A Naturally Occurring Retirement Community (NORC) is a community that has naturally developed with a high concentration of older residents, because seniors tend to either remain in or move to these communities when they retire. Coined by Michael Hunt, (University of WI - Madison) in the early 1980’s.

NORCs cannot be built; rather, they evolve over time, in a variety of ways. They come in countless shapes and sizes, but can be grouped into two broad categories:

- **Housing-based NORCs.** Also called a “classic,” “closed,” or “vertical” NORC, these are located in a single age-integrated apartment building, a housing complex with multiple buildings under common management, or an area where a number of apartment buildings are clustered together.

- **Neighborhood-based NORCs.** Also known as “open” or “horizontal” NORCs, these are typically one- and two-family homes in age-integrated neighborhoods.

They evolve, unplanned, through:
- accumulation (aging-in-place of existing residents)
- relocation (in migration of elderly residents)
- out migration of younger generations

**Why is it important?**
Between 2015 and 2040, the population ages 65 and older will grow by 640,000 people an increase of 72% in WI. Demographic trends among seniors, such as living longer and wanting to age in place will lead to a dramatic growth in NORCs not only in WI but throughout the US.

(Source: [https://www.dhs.wisconsin.gov/dementia/demographics.htm](https://www.dhs.wisconsin.gov/dementia/demographics.htm))

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What makes a NORC healthier?
Governments should evaluate policies that affect residential and business zoning, parks and recreation, transportation, public health, public safety, health services facilities, private sector investment, employment and taxation to support healthy NORC development. Compared with increasing healthcare or social services, developing a healthy NORCs is a low-cost approach to facilitating healthy aging.

Service delivery
NORCs consist of heterogeneous mixes of older adults in varying stages of health and well-being with a variety of interests and needs that fluctuate over time. The relatively dense population and proximity of seniors in NORCs has made it possible to rethink conventional service delivery paradigms.

For example, in the old paradigm providers are off site, distant from the community. In the new paradigm the provider may be on site with an office in the housing development and have more accountability to the community.

The overarching goal of a NORC program is to maximize the health of its community.
The NORC model builds communities and provides for services aimed at the following:
- Empower older adults to take on new roles in shaping communities that work for them.
- Weave a tighter social fabric and foster connections among residents.
- Maximize the health and well-being of all older adults in the NORC.

New York State and City have established successful NORC programs that work at both the community level and individual level to address the challenges of aging in place in the NORC. As of 2017, the New York Department for the Aging (DFTA) has 28 designated NORCs.

Sample Benefits
For residents:
- Supports the ability of older residents to successfully age in place.
- Services are tailored to the specific needs and characteristics of the residents in each NORC in place of a one-size-fits-all service model.
- Older residents have increased opportunities for socialization and activity which reduces vulnerability to social isolation and depression.

For service providers:
- Cost-saving efficiencies and economies of scale in addressing the needs of concentrated groups of older people, in place of case-basis service delivery.

For communities:
- NORC programs are a low-cost, preventative approach to facilitating healthy aging and successful aging in place – delaying or eliminating the need for older people to relocate into costly health-care facilities or nursing homes.