

A Good Place to Grow Old: New York's Model for NORC Supportive Service Programs

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United Hospital Fund

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Executive Summary

The number of older people in New York City and across the nation continues to grow, presenting a challenge to health care and social service providers: how to develop a service model that respects seniors' strong preference for remaining in their own homes, acknowledges the importance of existing social networks, and recognizes that seniors themselves have much to contribute to the communities in which they live.

Over the last 18 years in New York State just such a model of care has emerged. The first Supportive Service Program (SSP) based in a Naturally Occurring Retirement Community (NORC) was established in 1986 at Penn South Houses in New York City. In 1995, New York State endorsed the model by providing funding to create 14 NORC-SSPs; New York City followed suit in 1999. Today 27 NORC-SSPs are spread through four of New York City's five boroughs, serving communities in which more than 46,000 seniors live.

This report describes New York City's NORC-SSPs, drawing on the experiences of the United Hospital Fund's Aging in Place Initiative, which since 1999 has provided grants and technical support to New York City's NORC-SSPs, and examined elements of successful programs.

The NORC-SSP model represents a significant departure from the current service delivery system based on functional deficits. From program development to the definition of client, the model expands the role of older people in their community from recipients of services to active participants in shaping their community as "good places to grow old." The model also assumes quite different approaches to financing services and to collaborations among health and social service providers.

This information is particularly timely as communities in other parts of the United States begin to implement NORC-SSPs, with

federal funding provided through the Administration on Aging.

What Is a NORC-SSP?

New York NORC-SSPs are distinguished by the following hallmarks:

- NORC-SSPs organize and locate a range of coordinated health care and social services and group activities on site in the community.
- They draw their strength from partnerships that unite housing entities and their residents, health and social service providers, government agencies, and philanthropic organizations.
- The programs promote independence and healthy aging by engaging seniors before a crisis and responding to their changing needs over time.
- Residents themselves play a vital role in the development and operations of NORC-SSPs.
- Eligibility for services and programs is based on age and residence in the NORC, rather than on functional deficits or economic status, and the mix of services available is resident-specific, not program-specific.
- NORC-SSPs are financed through public-private partnerships that combine revenues and in-kind supports.

All NORC-SSPs provide social work services; indeed, in most NORC-SSPs in New York City, the lead agency is a social services agency. Most NORC-SSPs in the city have a health care partner as well; the partner may be a certified home health agency, nursing home, or hospital. Educational and recreational activities and volunteer opportunities are diverse and designed to engage as many community residents as possible. Although

organized and managed by the professional staff, many classes or activities are led by the seniors themselves.

Because success depends on the extent to which a NORC-SSP reflects the strengths, interests, and aspirations of community residents, thorough assessment, extensive and ongoing outreach, and the ability to adapt to changes in the community over time are essential.

New York's NORC-SSPs have developed various governance structures in order to manage the complex partnerships of housing corporations, social service agencies, health care providers, government agencies, and the residents themselves. NORC-SSPs must find a way to make the collaboration among these diverse partners work; strong leadership is key, as is an ability to redefine institutional boundaries and relationships.

As other regions of the country attempt to introduce the NORC-SSP model, important questions arise:

- What are the minimum and maximum thresholds of community size, population density, local infrastructure, and geographic coherence beyond which the development of successful SSPs will not be possible?
- How can health care and social service professionals be prepared to perform the complex tasks required by SSPs?
- What tools can be developed to assess NORC-SSPs, whose success cannot be measured merely in terms of units of services but in their ability to transform communities?

As significant as these questions are, the New York NORC-SSP experience has demonstrated that it can be done: public programs, service delivery organizations, and communities themselves can come together to create and operate totally new forms of senior services, organized around the seniors and their communities, which can make a positive and palpable difference in individual lives.

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