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**THE PLACE
THEY CALL
HOME**

- > **The Challenge of NORCs**
- > **Expanding Home & Community-Based Services**
- > **Preserving & Developing Affordable Housing**
- > **Excellence in Transportation**

**Good to Great: Getting to "Great"
Affordable Housing for Staff**

THE PLACE THEY HAVE ALWAYS CALLED HOME

Serving naturally occurring retirement communities (NORCs) in all their forms may present the next great challenge—and opportunity—for aging-services providers.

There are an estimated 4,500 naturally occurring retirement communities (NORCs) in the U.S. A few creative providers, using partnerships, building coalitions and encouraging government support, are beginning to meet the needs of communities that contain large numbers of people growing old at home. However, providers are struggling with shaky funding, inconsistent demand and a lack of recognized outcomes measurements, problems that have already led to the demise of some programs designed to serve seniors in NORCs.

Here is a look at the NORC landscape, along with some stories of success and some instructive failures.

Here is a recipe for senior living: Leave older adults in their natural habitats. Add pinches of community organizing, social work, health care, concierge service, recreation, education and transportation to taste. Age well.

This is a template for a “naturally occurring retirement community” (NORC): an apartment building, housing complex, neighborhood or municipality not originally built for seniors, but where high concentrations of persons 60 years or older have aged in place. University of Wisconsin Professor Michael Hunt coined the term “NORC” in 1984, describing Madison, Wis., as a place where people settled in their youth and stayed after retirement. Most commonly, the term is used to refer to high-rises with large concentrations of elderly residents in one footprint. But there are also NNORCs (neighborhood naturally occurring retirement communities), “horizontal” neighborhoods where seniors dwell in single-family homes or other low-density suburban or rural housing.

Essentially, the nation’s 4,500 NORCs, where 86 percent of AARP survey respondents said they intend to live and die, are places with an above-average concentration of elderly people. A NORC can be a devastatingly isolating place where the elderly are stranded in apartments or houses that served them well when they were young, but have become depressing traps filled with steep steps, slippery bathtubs, basement laundries and lobbies, and no common areas. Caregiving families may live a great distance away,

and building managers, neighbors and physicians have cause for worry when a senior declines mentally or physically.

Fortunately, this negative scenario can be transformed. NORCs can develop into socially and economically viable entities when aging-services providers add an infrastructure of supportive services, creating a NORC-SSP (supportive service program).

A tricky thing about NORCs is that many senior congregate housing developments look like them, but aren’t. For instance, HUD’s affordable housing complexes have social-work funding built in, then bring qualified seniors to the building. Age-restricted developments also look like NORCs because they house older people and provide services, but their residents are newcomers. Some developments, however, can become NORCs as people who entered on the cusp of retirement hit their 80s and 90s.

Early Birds

New York has been a NORC pioneer, says Ken Harris of the New York Association of Homes and Services for the Aging (NYAHS). He attributes this to city and state legislators grasping the concept: “They realized early that this is an efficient, cost-effective way to bring coordinated services to congregate settings,” he says.

Starting in 1986 with Penn South Houses, a 10-building, union-sponsored co-op complex, the United Hospital Fund’s Aging in Place Initiative now includes 27 NORC-



SSPs covering 46,000 seniors. New York State and City have provided NORC funding since 1995 and 1999, respectively. For 2006, the state legislature distributed \$1.2 million to nine NNORC-SSPs and the same amount to 14 NORC-SSPs. In New York and nationally, the Jewish Federation system has taken a leading role in promoting NORCs by helping member agencies obtain grants for local NORC-SSPs.

NORC-SSPs eschew traditional models of care, which focus on seniors' increasing deficits and encounter-driven visits with clinical providers. Instead, their lead agencies, usually social work or health care organizations, use staffers with excellent outreach, service coordination and communication skills to uncover local resources.

Despite NORCs' intuitive appeal, getting traction in a world where health care and housing remain in separate silos, and where programs without straightforward outcome measures beg for funding, is tough. Cathy Grimm, of Jewish Family Service of Colorado (JFS), hasn't found an easy path to NORC-SSP success. She is director of Senior Connections, a program for which JFS is the lead agency. Spurred by the Allied Jewish Federation of Colorado and a \$200,000 seed grant procured by former Sen. Ben Nighthorse Campbell in 2004, Grimm established two NORC-SSPs, one in an 880-unit apartment complex, the other in a 50-unit town house retirement community. Her partners included the Administration on Aging (the grantor), Rose Medical Center and the Dominican Sisters Home Health Agency, which provided some essential nursing services gratis.

Grimm beat the bushes by distributing surveys to residents 60 years or older to get demographic information and assessments of basic needs and interests, unsure where to start.

"We went in without a clue," recalls Grimm. "We have a 15-passenger van and thought transportation to medical appointments would be [a huge need] but it wasn't. People wanted social activities, health screenings, field trips, classes and to run programs themselves." Grimm's proposed service plans gave way to resident-driven fare: a newsletter, a welcome packet for newcomers, information and referral services, a nurse on site once a week, yoga classes, a book club, field trips, floor captains to check on residents who hadn't been seen for a day, and volunteer tutors for a nearby school.

"The apartment complex NORC was successful but the town house fell apart because it was a retirement community rather than a NORC," says Grimm. Funding is a constant concern, as Grimm tries to pique the interest of local foundations. "NORCs tend to not be financially self-sustaining and it's hard to get people to pay for services," she adds, a problem that New York's NORCs have mitigated with residents' membership fees.

Richard Lamden, president and CEO of Columbus, Ohio-based Wexner Heritage Village, found his NORC-SSP demonstration projects facing funding problems. Through a \$150,000 grant from the Jewish Community Federation of Cleveland, Lamden oversaw three NORC-SSPs; one in a predominantly African-American low-income housing project, another consisting of garden apartments with mostly Russian and Israeli immigrants, and a large continuing care retirement community. Two service coordinators covered the three sites, bringing people out of their apartments with food and little parties, information and referral, medical screenings, transportation and other requested support.

Lamden says that while the residents appreciated the services they were unwilling to pay for them. Landlords also liked the programs and would have kicked in \$10,000 apiece annually, but that was well short of what was needed for coordinator salaries. Reluctantly, Lamden terminated the programs when the grants expired. "We learned a lot and are positioned to get back into the NORC-SSP business when we get adequate funding," he says.

It Takes a Village

NNORCs, where seniors live in single-family homes, are even more challenging than NORCs when it comes to coordinating services and getting funding. Andrew Carle, director of George Mason University's programs in assisted living, has looked at NNORCs as possible brand extenders for large assisted living corporations such as Sunrise Senior Living, concluding that without the economies of scale congregate housing affords, NNORCs are not cost-effective.

NYAHS's Harris counters with the observation that while NNORCs may not aggregate customers, they do offer vendors one-stop shopping for referrals. Boston-based Beacon Hill Village (BHV) gives weight to Harris' argument. People over 50 in this neighborhood join BHV by paying an annual membership fee,

Cabrini Eldercare



East Harlem resident Esther Zuburan, 93, shows Vivian Matias, director of Cabrini Center for Nursing and Rehabilitation's "nursing home without walls" program, some of her video-making skills. The program has helped preserve the much-prized independence of this Cuban refugee, who has made some 85 home videos (many from her apartment window) and sews her own clothes, despite severe arthritis.

\$550 for individuals or \$750 for a household. Residents of moderate means pay \$100 per individual, \$150 per household, and receive \$250 in program credits. Membership covers some services, while others carry additional fees.

BHV's service categories are information and referral, home repair and adaptation, housecleaning, transportation, meals and groceries, volunteer opportunities and all-encompassing concierge services delivered by one vendor. The concierge services grease the wheels that keep the neighborhood running: rides to stores picking up prescriptions and dry cleaning, hanging a kitchen cabinet, bringing cars for oil changes and pets to the vet, and more. BHV's secret ingredient is its dedicated core of 12 residents who wrote the business plan and found reliable providers who welcomed steady customers. (BHV is unusual among NNORC-SSPs in that it was initiated by the seniors themselves, rather than the municipality or a separate organization.) Also, most NNORC-SSPs, organized by outside agencies, lack BHV's insider perspective and the volunteer hours necessary to organize and implement coordinated services.

Cabrini Eldercare, a consortium of facilities and services in Manhattan and nearby Westchester County, including a 70-unit HUD building for low-income elderly, also tried its hand at NNORC-building. With its nursing home, home care and adult day health center in Westchester, Cabrini is well-positioned for a NORC-SSP, which it calls "assisted living without walls." Patricia Krasnauskay, Cabrini Eldercare's president, explains that Dobbs Ferry, a picturesque Westchester town of 10,000, already has many seniors aging in place who are served by Cabrini. But becoming a NNORC was tough going. "People didn't want to pay out of pocket, our contractor wasn't the best fit, and the person in charge of the program wasn't right for it. We're getting the program back on track now with new leadership," she adds. Under the name Cabrini Care At Home, the agency offers a panoply of services to seniors.

Funding

Like other trends that have arrived before mainstream funding catches up, today's NORC-SSPs often don't know where their next dollar is coming from. Federal grants from the Administration on Aging are iffy. Congress funded NORCs from 2002 to

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Long Term Care Management Resources

continued on page 44

Resources

Jewish Family Service of Colorado, Denver, Colo.
 Contact: Cathy Grimm, LCSW, (title), cgrimm@jewishfamilyservice.org or (303) 597-5000.

Wexner Heritage Village, Columbus, Ohio
 Contact: Richard Lamden, president and CEO, rlamden@whvri.org or (614) 231-4900.

Beacon Hill Village, Boston, Mass.
 Contact: Judith Willett, executive director, jwillett@aol.com or (617) 723-9713. Visit www.beaconhillvillage.org to order a "founder's manual" featuring step-by-step instructions for "making your town or neighborhood into a village."

Cabrini Eldercare, Dobbs Ferry, N.Y.
 Contact: Patricia Krasnauskay, president, pkrasnauskay@cabrini-eldercare.org or (914) 693-6800.

New York Association of Homes and Services for the Aging, Albany, N.Y.
 Contact: Ken Harris, director, Center for Assisted Living and Community Services, kharris@nyahsa.org or (518) 449-2707.

United Jewish Communities, Washington, D.C.
 UJC's National NORCs Aging in Place Initiative is a collaborative project that includes more than 40 participating grantees in 25 states. Visit www.norc.org or call (202) 785-5900.

U.S. Department of Health and Human Services
 For HHS' Supportive Services Programs in Naturally Occurring Retirement Communities, visit <http://aspe.hhs.gov/daltcp/reports/NORCssp.htm>.

United Hospital Fund, New York, N.Y.
 For more information about NORCs in the New York City area, visit www.uhnyc.org and see UHF's NORC Action Blueprint Project.


2005, skipped 2006 and has 29 grants earmarked for 2007. Even the deep-pocketed Robert Wood Johnson Foundation only funded NORC research briefly in the late 1990s, unsure where the trend was headed.

While federal funding seems necessary to promote NORC-SSP development, the Department of Health and Human Services' only major study on NORC-SSPs, published in 2004, took a neutral rather than an affirmative stance (see page 9 for a Web link). Based on its evaluation of Jewish Federation NORC-SSPs in Baltimore, Cleveland, Pittsburgh, Philadelphia and St. Louis that received a total of \$3.7 million in seed money, HHS acknowledges NORC-SSPs' intuitive appeal but notes "the execution can be challenging" and "the lack of outcomes data a drawback to further federal funding." It urged NORC organizers to create internal funding mechanisms from membership and activity fees, building management and co-op fees.

The report also released data on what more than 500 seniors said they "most needed" and "most wanted" from NORC-SSPs. Heavy household chores, transportation, service coordination, help with shopping and meal preparation, a personal emergency response system and personal care ranked highly, according to Lynn Greenleaf and Sheila Malynowski of the New Hampshire Housing Finance Authority, in a 1993 report entitled "Increasing Service Availability to Seniors in Housing."

Harris points out that getting public NORC-SSP funding will be challenging until quantifiable data on their impact replaces anecdotal evidence. "No one has developed appropriate outcomes guidelines yet," he says.

Lamden predicts that within 10 years, NORC-SSP funding will grow because of baby boomers' aversion to nursing homes, the impracticality of creating large numbers of affordable assisted living units, and more federal money flowing to home and community-based services. Lobbying state and federal legislators to provide grants to NORC-SSPs may grow the movement, as might successful NORC-SSP organizers such as Beacon Hill Village, which publishes a "Founder's Manual" (see page 9). Jewish Federation NORC-SSP participants expect to share their knowledge via the New York Blueprint Project, a Web site slated for mid-2007.

With today's seniors and the boomers just behind them firmly committed to staying in their own homes as long as they live, it seems inevitable that NORC-SSPs will come into their own in the next two decades. It will take an enormous number of dedicated people in aging services, health care, senior housing, business, not-for-profits and government to make it so. 

Mariene Fikuro, Ph.D., MSA, writes frequently about health care and the elderly. She lives in Hastings-on-Hudson, N.Y.

ROAD SERVICE • continued from page 31

coverage kicks in only after a disaster has been declared by the state. Insurers and state officials may not agree with providers on when to evacuate.

"It may take your community longer than what those two entities understand," Buxo says. "You have to balance the decision as to when to go."

LifeCare sometimes makes the decision to leave early, before the storm hits, to avoid an unsafe situation. Buxo says calling the insurance company and explaining the situation sometimes works to secure coverage before the emergency is declared.

Providers must send along enough staff to transfer residents and tend to their physical


needs. Administrators must know before boarding how much assistance is required and expect loading to take three times as long for frail, dependent elders. Buxo suggests staggering departure times to avoid several buses arriving at the destination and needing to unload at the same time.

Although it is up to the transportation company to drive, Buxo recommends that providers tote alternative directions, in case a road or bridge is closed. The driver and staff should carry emergency contact numbers. And don't forget a gratuity for the driver.

Contrenchis says the Louisiana Department of Health & Hospitals plans to review and critique all emergency plans

and determine which facilities might be able to shelter in place. One of the items it will evaluate is contracts with bus companies to try to prevent reliance on a few providers.

In an emergency, if the transportation plan fails, providers are directed to contact their local office of emergency preparedness, which will coordinate with the state to try to remedy the situation.

"We learned a lot during Katrina," Contrenchis concludes. "We hope it will be a lot better than the last time." 

Debra Wood is a registered nurse and writer living in Orlando, Fla.