This report presents results of a study on how Naturally Occurring Retirement Community Supportive Services Programs (NORC-SSPs) have developed in New Jersey. NORC-SSPs are a type of community aging-in-place initiative, with the goal of helping older adults to remain within their own residences safely and comfortably, particularly when faced with increasing needs for support. Since 2004, Jewish communal organizations in New Jersey have received federal funds, as well as support from other sources, to implement NORC-SSPs in more than a dozen communities. Despite diversity among the types of communities that NORC-SSPs in NJ have served, the programs similarly seek to enhance home- and community-based services and community programs for older adults and their caregivers. Services and programs are developed through partnerships among lead service agencies, other professionals, and volunteers, including older adults themselves.
INTRODUCTION

Aging and Supportive Services

The United States (US) is rapidly aging, and the state of New Jersey (NJ) is no exception. The NJ Department of Health and Senior Services projects that in 2025 there will be over 2.2 million residents ages 60 and older. This marks a projected 57% increase in NJ’s older adult population since 2000.1

Many older adults enjoy a high quality of life with minimal need for formal services. Nevertheless, age-related challenges—such as the onset of disability, losses in social relationships and fixed incomes—make additional needs for supportive services more likely as people become older.

Historically, publically-funded supportive services for older adults in the US and NJ have focused on institutional-based nursing care.2 With the ruling of the US Supreme Court’s 

Olmstead decision in 1999, however, there has been growing attention to supporting older adults in home- and community-based settings.3 Enthusiasm for helping older adults to age within their own homes is further supported by research indicating that the vast majority of individuals prefer to live within their own homes for as long as possible.4 Also, studies suggest that home- and community-based services cost individuals and public sources less in the long-term when compared to institution-based alternatives.5

Community Aging-in-Place Initiatives

Aging-in-place refers to being able to live in one’s own home and community safely and comfortably, even when faced with increased need for support.6 Various parties are advancing efforts to promote older adults’ aging-in-place. For example, policy reforms within states have aimed to increase the amount of public spending on home- and community-based services relative to institutional-based care.7 Also, the number of home healthcare agencies, which provide skilled and unskilled care to adults in their homes, continues to grow.8

Community initiatives constitute another domain of activity to support aging-in-place. Community aging-in-place initiatives focus on creating changes at the community level, as well as among organizations and individuals, to support older adults’ ability to age in place.

Various models for community aging-in-place initiatives have developed over the past several years. These models include the Beacon Hill Village model, the Lifelong Community model, the AdvantAge Initiative, and Naturally Occurring Retirement Community Supportive Services Programs (NORC-SSP).9 This report focuses on NORC-SSPs, as this model explicitly has guided most community aging-in-place initiatives in NJ.

The NORC-SSP Program Model

The term "NORC" refers to a geographic area where a large population of older adults lives, but that was not developed intentionally as housing for older people. NORC-SSPs refer to a formal service agency’s efforts to provide a network of supportive services to help older adults age-in-place within communities that have been identified as NORCs.10

NORC-SSPs are administered by a lead service agency. The lead service agency is typically a social service provider. This agency, in partnership with other professionals and community members, facilitate individual, group, and community services and activities. Core elements commonly include social work services (e.g., case management), nursing services (e.g., health screenings), recreational activities (e.g., book clubs), and productive activities (e.g., assistance finding volunteer and paid work).11

The program model for NORC-SSPs is purposely flexible to ensure responsiveness to the needs of older adults in a particular community at a particular point in time. Accordingly, despite a shared focus on promoting older adults’ aging-in-place, the NORC-SSP program model deliberately allows for sites to differ somewhat from each other in terms of their focal activities, services, partnerships, and program structure.12

NORC-SSP participants and staff in Verona engage in a small group discussion as part of a community needs assessment.
NORC-SSPs and the Jewish Communal Network

Jewish communal organizations began developing and implementing the NORC-SSP model in New York City during the mid-1980s. Recognizing the model’s applicability to other areas, the Jewish Federations of North American (JFNA) advocated for federal support to promote the model’s development and evaluation nationally. Within the past decade, Jewish communal agencies have obtained federal funds to implement NORC-SSPs in 45 communities across 26 states.13

A Statewide Study of NORC-SSPs in New Jersey

Jewish communal agencies in NJ, including regional Jewish federations and Jewish family, children, and vocational service agencies, have received a disproportionately greater number of federal grants for NORC-SSPs in comparison to other states.

This study aimed to provide a statewide overview of how NORC-SSPs have been implemented throughout NJ. Given the multiple components and intentional flexibility of the NORC-SSP program model, a primary purpose of this study was to understand the range of ways in which NORC-SSPs have developed throughout the state’s diverse communities.

Findings are based on interviews with executive directors and NORC-SSP lead staff at 10 Jewish communal agencies, which have collectively implemented NORC-SSPs in 15 settings. They represent all but two agencies that received federal funding to implement NORC-SSPs in NJ since 2004. The interviews took place at the agencies’ offices from August through November of 2010. Interview questions were developed based on input from lead agency staff, as well as existing research on NORC-SSPs. Table 1 lists the projects’ locations, lead agencies that developed each project, time of initiation, and current status as of January, 2011.

Table 1. Overview of NORC-SSPs of Focus in This Study (from North to South)

<table>
<thead>
<tr>
<th>PROJECT LOCATION</th>
<th>LEAD AGENCIES</th>
<th>INITIATED</th>
<th>CURRENT STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen County</td>
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<tr>
<td>Teaneck and North Bergen</td>
<td>JFS of Bergen County and North Hudson; UJA Federation of Northern New Jersey</td>
<td>Aug., 2008</td>
<td>Additional federal funds in 2010</td>
</tr>
<tr>
<td>Fair Lawn</td>
<td>JFS of North Jersey; UJA Federation of Northern New Jersey</td>
<td>Aug., 2008</td>
<td>Additional federal funds in 2010</td>
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<tr>
<td>Passaic County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clifton and Passaic</td>
<td>JFS of Clifton-Passaic; JF of Greater Clifton</td>
<td>Sept., 2005</td>
<td>Sustained by agency</td>
</tr>
<tr>
<td>Paterson</td>
<td>Same as row above</td>
<td>Jan., 2010</td>
<td>In development</td>
</tr>
<tr>
<td>Morris County</td>
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<td></td>
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<tr>
<td>Parsippany</td>
<td>UJC, JVS, and JFS of MetroWest New Jersey</td>
<td>Sept., 2004</td>
<td>Transitioning to community</td>
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<td>Essex County</td>
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<tr>
<td>Caldwell</td>
<td>Same as row above</td>
<td>Aug., 2008</td>
<td>Sustained by agencies</td>
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<tr>
<td>Verona</td>
<td>Same as row above</td>
<td>July, 2010</td>
<td>In development</td>
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<tr>
<td>Union County</td>
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<tr>
<td>Elizabeth</td>
<td>JFS of Central New Jersey</td>
<td>Aug., 2008</td>
<td>Additional federal funds in 2010</td>
</tr>
<tr>
<td>Union</td>
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<td>Aug., 2008</td>
<td>Additional federal funds in 2010</td>
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<tr>
<td>Westfield</td>
<td>Same as row above</td>
<td>July, 2010</td>
<td>In development</td>
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<tr>
<td>Somerset County</td>
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<tr>
<td>Somerville and Bridgewater</td>
<td>JFS of Somerset, Hunterdon, and Warren Counties</td>
<td>July, 2010</td>
<td>In development</td>
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<tr>
<td>Middlesex County</td>
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<tr>
<td>Highland Park</td>
<td>JF of Greater Middlesex County; JFVS of Middlesex County</td>
<td>Aug., 2008</td>
<td>Concluded in Jan., 2010</td>
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<td>Mercer County</td>
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<tr>
<td>Mercer County</td>
<td>JFCS of Greater Mercer County</td>
<td>Sept., 2009</td>
<td>Ongoing</td>
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<td>Monmouth County</td>
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<td>Marlboro</td>
<td>JF &amp; JFCS of Greater Monmouth County</td>
<td>Aug., 2008</td>
<td>Concluded Dec., 2010</td>
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<td>Camden County</td>
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<tr>
<td>Cherry Hill</td>
<td>JF &amp; Samost JFCS of Southern New Jersey</td>
<td>Nov., 2005</td>
<td>Sustained by agency</td>
</tr>
</tbody>
</table>

Notes: JF = Jewish Federation; JFS = Jewish Family Service; UJC = United Jewish Communities; JFVS = Jewish Family and Vocational Service; JFCS = Jewish Family and Children’s Services
RESULTS

Communities and Clients

NORC-SSPs in NJ have served a range of areas. The smallest implementation site has been a single apartment building, whereas the largest implementation site has been an entire county. Out of the 15 communities, six have focused on a specific township, three on several townships, three on a particular area within a single township, and three on specific apartment complexes. Although most NORC-SSPs in NJ have been implemented within neighborhoods as opposed to apartment buildings, nearly all agencies that have overseen a neighborhood-based NORC-SSP reported strategically targeting residents of apartment complexes within the broader area.

Most agencies reported that their projects intend to serve adults ages 60 and over. Projects also occasionally serve adult children who are caregivers for older clients, as well as younger adults with disabilities. All agencies reported the average age of participants as between ages 75 and 85, with a considerable number of participants in their 60’s and 90’s as well.

NORC-SSP clients tend to vary in cultural background. Most agencies reported that their participants come from diverse religious and racial/ethnic backgrounds, although four agencies reported that the majority of their participants are Jewish.

NORC-SSP clients also have varied in terms of their socioeconomic background. Two agencies reported that their projects engage mostly lower-income participants, two reported that most participants are of low to moderate incomes, and four agencies reported that most clients are middle class. Other projects reported serving adults with vastly mixed income levels or were unsure of their clients’ socioeconomic status.

Services and Programs

Case management was the most consistent type of service provided by NORC-SSPs in NJ. All but one of the 11 fully developed projects included case management whereby trained staff members were responsible for assessing and monitoring participants’ needs and connecting them with supportive services as individuals’ needs changed over time. Whereas case managers for some communities worked only on-site in a community office, case managers within most communities conducted at least initial visits to older adults’ private residences.

In addition to case management, agency staff reported providing other specific supportive services to individual participants. However, the type of these services have tended to vary greatly across the communities. Examples of such services have included friendly visitors, assistance with home repairs, transportation, personal care assistance, and counseling.

Despite some provision of supportive services, agency staff indicated that most care needs have been met through information and referral, as well as advocacy to enhance participants’ access to services elsewhere. Staff reported that participants access services through other divisions within the lead agency or through outside service agencies altogether.

All agencies reported that their projects host community programs. These programs have included health education workshops, exercise groups, social groups, and educational lectures. Out of the 11 fully developed NORC-SSPs,
four reported offering community programs at least weekly, six reported offering programs monthly, and one project reported offering programs several times per year. Four NORC-SSPs have incorporated evidence-based health promotion and chronic care self-management programs specifically. Many agencies reported that community programs were strategically developed such that they would not duplicate programs offered through other organizations, such as senior centers and community centers.

Although most agencies discussed program activities in terms of providing services and activities for residents, some agencies indicated deliberate ways in which program activities aim to empower older adults as advocates for their own and each others’ needs. For example, one site facilitated a transportation session with the local mayor, which resulted in older adults successfully petitioning government officials to add service on Saturday and a bus stop. Other agencies indicated that by increasing older adults’ connection to each other through community programs, neighbors are more likely to help each other informally and to notify agency staff when an individual might need additional support.

Community Partnerships

Agencies reported partnering with other organizations on their NORC-SSPs in a variety of ways. One primary way has been by having partnering professionals lead community programs in-kind, such as a hospital nurse offering a workshop on diabetes care or a firefighter conducting a workshop on home safety.

Partnering organizations also have contributed to NORC-SSPs by providing space for community events and service delivery. For example, in the context of a neighborhood-based project community, a local library housed exercise classes. In the context of an apartment-based project community, building management provided a unit to serve as an on-site office for NORC-SSP staff.

Most projects reported at least some degree of partnership with aging-focused government entities, such as county and municipal offices on aging. Agencies most commonly reported that they assisted each other by sharing information to potential participants regarding their services and activities. Other ways of partnering have included co-hosting health fairs and serving on each other’s advisory groups.

All developed NORC-SSPs reported having a formal advisory group. Most agencies’ groups have comprised both older adults and professionals serving on the same board. Advisory groups have ranged in size from five to 30 members. Agencies indicated that group members have served mostly by providing input on services and programming, as well as by providing outreach about the NORC-SSP to others.

Resources and Staff

All but one NORC-SSP has received financial support through federal earmark funds administered by the US Administration on Aging. The amount of federal funds designated for any single project have ranged from approximately $62,000 to $390,000.

Most agencies reported that their NORC-SSPs have not charged clients for service use. Three projects reported charging an annual membership fee for receipt of services, and two others charged participants small fees to offset costs or to increase participants’ commitment to the programs. Also, for some services—such as home health care, transportation, and home repairs—some agencies have used NORC-SSP funding to subsidize clients’ out-of-pocket expenses. This has been intended to make services more affordable to clients and to encourage clients to pay for the services or enroll in other funded programs for subsequent service use.

Nearly all lead staff members for the NORC-SSPs have been trained as social workers, with several others with backgrounds in nursing and public administration. Seven of the communities reported having nurses on the NORC-SSP staff, with four of these projects using project funds to contract nursing services from partnering or-
ganizations. All but two agencies reported having the equivalent of at least one full-time staff person assigned to the NORC-SSP. All agencies reported at least some involvement of older adults and other community volunteers to organize community events and provide services directly to individuals.

**Sustainability**

Agencies reported using initial federal funds to develop and implement NORC-SSPs typically across a two-year period. Out of the 10 projects that received initial federal funding more than two years ago, four received additional federal money in 2010, three are being sustained at a reduced operational level without federal funds, two have concluded entirely, and one has deliberately transitioned its focal activities among partnering organizations within the local community. Three of the 10 agencies participating in this study received additional federal funds to develop NORC-SSPs in novel communities after implementing projects within initial communities.

Many of the agencies indicated the challenges of continuously having to raise funds to sustain their programs, as well as having to introduce service cuts. Several agencies indicated that if they had more time under the federal grant period, particularly for building long-term trusting relationships and a stronger presence within the community, their projects might have been more readily sustainable through attracting client contributions and outside philanthropic support.

**CONCLUSION**

This report provides a statewide overview of how NORC-SSPs have been developed in 15 communities in NJ. Consistent with the overarching program model, NORC-SSPs in NJ aim to help older adults age in place by linking them with supportive services and community programs. NORC-SSP funds are used to provide some of these services, such as case management and group activities. More often, however, NORC-SSP staff aim to forge deep connections among older adults and existing resources that are already available within communities, such as a local home health agency, a home repair service, or volunteers who serve as friendly visitors.

NORC-SSPs in NJ vary in their long-term operational goals. Many agencies aim to maintain their programs’ operations within the focal communities for as long as possible. Others seek to create community-level changes, particularly among partnering service providers, that can be sustained without the agencies’ direct involvement across an indefinite period of time.

Regardless, NORC-SSPs’ long-term success depends on “buy-in” from diverse stakeholders, including partnering organizations, financial supporters, and older adults themselves. For this reason, evaluation research that examines the extent to which NORC-SSPs achieve their outcomes—particularly in terms of outcomes among older adults, such as promoting their health and ability to age in place—is important for the programs’ long-term viability in existing communities and beyond.

**SUMMARY OF KEY POINTS**

- NJ NORC-SSPs link older adults to individual and group services that aim to promote their aging in place, health, and well-being. Typical services include case management, information and referral, and community programs.

- NJ NORC-SSPs primarily serve adults ages 60 and above, with most participants between the ages of 75 and 85.

- NJ NORC-SSPs have been implemented mostly within townships or parts of townships.

- NJ NORC-SSPs typically have used initial federal funds to develop and implement the projects across a two-year period.
NOTES


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