

The West Oak Lane NORC Initiative: An Innovative Aging-Support Program

While some adults enjoy a seamless transition through the age continuum, others experience increased isolation and physical and cognitive impairment as they age.¹ This isolation is typically the result of physical limitations that inhibit socialization, a lack of access to social networks due to retirement and relocation, or death of friends and family. Often, these factors hamper the ability of older adults to maintain their homes, despite their overwhelming desire to remain in them.² At the same time, adults are living longer in the U.S.,³ making supportive, affordable housing for older Americans an increasingly pressing societal issue.

Naturally Occurring Retirement Community (NORC) programs, which first emerged in the mid-1980s,¹ represent a growing, grassroots trend in community-based supportive housing services for older adults. NORC is a demographic term that encompasses zip codes, neighborhoods, or regions that contain a large number of older adults who have “aged in place,” meaning they have continued to live in their own homes as they have aged. Nationally, more than 80 NORC supportive-service programs receive public funding, and a host of others are sustained privately.⁴ The goal of NORC programs is to allow residents to remain in their homes by providing a “safety net” consisting of a range of psychosocial, health care, and other support services.

In 2001, the Administration on Aging contributed to the expansion of this trend by appropriating over \$3 million in grants for five NORC demonstration projects around the country.¹ These projects aided in the development of effective NORC models of service, and also confirmed the efficacy of neighborhood-based supportive services, which tend to be proactive rather than reactive.^{1,5}

This article highlights Philadelphia’s West Oak Lane (lower Northwest Philadelphia) NORC Initiative. Founded in 2007, this is a program of

the Albert Einstein Healthcare Network (AEHN) and the Strategic Alliance for the Elderly (SAFE). SAFE, founded in 2004, is a coalition of local organizations that strives to strengthen the community’s capacity to meet the needs of older adults by sharing knowledge, pooling resources, and pursuing collaborative opportunities.

AEHN provides medical care, while SAFE assists in collaborative problem-solving and resource-sharing. Staffing for NORC includes a full-time project director, part-time outreach worker, and part-time Master’s-level social work student. Program services are provided via phone, at the NORC office, or in clients’ homes. The program also benefits from an active Consumer Advisory Board, comprised primarily of area residents over 60, many of whom care for their own aging parents.

Residents are encouraged to access the program’s services primarily through referrals, whether from government and aging programs, SAFE member agencies, spiritual organizations, or word-of-mouth from other NORC clients. The program distributes a quarterly newsletter and has its own website (www.einstein.edu/norc). It also has an active community outreach agenda and a dynamic volunteer corps.

While the West Oak Lane NORC is thriving, there are a number of hurdles that impede its full efficacy. The program is still in its trust-building stage, which can make it difficult to engage neighborhood residents around their medical or mental health needs. The staff members work to overcome this challenge through regular outreach efforts and extensive community involvement. Budget constraints also affect the program’s impact, though it is actively pursuing funding opportunities to facilitate expansion and ensure its longevity. Finally, the program is not able to address all of residents’ needs; when possible, referrals are made to other agencies. For example, West Oak Lane residents often fall just above

income limits for certain assistance programs (including Medicaid, Medicare prescription assistance, etc.). This means that needed services that require out-of-pocket payment, such as home maintenance and repair and property taxes, often go unmet.

The range of services continues to evolve. The initiative has implemented both a friendly-visitor program (for socialization and errands) and a general home-visiting program (for more acute, targeted needs). Home-repair and computer-access programs are in development; the latter is aimed at increasing the availability of information and socialization opportunities for homebound older adults.

The pending launch of a computerized database will facilitate more expansive assessments to help evaluate the program’s efficacy. Included will be an assessment of the NORC’s success in linking residents to community resources that enable them to remain at home, and its ability to bridge gaps in existing service.

Ideally, the development of similar programs in other communities will facilitate the creation of a supportive aging network for older adults. Helping elders age in place makes sense in important ways. Allowing longtime homeowners to remain in their communities helps to keep housing values stable. NORCs also afford elders an alternative to long-term care options, which are not only financially prohibitive for the average senior, but often provide “overcare” or “undercare.”⁴ ■

Sara R. Popkin, MSW, LSW

*Project Director, West Oak Lane NORC
Albert Einstein Healthcare Network*

For more information contact the author at: popkins@einstein.edu.

REFERENCES

1. US Department of Health and Human Services. Urban Health Institute. *Supportive services programs in naturally occurring retirement communities*. <http://aspe.hhs.gov/daltcp/reports/NORCssp.pdf>. Published November 2004. Accessed March 11, 2009.
2. Lawler, K. Aging in place: coordinating housing and health care provision for America’s growing elderly population. Joint Center for Housing Studies of Harvard University Neighborhood Reinvestment Corporation. http://www.jchs.harvard.edu/publications/seniors/lawler_w01-13.pdf. Published October 2001. Accessed March 11, 2009.
3. National Center for Health Statistics. *Health, United States, 2007 with chartbook on trends in the Health of Americans*. <http://www.cdc.gov/nchs/data/hus/hus07.pdf>. Accessed March 11, 2009.
4. NORC Action Blueprint Project. United Hospital Fund Web site. http://www.uhfny.org/pubs-stories3220/pubs-stories_show.htm?doc_id=294235. Accessed April 26, 2008.
5. NORC Blueprint. A guide to community action. Understanding the community. <http://www.norcblueprint.org/community>. Accessed March 11, 2009.