U.S. Department of Health and Human Services
Assistant Secretary for Planning and Evaluation
Office of Disability, Aging and Long-Term Care Policy

SUPPORTIVE SERVICES PROGRAMS IN NATURALLY OCCURRING RETIREMENT COMMUNITIES

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EXECUTIVE SUMMARY

Introduction

Policymakers are interested in learning how best to encourage successful aging in place by supporting people at home and in the community. Data from surveys have consistently shown that older people want to remain in their own homes as long as possible. Providing health and social services to assist the elderly not only offers individuals the support they might need to maintain their independence in their own homes but may also forestall early or unnecessary institutionalization in an acute or long-term care facility. With the population of elderly (age 65 and older) projected to double over the next 30 years, policymakers are looking at models for the delivery of supportive services that take into account the likely increased demand for such services, seniors' preference for services at home, and the possible need for public funding to help pay for services for those most in need.

One proposed delivery model would establish an integrated set of supportive services for residents of naturally occurring retirement communities (NORCs). An NORC is a community with a large proportion of older people residing within a defined geographic area. It is distinguished from other areas that also have high concentrations of older residents, such as assisted living communities or continuing care retirement communities, in that it is "naturally occurring," that is, it was not designed specifically as a community for older people but rather evolved in such a way that a large proportion of its residents are older. In this paper, we look at service delivery models that target residents of NORCs.

Findings presented in this report are based on information derived from three sources--a review of the literature, discussions with national experts on NORCs, and case studies of NORCs and their associated services programs in five Administration on Aging (AoA) demonstration sites. In each of the five demonstration sites (Baltimore, Cleveland, Philadelphia, Pittsburgh, and St. Louis), Jewish social services agencies provide supportive services for the elderly.[1] Based on the literature and expert opinions, we develop a conceptual model of NORCs and NORC supportive services programs, which we use to structure a discussion of the five demonstration projects. We then highlight policy issues related to NORC supportive services programs for consideration by stakeholders and policymakers at the federal, state, and local levels. An annotated bibliography is provided as an appendix.

The literature we reviewed was mostly descriptive rather than analytic and lacked the consistency necessary for cross-site analysis. However, it did provide a rich set of observations on which to base an analytical framework. Our conceptual model of NORCs and their associated supportive services programs has four components: the

[1] Baltimore, Cleveland, Philadelphia, and Pittsburgh have active NORC supportive services programs; in St. Louis, the program was under development at the time of our site visit.

NORC and associated community resources; the organizational structure on which its services program depends; the services provided and outcomes potentially associated with these services; and funding. Various forces, either internal or external to the NORC, influence each component. The purpose of the conceptual model is to clearly distinguish between NORCs and the programs that serve them while emphasizing the dynamic nature of both the communities and the programs. Although we found great variety in the characteristics of the communities and their services programs, certain issues and challenges are common to all sites. We focus on those commonalities in our discussion, using the conceptual model as a framework for comparison across the sites.

Findings

NORCs and community resources--Grantees view the NORC as encompassing the housing complexes and independent housing units where older residents reside, as well as the various resources available in the community, such as community centers, houses of worship, health care providers, shopping centers, and public transportation. While the resources in the community are an attraction for residents, respondents in all sites identified physical layouts that present problems for older residents either within a resident's home (e.g., bathroom facilities that can only be accessed by stairs) or within the community (e.g., neighborhoods without sidewalks). Grantee staff at all sites noted that most older residents have lived in the community for decades, staying largely because of personal ties as well as connections with community institutions. Migration was an important factor in some communities, either in-migration, such as the influx of older Russian immigrants to Baltimore and Pittsburgh in the late 1980s that contributed to a change in the culture of the community, or out-migration from these same communities that has led to a growing though not dominant aged-left-behind population.

Services programs and community organization--Each grantee site is connected in some way to the local Jewish Federation, but services are not limited by religious affiliation. In all of the sites except Philadelphia, the impetus for the NORC supportive services program came from an agency serving the NORC rather than from the NORC residents themselves. Because the service agencies have taken the initiative in organizing the program for NORC residents, they faced challenges that might not have arisen if the programs had been internally driven such as securing the cooperation of building managers in program development and service delivery, gaining resident participation and support, and communicating with residents and getting to know their needs. Establishing a communication channel between the program and the residents is an important task for NORC services programs. At most sites, program staff have either developed an internal entity that represents residents, as in Baltimore's Senior Friendly Neighborhoods (SFN) Advisory Council, or used an existing internal structure, such as Philadelphia's co-op boards. Suburban areas present particular challenges to agencies trying to start services programs since existing neighborhood organizations rarely represent the views of older residents and usually lack information about elderly households.

Program services and outcomes--In the four grantee sites that have implemented programs, social workers or activity coordinators are a main point of contact with residents. Common services include transportation, reduction of physical barriers, and provision of opportunities to socialize or to learn. The grantees provide some services directly, but several categories such as home health care or mental health services are more often addressed through referrals. Grantees noted that resident preferences change over time, reinforcing the finding that ongoing communication between residents and program staff is crucial. All grantees reported difficulty addressing the problem of resident mobility both within residences and in the larger community.

It is difficult to gauge the contribution of program activities to successful aging in place. The programs at the study sites were in different stages of development when they received the AoA grant funding, so comparisons across sites are inappropriate. Evaluation and outcomes measurement were not program components at most of the sites, although two sites are conducting studies in conjunction with outside researchers that may provide useful information on program outcomes in the future.

NORC services program funding--Most of the programs have some external funding beyond the AoA grant; sources include the Department of Housing and Urban Development (HUD), private foundations, and the service organizations themselves. Sustaining funding for their services programs is a challenge all sites will face when their AoA grant runs out. Currently, external fundraising is in a very early stage in most grantee sites although several sites have made contacts with local and state governments and local organizations. Developing an internal funding stream from such sources as resident activity fees or contributions from building management may be important for the long-term viability of programs as well as an indicator of the value residents attach to the program.

Discussion

The NORC supportive services concept is an intuitively appealing model to help more seniors age in place. However, the execution can be challenging, as the case studies discussed in this report show. Our research both highlights ways that supportive services programs can contribute to the goal of assisting elderly community residents age in place and also suggests some limitations for policymakers considering the NORC supportive services program model.

Short-term versus long-term program outcomes--Many sites were successful in designing programs to address short-term goals such as providing assistance with immediate health and social needs or a specific health condition. However, a good supportive services program must also work toward the long-term outcomes of successful aging in place. Goals that might contribute to this outcome would include developing trust between the residents and the program so that the program becomes a source to which residents can turn when their needs change and improving community awareness by educating residents and their families about available services.

Communication and program evolution--Because the needs of community residents are constantly changing, a supportive services program must be dynamic if it is to continue to meet these needs. Establishing two-way communication between residents and program staff allows the staff members to learn about the residents' needs and preferences, and helps residents learn what the program has to offer. Such communication is critical if the program is to remain responsive to community needs as the community evolves through internal (aging in place) and external (in-migration) forces.

Outcomes measurement--Outcomes measurement is an area greatly in need of further research. Few programs have set explicit outcome goals. Most programs have only limited data on outcomes, and most of this data is in the form of program participation. Ideally, the development of outcome measures would be part of program planning, as it is in St. Louis, and would be in place from the beginning of the program. As with any type of program, outcomes data could provide information needed to support funding decisions and could be used as a tool in program management to improve operations and effectiveness. In addition, strong outcomes data on successful models could be used in the consideration of program replicability.

Limitations of supportive services program in supporting aging in place--A supportive services program cannot be expected to take on the full burden of meeting the changing needs of aging community residents. Public institutions within the larger community might better address problems such as better street signage to aid older drivers or paved sidewalks to facilitate pedestrian access. However, services programs can contribute to resolving such issues by educating the community about areas of particular concern to older residents, participating in coalitions of community stakeholders, and advocating on behalf of older residents.

Program funding--The benefits of supportive services programs accrue first to individual recipients by helping them maintain their independence in their own homes; next, to the larger community in their contribution to sustaining the diversity and stability of neighborhoods; and, finally, to society if public costs associated with aging and declining health are lessened through the potential lower use of acute or institutional health care services. The challenge, as with many supportive services programs, is finding the right private-public-philanthropic resource mix, and the right balance among individual, community, and societal obligations.

Expanding supportive services programs to less densely settled communities--Some communities may be better able to support NORC supportive services programs than others. In the sites we visited, programs that had attempted to serve residents of single-family houses encountered greater difficulties. Further research is needed to adapt the supportive services program model to less densely settled communities.

Our findings illustrate the diverse approaches taken by the five sites in forming and operating NORC supportive services programs and show the ways such programs

might adapt to meet the various and changing needs and preferences of their residents. This diversity highlights the fact that there is no one-size-fits-all NORC program model. Stakeholders face the challenge of balancing the need for a flexible program structure with the establishment of clear program outcome guidelines, all while keeping in mind the overall goal of successful aging in place. Research on both frail and active elderly will provide a broad picture of the various contributions seniors make in their communities. Understanding the evolution of NORCs and their supportive services programs can assist public and private community planning policymakers in their efforts to help seniors remain a part of the community.

INTRODUCTION

Policymakers are considerably interested in learning how best to encourage successful aging in place by supporting people at home and in the community. Health and social services to assist the elderly not only offer individuals the support they might need to maintain their independence in their own homes for as long as possible, but may also forestall early or unnecessary institutionalization in an acute or long-term care facility.[1] In addition, surveys have consistently shown that older people want to remain in their own homes as long as possible.[2]

The population of those age 65 and over is expected to double over the next 30 years.[3] Developing successful models to organize and deliver supportive services for this cohort will have important policy implications for the structure of long-term care services in light of the potential increased demand, the preference for services in the home, and the availability of public funding to pay for services for those most in need.

One possible delivery model involves establishing an integrated system of supportive services for residents of "naturally occurring retirement communities." A naturally occurring retirement community, or NORC, is a community with a large proportion of older people within a defined geographic area. It is distinguished from other areas that also have high concentrations of older residents, such as assisted living communities or continuing care retirement communities, in that it is "naturally occurring." In other words, the area was not designed specifically as a community for older people but rather has evolved in such a way that a large proportion of its residents are older. A service delivery model that targets NORCs may be able to meet the needs of a large group of older people in a community so more of them are able to maintain their independence and continue living at home. The concentrated population of older people in a NORC may allow economies of scale or scope in the organization and delivery of services.

Federal policymakers support the concept of NORCs as a potential focus for delivering long-term care services. As part of the Administration on Aging's (AoA) fiscal year 2001 appropriation, Congress earmarked over $3 million in grants for demonstration projects in five cities with NORCs. The five demonstration projects are organized around Jewish social services organizations that were already providing supportive services for the aging in Baltimore, Cleveland, Philadelphia, Pittsburgh, and Saint Louis. The grants promote, test, and develop site-specific service models that could, in turn, be used as possible frameworks for national models.

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[1] Gibson, Mary Jo, et al. *Beyond 50.03: A Report to the Nation on Independent Living and Disability*. Washington, DC: AARP, May 2004.
[2] Bayer, Ada-Helen, and Leon Harper. *Fixing to Stay: A National Survey on Housing and Home Modification Issues*. Washington, DC: AARP, May 2000.
[3] Administration on Aging. *A Profile of Older Americans 2002*. Accessed at http://www.aoa.gov/prof/statistics/profile/2.asp, August 2004.

Because the NORC supportive services program model fits well with the federal policy shift away from institutional models of care and toward community-based and consumer-driven models, policymakers hope to learn important lessons about what does and does not work and why. Since the demonstration projects are organized and delivered by faith-based organizations, policymakers also hope to understand the perspective of stakeholders who play a key role in the current administration's faith-based and community-based initiatives. By examining existing programs providing support to NORC residents, policymakers can identify issues that might arise during program implementation. Studies of individual programs could also illuminate the broader policy implications using the NORC supportive services programs to organize community-based care for an aging population.

Here, we examine NORCs and NORC supportive services programs through a review of the literature, discussions with national experts on NORCs, and case studies of NORCs and their associated services programs in the five AoA demonstration sites. Following a brief background section, we describe our methods. We then present findings from the literature and our interviews with experts. Based on our review of the literature and refined through our discussions with the experts, we developed a NORCs conceptual model, which is presented in the fourth section. In the fifth section, we use the model to structure our exploration of the characteristics of the NORCs and NORC services programs in the five demonstration sites. Finally, we highlight policy issues related to aging in place that arise in NORC supportive services programs for consideration by stakeholders and policymakers at the federal, state, and local levels.

BACKGROUND

While many older people remain active throughout their lives, some may have deteriorating health that makes them unable to carry out daily activities.[4] With increased impairment, older people may experience functional limitations that can manifest in increased difficulty performing instrumental activities of daily living (IADLs), including shopping, preparing meals, and managing medications.[5] More serious limitations in activities of daily living (ADLs), such as eating, bathing, or dressing, can make independent living even more challenging without assistance.[6] Cognitive impairment can affect a person's ability to carry out both IADLs and ADLs.[7] Certain psychosocial factors, such as the death of a spouse, financial problems later in life, a decline in health or activity, and loneliness, may lead to social isolation and depression.[8]

As impairments and social isolation increase, so does an older person's need for assistance. A common course of action for people needing services has been to relocate, sometimes closer to family or friends, more often to residential facilities (such as continuing care retirement communities, nursing homes, assisted living facilities, and board and care homes) that are structured to provide assistance with numerous activities. Many people continue to live at home and receive help from family, friends, or neighbors. Others may attend adult day care or hire agency or individual workers to deliver the home health, personal care, and homemaker services they need. These options require individuals or their families to find, coordinate, manage, supply, or finance these services, sometimes with governmental assistance from Medicaid, the AoA, or state-sponsored programs. The assistance may be advisory, such as suggesting where to find needed services, or it may be financial, or both. These approaches are not necessarily mutually exclusive; people may use several as their circumstances change.

The NORC supportive services program concept embodies another approach that may successfully support older people and their families in the community. One articulation of the goal of NORC services programs is to provide services that are "flexible, responsive to needs and interests identified by the individual and, to a considerable extent, client-directed."[9] NORC services programs help identify needed services and service providers, and coordinate service delivery. Some services may be publicly financed; others may be financed through philanthropic contributions and payments made by the individuals receiving the services.

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[4] Ibid.
[5] Ibid.
[6] Ibid.
[7] Ibid.
[8] National Institute of Mental Health. *Breaking Ground, Breaking Through: The Strategic Plan for Mood Disorder Research of the National Institute of Mental Health*. National Institute of Mental Health, U.S. Department of Health and Human Services, February 2003.
[9] Vladeck, Fredda. *A Good Place to Grow Old: New York's Model for NORC Supportive Service Programs*. New York, NY: United Hospital Fund, 2004.

One of the earliest models of a supportive services program was developed in 1986 in the Penn South Houses, a ten-building complex of cooperative apartments housing more than 6,000 residents in New York City. Based on resident input gathered through a survey, the Penn South Program for Seniors was created to provide both the well and frail elderly with opportunities to remain active and involved in the community, as well as to provide on-site health and social services to assist residents aging in place. The Penn South program served as a model for other programs in the city sponsored by the United Jewish Appeal-Federation of New York. Currently, 28 supportive services programs operate in NORCs in New York.

Supportive services programs for residents of NORCs can be similar to those offered in "purpose-built" communities for seniors. Accommodations made for seniors vary widely across different purpose-built housing, from accessibility considerations in the federal Department of Housing and Urban Development (HUD) Section 202 supportive housing for the elderly program,[10] to a specified set of services available in a given assisted living facility,[11] to the levels of assistance in continuing care retirement communities.[12] These options do not have a standard program but vary by facility; residents may choose the level of service they want by the type of facility they choose and, often, by the level of services at an individual facility.

An important distinction between NORCs and purpose-built communities is how they were formed. NORCs are "naturally occurring," that is, they were not designed to serve as senior housing but developed over time as the community aged and changed. Many NORC residents chose to live in these communities before reaching age 65 and may not have considered the services available for seniors when they made that choice. In contrast, residents of purpose-built senior communities chose both the community and the level of available services when they chose the community. In purpose-built senior housing, both management and residents expect that some level of services or accommodation to the needs of seniors, if only in the physical layout of the structure, will be an integral part of the community. Often the level of available services is part of the contract governing the residences. In contrast, the need for services or improved accessibility in NORCs postdates the establishment of the community, so services must be integrated into the existing community structures. Further, because the residents of an NORC did not choose the community based on the level of available services, resident needs for services and preferences for service delivery are likely more heterogeneous. This heterogeneity presents a challenge for designing and implementing supportive services programs in NORCs.

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[10] "Section 202 supportive housing for the elderly." Accessed at http://www.texashousing.org/txlihis/siterebuild/desc202/hudexplanation.lasso, August 3, 2004.

[11] National Center for Assisted Living. *Assisted Living: Independence, Choice, and Dignity*. Washington, DC: National Center for Assisted Living, 2001.

[12] "Continuing Care Retirement Communities (CCRCs) and Lifecare." Accessed at http://www.seniorresource.com/hccrc.htm, August 3, 2004.

METHODS

We base the findings presented in this report on information derived from three sources--a review of the literature, discussions with subject matter experts, and site visits to supportive services programs in NORCs in the five AoA demonstration sites. We first reviewed the published literature on NORCs and their associated services programs up to September 2003, focusing on how NORCs were defined, how they were formed and evolved, and the different types of services programs. Because the literature on services programs in NORCs was sparse, we also looked at studies on services linked with congregate housing that was "purpose-built" for seniors to broaden our understanding of services programs. An annotated bibliography of the literature we reviewed is provided in **appendix 1**.

Following our review of the literature, we held directed discussions with seven subject matter experts identified by the literature. Before the conversations, we sent each expert a discussion guide that included a review of the definitions of NORCs in the literature, information on the structure of their services programs, and questions designed to elicit the experts' opinions on these topics. In addition, we sent a draft of our conceptual model for comment and as a structure for observations on NORCs, their services programs, and the policies that might support them.

The discussion guide focused on the following research questions:

- What is a NORC?
- What factors affect the evolution of a NORC?
- What organizational structures are associated with services programs in NORCs?
- What services do NORC residents want or need?
- What services are typically available in NORC services programs?
- What factors affect resident participation in NORC services programs?
- How are NORC services program outcomes defined and measured?
- What are the principal funding sources for NORC services programs?

For each research question, the experts were asked to consider both the processes involved and the policies that might affect the processes. Finally, they were asked to consider the broader policy questions that might arise in researching the demonstration projects.

These research questions were also the basis for the discussion guide used for site visits to NORC services programs in Baltimore, Cleveland, Philadelphia, Pittsburgh, and St. Louis between May and September 2003. These five sites were the first recipients of AoA grant funding to start new NORC services programs or expand existing ones. The primary contact at each site received a copy of the discussion guide before our visit.

At each site, we talked with staff from the organizations running the NORC services programs and, when available, NORC residents. We held discussions with six people in Baltimore, seven in Cleveland, 16 in Philadelphia, 13 in Pittsburgh, and 18 in St. Louis. Because the Cleveland site turned over a significant proportion of its grant to subgrantees, the seven people we interviewed included four subgrantees, reached by phone. We sent a summary of the site visit findings to the primary staff at each site to correct any factual errors or omissions. After receiving their comments, we revised the reports. Copies of the revised site visit reports appear in **appendix 2**.

Our methodology has two notable limitations. First, although the literature we considered covers a wide range of NORCs and NORC services programs, and the subject matter experts we consulted have broad experience in these areas, the core of this report is based on our site visits to the five AoA grantee programs. As would be expected given the small number of programs, there is less variation across these NORCs and their programs than there is in the universe of NORCs and NORC supportive services programs. Where appropriate, we extend our discussion to consider the implications of the issues for NORCs and related programs not in our grantee sample. Such extrapolation, however, does not allow us to consider the issues for such NORCs as fully as we can consider them for the NORCs and NORC programs we actually visited. Second, owing to the nature of the AoA grants, the funded programs were not directed at clearly delineated program outcomes. Our study was also exploratory rather than evaluative. Therefore, our discussion of outcomes is not based on the reported progress toward the objective goals of the programs we visited. Rather, we focus on illuminating the contributions to the well-being of their participants that program staff attribute to program activities and the lessons that can be learned from these accomplishments.

FINDINGS FROM THE LITERATURE REVIEW AND EXPERT INTERVIEWS

What is a NORC?

Few studies of NORCs strictly define the concept of a NORC; most simply describe the demographic characteristics of the particular NORC under consideration. Those studies that define NORCs generally agree on what constitutes a NORC, but have competing criteria on the specifics. All researchers agree that a NORC is a geographic area that has a significant proportion of older people residing in a specific area or in housing that was not designed or planned with seniors in mind. They do not agree, however, on what constitutes a "significant proportion" or how old a person must be to be included in that proportion.

Michael Hunt wrote the seminal work on NORCs in 1990 based on his observations and studies of neighborhoods in Wisconsin.[13] He defined NORCs as housing developments that are not planned or designed for older people where at least half of the residents are age 60 or older. He noted that NORCs could be found in apartment buildings or condominiums, neighborhoods, small towns, or rural areas.[14]

Other researchers define NORCs similarly but with differences in the age chosen as the cutoff for inclusion and the proportion of the community that must meet it. New York state legislation defines a NORC as an area where at least 50 percent of households have one member over 60 years old or where the housing complex contains over 2,500 residents who are elderly.[15] In Atlanta, a local consortium targeting NORCs for comprehensive service delivery defines a NORC as a census block group with at least 25 percent of the population over age 65.[16] The consortium further identifies census block groups with a high percentage of people age 75 and older and living alone as high-risk. Lyons and Magai define a NORC for the purposes of their study as a housing community where at least 65 percent of residents are age 50 years or older but do not explain their choice.[17]

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[13] Hunt, Michael E., D. Arch, and Leonard Ross. "Naturally Occurring Retirement Communities: A Multiattribute Examination of Desirability Factors." *The Gerontologist* 30 (1990, 5): 667-74.

[14] Marshall, Linda J., and Michael E. Hunt. "Rural Naturally Occurring Retirement Communities: A Community Assessment Procedure." *Journal of Housing for the Elderly* 13 (1999, 1-2): 19-34.

[15] Yalowitz, Nat, and Karen Bassuk. *An Intergenerational Community with Supportive Services, The NORC Model at Penn South Program for Seniors*. Paper presented at the American Society on Aging, San Francisco, March 1998.

[16] Lawler, Kathryn. *Aging in Place, Coordinating Housing and Health Care Provision for America's Growing Elderly Population*. Joint Center for Housing Studies of Harvard University and Neighborhood Reinvestment Corporation, October 2001.

[17] Lyons, Beverly P., and Carol Magai. "Reducing Health Risks and Psychological Distress among Older Black Residents of Naturally Occurring Retirement Communities." *Journal of Gerontological Social Work* 35 (2001, 1): 53-69.

Lanspery and Callahan, in their analysis of 1990 Census data, defined a NORC as a geographic area where at least 40 percent of the heads of households in a census block group with at least 200 households are age 65 and over.[18] They chose 65 as the age cutoff rather than 60 as proposed by Hunt because this age offers a more conservative estimate of the number of NORCs, and because 65 is the age of eligibility for Medicare. In specifying a minimum number rather than a proportion of households, Lanspery and Callahan were focusing on the opportunities presented by NORCs for the provision of supportive services. Two hundred households represents the mid-range of what is generally considered large enough to support a full-time services coordinator in senior housing.

In the literature, the age at which a person is considered "older" ranges from 50 to 65 years old, and the definition of a "significant proportion" ranges from 40 to 65 percent. Subject matter experts we spoke with also disagreed on specifics. Some advocated 60 as the lower bound for who is considered older to provide consistency with the Older Americans Act. Others suggested that the cutoff should be related to the level of disability rather than a specific age.

About half the experts noted that density of the older population in the community is important, because of the economies of scale that can facilitate services provision. Others argued for the number of older people in a community as the key criterion. Most experts asserted that about half the population of a community must be older for it to be considered a NORC.

The distinction between the proportion of the population and the number of people who meet a particular criterion is important, since the proportion may contribute to defining a community's character. Lanspery and Callahan report that communities begin to feel the impact of an aging population when its share of the population exceeds about 26 percent, although density and geographic spread matter.[19] The number of people meeting a criterion, however, has more bearing on how supportive services programs are implemented. In a densely settled urban area, the proportion of the population that meets the chosen age criterion may be below the chosen cutoff, and so not meet the definition of a NORC. But the number of older people may exceed a threshold that would allow for economies of scale in services provision.

It is noteworthy that some authors and experts define a NORC by referencing the idea of a supportive services program. There is, however, value in keeping the two concepts separate. A NORC is a community made up of people, some of whom may need services; a supportive services program may be an asset to such a community. Communities can have a significant proportion of older people without needing supportive services. Other communities may have residents needing services but not meet the definition of a NORC.

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[18] Lanspery, Susan C., and James J. Callahan. *Naturally Occurring Retirement Communities: A report prepared for The Pew Charitable Trusts*. Brandeis University, Waltham, October 3, 1994.
[19] Ibid.

What Factors Affect the Development of a NORC?

The literature suggests several reasons NORCs develop. According to Hunt, NORCs evolve in three ways--"aged-left-behind," "aging in place," and "in-migration."[20] The first two types of NORCs are similar in that both are populated chiefly by long-term residents--the first by residents who stayed in a community characterized by out-migration; the second by older residents who gradually became the dominant population in a stable community. The third type is distinguished by the proportion of older residents who are new to the community. In other articles, Hunt refers to this last type of NORC as "retirement destination."[21]

Marshall and Hunt focused on NORCs in rural areas and came up with different reasons.[22] They used census data to classify rural NORCs by the factors that attract or retain older residents. *Amenity* NORCs attract younger, healthier, and more active retirees who typically move to escape urban lifestyles. *Convenience* NORCs often attract people from a nearby rural area, usually the older elderly, looking for greater availability of services and social opportunities. *Bi-focal* NORCs attract retirees seeking natural amenities who also want to be close to family and friends. Hunt also applied these distinctions in non-rural settings, noting that residents of the different types of NORCs generally have different characteristics, including age, health status, and income.[23]

Hunt describes many different circumstances that may lead to each type of NORCs. He considers the economic, social, and environmental conditions that affect the community itself and the options open to residents, both older and younger, given their available resources and abilities. According to Hunt, an aged-left-behind NORC may develop, for example, when an area has a significant economic decline. This type of community might be found in "rust-belt" areas where manufacturing jobs have declined. While younger residents may leave to find better economic opportunities, many older residents stay either because of emotional or economic ties to the area or lack of financial resources.

In contrast, an aging-in-place NORC typically has residents with a strong desire to remain in their communities and maintain ties to their social networks, which may include children and grandchildren, friends and neighbors, health providers, places of worship, and local businesses. Hunt notes that these communities may have residents

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[20] Hunt, Michael. "Naturally Occurring Retirement Communities." In *Encyclopedia of American Cities and Suburbs*. New York, NY: Garland Publishing, Inc., 1998, pp.517-18.

[21] Hunt, Michael E. "Settings Conducive to the Provision of Long-Term Care." *Journal of Architectural and Planning Research* 18 (2001, 3): 223-33.

[22] Marshall, Linda J., and Michael E. Hunt. "Rural Naturally Occurring Retirement Communities: A Community Assessment Procedure." *Journal of Housing for the Elderly* 13 (1999, 1-2): 19-34. Hunt, Michael E. "Settings Conducive to the Provision of Long-Term Care." *Journal of Architectural and Planning Research* 18 (2001, 3): 223-33.

[23] Hunt, Michael E. "Settings Conducive to the Provision of Long-Term Care." *Journal of Architectural and Planning Research* 18 (2001, 3): 223-33.

with varying incomes.[24] Some urban neighborhoods might be examples of this type of NORC, where the younger generation may have moved to the suburbs leaving the older generation in the family homes.

In-migration NORCs may develop when older people move to an area for the convenience or attractiveness of the community. For example, in-migrants may seek the companionship of others their age, proximity to shopping and services, a hospitable climate, availability of numerous activities, and a more leisurely life. These NORCs may be found in vacation or resort areas and may have first attracted seniors seasonally.

Hunt's research on apartment-based NORCs provides an example of the development of another type of NORC, which he calls an apartment-complex type.[25] From his description, these NORCs appear to be a variant of the in-migration NORC. Hunt interviewed residents in three Madison, Wisconsin, apartment communities to learn what attracted older residents to the community. He found that older people often decided to move when the size and maintenance requirements of their homes became problematic--owing to the death of a spouse or the resident's poor health, for example. Residents reported that, once they decided to move, three main factors affected their choice of where to move. Location was identified as the chief initial attraction; residents often chose the site to be close to family or friends, shopping, and services. Management, particularly building maintenance, influenced the attractiveness of the apartment-complex, based on word of mouth and testimonials from residents. Finally, the design of the building can help eliminate potential barriers to independent living.

NORCs are not static; residents of all ages move in or out, resulting in an evolving demographic profile. In his study of apartment-complex type NORCs, Hunt examined the reasons older people leave the community.[26] When asked if they planned to move, about 30 percent of the NORC residents in Hunt's survey said "maybe" and another 10 percent said "yes". Most respondents cited a need for more health care or lower rental costs. The importance of housing costs was confirmed in another survey of older people conducted in 2003 that found that 93 percent of older people surveyed wanted to remain in their homes for as long as possible but, of these, over a third were concerned about affordability.[27] In Hunt's apartment-complex study, physical environment also

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[24] Hunt, Michael. "Naturally Occurring Retirement Communities." In *Encyclopedia of American Cities and Suburbs*. New York, NY: Garland Publishing, Inc., 1998, pp.517-18.

[25] Hunt, Michael E. "The Naturally Occurring Retirement Community." In *Housing the Very Old*, edited by Gloria M. Gutman and Norman K. Blackie. British Columbia, Canada: The Gerontology Research Center, Simon Fraser University, 1988, pp. 161-72. Hunt, Michael E., D. Arch, and Leonard Ross. "Naturally Occurring Retirement Communities: A Multiattribute Examination of Desirability Factors." *The Gerontologist* 30 (1990, 5): 667-74.

[26] Hunt, Michael E. "The Naturally Occurring Retirement Community." In *Housing the Very Old*, edited by Gloria M. Gutman and Norman K. Blackie. British Columbia, Canada: The Gerontology Research Center, Simon Fraser University, 1988, pp. 161-72.

[27] The AdvantAge Initiative. *AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older*. Center for Home Care Policy and Research, Visiting Nurse Service of New York. Personal communication from Penny Feldman and Elisabeth Simantov, March 2004.

played a role. Those who left the NORC reported they had left because of such barriers as stairs in the living unit or to the laundry room.[28]

Subject matter experts agreed that two major trends affect the evolution of NORCs--aging in place and migration of older people--and that people remain in their communities as they age or move into new communities for the reasons that Hunt noted in Wisconsin. Factors affecting migration include the community's affordability, accessibility, amenities, and proximity to family and friends. The experts speculated that there might also be a cultural component, based on such factors as religious, ethnic, or socioeconomic homogeneity.

The experts further agreed that the proportion of a community's population made up of older people could increase or decrease over time, so the community composition could change. Some communities can lose older people often for the same reasons that had originally attracted them, such as the changing affordability of housing or a change in building management that affects how management responds to the needs of older people. Some experts noted that NORCs might remain stable, sustaining themselves through in-migration, and cited the New York City NORCs as an example.

What Organizational Entities are Associated with Services Programs in NORCs?

NORC service programs may have their own organizational structure (e.g., lead agency plus service contractors), they may build on an organization within the NORC (e.g., a co-op board or residents' council), or both. If no organization exists within the NORC, the program may serve as the catalyst to establish one. If multiple organizations are involved, the roles they play and how well they work together can affect the implementation of the service program in the NORC.

Lanspery and Callahan point out a critical difference between NORC services programs and integrated service networks.[29] In the latter, a set range of services is marketed to a membership group, while in the former, the emphasis is on giving discretion and control over the types of services included to the membership group. The authors find that having identifiable stakeholders with an interest in cooperation is an important factor in implementing services programs.

Yalowitz also emphasizes the importance of having a governance structure to determine program configuration and services, and of clearly spelling out the

[28] Hunt, Michael E. "The Naturally Occurring Retirement Community." In *Housing the Very Old*, edited by Gloria M. Gutman and Norman K. Blackie. British Columbia, Canada: The Gerontology Research Center, Simon Fraser University, 1988, pp. 161-72.

[29] Lanspery, Susan C., and James J. Callahan. *Naturally Occurring Retirement Communities: A report prepared for The Pew Charitable Trusts*. Brandeis University, Waltham, October 3, 1994.

relationships and responsibilities within the governance structure.[30] The experts we spoke with noted that a weak governance structure is often the result of the organizing entities, whether external or internal, not clearly defining the mission or purpose of the program.

The various types of organizations found in NORCs mirrors the various types of NORCs themselves. A suburban NORC may have no organizational entity of its own apart from the local government. On the other hand, an apartment-based NORC almost invariably has some form of building management and may also have resident councils or recreation committees. How a NORC is structured is an important factor in developing and managing a services program, since the structure can serve as a contact point for the services program within the community and a way to communicate with community residents.

Residents may have varying degrees of involvement with the internal NORC organization depending on whether it is self-generated, such as a condominium board, or comes from an outside agency, such as a community services agency. How successful NORC supportive services programs are may depend on whether service providers are able to establish strong relationships with the NORC organizational structure and its residents. Experts noted that struggles often arise between professionals and non-professionals who may not describe their work in the same terms. Experts stressed the importance of developing a common language among the members of the NORC partnership, including housing managers, social and health care workers, and residents.

The published literature sheds very little light on the internal organization of NORCs and the role it may play in supportive services programs. What discussion there is does not necessarily apply across all types of NORCs. For example, Lanspery and Callahan characterize NORCs as "closed" or "open" according to the relationship between the community's ownership and management.[31] A closed NORC has one management entity; examples are individual owners or managers of apartment buildings or trailer parks. An open NORC shares management among two or more homeowners or management entities. This distinction is used to differentiate, for example, investor-owned apartment buildings from such living arrangements as co-op buildings, condominiums, or neighborhoods with single-family homes or row houses. Experts cited several examples of NORC supportive services programs that had been developed internally by active tenant associations or co-op boards, or where tenant associations and management had worked closely together on general resident issues.

The organization of the services programs also varies. Since NORC residents need assorted different services, services programs usually involve several agencies.

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[30] Yalowitz, Nat. *NORC Supportive Service Programs: The Need for Strong and Clear Governance*. Paper presented at the Joint Conference of The National Conference on the Aging and the American Society on Aging, Denver. New York, NY: NORC Supportive Services Center, Inc., April 2002.

[31] Lanspery, Susan C., and James J. Callahan. *Naturally Occurring Retirement Communities: A report prepared for The Pew Charitable Trusts*. Brandeis University, Waltham, October 3, 1994.

Landsberg et al. note that having a key agency take the lead is important, and that problems within agencies and between agencies can interfere with service delivery.[32] In a similar vein, Lanspery and Callahan find that the lead agency should be clearly defined and relatively autonomous. In the Penn South Cooperative, the board of directors of the cooperative contracts with an oversight agency to provide services.[33]

Subject matter experts agreed that the NORC's internal structure and the service program's organization could affect communication with residents and how responsive services programs are to residents' needs and preferences. Several experts emphasized that residents need to be involved in decisions and exercise some control in the organization and governance of the services program. They cautioned against service providers taking over to meet the needs of their own organization. In NORCs with co-op boards, building owners or managers, or condominium associations, a unit already exists that could act on behalf of residents and negotiate with service providers. In the absence of such structures (for example, as in most suburban neighborhoods), the service providers, by default, provide the organizational structure.

What Services do NORC Residents Want or Need?

According to experts, a NORC supportive services program encompasses supports, services, and activities organized to help meet identified needs and aspirations of residents and the NORC governing structure. However, they noted that it is possible for a supportive services program that provides many things to not meet residents' needs. Therefore, in addition to the range of services provided, a services program's ability to adapt to the changing needs and preferences of residents is critical to the program's success and longevity.

One concern the subject matter experts shared was that too often policymakers think of older people as a collection of deficits that need to be addressed. They felt that, ideally, the individual needs of older people would be examined in the broader context of supporting successful aging for the whole population. Not all older people need or want services, but some will. Supportive services programs, therefore, are just one possible component of a broader approach to meeting the needs of the population as it ages.

The published literature has few studies that focus on what older residents want or need. We found only one study of the service needs of NORC residents, and it emphasized services that should not be provided. In his survey of residents of three Wisconsin apartment-based NORCs, Hunt asked residents what should have been

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[32] Landsberg, Gerald, Catharine MacLaren, and Harry Schwartz. *The Accomplishments, Issues and Prospects of Supportive Service Programs in Naturally Occurring Retirement Communities*. Prepared for the Fan Fox and Leslie R. Samuels Foundation. New York, NY: Ehrenkranz School of Social Work, New York University, September 2002.

[33] Bassuk, Karen. "NORC Supportive Service Programs: Effective and Innovative Programs that Support Seniors Living in the Community." *Care Management Journals* 1 (1999, 2): 132-37.

done to help residents who had moved away remain in the community. Most respondents felt that if residents needed more health care they should go somewhere else, and that nothing should have been done for them so they could stay in the community.[34] The study does not give the reasons underlying these beliefs. This finding suggests that while residents may have service needs, they do not necessarily feel that it is the responsibility of building management or other community representatives to meet these needs.

For additional insights on service needs, we reviewed the published literature on public housing for seniors and found several relevant studies. Researchers at New Hampshire's Housing Finance Authority interviewed 503 residents in four pilot sites.[35] Table 1 ranks the services that residents reported they most needed or were most useful, compared with the services they reported as most wanted or desired. (The study did not clarify the difference between "needed" and "wanted.") Where two entries appear in the same box, there was a tie in the ranking.

TABLE 1

Ranking	Most Needed	Most Wanted
1	Heavy household chores	Transportation
2	Shopping	Heavy household chores Service coordination
3	Service coordination	--
4	Transportation	Personal emergency response system
5	Light household chores	Shopping
6	Personal emergency response system	Light household chores Meal preparation
7	Meal preparation	--
8	Personal care	Personal care

SOURCE: Greenleaf, Lynn, Sheila Malynowski, New Hampshire Housing Finance Authority. *Increasing Service Availability to Seniors in Housing: Final Report* (Bedford, NH: New Hampshire Housing Finance Authority, 1993).

In a second study, researchers interviewed residents of a public housing project in New York City where more than half of the heads of households were age 60 and over.[36] The study, part of a demonstration project that provided community-based supportive services to older residents with one or more limitations in ADLs, found an unmet need for mental health services, as evidenced by older residents' social isolation and signs of depression. In response, the project hired a bereavement/mental health counselor. The study also found less need for emergency home care and home-

[34] Hunt, Michael E. "The Naturally Occurring Retirement Community." In *Housing the Very Old*, edited by Gloria M. Gutman and Norman K. Blackie. British Columbia, Canada: The Gerontology Research Center, Simon Fraser University, 1988, pp. 161-72.
[35] Greenleaf, Lynn, Sheila Malynowski, and the New Hampshire Housing Finance Authority. *Increasing Service Availability to Seniors in Housing: Final Report.* Bedford, NH: New Hampshire Housing Finance Authority, 1993.
[36] New York City Department for the Aging, and U.S. Administration on Aging. *Support Services for the Frail Elderly Residents of Federally Assisted Housing: Final Report Findings and Recommendations*. New York, NY: New York City Department for the Aging, 1997.

delivered meals than project staff had expected. As a result, the staff shifted their emphasis to non-Medicaid covered services.

Hunt highlights the dilemma of meeting the needs of older residents without making the community (an apartment complex in this case) less attractive to younger residents.[37] He identifies three approaches from the literature. Residents can leave when their needs exceed what is offered in the complex. Alternatively, the complex can expand services to meet the needs of residents as they age. Finally, in what Hunt terms the balanced model, the complex can expand services slightly and help residents meet their remaining needs by linking them with services in the broader community.

The subject matter experts did not agree on what NORC residents want or need. The experts noted that assessing residents' needs and preferences--through surveys or focus groups, for example--is important for program development and implementation. They also observed that what residents want will vary according to their level of frailty and may change abruptly when they are faced with a crisis. The services that residents might need from a new program will also depend on what services are available to them under other programs.

The lack of consensus on resident needs is not surprising given the many different types of NORCs and varying levels of need among the elderly. It seems likely that, in addition to the disparate needs and wants in any cross-section of older people, the range of services needed by NORC residents could vary depending on the type of NORC in question and its location. Residents who have aged in place will not need orientation to the community that might benefit in-migrants. Transportation might be a more critical need for suburban NORC residents than for residents of apartment-based NORCs in urban areas.

Several experts noted that property managers and residents frequently fear a supportive services program would make their residences look like nursing homes, with wheelchairs in the lobby or uniformed nurses in the building. For this reason, while some residents may favor establishing a services program in their building, others may resist in the interest of maintaining an age-integrated community. This feeling could limit the services that NORC residents say they want until they themselves need help with daily activities and medical care.

In addition, there are services that residents currently need and can readily identify, such as household repairs, as well as services they might need as they age that they might not have considered, such as help with ADLs. Determining the types of services NORC residents want or need and will use, while easier than it might be in the community at large, appears to be one of the most difficult tasks facing supportive services programs.

[37] Hunt, Michael E. "Settings Conducive to the Provision of Long-Term Care." *Journal of Architectural and Planning Research* 18 (2001, 3): 223-33.

What Services are Typically Available in NORC Services Programs?

The 1997 report on the Naturally Occurring Retirement Community Supportive Services Program (NORC-SSP) from the New York City Department for the Aging is one of only a few published studies on service programs in NORCs that lists the categories of services provided.[38] The categories are case management, emergency or general home care, meals, transportation, mental health and bereavement services, and informal supports. The NORC-SSP staff developed this complement of services by surveying residents about their needs.

Some information on available services can be gleaned from information on which services residents use. A survey of Penn South residents (no date provided) lists case management, information and referral, nursing services, classes and lectures, and health screenings as frequently used services.[39] A survey of residents of Penn South and two other NORCs in 1996 found cultural events, exercise and dance classes, and health events among the most popular services.[40] Such lists, however, do not represent a complete picture of services offered.

According to the subject matter experts, most NORC services programs provide transportation, housekeeping, and social activities or meals. These activities may be chosen because the lack of required licensed oversight makes them easier to provide. Casework and health care are often two core components of services programs, and program staff have found that health care education and preventive services such as blood pressure checks can be a good outreach technique for residents who may be more likely to get their blood pressure checked by a nurse than approach a social worker about health-related problems. Experts also noted that, in communities with no senior center or other such recreational organization, activities and recreation might become a central part of the program.

More literature is available on the range of services available in publicly funded housing for seniors, and these findings could apply to NORCs. The Service Coordinator Program (SCP), administered by HUD, is designed to meet the needs of older people and people with disabilities living in HUD-assisted housing. Under this program, service coordinators determine the needs of eligible residents, identify available community services including public programs for which residents might be eligible, link residents with needed services, monitor and evaluate service provision, and serve other functions as needed. An evaluation of the SCP found that transportation and housekeeping were

[38] New York City Department for the Aging, and U.S. Administration on Aging. *Support Services for the Frail Elderly Residents of Federally Assisted Housing: Final Report Findings and Recommendations*. New York, NY: New York City Department for the Aging, 1997.
[39] Landsberg, Gerald, Catharine MacLaren, and Harry Schwartz. *The Accomplishments, Issues and Prospects of Supportive Service Programs in Naturally Occurring Retirement Communities*. Prepared for the Fan Fox and Leslie R. Samuels Foundation. New York, NY: Ehrenkranz School of Social Work, New York University, September 2002.
[40] Ibid.

the most frequently provided services.[41] Other services included health screenings, exercise programs, and budget assistance.

A survey of HUD Section 202 housing residents found that services such as group dining, social work and counseling, and social and recreational activities were most likely to be provided by on-site staff.[42] More personalized services, such as housekeeping, personal care, care management, medication management, and religious services, were usually provided by external agencies or contractors. Transportation and money management services were usually provided by family and friends.

Information from these studies shows that the most common services appear to be service coordination, transportation, group meals, and opportunities for socializing. Other health and personal care services appear less available. An agency may provide the services directly, it may facilitate delivery of services, or it may only provide residents with information and referral to service providers.

In general, these studies described the services offered or provided, not those that residents say they need. An agency may choose to offer those services residents have expressed an interest in, or that the agency knows from previous experience will be acceptable. It is also possible that an agency provides services it has provided in the past that it has found useful to the elderly, regardless of whether these services are the ones residents most need. In addition, the services needed may change over time. The literature did not discuss how agencies determine resident needs or if and how they adjust their offerings to resident preferences and changing needs.

What Factors Affect Resident Participation in NORC Services Programs?

Factors that could affect whether or how residents use NORC services programs include desirability of the services, resident knowledge of service availability, the price of the services to the resident, and location of the services. The desirability of services has been discussed in the two previous sections. Residents' knowledge about services is primarily a function of program communication with residents. We found no information about how the price of services affects resident participation. Two studies provide some insights regarding communication about and location of services.

In addition to these program characteristics, residents' demographic characteristics were seen to affect participation rates. Landsberg et al. report that users of supportive services in four NORCs in New York were more likely than non-users to be female,

[41] KRA Corporation, and Office of Policy Development and Research, U.S. Department of Housing and Urban Development. *Evaluation of the Service Coordinator Program*. Washington, DC: U.S. Department of Housing and Urban Development, Office of Policy Development and Research, 1996.
[42] Heumann, Leonard F., Karen Winter-Nelson, and James R. Anderson. *The 1999 National Survey of Section 202 Elderly Housing*. Washington, DC: Public Policy Institute, AARP, 2002.

older than 85, and living alone compared to all older residents in the four surveyed NORCs.[43]

An evaluation of a services program in a New York NORC indicates that recruiting advisory committee and staff members from varied backgrounds facilitates reaching out to and working with minority populations in a NORC.[44] The evaluation found that successful outreach efforts are varied, multilingual, and tailored to the cultural preferences of residents. Most clients who entered the program during the two-year demonstration had heard about it through the senior center or from a program flyer.

Physical accessibility affected participation in the Vladeck Cares program, a program designed for seniors living in Vladeck Houses, a large public housing complex in New York City. Analysis of client residence data showed that the closer residents' apartments were to the program office, the higher the residents' participation in programs. Participation rates also declined as resident age increased.[45] An evaluation of the HUD SCP also cited accessibility as an important factor. The evaluators found that stairs represented a barrier to residents' access to services. They recommended that sites be accessible to older residents and located near where residents tend to congregate, such as mailboxes, dining rooms, or lounges.[46]

According to the literature, communication, location, and accessibility of offices and meeting space, and resident age are likely to affect the level of resident use of programs. The experts we spoke to concurred with these findings. In addition, several experts mentioned the role of volunteers, either resident volunteers or outside volunteers, as an important program feature. A well-developed volunteer program may help engage NORC residents in the planning and operation of program activities. Some NORCs have used volunteers from outside organizations, including college and high school students, adding an intergenerational component to services programs that residents find appealing.

How are the Outcomes of NORC Services Programs Defined and Measured?

The literature on outcomes associated with supportive services provision in NORCs is extremely thin, both conceptually and empirically. Researchers have

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[43] Landsberg, Gerald, Catharine MacLaren, and Harry Schwartz. *The Accomplishments, Issues and Prospects of Supportive Service Programs in Naturally Occurring Retirement Communities*. Prepared for the Fan Fox and Leslie R. Samuels Foundation. New York, NY: Ehrenkranz School of Social Work, New York University, September 2002.

[44] New York City Department for the Aging, and U.S. Administration on Aging. *Support Services for the Frail Elderly Residents of Federally Assisted Housing: Final Report Findings and Recommendations*. New York, NY: New York City Department for the Aging, 1997.

[45] Ibid.

[46] KRA Corporation, and Office of Policy Development and Research, U.S. Department of Housing and Urban Development. *Evaluation of the Service Coordinator Program*. Washington, DC: U.S. Department of Housing and Urban Development, Office of Policy Development and Research, 1996.

identified the potential benefits of providing services in housing for older people, but we found no information on how to measure these benefits. The benefits were described broadly as helping residents remain independent, improving staff and resident morale, allowing managers more time to focus on managing the property, and lowering service costs for all parties.[47] Yalowitz emphasizes the importance of including periodic "performance based evaluation" in program planning and evaluating programs for their contribution to the "continued independence of...seniors served by the program."[48]

Although we found no NORC-specific research on actual outcomes, findings from services programs linked with congregate housing could specify potential outcomes of NORC services programs. The studies of SCPs generally use qualitative methods, such as key informant interviews, case studies, and interviews with program participants. In a study of publicly funded housing for seniors in six developments in Connecticut, Sheehan reported that property managers believed resident service coordinators (RSCs) improved the quality of life for residents, reduced residents' risk of entering nursing homes, and contributed to savings from lower apartment turnover and vacancy rates as well as better upkeep of the apartments.[49] The RSCs also freed property managers from trying to meet the support needs of elderly residents. Frail older people in the demonstration sites reported a large improvement in perceived health status as well as in functioning related to ADLs and IADLs between the pre-test and post-test interviews. There were no changes among frail elderly people in comparison sites. The majority of residents said that the RSCs had benefited them through providing emotional support, help with problems, and information and referral. Participation in social activities and housing satisfaction increased substantially for residents, regardless of their level of disability.

The available research on outcomes does not provide rigorous evidence of the effect of supportive services programs, but it points to areas for further research. It suggests that NORC services programs could improve residents' self-reported health status, mental and physical functioning, and quality of life. Changes in self-reported health status and quality of life are subjective and, although suggestive of an effect and relatively easy to measure, they are not a rigorous test of a program's effect. In contrast, changes in mental and physical functioning can be measured using standard screening tools and could provide a more objective measure. However, these screening tools would require a larger commitment of both time and funds to implement.

The subject matter experts believed there was insufficient evidence to characterize the outcomes of NORC services programs. They noted that while some programs are conducting research studies on resident satisfaction, service usage, and costs, most

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[47] Lanspery, Susan. *Clustering Services at Senior Housing Sites: A Technical Assistance Guide for the Aging Network*. Los Angeles, CA: National Resource and Policy Center on Housing and Long-Term Care, University of Southern California, Andrus Gerontology Center, 1997.

[48] Yalowitz, Nat. *NORC Supportive Service Programs: The Need for Strong and Clear Governance*. Paper presented at the Joint Conference of The National Conference on the Aging and the American Society on Aging, Denver. New York, NY: NORC Supportive Services Center, Inc., April 2002.

[49] Sheehan, Nancy W. "Resident Services Coordinator Program: Bringing Service Coordination to Federally Assisted Senior Housing." *Journal of Housing for the Elderly* 13 (1999, 1-2): 35-49.

have not developed mechanisms to examine outcomes. The experts also noted that the lack of mechanisms to measure outcomes might reflect a lack of focus on quality assurance. Defining and measuring outcomes associated with NORC services programs is still a largely undeveloped field of inquiry.

What are the Principal Sources of Funding for NORC Services Programs?

Sustainable funding is a major challenge facing NORC supportive services programs, and there is little information available about how these programs raise money. We found only one source of information, and that study focused on programs in congregate housing rather than NORCs.[50] In that study, Wilden and Redfoot found that funding sources varied among the 17 subsidized housing projects examined. Programs often relied on an array of public and private funders. Among the 17 projects, 16 had funding from residents, nine from Medicaid, and six from private organizations. Others sources included federal, state, and county government funds.

The subject matter experts agreed that sustainable funding to support NORC services programs over the long term is a major concern. Programs must rely on several sources, including resident fees, fundraising by residents and the programs themselves, contributions by residents' families, and foundation and philanthropic contributions. In addition, some funding may be available indirectly from state entities, such as the Office of Mental Health, to support service programs in a wider area that may encompass the NORC.

Experts were unaware of any major state or federal funding for NORC supportive services programs other than the AoA grants and the money that New York State and the City of New York have devoted to programs throughout that state. Since 1998, New York has allocated approximately $1.2 million annually for supportive services programs. Except for public housing sites, state funds must be matched at the level of at least 25 percent of the total grant by the sponsoring agency. In 2000, New York City allocated $3.8 million to start 16 additional programs with funds matched at the level of at least one-sixth of the total grant by the sponsoring agency. The intention of these matching requirements is to communalize the funding in order to move away from a fee-for-service model and bring the housing entity into the program as a stakeholder and financial partner. Several experts felt that financing shared among federal, state, city, housing management, philanthropy, and residents would be ideal.

Funding implies that the organization or individual providing the funding finds value in the program. Therefore, the availability of sustained funding for NORC services programs might be one indicator of their perceived value, if only to the funders. Residents' willingness to pay a membership or activities fee might be a gauge of

[50] Wildon, Robert, and Donald L. Redfoot. *Added Assisted Living Services to Subsidized Housing: Serving Frail Older Persons With Low Incomes*. Washington, DC: Public Policy Institute, AARP, 2002.

residents' valuation of the program, particularly of how well the program identifies and meets residents' needs. However, such fees risk discouraging participation by lower income groups. Developing and implementing outcome measures for programs would allow benefits to be quantified and might be instrumental in attracting sustained support from grantmakers or state or local governments.

Discussion

The literature on supportive services programs in NORCs is both thin and uneven. Much of it is purely descriptive, providing detailed pictures of individual programs, but lacking the consistency necessary for cross-site analysis. However, the literature we reviewed does provide a rich set of observations on which to base an analytical framework. Much of the literature focuses on NORCs based in multi-unit housing complexes, such as cooperatives, condominiums, and apartments, but recognizes the existence of other types, such as suburban or rural NORCs. The descriptions of supportive services programs provide examples of different organizational strategies and management that might foster the flexibility and responsiveness that program organizers argue is essential for success. The services available under the various programs are broadly similar, reflecting the core needs that characterize many aging populations as well as the diversity inherent in the age group. Finally, the paucity of information about outcomes points to an important area for program managers and policymakers to address.

Overall, the literature provides an understanding of the components that make up NORCs and the supportive services programs that seek to serve NORC residents. A common feature in the literature is a blurring of the line between the NORC itself, which is a community, and the NORC supportive services program, which serves that community. In the next section, we put the identified components of NORCs and their associated supportive services programs together to form a conceptual framework that clearly distinguishes between such communities and the programs that serve them, while emphasizing the dynamic nature of NORCs and the structure of their supportive services programs. We used this framework to explore the five AoA grantee programs and to point toward areas where policies might enhance the potential contributions of supportive services programs to successful aging in place.

CONCEPTUAL MODEL

Our conceptual model of NORCs and NORC supportive services programs, shown in Figure 1, has four parts: the NORC and associated community resources, the organizational structure on which its services program depends, the services provided and outcomes potentially associated with these services, and funding. Each part is influenced by various forces that can be internal or external to the NORC. Although NORCs vary widely in their composition and functioning, each can be understood in reference to these features. We recognize that NORCs may be combinations of the types discussed here, rather than purely one type or another. In laying out the model, we present pure types. As we discuss later, the NORCs we visited generally represent mixed types.

Attributes of the NORC

A NORC is like any other community--it is constantly changing. NORCs grow or decline in response to two major forces affecting the proportion of older residents in the community: aging in place and migration, both in and out. How a NORC develops is likely reflected in both the composition of the NORC's population and the resources available in the community. These community characteristics, in turn, influence the types of programs that are may be needed or effective. For example, a NORC may develop primarily through an influx of older people who have chosen to move to the community; in such a community, new residents make up a greater proportion of total residents than in a community that has aged in place. An area that is attractive to in-migrants might have more community resources on which to build a program than an aged-left-behind NORC. In addition, by migrating, in-migration NORC residents have shown themselves open to change, and they might have greater financial resources that would enable them to pay for the services made available. In contrast, an aging in place community is formed internally; that is, it is made up of relatively long-term residents. Aged-left-behind residents may be more resistant to change and less able to contribute financially to getting what they need. They are, however, more likely to have deep knowledge of and strong ties to the community.

Services Programs and Community Organization

The organizational capacity and governance structures within communities that are demographically NORCs differ from community to community and are important factors in the development and operation of supportive services programs in these communities. The NORC organizational structure may exist before the services program or it may be established in response to the program. It may be instrumental in program development and operations or it may be more passive. Similarly, services programs might develop as the product of internal or external forces. An internally

driven services program might be a response to the expressed needs of the residents. Alternatively, an existing community organization might recognize unmet needs of residents and approach building management for permission to provide activities or services, resulting in an externally driven program.

The origin and governance of the program can influence program operations. For example, an internally driven program is likely to have a lower need for outreach and communication than an externally driven program, at least initially.

Whatever its origin, a services program generally requires some structure that can serve, at the very least, as a point of contact between the program and community residents and, more expansively, as a way to explore residents' needs and preferences and measure program outcomes. The organizational structure can be internal to the community or external, or the responsibility can be shared. The structure is likely to influence how the program evolves; a predominantly externally operated program might be more influenced by the services the program organizers have historically offered in such settings, while an internally operated program might be more responsive to changing resident desires. Further, if the services program relies on an existing community structure, then the level of initial trust is likely to be higher than if the services program creates or imposes a new organization on the community.

Internal and external structures each have advantages and disadvantages. An internal structure might be better placed to identify resident needs, but might be hampered by cronyism or lack of professional insight. On the other hand, an external group might concentrate on the services it has historically offered rather than design new ones to meet the expressed needs of community residents. External groups may or may not seek the residents' input during program design. In practice, an organization may not be purely internal or external. The challenge is the same--to establish good communication between the residents and the program's organizers and service providers.

NORC Services Programs and Their Potential Outcomes

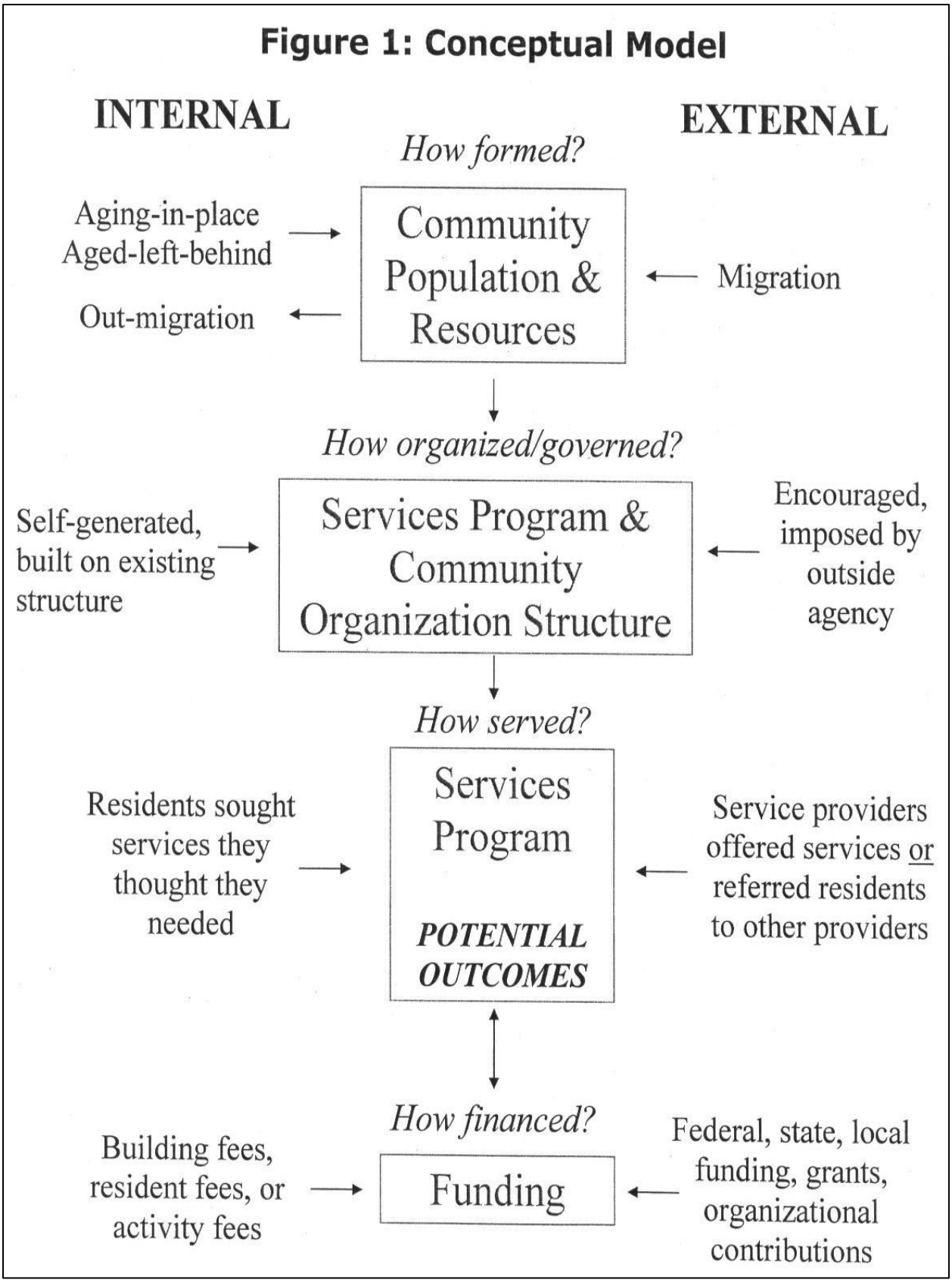
The potential outcomes of NORC services programs depend on what needs have been identified, what services are provided, and the level of resident participation in the program. The constellation of services and their scope can vary in their responsiveness to residents' preferences and needs. If the services match resident needs, then participation is likely high. If an internal NORC organization is seeking services from an outside agency or setting up its own services, services will likely be highly responsive to the expressed needs of residents, or at least those residents represented by the NORC organization. If an external agency is providing services, it may be more or less successful at gauging the preferences of residents and meeting their needs. How well residents' preferences are gauged, whether by the internal NORC organization or the external agency, will affect participation and, in turn, outcomes for residents. Because of the dynamic nature of NORCs, a services program's ability to respond to internal

communication and to evolve to meet the needs and preferences of residents may be the most important factor in determining the long-term success of the program.

Services Program Funding Sources

One of the major challenges services programs report they face is generating sufficient funding to support their efforts. Funding sources can be internal or external to the NORC. Internal sources include NORC residents' contributions to the costs of services programs, for example, through payment of activity or membership fees. In addition, property owners or managers can contribute to program costs either financially or in kind. Residents are likely to contribute to the cost of programs if they find the services valuable. The level of expected contributions from the residents, however, must take into account their income and other demands on their resources. Similarly, owners or managers are more likely to contribute if they believe the program helps make the property more attractive to potential residents or if it reduces their operational or management costs. External funding can come from numerous sources including the agencies that operate services programs, grants from nonprofit charitable foundations, and federal, state, or local governments.

Figure 1: Conceptual Model



CASE STUDY FINDINGS

We visited the five AoA grantee sites in Baltimore, Cleveland, Philadelphia, Pittsburgh, and St. Louis. Although the case study sites differ in their services provision and structures, certain issues and challenges are common to all sites. This section focuses on those commonalities, using the conceptual model as the framework for the discussion. A summary table comparing components of the conceptual model across the different sites appears in **appendix 3**.

Case Study Sites

Baltimore's Senior Friendly Neighborhoods (SFN) program is targeted to people age 62 and over and provides case management, information and referral services, preventive health screening, recreational activities, and transportation services. In addition to the AoA grant, SFN receives funding from a combination of foundation grants, the Jewish Community Federation, and membership fees.

Cleveland's Community Options Program uses its AoA grant money to provide technical assistance and support to four new sites across Ohio that are replicating the Community Options program in Cleveland. The original program has been in operation since 1995 and provides information, referral, and activities to NORC residents. It has substantial financial support from building management, a HUD grant, and resident fees.

Philadelphia's STAR NORC Program provides assessment, some preventive health services, case management, access to services, and opportunities to socialize. STAR NORC targets people who are isolated or who might have problems remaining at home. Funding comes from co-op building fees, foundation grants, and AoA.

Pittsburgh's NORC Demonstration Program develops individualized care plans for residents based on comprehensive in-home need assessments and providing information about and referrals to appropriate community services. In addition to its AoA grant, the program receives in-kind contributions from its organizing agencies.

The ***St. Louis*** site is using its AoA grant funding to develop a demographic profile of 1,351 older residents in a local NORC and to study the outcomes of seven pilot projects. These studies are designed to determine the service needs and preferences of older residents and to inform the design of a planned services program in the community.

NORCs and Community Resources

All the grantees define the communities they serve with reference to a specific geographic area or areas where a large share of the population is older. Some grantee sites cover a specific part of a city or neighborhood, such as Center City Philadelphia or Baltimore's Upper Park Heights. In contrast, the Pittsburgh program serves communities in a group of contiguous neighborhoods. In each study site, program representatives view the NORC as encompassing both the housing complexes and independent housing units where older residents reside, as well as the various resources available in the community. Most often, the grantees have established services programs for one or more specific housing complexes within the NORC, such as an apartment building or co-op. However, all sites except Philadelphia are also trying to establish programs to serve residents in neighborhoods with single-family homes.

The grantees have estimated the concentration of older people in their service areas, but most programs do not have an exact count of residents in the target age range. In St. Louis, where research on resident demographics was conducted before program implementation, staff cited 2000 Census data showing that 32 percent of the residents of its NORC, as defined by a census block, are age 65 or older. St. Louis program officials estimate that at least half the residents in the apartment buildings they serve are age 65 or older. Aside from St. Louis, the grantees have little firm demographic data about the communities or buildings they served.

In each community, local resources include community centers, houses of worship, health care providers, shopping centers, and some public transportation, although distance to and accessibility of these resources vary across the sites. In the Cleveland, Pittsburgh, and Philadelphia NORCs, some amenities are within walking distance of residents' apartment buildings or homes, but even short distances can present problems, particularly for older people with mobility impairments. In other sites, residents who can still drive have access to a broader range of services and amenities, but poor signage and residents' aversion to driving at night can limit accessibility and participation in some activities. Baltimore, Pittsburgh, and St. Louis have Jewish community centers and social services programs housed in or located close to the communities they serve. These facilities are open to residents of all faiths and are not frequented only by Jewish residents. In St. Louis, staff noted that making non-Jewish residents aware that services are open to all was a particular challenge.

Although resources in the community are an attraction for residents, respondents in all five sites identified physical layouts that present problems for older people as they become frail. Many apartment buildings have steps leading up to the entryway, and a few have automatic doors that close too quickly for people with mobility problems. Physical access barriers are more pronounced in row houses or single-family homes that have stairs without railings and bathrooms or laundry facilities that can be reached only by stairways. Neighborhoods with hilly landscapes or without sidewalks, particularly those neighborhoods farther from amenities such as shopping or entertainment, present additional obstacles for older people who can no longer drive or who would like to walk

to their destinations. Similarly, neighborhoods with only sporadic public transportation present obstacles for those who are unable to walk to their destinations. Grantee staff identified inadequate transportation most often when asked about the challenges older people in their communities face.

According to grantee staff at all five sites, most older people have lived in their communities for decades, staying largely because of ties to friends and neighbors as well as connections with community resources like houses of worship, community centers, and health care providers. Staff also pointed to migration both into and out of the various communities. In some communities, such as Baltimore and Pittsburgh, out-migration has led to a growing though not dominant aged-left-behind population. In others, such as Philadelphia, older residents have moved in, frequently drawn by the amenities of city living. Most communities have a concentration of older Jewish residents.

Migration to the study communities includes immigrants from foreign countries. Staff in both Baltimore and Pittsburgh mentioned that an influx of older Russian immigrants in the late 1980s contributed to a change in the culture and languages of the community. In Pittsburgh, the small existing Russian community, itself the result of an earlier wave of migration, attracted these immigrants. In-migrants have also included retirees looking for smaller residences with lower maintenance requirements and easier access to amenities and necessities. In Philadelphia, some retirees migrated from suburban areas to the city to reduce their social isolation, and staff in St. Louis reported that older residents moved to the NORC to be closer to family, friends, and the Jewish community center.

The grantee sites provide good evidence of the dynamic nature of NORCs, and understanding these dynamics suggests steps that services programs can take to address resident needs. Each community has a core of long-term residents, and the amenities that bind those residents to the community attract other older people. The importance of a familiar culture in a foreign land in the case of the Russian immigrants or of centers for Jewish culture and community are part of the community resources for older people who are not of the majority culture. These cultural ties can focus outreach to new residents and ease the integration of newcomers into the community. The programs' use of Jewish community centers is an example. For other residents, the availability of living arrangements more in keeping with their needs and abilities attracted them to the communities. Outreach to residents without specific cultural ties or without existing ties to service organizations or houses of worship in the community may take more planning.

The grantee sites do not represent as wide a range of NORCs as depicted in the conceptual framework. Since most sites are characterized by continuing in-migration of older people, they seem to be places that remain attractive. There are, for example, no sites with a predominantly aged-left-behind population where the lack of amenities has driven all who can leave away. Nor are there the more dispersed communities that would be found in rural areas not adjacent to a large city or suburban communities. As

will be discussed later, program staff in Baltimore, Pittsburgh, Cleveland, and St. Louis are considering expanding services to suburban neighborhoods with single-family homes. Supportive services programs in these communities will likely differ from those represented by the AoA grantees in the current study for several reasons, including lower population density, the lack of an internal organizational structure, scarcity of public transportation, and lower availability of health and social services resources.

Services Programs and Community Organization

In most grantee sites, community service agencies have taken the initiative in organizing services programs for NORC residents. Each grantee site is connected in some way to the local Jewish Federation, a fundraising umbrella organization for Jewish community services agencies. But services are not limited by religious affiliation. The grantees typically include a Jewish community center (JCC) and a Jewish social services agency that serves families, but other organizations, such as community housing organizations in Baltimore and St. Louis, are frequently involved. In each site, one agency has taken responsibility for forming a planning group to coordinate services.

In taking the lead in developing services programs, the agencies faced challenges that might not have arisen if the services programs had been internally driven. Some early challenges included securing the cooperation of building managers in program development and service delivery, gaining resident participation and support, and communicating with and getting to know the needs of the NORC residents. In many cases, the current program is an extension of the grantee's earlier activities in the community. In some sites, the residents' familiarity with the grantee agencies and some of the service providers has helped reduce program development challenges. For example, in Pittsburgh, many residents who participated in assessments also participated in JCC activities or frequently called ElderLink, an information and referral service that is a collaborative effort of the three sponsoring service agencies.

At two of the five grantee sites, program staff contacted building managers and owners to secure their cooperation in setting up services programs, with varying degrees of success. The attitudes of building managers and owners toward NORC services programs in the study sites could be either positive or negative, respondents reported. One group considered the services programs valuable because they help older tenants remain in place; older tenants are valued because they generally pay their rent on time, have long tenancy in their apartments, and are considerate neighbors. In contrast, other building managers or owners feared that their property would come to resemble a nursing home if services programs were provided to residents. In this group's view, older tenants limit the marketability of the building, keeping younger potential residents away. Building owner or management attitudes affect the implementation of the services programs over time. Management cooperation can range from sharing contact information on older building residents to facilitating program start-up to providing office space and other resources, as in Baltimore and Cleveland, making program implementation and management much easier.

A principal goal of the program's contact with the community organization is to establish a communication channel between the program and the residents. The service agencies have employed various communication methods with building residents, with the method depending in part on the level of cooperation of the building managers and the stage of the program. In the initial stages, identifying where in the community older residents live, introducing the program, and determining their interest in participating take priority. After program start-up, establishing a two-way communication between program staff and residents is critical, allowing staff to identify resident needs and residents to provide feedback on how well program activities are meeting those needs. Some building managers supply the ages, phone numbers, and locations of elderly residents, allowing agency staff to call residents or knock on their doors to introduce themselves and the program. Resource coordinators in Cleveland, for example, contact each new senior resident to introduce the program and inquire about resident's interests. Grantee staff generally consider face-to-face contact the most effective, albeit the most labor-intensive, method of introducing the program and fostering ongoing communication with residents. Other methods, such as articles in newsletters, flyers, and postings on bulletin boards, are considerably less expensive in terms of time, but are seen by program staff as less effective.

At most sites, program staff have either developed an internal entity that represents residents, as in Baltimore's SFN Advisory Council, or used an existing internal structure, such as Philadelphia's co-op boards. These internal structures provide a point of contact for staff to give residents information and hear their concerns. In St. Louis, program staff formed an external advisory committee made up of service providers, residents, religious organizations, and state representatives to help develop the services program and to serve as the vehicle for communication with residents. In Baltimore and Cleveland, the resident advisory councils developed by program staff are how residents become involved in and contribute to the program. In Pittsburgh, much of the organizational energy went into developing collaborative management arrangements among the three agencies running the services program; no organization internal to the community was used as a regular part of the services program.

Suburban areas present particular challenges to agencies trying to start services programs. Existing neighborhood organizational structures rarely represent the views of older residents, and no information about elderly households is readily available. Suburban decentralization also makes identifying a communal space for programs difficult. In Baltimore and Cleveland, program staff have tried to surmount these obstacles and start programs in suburban areas with row houses and single-family homes, but with little success. In neither city could staff find an easily accessible activity center, central space, or home to host neighborhood events, particularly one that was accessible for people with disabilities. Lack of transportation and inclement weather present other obstacles to organizing in dispersed neighborhoods that do not arise when all program participants reside in one building. Program staff have not given up on the idea of organizing in suburban neighborhoods, but are unsure how best to proceed.

The program in St. Louis is under development. The grantee decided to study various aspects of the community before initiating a program, using its grant funding to partner with researchers at Washington University in St. Louis's Center for Aging to conduct seven studies. Community service agencies will use the results to develop services programs. The center and the agencies intend to seek additional funding to track program outcomes and conduct longitudinal research to determine how residents and the community change over time.

The impetus for most of the services programs we studied came from an agency serving the NORC, rather than from the NORC residents themselves. The one exception was in Philadelphia, where residents of a cooperative contacted a community service agency to start a services program. The Philadelphia program is based in several cooperative apartment buildings and a condominium, each with a resident board. This type of housing may attract residents who have an interest in working together to address community needs. Alternatively, the experience of residents working together in co-op or condominium management may have engendered the more proactive stance. The program has strong support, as evidenced by the fact that each cooperative pays a building fee to participate in the program. The availability of social services has also attracted people to the buildings; three of the five buildings have waiting lists.

Program Services and Outcomes

The programs at the five sites show the various ways services programs can get started. In Baltimore and Cleveland, the programs grew naturally out of earlier community programs. Baltimore's program evolved from efforts to stabilize the neighborhood in the face of continuing out-migration; in Cleveland, the program staff is using AoA grant funds to replicate the existing program in four new communities in Ohio. In Philadelphia, residents learned about the services that social workers could provide and asked for one to work in their building. In contrast, in Pittsburgh, agencies sought to identify residents who needed the services they could provide. In St. Louis, program organizers are conducting research on which neighborhoods might need what services. At the time of our visit, the services program was still under development, so most of the discussion in this section will focus on the other four sites.

Most agencies began their services programs by implementing their own ideas about the programs residents would appreciate and use, generally based on their knowledge of the particular community or of similar communities, sometimes with input or feedback from residents. In the four grantee sites that have implemented programs, social workers or activity coordinators are the focal point for work with residents. These workers are generally based in the buildings and are responsible for contacting residents, organizing activities, assessing residents' needs, and referring residents to other professionals for additional services. The program staff use volunteers in these activities to varying degrees. In Philadelphia, for example, volunteers, both from within

the community and from outside, are screened and matched with residents who need assistance. In Cleveland, resident volunteers help run the social activities.

These different development and implementation strategies rely on different mechanisms and have elicited different levels of resident input into program design. Nonetheless, the services offered are similar across the programs and vary more by the age of the residents and their levels of frailty than across sites. Transportation, reduction of physical barriers, opportunities to socialize, and opportunities to learn are common themes. In Cleveland and Baltimore, staff members report that activity preferences vary by building and over time within buildings. The younger members of the NORC population prefer activities such as trips outside the community and exercise programs such as yoga. The older residents prefer more sedentary activities that involve being entertained over those that require active participation. The staff have found that residents prefer a mix of activities, with interests that rotate among bingo games, current events discussions, and health lectures.

Despite the similarities in the service mix across the sites, there are some site-specific services and different approaches to service provision. In Baltimore, Cleveland, and Philadelphia, nurses deliver preventive health services such as blood pressure checks and presentations on health-related topics. In Philadelphia, the program arranges for chaplain services. In Cleveland, the program focuses on providing residents opportunities to socialize through activities organized by resource coordinators; the coordinators also provide service information and referral on request. In Pittsburgh, inter-agency care teams develop care plans for residents. Pittsburgh's program has the narrowest range of direct service provision, but the strongest emphasis on comprehensive individual resident assessment. When Pittsburgh staff found that program participants were not taking full advantage of the recommendations for services and activities, they realized that they sometimes needed to go beyond simply providing information and referral for services and actually help older people link up with the recommended services.

The grantees provide some services directly, but they address several categories of services only through referrals. If a person appears to need home health care or mental health services, program staff will refer the resident to a mental health professional or an appropriate agency. Some agencies affiliated with NORC programs offer these services, but residents must pay additional fees for them. Similarly, even within the services they provide, programs may limit the scope of their involvement. For example, meals are viewed as a social activity and not as part of a nutrition initiative. In some cases, residents themselves limit the types of services they are willing to accept from the program. For example, one program resource coordinator mentioned residents usually prefer to request assistance in relocating to an assisted living facility or nursing home from a family member.

All the grantees have had difficulty addressing the problem of resident mobility. Physical barriers within buildings have been eased in many cases but the solutions to broader barriers to mobility, such as environmental barriers between buildings and lack

of suitable transportation options, do not appear easy to solve. Available paratransit at the sites can require long waits and advance reservations, which residents do not like. Although public transportation is available in all the grantee sites, it is not always accessible or efficient for residents with physical limitations. Baltimore's SFN program has created several services to address resident's transportation needs, including a shuttle bus that serves 16 buildings, subsidized vouchers for local taxi cab rides to medical appointments, and a weekly van service to shopping areas. The staff is also exploring the use of a sedan service, with drivers who can assist people into and out of the van, allowing residents with disabilities to get to medical appointments.

Residents' weaknesses or disabilities can create challenges for the conduct of program activities, particularly those that involve food service or transportation planned in advance. For example, staff reported that residents may sign up for activities and not remember having done so, or, if they do remember, they may feel ill or be otherwise unable to attend. Food may be wasted or transportation left unused.

The fact that resident preferences also change over time and by resident group presents a further challenge and reinforces the finding that ongoing feedback between residents and program staff is crucial. Grantees at several sites have set up mechanisms for internal feedback from residents. In Philadelphia, the co-op board solicits resident feedback and input on the program. The Baltimore program has hired senior residents to serve as on-site coordinators charged with seeking resident input and helping organize and publicize building events.

The grantee sites have very little information about program outcomes. While the overall goal of maintaining residents' ability to live independently is clear, gauging program impact is hampered by the lack of specified interim outcomes. St. Louis is attempting to address this problem in advance by incorporating the development of outcome measures into the program from the beginning. At some sites, staff members have tried to measure the outcomes of their programs by tracking resident participation in program activities and measuring resident satisfaction with the programs. Resident participation is one measure of program outcomes, since high participation probably indicates that the program is providing services that residents want or need. To meet the larger goal of helping residents stay independent, a services program should not only provide services that residents currently need but also publicize the availability of its services so residents will know where to turn when the need arises.

Running a NORC services program involves constant feedback from residents about what services they want and need, and trust is a key factor in getting residents to communicate their needs. Staff members note that residents are particularly sensitive to the notion that admitting their needs might be a prelude to being removed from their homes. Program staff report that it is easier to get people involved in social activities first and then build up residents' trust over time, suggesting that measuring sustained participation may be a good indicator of success. With increased trust, residents open up to staff about their more personal needs, such as a homemaker or home health services.

There is some evidence at the grantee sites that NORC residents, when faced with emergencies, may not have enough knowledge about community services to take advantage of them. Readily available information is particularly important for older people whose circumstances can change abruptly. As mentioned, staff in Pittsburgh found that the program participants who received referrals often did not follow up on them. They speculated that residents and their families might not make these arrangements unless faced with an emergency. Similarly, staff in St. Louis found that residents were unaware of many of the services available in their communities.

A potential measure of program outcomes is that residents view the program as a non-threatening source of services and information that they can turn to as their needs change. Unfortunately, it is unclear how to measure whether NORC services programs are evolving as a trusted information source. In the short run, participation rates may be a good proxy for progress toward this long-term goal.

It is difficult to gauge the effect of program activities on specific outcome measures. The programs at the study sites were in different stages of development when they received the AoA grant funding, so comparisons across sites are inappropriate. The grants were also not designed to support specific measurable goals, nor was funding directed toward research on the outcomes of program activities. Nonetheless, planned future research in some sites may illuminate how programs contribute to identified outcomes.

St. Louis has focused on getting primary data to establish a baseline and determine needs. Program organizers will then design a program to respond to those needs. Evaluation will be an ongoing part of the program. Staff expect commonalities across the St. Louis program sites and other NORCs, so their findings will be applicable to other NORCs. Because of the attention to both planning and outcomes, a follow-up visit to this site could yield useful information about mechanisms for measuring outcomes and the costs associated with this effort.

While evaluation and outcomes measurement are not components of the other sites we visited, outside researchers are conducting studies at two sites that may provide useful information on program outcomes. In Baltimore, the University of Maryland Baltimore College (UMBC) Center for Health Policy plans to follow service use of a random sample of SFN members and non-members over a year. This study will also include a process evaluation of SFN operations. In Cleveland, researchers at Case Western Reserve University will follow a group of 1,000 community-dwelling older people and compare their experiences to those of older people residing in buildings with Community Options. The study will look specifically at nursing home and home health use. Both studies are expected to be completed in 2004.

NORC Services Program Funding

Sustaining funding for the NORC services programs after the AoA grant funds run out is a challenge all sites will face. At the moment, most funding sources for the sites' programs are external to the NORC, including AoA, HUD, private foundations, and funding from the community service organizations themselves or their own fundraising efforts. The current AoA grants total $3.7 million across the sites, distributed as follows: Baltimore, $1 million; Cleveland, $987,000; Philadelphia, $200,000; Pittsburgh, $200,000; and St. Louis, $1.26 million. Each site provided matching funds at a ratio of $1 local dollar to $3 federal dollars.

External fundraising is in a very early stage in most grantee sites. Staff report approaching local foundations and governments as well as state governments. Initial reactions to these approaches have been positive, according to grantee staff, but no concrete plans for ongoing financial support have resulted to date.

Some programs have been able to attract internal funding in the form of residents' fees or activity costs (Baltimore and Cleveland) and building managers and co-op fees (Cleveland and Philadelphia). In Cleveland and Philadelphia, the ability to generate internal funding might reflect the fact that both programs have been around for some time and have built up credibility with the property managers and owners. Alternatively, the programs may have been able to remain in existence and become a trusted source of services because they have an internal source of funds. Cleveland's approach provides a good example of using external funding to attract internal funding that will sustain the program over the longer term. Cleveland's Community Options used a HUD grant to set up its initial program in 1995 and then approached building managers after one year of operation to request a contribution. The managers pay for supplies and the salaries of the resource coordinators and offer free office and activity room space because they view the program as a valuable resource for their tenants. Residents pay the cost of their activities themselves, suggesting that they too value the program. The five Cleveland subgrantee sites plan to follow this model after their first year of program operation.

DISCUSSION

Improving the ability of older people to remain in their homes for as long as possible is desirable for at least two reasons. Surveys have shown that staying at home is what older people want and that it is less expensive for most individuals than institutional care. As the baby boomers approach this phase of life, it will become even more important to find ways to achieve the dual goal of managing the cost of long-term care services while providing services in a desirable setting.

The NORC supportive services program is an intuitively appealing model to help more seniors age in place. As our review of the literature and visits to five, admittedly unrepresentative, sites has shown, there is little available evidence on either side as to whether that appeal is borne out in practice. The literature and the site visits have, however, yielded a great deal of information about useful practices in supportive services programs.

However clear the motivation for promoting supportive services to allow aging in place, the execution can be challenging, as the case studies presented here show. The needs of older people can and do differ widely across different groups, in different settings, and over time. Some older people do not need supportive services; others need a great deal. Over time, individuals may move either gradually or suddenly from no or low need to higher need. Identifying the physical, social, and emotional health needs of older people and designing programs to meet these needs requires constant attention to evolving circumstances and preferences.

Even if needs are identified and programs developed to meet them, the very frailties that supportive services programs are designed to counter often contribute to implementation challenges. Older people may be unaware of the extent or implications of their frailties, or outwardly deny them. Older people may fear that if the frailties are recognized they will be forced to move from their homes, making them reluctant to admit any need for help or accept services. Further, physical weakness, declining mental capacity, and daily fluctuations in health and energy levels can make even regular, eager participants not wholly reliable.

In discussing what constitutes a NORC, we included both the community's population and its resources. In that sense, once a supportive services program is established, it becomes part of the NORC. To understand the role of supportive services programs, it helps to think of them as just one of many community resources that can help successful aging in place. Our research here highlights many ways that supportive services programs can contribute to this goal. It also suggests some limitations that should be kept in mind as policies are developed.

Short-Term versus Long-Term Program Outcomes

Supportive services programs can be a vehicle for meeting either the immediate or anticipated needs of older community residents as they age. The short-term outcomes of these interventions are intuitively appealing--providing assistance with such immediate health and social needs as depression, isolation, or a particular health condition. A longer-term outcome of a good program will include developing trust between the residents and the program, so the program becomes a source residents can turn to when their needs change.

Broadly, a successful program must address community awareness by educating residents and their families about available services. Staff should not only have a range of services that they can tap for daily and ongoing needs and immediate crises, but should also be able to anticipate likely future needs based on experience. By meeting the current needs of residents reliably and with dignity, programs can establish themselves as places to go when new needs arise. Programs initiated by external organizations may have to first establish their legitimacy in the eyes of the community and, over time, earn the community's trust as a source for personal and health-related services.

In the programs we visited, we saw activities designed to further this longer term goal through the development of communication mechanisms between community residents and program staff. Staff members were able to assess resident needs without arousing their fear that assessment was a prelude to removal from the community. Staff also worked to maintain respect for residents' abilities and sensitivity to their ambivalence about recognizing or admitting their frailties. Programs sought by residents, as opposed to those initiated by service agencies, may have had an advantage in this area because residents had a greater sense of control over the program. As a result, the necessary relationship of trust may have been able to develop more quickly.

Communication and Program Evolution

The view of NORCs and their supportive services programs presented here is a dynamic one, recognizing that the composition of the community and the needs of residents are constantly changing. A services program must be designed to evolve with the community and the target population if it is to continue to meet their needs. Trust is central, as is open and effective communication. Supportive services programs need to design their communication strategies with the different populations of the community in mind. Two-way communication allows the program to learn about the residents' needs and preferences, and the community to learn what the program has to offer. Programs can use two-way communication to remain responsive as needs and interests change and as the community evolves through aging in place and migration into and out of the NORC.

Outcomes Measurement

Most programs used participation in sponsored activities as a measure of program outcomes. Participation is a valid, if limited, measure of short-term program accomplishments, but it may be a less informative gauge of the program's long-term contributions to successful aging in place. Tracking participation also does not provide information on residents who do not participate. Non-participants may represent a more isolated part of the community with greater needs who may need different services or activities.

Ideally, the development of outcome measures would be a part of program planning, as it is in St. Louis, and would be in place from the beginning. As with any program, available outcomes data could provide information to support funding decisions. Outcome data could also be used in program management to improve operations and effectiveness. In addition, strong outcome data on successful models could be used in considering program replicability.

Clearly, outcomes measurement greatly needs further research. Developing good outcomes measures begins with clearly stating the objectives that are expected to contribute to the overarching goal of promoting successful aging in place. Because of NORCs' inherent diversity, this step is not necessarily straightforward; different objectives are more or less important in different situations. Further, aging in place takes time, so both short and long-term objectives and outcomes measures are needed. Developing and testing mechanisms for outcome measurement are critical to understanding how NORC services programs contribute to successful aging in place. As such, they should be given greater weight in decisions about future projects and research. As outcomes measures become better defined, funders will have a clearer basis for decisions about supporting or expanding NORC supportive services programs.

Limitations of Supportive Services Programs

A supportive services program can be a valuable community resource for older people, but it cannot be expected to take on the full burden of meeting the changing needs of aging residents. For example, most programs we visited had identified physical and environmental hindrances to older residents' mobility and independence. Services programs can perform a useful service for the community by cataloguing such constraints, and solutions to some problems, such as individual apartment and home modifications, may logically fall within the purview of a services program. Other problems, such as better street signage to aid older drivers or paved sidewalks to facilitate pedestrian access, may be better addressed by public institutions within the larger community. Services programs can contribute to resolving such issues by educating the community about areas of particular concern to older residents, participating in coalitions of community stakeholders, and advocating on behalf of older residents. These programs can avoid spreading their resources too thin, however, by

limiting their own projects to those that address issues within their scope of work or expertise.

Program Funding

Along with discussions about the appropriate role for supportive services programs must come a discussion about appropriate funding sources for such programs. The benefits of supportive services programs accrue first to individual recipients by allowing them to remain in their homes according to their preferences. Benefits also accrue to the larger community in fostering diversity across age groups within neighborhoods and allowing several generations to live in the same community. Benefits accrue to society when public costs associated with aging and declining health are lessened through the potential lower use of acute or institutional health care. The challenge, as with many supportive services programs, is finding the right private-public-philanthropic resource mix, and the right balance among individual, community, and societal obligations.

Expanding Supportive Services Programs to Less Densely Settled Communities

Given the potential contribution of supportive services programs to successful aging in place, it would seem desirable to consider expanding such programs to all communities with older residents. However, some communities are better able to support or encourage such programs than others. All the programs we visited were in urban areas or suburban communities adjacent to urban areas, and the higher density of older residents (e.g., apartment buildings with large concentrations of older residents) appeared to ease many implementation problems. Programs that had attempted to serve residents of single-family houses in urban or suburban areas encountered greater difficulties. Further research is needed to adapt the supportive services program model to less densely settled communities, possibly in the form of pilot projects with associated research and evaluation components.

Understanding the evolution of NORCs and their supportive services programs can help public and private policymakers plan more livable, accessible communities; guide policy for these communities; and influence developer and urban planning by establishing guidelines for housing and community design. Because NORC residents represent many types of people, research on NORCs and their residents also highlights the lives of healthy, active seniors as a counterpoint to much of the current research, which often focuses on the mostly frail, homebound elderly. Expanding research on seniors living in the community will provide a broader picture of the various contributions seniors make in their communities as volunteers, community leaders, mentors, and teachers, and help demonstrate the ways intergenerational living enhances the community as a whole.

As the population ages, it will be important to understand how best to organize services to meet the needs of older residents who wish to remain in their homes and communities for as long as possible. Supportive services programs in NORCs will likely be an increasingly useful service arrangement that policymakers can support both to address the needs of the elderly living in a community and to anticipate the needs and future demands of an aging population. Our findings from the literature, discussions with experts, and case studies show the diverse approaches communities and services organizations have taken in forming and operating NORC supportive services programs, and how such programs can adapt to meet the various and changing needs and preferences of their target populations. The diversity highlights the fact that there is no one-size-fits-all NORC program model or approach. The challenge for the private sector and public policy seeking to foster supportive services programs in NORCs is to find a way to support the diverse program structures and the necessary flexibility while establishing clear guidelines for the similarly diverse range of program outcomes, all while keeping in mind the overall goal of successful aging in place.

SUPPORTIVE SERVICES PROGRAMS IN NATURALLY OCCURRING RETIREMENT COMMUNITIES

PDF Files Available for This Report

Main Report http://aspe.hhs.gov/daltcp/reports/NORCssp.pdf

APPENDIX 1: Annotated Review of the Literature on Housing with Services for Older People Who Age in Place http://aspe.hhs.gov/daltcp/reports/NORCsspA1.pdf

APPENDIX 2: NORC Site Visit Summaries
http://aspe.hhs.gov/daltcp/reports/NORCsspA2.pdf

APPENDIX 3: Comparison of the Conceptual Model by NORC Sites
http://aspe.hhs.gov/daltcp/reports/NORCsspA3.pdf