Testimony before the

Subcommittee on Retirement, Security and Aging

Health, Education, Labor, and Pensions Committee

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Mr. Chairman, members of the Committee, my name is Fredda Vladeck. I am the director of the Aging in Place Initiative at the United Hospital Fund, a research, policy, and philanthropic organization focused on strategies to improve the delivery of services to vulnerable people in New York.

It is a special pleasure to be here today. I have been involved with NORCS and the development of Supportive Service Programs since 1985 when, along with UJA-Federation of New York, the residents of Penn South, and others, I developed and then directed the first NORC-Supportive Service Program (NORC-SSPs). Since then, I have been involved in the evolution of NORC-SSPs in New York State and New York City, which together provide $8 million to support 42 public-private partnership programs in New York, with another $2 million in the works. I've also had the pleasure of working with Administration on Aging and the Office of the Assistant Secretary for Planning and Evaluation as efforts have been made to disseminate this approach in other communities across the country. And with the support of the Daniels, the Weinberg, and the Samuels Foundations, we at the Fund are now working with program leaders and developers in seven states to establish a NORC Action Blueprint guide that will inform the future development of successful programs.

In 2005, there were more than 80 NORC Supportive Service Programs receiving public funding. Approximately 43 programs in 25 states were the result of Congressional earmarks. We are fortunate in New York to have a critical mass

of program experience. There are 42 programs in New York State and New York City because beginning in 1995 and 1999, respectively, they each promulgated legislation and financing to support the development of NORC-SSPs. Today, $7.9 million in State and City tax levied dollars help support 33 classic (housing-based with a common ownership/management structure) NORC-SSPs and 9 neighborhood-based programs in communities in which more than 50,000 older adults live.

These programs reflect the City's range of low and moderate-income housing and are located in 4 out of the 5 boroughs. Eight programs are in multi-family public housing developments; twenty (20) are in moderate income cooperatives; three are in moderate and low-income private rental developments; and two are in neighborhoods where there is no common housing ownership. NORC programs are in communities large and small—from a single building with 259 seniors among the residents, to a housing development with 8, 000 seniors in 171 different buildings spread over a vast geographic area, and now in neighborhoods that are approximately two square miles.

New York's NORC-SSPs are collaborative partnerships between government, housing, the residents, health care, and social service organizations. Participating organizations include 42 different housing developments, 15 different social service agencies, and 12 different healthcare organizations (including hospitals, home came agencies, nursing homes, and an ambulatory care clinic.

These programs are true public-private financial partnerships. Five million dollars in city awards to 33 programs annually leverages another $5 million in private support from philanthropy ($1.5 million); housing developments ($1 million);

health provider partners ($1.5 million in contributed nursing time); and in-kind contributions from housing entities of close to $1 million.   (A good Place To Grow Old provides a detailed description of New York City's NORC Supportive Service Programs and can be accessed at www.uhfnyc.org)

Inevitably, as models such as NORC Supportive Service Programs get broadly disseminated, underlying principles can become foggy. So in my testimony this morning, I would like to emphasize the 3 things that underlie the NORC-SSP approach, distinguish them from other senior services, and make them a particularly important avenue of needed change to our system of service to seniors.

1. The ultimate goal of NORC Supportive Service Programs is to help transform communities into good places to grow old—communities that support healthy, productive, successful aging and respond with calibrated supports as individual needs change. This means building programs from the ground up so they are integral to the community (rather than being imposed from a distant office) and reflect not only the needs of residents—which evolve over time—but also their aspirations. Successful NORC-SSPs connect to the traditional range of services, but they must also develop other kinds of supports and services in order to be responsive to changes in their communities and their residents.

2. Unlike many existing programs and services, eligibility for participation by seniors in NORC-SSPs is on the basis of residential status, not on functional deficits or economic status. We know how to target a specific service to someone with a specific problem (the one hip fracture at a time approach), but we are less good at shoring up the natural supports in a community, weaving/re-weaving the social fabric, and empowering

older residents to take on positive roles in shaping the kind of community they think will be most supportive to them.   In most communities in this country the older residents are a heterogeneous group, with 40 years between the oldest and the youngest and individuals experiencing oscillating, changing states of health as chronic conditions become acute and then get brought back under control. These realities necessitate a broad range of services and programming with an ability to respond flexibly to address the heterogeneity of the older population in a community.

3. Given these first two principles, successful programs must be partnerships that bring together the social capital, businesses, and services in a community to effectively harness and target its resources to address the physical, social, emotional, health, and environmental/structural challenges of a community as it ages in. No single provider can do it all. In New York, these partnerships include, at a minimum, government (the local Area Agency on Aging and the State Unit on Aging); a housing entity, where one exists; the residents; and health and social service providers. Often other leaders or community stakeholders are involved in the programs.

For a generation, we have been preoccupied with specialized facilities or housing for the elderly—but in fact most older people want to and do remain in their long-time homes in communities not built for seniors. Many of these communities have or will evolve into NORCS. As this Committee deliberates on how to address the growing phenomenon of NORCs, I offer the following recommendations:

1. The term **N**aturally **O**ccurring **R**etirement **C**ommunity needs to be clearly defined and delineated for purposes of eligibility for funding. The original definition described an apartment building or buildings not built for seniors in which 50% of the heads of household were 60 years of age or older. Key elements of this definition are (a) geographic coherence); (b) buildings or neighborhoods that are multi-age or age integrated; (c) a specific density of older people in the community (which New York defines in both absolute numbers and percentages) to achieve economies of scale. New York State's legislation can be a starting point, but modifications will need to be made to reflect the density differences and types of communities found in other parts of the country.

2. We need to be clear about the purpose of NORC-Supportive Service Programs and how they differ from existing services. NORC funding should be value added, not used for duplicating existing services or shoring up, through a different funding stream, our woefully underfinanced service systems. To be sure, some of our existing federally funded programs are in need of shoring up. But NORC-SSPs are something entirely different from what already exists.

3. We need to establish a set of standards that are enforceable and that help get us to our goal of building community infrastructure to support aging in place. We should expect NORC-SSPs to produce improvements on a range of quality of life indicators for community-dwelling seniors. Such things as level of connectedness to one another and to a program; improvement in key health indicators for older people; supporting new roles for older people as community leaders and doers; and strong and consistent linkages with the primary health providers in a community, are all important indicators of a community's ability to support aging in place.

NORC-SSP contractors ought to be able to tell us what it is they expect to accomplish each year and how they plan on getting there, and then tell us what the outcome is. (For example, working with the City of New York's Area Agency on Aging, the Fund is developing a set of community health indicators for advancing healthy aging in place that will help programs measure their impact. I'd be happy to share the results with this Committee once they are available).

This is a fundamental change in the world of aging services, shifting from a units-of-service reporting system to one that is outcome- oriented. It will require new skill sets of a workforce that is by and large underpaid and undervalued.

4. We need to establish and fund a national research agenda that helps us understand the overall efficacy of this approach. Some have tried to demonstrate that NORC programs prevent nursing home placement (as if nursing homes were the opposite of community living). But, given the purpose of NORC programs, the lens through which we need to evaluate the NORC-SSP approach is less about long term care and much more about long term living.

I thank the members of this committee for the opportunity to testify. I'd be happy to answer any questions.