

What is a NORC like?

- Increased presence of neighborhood & building concentrations of older adults in older suburbs (also towns & cities) of U.S. Metropolitan areas
- Residential enclaves – distinctive because they are not deliberate products of developers/planners – rather consequence of aging-in-place demographics
- Housing-Based NORCs, Neighborhood-based NORCs; Community-based NORCs

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- Clusters of more vulnerable seniors
- Wide array of long term & supportive services & opportunities for social networking
- Shift from delivering specific services to specific individuals (silo approach) to focusing on health & well-being of subpopulations of seniors within communities

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- Not as searchable as senior living community might be – village to village network site (vtnetwork.org) – map of where established villages are
- Most NORCs and villages – set some kind of annual/monthly membership fee – for residents to access the network of services – fees vary greatly – public/private funding, geographic location, how many services residents actually utilize, how many paid staff vs. volunteers employed by NORC.

- Some NORCs and villages – offer financial assistance or discounts to those who meet income eligibility requirements
- Housing managers, service providers & vendors-able to offer more comprehensive array of services more efficiently – organizationally and financially – target large clusters of occupants with similar health-related/independence-supporting services – thus enjoy economies of scale

- All occupants – given access to services – irrespective of age, health status, limitations/income levels – impaired/chronically sick older people – not necessarily targeted
- Older people – join with professionals & direct care workers – designing, developing, & coordinating the delivery of their services