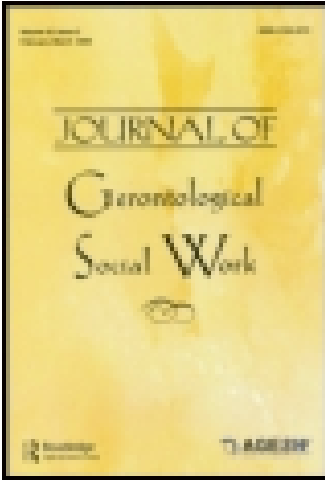


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Publisher: Routledge

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## Journal of Gerontological Social Work

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/wger20>

### Characterizing Older Adults' Involvement in Naturally Occurring Retirement Community (NORC) Supportive Service Programs

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Accepted author version posted online: 03 Mar 2015. Published online: 03 Mar 2015.



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To cite this article: Emily A. Greenfield & James P. Fedor (2015): Characterizing Older Adults' Involvement in Naturally Occurring Retirement Community (NORC) Supportive Service Programs, *Journal of Gerontological Social Work*, DOI: [10.1080/01634372.2015.1008168](https://doi.org/10.1080/01634372.2015.1008168)

To link to this article: <http://dx.doi.org/10.1080/01634372.2015.1008168>

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## **Characterizing Older Adults' Involvement in Naturally Occurring Retirement Community (NORC) Supportive Service Programs**

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*Naturally Occurring Retirement Community (NORC) Supportive Service Programs constitute one of the longest-standing models for age-friendly community initiatives. As a support-focused model, NORC programs typically offer a range of benefits—including direct services, group activities, and broader community development activities—that are intended to engage older adults with diverse needs, preferences, and interests. Moreover, NORC programs are designed to be used according to the needs of the particular participant engaging with them at a particular point in time. This range and flexibility of benefits indicate the importance of more systematically characterizing the ways in which older adults are involved with NORC programs. For this purpose, we used data from in-depth interviews with 35 residents across 6 NORC programs in New York City. Qualitative analysis revealed 6 ordered categories of involvement: (a) consciously no involvement; (b) involved, but not consciously; (c) relationship with staff only; (d) selectively involved with a strong sense of security; (e) NORC program leaders; and (f) dependence on the NORC program. Overall, results indicate how older adults' involvement in NORC programs can be characterized beyond their utilization of specific types of services and by their relationship with the program as a whole. Findings suggest the importance for outcomes research on NORC programs and related models to consider subgroup differences by involvement. Results also provide directions for theory development on engagement in voluntary programs, as well as for*

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Received 15 July 2014; revised 11 January 2015; accepted 12 January 2015.

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*practice to enhance older adults' involvement in supportive service programs.*

**KEYWORDS** *qualitative, aging in place, community practice*

Age-friendly community initiatives have emerged as an increasingly prominent area within aging services, especially throughout the first decade of the 21st century. Despite variety across models, the models share a focus on engaging in deliberate and collaborative activities to enhance social and/or physical environments within a defined and local geographic area to promote the health, well-being, and aging in place of older residents (Greenfield & Giunta, *in press*). Currently, there are over 270 age-friendly community initiatives documented within the United States alone (Grantmakers in Aging [GIA], 2014), and many models include direct service components in addition to community planning activities (Lehning, Scharlach, & Price Wolfe, 2012).

One central question among policymakers, practitioners, and researchers alike is the extent to which age-friendly community initiatives are effective in achieving their intended outcomes (Golant, 2014), such as promoting health and well-being in later life. At the same time, rigorous outcomes research faces many challenges. One such challenge is that many models are designed to be multifaceted and to be used according to the needs of the particular participant engaging with them at a particular point in time (Vladeck, 2004). Therefore, a key step toward advancing research on the effects of age-friendly community initiatives is to better understand the ways in which, as well as the processes through which, older adults are and are not involved with the initiatives' activities and services.

Developing a more systematic understanding of older adults' involvement and noninvolvement in age-friendly community initiatives also helps to address questions around social inclusion and exclusion concerning these models. Although age-friendly community initiatives are typically designed, in part, to enhance older adults' social integration and access to informal and formal sources of assistance, there is concern that the initiatives might engage only those older adults who are already socially and economically privileged. As a result, "these initiatives might have a secondary effect of exacerbating existing disparities based on inequitable distributions of power and resources" (Scharlach & Lehning, 2013, p. 128). By characterizing older adults' involvement in age-friendly community initiatives and describing the processes that contribute or detract from involvement, practitioners can better identify subgroups that are less involved and can work toward developing more effective strategies to engage them.

This study sought to support these aims by conducting a qualitative analysis of in-depth interviews with residents across Naturally Occurring Retirement Community Supportive Service Programs (NORC programs) sites in New York City (NYC). NORC programs constitute the long-standing model

for age-friendly community initiatives in the United States (GIA, 2013), and they typically offer a wide variety of types of activities through which older adults can be involved (Vladeck, 2004). Given their dense concentration of development across the greater NYC area, NORC programs in this region provide a unique opportunity to explore older adults' experiences with the initiatives across a range of individual and community contexts. For instance, these programs reflect the racial/ethnic diversity of NYC, as some programs are in communities that are predominantly White, others are in primarily African American communities, and others are in communities that are a mix of racial/ethnic groups (Vladeck, 2004). Specifically, this study sought to develop categories for characterizing older adults' involvement with NORC programs grounded in residents' narratives regarding their engagement and to explore patterns within each category that explain older adults' type of involvement.

### THE NORC PROGRAM MODEL

NORC programs are implemented within NORCs: communities that were not designed as senior housing, yet which develop a large proportion of older residents over time (Colello, 2007). The NORC program model aims to promote aging in place by providing a range of community-based health, social, and allied services through community partnerships and by creating a safe and livable community environment for older adults (Altman, 2006; Ivery, Akstein-Kahan & Murphy, 2010; Vladeck, 2004). The NORC program model specifies that services and activities be defined by the strengths and vulnerabilities of the community as a whole, rather than being structured by a predetermined list of benefits (Colello, 2007). Furthermore, eligibility for membership in NORC programs and services is based on age and residence in the NORC, not on functional or economic status (Vladeck, 2004). Although membership fees are typically not required (Greenfield, Scharlach, Lehning, Davitt, & Graham, 2013), members might financially contribute indirectly, for example, through their apartment association fees. Also, the NORC program model has been implemented across apartment-based and neighborhood-based areas, following the same philosophy of program flexibility in meeting the needs of the older adult residents (Bronstein & Kenaley, 2010).

#### Guiding Theoretical Constructs

Guided by the program model itself, our study assumed that older adults would vary in their participation in NORC programs. The NORC program model is deliberately designed so that people have choice in how, and to what extent, they are involved. Program leaders have described the variety of ways in which older adults can engage with NORC programs, such as by

receiving direct services, volunteering to lead a group activity, or serving as a partner, such as by participating in the programs' governance structures (Vladeck, 2004). Yet, there has been little systematic examination of ways to categorize older adults' involvement in programs, as well as the processes through they are involved with NORC programs.

Our exploration of this area was broadly guided by insights from a person-in-environment perspective. The person-in-environment perspective views people as part of an environmental system that encompasses reciprocal relationships among a person, their social relationship partners, and their broader physical and social environments (Barker, 2003). For example, theorizing by de Hoyos and Jensen (1985) specifies three subsystems within person-environment systems that are relevant for understanding how people engage with their environments: the personality system (individuals' intrapsychic patterns and behavioral manifestations), the interactional system (how individuals relate to their social worlds), and the sociocultural system (how individuals relate to larger sociocultural systems, such as gender, age, and family structures). Overall, this model suggests that there are likely different levels of processes that contribute to older adults' involvement with NORC programs.

In addition to specifying various levels of conditions that might influence older adults' involvement in NORC programs, the person-in-environment perspectives orients attention to ways in which these conditions interact with each other. A key assumption of the perspective is that people influence the very environments that influence them (DeHoyos & Jensen, 1985). Moreover, the framework offers the concept of person-environment fit, which is the compatibility that occurs when the characteristics of the person (e.g., personal values, goals, or personality) and the environment (e.g., opportunities and rewards) provide what the other needs (de Hoyos & Jensen, 1985). Accordingly, our study considered a broad range of potential characteristics concerning individuals, the NORC program itself, and the broader community context that are potentially congruent or incongruent to influence older adults' involvement.

### Empirical Gaps and Focus of This Study

Research on older adults' involvement with NORC programs has focused largely on the utilization of specific types of services (Lun, 2010; Pickard & Tang, 2009). For example, an evaluation of a NORC program in Cleveland, Ohio, indicated that residents were more likely to participate through attending social activities than by utilizing health care services, going on trips, or volunteering (Anetzberger, 2010). Similarly, a study with a small sample of NORC program participants in Maryland found participation rates were highest in terms of recreational activities, although more than three-quarters

of the participants also reported using medical and social work services (Cohen-Mansfield, Dakheel-Ali, & Frank, 2010).

To the best of our knowledge, only two prior studies have examined predictors of older adults' involvement with NORC programs specifically. Both studies used survey data from older adults at specific NORC program sites—one in Maryland (Cohen-Mansfield, Dakheel-Ali, & Jensen, 2013) and the other in a housing complex in Chinatown, NYC (Lun, 2011). These studies also conceptualized involvement in terms of formal service use alone. Results from both studies indicated that older age and being female were associated with greater service use. The authors of these studies interpret their findings as indicating individuals' needs motivating the utilization of NORC programs.

Building from this prior research, we aimed to develop a way to categorize participant involvement in NORC programs based on older adults' own perspectives. This focus addresses the call for “more client-centered research . . . to understand why services go unused, how clients perceive these services, and how to better market and maintain utilization” (Carpenter et al., 2007, p. 179). We further sought to explore how individuals circumstances—as well broader social environments—influence older adults' program involvement.

## METHOD

### Sample

The sample included 35 older adults who resided within six NORC program catchment areas in NYC. Data were collected between September 2012 and February 2013. Utilizing maximum variation sampling, programs were selected across community contexts. Specifically, this study included programs that developed in settings of single-family residences, co-ops, or publicly subsidized apartment complexes. This was done in response to research suggesting that apartment-based NORC programs face different challenges and opportunities in their implementation than neighborhood-based NORC programs (Enguidanos, Pynoos, Denton, Alexman, & Diepenbrock, 2010). Purposive sampling also was conducted to capture communities that varied in the range of their racial/ethnic and other sociodemographic characteristics. Based on information collected from the sites as part of a larger survey of NORC programs (see Greenfield et al., 2013, for more information), the sites ranged in their length of program operation (from 5 to 19 years), the percentage of non-White older residents (from 16% to 97%), and the socioeconomic status of their broader community (with two identifying as *low income*, two others as *low to middle income*; and three as *middle income*). All six programs reported facilitating services and activities that would be expected of a NORC program, including health care services, social services, and group activities.

**TABLE 1** Sociodemographic Characteristics of the Participants

	Percentage	<i>n</i> (35)
Female	69%	25
Age		
60–64	9%	3
65–74	40%	14
75–84	26%	9
85+	25%	9
High school or less	37%	13
Lives alone	57%	20
Race/Ethnicity <sup>a</sup>		
Non-Hispanic White	46%	16
Latina/o	20%	7
Black	26%	9
Asian	9%	3
Residence of 20+ years	69%	25

*Note.* All participants resided in catchment areas of Naturally Occurring Retirement Community Supportive Service Programs in New York City.

<sup>a</sup>Percentages do not sum to 100% because of rounding error.

Second, maximum variation sampling was conducted in selecting the respondents within each site. Enlisting the assistance of NORC program staff at each site, participants were selected across a range of health statuses, age, race/ethnicities, and genders, as well as who varied in the ways and extent to which they utilized NORC programs and services. Table 1 summarizes the characteristics of participants in the sample.

## Procedure

Semistructured interviews were conducted individually with the respondents. An interview guide approach was used, and although topics to be asked were decided by the interviewer prior to the interview, the interviewer was able to formulate or probe more in-depth on certain topics depending on the participants' responses. Sample questions included: "What is the purpose of the NORC program from your perspective?", "Have you been involved in it, and how?", and "What motivates you to be involved in the ways that you are?"

Interviews were conducted either in the respondents' home or in a NORC program office and were audio recorded and transcribed. All respondents were given a \$30 gift card at the completion of the interview. Interviews were transcribed, and the text was then entered into Dedoose qualitative software program (dedoose.com). The study received human subjects approval from the Institutional Review Board at Rutgers, the State University of New Jersey.



## Data Analysis

A progressive, multiphased coding process was undertaken to move the analysis toward a more abstract level of understanding (Charmaz, 2006). In the first phase of analysis, the research team conducted line-by-line coding of the transcripts. All data were considered potentially theoretically relevant, with units of meaning of codes being closely grounded in the respondents' own words. The second stage of analysis included a more focused system of coding that examined how the codes related to each other in response to this study's primary aims. At this point in the analysis especially, we drew upon insights from the person-in-environment perspective, which sensitized us to organize codes according to different levels of person-environment systems (e.g., individual factors, program factors, macro-structural factors). Analysis of the codes in this way allowed for themes to emerge to create an empirically grounded, explanatory focused narrative to answer the study's research questions. At this stage of the analysis, initial categories of involvement emerged, and to enhance rigor, a student research assistant was asked to place respondents into the appropriate category of involvement without knowing how prior members of the research team had categorized them. Any discrepancies in categorization were thoroughly discussed. In the final stage of analysis, we revisited the initial categorization of the participants and made modifications that were able to more clearly describe the levels of involvement. We also heavily used the constant comparative method in this stage, which involved drawing points of comparison and contrast across participants (Glaser & Strauss, 1967). We again used the person-in-environment perspective to explore similarities and differences across participants' narratives according to various levels of person-environment systems (e.g., similarities and differences in personal circumstances, social relationships, transactions with the program, etc.). Furthermore, in this final stage, we retained only those themes that helped to explain circumstances leading to participants' specific category of involvement. For example, many participants described how a NORC program newsletter or their friends led to their initial involvement; however, because these themes were prevalent across multiple categories of involvement, we did not retain them within the final results. We also drew on insights from the person-in-environment perspective when developing our final interpretation of the findings as a whole, which is presented in the discussion section.

## RESULTS

Six distinct categories emerged to characterize participants' relative levels of involvement with the NORC program ranging from low to moderate to high. In the following, we describe the criteria that emerged for each of these categories, as well as the predominant factors associated with each category of involvement. [Table 2](#) summarizes these results.

**TABLE 2** Categories of NORC Program Involvement

Range	Category	Description	Example	Distinguishing Processes Leading to Involvement
Low	Consciously not involved	Aware of NORC program and choosing to remain uninvolved	Person perceives no need for one-on-one services and prefers not to participate in group activities, therefore viewing the NORC program as not relevant	<ul style="list-style-type: none"> <li>• Personality disposition, such as being a self-identified "loner"</li> <li>• Dissatisfaction with program staff</li> </ul>
	Involved, but not consciously	Lacked knowledge about NORC program but described ways that they were involved	Receiving nursing visits and unaware that this nurse is affiliated with NORC program	<ul style="list-style-type: none"> <li>• Colocation of NORC program with another organization, such as a church or senior center, leading to a conflation of what services are provided through which organization</li> </ul>
Moderate	Close relationship with staff only	Involvement with NORC program is mainly through contact with a staff person	A participant becomes involved mainly because a staff person personally calls them with information about NORC programs and services	<ul style="list-style-type: none"> <li>• Positive perceptions of NORC program staff</li> <li>• Personality disposition, such as being shy</li> <li>• Other demands on time, such as caregiving responsibilities</li> </ul>
	Selective involvement with strong sense of security	Respondent chooses which programs or services to utilize and has confidence that the NORC program can assist in the future	A participant attends NORC sponsored events and has confidence that the NORC program would help them if their needs changed	<ul style="list-style-type: none"> <li>• Personality disposition, such as being a "follower and not a leader"</li> <li>• Prior positive experiences with NORC program staff</li> <li>• Personal circumstances, such as caregiving for a spouse in poor health or having commitments to other organizations</li> </ul>
High	Leadership through the NORC program	Respondent has a leadership position with the NORC program, typically initiating a program or service that helps shape the current NORC program	A participant is elected to the NORC advisory board	<ul style="list-style-type: none"> <li>• Lifelong history of community involvement</li> <li>• Involvement perceived as a way to "give back" for services received through the NORC program</li> </ul>
	Dependence on the NORC program	Respondent believes that benefits offered through the NORC program are essential to their ability to age well in their current residence	Reliance on the NORC program for providing the only context for socialization with friends and neighbors	<ul style="list-style-type: none"> <li>• Limited preexisting social relationships</li> <li>• History of utilizing public assistance programs</li> <li>• Strong relationship with NORC program staff</li> </ul>

*Note.* NORC = Naturally Occurring Retirement Community. Summary of themes based on qualitative interviews with 35 residents across six Naturally Occurring Retirement Community Supportive Service Programs in New York City.

## Low Involvement

*Consciously no involvement.* This category included three respondents who knew what the NORC program was, were aware that its benefits were available to them by virtue of their residence and age, but were not involved with the program to any extent. Among two of the three participants in this category, disposition was identified as the primary reason for their lack of participation; these participants—both of whom were men—described themselves as simply not being very social and not having need for the one-on-one services and group activities offered through the NORC program. The following case example exemplifies one of these participants:

Case example: Max is in his 70s and has resided in his community for nearly 20 years. Max has never married and does not have close family nearby. He prides himself on his independence and states to have always been in “perfect health.” Max states that he would “rather die” than ask for help, and although he is aware of the programs and activities that NORC sponsors, he chooses not to become involved.

One additional participant was included in this category; however, her nonparticipation reflected her perceptions of the quality of the staff. Although this participant was alone in the sample regarding her critical views of the program, it provides an important outlying perspective on an additional reason for lower levels of involvement. This participant acknowledged the valuable assistance that the NORC program in her community provided to older adults, but was not currently involved because of her belief that the staff members were not “in touch” with what older adults needed and did not trust them as a reputable source for information.

*Involved, but not consciously.* This category included four respondents who lacked knowledge about the NORC program and did not know that services through the NORC program were available to them, yet described ways in which they were, in fact, involved with benefits offered through the NORC program. For example, a participant stated that she knew about NORC programs through a friend, who lived in a NORC-designated area in another neighborhood. This respondent stated that she would utilize a NORC program if she resided in such an area. She then went on to describe how she received supportive visits from a counselor and nurse, as well as transportation and legal services—all of which were services, in fact, offered through the NORC program.

The predominant condition that led to older adults’ confusion around the NORC program was the collocation of NORC program staff, services, and activities at another organization, such as at a senior center or housing-based community center. In these instances, many residents were unable to distinguish which activities and staff members were affiliated with which organizations. The following case example highlights this confusion:

Case Example: John is in his 60s and has resided in this community for approximately 5 years. John regularly attends community forum meetings regarding planned redevelopment issues that will be affecting his neighborhood, which he feels passionate about. These forums are facilitated by NORC program staff members, yet John states that he has no awareness of NORC programs, and he only associates these forums with “The Center.”

### Moderate Involvement

*Relationship with staff only.* Four participants were categorized as being involved mainly through their relationship with a NORC program staff person. In these cases, the NORC program staff members would regularly reach out to participants around ways in which they could become more involved, but the participant did not regularly commit to attending any particular activity or utilizing any direct service, even though they might have occasionally used such services. For example, one respondent utilized the help of program staff for legal assistance in settling a dispute with her landlord. The social worker assisted this respondent with emotional support and concrete guidance throughout the court proceedings; however, the participant’s active engagement with the NORC program ceased after the case was settled. The staff person continued to reach out to her regarding NORC program benefits that she might find helpful, but the participant had not yet engaged in any additional ways.

Despite sharing positive perceptions of NORC program staff, participants in this subgroup expressed personal factors that prohibited them from participating more in the NORC program. One such factor included disposition, such as describing one’s self as shy or preferring to be alone than with other people. Participants also described how other demands on their time—such as within their family relationships—limited participation:

Case example: Kathleen is in her 80s and has resided in her community for about 40 years. Previously involved in NORC programs and activities, her husband’s declining health limited her ability to participate as she became his primary caregiver. Kathleen feels well supported by her large family, who mostly live in her immediate area. Throughout her husband’s illness, she receives regular supportive phone calls from the NORC social worker, which she appreciates, but has not led to her recent involvement.

*Selectively involved with a strong sense of security.* The next category under the moderate level included 14 participants who described how they utilized only select activities and services. For example, one respondent took advantage of the trips to museums and local ethnic restaurants organized by the NORC program. This respondent described herself as being a “follower, not a leader” and participated in only those excursions that she found of

interest. She was also appreciative of the nursing services provided by the NORC program and had her blood pressure taken “once in a blue moon.”

Respondents in this category were further characterized by a belief that the NORC program could be of great personal assistance if they ever needed it. Participants’ occasional involvement helped them to develop trust in the staff, and their perceptions of the high quality services allowed them to consider the NORC program to be a sort of insurance policy to utilize if and when needed. As one woman stated:

What NORC does is they offer their services if I were to need it. In other words, right now I’m recovering from a hip fracture. If I needed somebody to do some shopping for me, I really would not hesitate to call NORC and somebody from NORC . . . would definitely do it very pleasantly. . . . I’ve never had to call them and ask them, but I feel that if I needed something like that or I couldn’t call for delivery, they would be here.

Several themes emerged indicating common factors that contributed to participants’ selective involvement. First, some of the participants in this category described how the NORC program was just “one of many” organizations in which they were involved. In these instances, participants had a long history of community participation, perceived the value of the NORC program in their community, but did not participate in the program on a regular basis because of commitments to other voluntary associations, such as churches and neighborhood senior centers. Similarly, other participants described how they had their own private networks of family and friends to meet their needs for socialization, community connectedness, and personal assistance. Therefore, they occasionally participated in select program activities that were of particular interest to them, but did not feel the need to be involved beyond that. Other participants described how health problems—specifically limited mobility—made it more difficult for them to leave the house and to participate in the wide array of activities offered. For these participants, therefore, their program involvement was largely limited to attending special events, such as annual holiday parties, and receiving occasional one-on-one assistance, such as help with entitlement programs.

## High Involvement

*NORC program leaders.* This category included eight respondents who held a leadership position with the NORC program, such as having an officership on the program’s advisory council. Oftentimes, participants described how they helped to shape the NORC program through their involvement at this level. Many respondents in this category started activities, such as book clubs and bridge groups. Others helped to coordinate NORC program

activities. Many participants in this category were regularly involved with the NORC program in terms of receiving one-on-one assistance (e.g., regular visits from a visiting nurse through the NORC program) and/or group activities (e.g., attending weekly health chats). Similar to participants in the moderate categories of involvement, participants in this category typically had a close relationship with NORC program staff members and had a strong sense of security in knowing that they could call upon the program when additional needs would arise in the future.

As was found with the low and moderate levels of involvement, personal characteristics contributed to the respondents being involved at high levels. Many of the respondents in this category had lifelong histories of being involved in their community through community service or political involvement, and so being highly involved with NORC programs and services was seen as an extension of who they always had been. This confluence of personal characteristics and leadership in NORC programs was evident in Stella's experience:

Case example: Stella is in her 90s and has resided in her community for over 50 years. She is a member of the NORC program advisory council, participates in many of the program's social activities, and initiated a bridge club through the program. Although Stella has limited mobility, she organizes events for other seniors to attend and advertises these events through the NORC program newsletter and by word of mouth through staff. Even though Stella cannot attend the very events that she organizes because of her medical condition, she states that her lifelong history in social activism and volunteering are motivating factors for her to continue to be involved at this level.

Another theme related to processes leading to high involvement was some respondents' desire to "give back" to the NORC program for the services received. Several respondents stated that the staff had provided them with invaluable services that had enriched their lives, and these respondents felt that increased involvement in the NORC program was a way for them to express gratitude towards the staff and the program itself. For example, one respondent felt compelled to join the NORC program advisory council when asked by the social worker because of his perceptions that this staff person had greatly helped him and his community.

*Dependence on the NORC program.* The final category of involvement included two participants who were deemed as highly dependent on the NORC program for their quality of life. Respondents in this category shared a belief that the benefits offered through the NORC program were essential to their ability to age well in their current residence and described that if the NORC program were not there, they would be isolated. These participants had overwhelmingly positive perceptions of the NORC program and went

out of their way to evangelize the benefits of involvement with others in their community. One respondent's experience is highlighted in the following case example:

Case example: Jane, who is in her 60s, relocated to her neighborhood several years ago with her husband. Her initial involvement with the NORC program developed because she speaks limited English, and she needed assistance with translating mail. Through the social worker, Jane has become deeply involved in the NORC program. She relies on the program for all aspects of her socialization, referring to it as her "lifeline." The social worker invites her to functions and programs, and Jane always accepts. The respondent does "nothing" on the days when the NORC program office is closed.

Respondents in this category shared similar levels and types of needs. For example, these respondents did not have a preexisting network of friendships, and so NORC programs provided a context for this much needed socialization. Both participants in this category further described a history of utilizing public services to help meet their basic needs that predated later life and the NORC program. Therefore, they expressed no hesitancy in asking the NORC program for assistance with eligibility checks and advocating for publically funded services. Also, the central NORC program office and site for activities were physically very close to their residence, thus making the regular utilization of services and activities quite accessible. Finally, the participants spoke exceptionally highly of the NORC program staff, perceiving them as trustworthy and competent, and stating that their high level of involvement in the NORC program was, in part, a way to give back to the program.

## DISCUSSION

In summary, six distinct categories of involvement in NORC programs emerged from this qualitative analysis. Although prior research has characterized older adults' participation in NORC programs largely according to their utilization of particular types of services (e.g., Anetzberger, 2010), and there is a general sense from the program model that "in the course of a single day, a resident can be a client, a volunteer, and a partner with an ownership interest in the success of the program" (Vladeck, 2004, p. 12), our study aimed to characterize involvement grounded in older adults' own perspectives on their participation and non-participation.

This approach yielded categories that were not defined by the types of services utilized, but rather by older adults' relationship with the program as a whole. For example, the two categories designated as *low involvement*

indicated the absence of a meaningful relationship between the NORC program and the older adult. In these cases, participants purposely distanced themselves from the NORC program or did not realize that they were utilizing NORC program benefits. In the categories reflecting moderate involvement, participants had a deliberate relationship with the NORC program, although it was limited to a relationship with a specific staff person or to the NORC program as a largely latent source of support. In the highest categories of involvement, participants had the strongest relationships with the NORC program through actively contributing to the program as leaders and/or by depending on the NORC program as their primary source of assistance and socialization.

These results can be interpreted according to a person-in-environment perspective, which orients attention to dynamic transactions among individuals and nested levels of environmental context (Barker, 2003). Each category of involvement indicated a different depth of transaction between the NORC program and the older adult. For example, at the highest category of involvement, participants who described their dependence on the NORC program identified the consistent influence of the program across multiple aspects of their lives, including their friendships, community involvement, and ability to have their basic needs met. In these instances, there was a high degree of person-environment fit, whereby the benefits offered through the NORC program were highly congruent with the older adults' particular needs. Neither did their needs alone—nor the characteristics of the NORC program alone—fully account for their involvement; instead, personal needs and program quality jointly led to their high levels of involvement. Participants categorized as leaders through the NORC program also demonstrated more profound transactions with the NORC program, as they perceived beneficial ways in which the NORC program influenced them, as well as actively engaged in efforts to influence the NORC program and their broader community in return.

It is noteworthy that our qualitative analysis did not yield strong evidence for any sociodemographic factor alone—such as race/ethnicity, gender, or socioeconomic status—as being associated with a particular category of involvement, which has been the focus of much prior research on service utilization (e.g., Goodridge, Hawranik, Duncan, & Turner, 2012). We are careful not to overinterpret this lack of findings for several reasons. First, this study was purposely designed as qualitative inquiry, whereby the sampling strategy was to garner substantively rich and diverse perspectives, as opposed to generalization to broader populations. More population-based research is necessary to directly address the question as to what sociodemographic factors are associated with different types of involvement in NORC programs. Second, this study was based on the perspectives of older adults alone. It is possible that the individuals in this sample



did not have a strong *sociological imagination*, whereby they could readily identify and explain how broader societal conditions related to their own personal experiences. Third, this study focused on involvement at the level of individuals within a limited number of NORC program sites. Sociodemographic factors might influence older adults' involvement more at the level of communities, whereby characteristics of a locality as a whole—such as by race/ethnicity and socioeconomic status—influence the adoption of NORC programs and other age-friendly community initiatives (Golant, 2014; Scharlach & Lehning, 2013).

Findings from this study have clear implications for practice. Some factors, particularly those related to the low categories of involvement, seem immediately amenable to organizational practices. For example, participants who are consciously not involved because of negative perceptions of the program could be engaged in conversations about ways in which the program could be improved, perhaps even recruited into formal leadership positions so that they can actively participate in improving it on their own and others' behalf. Furthermore, programs could engage in explicit outreach efforts to people identified as *involved, but not consciously* to create more meaningful connections between the NORC program as a community initiative and residents. Participants' greater awareness of their engagement in the NORC program specifically might yield benefits to them (e.g., viewing participation in an exercise class as part of a community effort rather than as merely physical activity), as well as greater benefits to the NORC program (e.g., elevating its overall visibility within the community). More broadly, results indicate the central importance of NORC program staff as being perceived as trustworthy, competent, and easily accessible, which is similar to findings from qualitative research with NORC program directors (Greenfield, 2013). Participants in the moderate and high categories of involvement, in particular, consistently discussed their positive relationships with NORC program staff as an influence on their involvement. For example, people who were selectively involved with a strong sense of security had developed this sense of security based on initial encounters with the program and experiences over time. This example highlights the importance of the quality of people's experiences with the NORC program professionals—both in terms of first points of contact, as well as in subsequent interactions.

Still, results indicate that professionals might encounter challenges in encouraging participation among some subgroups of residents, as indicated by those participants who were categorized as *consciously not involved*. Here, some respondents were not involved by virtue of being resistant to receiving help in general. This suggests the need for NORC program staff members to be mindful that residents might have personal beliefs that render them unwilling to participate and to make attempts to understand reasons for resistance, such as perceived stigma of receiving services or frustration

around prior attempts to receive help (Shtompel, Whiteman, & Ruggiano, 2014). For example, regarding one participant who stated that he would rather die than ask for help, a NORC program staff person could build rapport with this resident to understand what it means for him to receive help, validate this perspective, and frame NORC program benefits in a way that highlights how participation might prevent a need for future help.

Findings also have clear implications for outcomes research, which has been identified as a critical gap within research on age-friendly community initiatives (Scharlach, 2011) and NORC programs specifically (Colello, 2007). The various degrees in which older adults engage with NORC program suggests that outcomes research in this area must be sensitive to subgroup differences in program effects. For example, NORC programs likely have a particularly strong influence on participants categorized in the highest category of involvement. This is, in part, because of these people's high level of need for the particular services offered through the NORC program. The program's influence on participants categorized in the more moderate categories of involvement, many of whom have alternative sources of support, might be more subtle. Results also indicate the importance of assessing not only actual program utilization and health outcomes, but also the degree to which NORC programs influence people's perceived sources of support and expected benefits. For many participants, the NORC program was seen as providing a sense of security when anticipating future needs. Future research might also examine whether NORC programs influence participants' health and well-being, even if participants are not aware that they are receiving benefits from the NORC program itself.

In addition to implications for research and practice, findings also suggest important directions for the further development of social work theory on participant engagement in community initiatives with supportive services. Many theories of engagement have focused on clinical settings (e.g., Prochaska & DiClemente, 1982) and nonvoluntary programs (e.g., Yatchmenoff, 2005). Outside of social work, frameworks have been developed to address utilization of health care services with more traditional medical settings (Andersen & Newman, 1973; Suchman, 1965). This study's findings regarding the complexity and range of older adults' involvement in NORC programs suggests the need for additional theory development around engagement in social work interventions that explicitly integrate various types of services, operate at multiple levels of practice, and are designed to allow individuals' involvement to vary over time and among people. Such models are not necessarily specific to aging, as models with these similar components have developed in other fields of practice, such as child welfare (Lightburn & Kemp, 1994).

## Limitations and Directions for Future Research

Several limitations temper the strength of the conclusions that can be drawn from this study. First, especially as an in-depth, qualitative study, findings of this study must be interpreted in light of the specific context in which the data were collected—NORC programs in NYC. Particular profiles of involvement might not apply to involvement in other community aging initiative models. For example, Villages are similar to NORC programs in that their primary goal is to promote aging in place through the enhancement of informal and formal sources of support for older adults (Greenfield et al., 2013). However, as Villages involve a membership fee, it would seem less likely that members would join, yet not consciously use any of the services. Also, this study was based in NYC—a dense urban area that offers more formal services, on average, than other types of areas (Allard, 2009). These conditions might make some themes—such as some participants only using NORC program services selectively because they have other sources of assistance and socialization—more prevalent in our sample than in others. Furthermore, regarding its research design, this study's findings were based on the perspectives of older adults. It is important to triangulate the findings with other sources of information, such as with staff members' perspectives. Also, this study considered participants' involvement with NORC programs at a single point in time. Results themselves suggest that an individual's participation is likely to fluctuate as both person and environmental circumstances change, which constitutes another important direction for future research. Finally, quantitative research is necessary to address issues concerning generalization to broader populations, such as what is the most typical category of involvement for NORC program participants.

## Conclusion

Despite these limitations, findings from this qualitative study provide a beginning framework to characterize older adults' involvement with NORC programs. Overall, results indicate the importance of NORC program staff developing warm, trustworthy, and accessible relationships with older adults, as well as considering personal factors that contribute to, or detract from, older adults' involvement. This study is also useful for guiding outcomes research on NORC programs, such as by indicating the importance of assessing older adults' relationship with the NORC program as a whole to examine subgroup differences in program effects. Continuing to advance systematic inquiry on NORC programs and related age-friendly community initiatives, particularly regarding outcomes, can help to better fulfill the potential of these models to address critical challenges and opportunities of aging individual and communities alike.

## FUNDING

This study was supported by a grant from the Hartford Faculty Scholars in Geriatric Social Work Program.

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