

APPENDIX 2.

NORC SITE VISIT SUMMARIES

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SUMMARY OF THE SITE VISIT TO SENIOR FRIENDLY NEIGHBORHOODS Baltimore, Maryland June 5, 2003

The following information was derived from discussions with six staff from The Associated Jewish Community Federation of Baltimore (hereafter The Associated) and four organizations that operate under the umbrella of The Associated. They are Comprehensive Housing Assistance, Inc. (CHAI), Jewish Family Services (JFS), the Jewish Community Center (JCC), and the Myerberg Senior Center (MSC). These organizations run the Northwest Baltimore NORC services program called Senior Friendly Neighborhoods (SFN) that grew out of the earlier Senior Friendly Apartments (SFA) program. The Agency on Aging (AoA) grant enabled the organizations to subsume SFA into SFN by serving new apartment buildings and planning to expand into adjacent neighborhoods of row houses and single-family homes. Two members of the SFN resident advisory council to the NORC service program also participated in the discussion.

Description of the NORC and Its Residents

SFN serves the community of Upper Park Heights, located in Northwest Baltimore. The community is largely Jewish, but about 25 percent of its residents are black and a small minority are Hispanic. A subset of the older Jewish residents are Russian immigrants who came in the late 1980s. Most of the community's older residents have aged in place, living in the same homes or apartments for 30 years or more. Services are provided to residents regardless of religion affiliation or ethnicity, and SFN staff could not supply data on the percentages or total numbers of people in each demographic category.

In the late 1980s, Jewish community leaders decided to try to stabilize the community because they feared that the "Northwest flight" of people leaving Baltimore, which has been underway for about 50 years, would eventually change the community's profile. Under this stabilization initiative, The Associated and its affiliated agencies helped families buy homes and helped older people remain in their homes. In addition, they provided a range of programs such as volunteer days and sponsored community associations for Jewish people in the neighborhood.

Upper Park Heights is home to a number of agencies that are part of The Associated--the Jewish Community Center, the Myerberg Senior Center, and Baltimore Hebrew University. There are numerous synagogues, two large churches, and a public library. The community has grocery stores, shopping areas, and two activity hubs--the senior center, which operates with Baltimore City and private funding, and the JCC. The community has public bus transportation, and a senior shuttle, which holds up to 20 passengers, is accessible to people with disabilities. The shuttle has 36 stops and runs a continuous loop, five days a week.

Upper Park Heights is bordered by several major thoroughfares and has market-rate apartments, subsidized apartments, Section 8 apartment buildings, garden style apartments, row houses, and single-family homes. Each apartment building has a different character. The buildings with predominantly American-born residents have older physical plants, and the residents are frailer than those in the buildings with a high proportion of Russian immigrant residents. The latter group is younger in age, with fewer disabilities. Some of the smaller buildings do not have community spaces for programs and meetings, and the older buildings have accessibility problems such as stairs and curbs in front of building entrances.

The typical row house or semidetached home in the community is at least 30 years old, with street parking, stairs leading to the entrances, and steep interior stairs that do not have double banisters. Many

homes do not have air conditioning and their exterior paint and lawns are in poor condition. The homes typically have only one bathroom, located on the second floor and lacking such aids as grab bars. Laundry facilities are located in the basement, which generally has stairs without railings. The layout of the homes presents problems related to accessibility, cleanliness, and risk of falls, and similar problems. For over 10 years, CHAI has provided home assessments and modifications to help people with low incomes remain in their homes.

SFN currently provides services in 13 buildings in Upper Park Heights and plans to expand services to the neighborhoods with row houses and single-family homes. Eight buildings originally received services under SFA; the remaining five buildings were added with the creation of SFN. Two of the 13 buildings were built using Section 8 funds from the federal Department of Housing and Urban Development (HUD). The buildings that SFN serves range in size from 45 to 190 apartments. The latest building to become part of SFN was the Milbrook building in 2002. The Milbrook building has 705 garden apartments, 450 of which have a resident who is age 62 or older. Most of these residents are Russian immigrants.

NORC Building Management and Communication with Residents

All of the new SFN buildings are either market-rate or HUD-subsidized buildings. Building management companies operate these buildings, with at least a part-time building manager on site in each building. Two of the apartment buildings have resident councils, floor captains, and phone trees, all of which were in place before the SFN program started. SFN has hired residents in two buildings as on-site coordinators; their jobs involve seeking input from residents, informing residents about activities, and coordinating these activities. SFN is hiring residents to determine if this is a cost-effective model for organizing and delivering programs.

NORC Service Organizations

The four organizations that run SFN have different roles. CHAI's mission is to stabilize the communities for Jewish residents and their neighbors in Northwest Baltimore, primarily through housing and neighborhood services. CHAI received the AoA grant and coordinates SFN and its outreach to residents and businesses in the NORC. CHAI has a Board of Directors and a Senior Citizens Committee. CHAI sought the participation of JFS, JCC, and the Myerberg Senior Center as it began developing SFN.

Jewish Family Services (JFS) offers a wide variety of social services to Jewish people of all ages. JFS supervises the SFN caseworkers, nurse, and volunteers. The Jewish Community Center and the Myerberg Senior Center serve as activity hubs for SFN. The senior center receives funding from the Baltimore City Commission on Aging and Retirement Education, the Jewish Community Federation of Baltimore, and the Center's own fundraising activities. Since these agencies are part of The Associated, their working relationships have evolved without formal screenings, competitions, or contractual relationships.

CHAI developed SFN with limited formal input from older people, but has since established a SFN Advisory Council, which began operations in February 2003, to facilitate resident involvement and empowerment. CHAI staff asked residents who were involved in SFN programs to volunteer to serve on the Council to provide advice about SFN's operations. Staff are now turning over the chair function to the Council members and the precise function of the council is under development. Every NORC building has a quarterly SFN forum where residents can ask questions as well as share concerns and ideas.

Evolution of the NORC Service Program

CHAI staff found out about the concept of NORC service programs through their work with older people (age 62 and older) in the community. They sought and received a small grant (\$20,000) from the local Morris Goldman Foundation in 1996 to begin providing services in apartment buildings as part of their efforts to stabilize the community and enable older people to age in place. The new program, Senior Friendly Apartments, paid for two JFS case workers to work in the apartment buildings and provide information and referrals, brief assessments, and, where needed, case management. SFA also made arrangements with the local Sinai Hospital to provide some health education programming.

In 1998, JFS decided to assign caseworkers to specific buildings so that residents would get to know them and so the workers' travel time would decrease. JFS also asked for and received donated community space from the buildings in which the caseworkers operated. CHAI used the NORC AoA grant to create SFN in 2002 by incorporating the original eight SFA buildings and an additional five buildings chosen based on staff's experience in the community and pre-established relationships with building owners and managers.

When CHAI received the AoA grant, it held open community meetings in the eight SFA buildings to explain how the grant would affect SFA and to talk about plans for SFN. Some older residents expressed concern about changes to their existing services and were initially confused about them. For the additional five buildings, CHAI initiated contacts with residents and housing management in the targeted buildings to explain the program and assess their interest in participating.

CHAI's outreach to the row houses and single-family homes in the neighborhood surrounding the apartment buildings is based on the concept of "warm houses"; individual residents would open their homes to community programs and activities, which would become community spaces like those in the apartment buildings. The "warm house" concept has been challenging to implement, but SFN plans to continue organizing in this community.

Services Available to NORC Residents

SFN services are targeted to people age 62 and over who live in the Upper Park Heights and the new Milbrook building. SFN services include case management, information and referral services, preventive health screening, recreational activities, and transportation, all designed to keep people independent in the community for as long as possible. Apartment residents must become members of SFN to receive services; membership requires a short application and a \$15 annual membership fee. SFN currently has 149 members. "Case aides," who are JFS-contracted employees, assess a member's physical and psychosocial needs in the member's apartment or another private location, provide information and referral to needed services, and help residents obtain such services as Meals on Wheels, home care, and others. SFN does not provide hands-on assistance with daily activities; however, staff refer residents to agencies that can provide these services. Case aides will also follow up with members who have received a referral, if the resident has further need of assistance. NORC residents can tap into additional services from JFS, including counseling, advocacy, home care services, outpatient mental health care, geriatric services, volunteer services, and limited financial assistance.

In addition to case aides, JFS contracts with one nurse and resident activity coordinators in each SFN apartment building. The nurse conducts preventive health screening activities such as blood pressure checks. She can also assess a resident's health care needs and, based on her findings, refer individuals to appropriate health care providers. Due to funding limitations and liability concerns, the nurse cannot provide most health care services. The activity coordinators in each building help find out what services residents want, publicize activities, and help organize them.

Residents would rather attend group activities, which might include a health care component, than seek out services individually. The types of activities that are popular include "Eating Together," which is

a meals program funded by the Baltimore Commission on Aging, discussions of current events, and book clubs. Residents want to be entertained, but at minimal cost. Also, the types of programs that appeal to the younger-old Russian immigrants involve activities such as yoga. Residents who are in the oldest age groups would rather go to events where they can sit and observe.

JFS coordinates a broad range of volunteer activities under SFN in which residents may either offer or receive help. For example, some residents volunteer in schools, while others request friendly visitors. Some volunteers drive people to appointments or do minor home repairs. Other groups of residents have become involved in group programs such as a writing program where they become pen pals with 3rd grade students. JFS recruits and screens volunteers and coordinates their efforts.

In 1998, CHAI surveyed neighborhood residents about their transportation needs and designed several services to help meet the identified needs. After receipt of the federal grant, SFN began operating a shuttle bus that serves about 16 buildings, not all of which are part of SFN. Residents must make reservations a day in advance of their trips. SFN also sells residents subsidized vouchers for local taxi-cab rides to be used for medical appointments up to twice a week. Residents pay only one-third of the usual cost of a taxi. In July 2003, SFN will explore providing an accessible sedan service to enable residents with disabilities to go to their medical appointments; drivers would be able to help people into the van and to and from their medical appointments. Also in July, SFN will provide a van to shopping areas every Monday. SFN staff suggested that a vehicle purchase might be a more economical option than the numerous hired vehicles but the AoA grant rules prevent purchase of automobiles in demonstration projects.

NORC Service Program's Communication Methods

The primary methods that CHAI and its partners use to communicate with SFN members include flyers, telephone calls, monthly newsletters in two languages, posters, word of mouth, and mass mailings. Staff were not sure which communication methods work best.

Case aides, who are assigned to particular buildings, send out flyers or put up posters to introduce themselves and to advertise their drop-in hours. Some case aides go door to door to introduce themselves. Case aides also try to speak with building management about tenants who seem to be having problems remaining independent.

SFN also has an outreach worker whose job is to work with building managers and to identify people who need services. The outreach worker began working in November 2002. Staff believed that they should dedicate one staff person to marketing activities to develop a strong publicity plan and improve their effectiveness.

NORC Service Program Challenges

SFN has faced the related challenges of engaging the interest of both NORC residents and building managers in its programs. Turnout for programs varies by building, with low cost or free activities drawing the most attendees. According to SFN staff, almost anyone will come out for a party, so parties tend to be some of the most well attended activities. Reaching isolated residents is a challenge; staff must rely on other residents to seek isolated residents out. How well this works is not known.

One group that has resisted the SFN program is condominium associations. Over the last six years, four different buildings have turned SFN down, primarily because the associations do not want to be viewed as nursing homes or to receive what some view as charity. Some older people do not want to "spend time with old people." When apartment building managers were resistant at the beginning of the program, staff turned to building owners whom they knew through their work in the larger community. Some of these owners encouraged building management to try out the program.

Outreach into the neighborhoods composed of row houses and single-family homes has been particularly difficult. SFN has not been able to identify any appropriate “warm houses” to date. Homes in the NORC neighborhood are generally not accessible for people with disabilities; lack of transportation presents another obstacle. CHAI staff have tried to identify these houses through mass mailings in the neighborhood and by contacting neighborhood associations. Neither method has produced any volunteers willing to serve as “warm houses.” Despite the difficulties, SFN plans to continue its search for appropriate sites.

NORC Service Program Quality Assurance and Outcomes

SFN has a number of quality monitoring methods. SFN staff collect information on the number of people attending each program and on the people using the case aide service. Members provide data on their age and service preferences, but no data are collected on ethnicity. Periodically, SFN volunteers call members to ask for feedback on activities or services. SFN also holds quarterly open forums to hear from residents about the program.

JFS social workers supervise the case aides through weekly meetings. In addition, all staff participate in team meetings to discuss their work and any relevant administrative matters. The aides can present resident problems or needs for services in the weekly peer group meetings. JFS also conducts a formal utilization review that involves review of clients’ clinical records.

Beginning in June 2003, The University of Maryland Baltimore College (UMBC) Center for Health Policy will conduct a survey of a random sample of 100 SFN members and 80 nonmembers from the group of 507 NORC residents who have used SFN services. These users will be followed until June 2004. UMBC will also conduct a process evaluation of SFN’s operations. The study results will be used to seek ongoing funding from local foundations and other sources.

NORC Service Program’s Funding Sources

The program’s funding comes from a combination of The Associated: Jewish Community Federation of Baltimore, local foundations, and Baltimore County funding. Funding for the first program, SFA, came primarily from The Associated; total funding was \$187,309 for the first seven buildings, which was split between CHAI, JFS, and JCC five years ago when the program first started. Funding for services in Milbrook comes from a variety of sources: \$25,000 from Baltimore County, \$125,000 from the Weinberg Foundation, and free use of an apartment valued at \$7,000. The AoA grant money is split between the original three agencies and the Myerberg Senior Center; funding is about \$1 million over 14 months--\$180,000 to the JCC, \$200,000 to JFS, \$100,000 to CHAI for staff, and the balance for the Senior Center. Baltimore County, The Associated, and the Weinberg Foundation provide the remaining matching money.

Funding is a significant challenge for the NORC because residents only bear a small share of the cost through their annual \$15 fee. SFN is considering instituting user charges but has not yet imposed them. State and federal funding, apart from the AoA grant, are currently not available.

Recommendations

SFN staff and NORC residents made a number of recommendations regarding development of service programs. Before beginning, there should be a market assessment of who needs or wants what types of services in the target geographic area and an assessment of existing community resources-- public and private sector. In particular, relationships with businesses can bring additional resources to the NORC service program.

Outreach is a critical component of the service program. A door-to-door marketing scheme is important because sometimes residents do not come out of their homes. Word-of-mouth referral also makes a big difference. The cooperation of building management is important so that when new residents move in they hear about available services.

Interviewees disagreed about the organizational foundation and structure of service programs. Some believe that a community development agency should take the lead in developing the program. Others believe that several agencies should collaborate to develop services. All staff acknowledged that having one central agency handle the administrative infrastructure helps keep intra-agency coordination informal and provides economies because the central agency in Baltimore--The Associated--carries required insurance, takes care of information technology services, employee benefits, capital repair, and central planning for the system.

SFN staff agreed that access to community space in buildings and neighborhoods was key to residents socializing together. Nine of the 13 apartment building owners provide such space, which promotes residents' participation in programs.

SFN staff agreed that careful consideration of the staffing for the case management function is critical. The original grant funded three master's level social workers. It has proved very difficult to recruit social workers at this level, despite much effort. SFN ended up hiring people with bachelor's degrees in social work. All staff need to be trained to actively help people, rather than just react to crises. Thus, all staff need training on appropriate assessment so that the NORC services program does not follow a traditional reactive model.

SUMMARY OF THE SITE VISIT TO UNITED JEWISH FEDERATION OF CLEVELAND'S COMMUNITY OPTIONS PROGRAM AND A DISCUSSION WITH THREE OF ITS SUBGRANTEE SITES

Cleveland, Ohio
August 22, 2003

The Jewish Community Federation of Cleveland began its Community Options program in 1995 using a grant from the federal Department of Housing and Urban Development (HUD). When the AoA grant money became available in 2001, Community Options officials proposed to use the money to determine whether its NORC services program was replicable in other sites in Ohio. Program staff successfully marketed the model and provided AoA grant money and technical assistance to four new sites--Canton, Cincinnati, Columbus, and a new site in Cleveland. These sites will be referred to as subgrantees--the term that Community Options staff use.

This site visit summary describes the original Community Options program in Cleveland as well as developments in three of the subgrantee sites--Canton, Cincinnati, and Columbus--that participated in this study. The following information comes from discussions with two staff people from Community Options and five staff from the three subgrantees. The subgrantees were in the early stages of developing their programs in the summer of 2003.

Description of the NORC and Its Residents

The Original Program

Community Options. The original Community Options program operates in five private apartment buildings where resident incomes range from lower- to upper-middle class. The buildings within which Community Options operates are located east of the Cuyahoga River in Cleveland. Although the Jewish Community Federation of Cleveland received the AoA grant and most Jews in Cleveland live in the east, the buildings that Community Options serves are not predominantly Jewish and Community Options programs are open to anyone who resides in the buildings they serve.

There are two distinct groups of older residents in these buildings. The longer-term residents are typically widows who sold their homes upon retirement and moved to the apartments with their husbands, who have since died. More recent residents are people who chose to hold on to their homes as long as possible, and have relocated to apartments during their eighth decade rather than their sixth. These apartments are attractive to residents because they are within walking distance of synagogues, shopping, and bus lines.

Community Options first began operations in two buildings managed by separate landlords. A year later, both landlords requested that the program be expanded to another building for a total of four buildings. The program added a fifth building in 2002. In two of the buildings, initially 70 to 75 percent of the residents were age 60 and over. Over the past eight years, as younger families have moved into the apartment buildings, this percentage has dropped to about 50 percent. In another building, there is a rising proportion of older African Americans. Few immigrants live in any of the five buildings, and in only one are the residents predominantly Jewish.

The five buildings in the program are each six- to seven-story high rises, located on a major thoroughfare. Although all have elevators, they also have steps leading to the entrances so that

wheelchair accessibility is an issue. In contrast, the subgrantee sites operate in various types of buildings and neighborhoods.

The Subgrantee Sites

Canton. The Canton Program--Community Connections--serves three apartment buildings in an urban, primarily residential, area. The three buildings are not on the same campus but are less than a block apart. One landlord owns all of the buildings, each of which has about 100 residents, about half of whom are age 65 and older and aging in place. Two of the buildings have old physical plants with concomitant accessibility problems akin to those in the buildings that Community Options serves. The third building is newer, with few older people and, unlike the older buildings, has no common areas. The Area Agency on Aging in Canton, which is receiving the AoA funds from Community Options, chose these three buildings because they were close to one another and staff knew that the buildings had substantial numbers of older people.

Cincinnati. Jewish Family Services operates its NORC services program in two locations in a suburban area of Cincinnati. The first is a combination of town homes and "mini-rises" consisting of four three-story buildings where 80 to 90 percent of residents are age 60 and over. Because of steps and curbs, accessibility is an issue. Together, the four buildings contain 144 private rental units. The second location is a more traditional high rise with 100 units where 90 to 95 percent of residents are over age 60. Both locations have common areas. The residents are predominantly white middle to upper-middle class with few minorities. The agency targeted these locations because they have clients in the buildings, but NORC program services are not limited to Jewish residents.

Columbus. Wexner-Heritage Village, a Jewish, nonprofit provider of health, housing, social, and spiritual services, including a CCRC, an SNF, community services, as well as housing for older people and people with developmental disabilities, sponsors the Connections program. The program operates in four sites representing a range of populations and building types. One building is a mid-rise, private rental apartment with upper-income residents, most of whom are age 65 and older. The building's entry presents no barriers to access but the bathrooms are small. The second location is a combination of town homes and apartments on a large campus owned by the same landlord that owns the first building. Access is good but there are no common areas. The third has two buildings with garden-style apartments that are private rental units. The fourth is a public housing complex that covers 50 acres and has a diverse population. The complex has been plagued with frequent management turnover and episodes of violence.

NORC Building Management and Communication with Residents

Community Options has generally had enthusiastic support from the buildings' management, who have supplied the names and addresses of older residents. The building owners have contributed funding to the on-site program costs because their residents value Community Options programs and thus may be more likely to remain in the buildings and tell others about the value of living in them. In addition, Community Options helps management by providing certain support services to residents.

Program staff's early experience with management at the subgrantee sites runs the gamut from tepid to supportive. Staff report that at some locations landlords view the NORC service programs as a "value added" that helps keep tenants happy and encourages others to move in. At other sites, landlords cite privacy and liability concerns in refusing to give information about their residents to program staff. Landlords at the subgrantee sites have not yet been approached for financial contributions because program staff want to demonstrate the value of their programs to landlords before asking for support.

NORC Service Organizations

Community Options, the original NORC services program, is an independent program sponsored by the Jewish Community Federation of Cleveland. The program began in 1995 under a \$2 million dollar special purpose grant from HUD. In 1995 or 1996, The Federation convened a committee made up of volunteers of all ages to oversee the program; most of the members still do. A consultant, Susan Lanspery, then at Brandeis University, helped the committee determine the program design. The proposed design was based on a community organizing, consumer-directed model, largely because The Federation typically uses a community organizing approach in its work. The three subgrantees for which we have information, although they are largely adopting the Community Options model, have not yet formed advisory or oversight committees, although they are considering doing so.

Evolution of the NORC Service Program

The goal of the Community Options program is to allow people to stay in their homes by providing them with access to social activities and by helping them access community services, such as transportation and home help, through information and referral. The program's staff use the community organizing model, which involves empowering people by talking with them about their needs and issues without any preconceived ideas. Then, with the assistance of community residents, the program organizes the desired services. The program is never static because residents' needs and desires change over time as the community changes. The residents feel a sense of ownership of the program because it is based on their expressed needs. As program staff began using this model, they observed that many older adults in Greater Cleveland felt marginalized. The program was designed, in part, to help counter these feelings by involving residents in program design.

The Federation decided to develop Community Options in apartment buildings that housed a large number of older people. Staff visited likely buildings during the day to observe whether large numbers of older people lived there. Of the 12 possible sites they identified, two had owners who were open to the program. They began operations in these two buildings--Huntington Green and Sherri Park--in August 1997, after building managers agreed to try the program for a year.

Although the owners were enthusiastic, their building managers were concerned that the buildings might be viewed over time as senior housing, thus decreasing their attractiveness to other age groups. These fears were not realized; since Community Options began offering services in 1997, the ratio of older to younger people has remained relatively stable in the buildings they serve.

Currently, the program operates in five buildings; it employs four resource coordinators, one of whom is responsible for activities in two buildings. The coordinators are in the buildings about 20 hours a week, organizing and running activities as well as communicating with residents. In addition to the director, Community Options has an administrative assistant and an assistant director in the main office. The assistant director works full-time managing the program and the office staff who spend 12 to 14 hours a week keeping provider referral lists accurate.

With the availability of new funding under the AoA grant in 2001, Community Options addressed the possibility of replicating its successful program in other sites. It is in the planning stages of expanding its own program into the western part of Cleveland. In looking for the subgrantee sites, program staff canvassed likely nonprofit organizations in several areas of Ohio to determine if any were interested in using the AoA grant funds to replicate Community Options in their locales. The sponsoring organization at the new sites needed to be a large nonprofit and had to be willing to match one-third of the money it obtained from the grant. Community Options found that few organizations wanted to receive a large amount of money that had to be spent in one year and had matching requirements. Thus, Community Options staff undertook a major education effort as it recruited the subgrantee sites.

Eventually, the Community Options staff identified four organizations that met the requirements and were interested in the program. The Canton and Western Reserve AAA saw the NORC services program as a natural outgrowth of its mission to serve older people and help them remain independent in their homes and communities. The Cincinnati Jewish Family Services had already been doing case management for older clients and saw this opportunity as a logical next step in service provision. The executive director at Wexner-Heritage Village in Columbus had previously worked in Pittsburgh and was familiar with NORC service program there and had a great deal of interest in helping people age in place.

Services Available to NORC Residents

Community Options and its subgrantee sites focus on organizing socialization opportunities for building residents and on making referrals to community providers when residents need additional services to help them remain independent at home. The program usually refers residents to up to three different agencies for any given service, while trying not to show a preference. The agencies come from a provider database that the program maintains, which has information on services and prices. The types of referrals that residents request most include transportation, homemaker services, and beauticians.

The types of activities that residents want vary by building. For example, some buildings' residents like playing Bingo while others prefer book reviews. The range of activities currently includes senior exercise classes, current events discussions, luncheons, and monthly blood pressure checks. The activities vary over time in response to residents' expressed preferences. Transportation is a large and ongoing problem for residents because many older people cannot drive and public transportation in Cleveland is not well developed.

Most health-related activities are preventive in nature and include such things as speakers on pharmaceutical issues, a podiatric clinic, and safety lectures. Building management and tenants will not allow medical staff, such as a nurse, on site because they want to avoid having the building appear to be a nursing facility. Most activities take place in the apartment buildings' party rooms. Those living in the buildings with the party rooms tend to participate more frequently than those who live further away.

Attendance at activities varies. For lunches, one of the most popular activities, Community Options sites typically have between 30 to 50 residents in attendance. Most activities require a reservation because resource coordinators need to know how much food or other supplies will be needed. Different people attend different events; for example, those who come to luncheons are not always the ones who go to other events. The variety of events offered by the program attracts residents of different incomes and ages.

Community Options also has a role for volunteers. Residents volunteer their services at activities, particularly for entertainment purposes. Resident volunteers distribute newsletters, set up events, take money, and make phone calls, among other activities. Residents either offer to serve as volunteers or, in some cases, the resource coordinator asks the more active participants to serve as volunteers.

The three subgrantee sites were beginning to implement their programs in the Summer of 2003. Like Community Options, their programs focus on socialization activities and information and referral. Two of the new sites are considering whether to help residents link up to service providers by contacting the provider on behalf of the resident and helping to ensure that residents obtain services they say they need. The final decision on this matter will be made as the subgrantee sites gain experience with their residents' needs.

NORC Service Program's Communication Methods

Community Options has several methods of communicating with residents of the buildings they serve. Staff held resident focus groups and surveyed the older residents of their first two buildings to

determine what they wanted. In 2003, an intern conducted a new resident survey in these buildings to determine how resident interests had changed. The results are still being analyzed.

Resource coordinators also engage in outreach when they begin a program in a building and as new, older residents move in. When the program opens at a new site, management sends a letter to the residents introducing the program and gives a list of older people to the resource coordinators who then knock on all doors to introduce the program and find out what residents want. Based on the results of the outreach, the coordinator develops a profile of the building and its residents' preferences, which then goes to residents for their feedback. Coordinators also track attendance at activities to determine whether to continue a particular activity in a building.

Resource coordinators hold office hours in each of Community Options' buildings, Tuesday through Thursday. The office is located in the activities room in two buildings and is located near the mailboxes in the other three. The coordinator produces a quarterly newsletter and puts flyers in elevators, laundry rooms, mailrooms, and on bulletin boards. In addition, the coordinator and volunteers place personal phone calls to residents they have not seen in a while.

One resource coordinator we spoke with believes that communication with residents could be better because management does not always notify the coordinator when new older people move into the building. As a result, the outreach to new residents may be delayed.

The new sites also rely on door-to-door outreach to communicate with residents. In addition, two of the subgrantee sites have surveyed residents to determine their needs and preferences regarding activities. Preliminary results of these activities indicate that residents' value outside trips, socialization, and transportation. This last service appears to be a big unmet need among older people at all locations.

NORC Service Program Challenges

The challenges that the NORC service programs face have some common aspects but vary somewhat from site to site. Younger old people tend not to participate in programs because they are busy doing other things, such as volunteering in the community. In addition, some residents find it difficult to remember whether they have signed up for an activity that requires payment of a fee or pre-registration. Or, residents may remember their commitments but not feel up to fulfilling them on a given day. The resource coordinator has started to address these issues by having volunteers make telephone calls to remind residents and sending out electronic voice mail messages to senior residents regarding programs.

Community Options tried to set up a program in a suburban neighborhood on the east side of Cleveland, but had to withdraw because it could not get the funding to sustain that site. In addition, the suburban neighborhood presents obstacles to organizing, such as inclement weather and transportation that had not been encountered in the programs that were established in apartment buildings. Staff could not find a central activity center or office space that was easily accessible, and without a building manager who was familiar with building residents, they had to knock on every door in a neighborhood to locate the older residents. From this experience, one of the key lessons learned is to organize in partnership with a parish, synagogue, or other established institution in the target neighborhood.

In the subgrantee sites, staff found that transportation between separate buildings is difficult even when the buildings are in close proximity to one another. In addition, some building managers have unrealistic expectations about the program's ability to deal with tenant problems, such as cleaning the apartments of messy tenants. Some landlords are unwilling to release tenants' ages, citing confidentiality concerns, or the information they offer is inaccurate. One new site found that the management resisted door-to-door outreach in one location even though this task is part of the program's contract with building management. Staff have had to rely on other methods of communication, such as flyers and general word of mouth.

NORC Service Program Quality Assurance and Outcomes

Community Options has well-developed feedback mechanisms for quality assurance and measurement of outcomes that the new programs are adapting to their needs. The program has a master database that enables resident coordinators to call all residents for whom they have made referrals to determine if the resident was satisfied with the provider they chose. Resident satisfaction is then entered in the database. When Community Options staff note a pattern of dissatisfaction among consumers with regard to a certain provider, that provider will be removed from the computerized referral list.

The database also enables coordinators to track clients' interest and participation in activities. The database shows that about 86 percent of seniors in the five Community Options buildings have had contact with resident coordinators beyond door-to-door outreach or have participated in activities. Seventy-nine percent of residents have attended activities more than once over the past six years. The most frequently requested service referral is transportation, followed by housecleaning. The new sites are in various stages of planning to adopt the same approach to data collection that Community Options uses.

The AoA grant has allowed the Community Options program to participate in a research project that Dr. Eva Kahana at Case Western Reserve University is leading. The study will follow a group of 1,000 community-dwelling older people in Cleveland and compare their experiences to those of older people residing in buildings with Community Options and two of the new subgrantee sites. The outcomes that will be tested include nursing home and home health use. The report will be available in 2004.

NORC Service Program's Funding Sources

Community Options is unique in that it has substantial financial support from building management. When program staff approached the management at its first buildings, they asked for and received free office space and free use of the party room for each site. Using its \$2 million HUD grant, the program initially paid for the telephone and resource coordinators' salaries. After the first year, the Community Options Oversight Committee proposed asking the building management to contribute financially. Because of positive feedback management had received from residents, they were willing to pay for on-site costs such as the coordinators' salary and benefits, office and party room space, and other programmatic costs such as paper and copying. Community Options covers its overhead costs at the main office through use of the HUD grant. Residents pay the costs of the activities, which range from 25 cents for coffee to \$23 to \$50 for transportation to various events.

Because the initial HUD grant was a spend down grant with no time limit, Community Options has not had to seek other funding. But now that the HUD grant is running out, the program is approaching foundations and like organizations. Initial reactions have been positive.

Like Community Options, the new sites initially asked for and received office and activity room space from landlords and plan to approach them in the second year for support with the costs associated with the resource coordinators and communications.

Lessons Learned

The form a grant takes can affect program implementation. Too much money to spend during a short time can cause implementation problems because organizations have insufficient time to plan.

The type of relationship the resource coordinator establishes with building residents enables trust to develop; having an accessible office on site facilitates this process. It is also important to avoid giving residents the perception that they are being assessed because they associate assessment with entry into

an assisted living or nursing facility. Trusting relationships with resource coordinators often lead to requests for referrals for housekeeping, transportation, or other services that are more personal in nature.

**SUMMARY OF THE SITE VISIT TO JEWISH FAMILY
AND CHILDREN'S SERVICES OF GREATER
PHILADELPHIA
Philadelphia, Pennsylvania
May 5, 2003**

The following information was derived from discussions with 16 people on May 5, 2003--ten employees of the Jewish Family and Children's Services (JFCS), two JFCS contractors, and three residents and one building manager at a NORC building located in the Center City section of Philadelphia.

Description of the NORC

The NORC encompasses four cooperative apartment buildings (co-ops) and one condominium in the Center City section of Philadelphia. Four were constructed using federal Department of Housing and Urban Development funds--2101 Walnut Street, Penn Center House, Kennedy House, and Rittenhouse Plaza. The fifth building is The Philadelphian, built with private financing.

The buildings are all high-rises with apartments ranging in size from studios to two-bedroom units. The apartments are not considered accessible housing for people with disabilities. Although the buildings have elevators, which help foster accessibility, public areas of the buildings visited have features that pose difficulties for some older residents. For example, residents have slipped and fallen due to problems with the automatic doors; building management responded by adjusting the doors to close more slowly. Of the five buildings, three have few, if any, chairs in the lobby, and one has expressly forbidden people to sit in the lobby to avoid having the building "seem like a nursing home."

The building managers annually inspect residents' apartments to find and eliminate safety hazards and to ensure that equipment is functioning properly. Every year these inspections uncover some unsafe situations. The building management works with residents to eliminate the problems and brings in social workers from Jewish Family and Children's Services, if needed, to help facilitate the process. Problems that remain unsolved can lead to eviction. Starting eviction proceedings is seen as a last resort for both compassionate and legal reasons. First, people may deny that they need help, even if they need substantial assistance with daily activities, or they may be reluctant to leave their homes. Second, although people can be evicted if they are deemed incompetent, legal protections against being declared incompetent can be very difficult to overcome.

Some financial issues related to the NORC buildings have proved burdensome or divisive for the residents and might cause some to leave their apartments. A person moving into the building we visited would have to pay about \$65,000 in 2003 for a one-bedroom apartment plus a nonrefundable "buy-in fee" that ranges from \$17,000 to \$25,000. In addition, the monthly "carrying charge," which ranges from \$350 to \$750, is becoming difficult for some residents to meet. Property taxes are increasing as well, with some residents facing a doubling of their tax burden following the city's reassessment of most of Center City Philadelphia properties in 2002. Some residents would like the ability to sell their apartments on the open market and, thus, turn the co-op into a condominium, an issue that has become divisive. At present, the co-op's by-laws prohibit such sales, a restriction that can only be lifted by a vote of two-thirds of the residents.

NORC Residents

According to JFCS staff, at least 75 percent of residents in the five apartment buildings are age 65 or older, and those who have lived in the buildings the longest came in the 1970s. The typical resident is white and, while the population includes a substantial number of Jewish residents, the resident population is diverse, including blacks, Protestants, and Catholics. Residents tend to be well educated; they are retired teachers, social workers, and others who are committed to the concept of co-op living. Residents come from all economic strata, although most have incomes at or below 200 percent of the federal poverty level. The few younger residents have an average annual household income of about \$75,000. Precise demographic data about NORC residents are not available.

Most residents have aged in place, but some in-migration has occurred for several reasons. Retirees have sold homes in the suburbs and moved to these Center City buildings because costs are relatively low compared to other city residences. The neighborhood is attractive; people can walk to their health care providers, use public transit, and take advantage of educational and cultural opportunities close to their homes. Temple University and the University of Pennsylvania are located nearby, as are museums and restaurants. People have also moved to the five buildings because of what they have heard about the availability of social services. Three of the five buildings have waiting lists. For example, the building we visited has 800 people on its waiting list, some of whom have been on it for 17 years.

NORC Building Management and Communication with Residents

Four of the five buildings have elected co-op boards, and each has at least a part-time building manager. The co-op we visited has two floor captains for each floor, elected annually or biannually. One of the buildings is a condominium governed by a condominium association.

The co-op board in the building we visited hears from its residents formally and informally. Residents are comfortable voicing their opinions to board members both during and outside of board meetings. Formal feedback comes from residents when they leave the building and fill out the requisite questionnaire, or when the family of a deceased resident does so. Residents also have monthly House Council meetings to discuss issues of concern to residents. Part of each meeting is open to all residents, while the rest of the meeting is limited to discussion among the floor representatives. Upon request, the board appoints one or more of its members to attend House Council meetings.

NORC Service Organization

The founding organizations that merged to form Jewish Family & Children Services of Greater Philadelphia (JFCS) began offering services in Philadelphia as early as 1855. Although its name and mission have evolved since then, JFCS has always focused on serving as a social safety net for people of all ages and creeds. The agency currently has 300 employees in 10 offices, offering a variety of social services for all ages. The organization's total budget for 2003 is \$16 million. During fiscal year 2002, JFCS served about 40,000 unduplicated clients. (The term client includes the person being served directly and his or her family.)

Since 1953, JFCS has provided elderly services that focus on keeping people in the community in the least restrictive setting possible. JFCS has several departments involved in serving the older population.

- *Core Services for Older Persons* provides subsidized services, such as assessment, care management, support services and counseling, in residents' homes or in the program's offices. The program serves community-dwelling, homebound older people throughout Philadelphia and its adjoining counties.

- *The City Line Aging Support Program (CLASP)* provides outreach and service coordination to frail, isolated elderly in the City-Line/Wynnefield Heights area, which has a high density of very poor people age 65 and over.
- *Senior Horizons* is a private-pay geriatric care-management program. This unsubsidized program helps generate income to support the subsidized programs.
- *Boarding Home Outreach Project* serves residents in 18 boarding homes that house deinstitutionalized people with mental health conditions. The program employs a nurse who provides health education, advocacy, and organizes wellness groups, as well as a chaplain who performs nonsectarian services on the Sabbath and holidays. All age groups are served.
- *Critical Needs* provides emergency financial assistance for people of all ages in economic need.

Evolution of the NORC Service Program

JFCS's work with the five Center City apartment buildings began in the early 1990s when the retired Dean of Temple University's undergraduate School of Social Work approached a JFCS employee to ask for help with a conference. The employee helped arrange for speakers at a conference on Medicare and Medicaid for residents of the four co-ops. About 1,000 people attended the free event in 1992.

Following the success of the conference, its organizer approached the agency employee about the need for a social worker at one of the buildings to help residents find and secure the services they needed to remain at home. Despite strong resistance by a vocal minority of residents in this building who did not want the building to resemble a nursing facility, JFCS created the original Services to Apartment Residents (STAR) program in 1993. Under this program, a social worker visited each building to help residents arrange for services with JFCS and other community providers and to place people who could not live on their own into group residential settings such as nursing homes and assisted living facilities.

Other service programs have been tried in the buildings. For example, in 1994, a board member at the one of the buildings arranged for a local hospital to have a nurse visit periodically. The hospital participated in the hope that making a nurse available would increase its admissions. When it became clear that admissions were not affected and the board member supporting the nurse's activities went off the board, the hospital dropped out of the program.

In 2002, JFCS obtained the AoA grant to expand the STAR program, starting in August 2002. Under the expanded program, which was renamed STAR NORC, the social workers spend one half-day a week in each of the five buildings. The primary benefit of the expansion has been the evolution of the program from a reactive one, where workers only dealt with people who needed a service, to a more proactive one, under which a nurse, group educator, and chaplain provide group services. Grant funding also permitted an increase in the number of social workers from one to three; this increase enabled the workers to reach out to residents who previously did not seek services.

Services Available to NORC Residents

The goal of the STAR NORC program is to keep older people living independently in the community in the least restrictive environment for as long as possible. The program targets people who are isolated or who might have problems remaining at home. JFCS has not created any formal eligibility criteria for services.

The JFCS social workers are the key actors in the STAR NORC program. A social worker spends four to six hours a week in each building coordinating services for residents, formally interviewing residents who have requested or been identified as needing services, and seeing residents by appointment or drop-in. When not on site, the social workers arrange for services for the residents, speak with families, work with the manager and board of the building, and recruit for the various group events

provided by STAR NORC staff. These staff--the geriatric nurse practitioner, the chaplain, and the community educator--tell the social worker about residents they believe may need help. All of the professionals make initial contacts with residents through the programs that they conduct in the five buildings. In addition, when the social worker finds that a resident has a particular need, he or she will arrange for the appropriate professional to help the resident. Building management will also alert the social worker when they know of a resident who may need assistance.

The staff who conduct group meetings and see individual residents work under contract with JFCS. A geriatric nurse practitioner spends four hours each week in each of the five buildings visiting residents or holding "drop-in" hours for residents; this time also includes a monthly program on a health topic, such as "questions to ask your doctor." The nurse practitioner also provides preventive health services such as blood pressure screenings and advice about medications. The nurse sees individual clients in their apartments to discuss their health problems, take medical histories, assess residents' physical and mental functioning, and review medications. After obtaining the resident's permission, the nurse may contact his or her primary care physician about any problems in communication. The nurse currently works with 43 people, all of whom were referred by a social worker. A community educator facilitates group socialization opportunities once a month in each building; most of the participants are women in their late 80s or early 90s who cannot get out of the building without great difficulty. A geriatric psychiatrist is on call through JFCS to provide services to residents, if needed. All of the group activities are delivered in the apartment buildings, and the individual services are delivered in residents' apartments or the social workers' office in the building. Residents do not pay for their STAR NORC services because the program does not want to discourage participation. In the future, the program will explore some method of co-payment such as a membership fee for those wanting to attend group meetings.

In addition to the services provided directly by the program staff, the social workers offer information and referrals for services provided by outside agencies, including JFCS. JFCS services include in-home assessments and care plans, case management, home care, shopping, individual or family therapy, guidance on alternative living arrangements, support groups, outreach to Jewish Holocaust survivors, respite care, meals, and transportation. When residents receive homecare or chore services, they pay between 25 and 30 percent of the cost of the services; other services are offered at market rates. JFCS also provides spiritual counseling through its chaplain, who is an intern at the agency. Although the intern is training to be a rabbi, the counseling is nondenominational and he refers people to practitioners of other faiths upon request. The chaplain offers one program a month in each building.

Transportation is one of the most frequently requested services. The local transportation system for seniors is viewed as extremely unreliable, and residents avoid using it rather than risk being stranded somewhere for long periods of time. Residents generally have to rely on the subway, taxis, and buses. The STAR NORC program has begun to develop paratransit (i.e., public transit for people with disabilities) and other pooling options to address the transportation problem. In addition, STAR NORC issues transportation vouchers for taxis, and volunteers sometimes provide transportation. In spite of these initiatives, transportation remains a problem that STAR NORC staff feel has been only partially addressed.

JFCS makes extensive use of volunteers to help provide some of its services to NORC residents. All volunteers undergo a criminal background check and receive a training manual. The social worker fills out a volunteer request form based on discussions with residents about their need for services and tries to match a volunteer with the resident. The volunteer who agrees to provide services sends in a confirmation form and files monthly reports that describe the services rendered to the resident.

JFCS had about 40,000 unduplicated clients for all of its services in fiscal year 2002;¹ this count includes clients of all ages and residents of the five STAR NORC buildings as well as those in JFCS's other services areas. During the same period, the original STAR program had 102 clients and provided information and referral services to 224 clients. In the first 10 months of the expanded program (August

¹ One client can refer to one person or may include a family, so the impact may be greater than the number indicates. JFCS may be understating the impact on the community.

2002 through May 2003), STAR NORC had 325 clients and 506 instances of information and referral services.

JFCS supplied the following demographic data on their STAR NORC clients from September 1, 2002 through April 28, 2003: 17 percent were age 90 or older, 49 percent were age 81 to 90, and 24 percent were age 71 to 80. Sixteen percent of clients were divorced, 12 percent were married, 17 percent had never married, and the remainder were widowed.

Program participation varies across activities. The chaplain had a total of 116 people attend the eight programs he conducted in two buildings over eight months. Maximum attendance at a program was 15. Several programs have brought in six to eight participants and one had no attendees.² In a four-month period, the nurse held 13 group meetings attended by a total of 104 people. In addition, she averages 43 individual visits per month. Group meetings address such topics as Heart Health, Questions to Ask Your Doctor, Memory and Aging, Recipes for Healthy Living, Blood Pressure Screening, and Test Your Stress Level. A group specialist has been holding psychoeducational discussion groups for six months in all buildings on a biweekly basis. Attendance averages 11 people per session.

NORC Service Program's Communication Methods

The STAR NORC program uses many communication methods with residents of the five buildings. Written materials include newsletters, flyers, brochures, and monthly advertising in building newsletters. Buildings have in-house television stations that announce STAR NORC activities. The program also maintains contact with the residents it serves via telephone and makes available telephone numbers where other residents can obtain general information about available services. The geriatric nurse practitioner's monthly health screening provides a means of communicating with residents individually.

Program staff have found that flexibility and persistence are important in communicating with residents. For example, the health educator placed flyers throughout the buildings and met informally with residents to announce program activities. She found that flyers are effective but not sufficient because not everybody responds to them. So, she made calls to key residents who helped spread the word to other residents prior to the scheduled program.

NORC Service Program Challenges

JFCS has faced sporadic resident resistance to STAR services. When JFCS originally presented the STAR program to the boards in the five buildings, they encountered resistance from some residents who did not want their buildings "turned into nursing homes" through the provision of services. Certain accommodations have been made to assuage these residents' concerns. For example, the nurse who conducts programs and visits residents wears street clothes. Residents also resist using mental health services; some program staff speculate that residents do not want the stigma attached to the use of such services. JFCS has even faced resistance from building management when it has offered to hold seminars, provide one-on-one counseling, or do group work when traumatic events, such as a suicide, occur in a building. Building managers turned down every free offer except for services offered after the 9/11 attacks. JFCS has dealt with this resistance by using health screenings and other programs in which professionals interact with residents to identify residents who may need services and to make discreet referrals to the geriatric psychiatrist, social workers, and other professionals.

There are some major problems in the physical environment of the five buildings. Some residents need home modifications such as grab bars in showers to be able to stay safely in their homes. Perhaps the biggest environmental issue is the lack of acceptable transportation options. For example, paratransit services are unpopular because they require making an appointment. Residents also feel that they waste

² Maurice Harris, Report on NORC Building Programs, April 2003.

a considerable amount of time because they have to travel long distances and must wait to be picked up when going home. Getting people to doctors' offices is one of the most challenging issues because people have to commit to appointment times and then may get delayed due to transportation problems. Staff have not yet identified an acceptable and affordable solution to this problem.

NORC Service Program Quality Assurance and Outcomes

The STAR NORC program has no formal outcome measures yet, but informal feedback from residents is available from resident interactions with various program staff. In addition, when the social worker closes a case, he or she gives the client a satisfaction form to fill out that provides an indication of both the outcome and quality of the interaction. Social workers may also interview clients or the clients' families.

According to the building manager we interviewed, some residents have been able to remain in their homes rather than going into an assisted living facility because of the availability of program services. STAR NORC also relieves the burden that the building manager would have, were he or she to broker services for residents. For example, when the manager notes that a resident has become reclusive, he or she can refer the problem to JFCS. Residents often benefit from contact by the program since, in some cases, the residents have not realized how much help they needed.

NORC Service Program's Funding Sources

The JFCS funding for the STAR NORC program comes from building fees that range from \$5,000 to \$7,500 a year per building; grants from foundations, such as The Pew Charitable Trusts, and The Connelly, Tuttleman, and Clayman Foundations; and from resident payments. The foundation grants for older people amounted to \$2 million in 2003. Buildings pay \$25,000 (about 13 percent) toward the STAR NORC budget. At present, state programs have no role in funding STAR NORC programs. However, in July 2003, STAR NORC staff met with the Pennsylvania Secretary of Aging who expressed great interest in this program and has offered to make available some state funds. Although JFCS is considering pursuing Medicaid funding, the potential may be limited because many residents with low incomes have financial resources that exceed Medicaid's eligibility standard.

Recommendations

Our discussants had two main recommendations. First, they noted that it is important that any NORC service program seek and receive buy-in from most residents before beginning services. Second, program organizers should make sure that events are properly marketed so that attendance is high. Specifically, the elderly population is not likely to attend events that present aging in any negative way.

SUMMARY OF THE SITE VISIT TO UNITED JEWISH FEDERATION OF PITTSBURGH'S NORC PROJECT

Pittsburgh, Pennsylvania

June 25-26, 2003

The following information comes from discussions with 13 staff from the three agencies that operate the Pittsburgh NORC Demonstration Program under the auspices of The United Jewish Federation of Pittsburgh. The three agencies that jointly run the program are Jewish Family and Children's Services of Pittsburgh (JFCS), the Jewish Association on Aging (JAA), and the Jewish Community Center of Greater Pittsburgh (JCC).

In 2002, the three agencies jointly applied for and received a grant from the Administration on Aging (AoA) for \$197,400. The AoA grant enabled the three agencies to set up a new, joint program designed to help older people remain in their own homes through development of individualized care plans based on a comprehensive, in-home assessment of need and provision of information about and referrals to appropriate community services. In certain emergency situations or in cases where a client demonstrated difficulty in seeking services on their own, program staff assisted clients in connecting to services. Using the second round of grant funding they received in federal fiscal year 2003, program staff plan to help connect more clients to services. This site visit focused on activities in the first year of funding under the AoA grant.

Description of the NORC and Its Residents

The NORC program serves adults age 60 and older living in the following contiguous Pittsburgh neighborhoods: Squirrel Hill North and South, Point Breeze, Regent Square, Swisshelm Park, Oakland, and Greenfield. As of July 31, 2003, the program had 60 clients.

According to the 2000 Census, Squirrel Hill South has the highest number of elderly men living alone at about 267 and the second highest number of elderly women living alone at 657 compared with all other Pittsburgh neighborhoods. About one-third of the elderly population living alone in Squirrel Hill and its adjacent neighborhoods has a low income, defined as less than 200 percent of the federal poverty level (FPL). Squirrel Hill also has the highest number of older Soviet Union immigrants in the Pittsburgh area. This population came to the area in the 1980s and is generally among the younger members of the elderly population. The neighborhood has also attracted Asians during the 1990s who were drawn to the universities and medical service opportunities in the area. The black population represents about 10 percent of the neighborhood's residents and is generally under age 65. With the exception of recent immigrants, most of the elderly population in Squirrel Hill has aged in place.

Squirrel Hill has been considered a Jewish neighborhood for the past 60 to 70 years. The Jewish community organizations in Pittsburgh are headquartered primarily in the southern part of Squirrel Hill in close proximity to one another. This area includes much of the lower income population; however, these organizations serve the entire neighborhood.

According to the 2002 Pittsburgh Jewish Community study, one-fifth of Jewish households in Greater Pittsburgh report needing assistance with an elderly relative, with one in ten reporting it was very difficult to get assistance. While use of social service organizations such as JCC, JFCS, and JAA among survey respondents in the Jewish community ranged between 5 and 26 percent, an overwhelming majority of users would use them again or recommend them to someone else (74 to 91 percent).

Squirrel Hill's physical environment creates barriers to independent living for the older population. The community has apartments, semi-detached housing, and detached homes that are often located on

hills, have poor sidewalks, and require residents to mount many stairs to get to their homes. Not all apartment buildings have elevators. Since there is very little new housing, residents would have to renovate their homes to improve accessibility, and many cannot afford to do so. So accessibility remains a concern for these older people.

The neighborhood has four universities that partner with local agencies to run community programs such as JAA's Council Arts Program, which is a collaboration between JAA and Generations Together, a component of the University of Pittsburgh's Center for Social and Urban Research. The program brings older people at JAA's adult day services, assisted living, and other community sites together with high school students and resource artists to paint, quilt, write stories, and play music. The universities also have libraries, a music hall, lectures, and other cultural activities that help anchor the community. In neighborhoods adjacent to Squirrel Hill, there are "first rate" medical institutions, including hospitals and mental health services.

The neighborhood is self-contained in that people who are still mobile can get to shopping centers and have most of their needs met within a few blocks of their homes. Transportation from Squirrel Hill to the universities and downtown Pittsburgh is convenient but older people who have difficulties with mobility face problems getting transportation to doctors' appointments, shopping, etc. because getting to and then on and off the buses is difficult. There is a public transportation system called ACCESS, which is accessible but requires people to make arrangements and purchase tickets in advance. People also must spend a great deal of time waiting to be picked up and dropped off at their homes.

NORC Building Management and Communication with Residents

The NORC demonstration program does not have any formal links to particular apartment buildings in the community. Rather, it endeavors to serve the entire community. It communicates with community residents through a mailed monthly calendar; articles in the Jewish Chronicle (the weekly community newspaper); distribution of the NORC program brochure; regular, ongoing marketing efforts of the three partner agencies; and community education programs. For program clients--those seniors who have had a thorough needs assessment and who have been provided with a care plan listing contact information for appropriate community resources--contact is maintained via follow-up calls every two weeks and subsequent quarterly follow-up calls.

NORC Service Organizations

The United Jewish Federation of Pittsburgh contacted JAA, JCC, and JFCS about the opportunity to obtain the AoA grant. JAA takes the lead in coordinating the three agencies' NORC activities and its traditional service area is home and community services. JCC has its roots in the Jane Addams Settlement House, which served immigrants to the Pittsburgh area beginning over 100 years ago. Since World War II, the JCC has operated in Squirrel Hill, adding a branch in the southern suburbs of Pittsburgh in the late 1990s. JFCS provides a wide range of services for people of all ages and served 30,000 people in 2002. The JFCS is an accredited social services agency, which also provides services to people of all ages. The agency's \$3 million annual budget comes from government, fees for services, foundations, contributions, donations, and the United Way. JAA began operations in 1993 and is the most recent entrant to Jewish community services. It consolidated the kosher home-delivered meals program, which had been operated by JFCS, with its adult day services program and added new programs, such as Sivitz Jewish Hospice. In addition to coordinating the NORC demonstration project, JAA operates residential and rehabilitation facilities and an information-and-referral phone service called ElderLink. Elderlink is a collaborative effort of the three service agencies. Residents can contact the NORC Demonstration Project by dialing the number for ElderLink.

The three agencies crafted a memorandum of understanding under which they operate the NORC program. They collaborated on developing and training the care teams (see below). The care plans the

teams developed link clients to existing community resources and also help identify any gaps in service. These gaps are brought to the attention of the interagency NORC workgroup for problem-solving discussion and action planning. The program also links clients and caregivers, as appropriate, to support groups facilitated by the agencies.

The three agencies share responsibility for working with Unicentric, Inc., to design, develop, and continually refine the software used for the project's web-based information system. The system serves as the communications center, data warehouse, care plan preparation method, and project management center. JCC has the lead daily contact with Unicentric, Inc., working with the firm to coordinate the training of work group members in use of the information system. JAA has chief responsibility for preparing and distributing a monthly calendar that informs clients and families of NORC-related programs, educational events, and support group meetings.

Evolution of the NORC Service Program

Prior to development of the NORC Demonstration Program, JAA had a program called "Neighbors." Neighbors started in 1995 providing services in three large apartment complexes with at least 50 percent of the apartments occupied by at least one older person. Services include wellness, education, social services and activities, and monitoring of clients' physical conditions.

The three agencies noted the difficulty that some older people were having remaining independent in their homes. So they created the NORC Demonstration Program with the goal of helping people remain independent in their homes. They targeted people age 60 or older, establishing two interdisciplinary "care teams" each composed of one member from each agency to inform older people about available community services. The teams each have at least one clinical social worker. After the care team assesses the client's needs and available support network, they provide information to the client about services and programs that are available to help them meet these needs.

The NORC project was designed, in its early stages, to take advantage of the partner agencies' knowledge and experience to link clients to existing community services such as JAA's home and community services, JFCS's geriatric social work assessment and care management services, and JAA's senior adult programs. In the program's second year, activities will be expanded to include serving additional clients, following up on existing clients, and helping them to secure services.

Since the three agencies had rarely worked together in the past, they used part of the federal grant to fund an equine training program designed to promote group collaboration and team building. To meet the challenge of bringing staff together from three different agencies with different cultures, histories, and operating procedures, throughout the project's first year, project coordinators from the three agencies met regularly to continue working on and strengthening interagency collaboration. This collaboration is crucial to the project's success. These discussions will continue for the duration of the project.

Services Available to NORC Residents

The NORC Demonstration Program began sending three person care management teams to visit clients in their homes on December 1, 2002. Since that time, 60 clients have received home visits (as of June 26, 2003) with comprehensive assessments of their health, wellness, psychosocial skills, and mental attitude. The care team obtains assessment information during the home visit from the client, personal observations, a home check, and from family members or caregivers, when available. The team meets within one week after the assessment to develop a care plan for the client. The care plan specifies the community services that could benefit the client, including those provided by the three agencies, and provides contact information for the client to use to obtain services. A care management team member follows up with each client two weeks after the client receives the care plan and then quarterly thereafter to determine whether clients have contacted available community services.

There is a proposal under review for a new van service to overcome problems identified (and mentioned above) in getting less mobile clients, and community seniors generally, to doctors' appointments, shopping, to programs, etc. The review is being coordinated by the United Jewish Federation of Greater Pittsburgh, with major input from JAA, JFCS, and JCC.

NORC Service Program's Communication Methods

The program faced two communication challenges--interagency communications and communication with the community at large. The three collaborating agencies worked together to redesign and consolidate the agencies' existing assessment forms into one assessment tool that all could use. Although the project teams meet monthly, staff are located in different agencies and therefore need a way to communicate easily about clients. The agencies tackled this problem by hiring Unicentric, Inc., as noted above, to set up a virtual office and create uniform electronic formats for the redesigned assessment tools, ensuring that client's charts were accessible to all.

To recruit clients from the community, the program publishes articles in newsletters and calendars with information about the program and distributes these materials to social service agencies, doctors' offices, and other organizations. Clients have come to the program upon referral from these and other professionals. The program also held two public forums at different sites, including the JCC. Apartment building managers have also referred residents to the program and allowed the program to leave brochures in their buildings. Although the program does not have any special links to specific apartment buildings, it is currently exploring ways of developing such connections.

Despite these communication efforts, most of the program's initial clients were already connected to one of the three agencies in some way. Some participated in Neighbors, some were repeat callers to ElderLink, some were identified by JFCS geriatric social workers and other staff, and others participated in JCC activities.

NORC Service Program Challenges

The program has faced two major challenges, one internal and one related to program activities. The equine team building exercise, online communication, and, especially, regular meetings among the three agency project coordinators helped overcome the internal challenge of coordinating the activities of the three agencies. The activities-related challenge was that many clients failed to secure the community services that the care plan outlined. Barriers clients face in securing services include lack of an informal support system to facilitate connections, dementia, lack of money to pay for services (when payment is required), and an unwillingness to admit that they need help. The program is seeking to address this challenge through increased follow-up with clients.

NORC Service Program Quality Assurance and Outcomes

The only quality assurance activity is informal, positive feedback from clients. The program is considering implementing a client satisfaction survey during the second grant year to provide more consistent feedback.

NORC Service Program's Funding Sources

Funding sources for the program are the AoA grant and in-kind contributions from the three agencies. The project's total funding for 2002 through 2003 was \$328,271 (\$197,400 federal, the

remainder in-kind). The program has been granted \$250,000 in U.S. Administration on Aging funds for 2003 through 2004, with a total project cost of \$334,342.

Future Plans and Recommendations

The Pittsburgh NORC Demonstration Project has already determined that it will maintain follow-up contact with the 2003-2004 clients to ensure that they are actually connecting with the services recommended in their care plans. The project also plans three community-oriented informational programs that will target families of elderly individuals and one program for social service agencies interested in what the demonstration project has accomplished and learned. Partnership opportunities with these agencies will also be explored.

NORC staff said that service programs cannot simply supply information to clients about available programs; staff must help clients access those programs. Unless there is a crisis, clients and families do not always recognize the benefits to be gained from participating in the service programs identified for them and so may not take action. And sometimes the family and the client have different agendas. For example, the family may want elderly clients to move into protected settings, while the elderly might prefer to remain in their home. NORC programs might well consider developing information programs for family members to bridge this gap.

SUMMARY OF THE SITE VISIT TO THE NORC PROJECT St. Louis, Missouri September 9, 2003

The following information is based on discussions with the following 20 people on September 9, 2003: the NORC Coordinator, two advisory committee members, one staff person each from Jewish Family & Children's Service (JFCS), Jewish Community Center (JCC), and Covenant/CHAI Senior Housing, four NORC residents, and 10 research team members from the Washington University in St. Louis Center for Aging.

Description of the NORC and Its Residents

The Jewish Federation of St. Louis, which received the AoA grant, is taking a different approach than the other four AoA grantees in that St. Louis is studying the community and several types of programs in depth before designing its NORC service program. The Center for Aging at Washington University in St. Louis is partnering with the grantee to conduct the research.

Grantee staff define a NORC as an unplanned (naturally occurring) building, complex, neighborhood, or community housing in which there is a disproportionate number of individuals age 65 and older. These communities develop when residents age in place or people relocate to the community after age 50.

Using 2000 census data, research staff determined that "census tract 2150.02 and part of census tract 2153.01," which cover approximately one square mile in the western end of St. Louis, contained a large proportion of older people. Staff studied this area because it is adjacent to JCC, JFCS, and the publicly funded senior congregate housing site (Covenant House/CHAI), which has been in existence since the early 1970s for retirees and low-income older adults. The site has on-site services and programs for residents such as meals and activities.

The NORC community evolved, in part, through white and Jewish migration west to avoid integration in St. Louis City and the old neighborhoods of University City during the 1970s. Younger white families moved to Creve Coeur, which was a rapidly expanding area of new homes, schools, and small businesses. Jews migrated to the area to be closer to the JCC and a growing Jewish community. From 1961 to 1981, the number of Jewish households in the area increased by 25 percent. At present, the percentage of the population that is Jewish is declining (for unknown reasons).

The people who moved to Creve Coeur have aged in place. They have been joined by some older people who have moved to the neighborhood to be close to family, friends, or the JCC. Most Covenant/CHAI congregate housing applicants come from the community's condominiums and apartments and are people who report feeling isolated due to the "lack of community feeling" in the private residences.

The Creve Coeur neighborhood's private residences are not accessible to older adults who are frail or have mobility problems. The largely garden-style apartments have several stories and no elevators. These apartment complexes typically are 30 years old and were not built to be accessible in that they lack such things as walk-in showers, grab bars, or levers for faucets. The hilly neighborhood has few sidewalks, which makes walking to service providers and stores difficult, and limited public transportation. The neighborhood's ranch style houses have one step into the house, sometimes steep driveways, and laundry facilities typically located in basements that are difficult for older residents to access. The carpeting in homes may hinder residents' mobility, especially for those who use assistive devices.

Residents who can still drive have access to a broader range of services and activities. The neighborhood has the JCC, JFCS, two churches, a grocery store, a kosher restaurant, a gas station, a restaurant area with a movie theater, and a gym. Service providers and restaurants are at opposite ends of the neighborhood. However, signage in the area is poor and many residents are less comfortable driving at night, which can limit participation in certain activities.

NORC Residents

The Center for Aging used Census 2000 data to develop a profile of the NORC and its older residents. A total of 4,370 people live in the NORC community. Eighty-two percent of NORC residents are Caucasian, 7 percent African American, and 6 percent Asian. Grantee staff say that the neighborhood experienced an influx of Russian immigrants in the early 1970s and late 1980s. Comparable percentages for St. Louis County as a whole are 77 percent Caucasian, 19 percent African American, and 2 percent Asian. About 11 percent of the population has incomes at or below the federal poverty level, compared to 5.3 percent of St. Louis County.

Thirty-one percent (of the 1,337 NORC residents) are age 65 or older. Sixty-nine percent of this older population is age 75 or older, a large number of whom live in the congregate housing site, where the mean age is 79. The majority of older people are women living alone. Twenty percent of people age 65 or older report having a disability. Among this 20 percent, the most frequently reported disabilities are physical problems (44 percent), difficulty going outside alone (25 percent), sensory disabilities (17 percent), mental disabilities (8 percent), and self-care problems (7 percent) (individuals could report more than one disability).

NORC Building Management and Communication with Residents

The NORC has several privately owned apartment complexes and condominiums, as well as a publicly funded congregate senior housing complex. These complexes are receptive to programs for older people to varying degrees. Each private complex has a management company or a condominium association board. Most of these entities have been reluctant to assist their older residents, according to grantee staff. Apartment managers are reported to be uninterested in home modifications, likely because of the cost. Condominium boards have also resisted making modifications, perhaps because they would rather have older people move out than make a safe or comfortable environment for them. One exception is an apartment complex managed by an Ohio-based company that, until recently, sponsored programs for all residents, particularly those who are older. For example, the complex established an after-school program in which older residents tutor children. The complex has also sponsored bagel breakfasts. These programs are being cut back and it is not clear why. Covenant/CHAI has a number of programs for its residents and has a tenant council that meets every other month to advise on program planning and other issues of concern to residents.

NORC Service Organization Structure

The two partner agencies--JCC and JFCS--offer mental health, limited transportation, recreation, socialization, nutrition, adult day services, and homemaker assistance. JCC administers the adult day care and cafeteria-style nutrition programs, which are open to the community and located in the Covenant/CHAI house. The nutrition program is the most successful program in terms of use; it provides a congregate meal five days a week to approximately 200 residents.

The Covenant/CHAI house offers limited programming, which includes one social worker for each of the three buildings. These staff used to limit their activities to such things as helping residents fill out food stamp applications, but now staff refer residents to service providers, such as housekeeping

services. The staff also make arrangements for services such as podiatric care, nutrition, employment counseling, home health services, and blood pressure checks. Although these services are open to the community, those taking advantage of them are generally building residents.

Evolution of the NORC Service Program

Grantee staff believe that doing primary research on the service needs of the NORC community is the best way to determine which types of NORC service programs would be most responsive to community need. The goals of the new programs will be to stabilize the neighborhood, improve property values, contribute to the economic vitality of the business community, and offer cost efficiencies in service delivery. Staff contacted the Center for Aging and asked them to conduct the research because the Center offered a multidisciplinary approach to studying older adults.

NORC Service Program's Communication Methods

An external advisory committee was developed with representatives from service providers, churches and temples, resident complexes, state representatives, and lay leaders to provide input into the development of the service program. The committee had met once as of September 2003. The goal is to have the advisory committee be the vehicle of communication with NORC residents. In addition, the advisory committee has plans to publish a quarterly newsletter about the NORC service program as it develops.

Studies Related to Services Program Development for the NORC

The Center for Aging screened 494 NORC residents out of a total population of 1,337 people age 65 and over to determine their suitability for participation in one or more of seven studies. People were eligible to participate in the studies if they were age 65 or older, lived in the NORC, and did not have dementia.

Researchers said they did not have sufficient time because of grant funding deadlines to select a random sample of NORC residents, so they recruited volunteers from the community. Participants were recruited using a variety of methods, including visiting people in their homes, direct mail, and word of mouth; staff considered this last method to be the most effective way to recruit participants. Staff held a "kickoff breakfast" in September 2002, which approximately 200 NORC residents attended. Then staff made presentations at places older people in the community were likely to frequent, such as churches and shopping centers. Research staff did some limited mail recruiting from Covenant House, and also included Covenant House residents if they volunteered.

Recruiting took longer than researchers had anticipated because multiple contacts were necessary to assure older adults that no one was going to invade their privacy. Many potential participants were reluctant to join the study or too busy. Others did not understand why staff were talking about offering programs when no program yet existed.

The volunteers completed an initial telephone screening interview, which lasted 10 to 15 minutes. The researchers could not say how many of the people screened had dementia. People that completed the interview were demographically similar to NORC residents.

Of the 494 study participants,

- 72 percent lived in privately owned or rented condominiums, apartments, or houses;
- 69 percent were female and 59 percent of all participants lived alone;
- 33 percent did not drive;

- 14 percent still worked;
- 36 percent volunteered; and
- 17 percent were family caregivers.

On average, they had 13.5 years of education and were 79.3 years old.

Analysis of the data has not yet been completed, but early results indicate that older residents need transportation, knowledge of available community resources, home delivered meals/meal preparation, in-home care, and access to health care. Next steps for the researchers are to complete the data analysis and finish the seven studies that are in various stages of development.

The seven studies include the following:

1. *Needs assessment.* Of the 494 participants, 320 will participate in a one-to-two hour interview to gain information on residents' personal characteristics, social support networks, self-rated health, well-being and life satisfaction, social and religious activities, current service use and unmet needs, and perceptions of the neighborhood. The interview relies largely on standardized measures, such as a depression scale and an activity checklist. Trained graduate student interviewers conduct the interviews.
2. *Community Connections.* Eleven participants were recruited for an eight-week wellness program. Researchers first conducted focus groups with 48 participants who expressed interest in this type of program during the telephone screening. The focus groups were designed to elicit information on the residents' sense of health and wellness, concerns, enablers, barriers to engaging in everyday activities, and level of interest in a new wellness program. Focus group participants expressed the desire to feel more connected with the community and to be more aware of available supports and resources. Their concerns about the future focused on finances, driving, where to get support, and feeling alone, and they expressed interest in a course to address these needs. Transportation was also an area of expressed concern.

The course that evolved from these focus groups is called "Community Connections for Successful Aging." The 11 participants were recruited from the focus groups. Researchers had to call far more than 11 people during recruitment because many focus group participants were too busy for the class. Three of the 11 original program participants withdrew for health reasons.

Based on results from questionnaires that program participants filled out before and after the class, participants achieved their personal goals for the class and increased perceived knowledge, self-confidence, and the frequency of healthy behaviors. A few of the participants agreed to be peer leaders for future courses.

3. *Home modification.* Researchers selected a convenience sample of 80 residents who received an assessment of their homes to determine the modifications necessary to improve safety and/or mobility. Then, residents received any recommended home modifications that they agreed to have free of charge. Residents were chosen based on their responses during the needs assessment. For example, if respondents expressed a fear of falling, they were considered for inclusion in the study. The project was designed to determine the outcomes of the home modifications with respect to residents' quality of life. A follow-up visit will be conducted with all 80 recipients three months after the modifications and the associated training are completed. Researchers will be assessing residents' satisfaction with and confidence in navigating their home environments. The barriers that assessors most frequently encountered included unsafe showers or bathtubs, dim lighting, low or soft chairs, items out of reach, steps at home or entry way, long distances to carry items, and opening jars (jar design). The most frequently employed solutions were grab bars in showers, recessed lighting and lamps, hydraulic seat boosters, reachers for high and low items, ramps, rolling carts for carrying items, and jar openers requiring minimal hand strength or grip.

4. *Cognitive mapping.* This study had 26 participants who left their home at least three times a week to participate. Participants gave demographic and other information to researchers who conducted “cognitive mapping interviews” in which participants drew diagrams of places they visited during a three-day period. The study found that older people
 - tend to use the facilities and resources within the community and “stay within their zip code,”
 - try to avoid night activities,
 - find construction zones confusing,
 - find some street signs difficult to read,
 - change doctors and other service providers so routes are accessible,
 - use landmarks to guide them in their travels, and
 - are frustrated with current transportation options or do not want to rely on family and friends for transportation.

The researchers have concluded that features of the environment that influence the choices older adults make about where they go include lighting, signage, store size, staff friendliness, accessibility, financial incentives, and proximity of services. In addition, NORC residents need transportation options for evening events and cultural and social activities that are both flexible and inexpensive. Municipalities need to be aware of the importance of signage, construction zone planning, and landmarks.

5. *Service provider survey.* Ninety-nine service providers, including local Area Agencies on Aging (AAAs), health care agencies, transportation providers, and counseling providers, received mail surveys to determine their perceptions of gaps in services and the needs of the NORC’s older population. Twenty-seven percent of the surveys were completed; these were used as the basis for the data analysis.
6. *Family Education/Communication.* This project is designed to help NORC residents and their adult children make decisions about service needs and preferences before a crisis occurs. The sample consists of 30 older residents who are single and have at least two of their adult children living in the St. Louis area. Methods included a mail survey and an interview with residents to gather information that was not captured in the needs assessment. Participating families received an in-home educational session with parents and their children that utilized an individualized workbook consisting of responses from each family member’s surveys. The session also focused on the families’ communication skills and decision making processes. Researchers follow up with assessments one month after the educational sessions to see how family relationships changed. This study is not yet complete.
7. *Informal Support Systems.* The purpose of this project is to identify and describe the types of informal and formal support networks that exist among NORC residents. The researchers conducted field observations, informal interviews with 35 key informants, and five focus groups. The interviewees were those who answered, “Yes” to the question “Do you help your neighbor or friends?” on the needs assessment.

Preliminary findings are that residents moved to the NORC to be close to services, close to family and friends, to find security, and to find housing adapted for older adults (e.g., buildings with elevators, ranch-style houses). Characteristics of people who provide informal support include “do gooders,” people with special talents, immediate neighbors, and kinship groups. The types of support these people provide include transportation, picking up groceries, carrying heavy loads, picking up newspapers or mail, sharing information, helping in emergencies, and watching out for very frail people. There are limits to how much help people will provide with transportation because some feel overwhelmed by the volume of requests they receive. Some people expressed reluctance to give help in emergencies because of fear of liability in the case of accidents. People watch out for their frail neighbors but expressed the thought that those who are frail should move to another environment because they might harm themselves or others. The kinds

of help that people will not provide include transportation for frail people and help with personal care needs. Finally, people are reluctant to help those who are not congenial.

NORC Service Program's Communication Methods

An external advisory committee was developed with representatives from service providers, churches and temples, resident complexes, state representatives, and lay leaders to advise on the development of the service program. The committee had met once as of September 2003. The goal is to have the advisory committee be the vehicle of communication with NORC residents. In addition, the advisory committee plans to publish a quarterly newsletter for NORC residents about the NORC service program.

NORC Service Program Challenges

Although staff have not yet developed the service program for the NORC, they anticipate some challenges. One is NORC residents' lack of awareness that JCC and JFCS serve people who are not Jewish. In addition, it will be challenging to serve people in single-family homes because of the difficulties in finding an activities center in such neighborhoods. Another issue is that staff believe that residents do not want to hear about services until they need them, nor do they want to live in an area where residents are perceived as needy. Finally, it is hard to recruit Asian NORC residents because of language barriers and the fact that Asian elders often take care of their grandchildren and stay within their own communities.

NORC Service Program's Funding Sources

The AoA grant amounted to \$1.26 million. Approximately \$500,000 is being used to fund the research that the Center for Aging is conducting. In the future, The Jewish Federation hopes to provide administrative funding for the project sufficient to cover one staff person and mailing and printing costs. The original 17-month grant award has been approved for a 12-month, no-cost extension. The conclusion of the grant is now December 31, 2004. Future funding sources will be determined as the service program develops.

Recommendations

No recommendations were provided at the time of the site visit.

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>