NATURALLY OCCURRING RETIREMENT COMMUNITIES

AN INTERVIEW WITH FREDDA VLADECK

Most senior citizens would prefer to grow old in their own homes. But as they age, many need increasing levels of help with their daily routines and monitoring of their health care needs. These roles can be filled by family, friends, or professional home health care workers. But in the absence of such assistance, small problems can quickly lead to major crises and trips to the emergency room or assignment to a nursing home.

As a geriatric social worker at St. Vincent's Hospital in New York City in the mid-1980s, Fredda Vladeck began to notice a lot of older adults coming to the emergency room with preventable conditions. Many lived at Penn South Mutual Redevelopment Houses in nearby Chelsea, a cooperative housing development built in 1962 by the International Ladies Garment Workers Union. A quick survey revealed that Penn South was a community of 2,800 units housing 6,200 residents, almost 5,000 of them seniors. Many had never married and half of those who had married did not have children. Many of them were the old labor organizers who had devoted their lives to the unions, and the result was a population without traditional familial supports.

Working with the board of directors of Penn South, Vladeck designed a unique program that allows these seniors to age in place in what has come to be known as a Naturally Occurring Retirement Community (NORC). In the last twenty years her original concept has spread to include more than fifty similar programs in New York and dozens more around the country.

DESIGNER/builder: How did you first get involved with NORCs?

FREDDA VLADECK: I was trained as a geriatric social worker, and I started my career working in health care settings. While at St. Vincent's Hospital I noticed a lot of older adults coming into the emergency room with conditions I thought could have been prevented – a lot of falls, a lot of what appeared to be cognitive impairments, some diabetes, and a lot of dehydration resulting from people forgetting to drink. When we scratched the surface, it turned out that in some cases their thyroid levels were not being managed well, which then can mimic dementia. Then you wind up with a whole constellation of problems.

I noticed that the preponderance of these older adults was coming from one particular housing development, Penn South. It was a limited-equity cooperative apartment complex in which people bought shares, similar to the Amalgamated Houses in the Bronx (see *DESIGNER/builder*, November/December 2006). It was built by the International Ladies Garment Workers Union in 1962 and underwritten by the United Housing Federation. The original residents were union members, plus a few from the neighborhood who had been displaced by its construction. So as with Amalgamated, you had like-minded people who thought they were building a community together.

The community operated for many years with

this sense of shared responsibility, mutual aid, and mutual support. It was a community where the residents took responsibility for one another, even across the generations. They had lots of clubs and groups. I'll never forget, some folks wanted to garden on the grounds, and the board actually had a little bit of a battle over how to allocate public space for personal private gardens; how do you make some social good come out of this that benefits the whole community. So the board required that if an older tenant wanted to work a plot of land that had been set aside for community gardening, he had to pair with a child living in the co-op. And you know what? They didn't put a fancy name to it; they didn't call it intergenerational blah, blah, blah. They were already sensing that there was a divide between the generations and they were trying to bridge it, and that was their idea.

By 1984 a lot of the original cooperators were nearing retirement and beginning to show the signs of frailty and deterioration. Initially this community tried to organize a group of volunteers to look out for the older people, but they couldn't sustain it because they weren't trained or able to deal with the range of problems they encountered. They turned to the local senior center, but about all it could do was deliver a meal. People were sensing that they needed something more.

We developed a program for older adults, no matter what their abilities, their talents, their interests, or their needs, that brought group services, individual social services, and health care services together under one roof. Our goal was to change the experience of aging in that community.

At that time I was in the emergency room at St. Vincent's Hospital, and I noticed this pattern I mentioned before. I called David Smith, the chairman of the board of Penn South, who had a relationship with the folks at the hospital. When a Vladeck (my married name) calls into Penn South, that means something to that community. This wasn't just a hospital mucky-muck calling or a do-gooder social worker; this was a Vladeck calling. Baruch Vladeck was a labor leader, orator, socialist, leader in New York, and within the labor movement they knew the name. He was managing editor of *The Forward*, he was Fiorello La Guardia's minority whip, he was a Bundist, and he had been a revolutionary in Russia. He actually convinced La Guardia that they needed to go to F.D.R. to get the feds involved in funding public housing in New York, and the two of them went to see the president and actually got the feds to start financing public housing. He was also on the first board of supervisors of the Public Housing Authority.

D/b: What was David Smith's reaction to your call?

FV: He confirmed for me that the board was very concerned about all of these older, frail residents who had been the pioneers in their union, and the strain it was putting on the community, which was pained by its inability to help or address these needs. They wanted the hospital to send a social worker and maybe a nurse to go in and help people who they thought were in trouble. I told them that there was a reason why these folks were not coming to the attention sooner of people who could help them: they wanted to remain hidden, they were frightened, and they didn't want to leave their homes. So we needed to figure out how to get to people before they were in crisis.

If you just set it up for a social worker to go in when you notice a problem, they won't get in. The way our service system is organized, it's stigmatizing. We needed to come up with a way to change the dynamics so that people felt comfortable connecting to professionals who could help before there was a crisis. We needed to think about how to design a program that could get the older adults involved in shaping and re-shaping the kind of community they wanted to live in as they grew older.

There was a lot of deliberation among the board of directors about what to do. There was actually a battle. We're a housing company, they said; we're not a social service agency. But David Smith prevailed. I think what he said was something like: Just as we have to take care of the bricks and the mortar, we also have to take care of the people who live within the bricks and mortar, and we have a responsibility to shape the kind of place we are as a community.

D/b: How did you propose to meet that challenge?

FV: I worked with David and a few people who lived at Penn South to think through what a program would look like, what it was we were trying to accomplish. They accepted my conviction that we couldn't just target people who appeared to be in trouble, because by that point it's too late. That doesn't get you ahead of the game. You're always catching up. A task force of the board was formed, and we worked through the design of a program that was structured to get older adults engaged, to get them to become contributing members of the community as well as

receivers of services when they needed them, and to provide a safety net for the most frail and fragile.

The program officially opened on November 14, 1986, the first time anything like this had ever been done. We didn't know at that point that this was what would become known as a NORC program. NORCs were first identified in 1984 by Professor Michael Hunt in the School of Architecture and Urban Planning at the University of Wisconsin. He had noticed that one building in downtown Madison, which had maybe 100 units, seemed to have a lot of older people in it. He went and looked and talked to the folks, and realized that while the building was not built for older adults, people retiring were migrating to it because it was close to downtown and they could take advantage of things going on at the university. So he coined the phrase "Naturally Occurring Retirement Community," which he defined as a community that had not been built for seniors where 50 percent of the residents are sixty and older. His building became a NORC because of in-migration. The Penn South co-op became a NORC because of evolution, because of an aging-in process. And there's a third type, which you see a lot in rural areas, of out-migration of the younger working folks, leaving the older folks behind.

The board of directors of Penn South, the committee, and I developed a program for all older adults living in the complex, no matter what their abilities, their talents, their interests, or their needs, that brought group services, individual social services, and health care services together under one roof. Our goal was to change the experience of aging in that community. We called the program the Penn South Program for Seniors. To make it work we needed social workers, a geriatric nurse, and the residents themselves. Penn South took one of its community rooms and converted it into an office and a center for the program, and it was funded for the first three years by a family foundation of the United Jewish Appeal-Federation of New York.

D/b: Specifically, how did the program work?
FV: On the health care side, we started to systematically address the issues of helping people manage their chronic conditions. Because I came out of St. Vincent's, which was the emergency receiving hospital for that area, we purposely connected back to St. Vincent's, both to its social work department and its ER department.

The public face of the program was what we called the group services side: the activities, the lectures, the art classes, the social gatherings, the bridge club. Basically we used building captains (the old volunteer corps that had tried to deal with individual issues as they came up) to get people to come and be a part of the activities and especially to convey that the residents had a role in building the kind of program they wanted. We needed their talent. Some of them became the teachers in these group programs. Some of them organized theater trips. They were the heart of the group services program. These were often the younger, healthier, more mobile members of the older population.

They also helped to identify who they were worried about on their floor, and we would then be able to send a nurse. We couldn't always send social workers up to visit somebody, because to them the idea of a social worker meant that they might have to go to a nursing home. We found ways to get the nurse into the apartments first and with her taking the lead we were then able to get social workers in to try to address some of the support issues.

D/b: Why did this program work?
FV: What was critical here was the role of the visionary, and that wasn't me. I was the director and facilitator who gave voice and action to the vision. The true visionary was David Smith, and he led his board and the community through this. He recognized that housing management and the board had a major role in getting all the residents to participate and to help make this program meaningful and valuable. He truly believed that this would change the face of the community, that you would no longer see disheveled people schlepping along the walkways; that you would no longer see dirty, demented people talking to themselves, sitting on the benches all by themselves, clearly out of it. The goal was to begin to start trying to connect to these people before they fell and wound up in the emergency room and then in a psych ward or in a nursing home. It took a number of years to get those most frail and fragile to trust the nurse/social worker teams, which put in place services and supports to work with their doctors to make sense out of their medications and to work with the family or neighbors to look in on them. It took a couple of years for the community to trust that we weren't there to just get them out of their apartments and into a nursing home. But we did it. We succeeded.

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There were some remarkable folks who lived at Penn South. The guy who wrote *Bread and Roses*, he and his wife lived in this community. A. Philip Randolph lived in this community. It was an amazing place, where singing and culture were happening all the time. And much of that vibrancy had been diminished as the community got older. The program started to resurrect that original spirit. All of a sudden we now had a chorus going again. They practiced every Friday next to my office, and some of these songs were songs that I was raised on, all the union songs and the Yiddish songs. They always had community rooms, but because the original cooperators were getting old and losing some of their ability to organize and keep these things going, they needed help. We provided that help and did the mechanics for the community. There was a monthly flyer that went under each door. We did art classes. There were some incredible artists there. We started a writing club. There was definitely a social action committee, and that was one of the most lively

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groups. Eli Stern led the weekly discussion about the news. And let me tell you, it really brought this community to life – socialists, a few communists, some regular Democrats, a couple of anarchists, and maybe one or two Republicans, all in the same room. Politics was the lifeblood in the community because these were the old organizers. A gathering wasn't a good gathering unless we could have a political discussion and argue. And so there were real battles in this community, but somehow it all worked.

What this program did was provide a way and a place for people to come together, which had been lost. And that's a very important thing in all communities that have large concentrations of older adults. They are not going to go to the playground or the sandbox. They're not going to see each other at the school. Where do they go to find one another? It's a question that I ask whenever I'm visiting a community that might be demographically a NORC. How do people in this community come together and make community? Because that's indeed what is needed in all of these communities. Our aging services, our formal service system, don't ask that question. They merely ask: What do we need to give that person? Do they need a meal, do they need housekeeping? What can we do just to shore up their needs so that they can stay in their house? They'll be trapped behind their front door, because they have to be homebound to get any of those services. This is our traditional system. This was what I was reacting to in the mid-1980s, and some of what I was asking this community to rethink. This was the first time older adults had been invited to re-fashion their community in their image, in the way they wanted to live.

D/b: How was the program financed?
FV: In 1989, having had three years of philanthropic support provided by the UJA Federation, we realized that this program was valued and important and that we needed to find more stable funding. At that point David Smith, the visionary, said we have a shared responsibility here and as the housing corporation we need to support it out of our operating budget rather than have people pay for it as they use it. I knew that if it were "fee for service," people would not come because it would be too costly. I am a believer in social insurance, which spreads the risk and shares the responsibility. And David figured out that by adding one dollar to the monthly carrying charges on all 2,800 units, they could actually support a good chunk of this. And the residents themselves were raising somewhere between $30,000 and $40,000 to fund activities and to help subsidize those who were less fortunate.

D/b: How did the NORC programs spread around New York?
FV: I left Penn South in 1992, thinking the program was on sound footing and wanting to go on to something else. By that point, UJA Federation was already working to replicate the NORC concept in other similar communities. We needed to answer the question, was Penn South so unique that you could never do this anyplace else? We knew that there were approximately 400,000 units of this kind of affordable housing in the city that were demographically becoming NORCs. We knew that this was potentially a large issue in New York. And with the replication in 1992 of projects at Warbasse Houses on Coney Island and at Co-op Village on the Lower East Side, we confirmed that this was doable.

By 1994 we had four programs operating: three in moderate-income and one in public housing. We knew by then we could change the dynamic in a community, move it from a place where people were waiting to die, where the community itself was over-

run and beset by problems, to one in which it was building something for the residents that would enable them to take care of their own and become a place of living again.

The Coordinating Council of Cooperatives (CCC), which represented cooperative housing complexes in the city, saw that this was working and believed it was time to see about creating some public policy to broaden the approach of shared financial responsibility, of public and private funding, and see if you couldn't make this available to more housing developments in New York. In 1994 the CCC, health care and social service providers, and residents organized and got legislation passed that established the NORC Supportive Service Programs (SSP) model as something that the state would fund. Starting in 1995 the state approved public financing to match private financing and twelve programs began in New York State, ten of them down here in New York City. In 1999 the New York City Council, not to be outdone by the state legislature, decided that it wanted to get in on the act. It allocated $4 million to be matched by the housing companies and other private support for more NORC supportive service programs in moderate- and low-income housing. Then in 2005 and 2006 the amount of money actually increased at both the state and the city levels. So today in New York there is something on the order of $11 million in public funds from the state and the city being matched by roughly the same amount from the private sector.

D/b: Can you do a NORC program in a setting other than an apartment complex?

FV: About four years ago we realized that we were going to have to figure out how to organize a community where you've got a neighborhood of people living in unaffiliated housing without a housing management entity. With funding from a local foundation a prototype was done in a community in northeast Queens that had been built right after World War II for returning vets. It was called the NORC-WOW Program (NORC Without Walls). This was an area of very modest homes built in the middle of what had been farmland with nothing else around. So these people had to make their own community. They were the pioneers who made sure that the sidewalks got built, that schools got built. By 2003 this had become largely a community of very old, white, retired teachers, shopkeepers, librarians, and blue-collar workers. Some serious community organizing needed to be done.

Today it's going like gangbusters, so much so that in 2005 the state legislature introduced a bill to fund Neighborhood NORC programs using NORC-WOW as a model. The key question was what was going to take the place of the co-op board as we tried to find a community space and structure the program. You can't do that without a year or two of good old-fashioned community organizing and getting the politicians, the shopkeepers, the informal leaders, the key leaders involved. There are a whole variety of ways that you can start making connections, beginning with getting people to start talking about what will make this a good community to grow old in. Nine-tenths of this is about giving people the permission to dream, and telling them that they can affect their environment.

What we've accomplished is about changing the discussion from long-term care to long-term living. It's moving the mindset and recognizing that older adults, as old and as frail and as fragile as they are, have roles to fill in their community. It's up to us to find those appropriate roles and recognize that it's not just about putting in a service; it's about addressing the quality of life of older adults.

There's a major push right now among public policy folks in the aging and long-term care world to do what's called community-based care. I'm not exactly sure what that means. I think the larger question here is we need to be thinking about the role of older adults in communities and how they can continue to be valued contributors. At Penn South we told people in wheelchairs, who ordinarily would have been stuck in their apartments, that there was stuff they could do here to help this community and this program. We told them, bring your home care worker, too. That's fine. You have a role in this community and in this society, and our job is to help you realize your potential.

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D/b: What are you doing these days?

FV: Now I am working at the United Hospital Fund, where I direct the aging in place initiative that is a resource to those interested in developing NORC programs. We are also working to show the impact these programs have had on the health of the NORC communities and the older adults who live in them.

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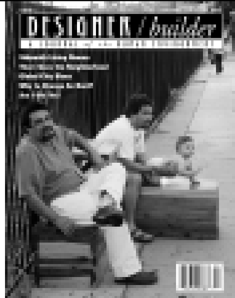

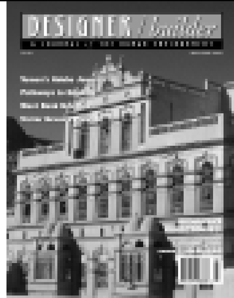
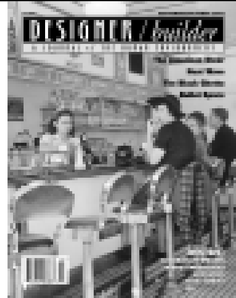
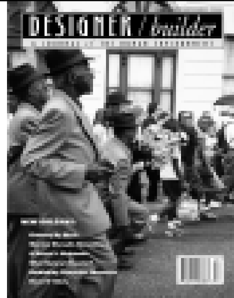

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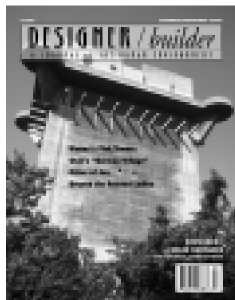
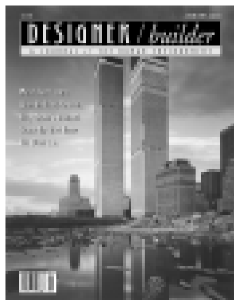
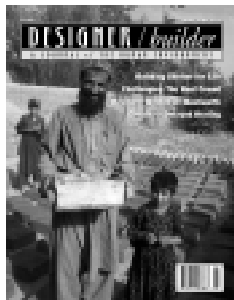
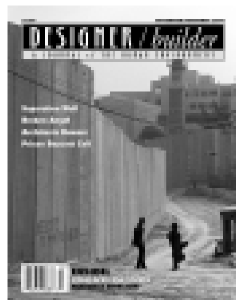
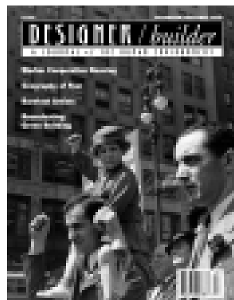

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