The West Oak Lane NORC Initiative: An Innovative Aging-Support Program

While some adults enjoy a seamless transition through the age continuum, others experience increased isolation and physical and cognitive impairment as they age. This isolation is typically the result of physical limitations that inhibit socialization, a lack of access to social networks due to retirement and relocation, or death of friends and family. Often, these factors hamper the ability of older adults to maintain their homes, despite their overwhelming desire to remain in them. At the same time, adults are living longer in the U.S., making supportive, affordable housing for older Americans an increasingly pressing societal issue.

Naturally Occurring Retirement Community (NORC) programs, which first emerged in the mid-1980s, represent a growing, grassroots movement to meet the needs of older adults by sharing knowledge, pooling resources, and pursuing collaborative opportunities.

AEHN provides medical care, while SAFE assists in collaborative problem-solving and resource-sharing. Staffing for NORC includes a full-time project director, part-time outreach worker, and part-time Master’s-level social work student. Program services are provided via phone, at the NORC office, or in clients’ homes. The program also benefits from an active Consumer Advisory Board, comprised primarily of area residents over 60, many of whom care for their own aging parents.

Residents are encouraged to access the program’s services primarily through referrals, whether from government and aging programs, SAFE member agencies, spiritual organizations, or word-of-mouth from other NORC clients. The program distributes a quarterly newsletter and has its own website (www.einstein.edu/norc). It also has an active community outreach agenda and a dynamic volunteer corps.

While the West Oak Lane NORC is thriving, there are a number of hurdles that impede its full efficacy. The program is still in its trust-building stage, which can make it difficult to engage neighborhood residents around their medical or mental health needs. The staff members work to overcome this challenge through regular outreach efforts and extensive community involvement. Budget constraints also affect the program’s impact, though it is actively pursuing funding opportunities to facilitate expansion and ensure its longevity.

Finally, the program is not able to address all of residents’ needs; when possible, referrals are made to other agencies. For example, West Oak Lane residents often fall just above income limits for certain assistance programs (including Medicaid, Medicare prescription assistance, etc.). This means that needed services that require out-of-pocket payment, such as home maintenance and repair and property taxes, often go unmet.

The range of services continues to evolve. The initiative has implemented both a friendly-visitor program (for socialization and errands) and a general home-visiting program (for more acute, targeted needs). Home-repair and computer-access programs are in development; the latter is aimed at increasing the availability of information and socialization opportunities for homebound older adults.

The pending launch of a computerized database will facilitate more expansive assessments to help evaluate the program’s efficacy. Included will be an assessment of the NORC’s success in linking residents to community resources that enable them to remain at home, and its ability to bridge gaps in existing service.

Ideally, the development of similar programs in other communities will facilitate the creation of a supportive aging network for older adults. Helping elders age in place makes sense in important ways. Allowing longtime homeowners to remain in their communities helps to keep housing values) stable. NORCs also afford elders an alternative to long-term care options, which are not only financially prohibitive for the average senior, but often provide “overcare” or “undercare.”

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REFERENCES