NNORC Supportive Service Programs:
One Model of Long Term Care Designed to Maximize the Health and Well-Being of Seniors Aging in Place

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One of the largest voluntary, not-for-profit health and human services organizations in the Country

Founded in 1934 by United Jewish Philanthropies (now UJA-Federation of NY)

Provider of multi-level, highly integrated services in the areas of employment/career/skills training, behavioral health, developmental disabilities, youth education, family, volunteer and home care services

Network of for-profit and not-for-profit affiliated and subsidiary organizations
Aging on Long Island

- Nassau County – One of America’s first suburbs –
  - The Nassau County population expected to decrease by 2.6% between 2000-2015, but for the older residents:
    - Individuals age 60+ will increase by 11%
    - Individuals age 85+ will increase by 65%!
- By 2015, 1 in 8 Nassau County residents will be 85 + !
- The Suffolk County population is aging even faster than Nassau
What is a NORC?

Naturally Occurring Retirement Community (NORC) – a demographic term coined in 1985 used to describe a community:
- Not originally built for seniors
- Significant proportion (40%) of dwellings in the catchment area house at least one senior (over the age of 60)
- Mobilizes a community

Neighborhood Naturally Occurring Retirement Community (NNORC) – suburban/horizontal vs. Classic NORC - vertical
Potential Neighborhood NORCs on Long Island shown with State Senate districts

Legend
- Red dots: Tracts that meet "horizontal" criteria
- Blue line: Census Tract boundaries
- Light blue: Senate Districts

Criteria for "horizontal NORC":
- 40% or more heads of household per tract age 65 or older "and" 500 or more heads of household per tract age 65 or older.

NOTE: Dots represent center of each selected tract.

NORC SSPS – A Community Change Model

NORC Supportive Service Programs are tailored programs built on partnerships that include:

- Residents – seniors and others
- Health and social service providers
- Community stakeholders of all kinds - civic groups, businesses, schools, religious institutions
- Government agencies

NORC SSPs do not replicate existing services; they engage the community in the provision of services and programs to advance successful aging in place.
NORC Programs Integrate Social, Health, Volunteer and other Services:

- **Community engagement** - educational, social and recreational programming, community action and volunteer initiatives, providing diverse opportunities for seniors to take on new roles.

- **Social work services** – assessment, I&R, care management, counseling and more to individuals, caregivers and groups of seniors.

- **Health care-related services** - assessing, monitoring and managing individual health needs and the health of the community.

- **Other** – transportation, home repair and accessibility modification, home maintenance.
Milestones in NORC Program Development

Major expansion in New York State

Federal demonstration language enacted under Title IV of OAA

Expansion across the public funding spectrum

Maryland enacts legislation

Congressional earmarks begin

New York City assumes funding role

New York legislation and funding role enacted

First programmatic response

Phenomenon identified
Aging in Suburbia – Compelling and Differing Needs

- Greater isolation
- Many additional barriers - transportation (what transportation?!?!)
- Challenges maintaining homes and property (from light bulbs to gutters to snow removal and more)
- “House rich, cash poor”
- Many caregivers for adult children with special needs
- No housing entity/partner to contribute resources
New York State NORC Funding

NORC Legislation enacted in 1995
Neighborhood NORC Legislation enacted in 2005

NNORC funding allocated and managed by NY State Office For the Aging

NYS Funding criterion:
- 40% of dwellings must house residents over age 60
- No more than 2,000 residents over age 60

Currently – 54 NORC programs in NYS
NNORC Development

- Project Independence – Nassau County, Town of North Hempstead, New Hyde Park – started in 2005; funded by NYSOFA in 2006

- Hands On Huntington – Suffolk County, Town of Huntington, Greenlawn/Northport/Huntington – started in 2007
Tailoring the NORC Program Model – PROJECT INDEPENDENCE

- Deepening the public/private partnership – A partnership with local/town government
  - Provides resources – akin to housing entity in classic NORC programs
  - Location, location, location
  - Infrastructure of existing services
- The politics – challenges of engaging local government
Collecting & Aggregating Survey Data

NNORC Client Survey Data 2008

Creation Date: 2/19/2009
Time Interval: 1/1/2008 to 12/31/2008
Total Respondents HOH: 85 Total Respondents PI: 242

Age

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<th>PI</th>
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<td>6.85+</td>
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Gender

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<td>64</td>
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Ethnicity

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<td>2. White</td>
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<td>3. Asian/Pacific Islander</td>
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<td>4. American Indian/Alaskan Nativ.</td>
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<td>5. Hispanic</td>
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<td>6. Bi-Racial</td>
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<td>0</td>
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<tr>
<td>7. Other</td>
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<td>8. Declined</td>
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Surveyed more than 600 individuals (served 4,000)
85% are over the age of 70
40% live alone, 46% with spouse or partner
78% are women
60+% have lived in the community 30+ years
Other ?s – transportation needs, service needs, strengths & interests
Health Status Data

- Self-rating on overall health care:
  - 7% poor, 24% fair, 45% good, 16% very good, 8% excellent

- Screen for: Hypertension, Heart Disease, Diabetes, Arthritis, Osteoporosis, Respiratory Problems, Obesity, Stroke, Memory Impairment, Falls, Depression, Anxiety
Health Care Screening - continued

- Screen for hospitalizations & ER visits within the last year & reason
- ADL and IADL functionality
- Falls risk/home conditions
- Caregiving responsibilities
- Social Isolation- Family members, neighbors, friends, outside activity participation
UHF Health Indicators Project

Survey looked at:

- Number and % with disease;
- Symptom monitoring and management;
- Demographic data: age, gender, living status, race/ethnicity, country of origin, English language proficiency
- Variables: med use, physical activity, health status, medical care, social isolation
UHF Health Indicators Project ~ 282 LI Participants Surveyed

- Diabetes – 18%
- Falls within last year – 30%
- Heart Disease – 35%
- High Blood Pressure – 57%
Assessing Consumer Satisfaction

F·E·G·S Health and Human Service Systems
Long Island Family Services
Client Satisfaction Survey

Date: ___________________________

1. Program Name (Please mark only 1 program name):
   ○ Adopt A Family
   ○ Emergency Cash
   ○ Hands on Huntington
   ○ Hospital Patient Services Center
   ○ Partners in Dignity (PID)
   ○ Project Independence
   ○ Family Focus
   ○ ACCESS
   ○ Partners in Caring (PIC)
   ○ Volunteer Services

   Unsure of program name

   Response Definition: 4=Excellent 3=Good 2=Fair 1=Poor

   4 3 2 1

2. How would you rate your interactions with the office staff?
   Response Definition: 4=Definitely Satisfied 3=Somewhat Satisfied 2=Neutral 1=Not Satisfied

   4 3 2 1

3. How would you rate the quality of service you have received?
   Response Definition: 4=Definitely Yes 3=Generally Yes 2=No, Not Really 1=Definitely Not

   4 3 2 1

4. Did you get the service you requested and/or needed?
   Response Definition: 4=Very Satisfied 3=Mostly Satisfied 2=Indifferent or Mostly Dissatisfied 1=Very Dissatisfied

   4 3 2 1

5. If a friend were in need of similar help, would you recommend our program to him/her?

   4 3 2 1

6. If you were to seek services again, would you come back to our program?

   4 3 2 1

7. Have the services you received helped you to deal more effectively with your situation/problem?

   4 3 2 1

8. In an overall general sense, how satisfied are you with the services that you have received?

   4 3 2 1

9. To what extent has our program met your needs?

   4 3 2 1

10. Please write any additional comments and/or suggestions in the box below

Return Surveys by June 15th to:
   Cindy Schoniger, Assistant Director of Quality Improvement, 6900 Jericho Turnpike Suite 300, Syosset, NY 11791

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Consumer Satisfaction Results –
March 2009 Survey – 50 Respondents

- 97% of respondents rated queries about staff interactions and quality of services as “Excellent” or “Good.”
- Over 95% said “Yes” or “Generally yes” to queries about receiving requested services and services assisting with their situation.
- 97% were either “Very satisfied” or “Mostly satisfied” with regard to overall program satisfaction.
Reducing social isolation. Building community. Consumer feedback…

“I have lived in this community for more than 40 yrs. This is the first time I have felt a sense of community.”

“We had seriously begun to think about moving, even though we didn’t want to…now we don’t have to.”

“I now feel like a vital member of a community that treats me as worthwhile individual. It’s given my husband and myself a new lease on life.”

“PI gives one peace of mind. Staff are warm, competent, enthusiastic and help us attain the best quality of life possible.”
United Hospital Fund’s NORC Blueprint

- Defines core elements of successful NORC programs
- Presents practical program development, management, and sustainability strategies
- For program planners, sponsors, funders & participants
- Web-based tool ~ www.norcblueprint.org