



A conceptual framework for examining the promise of the NORC program and Village models to promote aging in place[☆]

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ABSTRACT

A growing paradigm shift emphasizes efforts to promote aging in place not only by helping aging individuals and families, but also by addressing and engaging communities. This paper explores the idea of developing community supports for aging in place by examining two models that incorporate this approach into practice: Naturally Occurring Retirement Community Supportive Service Programs (NORC programs) and Villages. Drawing on research regarding social-relational aspects of communities and later-life health and well-being, we present an integrative conceptual framework positing three categories of activities and services (civic engagement and empowerment activities; social relationship building activities; services to enhance access to resources)—as well as the initial outcomes and intermediate outcomes—through which the NORC program and Village models potentially achieve their long-term goal of promoting aging in place. Based on this framework, we conclude with directions for future research on community initiatives that support aging in place.

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The general ecological model of aging conceptualizes aging in place as a person-environment process that results from the “fit” between ever-changing individuals and their dynamic social and physical environments (Lawton, 1990). Following from this insight, efforts to promote aging in place can be framed broadly as actions that strive to strengthen facilitators, and minimize impediments, that allow individuals to voluntarily remain in their current residence in spite of potential changes in later life, such as declining health. Researchers and practitioners alike have developed

and described a variety of efforts to promote aging in place, such as better coordinated in-home personal assistance and health services (Marek et al., 2005), services and support to family caregivers (Sorensen, Pinquart, & Duberstein, 2002), assistive devices to help older adults function independently in their own homes (Agree & Freedman, 2000), and technology within homes to monitor individuals' changing needs (Mynatt, Rowan, Craighill, & Jacobs, 2001).

Recently, there have been a growing number of efforts to promote aging in place not only by enhancing supports and services for individual older adults and their families, but also by addressing and engaging communities (Greenfield, 2012; Lehning, Scharlach, & Price Wolf, in press). In theory, efforts to promote aging in place in community serve to foster interdependent relationships “to enhance well-being and quality of life for older people at home and as integral members of the community” (Thomas & Blanchard, 2009, p. 14). Beyond physical well-being, aging in place in community is also concerned with relationships, positive growth, life purpose, and communal well-being.

[☆] Naturally Occurring Retirement Community Supportive Service Programs (NORC)

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This paper explores the idea of developing community supports for aging in place by examining two models that incorporate this approach into practice: Naturally Occurring Retirement Community Supportive Service Programs (NORC programs) and Villages. Both models explicitly seek to promote aging in place by enhancing the strengths of communities—a term which is used here to refer to geographic areas whose residents are connected through “some combination of shared beliefs, circumstances, priorities, relationships or concerns” (Chaskin, 1997, p. 522). We first provide a brief overview of the NORC program and Village models. Then, we present an integrative conceptual framework positing the primary categories of activities and services—as well as the initial outcomes and intermediate outcomes—through which the NORC program and Village models potentially achieve their long-term goal of promoting aging in place. Next, we review the extant literature to suggest ways in which these models’ primary activities and services respond to limitations within current supportive service delivery systems in the United States (U.S.) in light of existing knowledge on social-relational aspects of communities and later life health and well-being. Within this review, we examine how these focal activities are germane to the NORC program and Village models while describing differences between the models. We conclude by deriving from our conceptual framework five key directions for future research on NORC programs, Villages, and other community aging initiatives.

Brief overview of the NORC program and Village models

The NORC program and Village models both are relatively recent developments in the U.S. Villages are “self-governing, grassroots, community-based organizations developed with the sole purpose of enabling people to remain in their homes and communities as they age” (Village to Village Network *VtV*, 2011). The Village concept emerged in 2001 with the founding of Beacon Hill Village (BHV) by a group of seniors living in the Beacon Hill neighborhood of Boston, Massachusetts, who sought a way to help one another live as long as possible in their neighborhood. Now an independent non-profit organization that is governed by the members themselves and supported by member dues and external donations, BHV aims to help its members to age in place. The neighborhood residents who founded BHV hired an executive director to respond to members’ individual requests for services, develop agreements with external service providers willing to serve BHV members at a discount, coordinate a pool of volunteers to help BHV members with basic shopping and transportation needs, and work with members to organize social and educational events.

Since the development of BHV in 2001, more than 60 similar initiatives, known as “Villages,” have opened in the U.S. with at least 120 more in development (*VtV*, 2011). This expansion has been stimulated in large part by the publication of articles about BHV and similar efforts in many major U.S. newspapers over the past several years (Adler, 2009; Festa, 2007; Gleckman, 2010; Greene, 2008; Gross, 2007). Also, BHV has worked collaboratively with NCB Capital Impact, with funding from the MetLife Foundation and other sources, to develop a Village to Village (*VtV*) Network; *VtV* offers web-based assistance and periodic national and regional

meetings “to help communities establish and continuously improve management of their own Villages” (*VtV*, 2011). Other individuals and philanthropic organizations (e.g., the SCAN Foundation, the Archstone Foundation) have invested heavily in developing and evaluating Villages in specific geographic locations, such as California. Information gathered from Villages nationwide suggests that Villages vary rather markedly (Scharlach, Graham, & Lehning, in press). Most are free-standing grassroots efforts, but at least one in six have been developed by or in collaboration with an existing health or social service provider. Some are highly-professionalized, while others rely almost entirely on volunteers. Some serve fewer than 10 members, while some have nearly 500 members. Despite this variation, a review of the available evidence suggests that existing Villages share the following five characteristics: they are (a) self-governing, (b) geographically-defined, (c) membership organizations, that (d) provide or arrange services, (e) with the goal of helping their members to age in place (Scharlach et al., in press).

NORC programs are community-level initiatives that bring together older adults and diverse stakeholders within a residential area (e.g., an apartment building, neighborhood, town) with a significantly large number of older adults to facilitate and coordinate a range of activities, relationships, and services to promote aging in place (Altman, 2006; Bedney, Goldberg, & Josephson, 2010; Vladeck, 2004). NORC programs aim to create partnerships among diverse stakeholders—including residents, local government, housing managers and owners, and local service providers—to coordinate services and programs for residents within communities designated as NORCs (Vladeck, 2004). NORCs refer to locations that were not planned as senior housing, yet over time have developed a sizable proportion of older residents due to long-time residents remaining in their homes throughout later life, as well as in-migration of older adults (Ormond, Black, Tilly, & Thomas, 2004). For example, the 2006 Reauthorization of the Older Americans Act defines a NORC as an area that is “not an institutional care or assisted living setting” where “(1) 40% of the household heads are older individuals [age 60 or over] or (2) a critical mass of older individuals exists, based on local factors, that, taken in total, allow an organization to achieve efficiencies in health and social services to older individuals living in the community” (PL 109–365, § 409). Whereas NORC programs originally targeted NORCs within age-integrated apartment complexes with designated housing managers, NORC programs have expanded to neighborhoods of single-family homes where a critical mass of older adults resides (Bronstein, Gellis, & Kenaley, 2011).

NORC programs are typically administered by a lead agency as opposed to being a free-standing entity. The lead agency, which oftentimes is a community-based nonprofit social service provider (e.g., Jewish Family Services), is responsible for developing partnerships, managing finances, and coordinating the services that are facilitated by the program (Vladeck; author citation). Common services include social services, health care services, educational and recreational opportunities, volunteer opportunities, and ancillary services (e.g., transportation and home repairs).

The NORC program concept began in 1986 at the Penn South House of New York City, a moderate-income cooperative

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