The purpose of this research was to compare residents of two naturally occurring retirement communities (NORCs) and a non-NORC on demographics, community connectedness, age-integration attitude and attitude toward younger people, health status, and activity level; a second objective was to evaluate the services offered by Jewish Family Service (JFS) at two NORCs in the Cincinnati area on knowledge about, participation in, and satisfaction with these services. NORC residents were more likely to feel connected to their community, be age-integrated, and have higher assessments of their health. NORC residents had a high level of knowledge of available services and were satisfied with the services. Overall it was found that NORCs are important communities for older adults and the services are beneficial to its participants. The paper concludes with a discussion of the key findings, presents limitations of the study, implications, lessons learned, and proposes possible directions for future research.
NORC VS. NON-NORC: EVALUATION OF PROFILES AND IMPACT OF NATURALLY OCCURRING RETIREMENT COMMUNITIES

A Thesis

Submitted to the
Faculty of Miami University
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CHAPTER ONE

Statement of the Problem

With the population of people age 65 and older projected to double over the next 30 years (Administration on Aging, 2002; Black, Ormond, Tilly, & Thomas, 2004), it is important to examine where people live and prefer to age. The environment in general, and housing specifically, contributes to a person’s well-being. The majority of older adults, including baby boomers, want to stay in their homes as they age for as long as possible (Bayer & Harper, 2000; Black, Ormond, Tilly, & Thomas, 2004). There needs to be more options available to help older adults to remain in their homes as long as possible, especially with the increasing older population. Naturally occurring retirement communities (NORCs), communities where at least 50% of the residents are age 60 or older, and the supportive service programs (SSPs) that are provided in some of these communities represent a significant and unique option; these communities address a range of needs related to housing, community integration, independence, and supportive services. A study done in 1989 by the American Association of Retired Persons (AARP) found that 27% of all older Americans live in NORCs compared to 6% in planned senior housing or retirement communities. NORCs are a commonly overlooked form of senior housing that is on the rise (Bassuk, 1999). More older adults are living in NORCs than planned retirement communities, yet they receive less attention. It is important to understand how these communities evolve, who lives in NORCs, and how effectively the services and programs provided by the NORC meet the needs of residents.

Research done on NORCs and the services provided in these communities is of value to agencies that provide these services to the residents of NORCs and the entire aging field. The research reported here compares NORC residents with non-NORC residents on demographic profiles, sense of community connectedness, preference for age-integration, attitude toward younger people, self-rated health, activity level, and participation in social activities. In addition, the residents of the NORC were asked to assess the value of the services provided in their communities.
CHAPTER TWO

This chapter begins with a theoretical framework for understanding the importance of the relationship between the person and environment. The definition of naturally occurring retirement communities (NORCs) is presented. Additional background research describes how NORCs evolve, what attracts residents to them, and the services and programs that NORCs provide in their communities. Finally, the specific NORC program to be evaluated in this project, the Options program, is described; its programs, model, and goals are discussed.

Background

Theories of person-environment relations seek to understand how people interact in their environment. Kurt Lewin (1951) was among the first social scientists who attempted to conceptualize person/environment relations. He formulated the ecological equation $B = f(P,E)$; that is, behavior is a function of both the person and the environment. Building on this equation, Lawton and Simon (1968) proposed the environmental docility hypothesis, which states that, as an individual experiences decrements in personal competence, the role of the environment becomes more important in helping that person maintain his or her behavior. As such, in order for an individual to maintain his/her behavior in the face of decreasing personal competence, social and physical supports in the environment must be strengthened.

Housing is a major part of the environment in the lives of many older adults. The majority of older adults have lived in their present dwellings for longer than twenty years (Atchley, 2000). “Housing is more than a place to live. It can be a symbol of independence, a focal point for family gatherings, a source of pleasant memories, and a link to the neighborhood and surrounding community” (Atchley, 2000, p.343). Housing has a broader and deeper meaning than shelter. Housing is seen as a symbol of one’s status in a community and articulates what a person feels is important in life.

A person’s home is a main symbol of a person’s standing in the community and because of this, remaining in one’s home (i.e., aging in place) becomes more important as a person ages. Aging in place is viewed as a complex geographical process that is brought about by institutions and other social forces. Aging in place is fairly new in gerontology and the term has many meanings. In gerontological literature, aging in place is used most often as a policy ideal instead of a complex process of interaction between the older adult and place. In the view of a policy ideal, aging in place is defined as the ability to remain in the current setting as a person ages.
With the increasing numbers of older adults and the growing services for them, it is essential that we better understand aging in place and its relationship to service delivery so that policy can adequately reflect aging in place needs for those older adults living in a NORC (Cutchin, 2003). This concept is even more important to study with the baby boomers aging. The baby boomers are healthy and active older adults who prefer to stay in their home as they age and do not want to move into a facility (Atchley, 2000; Cutchin, 2003). It was reported in the American Association of Retired Persons (AARP’s) national surveys (1986, 1989, 1992, 1996), that the majority of older adults have a stable housing history. Consistently the respondents state they want to age in place. In 1996, 83% of the respondents agreed with the statement that “What I’d like to do is stay in my own home and never move.”

For older adults who want to age in place but whose competence declines as they age, it is important to have stimulation, support, and maintenance in the housing environment. Koff and Park (1999) explain that housing policies for older adults should address the importance of allowing individuals to remain at home by making available an array of supportive services designed to meet the special needs of this population. There is an increasing awareness today that if housing programs for seniors are going to succeed, especially in meeting the changing needs of those who age in place, a social service program must accompany them. Housing for older adults should meet different personal needs and changing individual needs as people age in place. Housing policies involve much more than constructing new buildings; they also need to integrate issues of lifestyle and ways for people to grow (Koff & Park, 1999).

The issue of aging in place is important for the development of supportive services. Age itself does not determine frailty, yet older age is accompanied by increasing incidence of frailty (Koff & Park, 1999). Housing programs have to offer a wide variety of services and programs that can be changed to meet the residents’ different levels of need. With women living longer than men, the operation of housing policies has the challenge of serving those who are women, living alone, and poor. The residents’ needs have to be met, so they are not forced to move to obtain the services they require (Black, Ormond, Tilly, & Thomas, 2004; Koff and Park, 1999). Naturally occurring retirement communities (NORCs) especially those with supportive service programs (SSPs) seek to do just this. The goal of NORCs is to provide supportive environments in which older adults can age in place by offering supportive services and social activities to older adults, who likely have lower competencies (Black, Ormond, Tilly, & Thomas, 2004). As
such, NORCs are an important option for older adults and an important topic for gerontological and other researchers because of the unique blend of aging in place, housing preferences, community connectedness, and supportive programming that come together in NORCs.

There are several different definitions of naturally occurring retirement communities (NORCs) in the literature. NORCs are a unique housing arrangement, with significant implications of the phenomenon of aging in place and differ from planned retirement communities in that they are not specifically designed for older adults; instead, the congregation of older residents occurs naturally (Black, Ormond, Tilly, & Thomas, 2004; Hunt & Hunt-Gunter, 1985). NORCs are housing communities that are not planned for older adults, but nonetheless end up housing primarily older adults; 50% or more of older adults aged 60 or older is a standard definition of a NORC and the one used for this research. NORCs can consist of an entire neighborhood, a single apartment complex or building, a vacation or resort area, a rural area, small town, or a city. More often than not, NORCs are age-integrated because no age restrictions exist on residency (Hunt & Hunt-Gunter, 1985).

A preliminary survey completed in 1990 by Hunt and Ross identifies the leading attributes important in attracting older adults to apartment complexes that have become NORCs. In Madison, Wisconsin, 72 residents aged 60 and older living in three NORC apartments were interviewed. The main purposes of the interview were to answer the following questions: what are the characteristics of older residents of the NORC? What attracted the older residents to the NORC? How has life been in a NORC? Why do older residents move away from a NORC? When these findings were analyzed, the desirability of NORCs was linked to two main factors: location and management (Hunt & Ross, 1990). Management is defined as the person or persons that look after the maintenance and other aspects of the buildings in these communities. Older residents want to be close to shopping, medical facilities, and friends and family. The NORC has to be well maintained to be referred to others by the older residents.

There is a strong sense of community connectedness in these communities. Older adults desire to stay in their homes and this preference is supported by NORCs. Supportive communities are important for older adults so they feel connected and are able to remain there as they age and their health declines. NORCs are on the rise because more people are staying at home or moving to these communities for personal reasons such as being closer to family. There
are a wide variety of services offered in NORCs and they are discussed next. The goals of NORCs and supportive service programs are also presented next.

**Goals of NORCs and How the Goals are Promoted via Service Delivery**

Naturally occurring retirement communities (NORCs) are communities that were designed in the beginning for people and families who have now aged in place. The definitions of NORCs vary and so do the models used for the SSPs in these communities. NORCs vary in many factors and some include physical size, population size and characteristics, and reason for existence. Each location develops its own set of needs, funding, numbers of participants, and cultural and physical challenges. When these houses were developed, they did not have older adults in mind and there were no supportive health or social programs. This is where supportive service programs (SSPs) come into the picture (Bassuk, 1999).

Providing a SSP onsite in a NORC helps older adults to remain independent in their homes with dignity, which is where they want to remain (Bassuk, 1999). NORC-SSPs resemble other social service programs, but they are qualitatively different in several ways. These programs are located in the environment where the services are provided. From this, there is a sense of immediate and efficient delivery of services. The team approach used in NORCs with the social workers and continuum of services provides a great support not found much in other senior programs. The team work and partnerships formed in these programs are a major strength of this type of program. NORC-SSPs do more than assist older adults to stay in their own homes where they choose to be, but also help housing to develop into more than a space where people live. These programs strive to make their housing a community that is united and one that cares for all of its residents (Bassuk, 1999).

The services provided by NORCs include care management to assess the needs of the resident and coordinate the services required to help the resident remain independent (Pine & Pine, 2002). NORCs provide different services depending on the site, but these services often include care management, case management, housekeeping, personal assistance, home chores, home delivered meals, nursing, physician services, psychiatry-group and individual, counseling, lifeline, physician home visits, and crisis intervention (Pine & Pine 2002). Group services are also available in NORCs, including education, recreation, health education and screening, support groups, congregate meals, health promotion/testing, exercise programs, adult day programs, and mental health awareness. Other services often used and provided for the residents
of NORCs include: information and referral, outreach, transportation, volunteerism, senior center visits, and shopping (Pine & Pine, 2002; Black, Ormond, Tilly, & Thomas, 2004). It is important to point out the goals of the supportive services in NORCs.

Providing health and social services to older adults in their homes and communities helps support their independence and also may prevent an early institutionalization in an acute or long-term care facility (Black, Ormond, Tilly, & Thomas, 2004; Gibson, Freiman, Gregory, Kassner, Kochera, Mullen, Pandya, Redfoot, Straight, & Wright, 2003). With older adults’ needs constantly changing, it is important for SSPs to be flexible and dynamic to meet the needs of the residents in NORCs. The short and long-term needs of the NORC residents have to be met. The services should be flexible, responsive to the residents’ needs and interests and are mostly consumer directed (Black, Ormond, Tilly, & Thomas, 2004; Vladeck, 2004). The NORC-SSP evaluated in the research (Options Cincinnati) provides a range of services, follows a national model for such communities, and has clearly articulated goals for the residents and the program.

**Description, Goal and Objectives of Options Program Evaluated in this Research**

Jewish Family Service, through its Options project, has been serving older adults in two different NORCs in the Cincinnati area. They have served about 200 people in the last two years at these sites with service and program coordination. The long-term goal of the project is to “enable older adults living in NORCs to remain in their own homes for as long as possible with optimal health, dignity and independence in accordance with their wishes” (JFS, 2003a). The basic objective is to “establish trusting, respectful relationships with residents of NORCs that will result in our being able to: help residents to maintain or improve their physical and mental health status and levels of ability to perform activities of daily living; mitigate their isolation and loneliness; provide services and programs that respond to the needs and interests expressed by the residents; and create an community within the NORC that promotes an independent lifestyle, responds to changing needs, and maximizes use of existing resources; and assure sustainability of the project” (JFS, 2003a).

The Options program is part of a larger National program. According to Jewish Family Service (JFS) (2003a), this program seeks to develop, test, and promote innovative community-based health and supportive services demonstrations around the country to assist a large part of the older adult population who live independently in NORCs. This program strives to get community-based health and human service delivery programs to help older adults living in
NORCs to maintain their independence, security, dignity, and quality of life (JFS, 2003b). This Options program also seeks to improve the residents’ quality of life, and to promote independent living as long as possible in their home. This program wants to make sure the older adults’ living in the two NORCs (NORC A and B) in the Cincinnati area are able to remain independent in their homes and have all their needs met (JFS, 2003b).

Both of the program objectives and associated tasks take into account the unique characteristics of the two NORCs. NORC A is made up of low-rise apartment buildings and town homes with around 500 residents. NORC B is a six-story, 72-unit NORC, with the average age of residents in their late seventies and many people are in need of different types of support (JFS, 2003b). The main focus of Options is to serve the 144 units of residents that comprise the NORC within the property, but others in the community are invited to participate in the programs. The average age of residents in the apartment buildings is in the late sixties, where most seem to have an active lifestyle. At both NORCs, the target population has either aged in place or migrated to properties where they have family or friends among their contemporaries. There is a mix of active older adults in both sites who look to Options as a value added amenity and others whose frailty requires intense supportive services to remain independent (JFS, 2003b). The model that the options program is developed around is discussed next.

The Options model is preventative in nature. This model engages older adults before they face problems, before problems turn into crises, and by providing the resources, education, and planning they need to maintain their independence (JFS, 2003b). Service and program coordination are the two-pronged approach to intervention. A Service Coordinator initiates contacts through informal conversations and spur-of-the-moment visits to residents’ apartments and/or in response to referrals from property managers and residents on their neighbor’s or own behalf. In order to prevent isolation and to help prevent premature institutionalization, the Program Coordinator schedules programs that residents express interest in and are a part of the wellness wheel or model (JFS, 2003b). The wellness model strives to achieve a balance of physical, emotional, social, intellectual, occupational, and spiritual health. Residents are also engaged as volunteers by the Program Coordinator to create more purposeful and emotionally satisfying participation. The combination of these interventions will hopefully create a feeling of security and a sense of community among residents that shows staying at home as an encouraging option (JFS, 2003b).
Evaluation of the Options Program

The Options program seeks a description of the population at the two NORC sites, what services are used by these people, and the extent to which the people know about the different services and programs offered to them in the NORC site. A comparison between NORC and non-NORC residents will provide further information about the communities and their residents. JFS has long-term goals for the evaluation of the Options Cincinnati program, which are beyond the scope of this research. For example, JFS will participate in a national evaluation sponsored by the United Jewish Communities, collaborating with other NORC grantees to identify the types of output and outcome measures that would be suitable and desirable to evaluate this project. This national evaluation seeks to contribute to a greater understanding of the NORC supportive service paradigm (JFS, 2003a). The research conducted for this thesis can provide some baseline information for the larger evaluation that will take place. For this research, JFS requested a partnership with Miami University’s Scripps Gerontology Center to seek input from residents about their current assessment of the program and its benefits, and to compare NORC and non-NORC residents on several variables of interest to learn about the differences in these communities.
CHAPTER THREE

Purpose of the Research/Research Questions

The research reported here compares two NORCs (NORC A and B) and a non-NORC and also assesses Options Cincinnati, a supportive service program provided by the staff at Jewish Family Service (JFS) at two naturally occurring retirement communities (NORCs) in the Cincinnati area. This project addressed three issues. The first was to learn about the population that chooses to live in a NORC and the demographic differences between a NORC and non-NORC. The second focus was on a comparison of community connectedness, sense of independence, age-integration attitudes and attitudes toward younger people, health status, and activity level in the people living in a NORC and non-NORC. The third part of this research was to evaluate an existing program Options. This program is for older adults who live in naturally occurring retirement communities (NORCs), defined here as communities where at least half of the population is 60 and older. In the Options program, the older adults at the two NORCs remain at home, are provided supportive services, programs, and referrals to other services needed to help. This evaluation of Options looked at the benefits and effectiveness of the program in supporting the independence of residents. This research also strived to contribute to the awareness of NORCs and SSPs in these communities in the gerontology literature.

This research was conducted in partnership with Jewish Family Service, which granted permission for the proposed research to be carried out at their locations and with their members. The data was collected via a structured written survey with self-selected older adults at the two NORCs (NORC A and B) in the Cincinnati area. This structured survey asked about older adults’ experiences with, and assessment of, the Options program, and about living in a NORC in general. The author and agency want to know if and how Options made a difference in the lives of the participants. The data collected for this research could have implications for future supportive services and programs offered to residents of these and other NORC sites. Also, there could be implications for the non-NORC comparison group in that there may be a supportive service program such as Options put in place in the near future.
This research asks three main questions:

- Who lives in a NORC and what are the demographic differences between a NORC and a non-NORC?
- How do the community connectedness, age-integration, health status, and activity level of the people in a NORC compare to those residents in a non-NORC?
- For NORC residents, how do they view the Options program? Specifically, what is their knowledge of and participation in services and programs?
CHAPTER FOUR

METHODS

This research uses an exploratory quantitative approach with a written survey measurement tool. The survey was distributed to participants at two NORC sites (NORC A and NORC B); a modified version was distributed to participants at the non-NORC site. Participant recruitment, sampling strategy, procedures used in data collection, and measures are discussed below.

Participant Recruitment, Sampling Strategy, and Procedures Used in Data Collection

The participants for this research were a convenience sample of self-selected individuals age 60 and older who resided at one of two NORCs (NORC A, n = 12 and NORC B, n = 13) or a non-NORC community (n = 26) in the Cincinnati area. All participants were relatively healthy and lived independently in their own homes. Involvement in supportive services and/or programs (i.e., the Options program) was not a requirement of participation for the participants from the NORCs.

To inform the residents at NORCs and non-NORC about the research, Options staff advertised the data collection activity in flyers posted in the public spaces of the communities and, in the case of the two NORCs, in each community newsletter. Flyers and the newsletter articles described the purpose of the research, and when and where the data collection activity would be held. Food and refreshments were provided for the participants at the activity. In addition, everyone who participated was entered into a drawing for a door prize.

At NORC A, 11 residents attended and completed the data collection activity; at NORC B, 8 residents did so; and 26 people from the non-NORC did so. At each data collection activity, the researcher welcomed the participants, explained the requirements for participation, and explained the elements of informed consent. Before the participants filled out the survey, the author clearly explained in person and at the beginning of the survey that participation is completely voluntary, they do not have to answer any questions they do not feel comfortable with, and there is no way the information they provide can be traced back to them. Since a written questionnaire was the method of choice, it was stated that a returned, completed questionnaire equaled informed consent from the participant. Participants were also informed
that their name would not be associated with their data (i.e., each questionnaire was assigned an id number), and that the data would only be analyzed as a group from each site.

An additional method of data collection was added at the two NORCs, since the original strategies resulted in a very small sample. This method included Options staff handing out the survey (and a letter that described the elements of informed consent) to residents they work with and see at other events, along with a letter from the author describing the research. The completed surveys were given to the staff, and they mailed them to the author. This resulted in an additional 2 participants from NORC A and 4 from NORC B. This was not the ideal approach to increase the number of respondents, but it was the only choice available because of JFS operating procedures. Although initially the researcher hoped for a response rate of 50% of all NORC and non-NORC residents (i.e., 45 at NORC A, 25 at NORC B, and 25 at the non-NORC), the goal of 50% was not met. Actual response rates were 12.2% at NORC A, 26% at NORC B, and 52% at the non-NORC.

**Measures**

Two versions of a survey were developed: one for the NORC participants and one for the non-NORC participants. To enable a comparison of the demographic characteristics of NORC and non-NORC participants, both surveys included: age, gender, race, marital status, education level, and income level. Other comparison variables included: community integration (i.e., sense of connectedness, happiness, safety, and ability to ask for help), sense of independence (i.e., degree of worry the residents feel about continuing to live independently), a ten item scale about age-integration environments and attitude towards younger people (i.e., 5 positive and 5 negative items about younger people), general self-rated physical and emotional health status and compared to five years ago, and participation in various activities (i.e., watching television, exercising, and social activities). The variables collected for the NORC group were related to Options, and included knowledge about and participation in different services and programs offered (i.e., blood pressure screenings, fitness programs, referrals to community resources, holiday parties, and volunteer opportunities) and about their overall satisfaction with staff (i.e., contact with staff and helpfulness of staff), the program, and their life. The complete questionnaire is presented in the appendix.
CHAPTER FIVE
RESULTS

The analysis of this research was conducted with SPSS version 13.0. Analyses included computing descriptives and frequencies for the demographic variables of the NORCs and non-NORC participants. To compare the NORC and non-NORC participants, cross-tabulations and Pearson Chi-Square analysis were done on the community connectedness, age-integration attitude and attitude toward younger people, health status, and activity level variables. Descriptives and frequencies were also conducted on the NORC participants’ assessment of the Options program. The first section below compares NORC and non-NORC residents. The second section describes NORC residents’ assessment of the Options program including knowledge and participation in the services and programs offered by Options.

Demographics

The demographic variables in the NORC and non-NORC groups that were examined include age, gender, race, education, and marital status. The demographics for the NORC and non-NORC groups are shown in Table 1. Because many participants (75% of the NORC and 46.2% of the non-NORC group) chose not to respond to the income question, income is not included in the table.

As can be seen in table 1, participants in the NORC are on average older than the residents in the non-NORC. The groups are comparable on gender composition and marital status. The majority of both groups are women who are widowed. Differences exist on the other demographic variables. Specifically, the NORC group has a larger percentage of white respondents and the non-NORC group has a larger percentage of black respondents. The NORC group has higher education than the non-NORC group. The NORC and non-NORC groups clearly have demographic differences.
Table 1: Demographic Variables-average age, gender, race, education, and marital status
by NORC and non-NORC Groups %

<table>
<thead>
<tr>
<th></th>
<th>NORC (N=25)</th>
<th>Non-NORC (N=26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>83.6 years</td>
<td>79.8 years</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>80</td>
<td>76.9</td>
</tr>
<tr>
<td>Men</td>
<td>20</td>
<td>23.1</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>88</td>
<td>75</td>
</tr>
<tr>
<td>Black</td>
<td>8</td>
<td>20.8</td>
</tr>
<tr>
<td>Native American</td>
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<td>4.2</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>4.2</td>
<td>7.7</td>
</tr>
<tr>
<td>High school diploma</td>
<td>8.3</td>
<td>42.3</td>
</tr>
<tr>
<td>Some college</td>
<td>45.8</td>
<td>26.9</td>
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<tr>
<td>Associate’s degree</td>
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<td>11.5</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>25</td>
<td>7.7</td>
</tr>
<tr>
<td>Master’s degree or higher</td>
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<td>3.8</td>
</tr>
<tr>
<td>Marital Status</td>
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<td></td>
</tr>
<tr>
<td>Widowed</td>
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<td>61.5</td>
</tr>
<tr>
<td>Married</td>
<td>25</td>
<td>26.9</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>8.3</td>
<td>11.5</td>
</tr>
</tbody>
</table>

Community Connectedness

The concept of community connectedness was assessed with several questions, including how connected participants’ feel to their community (“very connected,” “connected,” “disconnected,” “very disconnected,” “I don’t know”), and dichotomous questions about whether they are able to ask people in their community for help or information about services, feel happy and feel safe in their community. These results are shown in Table 2.
Table 2: Percent of NORC and non-NORC Residents’ Sense of Community connectedness

<table>
<thead>
<tr>
<th></th>
<th>NORC (N=25)</th>
<th>Non-NORC (N=26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connection to community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very connected/connected</td>
<td>88</td>
<td>72</td>
</tr>
<tr>
<td>Disconnected</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Able to ask for help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>84</td>
<td>61.5</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>19.2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
<td>19.2</td>
</tr>
<tr>
<td>Happy living in community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>100</td>
<td>88.5</td>
</tr>
<tr>
<td>Don’t know</td>
<td>0</td>
<td>7.7</td>
</tr>
<tr>
<td>Feel safe in community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>96</td>
<td>88.5</td>
</tr>
<tr>
<td>Don’t know</td>
<td>4</td>
<td>7.7</td>
</tr>
</tbody>
</table>

Although not statistically significant because of the small sample, a greater percent of participants who live in NORCs feel connected to their community, feel happy, safe, and are able to ask for help. There is a difference between the two groups in their sense of community connectedness. In this research, the residents living in the NORC feel more connected to their community than those not living in a NORC. Also, a greater percent of the participants in the non-NORC feel disconnected to their community.

**Worry About Ability to Continue Living Independently**

Participants were asked if there are things that cause them to worry about their ability to continue living independently and, if so, how often they worry (“often,” “sometimes,” “hardly ever,” “never,” “I don’t know”). These results are shown in Table 3.
Table 3: Percent of NORC and non-NORC residents’ that worry about their ability to continue living independently

<table>
<thead>
<tr>
<th></th>
<th>NORC (N=25)</th>
<th>Non-NORC (N=26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there things that cause them to worry about their ability to continue living independently</td>
<td>Yes</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Worry often</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Worry sometimes</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Worry hardly ever</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Never worry</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td>8</td>
</tr>
</tbody>
</table>

As can be seen in the table, a smaller percent of NORC participants reported there are things that cause them to worry about their ability to continue living independently. For the degree of worry question, similar results are reported by the NORC and non-NORC respondents.

**Age-Integration Attitudes and Attitudes Toward Younger People**

To assess attitudes regarding age-integration and toward younger people, participants indicated whether they prefer to live in an age-segregated environment, and they indicated on a 5-point scale (1 = “strongly agree;” 5 = “strongly disagree”) the extent to which they agreed with 10 statements about younger people. The ten statements were put together by the author for this research. After reverse-scoring items as necessary ratings for the ten items were combined into a total scale ranging from 10 to 50, with higher scores indicating a more positive attitude toward younger people. Individual items and the composite are presented in Table 4. As can be seen in the table, the first five statements were worded in a positive direction, and the last five were worded in a negative direction.
Table 4: Percent of NORC and non-NORC residents’ age-integration attitude and attitude towards younger people

<table>
<thead>
<tr>
<th></th>
<th>NORC (N=25)</th>
<th>Non-NORC (N=26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you rather live with people only similar in age</td>
<td>Yes 12</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>No 72</td>
<td>34.6</td>
</tr>
<tr>
<td></td>
<td>Don’t know 16</td>
<td>15.4</td>
</tr>
<tr>
<td>It is important to live around people of all ages</td>
<td>Agree 79.2</td>
<td>44</td>
</tr>
<tr>
<td>Younger people give me more energy</td>
<td>Agree 68.1</td>
<td>50</td>
</tr>
<tr>
<td>Younger people give me a different view on life</td>
<td>Agree 72.7</td>
<td>57.7</td>
</tr>
<tr>
<td>Younger people challenge me in different ways</td>
<td>Agree 60</td>
<td>61.5</td>
</tr>
<tr>
<td>I learn from younger people</td>
<td>Agree 65</td>
<td>53.9</td>
</tr>
<tr>
<td>Sometimes I think younger people are too impatient with me</td>
<td>Disagree 52.7</td>
<td>57.7</td>
</tr>
<tr>
<td>I get annoyed with younger people</td>
<td>Disagree 45</td>
<td>52</td>
</tr>
<tr>
<td>I do not relate well to younger people</td>
<td>Disagree 66.7</td>
<td>66.7</td>
</tr>
<tr>
<td>I find it difficult to socialize with younger people</td>
<td>Disagree 57.2</td>
<td>64</td>
</tr>
<tr>
<td>I feel younger people look down upon me because of my age</td>
<td>Disagree 66.7</td>
<td>64</td>
</tr>
<tr>
<td>Overall attitude toward younger people</td>
<td>Positive 56</td>
<td>38.5</td>
</tr>
<tr>
<td></td>
<td>Negative 44</td>
<td>61.5</td>
</tr>
</tbody>
</table>

As can be seen in the table, a greater percent of the NORC participants do not want to live in an age-segregated environment and have a more positive view toward younger people.
NORC participants were more likely than non-NORC participants to say that it is important to live around people of all ages and that younger people give them energy and a different view on life. In general, a higher percent of the NORC participants agreed to the positive statements about younger people than the non-NORC participants. The results for the negative statements were similar between the two groups. People in the NORC are generally more positive about younger people and committed to an age-integrated environment.

**Current Physical and Emotional Health Status and Compared to Five Years Ago**

Participants in the NORC and non-NORC groups were asked to rate their physical and emotional health status as excellent, good, fair, or poor. These results are shown in Table 5.

<table>
<thead>
<tr>
<th></th>
<th>NORC (N=25)</th>
<th>Non-NORC (N=26)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent/Good</td>
<td>76</td>
<td>61.5</td>
</tr>
<tr>
<td>Fair/Poor</td>
<td>24</td>
<td>38.5</td>
</tr>
<tr>
<td><strong>Emotional health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent/Good</td>
<td>84</td>
<td>72</td>
</tr>
<tr>
<td>Fair/Poor</td>
<td>16</td>
<td>28</td>
</tr>
</tbody>
</table>

As shown in Table 5, a greater percent of the NORC participants rated their physical and emotional health as excellent or good than the non-NORC participants. Conversely, a greater percent of the non-NORC participants rated their physical and emotional health as fair or poor. In general, the participants in the NORC rate their physical and emotional health more positively than those in the non-NORC.

Participants were asked if their physical and emotional health were better, about the same, or worse than five years ago. These results are shown in Table 6.
Table 6: Percent of NORC and non-NORC residents’ assessment of their current physical and emotional health compared to five years ago

<table>
<thead>
<tr>
<th></th>
<th>NORC (N=25)</th>
<th>Non-NORC (N=26)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Better</td>
<td>4</td>
<td>7.7</td>
</tr>
<tr>
<td>About the Same</td>
<td>68</td>
<td>65.4</td>
</tr>
<tr>
<td>Worse</td>
<td>28</td>
<td>26.9</td>
</tr>
<tr>
<td><strong>Emotional Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Better</td>
<td>4</td>
<td>15.4</td>
</tr>
<tr>
<td>About the Same</td>
<td>84</td>
<td>76.9</td>
</tr>
<tr>
<td>Worse</td>
<td>12</td>
<td>7.7</td>
</tr>
</tbody>
</table>

The majority of the NORC and non-NORC participants said their physical and emotional health are about the same as five years ago. The participants’ physical and emotional health in the NORC and non-NORC have remained fairly stable over the past five years.

**Activity Level**

Regarding activity level, participants in the NORC and non-NORC groups were asked on average the number of hours they watch television in a day (“1-3,” “4-6,” “7-9,” “10+”), the number of hours they exercise in a week (“1-3,” “4-6,” “7-9,” “10+”), and how often they participate in social activities such as socializing with family and friends (“often,” “sometimes,” “hardly ever,” “never,” “I don’t know”). These results are shown in Table 7.

Table 7: Percent of NORC and non-NORC residents who participate in various activities

<table>
<thead>
<tr>
<th></th>
<th>NORC (N=25)</th>
<th>Non-NORC (N=26)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Watch Television</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-3 Hours/Day</td>
<td>76</td>
<td>46.2</td>
</tr>
<tr>
<td>4 or More Hours/Day</td>
<td>24</td>
<td>53.8</td>
</tr>
<tr>
<td><strong>Exercise at a Moderate Intensity Level such as Brisk Walking</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-3 Hours/Week</td>
<td>54.2</td>
<td>38.5</td>
</tr>
<tr>
<td>4 or More Hours/Week</td>
<td>29.2</td>
<td>49.9</td>
</tr>
<tr>
<td><strong>Participate in Social Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often or Sometimes</td>
<td>91.6</td>
<td>92.3</td>
</tr>
</tbody>
</table>
As can be seen in the table, a greater percent of the NORC participants watch 1-3 hours of television a day than the non-NORC participants. A greater percent of the non-NORC participants watch 4 or more hours of television a day. Regarding exercise, a greater percent of the NORC participants exercise 1-3 hours a week and a greater percent of the non-NORC participants exercise 4 or more hours a week. On average, the participants in the NORC exercise fewer hours in a week than those in the non-NORC.

Regarding social activities, the percents of the NORC and non-NORC participants are similar. Almost all of the participants in the NORC and non-NORC are involved in social activities. Next, the findings about the Options program assessment are discussed.

**Options Program Assessment**

The assessment of the Options program was conducted by the NORC participants being asked questions about their knowledge and participation in the different services and programs offered, the staff, overall satisfaction with the program and their life, and more specifically about the services offered to them. In order to examine the participation level in Options social activities, the NORC group was asked on average how often they participate in Options social activities such as holiday parties and potluck dinners (“often,” “sometimes,” “hardly ever,” “never,” “I don’t know”). Another question was on average how often do the participants have contact with the staff (“often,” “sometimes,” “hardly ever,” “never,” “I don’t know”). To examine the staff, participants were asked on average how helpful the staff is to them (“very helpful,” “helpful,” “somewhat helpful,” “not helpful,” “I don’t know”). They were asked if Options provides the right services for them (“yes,” “no,” “I don’t know”). The questions were asked of the NORC group if the services offered by Options are helpful to them and enjoyable (“yes,” “no,” “I don’t know”). The NORC participants were asked if Options helps them feel secure in living independently and if it helps them stay independent, (“yes,” “no,” “I don’t know”). The NORC participants were asked if they feel well informed about the services and programs offered in Options (“yes,” “no,” “I don’t know”). Finally, the NORC participants were asked how satisfied they were with the Options program overall and their life (“very satisfied,” “satisfied,” “dissatisfied,” “very dissatisfied,” “I don’t know”). These results are shown in Table 8.

The percents in the table below were collected by analyzing all of the “I don’t know” responses as missing data. The “I don’t know” data was treated as missing data because the
assumption was made that those who answered “I don’t know” meant the question did not apply to them and they did not participate. The response categories did not include a “not applicable” category. Several of the Options questions had a good amount of “I don’t know” data. For example, in response to the question “Does options provide the right services for you?” 45.8% of the respondents answered “I don’t know,” and in response to the question “Are the services offered by options helpful to you?” 33.3% of the respondents answered “I don’t know.”

Table 8: Assessment of Options Program by NORC Residents

<table>
<thead>
<tr>
<th>Participate in Options Social Activities</th>
<th>Often or Sometimes</th>
<th>92</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have Contact with Options Staff</td>
<td>Often or Sometimes</td>
<td>81.8</td>
</tr>
<tr>
<td>Options Staff is helpful</td>
<td>Yes</td>
<td>88.8</td>
</tr>
<tr>
<td>Options Provides Right Services</td>
<td>Yes</td>
<td>92.3</td>
</tr>
<tr>
<td>Services are Helpful</td>
<td>Yes</td>
<td>87.5</td>
</tr>
<tr>
<td>Services are Enjoyable</td>
<td>Yes</td>
<td>100</td>
</tr>
<tr>
<td>Options Helps Them Feel Secure in Living Independently</td>
<td>Yes</td>
<td>83.3</td>
</tr>
<tr>
<td>Options Helps Them Stay Independent</td>
<td>Yes</td>
<td>41.7</td>
</tr>
<tr>
<td>Feel Well Informed about Options Services and Programs</td>
<td>Yes</td>
<td>90</td>
</tr>
<tr>
<td>Satisfied with the Program</td>
<td>Very Satisfied/Satisfied</td>
<td>94.1</td>
</tr>
<tr>
<td>Satisfied with Their Life</td>
<td>Very Satisfied/Satisfied</td>
<td>100</td>
</tr>
</tbody>
</table>

Nearly all of the NORC participants said they participate in Options social activities. A large percent of the NORC participants said they have some level of contact with the staff and
think the staff is helpful. The majority of the NORC participants agreed Options provides the right services for them and the services are helpful and enjoyable.

A large percent of the NORC participants said the Options program helps them feel secure in being able to live independently. Conversely, less than half of the NORC participants said Options helps them stay independent. The majority of the NORC participants said they feel well informed about the services and programs. Almost all of the NORC participants said they are satisfied with the program and all of them said they are satisfied with their life overall.

To learn about level of knowledge and participation in different services and programs offered by Options, the NORC residents were asked if they know about and participate in them (“yes,” “no,” “I don’t know”). There are many different services and programs in the Options program, so the top five are listed for knowledge and participation levels as shown in Table 9.

Table 9: Percent of the top five most known about and used services and programs in Options as reported by NORC residents

<table>
<thead>
<tr>
<th>Top five services residents know about</th>
<th>Top five services used by residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure screenings</td>
<td>Blood pressure screenings</td>
</tr>
<tr>
<td>Fitness programs</td>
<td>Presentations by health experts</td>
</tr>
<tr>
<td>Senior adult services</td>
<td>Answers your questions</td>
</tr>
<tr>
<td>Presentations by health experts</td>
<td>Referrals to community resources</td>
</tr>
<tr>
<td>Referrals to community resources</td>
<td>Fitness programs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top five programs residents know about</th>
<th>Top five programs used by residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afternoon teas</td>
<td>Holiday parties</td>
</tr>
<tr>
<td>Holiday parties</td>
<td>Carry in and potluck dinners</td>
</tr>
<tr>
<td>Carry in and potluck dinners</td>
<td>Discussion groups</td>
</tr>
<tr>
<td>Outings to museums/theaters/concerts</td>
<td>Afternoon teas</td>
</tr>
<tr>
<td>Discussion groups</td>
<td>Outings to museums/theaters/concert</td>
</tr>
</tbody>
</table>
Knowledge levels of the NORC participants are substantially higher than participation for the services and programs. Blood pressure screenings is the most known about and used service in the Options program according to this data. Almost all of the NORC participants said they know about blood pressure screenings, but only about half said they use them. There is a substantial difference in the knowledge and participation rates. Also, most of the NORC participants said they know about the fitness programs, but less than half use them. There is one exception in this data, which is for the holiday parties. The majority of the NORC participants said they know about the parties and about the same amount of them said they go to these parties. The rest of the program data are the same as the services, where the majority of the NORC participants know about them, but many do not use them.
CHAPTER SIX

DISCUSSION

This chapter is organized into five sections. The first section summarizes the key findings, and discusses them in the context of the existing literature and theory. A review of the major limitations of the research is followed by a discussion of the implications of this research. The fourth section discusses the lessons learned from this research. The chapter concludes with recommendations for future research.

Summary of Key Findings

Because of the small sample size, no statistically significant differences were found, but there were important trends suggested by the data. One of the important differences found between the two groups was with the sense of community connectedness. It was found that the NORC residents felt more connected to their community than the non-NORC residents. With regards to the assessment of the Options program, the majority of the feedback was very positive. It is difficult to draw strong conclusions because of the small sample size, but the findings overall suggest some strengths of the NORC concept and the supportive programs. NORCs are seen as positive communities for its residents, especially with the finding that those in the NORC have fewer things that cause them to worry about their ability to continue living independently than those in the non-NORC. Also, the assessment of the options program was positive and the majority of the NORC residents were satisfied with the program and thought the staff was helpful to them. This suggests a positive aspect of living in a NORC. Perhaps reflecting sense of connection, a larger percentage of the NORC group stated they are able to ask the people in their community for help than the non-NORC group. Responses to these questions strongly suggest the community connectedness value of NORCs.

The entire NORC group reported they are happy living in the community, which was more than in the non-NORC. This difference suggests that those living in a NORC are happier than those not in a NORC, which also suggests value in this type of community. More of the NORC residents reported they feel safe in the community than the non-NORC residents. This finding suggests that the NORC residents feel safer in their community than those in the non-NORC. The majority of the NORC participants do not want to live in an age-segregated environment. This is a positive finding for NORCs, because these communities are intentionally designed as age-integrated environments. The NORC participants also reported a more positive
attitude towards younger people. These findings suggest that NORC participants place more importance on age-integration than the non-NORC participants. The NORC participants rated their physical and emotional health higher than the non-NORC participants, which suggests they are healthier.

These findings support claims in the literature that NORCs can provide a supportive environment in which older adults can age in place (Koff & Park, 1999). Koff and Park talk about the comfort and safety that place of residence can represent, and these findings support that idea. Also, consistent with Hunt and Hunt-Gunter (1985), who state that NORCs are more often than not age-integrated, NORC residents in this research were more interested in living in age-integrated communities than were non-NORC residents. In addition, although NORC residents in this research were older than non-NORC residents, they reported better physical and emotional health. Causal statements can not be made, but this association is interesting.

Lawton and colleagues (Lawton & Simon, 1968; Lawton & Nahemow, 1973) emphasize the importance of the role of environment in helping older adults to maintain their behavior, especially as personal competence declines. As a person ages and his/her personal competence decreases, the importance of the environment increases. In this model, the environment includes both physical and social environments, but for the NORC residents, the social environment is the focus. A major competent of the environment for residents in NORCs is the supportive service program.

One possible explanation for the differences between the NORC and non-NORC residents in this research reflects the availability of the services at the NORC. The NORC residents have more options of participating in social activities during their day. It was found that the NORC participants watch fewer hours of television in a day than the non-NORC participants. This suggests that people in the NORC may have more activities going on to fill their day, so less television is watched. On a less positive note, the NORC participants exercise fewer hours on average in a week than the non-NORC participants. This suggests that people in the NORC do not enjoy exercising as much or have other things going on in their day that prevent them from engaging in exercise.

Regarding knowledge and participation in Options services and programs, the NORC participants had high levels of knowledge, but low levels of use. This suggests that even though NORC residents know about the services and programs, many of them do not want to participate
in them at this time. At the same time, compared to non-NORC residents, NORC participants report greater community connectedness and had fewer things that cause them to worry about their ability to continue living independently than those in the non-NORC. It may be enough for the NORC residents to have the options of different social activities and services available for them in case they need them as their health/competence declines. The fact that the NORC residents know there are services and activities available for them if they need or want them is important and allows them to worry less about their ability to continue living independently than the non-NORC residents. The Options program is essential in providing a supportive environment with different services and activities available to the NORC residents when they need them. The services and activities in the Options program provide opportunities for socialization, education, and recreation to the NORC residents.

All of the findings for the Options assessment suggest the program is important for the NORC residents. It was beyond the scope of this research to determine whether Options helps the participants stay independent. It is interesting that fewer than half of the NORC residents said the Options program helps them stay independent, but about twice as many said the program helps them feel secure in living independently. This suggests that Options may not be necessary for the residents to stay independent, but it does help them feel secure about their independence.

In gerontological literature, aging in place is used most often as a policy ideal instead of a complex process of interaction between the older adult and place. This research used the environmental docility hypothesis to examine the demographic differences between residents of NORCs and non-NORCS, compare community connectedness, age-integration, health status, and activity level of the two groups, and examine NORC residents’ attitudes about the Options services and programs. In general, this research provides support for the positive role that NORCs and supportive service programs such as Options can play in the long-term care and housing options for older adults.

Limitations

There were several limitations in this research. First, the method of data collection (self-selection among those who came to an event organized by Options) resulted in a biased sample; those older adults not motivated or physically able to come to the event, were not part of this study. Second, sample sizes at all three locations were small. The findings cannot be generalized to a larger population. Therefore, the conclusions are suggestive in nature and only
apply to the groups that were studied. It is difficult to make statistically valid comparisons between NORC and non-NORC residents when the samples are so small. In addition, the majority of both samples were white, widowed women, so the data tells us little about older men and minorities living in NORCs.

Another challenge in this study was to adopt a “plan B” for data collection; when the sample sizes from the group events were so small, Options staff collected more surveys. Using two different methods to collect data for this research raises questions about the reliability and validity of the data. Also, the only “n/a” option in the response categories in the questionnaire were for the NORC participants’ knowledge and participation rates in the Options services and programs. More questions should have included “n/a” as a response choice. Finally, this cross-sectional quantitative study cannot tell us anything about change over time, or about more qualitative questions regarding NORCs.

**Implications**

There are several implications for the field of gerontology, policy, and practice from completing this research. Gerontology as a whole and other fields benefit from learning about NORCs and how they develop. Policy issues regarding housing for seniors are important to identify and especially with NORCs. These communities are hard to define, but are more common than people think. The funding needed to provide supportive service programs in these communities such as Options is difficult to obtain. In order to continue programs of this nature, there has to be enough funding and that is a major challenge for the agencies that provide these programs such as Jewish Family Service (JFS). The practice of gerontology benefits by learning about supportive service programs in NORCs and how well the outcomes are being met. This research may be used to improve the existing program and also to know what other communities can benefit from a program of this nature.

**Lessons Learned**

Completing this research has shown how important NORCs and the supportive service programs are for older adults today; it is safe to assume that they will become even more important as an option in the near future with the baby boomers aging. Older adults today want to remain in their homes and do not want to move into nursing homes or other care facilities because their health decreases and care needs increase. The best solution is for older adults to have the option of receiving home care services and being referred to other places in their
community for care if needed. This is something that Options does and is committed to getting the residents the help and information they need to make good decisions. Collecting data from two different program sites gave me a deeper understanding of the program and the residents involved. The non-NORC comparison site is a great way to learn the things that Options is doing right and those that need work. Hopefully the non-NORC will be a future site for JFS to provide the same supportive services as they do for NORCs A and B. This way, the residents at the non-NORC will be more prepared for if or when they need additional care because their health declines.

Working with an agency such as JFS had its benefits and challenges. It provided several lessons about doing research with an agency. The involvement and enthusiasm from JFS was wonderful. The staff had such an interest and willingness to learn and help in any way they could with the research. This project could not have had a better agency to work with than JFS and all their help is appreciated. There were some challenges along the way and included all the meetings that took place. Also, it was difficult to have a design that was acceptable to both JFS and the author. This project is unique in that it was done in partnership with JFS evaluating their Options program and used to benefit their agency and program. The data for this research was difficult to collect. Making a questionnaire that covered all the aspects of NORC and non-NORC communities and the Options program was a struggle. The author also learned how to focus on the bigger picture and not the details of this project.

NORCs are an important part of the aging field and there needs to be more of a focus on these communities. There are many communities throughout the nation that could be labeled as NORCs, but are not, because people do not recognize the term. Also, supportive services in this type of community are essential for them to succeed. These communities are not designed for older adults and they need to include services so older adults living in these communities are able to remain independent in their homes such as those living in the two NORCs in this study. In order for NORCs to be comfortable places for older adults to live, we need to know the population living in them and how satisfied they are with their community.

**Directions for Future Research**

Future research should be done by gerontologists and other researchers on NORCs and the population living in them. Also, future research should be done on supportive service programs like Options to see how valuable they are for the older adults in these communities.
throughout the nation. Program evaluation is the most efficient type of research that can be done to measure the success of these supportive service programs in NORCs. Program evaluation needs to be done all over the nation to provide vital information about the benefits and challenges of supportive service programs similar to Options. Future research needs to explain what aspects of programs such as Options work and what things do not work for the participants involved. Older adults today want to remain in their own homes and age in place and do not want to live in any community or facility designated just for them. Nursing homes are not places that older adults choose to go and they would rather stay at home in a familiar community and often one that is a NORC.

Despite the advantages of quantitative research, qualitative research on NORCs and the Options program and others like it may also increase our understanding of this complex community and program. Incorporating open ended questions about what individuals’ thought about the program would provide more detail for analysis. Setting up focus groups from residents involved in Options would be a good way to get to know how the program works or does not work for them. Also, the story of what it is like to live in a NORC would be nice to know. In qualitative analysis, the individual’s voice is heard and there is more of a variety in the answers since the questions are open ended.

Conducting another focus group with a group of people living in a community that is not a NORC and does not have any supportive service program would be beneficial and be used as a comparison group. Focus groups are important to conduct to hear the story of the older adults in NORCs and non-NORCs to learn about what it is like to live in these communities and what needs to be changed. There needs to be more research done to examine quality of life in NORCs and what information and services are needed for people to remain living independently in their home. Older adults in these communities want to stay there and do not want to move to a care facility. There needs to be a more clear understanding of where NORCs are located, what living in a NORC means to older adults and how supportive service programs help them to remain independent. Without programs such as Options, some older adults would be forced to move because of their decline in health, therefore needing more intense care.

Future research in this area should be done longitudinally with more minorities and older men in the samples. It is difficult to get older men to participate, because there are not many of them. Also, with the finding of mostly widowed women in NORCs and other communities tells
us that this is the population researchers need to focus on in the aging field. It is important for gerontology researchers to look at what older women need to remain independent living in a community like a NORC. The advertisement and marketing of services offered to older adults should be geared towards older women, since they are the majority of the aging population. Older women need to be interested in these services in order for them to be successful. Supportive service programs in NORCs such as Options should pay attention to the population they are serving and gear their services and programs toward them. Larger samples need to be studied regarding NORCs and supportive service programs so the findings can be generalized. It is important to be able to apply findings of a study to other populations. The demographics of NORCs and SSPs throughout the nation are also important to study, because it will bring a better understanding of these complex communities and programs in the gerontology field.
References


Gibson, Mary Jo, Freiman, Marc, Gregory, Steven, Kassner, Enid, Kochera, Andrew, Mullen, Faith, Pandya, Sheel, Redfoot, Donald, Straight, Audrey, and Wright, Bernadette. (2003). Beyond 50.03: A report to the nation on independent living and disability. Washington, DC: AARP.


Options Cincinnati Questionnaire

We would like to ask you some questions about why you live in this community and the community in general. Please answer the following questions to the best of your ability. We will never use or share any individual’s information for any purpose and your responses will never be traced back to you. Your participation is completely voluntary and do not have to answer any questions you do not feel comfortable answering. We will only summarize the information about our respondents. Please put a check mark in the appropriate box for each question.

1. What attracted you to this location? (check all that apply)

   Options  Cincinnati Staff  Location (to shopping, doctor’s office)
   Family          Friends          Supportive Services/Programs
   Information/Referral  Community   Other______________

2. Are there limits in your ability to walk to places in this community?

   Yes                        No                        I don’t know

3. Are there limits in your ability to get to places in this community by car, shuttle, or bus?

   Yes                        No                        I don’t know

4. Do you feel happy living in this community?

   Yes                        No                        I don’t know

5. Do you feel safe in this community?

   Yes                        No                        I don’t know
6. Are there things (such as lack of help or increased physical problems) that cause you to worry about your ability to continue living independently?

   Yes  No  I don’t know

7. How often do you worry about your ability to continue living independently?

   Often  Sometimes  Hardly Ever  Never
   I don’t know

8. How connected do you feel to the people in this community?

   Very connected  Connected Disconnected  Very disconnected
   I don’t know

9. Are you able to ask people in this community for help or information you may need about services?

   Yes  No  I don’t know
10. Please indicate the extent to which you agree or disagree with the following statements: (check the appropriate box for each statement)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is important to me that I live around people of all ages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Younger people give me more energy</td>
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<tr>
<td>Younger people give me a different view on life</td>
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<tr>
<td>Younger people challenge me in different ways</td>
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<td></td>
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<tr>
<td>I learn from younger people</td>
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<td></td>
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<tr>
<td>Sometimes I think younger people are too impatient with me</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Sometimes I get annoyed with younger people</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>I do not relate well to younger people</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>I find it difficult to socialize with younger people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel younger people look down upon me because of my age</td>
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</tbody>
</table>

**Additional Comments:**

________________________________________________________________________

________________________________________________________________________

35
11. Would you rather live in a community with only people similar in age to yourself?

Yes       No       I don’t know

We would like to ask you a few questions about your daily activities. Please answer the following questions to the best of your ability.

12. On average, how often do you participate in Options Cincinnati social activities such as volunteering, potluck dinners, or holiday parties?

Often       Sometimes       Hardly ever       Never
I don’t know

13. On average, how often do you participate in social activities such as volunteering or socializing with family and friends?

Often       Sometimes       Hardly ever       Never
I don’t know

14. In an average week, how many hours do you exercise at a moderate intensity level or higher, such as brisk walking?

0       1-3       4-6       7-9       10+

15. On average, how many hours per day do you watch television?

0       1-3       4-6       7-9       10+
Now we would like to ask you some general health questions. Please answer the following questions to the best of your ability.

16. How would you rate your current emotional health?

   Excellent   Good   Fair   Poor

17. Compared to five years ago, would you say your current emotional health is better, about the same, or worse?

   Better   About the same   Worse

18. How would you rate your current physical health?

   Excellent   Good   Fair   Poor

19. Compared to five years ago, would you say your current physical health is better, about the same, or worse?

   Better   About the same   Worse
Now we would like to ask you some questions about how you felt last week. Before each statement, please put the number of days last week that you felt or behaved this way.

20. # of Days During the past week.

____ I felt lonely
____ I felt sad
____ I was happy
____ I enjoyed life
____ I felt depressed
____ I felt that everything I did was an effort
____ My sleep was restless
____ People were unfriendly
____ I felt that people dislike me
____ I could not get going

We would like to know some demographic information about you. Please answer the following questions to the best of your ability.

Demographics

21. Date of birth (month/day/year)_____________________

22. What is your ethnic/racial background? (check all that apply)

<table>
<thead>
<tr>
<th>White/Caucasian</th>
<th>Black/African American</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Native American</td>
<td>Other________________</td>
</tr>
</tbody>
</table>

23. Gender

   Female       Male
24. What is the highest year of schooling that you have completed?

- Less than high school
- High school diploma
- Some college
- Associate’s degree
- Bachelor’s degree
- Master’s degree or higher

25. What is your current marital status?

- Married
- Widowed
- Divorced/Separated
- Never Married

26. What was your household income last year before taxes and other deductions?

- Under $1,000-$9,999
- $10,000-$19,999
- $20,000-$29,999
- $30,000-$39,999
- $40,000-$49,999
- $50,000-$59,999
- $60,000-$69,999
- $70,000-$79,999
- $80,000 or over
- I don’t wish to answer
- I don’t know

We would like to ask some questions about the services and programs offered to you by Options Cincinnati. Please answer the following questions to the best of your ability.

27. Does Options Cincinnati provide the right services for you?

- Yes
- No
- I don’t know

28. Are the services offered by Options Cincinnati helpful to you?

- Yes
- No
- I don’t know
29. Are the programs offered by Options Cincinnati enjoyable for you?

   Yes       No       I don’t know

30. Overall, what do you enjoy most about the programs you currently participate in? (check all that apply)

   Having fun  Socializing with friends  Learning new things
   Staying active  Remaining independent  Seeing staff
   Meeting new people  Keeping informed about the community
   Other_________________________

31. What, if anything, keeps you from participating in programs more often? (check all that apply)

   They are not beneficial to me  They are not enjoyable for me
   They are offered at inconvenient times  I am too busy to participate
   They are not interesting to me  Other___________________

32. Do you feel you are well informed about the services and programs offered to you by Options Cincinnati?

   Yes       No       I don’t know

33. Does Options Cincinnati help you feel secure in living independently?

   Yes       No       I don’t know

34. What service is most important to you to remain independent?

   ____________________________________________________________
   ____________________________________________________________
35. How did you learn about the services Options Cincinnati offers? (check all that apply)

- Options Cincinnati Staff
- Internet
- Neighbor or Friend
- Family
- Flyer
- Brochure
- Meeting
- Activity
- Other_________________

36. Does Options Cincinnati meet your physical needs/changes? (I am able to get to the places I need to go)

- Yes
- No
- I don’t know

37. Does Options Cincinnati help you stay independent?

- Yes
- No
- I don’t know
38. Now we would like to ask you about your knowledge of and participation in the services and programs provided by Options Cincinnati. (please indicate if you know about the service/program and if you have participated in that service/program by checking the appropriate box)

<table>
<thead>
<tr>
<th>Services:</th>
<th>Know Services are Available:</th>
<th>Have Participated in Services:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Blood pressure screenings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presentations by health experts</td>
<td></td>
<td></td>
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<tr>
<td>Medication management consultations</td>
<td></td>
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<tr>
<td>Fitness programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Answers your questions</td>
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<td></td>
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<tr>
<td>Research information</td>
<td></td>
<td></td>
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<tr>
<td>Referrals to community resources</td>
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<tr>
<td>Caregiver support</td>
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<td></td>
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<tr>
<td>Center for Holocaust survivors</td>
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<td></td>
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<tr>
<td>Individual/family counseling</td>
<td></td>
<td></td>
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<tr>
<td>Friendly visitation</td>
<td></td>
<td></td>
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<tr>
<td>Care management for new Americans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resettlement and acculturation services</td>
<td></td>
<td></td>
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<tr>
<td>Senior adult services</td>
<td></td>
<td></td>
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<tr>
<td>Emergency financial assistance</td>
<td></td>
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<tr>
<td>Volunteer services</td>
<td></td>
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<tr>
<td>Jewish Family Service food pantry</td>
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</tbody>
</table>
We would like to ask you some questions about the Options Cincinnati staff and program as a whole. Please answer the following questions to the best of your ability.

39. Do you know either some or all of the Options Cincinnati staff?

   Yes       No       I don’t know

40. On average, how helpful is Options Cincinnati staff to you?

   Very helpful      Helpful      Somewhat helpful      Not helpful
   I don’t know

41. Have you met with the Options Cincinnati service coordinator?

   Yes       No       I don’t know
42. On average, how often do you have contact with Options Cincinnati staff?

Often    Sometimes    Hardly ever    Never
I don’t know

43. How satisfied are you with the Options Cincinnati program as a whole?

Very satisfied    Satisfied    Dissatisfied    Very dissatisfied
I don’t know

44. How satisfied are you with your life overall?

Very satisfied    Satisfied    Dissatisfied    Very dissatisfied
I don’t know

You have completed the survey. Thank you for your participation. Your answers will be kept confidential and will help to evaluate the benefits and effectiveness of the Options Cincinnati program.
Dear Participant,

My name is Erin Coppinger and I am a second year graduate student at Miami University in the Master’s of Gerontological Studies (MGS) program and will be graduating this May. In order to graduate from this program, I am required to do a thesis project. This project is one where I collect data and tell a story about the findings from the data. Jewish Family Service (JFS) partnered with Miami University’s Scripps Gerontology Center and me to evaluate the Options Cincinnati program that is offered at Indian Creek and Amberley House. This is an important program that needs to be evaluated and is what I wanted to do for my research project. In order to evaluate the Options program, data has to be collected from a variety of people that are involved in the program to some degree. The tool I am using to collect data is a written survey that I put together. This is why I am asking you for help in regards to participating and completing the survey. Participation in this research is voluntary and completely confidential. The data will be summarized as a group and no information will be traced back to individuals. There is no way for anyone to know what any individual said on this survey. Numbers will be assigned to the surveys to keep track of them and no names are included. I want to thank you for your interest in completing this survey and helping me with my research project. Thanks again and I appreciate your help!

Sincerely,

Erin Coppinger
An Invitation to
NORC A RESIDENTS
From Options Cincinnati &
The Scripps Gerontology Center*
at Miami University
To Take Part in an Important Research Study

- Respond to Written Survey Questions
- Enter Your Name for Door Prizes
- Enjoy Refreshments
- Visit With Your Neighbors

PLEASE JOIN US!

Wednesday, February 8, 2006
3:00 to 4:30 p.m.

In the Clubhouse

RSVP Requested by Noon, Tuesday, February 7
For more information, or to make a reservation

call 766-3330.

* The Scripps Gerontology Center is a major center for the study of aging. It seeks “to understand the evolving issues of an aging society and provide leadership to enhance the lives of older adults, improve the quality of the inter-generational relationships, and meet the needs of an aging society through research education, and service.” Projects in development include work on long-term care staffing issues, a briefing book on aging in Ohio, and a detailed description of Ohio’s older population based on 2000 census data.
An Invitation to NORC B RESIDENTS

From Options Cincinnati &
The Scripps Gerontology Center*
at Miami University

To Take Part in an Important Research Study

Respond to Written Survey Questions

Enter Your Name for Door Prizes

Enjoy Refreshments

Visit With Your Neighbors

PLEASE JOIN US!

Thursday, February 9, 2006

3:00 to 4:30 p.m.

In the Party Room

RSVP Requested by Noon, Tuesday, February 7

For more information, or to make a reservation call 766-3330.

* The Scripps Gerontology Center is a major center for the study of aging. It seeks “to understand the evolving issues of an aging society and provide leadership to enhance the lives of older adults, improve the quality of the inter-generational relationships, and meet the needs of an aging society through research education, and service.” Projects in development include work on long-term care staffing issues, a briefing book on aging in Ohio, and a detailed description of Ohio’s older population based on 2000 census data.
Non-NORC RESIDENTS
The Scripps Gerontology Center
at Miami University &
Jewish Family Service

Invite You to Participate
in an Important Research Study

Tuesday, January 24, 2006
1:30 to 3:00 p.m.

- Respond to Written Survey Questions
- Enter Your Name for Door Prizes
- Enjoy Dessert and Refreshments
  (Compliments of your neighbor, Perry Brenner)
- Learn About Resources for Seniors
- Meet Your Neighbors

Please Join Us!

RSVP Requested by Noon, Monday, January 23
(To make sure there will be enough dessert for everyone!)

Sign up in the Laundry Room

For more information, or to reserve an assistive listening device,
call 766-3330.
I am looking forward to joining you for a dessert reception and the Scripps Center research study on Tuesday, January 24.

Please reserve a space for me.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
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</table>
The New Year is almost upon us, and we want to tell you about some exciting new developments.

First, we are pleased to announce that Options Cincinnati has received a generous grant from The Frances R. Luther Charitable Trust. This support, Fifth Third Securities’ renewal of its partnership, and the recent Spaulding Foundation grant fill us with pride and demonstrate the enthusiasm for Options in the community.

Second, Options Cincinnati has a new partnership with Scripps Gerontology Center at Miami University. Erin Coppinger, a graduate student at the Center will be studying the Options program model. In February we will host an event where Erin will ask you to complete a short questionnaire. She will compare your responses to those of residents at another property where we do not have an Options program to see if Options is making a difference in your lives. We will have light refreshments; those who complete the questionnaire will be eligible for a door prize. This is your chance to help the Options program and have some fun. Look for details in the February At Your Service.

Finally, to better serve you, Options is changing its office hours. We hope that having Marge available from 11:00 a.m. to 3:00 p.m. will make our service more accessible to more of you. Marge welcomes your visits during office hours and your phone calls at other times. She is available by appointment to meet with you in the office or at your home if you prefer.

---

**Blood Pressure Screening**

Tuesday, January 3
10:00 to 11:00 a.m. in the Clubhouse
11:05 a.m. to Noon in the Options Office

**Mall Walking at Kenwood Town Center**

Thursdays, January 5, 12, 19, and 26
Meet at 9:00 a.m. in front of Panera

**High Tea**

Wednesday, January 25
3:30 to 5:00 p.m.
In the Clubhouse
The New Year is almost upon us, and we want to tell you about some exciting new developments.

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It’s A Date!

Blood Pressure Screening
Wednesday, January 4
10:00 a.m. to Noon

Seated Exercise
Thursdays, January 5, 12, 19, and 26
10:30 – 11:30 a.m.

Dinner & a Movie
Monday, January 30
5:30 to 9:00 p.m.