

# A NORC in Every Neighborhood: Expanding Naturally Occurring Retirement Communities to Meet the Needs of Older New Yorkers

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## Introduction

New York City is home to 1.9 million older adults aged 60 and over, a 28-percent increase from a decade ago.<sup>1</sup> Older adults now make up nearly one in four New York City residents (24 percent). The overwhelming share of older adults want to age in place in their own homes and communities.<sup>2</sup> However, over half a million older adult New Yorkers (504,000) are living alone, putting them at greater risk for loneliness and social isolation. The risk of social isolation is even greater among older adults with lower incomes—older adults in poverty are twice as likely as those with higher incomes to live alone.<sup>3</sup> Research shows that social isolation can significantly increase the risk of physical and mental health issues such as heart disease, stroke, dementia, anxiety, and depression.<sup>4</sup>

United Neighborhood Houses' (UNH's) 2005 report, *Aging in the Shadows*, brought social isolation of older adults to the forefront of policy discussions. Two decades later, loneliness and social isolation persist among older New Yorkers—a recent assessment of 8,600 older adults and their caregivers conducted by the New York City Department for the Aging (NYC Aging) found that nearly 17 percent of older adults reported relatively high levels of loneliness, and 22 percent of survey respondents indicated they would like to socialize with others more.<sup>5</sup>

Supportive service programs in Naturally Occurring Retirement Communities (NORCs)

(also referred to as NORC programs) help combat social isolation among older adults with low and moderate incomes while enabling this population to age safely in their own communities. NORC programs are run by community-based providers who contract with New York City and/or State to coordinate on-site health care, social activities and other support for older adults. A recent survey conducted by the New York State Office for the Aging (NYSOFA) found that older adults participating in NORC programs experienced significant reductions in social isolation.<sup>6</sup> As outlined in UNH's 2024 [report](#), the NORC program is a proven, cost-effective model that strengthens the physical and mental well-being of older adults while delaying more costly interventions such as nursing homes and other institutionalized care.

Since the first NORC program launched 40 years ago, the number of NORC programs in New York City has expanded to more than 60, with NYC Aging funding 36 of these programs through contracts with settlement houses and other CBOs.<sup>7</sup> Thirteen UNH settlement house members serve more than 8,500 older adults in City- and State-funded NORC programs across 21 sites in New York City. Yet, public investment in this model has remained inadequate to support the growth of the older adult population in New York City. Aside from the addition of several new NORC programs through City contracts in 2021, City and State funding for NORC programs has remained relatively flat. NORC programs were previously able to secure

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pro-bono nurses from community partners, but over the last several years those free services have eroded, with some health providers charging more than \$100 per hour. NORCs have struggled to maintain their nursing services without permanent funding enhancements.

By 2030, projections show that the number of New Yorkers aged 60 and over will make up between 19 and 25 percent of each borough's population.<sup>8</sup> Furthermore, as immigrant New Yorkers age, New York City's older adult population becomes more diverse. The City must expand the number of NORC programs to address the needs of a rapidly aging—and diversifying—population.

This brief builds on UNH's 2024 report to highlight the continued need for more NORC programs that help older New Yorkers stay healthier, more engaged, and less isolated. The brief includes an analysis of the New York City neighborhoods without a contracted City or State NORC program that would benefit from the on-site health care and other coordinated support that these programs provide for older New Yorkers. **UNH urges the City to invest \$10 million in the FY27 budget to ensure that there is a NORC in every neighborhood.**

## Overview of NORC programs and their benefits

NORCs are apartment buildings, housing complexes or neighborhoods that were originally populated by individuals of all ages, but are now home to a significant number of older adults. Within these designated NORCs, nonprofit social service providers coordinate a range of comprehensive on-site services that keep mostly low- and moderate-income older adult residents healthy and socially connected. These services include assessment and case management, health care and wellness, housekeeping, assistance with enrolling into benefits and entitlements, social events, and educational activities such as fall prevention

workshops. Language and cultural barriers can limit older adults' access to nursing care and other critical health supports. NORC programs run by UNH members and other CBOs provide vital on-site access to culturally and linguistically competent services such as medication education, diabetes testing, flu and COVID-19 shots, and mobility and balance screenings.

### **NORC programs strengthen social connections and reduce social isolation**

A 2025 NYSOFA survey found many older adults participating in NORC programs saw notable reductions in loneliness and social isolation. Prior to joining a NORC program, nearly half (49 percent) of surveyed older adults said that they felt isolated from others, but after joining, the share reporting isolation from others fell to 17 percent.<sup>9</sup> NORC programs reduce social isolation by providing opportunities for older adults to be active and engaged in their communities, through intergenerational programming that connects older adults to younger generations, participation on an advisory resident committee, and volunteering to lead classes or activities for other residents.

### **NORC programs can delay costly institutionalized care and enable older adults to safely remain living in their own homes.**

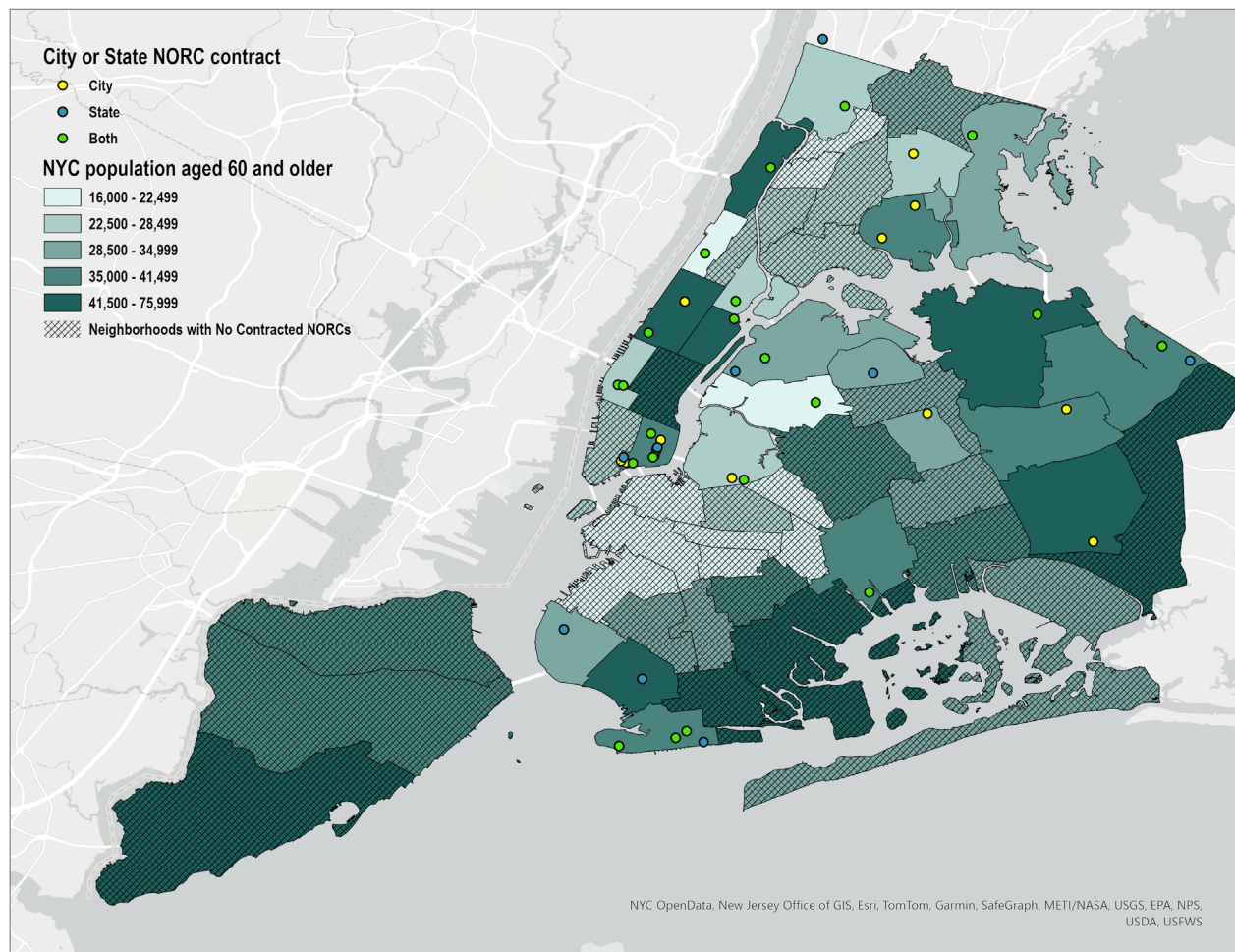
Current options for long-term care services such as nursing homes and assisted-living facilities are out of reach for many older adults with very limited or fixed incomes. **The average cost of caring for one older adult in a private room in a nursing home is \$180,675 a year in the New York City metro area, compared to just \$480 for a New York State-funded NORC program.**<sup>10</sup> Furthermore, the NORC program at Penn South Houses in New York City saved New York State an estimated \$11 million over three years by forestalling 460 hospital and 317 nursing home placements.<sup>11</sup>

## More than half of New York City neighborhoods lack a City- or State-contracted NORC program

There are now nearly two million older adults in New York City. The most recent Census Bureau data shows that in 12 New York City neighborhoods, older adults make up more than a quarter of the population. Greater investment in NORC programs should be a key part of initiatives to support a rapidly growing older adult population in New York City.

However, as shown in the map below, 31 out of 55 New York City neighborhoods<sup>12</sup> (56 percent) do not have any City- or State-contracted NORC programs.<sup>13</sup> The Lower East Side and Chinatown are home to many contracted NORC programs. Yet, neighborhoods like Canarsie in Brooklyn, the South Shore of Staten Island, and Queens Village, Bellerose and Hollis in Southeastern Queens, with a high concentration of older adults, do not have a single contracted NORC program.

**FIGURE 1: Number of New York City residents aged 60 and over by Public Use Microdata Area (PUMA) with locations of City- or State-Contracted NORC Programs**



These 31 neighborhoods—13 in Brooklyn, six in the Bronx, six in Queens, three in Manhattan, and three in Staten Island—could greatly benefit from a contracted NORC program to provide critical resources and community to the older adults

living there.<sup>14</sup> As shown in Figure 2 below, five of the neighborhoods without a contracted NORC program are in the top one-fifth of all New York City neighborhoods by older adult population.

**FIGURE 2: Population of older adults aged 60 and over in New York City Neighborhoods without City- or State-Contracted NORC Programs**

Borough	Neighborhood (PUMA)	Population aged 60 and older	Older adults as share of residents
Queens	Queens Village, Bellerose & Rosedale	58,238	28%
Brooklyn	Canarsie & Flatlands*	50,927	26%
Manhattan	Midtown East & Flatiron*	48,721	25%
Brooklyn	Sheepshead Bay & Gravesend (East)*	42,858	27%
Staten Island	South Shore	42,096	25%
Queens	Ridgewood, Maspeth, & Middle Village	38,944	21%
Staten Island	North Shore*	38,520	21%
Staten Island	Mid-Island	38,100	27%
Brooklyn	East Flatbush	38,042	25%
Queens	South Ozone Park & Howard Beach	35,464	26%
Bronx	Wakefield, Williamsbridge, & Eastchester	34,826	22%
Brooklyn	Flatbush & Midwood	33,770	21%
Brooklyn	Borough Park & Kensington	32,659	17%
Queens	Kew Gardens, Richmond Hill, & Woodhaven	32,180	22%
Queens	Elmhurst & Corona	32,037	19%
Queens	The Rockaways*	31,482	24%
Bronx	Morrisania, Tremont, Belmont & West Farms	28,749	16%
Manhattan	Financial District & Greenwich Village	28,478	18%
Brooklyn	Bedford-Stuyvesant	26,049	14%
Bronx	Melrose, Mott Haven, Longwood, & Hunts Point	25,705	17%
Bronx	Highbridge & Concourse	24,695	17%
Manhattan	Harlem*	24,236	18%
Bronx	Fordham, Bedford Park, & Norwood	22,435	17%
Brooklyn	Crown Heights (South)	21,394	22%
Brooklyn	Sunset Park & Windsor Terrace	21,008	18%
Brooklyn	Ocean Hill & Brownsville*	20,298	20%
Brooklyn	Downtown Brooklyn & Fort Greene	20,169	16%
Brooklyn	Park Slope and Carroll Gardens	19,402	16%
Bronx	Morris Heights & Mt. Hope*	19,361	15%
Brooklyn	Crown Heights (North)	18,979	17%
Brooklyn	Bushwick	16,087	14%

\*These neighborhoods have a NORC program pilot supported with City Council discretionary funding.

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Many of the older adults in these neighborhoods are foreign born. In fact, the aging of New York City's immigrant population has been the main driver behind the growth in the City's older adult population—there are now over a million foreign-born older adults in New York City, up 39 percent from about 740,000 a decade ago (in 2013). NORC programs provide language access and culturally competent care to the City's growing population of older adult immigrants aging in their homes and communities.

**Overall, there are more than 965,000 older adults aged 60 and older living in neighborhoods that don't have a contracted NORC program.**<sup>15</sup> In every neighborhood of New York City, from Bushwick to Flushing, there are thousands of older adult residents who would benefit from a contracted NORC program in every neighborhood.

## Recommendation

**UNH recommends that New York City include a new investment of \$10 million in the FY27 budget to ensure that there is a NORC in every neighborhood.** There should be a contracted procurement process through NYC Aging that prioritizes siting a NORC program in each of the 31 neighborhoods that currently lacks one. This procurement could happen concurrently with a planned NORC Request for Proposals (RFP) for the entire system, or be a standalone RFP for new programs only. Each program would cost approximately \$322,000, more than the current contract average of \$251,000, to account for higher staff salaries and program costs. Notably, the New York City Council has funded new NORC program pilots in the last several years through the NORC Council Initiative. These programs are primed for formal contracts and could serve as some of the new NORCs, thus enabling them to receive stable, baselined funding each year.

Additionally, UNH recommends New York City baseline long-standing nursing support that is part of the City Council's NORC Initiative of approximately \$1 million. In alignment with the NORC program model, these nurses provide vital services that would not

otherwise exist in the community, such as medication education, diabetes testing, flu shots, mobility and balance screenings, and doctor-patient connections. Many residents rely on these nurses as a main source of health care and truly value the consistent, quality care they provide. At many NORC program sites, providers have traditionally secured pro-bono nursing services sourced from hospitals, students, retired volunteers, and other means. However, these arrangements have become unstable due to changes to the healthcare field, and there is a growing need for health care as New York's population ages. Notably, in 2019 the largest provider of nursing services to NORC programs eliminated all of their pro-bono hours. From 2015-2018, NORC programs reported an average loss of 50 percent of their pro bono hours, from about 12 to six hours each week. Consequently, NORC program contracts do not fully fund the services required by their NYC Aging contracts.

## Conclusion

Older adults now account for about a quarter of all New York City residents, and even higher shares in many neighborhoods across the City. An increasing number of older New Yorkers, especially those with low and moderate incomes, are living alone and are at greater risk for loneliness and social isolation. This underscores the need for a significant expansion of community-based, supportive services to address the needs of low- and moderate-income older New Yorkers and ensure that they can safely age in place in their homes and communities. NORC programs are a cost-effective, evidence-based model that connect older adults to services where they live, integrating housing, social services and health care to ensure the overall well-being of older adults. NORC programs also reduce the risk of social isolation by providing older adults with volunteer and civic engagement opportunities that strengthen connections to their communities. A \$10 million investment to ensure that there is a contracted NORC program in every neighborhood in New York City would benefit thousands of older adult residents and contribute to a more age-friendly, affordable and inclusive city.

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*UNH is a policy and social change organization representing neighborhood settlement houses that reach more than 840,000 New Yorkers from all walks of life. A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers. UNH leads advocacy and partners with our members on a broad range of issues including civic and community engagement, neighborhood affordability, healthy aging, early childhood education, adult literacy, and youth development.*

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- 1 UNH analysis of Five Year 2019-2023 American Community Survey data, US Census Bureau.
- 2 AARP, <https://www.aarp.org/home-living/home-community-preferences-survey-2024/>
- 3 UNH analysis of Five Year 2019-2023 American Community Survey data, US Census Bureau. Low-income is defined as those with incomes at or below 200% of the federal poverty level, which was \$28,160 for a single-person household in 2023.
- 4 <https://www.ncbi.nlm.nih.gov/books/NBK557983>; <https://jamanetwork.com/journals/jama/fullarticle/2819153>
- 5 <https://www.nyc.gov/assets/dfta/downloads/pdf/reports/the-state-of-older-new-yorkers-2025v4.pdf>
- 6 <https://aging.ny.gov/system/files/documents/2025/09/nnorc-social-isolation-report.pdf>
- 7 The New York State Office for the Aging (SOFA) also funds 26 of NORC programs in New York City. Some NORC programs receive funding from both SOFA and NYC Aging. Several NORC programs also receive discretionary funding through the NY City Council.
- 8 <https://www.nyc.gov/assets/dfta/downloads/pdf/reports/the-state-of-older-new-yorkers-2025v4.pdf>
- 9 <https://aging.ny.gov/system/files/documents/2025/09/nnorc-social-isolation-report.pdf>
- 10 2024 GenWorth Cost of Care study. <https://www.carescout.com/cost-of-care>, estimate for NYS-funded NORC is from the NY State Office for the Aging.
- 11 Lawler, Kathryn. Joint Center for Housing Studies of Harvard University and Neighborhood Reinvestment Corporation. "Aging in Place Coordinating Housing and Health Care Provision for America's Growing Elderly Population." <https://www.cityofeastlansing.com/DocumentCenter/View/1566/Aging-in-Place---Coordinating-Housing-and-Health-Care-Provision-PDF>.
- 12 This report uses Public Use Microdata Areas (PUMAs) as a proxy for neighborhoods. PUMAs have boundaries defined by the U.S. Census. They are made up of groups of census tracts. There are 55 PUMAs in NYC. PUMAs have similar boundaries to Community Districts, which means that typically one can be used as a proxy for the other.
- 13 Contracted NORC programs include those funded through NYC Aging or NYSOFA contracts. Some contracted programs receive additional funding from City Council discretionary funds. There are also 17 NORC program pilots without NY State or City contracts that receive City Council discretionary funding. We excluded these NORCs from the map and from this report because they do not have baselined funding and do not have the same requirements as contracted NORCs.
- 14 Eight of these neighborhoods have NORC program pilots that receive City Council discretionary funding but would ideally be supported by a baselined program managed by NYC Aging that offers stability with year-over-year funding and clear contract deliverables.
- 15 UNH analysis of Five Year 2019-2023 American Community Survey data, US Census Bureau.