take care of us--the federal government. You have to rely on individual states to make themselves models of care." This metaphor indicates an interest in avoiding a purely federal response to the needs in long-term care.

### **Content Analysis**

The findings from the content analysis of this interview are located in Table 24. The high frequency in the institutional cluster and the lower, but still high, frequency in the home and community-based care cluster indicate an interest in both types of care with an emphasis on institutional care. The frequencies in the older age, disability and younger age clusters indicate an interest in meeting the needs of chronically ill and disabled individuals of all ages with an emphasis on the needs of older people. These findings support the results of the structural analysis involved in this case.

**TABLE 24. CONTENT ANALYSIS:  
AMERICAN NURSES ASSOCIATION (ANA)**

WORD OR CLUSTER OF WORDS	#	WORD OR CLUSTER OF WORDS	#
Older age cluster: aged, aging, elder*, old*, senior	68	Public sector cluster: social insurance, social or government program*, public sector	8
Disability cluster: disab*, rehab*, mental illness, retard*, drug*	10	Private sector cluster: private insurance, private care, private sector	0
Younger age cluster: young*, youth, child*	16	Woodwork effect	0
Low income cluster: low* income, poor, poverty, impoverish*	0	Asset protection or sheltering	0
High income cluster: high* income, rich*, wealthy	1	Medicaid	3
Home and community-based care cluster: community care, community-based, home (health) care	33	Medicare	3
Institutional cluster: nursing home*, institution*	73	Flexibility cluster: flexib*, less rigid	0
Incremental	0	Inflexibility cluster: rigid*, inflexib*	0
Comprehensive*	0	Pepper Commission	0
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*	5	Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	0
Funding cluster: financ*, fund*	9	Catastrophic Act	0
Social model	0	Medical model	0

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

### Summary (ANA)

Interests were revealed in a long-term care policy that reflects the interrelatedness of health and long-term care especially through the lens of disease prevention and health promotion; avoids a purely federal government response to long-term care reform; assigns appropriate roles to the public and private sectors as well as to individuals at risk of needing long-term care; focuses on meeting the needs of persons requiring care; includes cost containment measures; helps long-term care professionals adjust to cost containment measures; does not require impoverishment; addresses the long-term care needs of the noninstitutional population; enables nursing home residents to return to their own homes; and bases eligibility for services on individual need rather than diagnosis or age. However, an interest in giving priority to the needs of older individuals also was revealed. In addition, an interest in nursing's involvement in the formulation of nursing home policy was identified, as well as an interest in analyzing policy proposals in terms of asset protection requirements related to impoverishment and in terms of the requirements' potential affect on individual dignity.

## **CHAPTER 7**

### **STRATEGY FOR SHAPING THE POLICY DEBATE**

Having identified vital interests of the various parties in the long-term care policy subsystem, the public administrator, acting in an agential capacity, can now develop a strategy to refocus the debate. The strategy takes shape by incorporating the literature of principled negotiation or negotiation on the merits. This method of negotiating agreements works from the vital interests of the parties, focuses on the problem at hand and aims to enhance the relationships among the parties involved. Principled negotiation is an outgrowth of the Harvard Negotiation Project. Located at Harvard University, the project involves addressing problems related to negotiation and developing and sharing improved means of negotiation (Fisher & Ury, 1981:164).

#### **Strategy Development: Principled Negotiation**

Four factors, some of which were noted in Chapter 2, are prominent in principled negotiation:

Separate the people from the problem;  
Focus on interests, not positions;  
Generate a variety of possibilities before deciding what to do; and  
Insist that the result [when conflicting interests are involved] is based on some objective standard (Fisher & Ury, 1981:11).

### **Deal with People and Problems Separately**

The first factor involves separating the people from the problems. The agential leader has a concern for both the substance of negotiation and the relationships among the participants. However, the two are treated separately. Otherwise, the "relationship tends to become entangled with the problem" (Fisher & Ury, 1981:20). Such entanglement leads to the people and the problem being treated as a single entity. Relationships and substance are put in conflict with each other.

In separating substance and relationships, however, the agential leader deals with people directly and deals with proposals to address the problem based on their merits. Relationships are established on "accurate perceptions, clear communication, appropriate emotions and a forward-looking, purposive outlook" (Fisher & Ury, 1981:22).

### **Gain Accurate Perceptions**

In order to gain accuracy in perception, the agential leader looks at the issue from the points of view of the various groups and encourages the participants to "try on" other perspectives. The agential leader models this behavior and fosters an atmosphere in which participants feel comfortable sharing their perceptions in a nonaccusatory way. The agential leader also encourages participation in the process. People who have participated have a stake in the result.

## Use Clear Communication

Negotiation involves reciprocal communication with the goal of coming to a mutual decision. Communication entails areas of potential breakdown. The agential leader addresses these concerns by serving as a role model for active listening. He or she provides objective feedback to participants who have an opportunity to accept, reject or clarify the agential leader's perception. The agential leader acknowledges the legitimate concerns of the participants. Too often, in other forms of negotiation, the legitimacy of the concerns of the parties is not acknowledged; not so in principled negotiation. Becoming aware of the legitimacy of the various groups' concerns contributes to understanding. In addition, credit is given for ideas. These methods entail a positive approach to negotiation that affirms, rather than tears down, the participants.

There are additional ways in which the agential leader fosters effective communication. When ambiguous ideas are presented, the agential leader requests clarification. When participants blame others for a problem, the agential leader suggests other ways of speaking that do not ascribe blame. For instance, a participant can be encouraged to say, "I felt disappointed" rather than "You disappointed me." Such phrasing promotes active listening, rather than defensiveness, on the part of the participants. Another technique that decreases defensiveness entails restating attacks on people as attacks on the problem. For instance, one participant might say to another, "If your organization hadn't pushed

for that proposal, we wouldn't have this loophole that allows for assets in trusts to be exempt from consideration for Medicaid eligibility." The agential leader could restate this accusatory statement in the following way: "Having trusts be exempt from consideration for Medicaid eligibility seems to be a problem." In this way, the agential leader models the use of nonblaming language that focuses on the problem.

### **Express Emotions Appropriately**

Attention to emotions also is important. When emotions arise, the agential leader acknowledges their legitimacy and, with the help of the participants, searches for the cause of the emotions. The agential leader understands that symbolic gestures may diffuse emotions. An apology, even one that does not ascribe responsibility to oneself, can be helpful.

### **Be Purpose Oriented**

In making significant statements, the agential leader is aware of what she or he wishes to learn or to communicate and is aware of the purpose to which the information will be put. The agential leader models this behavior and helps the participants also to be purpose oriented. In this way, the policy negotiation process is facilitated.

Principled negotiation, rather than being adversarial, aims to build working relationships among the groups and to create communities of shared meaning. It allows the agential leader to be "hard on the problem, [but] soft on the people" (Fisher & Ury, 1981:55). Problems, not people, become the focus of attack. The

agential leader creates an atmosphere in which the members of the group work together to achieve an agreement that each deems to be fair. The orientation of negotiation is collaborative and side-by-side rather than the more common adversarial, face-to-face perspective. This orientation, in which the participants are encouraged to view each other as partners in the search for a fair agreement, helps to prevent "people problems." Another way to prevent such problems is to create opportunities for people to get to know each other. Informal events can be scheduled before, during or after meetings or workshops.

### **Focus on Interests**

The second factor in principled negotiation is a focus on the interests of the participants. Like the librarian in the Mary Parker Follett story, the agential leader seeks to reconcile interests rather than positions. The position of one library patron was that the window should be open; the position of the other was that it should be closed. The librarian identified the patrons' underlying interests in having fresh air and no draft and effected a result that was satisfactory to both people. Reconciling interests is possible because for every interest, several positions exist that can meet that interest. In addition, underlying each position may be more shared, or non-conflicting, interests than conflicting ones.

The problems of focusing on positions are described in earlier chapters. One of the problems is that negotiating from positions typically can lead to unwise agreements. Compromises may be reached that satisfy the vital interests of none of

the parties. When vital interests are identified, however, agreements may be developed to meet those underlying interests. The agential leader is aware that a group's position may present *one* way to meet its underlying interests, but that position is unlikely to be the *only* way to do so.

### **Develop Alternatives for Mutual Gain**

The third factor in principled negotiation entails developing alternatives for mutual gain. By enlarging the number of options, the group increases its chances of making a choice that meets the interests of the various groups. The agential leader knows that there are four primary hindrances to the development of multiple options:

- 1) Premature judgement;
- 2) Searching for the single answer;
- 3) [Win-lose thinking]; and
- 4) Thinking that 'solving their problem is their problem'" (Fisher & Ury, 1981:59).

Premature judgement poses a problem when people fear a negative response to the options they might propose, when they fear appearing foolish and when they fear that they inadvertently will disclose information that could diminish their bargaining stance. It creates a focus on narrowing the options to a single option, rather than enlarging them. Win-lose thinking in which participants think that there are only two possible results, winning or losing, is also a hindrance to enlarging the

number of alternatives. The last barrier involves placing sole responsibility on the other party to meet its needs. In this case, there is no felt need to invent options that can satisfy the interests of all parties.

Four steps are needed to diminish these barriers to seeking multiple options:

- 1) Separate the act of inventing options from the act of judging them;
- 2) Broaden the options on the table rather than look[ing] for a single answer;
- 3) Search for mutual gains; and
- 4) Invent ways of making decisions easy (Fisher & Ury, 1981:62).

### **Create Options; Then Judge Them**

In addressing participants' fear of a negative response to options they might propose, the agential leader may use a brainstorming technique that encourages the expression of ideas while judgement about the ideas is withheld. Brainstorming results in an expansion of options and works against a premature move to a single answer. Brainstorming should take place in an informal setting with participants seated side-by-side in a semicircle around a blackboard. In this way, participants tend to focus on, and respond to, the problem being addressed. The agential leader explains the guidelines, including the rule that ideas are not to be criticized. It may be wise to decide that the session is "off the record" and that the ideas generated will not be attributed to specific parties. In this way, participants may feel freer to offer ideas. The agential leader or a recorder will write the ideas so that everyone can see them. Additional ideas will be sparked as participants hear the ideas and see them

written. At the end of the brainstorming session, the ideas with the most promise are selected and ways of improving them are suggested. A time is set for a followup session in that participants decide how the ideas can contribute to the negotiations.

### **Enlarge Options**

Another technique that the agential leader may use to multiply options is The Circle Chart. A copy of this chart can be found in Appendix F. In using this chart, participants move between attention to specifics and generalities. Four kinds of thinking are involved: thinking regarding a specific problem, descriptive analysis, thinking regarding possible solutions, and thinking about specific answers to the problem. If, for instance, a group is dealing with asset protection, group members would first address the specific problem. Then, using descriptive analysis, they would diagnose the problem in general terms. The symptoms of the problem would be categorized, potential causes suggested and barriers to resolution identified. The theory that is suggested by the diagnosis aids the participants in looking at specific ideas for action. For example, the legality of trust exemption from Medicaid eligibility consideration may be identified as one symptom of the problems related to asset protection. That diagnosis forms a theory that such exemption is not desirable. From the theory, specific action is suggested that could be taken to eliminate the exemption.

Looking at the problem through the eyes of experts or others with an interest in long-term care also can expand the options. For instance, participants might look

at a long-term care proposal "through the eyes" of the late Claude Pepper. By doing so, new options will emerge.

### **Find Areas of Mutual Gain**

By looking for areas of mutual gain, the agential leader addresses the problem of win-lose thinking. Mutual gain emerges from the meeting of shared interests. Tables 25-27 display the shared and conflicting interests of the long-term care organizations. Isolated interests are not included. Blank cells in the tables indicate that the analyses revealed no indication of a shared or conflicting interest in that area. Shared interests can be stated as shared goals. Concrete, future-oriented goals are best. By emphasizing shared interests and goals, future negotiations may proceed more smoothly and amicably.

A dovetailing of differing interests also contributes to mutual gain. When different groups have different, but nonconflicting, interests, these interests can be met without interfering with the interests of other groups. For example, the National Association of Home Care's (NAHC) interest in framing reform as a moral imperative is not an interest that was revealed in the analyses related to any other organization. However, meeting that interest would not conflict with other groups' interests. In fact, it may mesh well with the interest in movement in long-term care. It is wise for the agential leader not to overlook differing interests only because they do not interfere with reaching an agreement.

**TABLE 25. SUMMARY OF SHARED AND CONFLICTING INTERESTS:  
CASES 1-8**

INTERESTS	ORGANIZATIONS									
	NAHC	NAAAA	NASUA	BCBS	U.S. SENATE	AFL-CIO	AARP	WBGH		
Movement in LTC reform	+	+	+	+		+	+			
Health & LTC together	+	+					+	+		
LTC for any age person	+	+					+	+		
Home & community-based care	+	+	+	+	+		+			
Choice of setting for care	+			+						
Comprehensive	+	+			-	+	+			
Costs & cost containment	+	+	+				+	+		
Financing		+	+			+	+			
Asset protection				+	+					
No impoverishment			+	+						
Low income				+	+					
Public & private sectors	+	+		+			+			
Flexibility			+	+						
Individual focus	+		+							
Caregiver focus	+						+			

Note: The notation, +, indicates a positive related interest and the notation, -, indicates a negative related interest.

**TABLE 25 (Continued). SUMMARY OF SHARED AND CONFLICTING INTERESTS:  
CASES 1-8**

INTERESTS	ORGANIZATIONS									
	NAHC	NAAAA	NASUA	BCBS	U.S. SENATE	AFL-CIO	AARP	WBGH		
Social insurance	+		+				+			
Medicare as basis	+	-		+						
Not Medicaid as basis		+		+		+	+			
Vests LTC in one level of government	+		+							
Support of public leaders		+				+	+			
Interdisciplinary care	+	+								
Case management/care coordination		+	+							
Education		+		+			+			
Coalescing of LTC groups		+								
Compromise		+		+						
Social model		+	+							
Medical model										

\* for financing only  
 Note: The notation, +, indicates a positive related interest and the notation, -, indicates a negative related interest.

**TABLE 26. SUMMARY OF SHARED AND CONFLICTING INTERESTS:  
CASES 9-16**

INTERESTS	ORGANIZATIONS									
	ARC	CCD	DHHS	ALZ. ASSN.	LTCC	FAMILIES USA	AMA	HCFA		
Movement in LTC reform	+	+		+	+	+	+	-		
Health & LTC together				+	+					
LTC for any age person	+	+	+	+			+			
Home & community-based care	+	+	+	+	+	+	+	+		
Choice of setting for care	+	+	+		+	+				
Comprehensive			+	+	+	+				
Costs & cost containment	+	+	+	+	+	+	+	+		
Financing			+	+	+	+		+		
Asset protection			+	+	+	+	+			
No impoverishment						+				
Low income								+		
Public & private sectors			+	+	+	+	+	+		
Flexibility	+	+	+				+			
Individual focus	+	+		+				+		
Caregiver focus				+	+	+				

Note: The notation, +, indicates a positive related interest and the notation, -, indicates a negative related interest.

**TABLE 26 (Continued). SUMMARY OF SHARED AND CONFLICTING INTERESTS:  
CASES 9-16**

INTERESTS	ORGANIZATIONS									
	ARC	CCD	DHHS	ALZ. ASSN.	LTCC	FAMILIES USA	AMA	HCFA		
Social insurance					+	+		-		
Medicare as basis										
Not Medicaid as basis					+	+				
Vests LTC in one level of government										
Support of public leaders					+					
Interdisciplinary care							+			
Case management/care coordination										
Education					+	+				
Coalescing of LTC groups	+	+								
Compromise					+					
Social model	+	+	+				+			
Medical model			+				+	+		

Note: The notation, +, indicates a positive related interest and the notation, -, indicates a negative related interest.

**TABLE 27. SUMMARY OF SHARED AND CONFLICTING INTERESTS:  
CASES 17-23**

INTERESTS	ORGANIZATIONS									
	#1-U.S. HOUSE	#2-U.S. HOUSE	NGA	HIAA	APWA	AAHA	AHA	ANA		
Movement in LTC reform	+		+	+	+	+				
Health & LTC together	+	-	+	+	+	+	+	+		
LTC for any age person	+		+		+			+		
Home & community-based care	+		+	+	+		+	+		
Choice of setting for care					+	+				
Comprehensive	+					+				
Costs & cost containment	+		+	+	+	+	+	+		
Financing	+		+	+	+	+	+			
Asset protection		+		+	+	+				
No impoverishment								+		
Low income										
Public & private sectors	+	+	+	+	+	+		+		
Flexibility										
Individual focus					+		+	+		
Caregiver focus		+								

Note: The notation, +, indicates a positive related interest and the notation, -, indicates a negative related interest.

**TABLE 27 (Continued). SUMMARY OF SHARED AND CONFLICTING INTERESTS:  
CASES 17-23**

INTERESTS	ORGANIZATIONS									
	#1-U.S. HOUSE	#2-U.S. HOUSE	NGA	HIAA	APWA	AAHA	AHA	ANA		
Social insurance					+					
Medicare as basis										
Not Medicaid as basis			+							
Vests LTC in one level of government			+*							
Support of public leaders				+						
Interdisciplinary care										
Case management/care coordination							+			
Education				+		+				
Coalescing of LTC groups	+									
Compromise										
Social model				+						
Medical model										

\* only for financing  
 Note: The notation, +, indicates a positive related interest and the notation, -, indicates a negative related interest.

### **Make the Decision Easy**

The last step in diminishing the effort to narrow the options is *making the decision easy*. The agential leader knows certain basic points about inertia and momentum. Generally, it is easier not to start an activity than to stop one and easier to stop something than to start a wholly new activity. Proposals that incorporate this knowledge tend to be better accepted. The agential leader also looks for precedent for proposals. Precedent can serve as an objective standard for decisionmaking. For instance, whole life insurance policies provide a precedent for building equity in an insurance policy. This precedent could serve as an objective standard by which to measure changes in private long-term care insurance regulations that would require non-forfeiture clauses.

### **Insist on Objective Standards**

By using objective criteria, the agential leader negates efforts to decide policy proposals based on the will of participants. Such decisions should not be based on who is willing to be generous and who is not; they should be based on their merits. Standards that are independent of the will of the participants are particularly needed when numbers of parties are involved. Otherwise, participants tend to form coalitions behind positions causing movement on the issue to become more difficult. The agential leader helps the participants in a joint search for a fair standard to use.

Negotiation using objective criteria consists of three factors:

- 1) Frame each issue as a joint search for objective criteria;
- 2) Reason and be open to reason as to which standards are most appropriate and how they should be applied; and
- 3) Never yield to pressure, only to principle (Fisher & Ury, 1981:91).

### **Frame the Issue and Be Open Regarding Standards**

In a discussion about the need for an acceptable financing mechanism for long-term care, participants will face the issue of beneficiary copayments. In framing this issue as a joint search for standards, the agential leader might say, "We're all interested in movement on long-term care reform. We've agreed that financing is a major barrier to reform. Today we're looking at the issue of copayments. Let's think about what a fair copayment would be. What objective standards are most relevant to copayments?" Statements such as this create a shared goal for the participants: determining a fair copayment for long-term care services. The agential leader can suggest potential standards. One objective standard might be the long-term care copayments required in Medicare. A relatively small percentage of long-term care funding is derived from Medicare.

It is important to agree on objective standards before dealing with specifics. If, prior to such an agreement, participants suggest specific copayment amounts, for instance 20% of the total cost of services, the agential leader can ask, "How did you come to suggest that percentage?" The question makes the assumption that the

participant had a theory or standard on which he or she based the recommendation. The question also brings the discussion back to the search for objective criteria.

In the event that different parties propose different standards, the agential leader, with the help of the parties, searches for another standard that is acceptable to each of the parties. If two standards have equal support, the decision might be to select a standard somewhere between the two. Such a decision at this point in the process is not an issue of will but of merit.

### **Yield to Principle, Not Pressure**

The agential leader is aware that standards can be used in negative ways. A party may put forth a standard as the *only* standard it will consider, blocking further negotiations. If participants cannot agree on a standard, the agential leader may suggest submitting a list of potential standards to a person whom the participants judge to be fair. The person is asked to decide which of the proposed standards is most appropriate for the given issue. This person does not decide the substantive issue but rather advises the group on the standard to use in dealing with the issue.

By shifting the discussion from positions to the method of making decisions, the agential leader cannot guarantee agreement in the policy negotiations. However, she or he can facilitate agreement while reducing the high costs associated with negotiation from positions.

When a participant states a position, the agential leader analyzes it to identify the underlying interests and searches for the principles or standards it reflects.

Again, the agential leader guides the discussion away from a focus on the positions to a focus on interests and standards for decisionmaking. When the standard the participant is using has been identified, the agential leader can help the participants focus on ways in which the situation regarding the standard, e.g., Medicare copayments, differs from the issue at hand. Adjustments in the recommendation can be made based on those differences.

In working with groups, the agential leader might use the one-text procedure in which he or she presents a draft policy proposal to the group for its criticism. In the proposal, the agential leader seeks to meet the vital interests of the groups. Because the proposal is not suggested by any one of the groups, none has a commitment to its success or failure. The group as a whole responds to the single proposal. The agential leader considers the group's criticism, revises the proposal and presents the revision to the group. Before arriving at a proposal that is acceptable to all of the groups, there may be many revisions involved in this process in which the whole group responds to a single text.

### **Strategy Development: Convening the Groups**

The public administrator, acting in an agential capacity, brings the groups--or the role occupants from the groups--together to address the various aspects of long-term care policy, shape the policy debate and create communities of shared meaning. The agential leader may have different purposes in convening various groups. When

groups with shared interests are brought together, the focus is on action related to those interests. The long-term care language they are using will tend to be mutually understandable in the topic area.

As previously noted, Tables 25-27 display a compilation of the shared and conflicting interests that have been identified through the analyses. During the continuing interactions with the groups, the agential leader continues to use the ongoing process of structural analysis to become aware of additional interests as well as changing interests. These interactions also provide opportunities for validation of the interests already identified. In addition, the agential leader may learn which of the interests are deeper and, therefore, more fundamental to the groups.

#### **Shared Interests**

The tables show that a number of organizations have an interest in dealing with health and long-term care reform as a single issue. The agential leader offers these groups opportunities, such as forums, workshops, and work groups, to address ways in which this interest could be met. As another example, a shared interest in public and private sector involvement in long-term care reform is indicated on the part of a number of organizations. These groups are convened in order to discern appropriate involvement by both sectors.

An interest in equity in asset protection regulations also is indicated for a number of organizations. This interest is evident even in organizations with a formal position that states that long-term care should be provided through a public program

to individuals regardless of income. A shared interest is revealed in not providing publicly-funded long-term care to wealthy individuals. The agential leader may bring these groups together to address the issue of asset protection.

### **Complementary Interests**

Groups with complementary interests also are convened. For instance, a number of the role occupants have an interest in movement in long-term care reform. However, some of them also said that movement is blocked by a lack of an acceptable financing mechanism. Thus, the agential leader provides opportunities for the groups with an interest in movement in long-term care reform and in financing reform to develop a financing mechanism that will contribute to movement in the issue of long-term care.

### **Differing Interests**

Groups with differing, but not conflicting, interests are brought together first initially to gain an understanding of each other's interests. Common meanings for terms will emerge. The potential for mutual support of differing interests will become apparent. For instance, groups with interests in using Medicare as the basis of long-term care reform and those with an interest in not using Medicaid have differing, but not conflicting, interests. These interests can be mutually achieved.

Groups with differing interests as well as shared interests are brought together to gain a greater understanding of the other's differing interests. In addition, these groups also can become aware of ways in which mutual support of each other's

interests can bring about the meeting of a shared interest. For instance, disability groups have an interest in a long-term care policy that is based on the needs of the individual. Some of the other groups do not have this interest. However, a shared interest in movement on the issue of long-term care is indicated.

When differing group interests are evident, the agential leader encourages specificity regarding the differing interest in order to help the participants understand the interest. For example, The ARC and CCD Coalition have an interest in long-term care that is tailored to the needs of the recipient. These groups can be specific about the problems that younger disabled people encounter when they are provided long-term care that is suited to the needs of older people. Personal care attendants may not be needed by many older disabled individuals, but they are needed by many younger disabled individuals in order to maintain their independence. By having the services of a personal care attendant, a disabled person may be able to attend school or to be employed.

Although the other groups may not have a vital interest in including personal care attendants in a long-term care proposal, they do have an interest in movement in long-term care. Movement can be facilitated by presenting long-term care reform in a positive light. The disability groups offer a positive lens through which to view long-term care. As The ARC and CCD Coalition role occupant states, disability groups bring "to the table" a more positive framing of long-term care. This framing focuses on adding to the abilities of a person rather than on maintaining

independence as the person loses functioning. The work of personal care attendants contributes to this framing of long-term care. Thus, the other groups may begin to see support for reimbursement for personal care attendants as a way of meeting one of their own interests.

### **Conflicting Interests**

Groups with conflicting interests that stand in the way of movement in long-term care are convened in order for each to gain an understanding of the other's interests. In addition, these groups may have shared interests and may be convened to address related topics. In these interactions, shared meanings will be developed, making later interactions around conflicting interests less adversarial and more cooperative.

Some of the group's interests are beyond the ability of the organizations to meet, for example, changing the composition of Congress or electing a president who supports long-term care. However, when such events occur and the related interests are met, the agential leader recognizes these changes as windows of opportunity for further change. The recent change in the administration may bring about an altering of some of the Health Care Financing Administration's (HCFA) vital interests. Table 26 indicates a negative interest in movement in long-term care reform. The analysis shows, however, that this interest has an exception: the interest holds unless the administration supports it. The new administration may have a positive interest

in movement in long-term care reform, thereby effecting a change in HCFA's interests.

The agential leader is alert for new and changing interests. Structural analysis is an ongoing process. It becomes a way of thinking, a way of analyzing information. When people involved in the policy area, for instance, use a metaphor, the agential leader asks for further information. When the agential leader identifies shared areas of interest in groups that have been adversarial, he or she brings these groups together to address the common interests. In this way, people in the various groups learn to communicate with one another in positive ways and communities of shared meaning become a reality.

### **Conclusion**

This methodology entails an ongoing process of identifying vital interests and using those interests, in a principled negotiation approach, to shape the related policy debate. The methodology aims to result in policy proposals that meet the interests of the groups affected by the policy and the broader public interest as well. In the process, communities of shared meaning emerge in the related policy arenas.

## CHAPTER 8

### CONCLUSION

There lives the dearest freshness deep down things . . .  
Gerard Manley Hopkins (Pick, 1966:48).

There is a legitimacy "deep down things" in public administration. It emerges from the actions of the beleaguered public administrator who has long absorbed criticism from every side. Like darts hitting their mark, the attacks have hindered the functioning of this individual.

The public administrator has a choice: to continue to absorb these assaults or to assert that public administration is a legitimate institution of governance derived from, and grounded in, the Agency Perspective. The public administrator who chooses the latter course realizes that central to this perspective is his or her own ability to evoke dialogue in a way that takes the public interest into account and brings about communities of shared meaning. This public-interest-producing dialogue becomes central to the public administrator's identity, effective functioning and legitimacy. In modeling the Agency Perspective, the public administrator provides a different lens through which to view public administration, one that

allocates authority and legitimacy to public administration in those areas deemed its appropriate functions.

The public administrator, acting in an agential capacity, is guided by voices from the past. The agential leader hears the echo of Sorauf's words: "The public interest rests not in some policy emerging from the settlement of conflict, but with the method of that settlement itself" (1957:638). The agential leader heeds Redford's call for the "inclusive representation of interests in the interaction process" (1969:197). And, most of all, the agential leader deeply knows "the value and legitimacy of [him or herself] as an actor in the governing process" (Wamsley et al., 1990:43).

**BIBLIOGRAPHY**

**APPENDICES**

**VITA**

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**APPENDIX A**  
**CONFIRMATION LETTER**

May 22, 1992

Mr. Bruce Yarwood  
Legislative Counsel  
AHCA  
1201 L Street, NW  
Washington, DC 20005-4014

Dear Mr. Yarwood,

Thank you for agreeing to be interviewed concerning long-term care. Would you please select a space for the interview where you will be free from interruptions. The interview will last about an hour.

I look forward to seeing you on Monday, June 1, at 2:00 p.m. at AHCA.

Sincerely,

Cynthia Massie

## **APPENDIX B**

### **PARADOX DATABASE INFORMATION**

**ROLE OCCUPANT:  
MR. LARRY RICKARDS  
ASSISTANT DIRECTOR**

**NAAAA NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING**

**SUITE 100  
1112 16th St., NW  
WASHINGTON, DC 20036**

**phone:  
202/296-8130  
fax:**

**HOW TO GET THERE:  
metro stop  
FARRUGUT NORTH (RED); MCPHERSON SQUARE (BLUE/ORANGE)**

**directions  
FARRUGUT NORTH: TO TOP OF ESCALATORS, LEFT TO 17TH AND 16TH TO CORNER OF  
CONNECTICUT AND L;**

**INTERVIEW INFORMATION:  
YES  
YES/TUESDAY, MAY 26, 1992  
2:00PM**

**contact person: LARRY  
confirmation: LETTER  
POSITION PAPER:  
requested: Yes  
received: Yes  
reviewed: Yes**

**PRE-INTERVIEW NOTES:  
WANT LTC REFORM TO USE EXISTING AOA STRUCTURE IN PROVISION OF COMMUNITY-  
BASED LTC. OTHERWISE, AOA MAY WELL DIE. SAY POLICYMAKERS FEAR POOR MGT. &  
UTILIZATION IN HOME CARE AND HIGH COSTS.**

**REFERRAL PERSON:  
BILL BENSON 202/224-3239**

**TYPE OF ORGANIZATION:  
AGING, COMMUNITY-BASED SERVICES**

**CONFIRMATION CALL:  
YES**

## **APPENDIX C**

### **INTERVIEW QUESTIONS**

First, I'd like to explain what kind of an interview this is. It's probably different from the interviews you've have before.

What I'm going to do is simply to ask three broad questions. What I'm interested in is a kind of stream-of-consciousness response. Anything you say or don't say is fine.

What I'm interested in is what, in the social sciences literature, is called a force-field analysis of an issue--the positive and negative aspects of the issue--to find hints as to how you think the issue could be pushed further toward resolution.

Don't worry about what to say. What I'm interested in is your spontaneous response, whatever comes to your mind.

What I'm going to do is to put your responses into a computer and have the computer generate an analysis of patterns that show up in the interview. So I'd like your permission to tape the interview.

1. What are the things about long-term care that come to mind that are the most positive aspects of this issue . . . those aspects that seem to be generally moving the issue toward resolution . . . that inspire everyone to do something?

Additional related questions to be used as needed:

What are the things about long-term care that come to mind that make you feel good about being involved with this issue?

What evokes your energy?

What about this issue makes you go beyond the requirements of your job?

2. What are the most problematic, intractable, negative aspects of long-term care that make it an issue you don't like working on?

Additional related questions to be used as needed:

What are the things that you argue about? find yourself complaining about?

**3. If you could design an ideal long-term care policy, what would it be?**

**Additional related questions to be used as needed:**

**Why is it an ideal policy?**

**What's important in doing things this way?**

**What need does this meet?**

**Before we end, is there anything you'd like to add?**

**APPENDIX D**

**LETTER SENT TO ROLE OCCUPANTS  
AFTER THE INTERVIEWS**

The Center for Public Administration and Policy  
Virginia Polytechnic Institute and State University  
104 Draper Road  
Blacksburg, VA 24060  
June 8, 1992

Mr. John Rother  
Director of Legislation and Public Policy  
AARP  
601 E Street, NW  
Washington, DC 20049

Dear Mr. Rother,

Thank you very much for agreeing to be interviewed concerning long-term care policy. I appreciate your taking time from your busy schedule to talk with me.

I wish you well in your efforts in the area of long-term care.

Sincerely,

Cynthia Massie

APPENDIX E

TABLE USED IN CONTENT ANALYSIS

WORD OR CLUSTER OF WORDS	#	WORD OR CLUSTER OF WORDS	#
Older age cluster: aged, aging, elder*, old*, senior		Public sector cluster: social insurance, social or government program*, public sector	
Disability cluster: disab*, rehab*, mental illness, retard*, drug*		Private sector cluster: private insurance, private care, private sector	
Younger age cluster: young*, youth, child*		Woodwork effect	
Low income cluster: low* income, poor, poverty, impoverish*		Asset protection or sheltering	
High income cluster: high* income, rich*, wealthy		Medicaid	
Home and community-based care cluster: community care, community-based, home (health) care		Medicare	
Institutional cluster: nursing home*, institution*		Flexibility cluster: flexib*, less rigid	
Incremental		Inflexibility cluster: rigid*, inflexib*	
Comprehensive*		Pepper Commission	
Expenditure cluster: cost* (including cost containment, cost effective), expenditure*		Democratic majority LTC bill cluster: Democratic majority bill, Rockefeller	
Funding cluster: financ*, fund*		Catastrophic Act	
Social model		Medical model	

\* An asterisk indicates that a search was made for the related word and for extensions of the word.

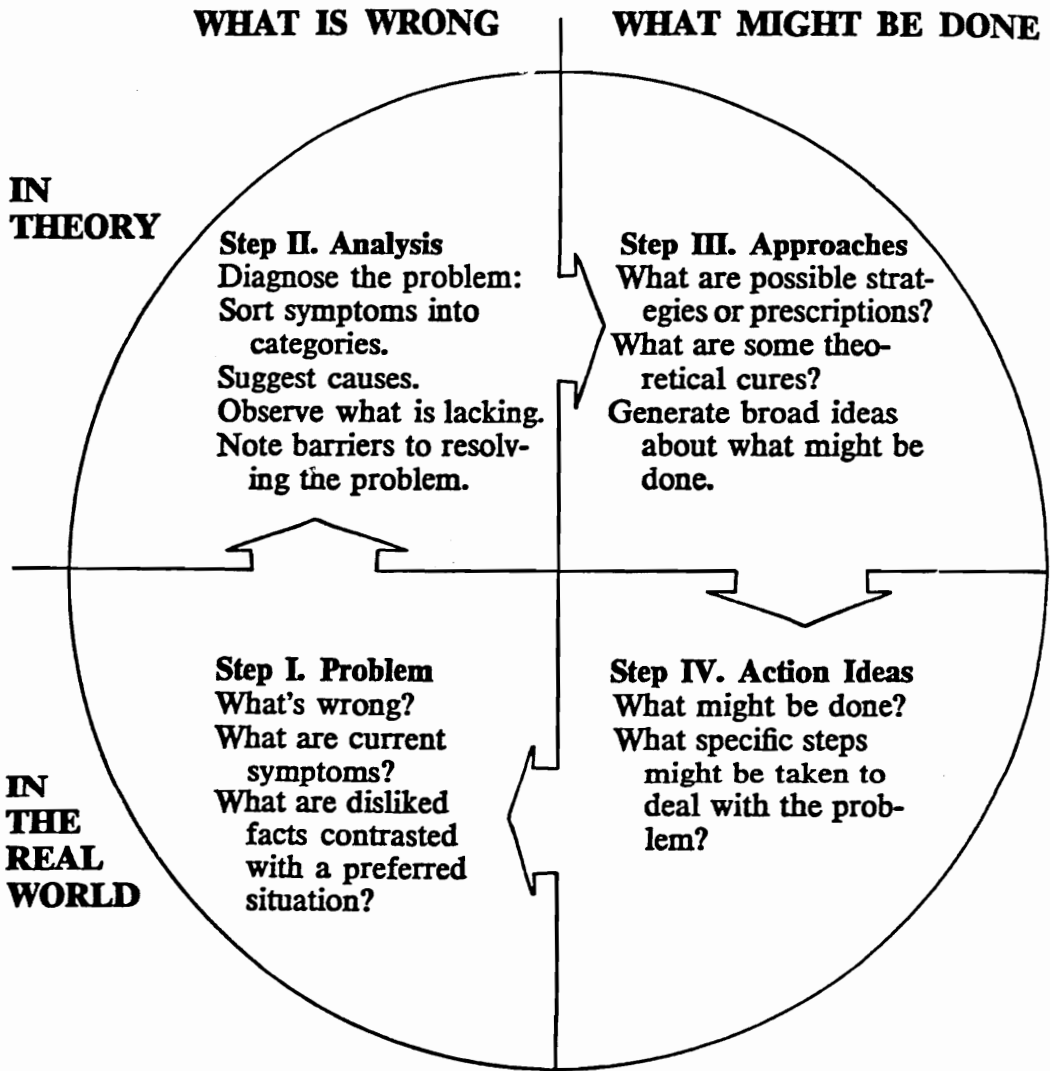
APPENDIX F

THE CIRCLE CHART

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**CIRCLE CHART**

The Four Basic Steps in Inventing Options



(Fisher & Ury, 1981:70)  
Used by permission of Houghton-Mifflin Company.

## VITA

**CYNTHIA MASSIE**  
1176 Thomas Lane  
Blacksburg, Virginia 24060

### **EDUCATIONAL BACKGROUND**

Ph.D. in Public Administration and Public Affairs, Virginia Polytechnic Institute and State University, Blacksburg, Virginia. May, 1993.  
Certificate of Advanced Graduate Study in Public Administration and Public Affairs, Virginia Polytechnic Institute and State University, Blacksburg, Virginia, 1991. 3.98/4.0 GPA.  
M.S. in Education, Radford University, Radford, Virginia, 1971. 4.0/4.0 GPA.  
B.S. in Nursing, University of Virginia, Charlottesville, Virginia, 1967.  
Pre-nursing curriculum, Mary Washington College, Fredericksburg, Virginia, 1963-1965.

### **RESEARCH EXPERIENCE**

*Research Associate, Center for Gerontology, Virginia Polytechnic Institute and State University, Blacksburg, Virginia, 1992-present.*

### **POLICYMAKING EXPERIENCE**

*Legislative Fellow, U.S. Senate Labor and Human Resources Committee, Subcommittee on Aging, Washington, D.C., 1991-1992.*

### **ADMINISTRATIVE/BUSINESS EXPERIENCE**

*Executive Director, New River Valley Hospice, Inc., Blacksburg, Virginia, 1984-1990.*  
*Founder and President, New River Valley Hospice, Inc., Blacksburg, Virginia, 1981-1984.*  
*Member and Officer, Board of Directors, Virginia Association for Hospices, Richmond, Virginia, 1987-1989. Charter Member, 1985.*  
*Founder and Coordinator, New River Valley Chapter of Make Today Count, Blacksburg, Virginia, 1980-1990.*  
*Proprietor, Massie Photography, Blacksburg, Virginia, 1979-1985; Partner, 1974-1979.*  
*Director, Nursing Program, New River Community College, Dublin, Virginia, Summer, 1970.*

## **CONSULTING EXPERIENCE**

*Consultant, New River Valley Hospice, Inc., Blacksburg, Virginia, 1990-1991.*  
*Consultant, Bereavement Research Project, Department of Horticulture, Virginia Polytechnic Institute and State University, Blacksburg, VA, 1990.*  
*Consultant, Total Quality Management Project, Binding Unit, Newman Library, Virginia Polytechnic Institute and State University, Blacksburg, VA, 1989.*

## **TEACHING EXPERIENCE**

*Guest Lecturer, Virginia Polytechnic Institute and State University, Radford University, and Hollins College, 1985-present.*  
*Assistant Professor of Nursing and Nursing Instructor, Radford University, Radford, Virginia, 1970-1973.*  
*Instructor of Nursing, New River Community College, Dublin, Virginia, 1968-1970.*  
*Curriculum Developer and Instructor, New River Valley Childbirth Education Association, Blacksburg, Virginia, 1973-1975.*

## **NURSING EXPERIENCE**

*Industrial Nurse, Eaton Corporation, Salem, Virginia, 1968.*  
*Staff Nurse, Roanoke Memorial Hospital, Roanoke, Virginia, 1967-1968.*  
*Staff Nurse, University of Virginia Hospital, Charlottesville, Virginia, Summer, 1967.*  
*Currently licensed as a Professional Registered Nurse in Virginia.*

## **COMMUNICATIONS/MEDIA EXPERIENCE**

*New River Valley News Correspondent, WSLs Television News, Roanoke, Virginia, 1974-1985.*

## **PUBLICATIONS**

Using total quality management in long-term care case management. (Summer, 1993). American Journal of Medical Quality. In press.

Evaluation of the Case Management for Elderly Virginians Pilot Project: Interim Report Year Two. (February, 1993). Blacksburg, VA: The Center for Gerontology. Coauthor.

Public health policy. (Fall, 1989). The Bureaucrat: The Journal for Public Managers, 18.

The need for hospice directors to have an administrative background. (1989). National Hospice Organization Newsletter.

Hospice: A journey together. (January, 1984). Huckleberry: A Journal for the New River Valley, 2.

A step forward in the battle against cancer. (December, 1983). Huckleberry: A Journal for the New River Valley, 1.

## **SELECTED AWARDS AND HONORS**

- Commended in the Congressional Record for work on the Older Americans Act, October 8, 1992.*
- Outstanding Paper Award, Virginia Association on Aging and Virginia Coalition for Aging, Richmond, Virginia, September, 1992.*
- Patricia Roberts Harris Fellowship, Graduate School, Virginia Polytechnic Institute and State University, Blacksburg, Virginia, 1992.*
- Phi Kappa Phi Honor Society, Spring, 1992.*
- Congressional Fellowship, Women's Research and Education Institute, Washington, D.C., 1991-1992.*
- Graduate School Paper Presentation Travel Award, Graduate Student Association, Virginia Polytechnic Institute and State University, 1991.*
- Graduate Student Service Award, Founders Day, Virginia Polytechnic Institute and State University, 1990.*
- Outstanding Graduate Paper Award, American Society of Public Administration, Southwest Virginia Chapter, 1990.*
- Graduate School Research Award, Graduate Student Association, Virginia Polytechnic Institute and State University, 1989.*
- Scholarship, Public Employees Roundtable, Washington, D.C., 1989.*

## **SELECTED PRESENTATIONS**

- "Program Evaluation in Long-Term Care: Implications for Policy," United States General Accounting Office (GAO), Washington, DC, April, 1993, Presenter.
- "National Long-Term Care Policy," Gerontology Forum, Center for Gerontology, Virginia Polytechnic Institute and State University, Blacksburg, Virginia, November, 1992, Presenter.
- "Program Evaluation of Virginia's Long-Term Care Case Management Demonstration Project," Virginia Institute on Adult Daycare, Charlottesville, Virginia, November, 1992, Presenter.
- "Quality Assurance in Long-Term Care Case Management: A Total-Quality-Management Approach," Paper presented at the Annual Conference of the Virginia Association on Aging and the Virginia Coalition for Aging, Richmond, Virginia, September, 1992, Presenter.
- "Your Future: Managers or Leaders?" Paper presented at the Fourth National Symposium on Public Administration Theory, George Washington University, Washington, D.C., March, 1991, Copresenter.
- "Hospice Concept, Implementation, and Evaluation," New River Valley Hospice Education Programs, 1982-1990, Presenter.

## **MEMBERSHIPS**

American Society of Public Administration, American Political Science Association, Gerontological Society of America, Southern Gerontological Society and National Hospice Organization.