Abstract: This paper discusses the factors that contribute to both mandated (formal) and voluntary (informal) collaborative networks. It focuses on Aging policy and how it has adopted a new collaborative model called the Aging and Disability Resource Center. The paper analyzes data to establish relationships between demographic, power and resource dependency factors within the context of this new collaborative initiative.
Formal and Informal Collaborative Governance in Aging Networks

Introduction

Collaboration in government is not a new phenomenon. McGuire (2006) argues that American federalism is the model form of collaborative problem solving and that cooperative federalism illustrates all levels of American governments working together in the 19th century. Although the mode of governance is not new, the frequency of collaboration and the extent that it has become part of the process of implementing policy has increased (Kettl 1996). Scholars theorize that this is due to the increased complexity of policy problems, the failure of single sector organizations and the scarcity of resources that have made organizations interdependent (O’Toole 1997; Agranoff 2007; Bryson et al. 2006).

Public administration has been studying the surge in the use of collaborative networks heavily since the 1990s. The increase in dependence on this model has created a demand for a better understanding of why they develop, what their purpose should be, and how public managers can participate and manage collaborative arrangements (Isett et al. 2011). Researchers have made immense progress and have drawn from other disciplines such as organizational theory, political science, and policy science (Klijn 1997); however, there are still many areas where empirical research is needed. Some major areas that still need exploration include the cohesion factor in networks without formal mandates and how networks are affected by organizational power imbalances (Agranoff and McGuire 2001). Beth Gazley (2008) also develops a theoretical framework from which more empirical research is needed, including further understanding of the effects of mandated collaborations on networks and the effect of different forms of resource dependency on the willingness of organizations to enter into collaborative arrangements.
This paper seeks to address these important issues in collaborative network research in the context of aging policy. Aging policy in America has a documented history of collaboration and use of multisector networks. In addition, recent changes in aging policy by the Administration on Aging have redefined issues such as long-term care and created the Aging and Disability Resource Center (ADRC) program that mandates a more centralized collaborative structure. This paper will look at the impact of the ADRC program on existing voluntary networks, and evaluate the impact of other resource dependency factors on network participation, including institutional capacity and service area characteristics such as poverty levels, and populations living in rural areas. From this analysis, this paper will evaluate the factors that influence participation in voluntary verses mandated collaborative networks.

The Theoretical Roots of Collaborative Networks

The study of networks has been multidisciplinary; scholars draw on theories from public policy, organizational theory, and political science. Public policy research focused on the complexity of the public policy process due to the influence of multiple actors. Organizational theory has been and will continue to be an essential part to the study of network theory. Organizational theory evolved from the rational organizational approach to the inter-organizational model. The systems approach followed by the contingent approach presented organizations as being highly dependent on their environment and the actors outside of the organization. These theorists saw organizations as a part of a larger network of organizations. Within political science, theories on policy communities stated that organizations achieved goals by bargaining and through mutual adjustment of actors (Klijn 1997).

According to Thomson and Perry (2004), collaboration has roots in both American classic liberalism and civil republicanism. They state liberalism sees collaboration as good
because it is a process of converting the interests of individuals into collective action while acknowledging that all participants are motivated by self-interest. On the other end of the spectrum, collaboration is also favored because it focuses on a goal larger than the individual’s own interest. Although there are certain institutional barriers that may inhibit the creation of collaborations, they are often favored politically. There are also very practical reasons that collaborations are either mandated or voluntarily formed. These include resource scarcity and the interdependency of organizations, the complexity of wicked policy problems, and the diffusion of information and expertise (Provan and Milward 2001; O’Toole 1997; Agranoff & McGuire 1997).

Networks serve as a way of accomplishing policy objectives that could not otherwise be solved by way of a single agency (Agranoff and McGuire 2003, van Bueren et al. 2003, Connelly et al. 2008). Networks bring together multiple actors to combine resources to address complex problems. Bryson and Crosby (2008) state that it is only after single agency failure that collaborative networks are attempted. This failing into network theme is prevalent throughout much of the public administration literature. Provan and Kenis (2008) state this is the functionalist argument that claims networks are the response to failures of markets, hierarchies and societal and technological developments. A combination of economic and political pressures has forced a demand for government to do more with less resources. Agencies must not only look to other public agencies for shared goals and objectives but also other sectors that have a vested interest in the policy area. These cross-sectoral collaborations can bring together funding, manpower and knowledge based resources to tackle a difficult policy problem (Connelly et al 2008).
O’Toole (1997) argues this failure is due in part to the nature of the public policy problems that managers face. He states that wicked problems cannot be addressed by one agency alone due to the complex nature of the policy issue. Van Bueren et al. (2003) also believe that the “wicked” nature of the problems faced by public agencies creates interdependency among actors and problem solving requires joint action. According to Isett et al. “networks, then, are in part a response to the insufficiencies in New Public Management in the face of complexity, mission expansion, government de-legitimization, and knowledge creation needs that are posed by wicked problems” (2011, i159).

Outsourcing public services has led to an increased number of entities that have a part to play in the policy making process. Nongovernmental organizations (NGOs) have knowledge and expertise in providing services at the local level and are in the best position to provide policymakers with information on the policy environment. Agranoff and McGuire state that “networking is more prevalent also because of the general diffusion of information among several organized entities and disciplines, increasing cultures of trust as diverse organizational representatives learn to work together, increasing education requirements and levels of cognitive complexity brought to bear on problems” (1999, 22). Alter and Hage (1993) assert that there is opportunity for sharing information that can assist organizations to adapt quicker and develop best practices. They go on to point out that more research is needed on how knowledge gained from collaboration is managed and used in development of new solutions.

**Functional Theories of Networks**

In their recent article, Isett and colleagues (2011) outline the streams of scholarship of networks within public administration. These streams included policy networks, collaborative networks and more recently governance networks. Each stream descended from the theoretical
roots highlighted above. Policy networks include a group of organizations who come together to influence the public decisions in a particular policy area. In Hale (2011), she states that information flows in all directions within the network. Due to shared experience and knowledge, organizations within the network, including nonprofits, are positioned to participate in public policy work. Hale outlines the degree and nature of organizational involvement within the network by categorizing participants as champions, supporters, bystanders or challengers.

Agranoff’s (2007) study of twelve public management networks, further categorized networks by differentiating networks that are engaged in policy making and those that are not. He categorized them according to their function to include, information, developmental, outreach and action networks. His definition of each of these types would fall into the collaborative network stream. That is, that they are all a collection of government agencies, nonprofits and for-profits that work together in some way to provide a public good, service or “value” when a single agency is unable or unwilling.

The most recent scholarship on functions of networks has focused on Isett and colleague’s (2011) governance networks. They define this as organizations that combine collaboration of public services and policy making in order to work towards a common policy goal. This theory of networks as a form of governance was also addressed by Lowndes and Skelcher (1998), who state that collaboration is another mode of governance along with market and hierarchy. They assert that different modes dominate different points of the collaboration life cycle. In this way, networks may be a mode that collaborations use when needed but may also adopt other forms of governance in order to achieve their goals. This is in agreement with Agranoff who does not see networks as a separate and distinct mode of governance that replaces traditional forms of governance. He sees networks working with existing governmental
structures in order to better achieve policies. Kickert et al. (1997) includes networks as one of three perspectives on policy making that also include rational central role and the multi-actor model. All of these modes can be used within one policy area simultaneously.

**Theories on Network Structure**

Network research has not only focused on the function but the structure of networks as well. Agranoff and McGuire’s (2003) extensive study of local governments and the use of collaboration in economic development, found that city governments could be grouped by their varying degrees of willingness to collaborate. The authors found that, along with two previously recognized structure types, including the top-down model and the donor-recipient model, a third model called jurisdiction-based management could be identified. In this model, local officials initiated action that sought program adjustments, inclusion of other actors, and resources that were needed to achieve their strategic goals.

Networks can be structured so that all participants are on equal ground or there can be one or more organizations that take a steering role. Provan and Kenis (2008) state there are three forms of network structure that include: participant governed, lead organization governed, or network administration organization (NAO) governed. Participant governed networks are highly decentralized and power is diffused among all members. On the opposite end of the spectrum, the lead organizational model operates with one participant taking the steering or managerial role. In their study of four Mental Health systems, Provan and Milward (1995) state that

Networks integrated and coordinated centrally, through a single core agency, are likely to be more effective than dense, cohesive networks integrated in a decentralized way among the organizational providers that make up the system…centralization appears to facilitate both integration and coordination (24).

There is not yet a consensus on how power imbalances affect network outcomes. Much of the imbalance occurs when there are member organizations with a disproportionate amount of
resources or influence. Sometimes the imbalance can occur when one organization controls direct flow of funds to the other organizations within the network. This direct flow of funding can reduce competition for funds but also has an impact on how information flows throughout the network and how network members participate (Provan and Milward 2001).

Networks can become more centralized over time as members seek to coordinate activities or if one organization takes the lead role in managing these activities. Sometimes the centralization of network management can come from external mandate as well. These formal and informal governing mechanisms can influence the effectiveness of networks (Bryson et al. 2006). It is not yet understood to what extent the change in governing mechanism on an existing network will have on network participation. Gazley states, “we must continue the exploration of how federal and state-level mandates and incentives influence the nature and outcomes of local collaborations and government-nonprofit partnerships” (2008, 43). Furthermore, in a comprehensive look at the scholarship on networks, Isett and colleagues state that there is little empirical research that focuses on informal networks and the impacts of mandates on existing networks (2011).

**Motivational factors in Collaboration**

Bryson et al. (2006) state collaborations are more likely to form in turbulent times, when there is a brokering agent, agreement on problem definition and when there are committed members or powerful sponsors. They also propose that there are three factors that influence collaboration sustainability: collaboration type, power imbalance and competing institutional logics. Other scholars have proposed a host of possible motivational factors such as bureaucratic discretion, institutional capacities, past institutional relationships, training, political ideology (Gazley 2008), trust, size of network, goal consensus and nature of task (Provan and Kenis
Since organizations entering into a voluntary collaboration are motivated by self interest, the collaborative goal and organizational goals must not conflict (Connelly et al. 2008, Thomson and Perry 2006).

**History of Collaboration in Aging Policy**

A policy area that has been utilizing the collaborative network model for some time is aging policy. Aging policy in America can officially be dated back to the Social Security Act of 1935. Until the passage of this act, individuals worked until they could not physically work anymore, and the care for those who could not afford to support themselves after retirement was left to family or charitable institutions. In addition to several provisions for general welfare, the new act created a social insurance program designed to pay retired workers, age 65 or older, a continuing income after retirement. After this act new policies for aging related programs and services were incrementally adopted throughout the rest of the 20th century.

Although amended multiple times, the Social Security Act as amended in 1965 was the most dramatic change in aging policy. This amended act created both Medicare for those ages 65 and older as well as Medicaid for the indigent and disabled. Medicare would be paid through payroll taxes and would include a benefit that paid for hospital related expenses (Part A) and a benefit that covered physician expenses (Part B). The act also created the Social Security Disability benefits. Since the U.S. health care policy had decided to rely on employer based coverage, these new programs sought to cover individuals who fell through the cracks.

On the heels of a wave of social legislation passed by Congress that year, the Older American Act (OAA) of 1965 was also passed. This ct created social service programs for individuals age 60 and older, as well as anyone who was deemed to have a disability. Some of the many services offered through this act were: nutritional benefits and counseling, legal
services, ombudsman services, and health insurance counseling. The Act also created the Aging Network as it is known today, which is headed by the Administration on Aging (AoA), an agency within the U.S. Department of Health and Human Services. Each state was required to create a State Unit on Aging (SUA) that would administer the OAA programs and services.

The states, for their part, developed internal service delivery networks. Most include Area Agencies on Aging (AAA) that provide direct services to the public; however, there were no guidelines in the OAA and therefore many states implemented the legislation uniquely based on geographic, demographic, and economic factors. Although the services are broad in scope, implementing them with the limited funds that were allotted to the programs was a challenge. From the beginning, regional and state offices collaborated with local entities to combine resources and meet goals.

This study will analyze Alabama’s aging network, which consists of the Alabama Department of Senior Services, thirteen AAAs, local governments, county councils on aging, nonprofit and for profit service provider and contractors. Within this policy environment, the implementation of a new collaborative model will be measured to see the impact on existing informal networks.

**The new Collaborative Model for Long-term Care**

In 2003, the Administration on Aging began offering states the opportunity to apply for Aging and Disability Resource Center (ADRC) grants. This new initiative was designed to offer states an incentive to collaborate with the disability networks as well as other public agencies such as Medicaid, mental health and rehabilitative services. It was a way to redefine long-term care and how the states would provide services to those in need.
These new ADRCs would provide a single point of entry system for anyone in need of long-term care services. They would provide information and referral to all available resources in the state. Like Provan and Milward’s (1995) study of mental health systems, this was an effort to provide coordinated services to anyone in need of long-term care. Since the aging networks and disability networks had developed separately based on clients but provided many of the same services, this offered an opportunity to take advantage of economies of scale and prevent individuals from falling through the cracks.

Although only 12 grants were awarded in 2003, more funding and state willingness to participate would follow. In 2008, all states were awarded ADRC grants and were implementing these grants in different ways. According to the AoA website the ADRC,

a collaborative effort of AoA and the Centers for Medicare & Medicaid Services (CMS), is designed to streamline access to long-term care. The ADRC program provides states with an opportunity to effectively integrate the full range of long-term supports and services into a single, coordinated system. By simplifying access to long-term care systems, ADRCs and other single point of entry (SEP) systems are serving as the cornerstone for long-term care reform in many states (2011).

This restructuring of existing networks of service providers in various environments offers a wealth of information to the scholarship on collaborative networks. This paper will focus on the aging network in Alabama and assess the impact of the ADRC in all thirteen AAA regions of the state. Based on the literature, the implementation of a central authority to coordinate network actions should increase the likelihood that organizations will partner with other organizations with like policy goals.

H1: The implementation of a mandated central authority within a network is more likely to increase the participation within that network.
Some of the AAAs within the state are housed in regional council or commissions. This organizational arrangement creates an additional go between for funding. Provan and Milward (1995) found that direct funding from the state increased the success of collaborations.

H2: AAA regions where the AAA is housed in a regional council will be less likely to have high levels of collaboration.

Gazley (2008) states that institutional capacity or the size of the organization can influence the “receptivity to intersectoral collaboration” (39). This is based on the theoretical framework of resource dependency. Organizations that are larger have more capacity to engage in collaborative efforts.

H3: Regions with larger AAA staff will be more likely to have high levels of collaboration.

In her integrated framework for motivational factors, Gazley (2008) also states that poverty and rural rates affect collaboration due to the need to combine scarce resources.

H4: Organization located in rural regions with high levels of poverty will be more likely to engage in collaboration.

Research Design

This paper will use the AAA regions in Alabama as a unit of analysis. The AAA regions have diverse characteristics from which the independent variables and dependent variable can be measured. The independent variables will be the source of external control of funding, the adoption of centralized authority model, institutional capacity, and poverty and rural rates. External funding control will be measured by whether the AAA is housed within a regional council or if they are directly funded by the SUA. Adoption of centralized authority model
within the network will be measured by whether the AAA has implemented the ADRC model. Institutional capacity will be measured by the size of the AAA staff. Poverty and rural rates will be measured by the percentage of the population living in the region that is below the federal poverty rate or living in rural areas.

Data was collected from AAA websites, ADRC Technical Assistant Exchange website 2010 census, the American Community Survey and the 2000 census. In addition to this primary data, this paper utilizes data on collaborative partnerships from a 2011 study funded by the Alabama Women’s Commission and conducted by the Department of Political Science at Auburn University. This study surveyed aging organizations throughout the state and includes government, nonprofit and for profit aging service providers. These organizations provided data on whether they engaged in partnership with other organization within the network. Whether these organizations chose to partner with other organizations is used as the dependent variable in this study. This paper will analyze the correlation of the independent variable with the dependent variable to assess if there is evidence to support the hypotheses.

Findings

This study found that of the thirteen AAA, only four were not housed within a regional council of government or regional commission. These include the Office of Senior Citizens Services in Jefferson County, the Middle Alabama Area Agency on Aging (M4A), the Central Alabama Aging Consortium and the Southern Alabama Regional Council on Aging (SARCOA). According to the Alabama Association of Regional Council website, regional commissions or councils are “public organization(s) encompassing a multi-jurisdictional regional community. It is founded on, sustained by, and directly tied to local governments through local and/or state government laws, agreements, or other actions.” The Office of Senior Citizens Services (OSCS)
and the Middle Alabama Area Agency on Aging (M4A) consist of six counties together that constitute The Regional Planning Commission of Greater Birmingham (RPCGB); however this commission did not retain the aging services as many regions and the counties were split (AARC 2011). Jefferson County, the most populous county in the state, placed aging services directly under the county government which is governed by five elected commissioners (JEFFCOnline 2011). This makes OSCS the only AAA that is a division of a local governmental entity within the state.

According to the M4A website, the remaining five counties within the RPCGB region then formed a governmental nonprofit in 1989. Likewise the Central Alabama Aging Consortium (CAAC) and the Southern Alabama Regional Council on Aging formed as a governmental nonprofit in 1975 and 1986, respectively (CAAC 2011, SARCOA 2011). CAAC covers three counties Autauga, Elmore and Montgomery. There is a regional commission that also serves these counties, but as with the Birmingham area, aging services are not a division of these commissions (AARC 2011).

Each AAA is funded through both local funds and those appropriated through the Older American Act (OAA). The OAA funds are distributed across Alabama using a formula that includes demographic information such as percentage of population within these regions that are living below the federal poverty level and the percentage of the population that are in the minority (ADSS). These two categories are considered target populations for OAA services. The rural nature of the regions is a funding consideration as well, due to the geographical size of the counties that a AAA regional office must cover. Table 1 includes descriptive data on each of the AAAs and shows how each region is unique to the population that they serve.

Insert Table 1 about here.
The data in this table illustrates that the thirteen AAAs can be categorized as either governmental, governmental nonprofit, or regional commission. The AAAs housed within regional commissions have a greater number of employees. The three governmental nonprofits are centered on population hubs with lower rural rates and smaller square miles. The regional councils offer an advantage of personnel trained in planning and coordination.

As of 2011, the South Alabama Regional Planning Commission AAA (SARPC), South Central Alabama Development Commission (SCADC), East Alabama Regional Planning and Development Commission (EARPDC) and the Middle Alabama Area Agency on Aging (M4A) have all begun the process of systems change under separate ADRC grants from the Administration on Aging (AoA)(ADRC-TAE 2011). Of these four the M4A is the only one not housed within a Regional Council. Since the data also show that the institutional capacity of the AAAs show that those AAAs housed within regional councils have significantly higher staffing resources than those of independent nonprofits, this may possibly have an impact on the ability of the governmental nonprofits to engage in collaboration.

The data from Table 1 was analyzed for central tendencies. These descriptive statistics are outlined in Table 2.

Table 2 contains both the mean and the median for the number of AAA staff. Although the figures are skewed low for OSCS who only has twelve employees and contracts the rest of their services through JCCOA, EARPDC has a very high number of employees at 50. These numbers offset and the mean and median are very close. The average number of AAA staff for the regions within Alabama is therefore approximately thirty-four. As shown in Table 1, these
numbers are very important in regions with large geographic areas to cover or those with large target populations.

Another interesting statistic in Table 2 is the percentage of the population living in rural areas. Alabama is a rural state and the median percentage living in these rural areas is seventy-five percent. The mean statistic for this was close to the median being seventy percent but since the data was highly skewed due to the three major population centers the median is a more appropriate gauge of central tendency.

Finally, the statistics on families living below the federal poverty level show that those families with a member age 65 and over have a slightly less percentage than families in general. This can be attributed to their fixed incomes, whereas younger Alabamians are affected by employment instability.

Both Table 1 and 2 describe Alabama demographics and the structure under which aging policy is administered. From this information, the following independent variables will be measured: source of external control of funding, the adoption of centralized authority model, institutional capacity, and poverty and rural rates. Through use of multivariate correlation model, all of independent variables and the dependent variable of level of collaboration are analyzed to see if significant relationships exist. Table 3 illustrates this correlation model.

Insert Table 3 about here.

This model uses data from a study conducted by the Department of Political Science at Auburn University. This study surveyed service delivery organizations within the aging network. Participants were asked to identify any of the following organizations that they partnered with: federal governmental agency, Alabama state governmental agency, Alabama
local government, national professional association, other national nonprofit organization, Alabama professional association, other Alabama nonprofit organization, state government staff in other states, local government staff in other states, and other. Within this question there were 50 points of possible types of collaboration. Each response was coded as to the number of total points that they indicted.

There were a total of 130 responses to the survey. Of these organizations thirty-one did not engage in any partnership activity. Of the remaining 99 organizations fifty-two percent engaged in partnerships with both governmental and nongovernmental organizations. Twelve percent partnered with only nonprofit organizations and the remaining thirty-six percent of the organizations partnered with only governmental organizations.

Table 3 indicates no significant relationship between the independent variables and the dependent variable. The lack of correlation between any of the other independent variables and the dependent variables indicates that the hypothesis were false. The complex nature of collaboration may require more in-depth investigation such as comparative case studies to more accurately capture the type and extent of collaboration in each region. Although this analysis did not prove any of the hypotheses, it has provided other interesting statistics that should not be overlooked.

Information obtained from AAA websites indicates that there are higher levels of staff in AAAs housed within regional commissions. In addition there is a greater number of staff in regions with highly rural populations. There is a negative correlation between high number of staff and high levels of minority populations. This model also indicates that has the number of person age 60 and over increases the number of staff within the AAA decreases. Since the OAA targets low income minorities for priority services and Alabama distributes funding based on a
formal with includes minority populations, this is another area that needs to be explored as to local funding that could contribute to this imbalance. These areas are also high in percentage of families living below the federal poverty level and therefore local resources may be scarce. Again, case study analysis of these regions and how they will adopt and adapt the ADRC program to fit with the community’s capacity to collaborate should provide a wealth of information for policy makers and administrators when implementing like programs.

**Conclusion**

This study addressed some of the demographic and structural factors and their relationship to collaborative activities. The result of this initial study did not show any evidence to support the hypothesis. However, there are host of factors that could explain this and further research is needed to understand training and goals within each of the ADRC regions.

This study is only the beginning in examining the relationship of established factors of collaboration in the policy field of aging and disability services. This policy field has many additional factors that could not be addressed by this study such as political ideology, manager’s level of bureaucratic discretion, the nature of the efforts in each region, and training in collaborative skills.

In addition, this study was only able to assess network providers and their level of collaboration within the context of Alabama’s policy environment. To get a full picture of the effects of the ADRC program a national study should be conducted to assess the efforts of more progressive states. Whereas the ADRC began in 2003, it was not until 2005 that Alabama applied for its first grant. Other states were already establishing this method of service deliver and it fit well with their institutional norms. A national study would yield a much clearer picture of how these factors influence collaboration and affect established informal networks.
All of these areas, as well as further exploration of power relationships within collaborations will be important to the overall understanding of collaborative networks. These issues will contribute to the scholarship as well as the practical implementation of collaborative policies.
## Table 1 AAA Regional Characteristics

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization Type</th>
<th>AAA Staff</th>
<th>Square Miles*</th>
<th>% of Pop. 60 years and older</th>
<th>% of Population Minority</th>
<th>% of Region Rural*</th>
<th>ADRC or Traditional AAA</th>
</tr>
</thead>
<tbody>
<tr>
<td>NW AL Council of Local Governments</td>
<td>Regional Commission</td>
<td>36</td>
<td>3255.48</td>
<td>6%</td>
<td>12%</td>
<td>63%</td>
<td>AAA</td>
</tr>
<tr>
<td>West Alabama Regional Commission</td>
<td>Regional Commission</td>
<td>33</td>
<td>5350.94</td>
<td>6%</td>
<td>34%</td>
<td>53%</td>
<td>AAA</td>
</tr>
<tr>
<td>Middle Alabama Area Agency on Aging</td>
<td>Government Nonprofit Commission</td>
<td>28</td>
<td>3562.4</td>
<td>9%</td>
<td>11%</td>
<td>56%</td>
<td>ADRC</td>
</tr>
<tr>
<td>Office of Senior Citizens Services</td>
<td>County Commission</td>
<td>12**</td>
<td>1112.61</td>
<td>13%</td>
<td>46%</td>
<td>11%</td>
<td>AAA</td>
</tr>
<tr>
<td>East AL Reg Planning and Development Comm.</td>
<td>Regional Commission</td>
<td>50</td>
<td>6149.8</td>
<td>11%</td>
<td>24%</td>
<td>55%</td>
<td>ADRC</td>
</tr>
<tr>
<td>South Central AL Development Commission</td>
<td>Regional Commission</td>
<td>21</td>
<td>4010.95</td>
<td>2%</td>
<td>55%</td>
<td>60%</td>
<td>ADRC</td>
</tr>
<tr>
<td>Alabama Tombigbee Regional Commission</td>
<td>Regional Commission</td>
<td>37</td>
<td>8680.04</td>
<td>4%</td>
<td>51%</td>
<td>79%</td>
<td>AAA</td>
</tr>
<tr>
<td>Southern AL Regional Council on Aging</td>
<td>Government Nonprofit Commission</td>
<td>29</td>
<td>4877.22</td>
<td>7%</td>
<td>26%</td>
<td>58%</td>
<td>AAA</td>
</tr>
<tr>
<td>South Alabama Regional Planning Commission</td>
<td>Regional Commission</td>
<td>53</td>
<td>3776.82</td>
<td>14%</td>
<td>31%</td>
<td>31%</td>
<td>ADRC</td>
</tr>
<tr>
<td>Central Alabama Aging Consortium</td>
<td>Governmental Nonprofit Commission</td>
<td>22</td>
<td>2006.99</td>
<td>7%</td>
<td>73%</td>
<td>26%</td>
<td>AAA</td>
</tr>
<tr>
<td>Lee-Russell Council of Governments</td>
<td>Regional Commission</td>
<td>24</td>
<td>1250.03</td>
<td>3%</td>
<td>32%</td>
<td>34%</td>
<td>AAA</td>
</tr>
<tr>
<td>North Central Alabama Regional Council of Governments</td>
<td>Regional Commission</td>
<td>26</td>
<td>2014.02</td>
<td>5%</td>
<td>14%</td>
<td>62%</td>
<td>AAA</td>
</tr>
<tr>
<td>Top of AL Regional Council of Governments</td>
<td>Regional Commission</td>
<td>41</td>
<td>3798.68</td>
<td>13%</td>
<td>23%</td>
<td>46%</td>
<td>AAA</td>
</tr>
</tbody>
</table>

*Figures represented are from the 2000 Census. **OSCS contract nearly all services through Jefferson County Commission on Aging

## Table 2 Descriptive Statistics on AAA Regions

<table>
<thead>
<tr>
<th>Central Tendency Statistic</th>
<th># of AAA Staff</th>
<th>% of Population over 60</th>
<th>Population over 60</th>
<th>Percentage of county population living in Rural areas**</th>
<th>Percentage of families living below FPL</th>
<th>Percentage of families with a member 65+ living below FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>34.66</td>
<td>13939</td>
<td>15.7%</td>
<td>14.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>33.00</td>
<td>21.05%</td>
<td>27.39%</td>
<td>75.09%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figures represented are from the 2000 Census
<table>
<thead>
<tr>
<th></th>
<th>Level of Collaboration</th>
<th>Population 60+</th>
<th>Population African American</th>
<th>% Minority</th>
<th>% below federal poverty level</th>
<th># of AAA staff</th>
<th># of ADRC staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Collaboration</td>
<td>1</td>
<td>.019</td>
<td>.010</td>
<td>.029</td>
<td>.057</td>
<td>.051</td>
<td>-.010</td>
</tr>
<tr>
<td>Population 60+</td>
<td>.019</td>
<td>1</td>
<td>.963**</td>
<td>.312**</td>
<td>-.345**</td>
<td>-.425**</td>
<td>-.035</td>
</tr>
<tr>
<td>Population African American</td>
<td>.010</td>
<td>.963**</td>
<td>1</td>
<td>.466**</td>
<td>-.193</td>
<td>-.562**</td>
<td>-.134</td>
</tr>
<tr>
<td>% Minority</td>
<td>.029</td>
<td>.312**</td>
<td>.466**</td>
<td>1</td>
<td>.561**</td>
<td>-.413**</td>
<td>-.274**</td>
</tr>
<tr>
<td>% below federal poverty level</td>
<td>.057</td>
<td>-.345**</td>
<td>-.193</td>
<td>.561**</td>
<td>1</td>
<td>.067</td>
<td>-.162</td>
</tr>
<tr>
<td># of AAA staff</td>
<td>.051</td>
<td>-.425**</td>
<td>-.562**</td>
<td>-.413**</td>
<td>.067</td>
<td>1</td>
<td>.350**</td>
</tr>
<tr>
<td># of ADRC staff</td>
<td>-.010</td>
<td>-.035</td>
<td>-.134</td>
<td>-.274**</td>
<td>-.162</td>
<td>.350**</td>
<td>1</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).
References


“Alabama’s Area Agencies on Aging” Alabama Department of Senior Services http://www.adss.alabama.gov/link.cfm?linkTypeID=1&linkType=Alabama%20Area%20Aging

“About” Alabama Department of Senior Services http://www.adss.alabama.gov/history.cfm (accessed on October 7, 2011).


Shelley, Mack C. et al. “Aging and Disability Online Service Delivery: A Global Perspective”

