



The Colorado Health Foundation™



# "Networking" Seniors to Cement NORCs

In 2007, Ada Menzies met a social worker who helped her elderly parents living in Edgewater. After her parents died, the social worker encouraged Menzies to attend a therapy group for caregivers

"After I got rested enough and ready to face things, she said, 'Make the leap for me, girl,'" Menzies recalled, referring to Alison Joucovsky of Jewish Family Service of Colorado. Menzies, now 64, took Joucovsky's advice and sought counseling.

Joucovsky also encouraged Menzies, a chef, to teach a cooking class to seniors. She does that, too.

After weaving ties with Joucovsky and JFS for the past eight years, Menzies has earned a reputation as "the go-to person for friends with senior-type questions," she said. "It's turning into this little network. It's about sharing information."

Count one huge win for JFS and Joucovsky, who coordinates social services programs for the naturally occurring retirement communities, or NORCs, in Edgewater and Wheat Ridge, where Menzies lives.

Joucovsky builds relationships with seniors who may need help and fosters connections among seniors to decrease social isolation, build community and make aging in place a comfortable way to live. That's what makes a healthy NORC tick. "It's all about trust," she said.

## **A Model for Aging in Place**

A NORC is any area home to a significant share of seniors ages 60 and older, which develops naturally as residents enter their senior years and remain living in

their homes – often because they are close to family, friends, their doctor’s office, and favorite stores and restaurants – or because they cannot afford to move.

NORCs also attract new seniors or evolve because younger residents move away.



June Gallegos, right, discusses tamale-crafting techniques with instructor Yolanda Duran at the Wheat Ridge Active Adult Center.

Most NORC residents are women and many live alone. Only some are retired.

One NORC may consist of two apartment buildings (a vertical NORC), while the next is a neighborhood filled with single-family homes or an entire small town (a horizontal NORC).

Because they are naturally occurring, NORCs exist at both ends of the economic spectrum. Typically, a NORC is affiliated with a supportive services program (NORC SSP), like those in Wheat Ridge, Edgewater and Denver’s Capitol Hill, where need is strongest for the types of services offered.

These programs vary in size and scope but follow a similar design: A nonprofit partner, such as Denver-based JFS, coordinates core social services, including medical care, housing help and transportation, and also facilitates social, recreational, educational and volunteer activities.

Working together, JFS and its partners, including Seniors' Resource Center, HealthSET and Jefferson Center for Mental Health, aim to "close the loop" for Wheat Ridge seniors who otherwise are left to navigate a fragmented system.

When a senior first makes contact with JFS or one of its partners, details about his or her specific needs are entered into a shared database, which triggers outreach efforts within the partner agencies that serve those needs. JFS circles back with clients twice a year to monitor how well their needs are being met.

JFS also works with city governments and community organizations such as Brothers Redevelopment, which helps seniors with home remodeling, maintenance and repairs.

That teamwork, along with visibility and availability of trusted sources like Joucovsky, who spends 75 percent of her time in the field, makes aging in place both doable and desirable for many seniors.

## **Lack of Funding Slows Growth**

In the mid-1980s, a collaborative effort was organized to provide medical and social services to a cluster of seniors living in a cooperative housing development in New York City. That program laid the groundwork for today's NORC SSP model.

In 2001, the Jewish Federations of North America sought federal funding to introduce NORC programs in other communities, said Rob Goldberg, JFNA's senior director of legislative affairs. Between 2002 and 2008, the federal government awarded grants to 45 NORC communities in 26 states as part of a national initiative to test innovative, aging-in-place programs. A decade later, Congress cut that funding.

Yet many of those original NORC programs and others continue operating. United Hospital Fund in New York and various loosely affiliated Jewish-run organizations across the United States lead most NORC SSP programs.

These programs frequently rely on private funding except some in New York, which still receive some government funding. In Colorado, the Colorado Health Foundation, Rose Community Foundation and Daniels Fund are the biggest benefactors of NORC programs. Grant amounts vary; for example, JFS and its partners are working under a three-year, \$900,000 grant to serve the Wheat Ridge NORC, which encompasses about 10,000 seniors in 9 square miles. (The Edgewater and Capitol Hill NORCs are significantly smaller.)

According to Joucovsky, some of the Wheat Ridge grant funding is earmarked for sustainability plans, and she and her colleagues recently began working with a consulting firm to help map out the future of the Wheat Ridge NORC program.

## **Healthy Community, Healthy Individuals**

That large organizations continue to fund NORC programs is a testament to the strength of the model, which holds promise for improving seniors' health and, in turn, reducing health care costs.

In a 2006-2007 survey of seniors living in 24 NORCs that receive supportive services, 70 percent “agreed” or “strongly agreed” with the statement that they “feel healthier than they used to as a result of their participation in a NORC SSP.”

**NORC Results** JFS surveys all seniors who receive direct services (medical, care management and homemaker services) through the NORC program, both before they start a service and again six months later. The following results are based on surveys completed by 60 seniors who use the NORC services in Wheat Ridge.

**75%** report fewer hospital visits.

**100%** report increased confidence accessing community resources.

**63%** report fewer ER visits.

**75%** report improved confidence aging in place.

**67%** feel more connected to their community.

**100%** report feeling satisfied or very satisfied about the services they've received.

Most of these seniors also said they leave their homes more often for various activities than they did before a NORC program launched in their area, according to the survey, conducted by JFNA.

Menzies is a case in point. She has homebody tendencies but along with cooking classes, she also teaches warm water therapy, which she credits for helping her recover from a near-fatal car accident in 2003.

Besides the obvious benefits of exercise and social interaction, these activities are opportunities to make friends, build trust and share information. Menzies said that she recently connected two women, one seeking affordable transportation and the other having used a discounted taxi service.

NORC programs formalize a structure where you can derive these informal interactions with all sorts of value to them,” said Emily Greenfield, associate professor in the School of Social Work at Rutgers’ Institute for Health, Health Care Policy and Aging Research. “Health is about housing, (avoiding) social isolation, nutrition, feelings of inclusion.”

Volunteerism also is a critical piece. Social workers in NORC areas cultivate relationships with senior residents and other trusted adults in the area such as church clergy, who may encourage seniors they know to get involved in specific

activities and know how to connect them with medical and social services.

The informal interactions weave a web of awareness so that if a neighbor doesn't show up for a routine activity, someone notices and calls for help, Greenfield said.

## **Housing Prices Challenge Stable Retirement**

Lack of housing is one of the greatest obstacles that seniors face, and it threatens the ongoing success of NORC programs nationwide and in metro Denver, where both the senior population and total population are exploding, driving up the price of rent.

If your Social Security is \$1,300 a month and your rent is \$900, you're barely making ends meet," Joucovsky said.

And affordable housing units are well short of the need. For instance, in Wheat Ridge, 700 people are on the wait list for a subsidized senior building with 85 units. Another 55 units are under construction, she said



“Half the calls I get are for housing issues,” said Johanna Glaviano, program coordinator for Capitol Hill Care Link, a NORC program launched earlier this year by The Center – Denver’s hub for the gay, lesbian, bisexual and transgender community – and its affiliation with SAGE of the Rockies. CHCL serves all seniors living in the area.

“Many buildings are turning their apartments into condos,” Glaviano said. “There are seniors who have lived in this area for decades, paying affordable rents. Then things fall off a cliff.”

For seniors who own their homes, maintenance and access present hurdles.

“People are growing old in an environment that was not designed for them,” said Andrew Scharlach, author and professor of aging at the University of California, Berkeley’s School of Social Welfare. For instance, their bathrooms may lack grab bars, the sidewalks are narrow or lack curb ramps, or seniors can’t cross the street fast enough on a green light.



The growth and continued success of NORCs and aging in place generally also depend on building awareness within the community at large – among business owners, politicians and younger people who don’t know their older neighbors or don’t realize they may be struggling.

“One of the key things NORC SSP programs do – and villages do a better job – is engage older adults themselves in answering these questions” about aging in place successfully, Scharlach said. (Villages resemble NORCs in terms of lifestyle, but they are grass-roots, membership-driven organizations.)

On a recent weekday in August, a small group of grandparents and grandchildren gathered for a tamale-making class that Joucovsky arranged at the Wheat Ridge Active Adult Center. None of the participants were clients of JFS or its medical and social service partners. That’s OK with Joucovsky.

“You need a lot of entry points” into the community, she said, including reaching people before they develop health problems. “If you fall, then you remember you’ve been coming to activities and events and think ‘I’m going to call Alison.’”

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