

# NATURALLY OCCURRING RETIREMENT COMMUNITIES AND NEIGHBORHOOD VILLAGES



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AND NEIGHBORHOOD VILLAGES**

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As the baby boom generation ages, the number and proportion of seniors in the United States and Montgomery County will rise accordingly. In 2005, seniors (people age 65 and over) represented 12% of the total County population; by 2030, the percent of seniors is projected to increase to 17%.

Seniors consistently express a preference for “aging in place” – meaning they want to remain in their current homes or current communities as they age, rather than enter age-restricted communities (e.g., Leisure World), assisted living, or nursing homes. Based on the County Council’s interest in learning more about service delivery to seniors aging in place, this report by the Office of Legislative Oversight examines two types of programs in Montgomery County that deliver these types of services: “naturally occurring retirement community” supportive services programs and neighborhood “villages.” The report also describes the County Government’s efforts to support these programs.

As a concept, aging in place focuses on both *where* a senior lives and *how* a senior lives – highlighting quality-of-life issues such as health; housing; safety; and opportunities for education, recreation, volunteering, and socialization. Seniors who age in place face many common challenges:

<b>Personal Care</b>	Decreased mobility can result in a need for assistance with personal care.
<b>Transportation</b>	Seniors often rely on others for all transportation needs.
<b>Health Care</b>	Seniors often lack access to health care from transportation or financial limits.
<b>Home Repair and Maintenance</b>	Home repair and maintenance tasks may become increasingly difficult or impossible for seniors.
<b>Safety</b>	Safety challenges may include difficulty hearing smoke detector alarms and difficulty quickly exiting homes; falls; and vulnerability to crime.
<b>Community Involvement</b>	Health needs, decreasing mobility, and limited transportation may challenge seniors’ ability to stay involved in their communities.
<b>Appropriate Housing</b>	Seniors may have difficulty navigating inaccessible homes or keeping up with mortgage/rent payments, property taxes, or home maintenance costs.

**Naturally Occurring Retirement Communities**

A “naturally occurring retirement community” (known as a NORC) is a community that naturally evolves over time to include a relatively large concentration of senior residents. In most academic literature, seniors in a NORC make up at least 40 to 65 percent of the population and range from 50 to 65 years old. NORCs can develop in neighborhoods, apartment or condominium buildings, or even in rural communities. Unlike a planned retirement community, a NORC develops naturally either when seniors age in place or when seniors move into a non-age-restricted community.

In an effort to capitalize on economies of scale, some organizations and local governments around the country have developed programs to deliver services directly to seniors in NORCs.

## **Naturally Occurring Retirement Community Supportive Services Programs**

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A NORC supportive services program (NORC-SSP) is a program model for delivering services to seniors who live in naturally occurring retirement communities – bringing together entities such as social service providers, health care providers, transportation providers, and residents to provide services and programs for residents in a NORC. Examples of services provided include:

- Social work case management
- Mental health services
- Home care
- Meals
- Transportation
- Social and cultural events
- Bereavement support
- Exercise classes

NORC-SSPs receive funding from private sector contributions; charitable donations; resident membership or activity fees; and federal, state, and local grant funding. A 2004 federal government report highlighted concern among experts for identifying sustainable funding for NORC-SSPs.

The same 2004 report emphasized that NORC-SSPs are only one component of a broader approach to meeting the needs of an aging population, and communities should not expect them to take on the full burden of meeting the changing needs of aging residents.

## **Neighborhood Villages**

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Some communities or neighborhoods are developing grassroots organizations to provide services to seniors aging in place in their communities or neighborhoods; these are commonly referred to as neighborhood “villages.” A community in Boston, Massachusetts organized the first village – Beacon Hill Village – in 2001. Communities that form villages are not necessarily NORCs because they may lack the high concentration of seniors found, by definition, in a NORC.

Some villages provide services or programs only for members who pay annual membership fees while other villages provide services and programs without charging for membership. Some villages set a minimum age for membership. Villages often rely heavily on neighborhood volunteers to help provide services, which vary significantly among villages. Common services provided by villages are:

- Transportation
- Friendly visits or phone calls
- Social and educational programs
- Assistance with household repairs and maintenance

Villages also face challenges finding sustainable funding. Some villages charge annual membership fees while other villages seek funding from other sources.

In Montgomery County, the non-profit community and private community members have driven the efforts to develop NORC-SSPs and neighborhood villages. Only one organization in Montgomery County – the Jewish Federation of Greater Washington – has developed and operated a NORC-SSP while several Montgomery County neighborhoods have developed or begun to develop neighborhood “villages” to help local seniors age in place.

## NORC-SSPs AND VILLAGES IN MONTGOMERY COUNTY

### Community Partners

In 2003, the Jewish Federation of Greater Washington established a NORC-SSP – called Community Partners – a collaboration of six non-profit organizations providing services to seniors residing in buildings identified as NORCs. Between 2003 and 2008, the program provided services at various times in nine different buildings; the services included access to social workers, recreation/social/exercise programs, transportation, and health and wellness seminars and clinics.

Funding for the Community Partners program came from \$2 million in federal government grants and \$500K in non-competitive County Government contracts, which were awarded as required matching funds for the federal grants. Federal funding ended in June 2009; consequently, Community Partners became a fee-based membership organization open to all County seniors, ending its services in NORC-designated buildings. Current programming includes access to social workers, recreation/social programs, and programming at some senior kosher nutrition sites.

### Montgomery County Neighborhood Villages

Several Montgomery County neighborhoods have begun to organize “villages” to assist seniors living in the neighborhoods. The neighborhood around Burning Tree Elementary School in Bethesda was the first Montgomery County neighborhood to organize a neighborhood village – called Burning Tree Village (BTV). BTV does not charge residents for its services, which are expected to grow over time to include neighbor-to-neighbor assistance; concierge services; a medical component; education activities; and social activities.

Numerous other County neighborhoods have followed BTV’s example and are creating or exploring a village or a similar but less formal organization. Neighborhoods include Bannockburn, Cabin John, Carderock Springs, five Chevy Chase municipalities, Fallsmead, Fleming Park, Garret Park, Kenwood Park, Somerset, and Stonegate.

### County Government Support for NORC-SSPs and Neighborhood Villages

The County Government has financially supported the Community Partners program and several County Government offices have worked closely with and supported the efforts of the County neighborhoods developing village programs.

Type of Assistance	County Government Office		
	Office of Community Partnerships	DHHS’ Aging and Disability Services	B-CC Regional Services Center
Providing expertise and guidance	✓	✓	✓
Helping develop a neighborhood survey		✓	
Copying and mailing neighborhood survey and helping analyze survey results		✓	
Providing grant money to defray start-up and administrative costs			✓
Facilitating discussion of villages among County neighborhoods (forums, newsletter, listserv, volunteer training)			✓
Photocopying			✓

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## RECOMMENDATIONS

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OLO offers four recommendations to the Council aimed at enhancing the Council's understanding of County Government support for programs providing services to seniors aging in place.

**#1 Request an update from the Montgomery County Planning Department on the demographics of County seniors as soon as the 2010 U.S. Census data become available.**

For this report, OLO used the most recent demographic data about seniors in the County - a combination of the 2000 U.S. Census and the 2005 Census Update Survey. Beginning next year, the U.S. Census Bureau will conduct the 2010 Census, and the newer data will become available beginning in 2011.

**#2 Monitor the development of neighborhood villages and the County Government's support of these programs. Specific questions for the CAO to address should include:**

- a. Which County neighborhoods or communities are operating villages or similar organizations? How are these organizations structured? How many residents have requested or been provided services?
- b. Which County neighborhoods or communities are exploring development of a village?
- c. How are County Government departments or offices currently involved in the development of villages?

**#3 Convene an HHS Committee worksession with Executive Branch and community representatives to discuss the County Government's policy and role regarding Montgomery County seniors aging in place. Specific questions to discuss include:**

- a. How should the County Government define "aging in place" for policies or programs related to senior aging?
- b. What is the full range and cost of services that the County Government provides to help seniors age in place?
- c. Are there data available to measure the extent to which the demand for services to assist seniors aging in place is being met, also considering programs and services available via public, private, and non-profit sectors?
- d. Given the likelihood of an increasing demand for these services, should the County develop a policy for guiding the design and offerings of County programs and services aimed at helping seniors age in place?

**#4 Identify additional requests for research and analysis related to meeting the needs of the County's senior residents.**

OLO recognizes that the Council's discussion of NORC-SSPs and neighborhood villages is likely to spark broader questions related to how the County Government is serving the needs of the County's seniors. OLO recommends the Council use this opportunity to compile a list of the Council's requests for research and analysis needed for future discussions about meeting senior residents' needs. OLO will then work with central Council and Executive Branch staff to provide the requested information back to the Council in a timely manner.

**NATURALLY OCCURRING RETIREMENT COMMUNITIES AND  
NEIGHBORHOOD VILLAGES**

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## **CHAPTER I. Authority, Scope, and Organization of Report**

### **A. Authority**

Council Resolution 16-673, *Fiscal Year 2009 Work Program of the Office of Legislative Oversight*, adopted July 29, 2008.

### **B. Scope of Report**

As the baby boom generation ages in the coming years, the proportion of seniors (persons age 65 and over) in the United States will rise accordingly. Montgomery County's demographics mirror those in the country at large. Numerous studies report that an overwhelming number of seniors desire to "age in place" – meaning that they want to stay living in their homes or current communities as they age, rather than enter age-restricted senior communities, assisted living facilities, or nursing homes.

Based on the County Council's interest in learning more about service delivery to seniors aging in place, this report by the Office of Legislative Oversight (OLO) examines two types of programs that have developed in Montgomery County to provide services to seniors aging in place: "naturally occurring retirement community" (NORC) supportive services programs; and neighborhood "villages."

### **C. Organization**

**Chapter II, Introduction to Aging in Place**, defines aging in place and summarizes the challenges commonly cited by seniors who age in place.

**Chapter III, Two Models for Delivering Services to Seniors Aging in Place**, describes two different models for providing services to seniors who are aging in place: supportive services programs in naturally occurring retirement communities; and neighborhood "villages."

**Chapter IV, Demographic Data on Seniors in Montgomery County**, reviews demographic data on the County's population of seniors, including the latest forecast of increases in the number of senior residents.

**Chapter V, Naturally Occurring Retirement Community Supportive Services Programs and Neighborhood Villages in the County**, describes the program in Montgomery County that provides services to seniors in naturally occurring retirement communities and the County's neighborhoods that have created village programs to help senior residents age in place.

**Chapters VI, County Government Support for Naturally Occurring Retirement Communities and Neighborhood Villages**, describes the County Government's efforts to support the various aging-in-place initiatives launched by non-profit organizations and community members in the County.

**Chapters VII and VIII** present the Office of Legislative Oversight's **Findings and Recommendations**.

**Chapter IX** presents **Agency Comments** received on a final draft of this report.

**D. Methodology**

Office of Legislative Oversight staff members Leslie Rubin, Jennifer Renkema, Sarah Downie, and Richard Romer conducted this study. OLO gathered information through document reviews; data analysis; interviews with County Government and Maryland-National Capital Park and Planning Commission staff; and interviews with community program organizers and community members.

**E. Acknowledgements**

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## CHAPTER II. Introduction to Aging in Place

Many seniors residing in Montgomery County – similar to seniors elsewhere – prefer to stay in their homes or current communities as they age, rather than enter age-restricted senior communities, assisted living facilities, or nursing care. This generally shared preference to “age in place” presents a variety of issues related to housing, health care, safety, and community involvement for seniors.

Numerous studies emphasize the need for communities to develop or expand infrastructure to deliver services to this growing senior population that wants to age in place.<sup>1</sup> One study observed that:

The vast majority of Americans want to age in their homes and communities for as long as possible. However, the aging of the population will pose new challenges for the delivery of local services such as health care, recreation, housing, transportation, public safety, employment and education. While these services assist a broad segment of the population, they also have a major impact on the quality of life of older Americans.<sup>2</sup>

This chapter identifies and describes issues common to seniors aging in place:

- **Section A** describes the trend for seniors to age in place in their homes; and
- **Section B** summarizes common challenges for seniors aging in place.

Chapter III (beginning on page 6) describes two models for providing services to seniors who choose to age in place.

### A. Aging in Place

Although there is no one agreed-upon definition of “aging in place,” the term generally refers to seniors choosing to stay in the same home or community that they have lived in for many years. In general, aging in place excludes seniors who move from their home to a planned, age-restricted community (e.g., Leisure World) or assisted living or nursing facility, but can include seniors who move to a smaller home in the same community.

Some discussions broaden the aging-in-place concept to “aging in community,” moving beyond the idea that seniors who stay in the community necessarily stay in a home owned for a long period of time.<sup>3</sup> As a concept, aging in place focuses on both *where* a senior lives and *how* a senior lives – highlighting quality-of-life issues such as health; housing; safety; and opportunities for education, recreation, volunteering, and socialization.<sup>4</sup>

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<sup>1</sup> *A Blueprint for Action: Developing a Livable Community for All Ages*, Aging in Place Initiative at p. 1 (2007) [hereinafter “*A Blueprint for Action*”]; *The Maturing of America: Getting Communities on Track for an Aging Population*, Aging in Place Initiative at p. 1 (2006) [hereinafter “*The Maturing of America*”]; Dalrymple, E., *Livable Communities & Aging in Place: Developing an elder-friendly community*, Partners for Livable Communities at p. 2 (2005); *Beyond 50.05 Survey*, AARP at p. 85 (2005).

<sup>2</sup> *The Maturing of America* at p. 1.

<sup>3</sup> See Blanchard, J., *From Aging in Place to Aging in Community: Finding the Third Way*, Maximizing Human Potential, Vol. 16, No. 1 (2008); Moran, J. and Rollins, P., *Aging in Community: How the Coming Baby Boom Generation will Transform Traditional Models of Independent Living*, at [http://www.terrain.org/articles/20/moran\\_rollins.htm](http://www.terrain.org/articles/20/moran_rollins.htm).

<sup>4</sup> See, e.g., *A Blueprint for Action*; *The Maturing of America*; National Aging in Place Council: <http://www.naipc.org>; Senior Resources for Aging in Place: <http://www.seniorresource.com/ageinpl.htm>.

National studies show that seniors are choosing to age in place. Over the last 20 years, the rate of nursing home residence among persons over age 65 has declined.<sup>5</sup> According to a federal Administration on Aging study, in 2007, only about 4% of persons age 65 and over (1.6 million) lived in institutional settings, such as nursing homes.<sup>6</sup> While this percentage increases for persons age 85 and over (15%), the study found that persons age 65 and over are less likely to change residence than the under 65 population. From 2006 to 2007, those that did move primarily stayed in the same county as their previous residence (58%), and 79% remained in the same state.

Studies of seniors both nationally and in Montgomery County indicate that most seniors prefer to age in place. For example, a 2005 study by the American Association of Retired Persons (AARP) found that among people age 65 and over:

- 93% want to stay in their current homes for as long as possible;
- 65% had lived in their current communities for at least 20 years;
- 88% want to be in the same local community five years later; and
- Only 16% lived in an age-restricted community.<sup>7</sup>

A 2005 study of Montgomery County residents age 55 and over found that:

- 58% of respondents expect to be living in the same home ten years later; and
- 81% of respondents indicated that they would *not* prefer to live in seniors-only housing, even if/when they move from their current residence.<sup>8</sup>

## **B. Common Challenges for Seniors Aging in Place**

Seniors who choose to age in place face many common challenges, such as decreased mobility, difficulty in caring for themselves and their homes, and difficulty staying involved in their communities. Many organizations have highlighted these challenges and advocate that communities develop policies, programs, and services to meet these challenges in order “to promote the quality of life and the ability of older adults to live independently and contribute to their communities for as long as possible.”<sup>9</sup>

This section describes several of these challenges.<sup>10</sup>

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<sup>5</sup> *Older Americans 2008: Key Indicators of Well-Being*, Federal Interagency Forum on Aging-Related Statistics at p. 58, 60 (March 2008). One factor in the decreasing demand for nursing home care has been a corresponding increase in demand for care in assisted living facilities. See Ness, J., et al., “Demographics and Payment Characteristics of Nursing Home Residents in the United States: A 23-Year Trend,” *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences* 59, at p. 1213-1217 (2004).

<sup>6</sup> *A Profile of Older Americans: 2008*, Administration on Aging, U.S. Department of Health and Human Services (2009).

<sup>7</sup> *Beyond 50.05 Survey* at p. 85-97.

<sup>8</sup> *55+ Housing Preference Survey*, Montgomery County Department of Park & Planning at p. 1, 3 (2005).

<sup>9</sup> See *The Maturing of America* at p. 1.

<sup>10</sup> This section draws from: *A Blueprint for Action; The Maturing of America*; Ormond, B. et al. (The Urban Institute), *Supportive Services Programs in Naturally Occurring Retirement Communities*, for the U.S. Department of Health and Human Services at p. 13-15 (2004).

**Personal Care.** Aging seniors often experience decreased mobility that can result in a need for assistance with personal care. Personal care includes self-care activities of daily living, such as dressing, bathing, grooming, and feeding oneself; and activities that help people maintain their own health and living environment, such as grocery shopping, cooking, housekeeping, doing laundry, and managing medications.

**Transportation.** Many seniors no longer drive a car, either by choice or because they are no longer able to. As a result, seniors often depend on family, friends, or public transportation for running errands, going to doctor appointments, and attending religious or social events. Seniors who use a wheelchair or have limited mobility may have specialized transportation needs.

**Health Care.** Seniors often have significant health care needs including nutrition, preventive care, and treatment for chronic conditions. Depending on their personal circumstances, seniors may struggle with access to health care due to transportation or financial limitations. Some seniors also struggle with finding opportunities to stay physically active.

**Home Repair and Maintenance.** Home repair and maintenance can become difficult for seniors. Seniors may struggle with performing large tasks (e.g., plumbing repairs) or small tasks (e.g., changing a light bulb), or with finding affordable and trustworthy repair companies.

**Safety.** Aging-in-place seniors face a variety of safety issues in their homes. These issues can range from difficulty hearing smoke detector alarms because of hearing loss, to difficulty quickly exiting a home because of decreased mobility, to falls or other health needs. Seniors may also feel more vulnerable to crime.

**Community Involvement.** Seniors who age in place may struggle to stay involved in their communities because of issues such as changing health needs, decreasing mobility, and limited transportation. Much as younger members of the population benefit from the mental and physical stimulation associated with continued education, volunteering, and social interaction, seniors also benefit from the same types of activities. Studies show that seniors with strong social networks have a decrease risk for dementia and are able to “remain in community settings longer than older adults who are socially isolated.”<sup>11</sup>

**Appropriate Housing.** Accessibility and affordability influence seniors’ ability to age in their current homes. Many seniors’ homes do not have accessible features, such as wider doorways to accommodate wheelchairs; grab bars in bathrooms; and access to living, sleeping, bathing, and eating areas on a single floor. Some seniors need help to retrofit homes so that they can continue to live in them safely.

Affordable housing is also an issue for many seniors, especially those on fixed incomes who may have difficulty keeping up with mortgage payments, rising property taxes, the costs associated with maintaining a home, or increasing rent.

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<sup>11</sup> See Crooks, V.C., et al., “Social Network, Cognitive Function, and Dementia Incidence Among Elderly Women,” *American Journal of Public Health* 98(7), at p. 1221-1227 (2008); Ashida, S., Heaney, C.A., “Differential Associations of Social Support and Social Connectedness with Structural Features of Social Networks and the Health Status of Older Adults,” *Journal of Aging and Health* 20(7), at p. 872-893 (2008).

## **CHAPTER III. Two Models for Delivering Services to Seniors Aging in Place**

In recent years, numerous communities and organizations have developed two different program models for delivering services to groups of seniors who are aging in place: “naturally occurring retirement community” (NORC) supportive services programs and neighborhood “villages.” This chapter explains the concept of a NORC and describes these two program models:

- **Section A** defines and describes naturally occurring retirement communities (NORC);
- **Section B** describes NORC supportive services programs; and
- **Section C** describes neighborhood “villages.”

### **A. Naturally Occurring Retirement Communities**

In contrast to a retirement community designed exclusively for seniors, a “naturally occurring retirement community” (known as a NORC) is a community that naturally evolves over time to include a relatively large concentration of senior residents. A NORC can develop in a neighborhood, in an apartment or condominium building, or even in a rural community. The concept of a NORC was first described – and the term “NORC” first coined – in academic literature in 1985 by Michael Hunt, currently a professor at the University of Wisconsin’s School of Human Ecology.<sup>1</sup>

Unlike planned retirement communities, NORCs develop naturally either when seniors age in place or when seniors move into a non-age-restricted community. A NORC may form when seniors remain in a community when younger people move out, or when seniors age in place and slowly become a higher proportion of the population in a community.<sup>2</sup> Alternatively, a NORC may form when seniors move into a community that has certain attractive or convenient amenities, such as proximity to shopping or public transportation.

The defining characteristics of a NORC in academic research and literature and in Federal law vary widely, but generally include:

- A geographic designation;
- A minimum concentration of seniors; and
- A minimum age for identifying seniors.

Most of the academic literature defines a NORC as a community where at least 40 to 65 percent of the population are seniors. The minimum age for identifying seniors generally ranges from 50 to 65 years old.<sup>3</sup> Table 3-1 on the following page illustrates three varying definitions for a NORC.

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<sup>1</sup> See Hunt, M. E., & Gunter-Hunt, G.; “Naturally Occurring Retirement Communities,” *Journal of Housing for the Elderly*, vol. 3, issue 3/4, at p. 3-22 (1985).

<sup>2</sup> Barbara Ormond et al. (of The Urban Institute), *Supportive Services Programs in Naturally Occurring Retirement Communities*, for the Office of Disability, Aging and Long-Term Care Policy, U.S. Department of Health and Human Services at p. 9 (November 2004) [hereinafter “Ormond, *SSPs in NORCS*”].

<sup>3</sup> Ormond, *SSPs in NORCS* at p. 8.

**Table 3-1. Definitions of a NORC**

Geographic Designation	Minimum Concentration	Minimum Age
<b>Federal Older Americans Act (1965)<sup>4</sup></b>		
A residential building, housing complex, single family residence, or neighborhood, but not an institutional care or assisted living setting	40% of heads of households (or a critical mass that allow efficiencies in the provision of services to seniors living in the community)	Age 60
<b>Academic Literature – Michael E. Hunt (1985)<sup>5</sup></b>		
A neighborhood or housing development	50% of residents	Age 50
<b>Academic Literature – S. Lanspery and J. Callahan (1994)<sup>6</sup></b>		
A neighborhood block group (census term)	40% of heads of households	Age 65

**B. NORC Supportive Services Program Model**

A NORC supportive services program (NORC-SSP) is a program model for delivering services to seniors who live in naturally occurring retirement communities. First developed in the mid-1980s, NORC-SSPs provide services to seniors based on where a senior lives (i.e., in a NORC), rather than on their level of income or other eligibility requirements.

NORC-SSPs seek to bring various entities together – such as social service providers, health care providers, transportation providers, housing corporations, and residents – to provide services and programs that address both the needs and preferences of residents in a NORC. NORC residents, however, often hold differing opinions about the types of services they most need and/or want, which can complicate the development and implementation of an effective program.<sup>7</sup>

Examples of the types of services provided by NORC-SSPs are:

- Social work case management;
- Home care (emergency or general);
- Transportation;
- Meals;
- Social and cultural events;
- Health care management and prevention activities (i.e., blood pressure screenings);
- Mental health services;
- Bereavement support; and
- Exercise classes.<sup>8</sup>

<sup>4</sup> 42 U.S.C. § 3032k(a)(2); 42 U.S.C. § 3002(40).

<sup>5</sup> Vladeck, F., *A Good Place to Grow Old: New York’s Model for NORC Supportive Service Programs*, United Hospital Fund at p. 2 (2004). [Hereinafter “Vladek, *New York’s Model for NORC-SSPs*”]

<sup>6</sup> Ibid.

<sup>7</sup> Ormond, *SSPs in NORCS* at p. 15.

<sup>8</sup> Ibid. at p. 16.

Not all NORC-SSPs provide all these services, and programs often survey residents to identify the types of services needed or wanted in a specific NORC. Some service providers find that events such as health care screenings provide outreach opportunities to provide additional services – such as a social worker to discuss health-related problems – to NORC residents who might not otherwise seek additional services.<sup>9</sup>

Different types of organizations organize and coordinate NORC-SSPs, e.g., local governments, community service agencies, building management.<sup>10</sup> One federal government study found in four out of five case studies, the impetus for a NORC-SSP came from the provider serving the NORC, not the residents themselves.<sup>11</sup> Examples of specific challenges that arise when NORC-SSPs are driven by outside entities rather than residents include: “securing the cooperation of building managers in program development and service delivery, gaining resident participation and support, and communicating with residents and getting to know their needs.”<sup>12</sup>

### **1. Sources of Funding for NORC-SSPs**

The primary sources of funding for NORC-SSPs are:

- Private sector cash or in-kind contributions (e.g., meeting space or janitorial services);
- Charitable donations;
- Membership or activity fees from residents; and
- Federal, state, and local government grant funding.

A 2004 U.S. Department of Health and Human Services report on NORC-SSPs highlights that among experts, “sustainable funding to support NORC services programs over the long term is a major concern.”<sup>13</sup> Between FY02 and FY05, the U.S. Department of Health and Human Services’ Administration on Aging (AOA) provided a combined \$21.4 million in grant funding, which assisted in financing NORC-SSPs located across 25 states.<sup>14</sup> However, AOA awards ended in FY05. NORC-SSPs that lack a sustainable stream of funding have either had to reduce service levels or stop operating altogether.<sup>15</sup>

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<sup>9</sup> Ormond, *SSPs in NORCS* at p. 16.

<sup>10</sup> *Ibid.* at p. 12.

<sup>11</sup> *Ibid.* at p. 29.

<sup>12</sup> *Ibid.* at p. v.

<sup>13</sup> *Ibid.* at p. 20. See also Buntin, J., “Seniors and the City,” *Governing* at p. 34-38 (June 2009) (“Despite their rapid spread in recent years, NORCs as a program struggle with the fundamental question of sustainability.”) (included at appendix ©1).

<sup>14</sup> Colello, Kirsten J., *Supportive Service Programs to Naturally Occurring Retirement Communities*, Congressional Research Service at p. 4. (December 2007) [hereinafter “Colello, *SSPs to NORCS*”].

<sup>15</sup> See *Ibid.* at p. 11-12.

## **2. Challenges Faced by NORC-SSPs**

The AOA's 2004 report identified several challenges that NORC-SSPs face, described below.

**Program delivery in less densely settled communities.** Some communities may be better able to support NORC-SSPs than others. In theory, NORC-SSPs allow service providers to take advantage of economies of scale within the community in order to efficiently target services for seniors. Programs in less densely populated communities encounter more difficulty in providing services than those in more densely populated urban communities and apartment complexes.

**Responsiveness to the community.** In order to serve the needs of a NORC community, NORC-SSPs must remain responsive to the changing needs of residents. Ongoing communication among service providers and residents allows program staff to assess residents' needs, and help residents learn about available services.

**Limitations in services.** A NORC-SSP is only one component of a broader approach to meeting the needs of an aging population. The 2004 AOA report cautions that communities should not expect NORC-SSPs to take on the full burden of meeting the changing needs of aging residents, some of which can be better addressed by state and local governments, e.g., street signs and paved sidewalks to facilitate pedestrian travel.

## **3. New York NORC-SSPs**

The State of New York is an example of a jurisdiction that has provided considerable support to NORC-SSPs. In 1986, the first NORC-SSP began operating in New York City in a moderate-income housing cooperative. In 1992, the State of New York began funding NORC-SSPs through public-private partnerships, and New York City began funding NORC-SSPs in 1999. By 2003, 27 NORC-SSP programs existed in the State of New York, with all but two of them located in New York City.<sup>16</sup>

These NORC-SSPs are located primarily in public housing, moderate income cooperatives, and low and moderate income rental property. See appendix ©5 for additional details about these NORC-SSPs, including staffing, budgets, and special service features.

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<sup>16</sup> Vladek, *New York's Model for NORC-SSPs* at p. 2-6. New York state law establishes funding and evaluation criteria for NORC-SSPs in housing complexes and neighborhoods that qualify as NORCs. See N.Y. Elder Law § 209 (2008).

## C. Neighborhood “Villages”

On a grassroots basis, some communities or neighborhoods are developing their own organizations to provide services to seniors who are aging in place in the community; these are commonly referred to as neighborhood “villages.” A community in Boston, Massachusetts organized the first village – known as Beacon Hill Village – in 2001. In recent years, other communities have adapted the Beacon Hill Village model to organize villages that meet their communities’ needs.<sup>17</sup> The communities that form villages are not necessarily NORCs because they may lack the high concentration of seniors found, by definition, in a NORC.

The village model for providing services to seniors is very adaptable. The villages described in this chapter and in Chapter V vary in how they provide services to their members. In particular, their organizational structure, fee schedule, and types of services tend to vary, based on the needs and wants of their respective neighborhoods.

Villages commonly define their potential membership based on geographic boundaries (e.g., people who live in a specific neighborhood). Some villages provide services and/or programs only for members who “join” the village and pay membership dues while other villages use volunteers to provide services and programs, without charging membership dues. Additionally, some villages set a minimum age limit for membership.

### 1. Typical Village Services

Neighborhood villages’ services vary significantly. Common services provided by villages are:

- Transportation;
- Assistance with household repairs and maintenance;
- Information and referrals for services, such as home maintenance and personal care;
- Friendly visits or phone calls; and
- Social and educational programs and events.

Villages commonly rely heavily on volunteers of all ages to help provide services, and villages that offer information and referral services typically screen service providers for village members.

### 2. Challenges Faced by Villages

Village leaders in Beacon Hill and other villages report several challenges, described below.

**Sustainable funding.** All villages face the question of how to raise money to support their work. Some villages charge membership fees to help cover a portion of their costs. Others provide services at no charge to residents who live within the village boundaries and seek funding from other sources. Many villages incorporate as not-for-profit organizations and

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<sup>17</sup> Cohen, A. & Willett, J., *Intentional Communities for Aging in Place: Consumers Taking the Lead*, <http://www.house-works.com/docs/Aging%20Today%20Article.pdf>.

receive federal tax exempt status (501(c)(3) status) from the Internal Revenue Service (IRS), which then allows individuals to deduct contributions to these villages from their federal taxes. For example, Beacon Hill Village's membership fees cover only an estimated 50 percent of the organization's costs and the organization has struggled financially in the past.<sup>18</sup>

Funding can also challenge a village that seeks to include seniors of all income levels. Villages that provide subsidized memberships for lower-income seniors need additional funds to cover the cost of the subsidies.

**Resident participation.** Some villages have willing volunteers that far outnumber requests for services. Because the formation of neighborhood villages is a relatively recent phenomenon, seniors who are aging in place often have established arrangements for needed services, either from family members, friends, or other services providers. Some villages have found that many seniors do not feel that they are ready for the type of support services offered by the villages.<sup>19</sup> Additionally, some programs report barriers due to seniors who are hesitant to ask for help from volunteers.

**Volunteer liability.** Villages that provide services to seniors through volunteers must consider volunteer liability for accidents or injuries sustained while providing services. The extent of liability depends on local laws. Some villages purchase liability insurance to protect themselves and their volunteers.

**Outcome measurement.** The village model is relatively new, and there is no formal research on whether the services the villages provide help seniors to stay in their homes longer. Most established villages have only anecdotal evidence of the benefits of their services.<sup>20</sup>

**Government support.** Overall, government has not played a large role in the development or support of villages. Beacon Hill and Capitol Hill Village (in Washington D.C.) have not received funding or technical support from local or other government sources. The County Government's role in supporting County villages is described in more detail in Chapter VI.

### **3. Description of Two Villages**

Table 3-2 (next page) summarizes the organizational structure of Beacon Hill Village in Boston and Capitol Hill Village in Washington D.C. A list of other villages around the country and contact information is found in the appendix at ©9.

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<sup>18</sup> Beacon Hill Village 2007 Conference notes from Montgomery County DHHS Aging and Disability Services' staff.

<sup>19</sup> Interviews with staff or volunteers from Beacon Hill Village, Capitol Hill Village, and Burning Tree Village.

<sup>20</sup> Ibid.

**Table 3-2. Summary of Information about Beacon Hill Village and Capitol Hill Village**

	Beacon Hill Village <sup>21</sup>	Capitol Hill Village <sup>22</sup>
<b>Founded</b>	2001	October 2007
<b>Tax-Exempt Status</b>	Yes	Yes
<b>Paid Staff</b>	Executive Director 6 part-time staff	Executive Director
<b>Number of Volunteers</b>	50	150
<b>Annual Budget</b>	\$470,000	\$127,000
<b>Primary Funding Sources</b>	<b>Membership Fees:</b> Individual - \$600/year Household - \$850/year <b>Fundraising:</b> Approximately 50% of total revenue	<b>Membership Fees:</b> Individual - \$530/year Household - \$800/year
<b>Subsidized Memberships for Low Income Individuals</b>	\$100/year; includes a \$250 credit for services with additional fees. Available for residents with less than \$45,000 in annual income who are at least 60 years old.	Individual - \$100/year; includes a \$250 credit for services with additional fees. Household - \$200/year; includes a \$350 credit for services with additional fees.
<b># of Members (# of eligible members)</b>	470 (approximately 3000)	180
<b>Minimum Age for Membership</b>	50	None
<b>Neighborhood Demographic</b>	18% over 50 years old	Unknown
<b>Types of Services Provided</b>	<ul style="list-style-type: none"> <li>• Transportation (most requested);</li> <li>• Discounted home healthcare services;</li> <li>• Fitness programs;</li> <li>• Assistance with household tasks (e.g., repairs, cleaning, cooking, bill-paying, computers);</li> <li>• Referrals for services not provided by the village; and</li> <li>• Social and cultural activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation (most requested);</li> <li>• Home maintenance and gardening;</li> <li>• Daily check-in phone call;</li> <li>• In-home care assistance (meals, household tasks);</li> <li>• Assistance with electronics;</li> <li>• Medical advocacy;</li> <li>• Social events; and</li> <li>• Referrals for professional services.</li> </ul>
<b>Referrals to Outside Service Vendor</b>	Yes. Village researches, interviews, and checks references, and does a background check for outside vendors.	Yes. Village uses Washington Consumer Checkbook to refer members to outside vendors.

Source: Interviews with staff from Beacon Hill Village and Capitol Hill Village; Notes from conference attended by Montgomery County Department of Health and Human Services staff

<sup>21</sup> Interview with Rita Kostiuk, Beacon Hill Village, January 14, 2009

<sup>22</sup> Interview with Ann Grace, Capitol Hill Village, January 15, 2009

## **CHAPTER IV. Demographic Data on Seniors in Montgomery County**

This chapter describes demographic data on seniors in Montgomery County and is organized as follows:

- **Part A, Census Data**, summarizes 2000 and 2005 demographic data on seniors in the County; and
- **Part B, Forecast Data**, summarizes the published projections of the senior population in the County over the next 25 years.

### **A. Census Data on County Seniors**

This section summarizes demographic information about seniors (persons age 65 and over) in the County based on:

- Data from the 2000 U.S. Census, compiled by the U.S. Census Bureau; and
- Data from the 2005 Census Update Survey, compiled by the Research & Technology Center of the Montgomery County Planning Department.

The most recent demographic data for the County – the 2005 Census Update Survey data compiled by the Planning Department – are available only by the County’s planning areas, and not by the smaller geographic designations used in the Census conducted every ten years by the U.S. Census Bureau – e.g., census tracts, block groups.

The broad geographic scope of the planning areas allows for general demographic comparisons among the different areas of the County. However, planning area data do not allow for the identification of NORCs because NORCs are typically limited to more narrow geographic areas – e.g., neighborhoods or apartment buildings.

Both the 2005 Census Update Survey data and the forecast data in Part B of this chapter track the population “living in households.” The population living in households excludes the population in “group quarters,” which the U.S. Census Bureau defines as “a place where people live or stay that is normally owned or managed by an entity or organization providing housing and/or services for the residents.... People living in group quarters are usually not related to each other.”<sup>1</sup> Examples of group quarters are correctional facilities, college dormitories, military barracks, and group homes. In other words, the data in this chapter include seniors living in houses or apartments, including age-restricted developments such as Leisure World, but excludes seniors living in group homes or nursing homes.

**Population Overview– 2000 and 2005.** In 2000, Montgomery County had a total population of 873,341 people. Individuals under age 65 made up 89% of the total population; seniors age 65 to 74 comprised 6% of the population; and seniors age 75 and over comprised about 5% of the population.<sup>2</sup>

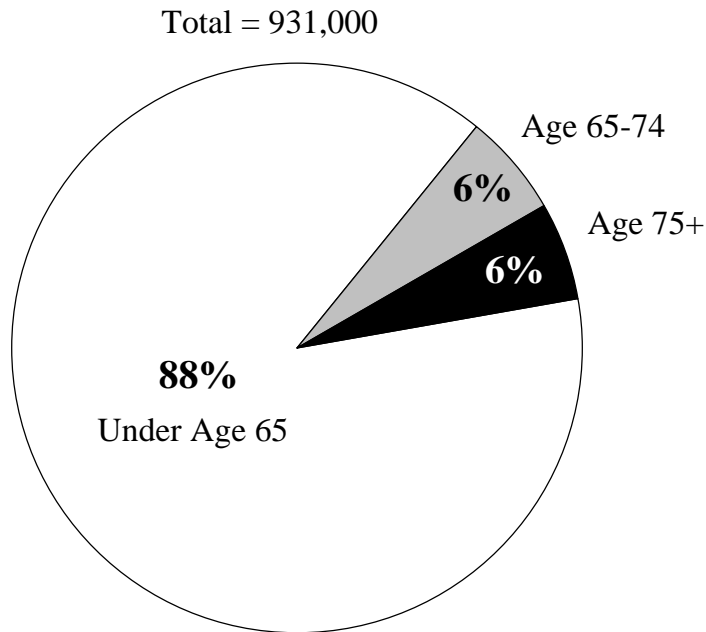
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<sup>1</sup> U.S. Census Bureau Glossary. [www.census.gov](http://www.census.gov).

<sup>2</sup> *Montgomery County, Maryland: Profile of General Demographic Characteristics*, U. S. Census Bureau (2000).

By 2005, Montgomery County's population had increased to 931,000 with approximately 88% of the County's population under age 65. Compared to 2000, seniors age 65 to 74 had increased in number but remained at about the same percentage (6%) of the County population; while seniors age 75 and over had increased both in number and as a percentage of all residents (6%).<sup>3</sup> Exhibit 4-1 shows the age composition of the County population in 2005.

**Exhibit 4-1. Age Composition of the County Population, 2005**



Source: 2005 Census Update Survey, Montgomery County Planning Department

**Age composition by planning area.** The majority of the County's senior population resides in the older communities of the County located along the Capital Beltway (I-495) and the I-270 corridor. There is a further concentration of persons age 75 and over inside the Beltway and along MD-355 from Friendship Heights to Rockville.<sup>4</sup> These residential areas of the County are near public transit, and typically have greater access to retail and other services.<sup>5</sup>

In 2005, nine of the County's 21 planning areas<sup>6</sup> had greater proportions of seniors than the County as a whole. Table 4-1 shows the County's age composition by planning area in 2005, listed in order of highest to lowest percentage of residents age 65 and over. The three planning areas with the highest proportion of seniors were:

<sup>3</sup> 2005 Census Update Survey, Montgomery County Planning Department, Research & Technology Center, M-NCPPC (February 2009).

<sup>4</sup> Suarez, S., Kearne, B., and Roman, S., *Affordable Assisted Living Tops Senior Housing Needs!*, Montgomery County Planning Department, Research & Technology Center, M-NCPPC at p. 2 (September 2006). [http://www.montgomeryplanning.org/research/documents/senior\\_housing\\_report\\_2006.pdf](http://www.montgomeryplanning.org/research/documents/senior_housing_report_2006.pdf)

<sup>5</sup> Suarez, S., *55+ Housing Preference Survey*, Montgomery County Planning Department, Research & Technology Center, M-NCPPC at p. 4 (March 2005).

[http://www.montgomeryplanning.org/research/data\\_library/housing/studies/housing\\_55\\_final\\_version.pdf](http://www.montgomeryplanning.org/research/data_library/housing/studies/housing_55_final_version.pdf)

<sup>6</sup> The County has 28 total planning areas. For the 2005 Census Update Survey, the County Planning Department combined several planning areas together under the name of one planning area and refers to these as "[planning area] and vicinity." Consequently, the tables and charts in this chapter list 21 planning areas or combinations thereof. For a map of these 21 planning areas, see appendix ©10.

- Aspen Hill, with a senior population of 20%;<sup>7</sup>
- Bethesda/Chevy Chase, with a senior population of 18%; and
- North Bethesda, with a senior population of 17%.

**Table 4-1. Age Composition of County Population by Planning Area, 2005**

Planning Area	Population	Percent of Total Population			
		Under Age 65	Age 65+	Age 65-74	Age 75+
Aspen Hill	62,867	80	20	9	12
Bethesda/Chevy Chase	92,600	82	18	8	11
North Bethesda	41,848	83	17	7	10
Potomac/Cabin John	48,429	85	15	9	5
Kensington/Wheaton	78,065	87	13	7	6
Kemp Mill/Four Corners	35,606	87	13	5	7
Cloverly	19,813	87	13	7	6
Rockville	53,706	88	12	7	6
Colesville/White Oak	35,214	88	12	5	7
<b>MONTGOMERY COUNTY</b>	<b>931,000</b>	<b>88</b>	<b>12</b>	<b>6</b>	<b>6</b>
Silver Spring	35,865	90	10	4	6
Poolesville*	9,219	90	10	5	5
Takoma Park	29,667	90	10	4	6
Gaithersburg*	130,499	92	8	4	4
Damascus*	33,121	92	8	5	3
Travilah	30,333	93	7	4	4
Fairland	41,470	93	7	5	2
Upper Rock Creek	14,224	94	6	4	2
Olney	38,613	94	6	3	2
Darnestown	13,762	94	6	3	2
Clarksburg	6,499	94	6	3	2
Germantown	79,579	96	4	3	2

Source: 2005 Census Update Survey, Montgomery County Planning Department

Note: Percents may not sum to totals due to rounding

\*Planning area *and vicinity*, as defined by the Montgomery County Planning Department

Exhibit 4-2 on the following page shows the location of the nine planning areas with a greater proportion of persons age 65 and over than the County as a whole (12%).

<sup>7</sup> Leisure World, a private, age-restricted community for seniors, is located in Aspen Hill.

**Exhibit 4-2. County Planning Areas with Highest Concentrations of Senior Residents, 2005**

