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The Future of the NORC-Supportive Service Program Model

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It has been 29 years since the first professionally staffed Naturally Occurring Retirement Community-Supportive Service Program (NORC-SSP) opened its doors in New York City. Much has occurred since November 1986 to establish and develop the NORC-SSP model, create public policy, and influence not only how we think about aging but also what is necessary to help older adults "age in place" in their communities. As the "mothers" of the NORC-SSP model, we are proud of how far we have come. As the 30th anniversary of the model approaches, it is a good time to reflect on what has been accomplished and what needs to be done to secure its place in the field of aging.

The terms NORC and NORC-SSP are often used interchangeably, but they are not interchangeable. A NORC is a demographic term to describe an age-integrated housing development or neighborhood that was originally built for families and that, over time, becomes home to large concentrations of older adults, 60 years of age and older.

A NORC-SSP is a particular programmatic response to the aging of an age-integrated community. It is a partnership between a housing development or neighborhood, its residents, and health and social service organizations collaborating to help older adults age in place. From the ground up, partners work together to create opportunities for older adults to remain active and involved in their community and to provide an array of onsite social service and health supports to assist residents and their caregivers as needs change over time. Professionally staffed by social workers and nurses and guided by the residents, a NORC-SSP harnesses the resources in a community to maximize the health and well-being of all its older adults, reweaves the social fabric of the community, and fosters new roles for older adults as shapers of and contributors to their community. For more about how a program is organized, the services and activities provided, and the partnership relationships needed for effective NORC-SSPs, we refer you to www.norcblueprint.org.

Following the development of the NORC-SSP prototype at Penn South Houses, a 2,800-unit moderate-income housing development in New York City, the model was refined and replicated, and in 1995, it was incorporated into public policy in New York State. New York City followed suit in 1999. In 2006 and 2014, the State and the City, respectively, added neighborhood NORCs to the list of communities eligible for public support of a NORC-SSP. New York's legislation formally defines the NORC-SSP model in housing developments and neighborhoods (where there is no common housing ownership), establishes population eligibility thresholds for public funding, delineates mandated and eligible services of a program, and structures a funding mechanism predicated on a public–private partnership (http://www.aging.ny.gov/NYSOFA/ElderLaw.cfm. See article 2, title 1, section 209). Today in New York, $13 million in public financing and approximately 50% more in matching community support fund over 50 housing- and neighborhood-based NORC-SSPs in moderate- and low-income communities in New York.

By 2002, the NORC-SSP model was spreading to other parts of the country. Over $40 million in time-limited Congressional earmarked appropriations funded efforts to develop NORC-SSPs in more than 50 communities across the country. The early earmarks lacked a clear definition of what constituted a NORC and, in keeping with the intent of earmarks, had few requirements, or a sustainable financing mechanism. Despite these gaps, some of the efforts took hold. Today, approximately 18 of them remain in operation, supported largely by philanthropy. Several states (Maryland and Indiana) also enacted legislation establishing NORC-SSP policies but ultimately failed to establish ongoing funding streams to support the model.

The NORC-SSP model represented a paradigm shift in aging services in 1986. It brought together health care and social supports, recognizing that both were necessary as people age. Ahead of its time, the NORC-SSP model was an early example of a "place-based" program. It brought together service delivery and community-building efforts. Rather than just focusing on reacting to individuals in crisis—"one hip fracture at a time"—it recognized that the community itself plays an important role in how residents aged. The increasing frailty of growing numbers of older adults places what M. Powell Lawton described as a "competency-environmental press" on a community and its residents. It places strains on neighbors to help one another as more frequent and complex needs overwhelm neighbors and fray the social fabric of a community. And it places strains on the physical environment as overflowing sinks damage apartments below or unshoveled sidewalks create hazards for others in the community.

From studies of recent disasters and emergencies, we have learned that community resiliency—the ability of a community to absorb and respond to stresses—is an important indicator of a community's ability to support its most vulnerable residents. In heat waves in Paris (Gusmano & Rodwin, 2010) and Chicago (Klinenberg, 2002), and in New York's power outage in 2003, older adults died at higher rates than the rest of the population. In each of these cases, the older adults were either not known to anyone in the community or were disconnected from anyone around them. Connectedness to other people (not just service providers) and the broader community is a determinant of well-being in old age.

The NORC-SSP model's potential to strengthen age-integrated communities to support people as they age in place has yet to be fully realized. There is no question that a public policy agenda is needed to build on the strengths of communities and make place-based programs in aging a reality. But policymakers and the field of aging will first need to take the following steps.

Define an *Aged-In Community*

If we are to target our scarce public resources toward NORCs, clear standards are needed about what constitutes one. How many older adults, in what proximity to one another, are needed to build on the social capital in a community? What density is needed to take advantage of economies of scale? What boundaries define a community such that it takes into account how older adults define and live life in their community? Is it a housing development, a census tract, or a county? State and local governments will need to define the term *aged-in community* to reflect their locality-specific demographics and where older adults live.

Broaden Professional Knowledge and Skills

Developing and maintaining a NORC-SSP model is complex and requires a different way of working. Although individual-focused casework skills are critical, they are not sufficient. The model requires a highly skilled leader to engage and maintain a mutually productive relationship with a community and its residents, form and maintain the necessary cross-sector partnerships and collaborations, leverage additional resources, promote multidisciplinary teamwork, and collect and use appropriate data to inform and measure what a program does.

Demonstrate Outcomes

The field of aging has been slow to develop the measurement framework, tools, and infrastructure needed to demonstrate outcomes across its many program areas. Although evidence-based health prevention and promotion programs have spread across the aging network, it is difficult to demonstrate that they are targeted to the right individuals and thus producing the outcomes promised. The public sector is still focused on units of service and activity counts provided for meals, hours of case management or case assistance, transportation rides, and attendance at education and recreation, health promotion programs, and the like. While such outputs are substantial and important, they do not tell us much about outcomes.

NORC-SSPs have largely operated under the same constraints. They report on outputs to their public and private funders and like other publicly funded programs in aging, rely on consumer satisfaction surveys and anecdotal stories to highlight the importance and value of what they do. However, tools that measure outcomes are starting to emerge. The United Hospital Fund's Health Indicators and Performance Improvement (HI-PI) tool measures the extent to which NORC programs are promoting and maintaining the health and well-being of their older adults. (Overview

available at http://www.uhfnyc.org/initiatives/aging-in-place/health-indicators.) It was used by the New York City-funded NORC programs to identify risks to healthy aging, target their interventions, and track and measure progress in reducing risks associated with falls, diabetes, and heart disease. It will be necessary to build out the HI-PI tool for broader adoption. Additional tools are needed to understand the extent to which the social fabric of an aged-in community is being rewoven to maintain its resiliency and vibrancy and the extent to which older adults are part of the social capital and are contributing members in their respective communities.

Establish a National Vision

Large-scale adoption of models such as the NORC-SSP (and other age-friendly models) requires a new public vision that shifts from individual service provision to place-based programs that transform communities into supportive places for all older adults. Lessons from the Healthy People campaign are helpful here. Based on a public health framework, the national agenda for a Healthy People has helped to focus attention on improving environments to promote and support healthy behaviors for all Americans—making streets safer for walking, affordable healthy foods more accessible in low-income communities, and providing a plethora of evidence-based health promotion programs and educational supports in communities. It is a multisector, multifactor approach that is changing how communities promote and support the health of their citizens (https://www.healthypeople.gov/2020/leading-health-indicators/Leading-Health-Indicators-Development-and-Framework).

A similar approach is needed if we believe in and are serious about the need to transform communities into supportive places for older adults. The U.S. Administration on Community Living will need to modify its emphasis on individuals to include communities in order to expand its vision and strategies to promote communities that are supportive of their older adults. A conceptual framework will be needed that defines "supportive community" with indicators that public agencies and communities can use to identify gaps and measure progress in making communities more supportive.

Make the Public Investment

We are at a critical juncture in the evolution of the NORC-SSP model and of aging services more broadly. It always comes down to this: without the appropriate public investment, developing the conceptual framework and corresponding metrics, as well as building the infrastructure necessary to demonstrate outcomes, real change cannot happen. As a country, we are investing billions in redesigning the health care system in order to achieve the Triple Aim of better patient experience, better health outcomes, and lower cost. Presumably, this investment will pay off downstream. No such investment (or anything close to it) is being made in the field of aging despite the explosion of the aging cohort as baby boomers come of age. In the absence of investment and with budgets remaining essentially flat, providers of aging services are trying to align with health care providers by selling their case management, meals on wheels, social adult day, and transportation services. It is not clear how well the network of aging services providers, lacking the necessary infrastructure, will be able to deliver what it promises in a cost-effective way that demonstrates outcomes.

In the meantime, ever-growing numbers of older adults are making up larger segments of the populations in communities across the United States. The question is twofold: whether this country is willing to make the conceptual leap to embrace the critical role of community in sustaining older residents as they grow older and frailer and whether it will make the financial investment necessary to realize this vision.

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