



## **NORCs: An Antidote to Social Isolation**

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## Introduction

Loneliness and social isolation put older adults at higher risk for dementia and other serious health conditions. The onset of the COVID-19 pandemic, which relied on social distancing measures to prevent infection, further exacerbated the risk of social isolation among older New Yorkers. Nearly two decades ago, United Neighborhood Houses' (UNH's) 2005 report, *Aging in the Shadows*, first drew attention to the problem of social isolation among older New Yorkers. *Aging in the Shadows* was the first attempt to study social isolation among older adults in New York City, and helped bring social isolation to the forefront of policy discussions around working with aging New Yorkers. As part of its recommendations, the report noted that Supportive Service Programs (SSPs) in Naturally Occurring Retirement Communities (NORCs) can help reduce the risk of social isolation among older adults while also enabling this population to age safely in their own communities.

NORCs are geographic areas—a neighborhood or a building—originally populated by individuals of all ages, which have evolved over time to contain a high proportion of older adults. NORC SSPs (“NORC programs”)<sup>1</sup> are placed within a designated NORC to address the health and social service needs of older adults living in these areas. A nonprofit social service provider takes the lead on developing partnerships, managing finances and coordinating a range of comprehensive on-site services for residents. These services include assessment and case management, health care and wellness, housekeeping, social services, and educational activities. NORC programs do not replace the services older adults might need when they can no longer live independently. However, NORC programs can delay costly interventions like nursing homes and enable older adults to safely remain living in their own homes.

Nearly 40 years ago, the first NORC program began at Penn South Houses, a ten-building complex of moderate-income, limited-equity cooperative apartments in New York City. Since the launch of the first NORC program at Penn South, the model has expanded thanks to significant funding from New York State and City. There are now an estimated 60 NORC programs in New York City,<sup>2</sup> with NYC Aging (formerly the NYC Department for the Aging) funding 37 of them. The New York State Office for the Aging (SOFA) funds 43 NORCs statewide, with most located in New York City. Currently, UNH settlement house members run 21 NORC programs in New York City that serve more than 15,000 older adults a year. Settlement houses are multi-service organizations who are trusted and recognized by many older adults in their communities, making them the perfect partners for providing on-site healthcare and social services through the NORC program.

Greater investment in NORC programs should be a key part of initiatives to support a rapidly growing older adult population in New York State and City. In New York State, older adults aged 60 and over make up a quarter of all New Yorkers, compared to 20 percent a decade ago (in 2012).<sup>3</sup> Statewide, there are 4.7 million older adult New Yorkers, up from 3.7 million a decade ago. By 2030, the number of older adult New Yorkers is expected to reach 5.3 million.<sup>4</sup> As the State's population ages, a growing share of older adults are living alone, particularly those with the lowest incomes—more than half (51 percent) of poor older adult New York State residents live alone, in contrast to just 15 percent of higher-income older adult New Yorkers.<sup>5</sup>

The growth in the older adult population, especially in the share of those living alone, should compel government to invest in and expand services that not only help reduce the risk of social isolation, but also

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<sup>1</sup> NORC Supportive Service Programs will be referred to as NORC programs throughout this report.

<sup>2</sup><https://www.nyc.gov/site/dfta/services/naturally-occurring-retirement-communities.page#:~:text=Naturally%20Occurring%20Retirement%20Communities%20>. Note that the number of government-supported NORCs sometimes fluctuates year-to-year depending on City Council funding.

<sup>3</sup> UNH analysis of 2022 American Community Survey 1-year estimates, US Census Bureau.

<sup>4</sup> <https://www.ny.gov/programs/new-york-states-master-plan-aging>

<sup>5</sup> UNH analysis of 2022 American Community Survey 1-year estimates, US Census Bureau.

enable older adults to remain safely in their homes and communities for as long as possible. Overwhelmingly, older adults prefer to age in place at home—a 2021 AARP survey found that 77 percent of adults 50 and older want to remain in their homes for the long term.<sup>6</sup> Research has also shown that in addition to preventing social isolation, allowing older adults to age in place in their communities has notable health benefits. Civic engagement and volunteering can increase physical function and levels of self-rated health; reduce symptoms of depression and pain; and increase life expectancy.<sup>7</sup> The COVID-19 pandemic exacerbated older adults' risk of isolation and underscores the continued need for NORC programs to support older adults where they live. The NORC model is squarely in line with the goals of the New York State Master Plan for Aging, which seeks to “ensure older New Yorkers can live fulfilling lives, in good health, with freedom, dignity and independence to age in place for as long as possible,” and notes that “older adults...should be able to choose to remain in their communities.”

Since UNH released *Aging in the Shadows*, there has been increased recognition of the value of the NORC program model by communities, housing providers, and government. However, public investment in this model—not only in strengthening existing programs, but also in expanding the number of NORC programs to meet New York's rapidly aging population—has remained inadequate. Using 2022 American Community Survey data from the Census Bureau, this report provides an overview of the growth in the older adult population in New York State and documents the growing need for supportive services in their homes and communities. The report also highlights the healthcare benefits of NORC supportive service programs from a literature review of evidence-based research, and interviews with UNH member settlement house staff, to make the case for why NORC programs are an effective and proven program model that should be invested in and expanded to more communities throughout New York. Finally, the report provides an overview of challenges facing the program that will need to be addressed before expansion can occur.

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<sup>6</sup> <https://www.aarp.org/home-family/your-home/info-2021/home-and-community-preferences-survey.html>

<sup>7</sup> <https://www.huduser.gov/portal/periodicals/em/fall13/highlight2.html>

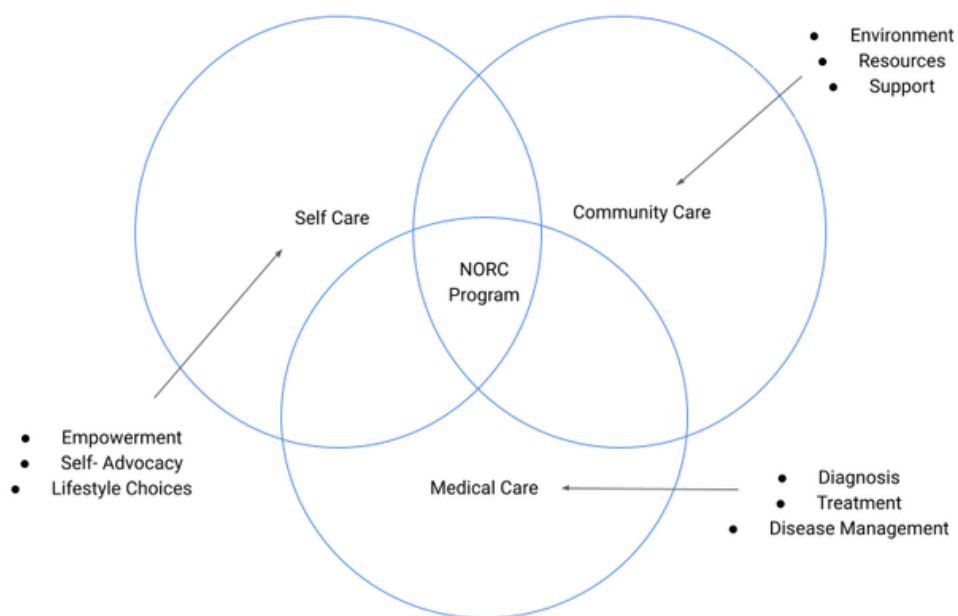


## Overview of NORC Programs in New York

### What is a NORC program?

A NORC program is a place-based program that connects older adults to services in the context of where they live, and can be found in both publicly subsidized and privately owned housing. There is typically a lead organization, generally a nonprofit social service provider, which is charged with developing partnerships, managing finances and coordinating a range of on-site services for NORC residents. Services are often comprehensive and can include assessment and case management, health care and wellness, housekeeping, social services, educational and recreational activities.<sup>8</sup> Health care-related services range from direct care for older adults to workshops and other programs that address specific health conditions prevalent in a community. Social services may include assistance with benefits and entitlements. Eligibility for services is based on age and residence in the NORC, rather than on functional status or income.<sup>9</sup>

The foundation of NORC programs are partnerships that bring together housing entities and their residents, health and social service providers, government agencies and philanthropic organizations. NORC programs typically have a healthcare partner such as a certified home health agency or hospital, which may provide in-kind nursing support. NORC residents also play a key role in the development and operations of NORC programs, including participation on an advisory committee of residents, or volunteering to lead classes or activities for other residents. As shown in the diagram below, NORC programs maximize the well-being of older adults because they integrate housing, social services and health care, and are located at the intersection of self-care, medical care, and community-based supports. NORC programs are a more cost-effective model to address the needs of an aging population as well as the model older New Yorkers and their families prefer.



Source: United Hospital Fund, 2008; Vladeck, Fredda and Rebecca Segel, Oberlink, Mia and Michal Gursen, "Health Indicators: A Proactive and Systematic Approach to Healthy Aging."

<sup>8</sup> Community Aging Initiatives and Social Capital: Developing Theories of Change in the Context of NORC Supportive Service Programs Emily A. Greenfield; <https://www.huduser.gov/portal/publications/pdf/inventory.pdf>

<sup>9</sup> Vladeck, Fredda. *A good place to grow old: New York's model for NORC supportive service programs*. United Hospital Fund, 2004.



## History of NORC programs

In 1986, the first NORC program began in Penn South Houses, a ten-building complex of 2,600 moderate-income, limited-equity cooperative apartments in New York City. A survey of residents found that many older adults living in the co-op were depressed, anxious and in need of emotional support and medical care.<sup>10</sup> Based on the survey results, the Penn South program was created to provide older adults with opportunities to remain active and engaged in the community, as well as to provide on-site health and social services to assist residents aging in place. When it was first implemented, the NORC program model represented a paradigm shift in aging services because it recognized that bringing together health care and social supports was necessary as adults aged.<sup>11</sup> The Penn South program served as a model for other programs that would eventually receive dedicated funding from both New York State and City over the next three decades. In 1995, New York State established the first NORC program targeting 14 moderate and low-income housing developments where at least 50 percent of heads of household were aged 60 or older. Four years later, New York City allocated \$4 million to strengthen 12 State-supported NORC programs in New York City and to establish 16 new programs in moderate and low-income housing developments. Meanwhile, demonstration grants from the federal government led to the implementation of NORC programs in 45 communities in 26 states between 2002 and 2008.<sup>12</sup> There are now an estimated 60 NORC programs in New York City,<sup>13</sup> with NYC Aging (formerly the NYC Department for the Aging) funding 37 of them. The New York State Office for the Aging (SOFA) funds 43 NORC programs statewide, with most located in New York City.

## Types of NORC programs

Currently there are two types of NORC programs in New York City and State. The majority of NORC programs are located within “classic” or “vertical” NORCs, and they serve a specific building or housing complex.

A “neighborhood” or “horizontal” NORC program serves older adults living within a residential dwelling or a group of residential dwellings that is located in a broader geographic area than a single building. The Neighborhood or NNORC program was developed to address older adults aging in communities where there is no common ownership of housing, such as privately-owned homes and low-rise apartment buildings.

UNH members currently run 21 NORC programs throughout New York City, the majority of them in classic NORCs, and many concentrated on the Lower East Side. UNH’s NORC programs serve older adults living in NYCHA developments, Mitchell-Lama cooperatives, and other affordable cooperative housing.

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<sup>10</sup> Altman, Anita. “The New York NORC-Supportive Service Program.” *Journal of Jewish Communal Service*. 2006.

<sup>11</sup> Vladeck, Fredda, and Anita Altman. “The future of the NORC-supportive service program model.” *Public Policy & Aging Report* 25.1 (2015): 20-22.

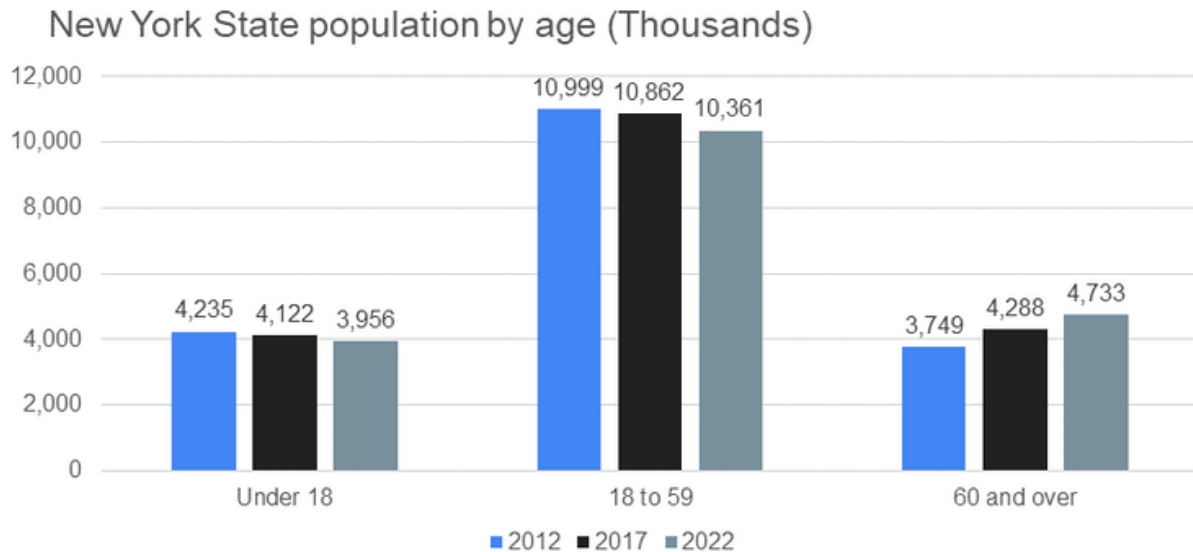
<sup>12</sup> Vladeck, Fredda, and Anita Altman. “The future of the NORC-supportive service program model.” *Public Policy & Aging Report* 25.1 (2015): 20-22.

<sup>13</sup> <https://www.nyc.gov/site/dfta/services/naturally-occurring-retirement-communities.page#:~:text=Naturally%20Occurring%20Retirement%20Communities%20>. Note that the number of government-supported NORCs sometimes fluctuates year-to-year depending on City Council funding.

## The Need for NORCs: Changing Demographic Trends in New York's Older Adult Population

### Growth in New York's older adult population while younger age groups see decline

The Empire State is graying: there are now 4.7 million older adult New Yorkers, up 26 percent from 3.7 million a decade ago (in 2012). Meanwhile, at the other end of the age continuum, the number of children in New York State shrank by 7 percent over the past decade, from 4.2 million in 2012 to just under 4 million in 2022.



Source: 1-year 2022 American Community Survey data, US Census Bureau. Excludes older adults who are in institutions or other group quarters.

### Counties in the Hudson Valley and Capital Region have experienced the largest increases in their older adult population over the past decade.

Between 2012 and 2022, there was a 43 percent increase in the older adult population in Albany County, followed by Putnam County in the Hudson Valley (42 percent increase) and Saratoga County in the Capital Region (39 percent increase). Central New York counties such as Tompkins County, which includes the city of Ithaca, and Ontario County, which includes the city of Rochester, saw their older adult population grow by more than a third over the past decade. Three counties in New York City also ranked in the top 20 counties in the State with the largest increases in their older adult population from 2012 to 2022: the older adult population in Queens rose by a third over the past decade, by 31 percent in Richmond County (Staten Island), and by 30 percent in the Bronx.



## Top 20 New York State Counties with Largest Increases in the Older Adult Population from 2012-2022

Ranking	County	2012	2022	Percent change in older adult population between 2012 and 2022
1	Albany	52,680	75,281	43%
2	Putnam	18,146	25,744	42%
3	Saratoga	44,186	61,405	39%
4	Dutchess	57,080	77,485	36%
5	Tompkins	16,454	22,083	34%
6	Ontario	24,239	32,419	34%
7	Orange	61,537	81,817	33%
8	Hamilton	1,620	2,153	33%
9	Queens	406,771	540,632	33%
10	Lewis	5,710	7,561	32%
11	Warren	15,834	20,879	32%
12	Richmond	88,523	116,024	31%
13	Wyoming	8,292	10,839	31%
14	Onondaga	91,371	119,359	31%
15	Suffolk	285,041	371,742	30%
16	Greene	11,838	15,423	30%
17	Bronx	206,568	268,479	30%

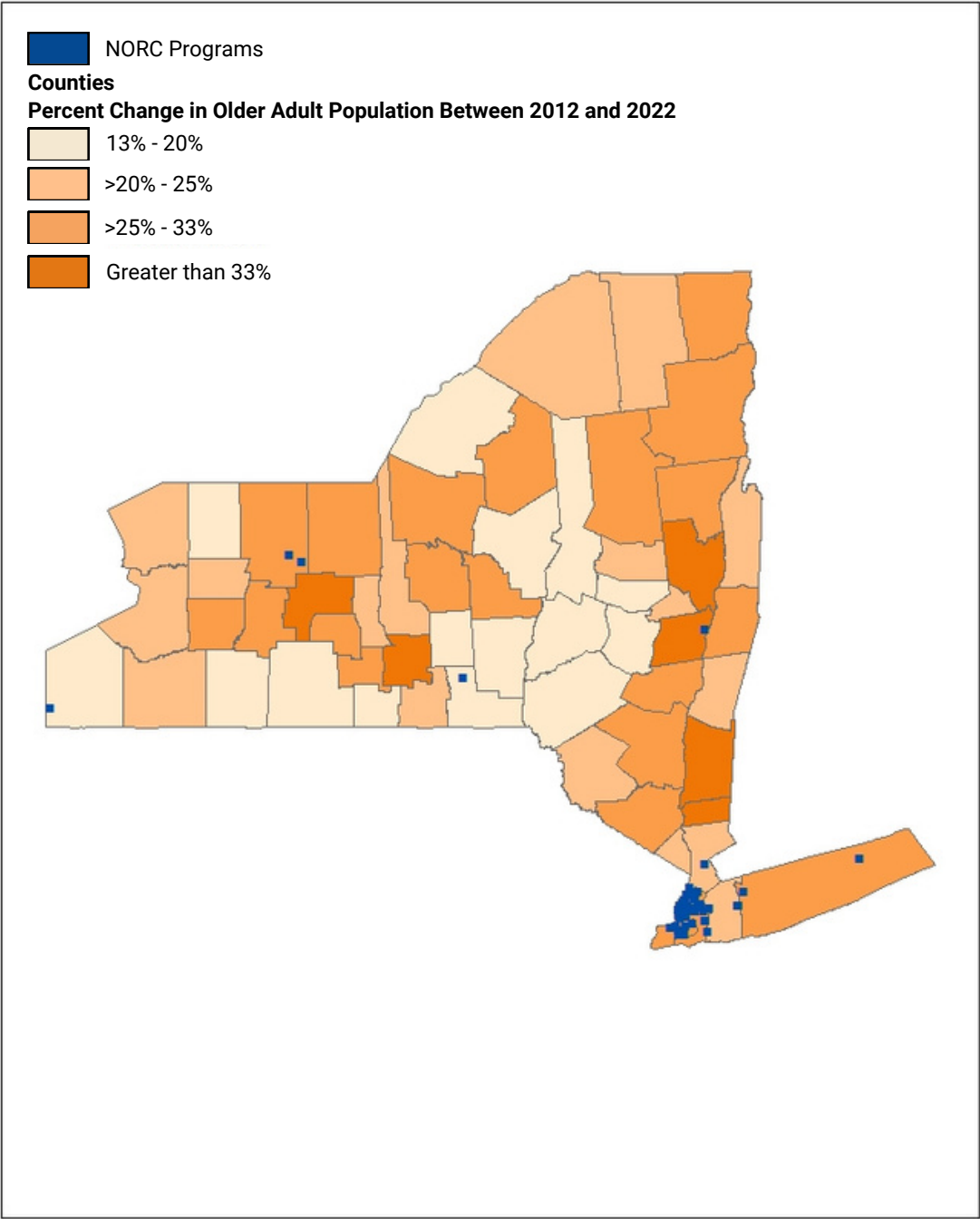
<b>Ranking</b>	<b>County</b>	<b>2012</b>	<b>2022</b>	<b>Percent change in older adult population between 2012 and 2022</b>
18	Wayne	19,443	25,150	29%
19	Clinton	15,672	20,201	29%
20	Ulster	39,971	51,484	29%

Source: 2012 and 2022 Five-Year American Community Survey estimates



**Many counties in New York with large increases in their older adult population lack a NORC program**

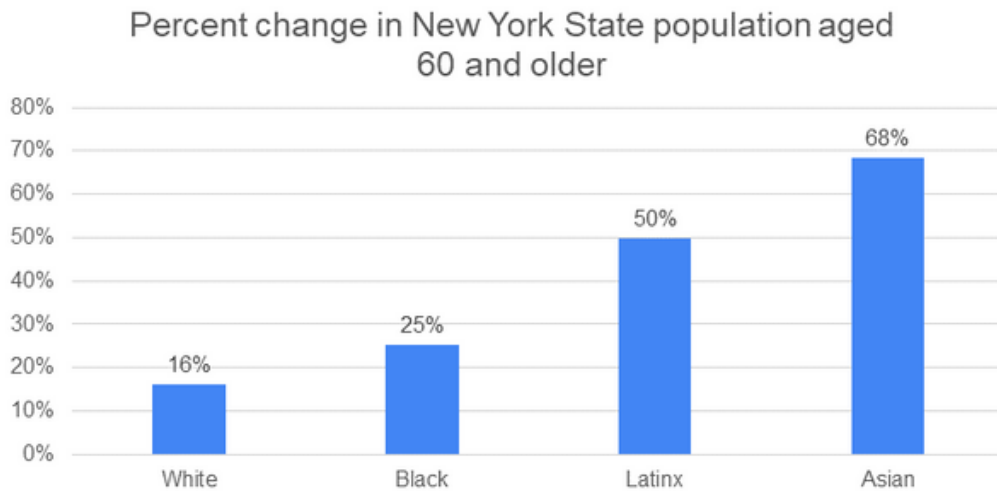
As shown in the map below, counties in the Hudson Valley region and Central New York have experienced significant growth in their population of older adult residents, but most do not have a single NORC program in their county.



Sources: 2022 American Community Survey 1-year estimates accessed via [data.census.gov](https://data.census.gov); NORC programs compiled through NYC Open data portal, NY State Office for the Aging website and UNH compilation.

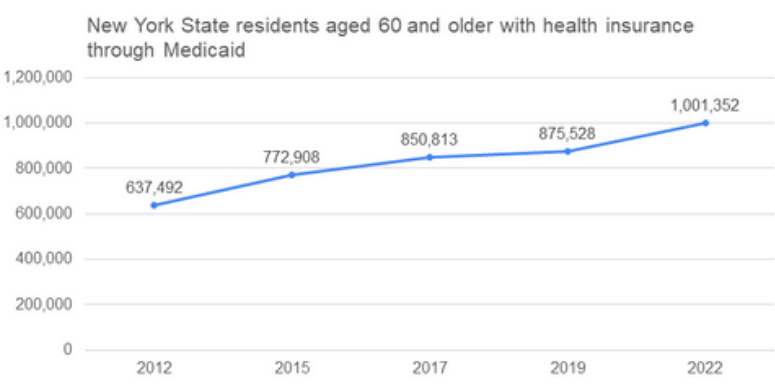
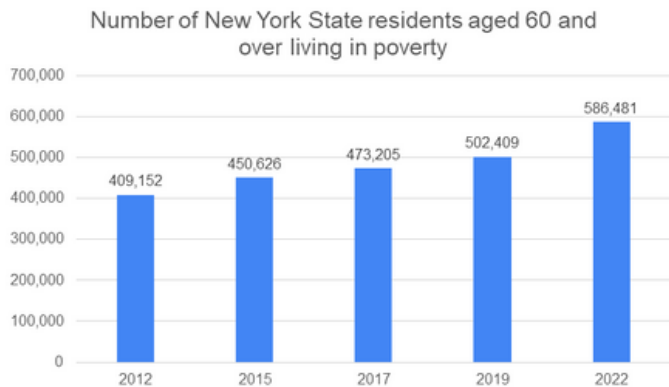
**New York’s older adult population is becoming increasingly diverse**

Over the past decade (between 2012 and 2022), the number of Asian older adult New Yorkers statewide has surged by 68 percent, the Latinx older adult population increased by 50 percent, and the Black older adult population rose by a quarter. Meanwhile, the number of White older adults grew by just 16 percent over this time period.



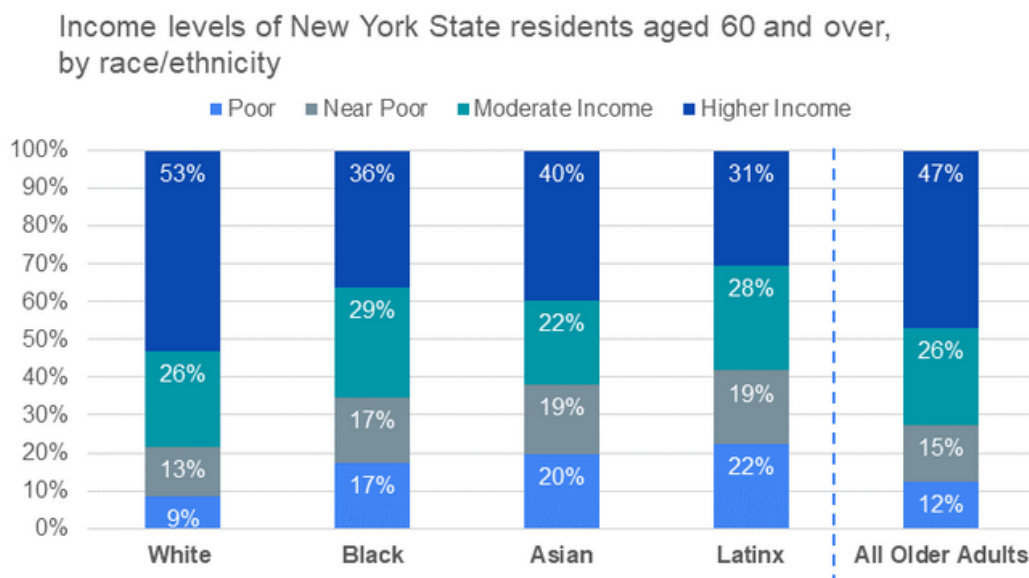
The aging of immigrant New Yorkers has been a driving force behind a more diverse older adult population in New York State: over the past decade, the number of immigrant older adults in New York State has increased from 1 million in 2012 to 1.4 million in 2022, a 34-percent increase.

**Poverty is increasing among older New Yorkers, especially among those older New Yorkers of color and immigrants.**





The poverty rates among older New Yorkers of color are more than double that of White older adult New Yorkers. As of 2022, 22 percent of Latinx older adult New Yorkers and 20 percent of Asian older adult New Yorkers live in poverty, compared to 9 percent of White older adult New Yorkers. Furthermore, older New Yorkers of color are two to three times more likely than White older adults to be covered under Medicaid—only 13 percent of White older adults received health coverage through Medicaid in 2022, compared to 31 percent of Black older adults and 40 percent of Latinx older adults.



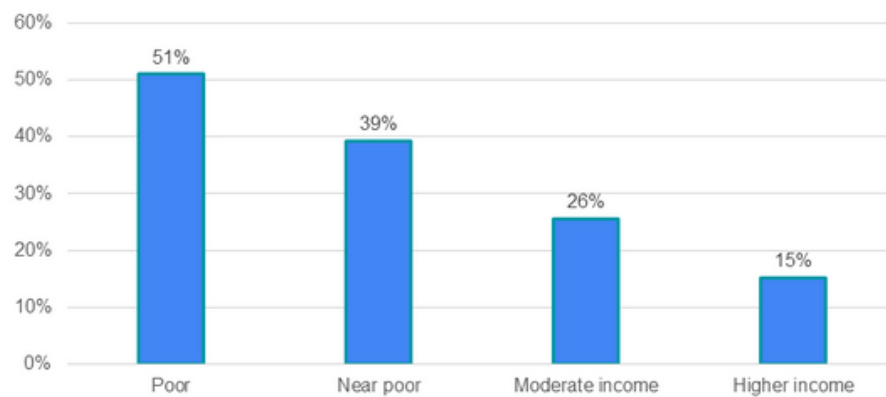
New York State’s foreign-born older adult population is more likely than their U.S.-born counterparts to live in poverty. Seventeen percent of New York State’s foreign-born older adult population lives below the federal poverty line, compared to 10 percent of older adults born in the U.S.

**A growing number of older New Yorkers are at risk for social isolation, with older New Yorkers in poverty three times more likely than those with higher incomes to live alone.**

In New York State, more than one out of every four adults aged 60 and over live alone. Over the past decade, the number of older adult New Yorkers living alone has increased from one million in 2012 to 1.2 million in 2022, a 21 percent increase. The risk of social isolation is higher among older adults with lower incomes. More than half (51 percent) of older adult New Yorkers in poverty live alone, triple the share of higher-income residents who do so (15 percent). Social isolation can have devastating health consequences for older adults—recent research has found that social isolation was associated with about a 50 percent increased risk of dementia, and poor social relationships were associated with a 29-percent increased risk of heart disease and a 32-percent increased risk of stroke.<sup>14</sup>

<sup>14</sup> <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

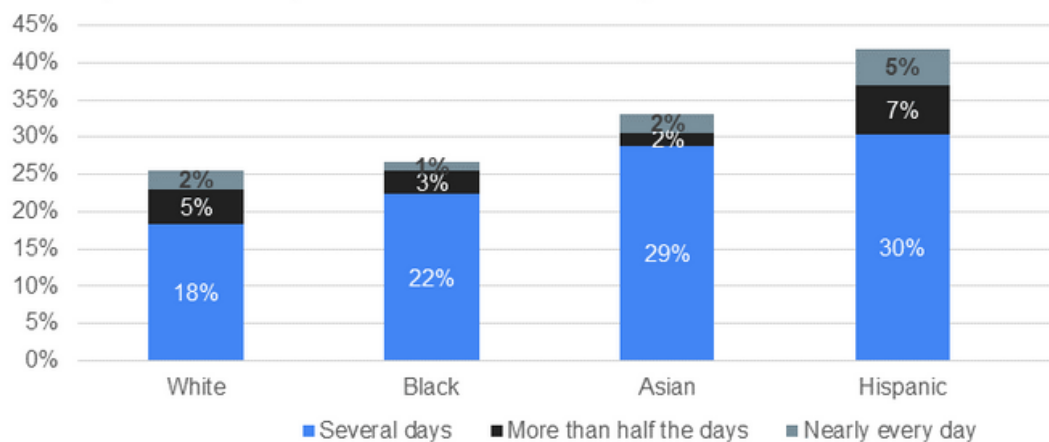
Share of New York State residents aged 60 and over who live alone



Source: 1-year 2022 American Community Survey data, US Census Bureau. Excludes older adults who are in institutions or other group quarters.

The pandemic exacerbated social isolation among older New Yorkers and increased the need for mental health support among this population, particularly older adults of color. As of fall 2023, a third of Asian older adult New Yorkers and 42 percent of Latinx older adult New Yorkers said that they felt down, depressed or hopeless over the last two weeks, in contrast to a quarter of White older adults.

Share of older adults in New York State who said that they felt down, depressed or hopeless at least several days a week over last 2 weeks



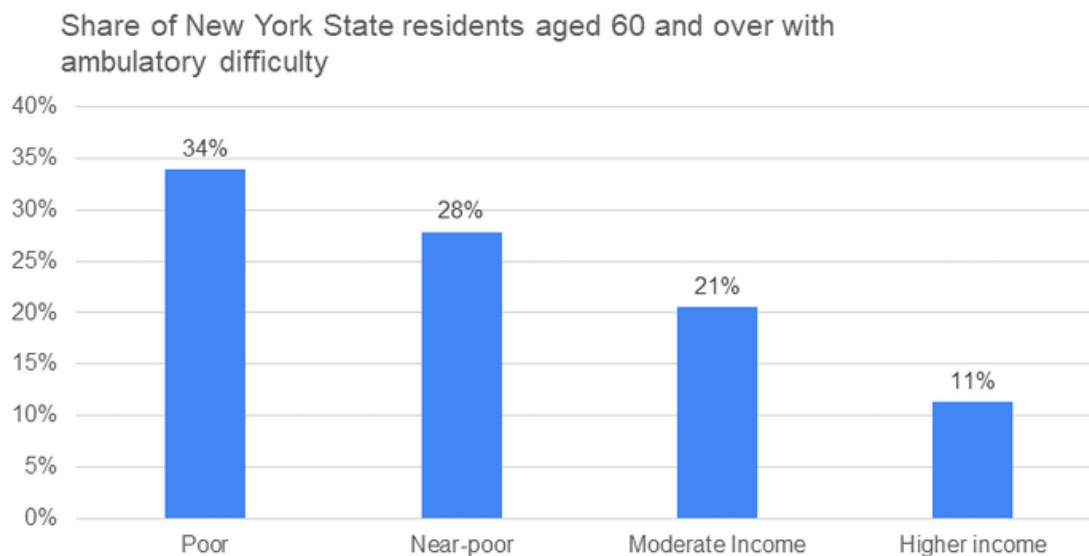
Source: UNH tabulations of US Census Bureau, Household Pulse Survey data, August 23, 2023-October 30, 2023

### Low-income older adults are likely to have greater need for supportive services

Chronic health conditions such as hypertension (high blood pressure) and diabetes are more prevalent among low-income older adult New Yorkers.<sup>15</sup> Furthermore, low-income older adult New Yorkers are much more likely than those with higher incomes to have a condition that limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying.

<sup>15</sup> <https://www.nyc.gov/assets/doh/downloads/pdf/episrv/2019-older-adult-health.pdf>;  
[https://media.nyam.org/filer\\_public/ae/4d/ae4da51a-c41e-43e5-a0db-6253fd78d305/cityvoicesagingfinal7-16.pdf](https://media.nyam.org/filer_public/ae/4d/ae4da51a-c41e-43e5-a0db-6253fd78d305/cityvoicesagingfinal7-16.pdf)





Source: 2022 American Community Survey data, 1-year estimates, US Census Bureau. Excludes older adults who are in institutions or other group quarters.

## Health Benefits of the NORC model

The COVID-19 pandemic adversely impacted the physical and mental well-being of many older adult New Yorkers, including those living in NORCs. Khristel Simmons, the Associate Vice President of Aging and Nutrition Services at Goddard Riverside Community Center/Stamley Isaacs Neighborhood Center noted that “Older adult needs increased...a lot of people got sicker, including people with autoimmune diseases.” During the pandemic, University Settlement responded to elevated requests from Village View NORC members for food scarcity, home care support, assistance with navigating healthcare systems, and mental health counseling, among others. Bing Ji, the Senior Program Director of LEARN-Older Adults Programs at University Settlement, noted that, “during the pandemic, [NORC members] have [been] more isolated, more lonely, and more frail at a scary speed” and that they have seen “more complex cases after the pandemic. We have staff stabilizing people and more people in need of [on-site] nursing care.”

NORC programs can help mitigate the negative impacts of social isolation and allow older adults to age in place safely at home for as long as possible. This section summarizes the various benefits of the NORC model, including the cost-effectiveness of NORC programs, the place-based aspect of the model that enables older adults to receive critical healthcare and social service supports without leaving their homes or neighborhoods; the ability of NORC programs to provide a continuum of tailored, culturally competent care that is responsive to the evolving needs of a diverse aging population of New Yorkers; and volunteer and civic engagement opportunities that strengthen older adults’ connections to their communities and their overall well-being, as well as strengthen the communities themselves.

## NORCs are a cost-effective solution for older adult New Yorkers

Current options for long-term care services, including nursing homes and assisted-living facilities, are out of reach for many older adults with very limited or fixed incomes. Medicaid is the largest payer for long-term care services, covering 44 percent of care in nursing homes in 2021.<sup>16</sup> Furthermore, New York State’s aging population is driving significant growth in the Medicaid program, as costs for those requiring long-term care are 10 times that of a typical Medicaid enrollee.<sup>17</sup> In New York State, an assisted living facility can cost nearly

<sup>16</sup>[https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard\\_JCHS\\_Housing\\_Americas\\_Older\\_Adults\\_2023.pdf](https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_Housing_Americas_Older_Adults_2023.pdf)

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<sup>17</sup> FY 2025 NY State Executive Budget Briefing Book

\$67,000 a year, and a private room in a nursing home is estimated at nearly \$159,000 a year, according to Genworth's 2021 Cost of Care Survey.<sup>18</sup>

Compared to costs of nearly \$160,000 for one older adult in a private room in a nursing home, NORC programs are incredibly cost-efficient. In New York City, the average NORC program costs \$251,000 and serves 355 older adults a year.<sup>19</sup> Meanwhile, New York SOFA estimates that the cost of serving an older adult in a New York State NORC program costs just \$480 a year on average.<sup>20</sup> Furthermore, by delaying institutionalization and reducing the need for hospitalization, NORC programs can generate sizable cost-savings for both older adults and taxpayers: UJA-Federation of New York estimated that the NORC Supportive Services Program at Penn South Houses forestalled 460 hospital and 317 nursing home stays, saving over \$10 million for residents and taxpayers.<sup>21</sup>

### **Trusted, coordinated on-site nursing and healthcare services are the hallmark of a NORC program**

Older adults participating in a NORC program are often likely to develop a trusted relationship with a NORC program nurse, which can help coordinate overall healthcare needs. According to a neighborhood wellness focus group that Goddard Riverside Community Center conducted of their NORC residents, three-quarters of focus group participants said that they received their primary health care through the on-site NORC program nurse. University Settlement's Ji noted that the medical system is not necessarily set up to work with older adults in providing holistic, preventative care in the way that an on-site nurse at a NORC program can. For example, an on-site nurse can explain to an older adult how a NORC program's exercise classes such as chair yoga could benefit them. A nurse at a NORC program typically works as part of a team with a social worker/case manager and a health coach,<sup>22</sup> highlighting the collaborative nature of the program to address the needs and challenges facing older adult residents. The partnership between a NORC program nurse and a social worker/a case manager provides more intensive support for NORC members through home visits that assess a range of health and mental health needs.

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<sup>18</sup> Genworth Cost of Care Survey 2021: <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>

<sup>19</sup> Similar data is not publicly available for State-funded NORC programs. The average cost of \$251,000 is based on data on bottom line budgets for providers that contract with NYC Aging to run NORC programs, accessed via OpenData: [https://data.cityofnewyork.us/Social-Services/Department-for-the-Aging-NYC-Aging-Bottom-Line-Bud/u845-acue/about\\_data](https://data.cityofnewyork.us/Social-Services/Department-for-the-Aging-NYC-Aging-Bottom-Line-Bud/u845-acue/about_data); Calculation of 355 older adults served annually is based on data from the Preliminary Mayor's Management Report for FY24 on the number of adults served through NYC Aging-funded NORC programs in the first four months of FY24: [https://www.nyc.gov/assets/operations/downloads/pdf/pmmr2024/2024\\_pmmr.pdf](https://www.nyc.gov/assets/operations/downloads/pdf/pmmr2024/2024_pmmr.pdf).

<sup>20</sup> Analysis from NYSOFA, 2024

<sup>21</sup> Guo, Kristina L., and Richard J. Castillo. "The US long term care system: Development and expansion of naturally occurring retirement communities as an innovative model for aging in place." *Ageing International* 37 (2012): 210-227.

<sup>22</sup> A health coach provides older adults with targeted support such as tools, strategies, and encouragement to reach specific health goals.

**NORC Member Profile: Mr. P**

*Mr. P is an 86-year-old living with his adult daughter at the Forest Hills Mutual Housing Association. Mr. P's daughter discontinued his home care services when she moved in. His daughter, however, did not take him to the older adult center, something that his aide had done, and as a result, Mr. P became increasingly isolated and depressed. The nurse for the NORC program run by Queens Community House made weekly home visits to monitor Mr. P's blood pressure and noted his increased isolation. The nurse engaged the NORC case manager, and both professionals encouraged Mr. P and his daughter to again engage in home care services. Mr. P is again receiving home care, which has allowed him to return to participating in lunch and other activities at the older adult center.*

Nurses in NORC programs provide vital on-site services that might not otherwise exist or be easily accessible in the community, such as medication education, diabetes testing, flu, COVID and RSV shots, mobility and balance screenings, and doctor-patient connections. The NORC program model brings healthcare to older adults so that they do not have to leave their community to seek care, which is especially critical for older adults who have chronic conditions that require constant monitoring, such as diabetes and high blood pressure. While no two programs are identical, the average NORC program utilizes 22 nurse hours per week.<sup>23</sup>

The place-based healthcare component of the NORC program model was especially vital during the height of the COVID-19 pandemic, when many older adults were isolated and lost family and home care supports. For example, at the Lincoln Square Neighborhood Center NORC program run by Goddard Riverside out of Amsterdam Houses, a public housing complex, staff made bi-monthly and weekly wellness and reassurance phone calls; and arranged for medical care and the drop-off of prescription medication to older adults in their homes.<sup>24</sup> Services provided by NORC programs during the pandemic were a lifeline for many older adults, helping them stay safe, healthy, and connected - in addition to serving as hubs for COVID-19 relief efforts by offering vaccination, testing, and PPE distribution on-site. For example, the Shorefront YM-YWHA's ("Shorefront Y") Neighborhood NORC program in Southern Brooklyn held several workshops addressing the issue of vaccine hesitancy, with the participation of the NORC program's registered nurse and a local doctor who is well-known in the community.

NORC programs provide a continuum of care that is tailored to resident needs. "The older adults benefit from having on-site social workers and nurses "who are responsive in real time to challenges that come up" explained Anne Foerg, Queens Community House's Associate Executive Director for Older Adult Services. She noted that this is especially important in identifying and managing challenging issues such as cognitive decline. "What the NORC model does so well is provide a continuum of services that address needs and challenges at various points through someone's aging trajectory," added Foerg.

The trusted relationship that many NORC members have with the on-site nurse alleviates their anxiety of receiving care in a hospital setting. "When [older adults] are in a medical emergency, they don't want to go to the ER because of white-coat anxiety," explained Susan Matloff-Nieves, the Vice President of Innovation and Justice at Goddard Riverside/Stanley M. Isaacs Neighborhood Center. "The nurse will get them to go." The NORC program nurse and social workers help keep older adults in the community by providing consistent monitoring and support after they are discharged from the hospital or rehab. According to Foerg, "Staff are able to monitor those things that can cause the most challenges and lead to repeat hospitalization." The

<sup>23</sup> UNH and UJA-Federation of New York joint survey of NORCs, Fall 2018

<sup>24</sup> <https://goddard.org/wp-content/uploads/2021/06/Interim-FY20-Annual-Report.pdf>



customized, tailored health care and services that NORC members receive on site differs from other publicly funded aging programs, including NYC Aging's case management program and older adult centers. "When staffed appropriately, NORC programs represent one of the few forms of intensive case management that exists for older adults," said QCH's Foerg. "That's why the NORC model differs."

### **Evidence-based research shows that NORC programs increase utilization of preventative care and help reduce falls.**

Given that older adults participating in NORC programs have better access to necessary nursing and health care services, they are more likely than the older adult population citywide to be immunized and to utilize preventative care services such as mammograms and colonoscopies. A survey of more than 5,000 older adults participating in NORC programs in New York City found that this population had higher rates of flu immunization (77 percent) and pneumonia vaccination (58 percent) than older adults citywide (57 and 48 percent, respectively). Only four percent of surveyed older adult women had never had a mammogram, and only 24 percent of all older adults surveyed had never had a colonoscopy, compared with a citywide rate of 33 percent for people over 65 who had never had a colonoscopy.<sup>25</sup>

In addition to blood pressure monitoring, friendly visiting, and check-ins, NORC programs host health promotion events related to managing chronic health conditions and fall prevention. A recent study of the impact of implementing a fall prevention workshop in a NORC located in Northeastern Queens found that this intervention had a positive effect on reducing falls among the older adult population<sup>26</sup>: "Given the trusting relationship that develops between NORC staff and the resident...the [NORC program] may be a cost-effective, important new resource for the management of various chronic conditions and risks for community-dwelling older adults." Other research has found that "evidence-based health promotion programs prevent, slow the progression of, or lessen the consequences of health problems prevalent among the elderly, especially hypertension, diabetes, heart disease, and increased risk for falls."<sup>27</sup>

### **NORC programs provide culturally competent care to older adults**

Language and cultural barriers, combined with mobility issues and other issues associated with aging, can limit older adults' access to services and adversely impact health outcomes. NORC programs run by UNH members provide language access and culturally linguistic, culturally competent care to the State's growing population of older adult immigrants in their homes and communities so that they can live safely at home.

Settlement house staff working at the NORC programs often reflect the demographic composition of the older adults they serve. For example, the Shorefront Y operates two Neighborhood NORC programs in Southern Brooklyn<sup>28</sup> and employs a Russian-speaking nurse and health coach. The two NORCs serve a predominantly Russian- and Ukrainian-speaking older population with roots in the former Soviet Union.

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<sup>25</sup> Vladeck, Fredda, Rebecca Segel, Mia Oberlink, Michal D. Gursen, and Danylle Rudin. "Health Indicators: A Proactive and Systematic Approach to Healthy Aging." *Cityscape* 12, no. 2 (2010): 67–84. <http://www.jstor.org/stable/20868745>.

<sup>26</sup> Chaikin, Dale, and Corinne Kyriacou. "Implementing and Disseminating a Falls Prevention Program in At-Risk Older Adults Living in a Naturally Occurring Retirement Community-Supportive Services Program." *BMJ* 328.7441 (2004): 680-687. [https://www.hofstra.edu/pdf/Community/culctr/culctr\\_events\\_healthcare0310\\_%20Chaikin\\_paper.pdf](https://www.hofstra.edu/pdf/Community/culctr/culctr_events_healthcare0310_%20Chaikin_paper.pdf)

<sup>27</sup> Vladeck, Fredda and Segel, Rebecca and Oberlink, Mia and Gursen, Michal D. and Rudin, Danylle, Health Indicators: A Proactive and Systematic Approach to Healthy Aging (September 1, 2010). *Cityscape*, Vol. 12, No. 2, p. 67, 2010,

<sup>28</sup> Shorefront Y has two New York State-funded Neighborhood NORCS but has also received significant discretionary funding for many years from NYC through NYC Aging.

University Settlement's Village View NORC program in Manhattan's East Village serves about 500 older adult members<sup>29</sup> in a seven-building Mitchell-Lama residential cooperative. Thirty-five percent of NORC members speak Eastern European languages such as Polish, Ukrainian or Russian. The NORC has a Polish-speaking nurse who can refer members to a Polish-speaking doctor, and works with a social worker to coordinate transportation to the doctor if transportation is a barrier to receiving care.

### **NORC programs strengthen the social safety net for older adults**

In addition to on-site health care and education, NORC supportive service programs improve the well-being of older adults by providing them with access to other social services and benefits that they may be eligible for, including SNAP benefits, Medicaid, and SCRIE (Senior Citizen Rent Increase Exemption) to freeze their rents and allow them to stay in their homes. The NORC model of providing wraparound, comprehensive support to older adults in their homes is aligned with the settlement house model itself, which provides multiple services within the community. As Jennifer Vallone, the Associate Executive Director, Adults, Arts, and Advocacy at University Settlement, explained, "Settlement houses provide economies of scale," noting that they manage all of their older adult services under one umbrella. Like the settlement house model, the NORC model acknowledges that older adults are often dealing with multiple complex needs, including food and housing insecurity, chronic health conditions, and mental health issues, that require a multi-pronged approach to care and service delivery.

#### **NORC Member Profile: Ms. Alla**

*Eighty-six year old Ms. Alla is one of the members of Shorefront Y's Neighborhood NORC (NNORC) program in Southern Brooklyn. Ms. Alla immigrated to the United States from Russia in 1994. She is low-income and lives alone in an apartment building in the area. Her husband passed away last year. Ms. Alla has been diagnosed with multiple chronic illnesses such as hypertension, hypothyroidism, insomnia, and more. The NNORC registered nurse makes regular home visits to check on Ms. Alla's status, while social workers provide case management, information and assistance, and support. Among other things, the RN educates Ms. Alla on how to manage her chronic conditions, stay active to improve her mobility, and how to use DME (durable medical equipment) to prevent falls. The NNORC social workers provided a range of services to Ms. Alla, including consultations on government benefits and entitlements, translation and explanation of letters and bills from Con Edison, National Grid, and Optimum, and help filling out paperwork. Additionally, the NNORC program staff assisted Ms. Alla in requesting and completing an application for a supplemental hardship fund payment. The application was eventually approved. NNORC staff also helped Ms. Alla complete her recertification for SNAP benefits. A few months later, assistance was provided to Ms. Alla in completing her annual Section 8 recertification, which was also approved.*

### **NORCs combat social isolation and strengthen community connections - a key part of healthy aging**

NORC programs provide volunteer and civic engagement opportunities for older adults that are rooted in a strength-based approach to aging, rather than a needs-based approach that is typical of many services targeted toward older adults. Research<sup>30</sup> shows that these social connections are a key part of health promotion and healthier, age-friendly communities, as "connectedness to other people (not just service

<sup>29</sup> A NORC member is anyone aged 60 and over who lives in the geographically determined NORC. The older adult needs to be registered in order to be counted as participating, per funding source rules. However people are able to register and choose to participate when and how they wish.

<sup>30</sup> Vladeck, Fredda, and Anita Altman. "The future of the NORC-supportive service program model." *Public Policy & Aging Report* 25.1 (2015): 20-22.



providers) and the broader community is a determinant of well-being in old age.” Furthermore, a survey of more than 5,000 older adults participating in NORC programs in New York City found that the rate of social connections (frequency with which older adults see or speak to family members and friends) was high, at 93 percent, and 77 percent of the older adults surveyed reported leaving their homes three times a week or more.<sup>31</sup>

Although NORC programs were not originally developed as “neighbors helping neighbors” programs “the model does seek to strengthen various relationships within a community, including older adults’ relationships with each other and with their broader community.”<sup>32</sup> With support from UNH’s Institute for Empowered Aging, Goddard Riverside’s West Side NORC program created Neighbors Helping Neighbors, a volunteer project where NORC members reached out to neighbors on their floor to make them aware of NORC program services. At Educational Alliance, older adult resident volunteers lead arts, education, and exercise classes and help coordinate special events; assist in the daily operation and clerical work of the NORC program; and conduct telephone reassurance and wellness calls. In fact, NORC member volunteers run 50 percent of programming at Educational Alliance’s NORC program. As Queens Community House’s Foerg noted: “What is powerful is that the NORC [program] gives significant opportunities to volunteer and give back. For the people, by the people, which is a big engagement component.” This aspect distinguishes NORC programs from other older adult programs because they “focus on older adults as not just passive service recipients, but rather as active contributors to their own and others’ well-being.”<sup>33</sup>

NORC programs run by settlement houses also foster community connections by facilitating intergenerational programming that connects older adults to younger generations. Hamilton-Madison House has rolled out a number of intergenerational programs and events through their three NORC programs on the Lower East Side, including a teen program where youth and older adults sing karaoke, play pool, or work on oral history projects together. Youth also teach an Interger Tech class to older adults, assisting older adults with using apps such as Google Translate, Gmail, and Google Maps, among other skills. As Bonnie Lumagui, the Assistant Executive Director Older Adults and Community Services at Hamilton-Madison House, noted, “The NORC [program] is not just keeping [older adults] in the home, but keeping them connected to community...I have seen this [NORC program] change lives. I’ve seen seniors come out of their shells. I’ve seen seniors get the medication they need and overcome challenges such as depression so they can age in a supportive and strong way. They are vibrant and offer so much to the community.”

## Challenges and Opportunities to Strengthen and Expand the NORC Model in New York

### Funding and staffing remain barriers to expanding the NORC model

As highlighted above, the health, cost-savings, and community benefits of the NORC model in helping older adults age safely in their communities are numerous and well-documented. However, funding in existing State and City contracts is insufficient for operating NORC programs to provide the necessary level of services that older adults need post-pandemic. A settlement house program director shared, “One of the hardest things about NORC [programs] is not how they are designed but how they are funded. They are bare-bones contracts.” Another settlement house director shared, “The costs keep going up but the value of the award doesn’t.”

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<sup>31</sup> Vladeck, Fredda, Rebecca Segel, Mia Oberlink, Michal D. Gursen, and Danylle Rudin. “Health Indicators: A Proactive and Systematic Approach to Healthy Aging.” *Cityscape* 12, no. 2 (2010): 67–84. <http://www.istor.org/stable/20868745>.

<sup>32</sup> Emily A. Greenfield, Support from Neighbors and Aging in Place: Can NORC Programs Make a Difference?, *The Gerontologist*, Volume 56, Issue 4, August 2016, Pages 651–659, <https://doi.org/10.1093/geront/gnu162>

<sup>33</sup> Emily A. Greenfield, Support from Neighbors and Aging in Place: Can NORC Programs Make a Difference?, *The Gerontologist*, Volume 56, Issue 4, August 2016, Pages 651–659, <https://doi.org/10.1093/geront/gnu162>

Like the rest of the human services sector, settlement houses with NORC programs note that they are facing challenges with hiring and retaining qualified bilingual and trilingual staff. One settlement house NORC staff member noted, “I need staff that’s bilingual: Cantonese, Mandarin, Toisanese. If I don’t have the salary, I can’t compete with hospitals. Salaries are too low.”

Another settlement house staff member noted that if they had more money in their State and City contracts, they would hire more mental health counselors to address the growing mental health needs of their NORC members and to pay more competitive salaries: “It’s hard to pay competitive salaries given the [budget] we have for NORC [programs], especially after the pandemic. Case managers and social workers want more money. We have two [part-time] nurses from two different agencies because we can’t afford one nurse 100 percent of the time. We have enough work for a full-time nurse and a full-time mental health counselor.” Similarly, another settlement house staff member noted that despite the increase in mental health issues among their NORC members, their program lacks sufficient funds in their contracts to hire the appropriate staff: “We are not as equipped as we’d like to be in terms of staffing to address issues more comprehensively. None of the funding is enough to be competitive in terms of salaries for social workers...they find higher-paying jobs elsewhere. We’re hamstrung with resources limited by government contracts.” Other settlement houses shared that lack of pay parity and the desire for remote work remain issues when it comes to recruitment, noting that it is difficult to recruit nurses and social workers who would rather work at places that offer “more money and more flexibility around schedules.”

A hybrid NORC and older adult center program can help alleviate some staffing concerns. This hybrid model offers older adults access to meals, cultural and recreational group activities, in addition to the health and social services component of NORC programs. Established in 2002, the Lincoln Square NORC program is a hybrid NORC and older adult center program run by Goddard Riverside Community Center that serves a high-need, low-income, primarily Spanish-speaking older adult population.<sup>34</sup> Simmons of Goddard Riverside/Stanley Isaacs Neighborhood Center noted that the hybrid model has enabled them to serve more older adults and merge funding streams to afford more social workers and minimize staff vacancies. Although a hybrid NORC and older adult center program model can help providers address some of their staffing shortages, settlement houses continue to struggle with sufficient staffing to meet all of the growing needs of older adults participating in their NORC programs.

### **Other programmatic challenges**

Settlement houses shared that government agencies are interested in measuring the impact of NORC programs but have not invested funding for program evaluation, with one program director noting: “how are you delaying institutionalization...It takes work to evaluate that impact. It’s not something that people doing the services are also doing at the same time. I would love for programs to have a research coordinator that is funded to dig a little deeper.”

Additionally, NYC Aging recently changed their rule about allowing NORC programs to meet their programming requirements with virtual classes, which settlement house staff shared has impacted older adult centers but had even worse impacts on NORC members. One NORC program director noted, “People’s frailty is increasing. [Virtual classes] have become a critical way of connecting community members. Some people benefited from a fully virtual model.” They added that some older adults prefer virtual programming because they remain concerned about COVID and issues of street safety. Similarly, another settlement house noted that NORC supportive service program providers should have the flexibility in their contracts to offer telehealth and hybrid options for healthcare services.

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<sup>34</sup> <https://goddard.org/wp-content/uploads/2021/06/Interim-FY20-Annual-Report.pdf>



Settlement houses shared that it would be helpful to have more flexibility in their contract regarding usage of certain underutilized community spaces, such as their Cornerstone space, for NORC programming and intergenerational programming. Providing this flexibility would also support and strengthen connections between older adults and young people.

## Recommendations

### 1) Fund more NORC programs

With older adults now accounting for a quarter of all New York State residents, there is a need for more community-based, supportive services to address these demographic shifts. Given their adaptability and efficiency, NORC programs are a model that New York State should expand to help older adults continue living in their homes and communities. NORC programs are a cost-effective, evidence-based model that provides essential on-site nursing, healthcare and social services to older adult residents in the comfort of their homes and neighborhoods. Furthermore, these programs combat the risk of social isolation through volunteer and civic engagement opportunities, as well as intergenerational programming that strengthen older adults' connections with young people in their communities.

The State-contracted NORC program last underwent an expansion in 2019, and at that time there were more applicants to the program than the State could afford to fund. Now is the time to grow the NORC program by expanding to new sites across the State, to meet the needs of the growing older adult population. With a modest \$1.5 million investment in the next State budget, SOFA will be able to create between six to eight new NORC programs across the State, which will serve hundreds if not thousands of older adults. In addition, we recommend a longer-term investment to grow the program to even more new sites. SOFA has been a strong partner in the strengthening and expansion of NORC programs in recent years, and we expect that if expansion funding is available they would be able to issue a competitive procurement to select new programs. Notably, in November 2023 Governor Hochul signed legislation (S.3392 (May)/A.5915 (Kim)) to increase flexibility on NORC building height restrictions that limited eligibility in the past, thus granting future eligibility to more sites.

New York City has funded new NORC program pilots in the last several years via the NORC Council Initiative. The City should set a goal of formally contracting these programs via NYC Aging to ensure their funding is baselined and stable year-over-year, while ensuring programs that rely on Council funding to meet the match requirement in their State contracts are still able to do so.

### 2) Increase State and City Funding for NORC Nursing

Despite their outstanding work during COVID-19 and beyond, NORC programs face a specific funding challenge. Many programs struggle to meet requirements for on-site healthcare and nursing hours, which are mandated in SOFA and NYC Aging contracts and represent a crucial part of NORC services for the community. At many NORC sites, providers have traditionally secured *pro-bono* nursing services sourced from hospitals, nursing students, retired volunteers, and other means. However, these arrangements have become unstable due to changes in the healthcare sector, in addition to the growing need for health care as New York's population ages. In 2019 the largest provider of nursing services to NORCs eliminated all of their *pro-bono* hours. From 2015-2018, NORC programs reported an average loss of 50% of their *pro-bono* hours, from about 12 to 6 hours each week.<sup>35</sup> Consequently, NORCs contracts do not fully fund the services those government contracts require.

For the last several budget cycles the State Legislature has provided additional funding specifically to support nursing services in State-contracted NORCs. This supplemental nursing funding was first added by the

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<sup>35</sup> UNH and UJA-Federation of New York joint survey of NORCs, Fall 2018

Legislature at \$325,000 in FY 2019-2020, and was increased to \$1 million in FY 2021-2022, where it remains today. Each NORC receives \$23,256 in their contracts from this funding each year, and crucially it is not subject to unit of service increases. For the last several years, SOFA has been able to supplement this funding, bringing each NORC up to \$50,000, though this funding is not guaranteed each year. The State must baseline the \$1 million to ensure stable funding for these programs, while ultimately growing this funding to \$2.15 million to capture the supplemental SOFA funds. Absent this baselined support, we urge the Legislature to support inclusion of this funding in the final budget. Finally, we encourage the State to consider longer-term solutions to funding NORC programs beyond existing SOFA budget lines; given the healthcare components of the program, the State should explore partnerships and funding sources within the Department of Health and Medicaid.

Similarly, the New York City Council for the last several years has provided supplemental funding for NORC nursing for NYC Aging-contracted NORCs, as part of the broader NORC Council Initiative that supports various NORC programming across the City. This funding level has varied, reaching as high as \$1.3 million in FY 2020. The City must absorb these funds in their baselined budget, and absent of this we urge the Council to include this funding in their final budget.

### **3) Include cost of living adjustments and Update the State COLA statute to include all state-contracted human services workers**

One of the largest challenges facing NORC staff, and indeed the entire human services sector, is hiring and retaining qualified staff due to tight contracts that do not allow for sufficient salaries. At both the City and State levels, we encourage government to invest in regular, annual cost of living adjustments (COLAs) to all human services workers – including NORC workers – that is in line with inflation and the true cost of living.

New York State is statutorily required to provide annual COLAs to contracted human service workers. For a decade, former Governor Cuomo deferred the COLA, contributing to an industry-wide staffing crisis that negatively affects providers' ability to provide essential community services. Governor Hochul has provided COLAs for this workforce the last three budget cycles. This is a very welcome development, and a step in the right direction to invest in this workforce and attract talent to this critical sector.

One of the most immediate challenges with this policy is that the human services COLA does not apply to every human services worker and program in New York State. Because the COLA language has remained relatively unchanged in the budget each year – stretching back to 2005 – the programs listed out for each state agency do not include newer programs, and in some cases even rely on old program names.<sup>36</sup> Because of this, when the budget includes a human services COLA, many human services workers across the State do not receive that COLA and instead are held at poverty-level wages due to the State's inaction. Although NORCs existed in 2005, they were not included in the COLA statute, and today NORC workers remain ineligible. This has made it challenging for settlement houses and other community-based nonprofit organizations to hire and retain qualified staff. It also creates challenges within multi-service organizations when some staff receive a COLA, while others do not.

The State must take action to ensure New Yorkers' uninterrupted access to human services. The Division of Budget should take a comprehensive look at missing programs and include those programs in the next COLA budget language, including NORCs. This should mirror language proposed in S.7793A (Persaud) / A.8437A

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<sup>36</sup> For example, the State Office for the Aging renamed its nutrition program from SNAP to Wellness In Nutrition (WIN) in 2013, to avoid confusion with the federal SNAP program; but the COLA language continues to say SNAP to this day.



(Hevesi).

#### **4) Provide Programmatic Flexibility to Reach More Older Adults**

State and City NORC program contracts should provide NORC programs with flexibility in their contracts to offer telehealth and hybrid options to older adults, enabling providers to do what's best for the community without administrative barriers. This flexibility also extends to NORC programming—NYC Aging previously allowed NORC programs to meet their programming requirements with virtual classes, but has since removed this option, which leaves homebound or frail older adult NORC members with fewer options for making community connections. Contracts should also offer NORC program providers who provide supportive services at NYCHA developments with more flexibility regarding usage of certain underutilized community spaces. Finally, we encourage the State and City to evaluate the match and community partnerships requirements while ensuring NORC programs can maximize their funding and resources.

#### **Conclusion**

The rapid growth of New York's older adult population requires an investment and expansion in proven, evidence-based models like NORC supportive service programs that enable older adults to safely age in place in their homes and communities for as long as possible. As highlighted in this report, NORC programs provide a continuum of tailored, culturally competent care that is responsive to the evolving needs of a diverse aging population of New Yorkers and help older adults strengthen connections to one another and to their communities. Yet, funding in existing State and City NORC contracts for NORC programs remain inadequate for addressing the post-pandemic healthcare and mental health challenges facing many older adult New Yorkers.

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**United Neighborhood Houses (UNH)** is a policy and social change organization representing neighborhood settlement houses in New York City and state that reach over 770,000 New Yorkers from all walks of life.

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