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ARTICLES

Community Options of Greater Cleveland, Ohio: Preliminary Evaluation of a Naturally Occurring Retirement Community Program

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This study examines the impact of Community Options in Greater Cleveland, Ohio, as perceived by its consumers. Community Options is one of a small but growing number of naturally occurring retirement community programs helping residents of apartment buildings or neighborhoods to "age in place" successfully through activity and service access or development. Results of the survey revealed the typical consumer to be an 82-year-old widow who has lived in her apartment building for 12 years. She credits the program with enabling her to "age in place," link with and assist neighbors, access help when needed, feel better about herself, and have more control over her life.

KEYWORDS "aging in place," housing-related services, resident empowerment, social interaction among elderly apartment dwellers

INTRODUCTION

Nearly all older adults want to age in place. Most also believe that they will be able to stay in their current home until they die (AARP, 2003). When large numbers of people have stayed long enough in a building or neighborhood

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that they have grown old, the term "naturally occurring retirement community" (NORC) is applied (Hunt & Gunter-Hunt, 1985). NORCs will become more common with the aging of the baby boom generation and increasing life expectancies.

Key to "aging in place" and NORCs is access to services and activities as needed and desired. The combination of need and desire reflects individual empowerment, or perceived ability to control or cause outcomes. Weiner's (1985) attributional theory of motivation and emotion suggests that people assess success or failure along causal dimensions that include consideration of whether or not the situation is temporary or permanent, changeable, and controllable. Those who feel in control over a situation, because it is temporary and can be changed, are more likely to develop a sense of mastery, with expectations of success in other situations. Conversely, those who feel a lack of control over a situation, because it is permanent and cannot be changed, are less likely to develop a sense of personal control and even can learn helplessness.

Applied to older adults "aging in place" and NORCs, attribution theory implies that residents will feel a sense of empowerment when they experience personal control in a variety of life situations. Personal control is a widely regarded benefit of older adults remaining in their current homes (Wagnild, 2001; Wister, 1985). The opportunity to choose services and activities as needed and desired enables older adults to feel in charge of their own destinies in ways typically lacking with residence in institutions, like nursing homes. In institutional settings, formal caregivers normally exercise varying degrees of authority over resident services or activities (Lustbader, 1996; Shawler, Rowles, & High, 2001; Whitler, 1996). The result can mean a diminished sense of personal control or helplessness for those older adults affected (Kahana, Kahana, & Riley, 1989; Lantz, Buchalter, & McBee, 1997; Vogelpohl, Beck, Heacock, & Mercer, 1996).

A second key to "aging in place" and NORCs is social networks, important for promoting physical and mental health. A variety of studies have linked satisfying social relations or support with such outcomes as positive outlook on life, fewer feelings of stress and threat, better coping, more efficient restorative behaviors, and self-efficacy (e.g., Bothwell, Fischer, & Hayashida, 1999; Cacioppo et al., 2000; Cacioppo, 2003; Cassell, 1976; McAvay, Seeman, & Rodin, 1996). Kahn and Antonucci's (1980) convoy model of social networks underscores the meaning of moving through life surrounded by one's own age cohort, sharing experiences and histories, and providing support reciprocally over time. Berkman, Glass, Brissette, & Seeman (2000) argue that social networks can influence health status through social participation and social engagement. Getting together with others in various contexts from social functions to volunteering helps provide individuals with roles that enhance sense of identity, value, and belonging.

Description of Community Options in Greater Cleveland, Ohio

Community Options is the NORC program of the Jewish Community Federation of Cleveland, Ohio. It was founded in 1995 with the help of a federal housing special purpose grant. Community Options establishes partnerships between landlords and tenants of apartment buildings. It employs Resource Coordinators who help older residents on site to identify needs and then access or develop services or activities to address these needs. Community Options uses concepts of community organization and consumer direction to empower elderly tenants in contracted apartment buildings to "age in place"" and build a sense of community. It focuses on resource development and service coordination rather than case management and service provision, underscoring the importance of community, individual choice, and program flexibility.

Consumers of Community Options and their landlords contribute to maintaining the program. Landlords pay a set fee to have the program serve their buildings. Consumers pay nominal fees for activities in which they participate and services they receive. In addition, consumers run some events themselves, such as bingo games and discussion groups.

Community Options is one of a small but growing number of NORC programs nationwide. Others exist is such states as New York, Pennsylvania, Massachusetts, and Washington (Goldstein, 2000). The earliest program began in the late 1980s in Manhattan. Most NORC programs are funded through government or private foundation start-up grants, charitable contributions, or landlords. There is no federal funding devoted to these programs (U.S. General Accountability Office, 2005). Only New York provides state subsidies.

Anecdotally NORC programs are widely regarded as successful in empowering consumers, promoting health and well-being as well as fostering social relations and civic engagement. However, there has been little effort to date to systematically investigate the effects of program participation. This study represents a preliminary step toward filling that void. It evaluates Community Options' achievement of established goals based upon the perceptions of consumers and their personal experience with the program. In this context, the study tests the following hypotheses regarding Community Options consumers' perception of the effect of program involvement on their lives: Program participation enhances consumer ability to 1) "age in place" (i.e., remain in their current residence); 2) access services when needed (i.e., get information about health and social services); 3) be active (i.e., take part in recreational and/or educational activities, attend monthly luncheons, go on sight seeing tours, and/or volunteer time); 4) remain socially connected (i.e., have contact with neighbors and/or spend time in social activities); and/or 5) feel empowered (i.e., feel better about self and/or feel more in control of life).

METHODS

Study Participants

All active participants in Community Options received a questionnaire to complete. For purposes of investigation, "active participants" were defined as residents of Community Options contract apartment buildings who attended at least one Community Options activity or contacted the program's Resource Coordinators for service referrals during the time period January 1, 2003 to June 8, 2004. The questionnaires were distributed in May 2004 for return no later than the following month.

Community Options targets its offerings to people age 60 years and older. The program had contracts with five apartment buildings located in the far eastern suburbs of Cleveland, Ohio, during the study period. A total of 609 persons qualified for inclusion in the investigation. The mean number per apartment building was 122 (range, 64 to 202).

Data Collection

The purpose of the study was to evaluate Community Options in its ability to achieve the program's goals. As articulated by the Community Options' Board of Directors, the goals are to better enable participants to: age in place, link with neighbors, want to help neighbors, govern themselves, remain socially connected, have control over their lives, access assistance and activities, feel that they have choices, live independently, and feel self-confident.

A questionnaire was developed for specific use in this study. It was piloted with a small group of Community Options participants who attended a blood pressure screening at one of the apartment buildings. Revisions made to the instrument were based upon questionnaire responses and subsequent interviews with pilot participants. In general, the revisions aimed at improving question clarity and encouraging response completeness.

The final survey instrument consisted of 26 questions organized across five domains of inquiry. Together the questions assessed:

- key demographics (i.e., gender, age, marital status)
- longevity in the apartment building and as a participant of Community Options
- rating of health and life satisfaction
- types of Community Options services or other offerings used
- satisfaction with Community Options and its Resource Coordinators
- perceived impact of Community Options on the life of the individual participant (e.g., "As a result of Community Options, do you have more confidence that you will be able to continue living in the apartment where you currently reside?" "Since you became a participant of Community

Options, has the amount of time you spent in social activities increased? remained the same? decreased?)
- perceived needs and information about services (e.g., "Do you currently feel that you need help but can't find it?")
- involvement in activities
- type and perceived frequency and quality of contact with neighbors

Both closed- and open-ended questions were included in the survey instrument. For some questions, respondents were asked to make ratings using 4-point, Likert-type scales, e.g., excellent = 4, good = 3, fair = 2, and poor = 1. "Don't know" was included as a possible answer for nearly all questions. In addition, some survey sections offered respondents the opportunity for further evaluative comment by including the open-ended question "Any comments?" at the end. Other sections usually gave respondents a chance for expanded comment through other open-ended questions, e.g., "What do you like best about Community Options?"

The questionnaire's cover sheet explained the survey's purpose and confidentiality of responses. Completed surveys were deposited in a box labeled "Community Options Completed Surveys" in the Resource Coordinator's office or other appropriate apartment building location.

Data Analysis

Completed and returned questionnaires were subjected to descriptive data analysis. Statistical procedures were limited to frequency counts, percentage distributions, and measures of central tendency. Open-ended question responses were content analyzed. Whenever possible, data were reduced and themes identified to facilitate description of participant evaluation of Community Options and other domains of inquiry.

RESULTS

Sample Description

Of the 609 active participants in Community Options, 191 (31%) completed and returned the survey. Response rates varied among the five apartment buildings served, from 53% to 22%. Demographic, self-report health, and program satisfaction ratings are included in Table 1.

The typical survey respondent was an 82-year-old widow who has resided in her apartment building for 12 years. She considers her health "good" and she is "mostly satisfied" with her life. More specifically, 79% of respondents were women and 13% were men. The respondent age range was 40 to 96, and both the median and mode were 83. The proportion of respondents who were women was higher than that found among older

TABLE 1 Description of Respondents (N = 191)

Variable	N	%
Gender		
Men/Women/NR[a]	25/150/16	13/79/8
Marital Status		
Single/Married/Widowed/ Divorced-Separated/Other/NR[a]	18/42/108/6/1/3	9/22/57/3/1/8
Self-Rated Health		
Excellent/Good/Fair/Poor/DK[b]/NR[a]	22/92/52/7/2/16	12/48/27/4/1/8
Self-Rated Life Satisfaction		
Most[c]/Partly/Not/DK[b]/NR[a]	130/36/4/3/18	68/19/2/2/9
Age (years)		
Mean/Median/Mode/Range		81/83/83/40–96
Time of Residence in Building (years)		
Mean/Median/Mode/Range		12/8/7/1–35

[a]NR = No Response;
[b]Don't Know;
[c]Mostly Satisfied/Partly Satisfied/Not Satisfied.

residents of Cleveland's suburbs, where women represent 62% of persons in the 75- to 84- year age range and 60% of those aged 55 years and over (U.S. Census Bureau, 2001).

Fifty-seven percent of respondents were widowed and 22% were married. Nine percent had never married. The remainder were divorced, separated, or partnered. These figures are higher for widowed and never married and lower for married than the demographics for persons aged 75 years and over in Cleveland's suburbs. Apartment residency ranged from less than a year to 35 years. The median length was eight years, and the modal length was seven years.

Nearly half (48%) of survey respondents self-rated their overall health as "good." Twenty-seven percent considered it "fair." Only 12% rated their health "excellent," and 4% rated it "poor." Others either did not know or did not answer. The percentages for fair and poor were comparable to those found for older adults of Cleveland's suburbs in other surveys (e.g., Centers for Disease Control and Prevention, 2003).

Finally, 68% of respondents were generally "mostly satisfied" with their lives and 19% were "partly satisfied." Just 2% were "not satisfied," and half of these persons identified themselves as recently widowed. Like before, the remainder of respondents answered either "don't know' or failed to answer this question.

Program Utilization and Satisfaction

The largest number of survey respondents participated in Community Options for 1 to 3 years (37%), although sizable numbers participated 4 to 6

years (28%) or 7 or more years (21%). Among Community Options offerings, respondents were most likely to have read its newsletter or attended monthly luncheons (61% each), and almost as likely to have taken part in organized recreational or educational activities (55%). They were least likely to use Community Options to find or arrange health or social services (27%), and only slightly more likely to use the program to go on sight-seeing tours or volunteer their time (31% each) (Table 2).

Respondents expressed a very high level of satisfaction with the quality of information on services or activities provided by Community Options across all four assessed indicators: prompt, clear, accurate, and helpful. Eighty to 90% of respondents in the apartment buildings served by the program evaluated each quality indicator "excellent" or "good," with five times as many rating it "excellent" as rating it "good". No one rated the information provided by Community Options "poor," and only three respondents rated it "fair."

When respondents were asked what they liked best about Community Options, four primary themes emerged: (1) interaction with neighbors or making friends, (2) activities or services, (3) Resource Coordinators, and (4) choice or variety of the program's activities or services. More specifically, over one-third of respondents to this question liked best their interaction with neighbors or making friends (e.g., "Have made a lot of connections with other people in my building," and "That it gives the residents a chance to fellowship with one another."). This was double the number who listed each of the remaining three primary themes. Approximately one-sixth of respondents to this question praised the Resource Coordinators (e.g., "She just is a *super thoughtful cheerful* person," and "She makes the program special"), and as many acknowledged the activities and services offered by the program (e.g., "The activities and luncheons, " and "There are wonderful resources for older people."). One-seventh of respondents to this question emphasized the variety of options offered and available choice in programming (e.g., "All the different options," and "Choice of activities").

TABLE 2 Program Utilization (N = 191)

Program offering	N	%
Finding or arranging health or social services	52	27
Taking part in recreational or educational activities	105	55
Attending monthly luncheons	116	61
Going on sightseeing tours	60	31
Volunteering time	59	31
Reading the newsletter	117	61
Other	15	8
Not answered	13	7

Perceived Program Impact

A series of questions attempted to ascertain the perceived impact of Community Options on the lives of its participants, with particular emphasis placed on evaluating dimensions given importance by Community Options governance in designing the program (Table 3). Among the seven dimensions explored, Community Options was seen as most successful in giving participants confidence in their ability to continue living in the apartments where they currently reside (82%) and in having more contacts with neighbors (80%). It was perceived as least successful in having participants take a more active role in the community (43%). Among the remaining areas of inquiry, at least 6 in 10 respondents saw Community Options as having a positive personal effect in better accessing help when needed (71%), helping neighbors in some way (65%), feeling better about self (60%), and feeling more in control of life (60%).

"Aging in Place"

As reported above, more than four of five respondents felt that Community Options gave them greater confidence to continue living in their current residence. Among the five apartment buildings, the response rate for this variable ranged from 77% to 90%. Notably, respondents in those buildings having residents with the longest tenancy also credited Community Options the most for being able to "age in place." The importance of the program in this regard also can be gleaned from many of the "Final thoughts" that respondents expressed about Community Options, including:

- "You have the feeling if you need help in an emergency, there is someone who can give some assistance."
- "As we get older, it gives us a more secure feeling that we know where to find resources we might need."

TABLE 3 Perceived Program Impact (N = 191)

	Yes		No		Other responses	
As a result of community options, do you:	N	%	N	%	N	%
Have better access to help when you need it?	136	71	4	2	51	27
Feel better about yourself?	115	60	10	5	66	34
Feel more in control of your life?	114	60	13	7	64	33
Have more contacts with neighbors?	152	80	5	3	34	18
Help your neighbors in some way?	125	65	14	7	52	27
Take a more active role in the community?	82	43	30	16	79	41
Have the ability to continue living in the apartment where you currently reside?	156	82	4	2	31	16

- "The availability of the Coordinator for information and referral makes me feel secure, since I live alone and do not like to depend on my children for assistance."
- "Being a widow and my children live out of town, I know when a problem arises, the program is definitely there to help me."

Service Access

A particular focus of Community Options emphasizes facilitating access to services for participants. Community Options strives to provide participants with information about available health and social services to address needs. Two survey questions attempted to evaluate participant perception of the program's ability to accomplish this purpose.

Since becoming participants of Community Options, 85% of respondents have had no "trouble getting information about available health or social services." Only 4% had trouble getting such information. The remainder answered "don't know" or failed to respond to the question. Added commentary suggested that some participants have not sought information about services. Similarly, 88% of respondents indicated that they currently do not feel that they need help but cannot find it. Only 2% replied that they need help but cannot find it.

Activities

Community Options attempts to offer a variety of educational and recreational activities to keep participants stimulated and engaged. Two survey questions assessed participant perception of the program's role in enabling them to be active.

Survey respondents typically either "usually have no trouble finding things to do" (51%) or their "time is always filled with things to do" (34%). Few respondents "sometimes feel bored" (10%), and none "always feel bored." A majority of respondents indicated that since becoming a participant of Community Options, the amount of time spent in social activities had increased (51%). Forty percent replied that their social activities "remained the same," and only 2% said that they "decreased," the latter often due to health problems.

Social Connection

Another purpose of Community Options is to increase contact between apartment building residents in order to promote mutual concern and assistance among neighbors as well as foster a sense of community where program participants reside. Four survey questions attempted to assess program

participant interaction with apartment building neighbors. The first question asked respondents to rate the amount of contact that they have with neighbors. The results suggested that most respondents talk to their neighbors "often" (57%) or sometimes (34%). In addition, since becoming a participant of Community Options, most respondents perceived that their contact with neighbors had "increased" (53%). Forty percent stated that it "remained the same." Only one respondent found that contact had decreased, and this was due to health reasons.

Eighty-four percent of respondents answered "yes" to the question: "Are there enough friendly neighbors in your building?" Only 4% answered "no;" the remainder either did not know or failed to answer the question. Also, most respondents "sometimes" do favors for their neighbors (53%). Fewer do them "often" (29%), and fewer still do them "seldom" (10%) or never (2%). The kind of favors identified by respondents included driving a neighbor to appointments and reading the mail to someone with visual impairment.

Empowerment

A final intent of Community Options is to help participants feel empowered. Three of five survey respondents indicated that the program enabled them to feel better about themselves and more in control of their lives. Only 5% and 7%, respectively, disagreed. The remaining respondents either did not know or failed to answer these two questions.

Survey respondents typically credited the Resource Coordinator with empowering them. Seventy-two percent "always" and 16% "sometimes" felt in charge of making decisions about which services to use or activities to attend in contacts with the Resource Coordinators. Some respondents were more explicit in describing how the Resource Coordinators facilitated this program purpose:

- "[She] treats older people with respect and concern."
- "[She makes activities] available for our choices."
- "I can pick and choose my activities."

DISCUSSION

This study was undertaken to evaluate Community Options as a NORC program. It focuses on consumer perception of the program's impact on their lives. It limited investigation to those areas reflected in the Community Options' goals, as articulated by the program's Board of Directors. Program goals were evident in the study's five hypotheses. Survey results were consistent with each hypothesis, suggesting that Community Options

participants who completed the survey believe the program helps them "age in place," access services when needed, be active, remain socially connected, and feel empowered. However, it must be emphasized that this study represents a preliminary program evaluation (as the title so indicates). More methodologically sound research needs to be conducted that should include analysis of differences between survey respondents and non-respondents, and a matched control group of similar residents who did not partake of program services. Additional research will need to use multivariate analyses to examine cause-effect relationships between "aging in place," service access, social connectedness, activity levels, and feeling of empowerment.

The return rate (31%) for the survey was somewhat low for adequate analysis and reporting. A rate of 50% or better is usually preferred (Rubin & Babbie, 2001), but only one apartment building achieved this level. There are many possible reasons for low survey response rates, including reluctance to express an opinion or lack of sufficient interest to offer an opinion. However, it may be that the time lapse between questionnaire distribution and deposit was too long (1 month) without reminder to generate a high response rate in this study.

Survey respondents tended to be women in advanced old age who live alone. They enjoy good health and are generally satisfied with life. Although they have resided in their current apartment buildings for many years, only in the past few years have they participated in Community Options, typically reading its newsletter, attending monthly luncheons, and engaging in recreational and educational activities.

In general, respondents use Community Options more for its activities than for its resource referrals. This is understandable given the good health and well being of most program consumers. It also is consistent with other studies which suggest that relatively few older adults use formal services (Krout, 1983; Davey et al., 2005). Indeed, despite the potential benefits of health and social services, research suggests low utilization rates among older people relative to their needs, even for the best known and accepted services, like home delivered meals and telephone reassurance (Black & Mindell, 1996; Hydux & Moxley, 1997). Collectively these studies indicate that health and social services tend not to be used under a number of circumstances, including when the older person's health or functional status do not necessitate use; family or friends provide assistance; and the older person shares residence with another individual, such as a spouse (Goins & Hobbs, 2001). All of these circumstances characterize many Community Options survey respondents.

What respondents state that they appreciate most about Community Options is the opportunity it provides to interact socially. Again, this is understandable given the typical marital status and living arrangements of consumers as well as the fact that, at an average age of 82, some no longer drive and some no longer have family or friends outside of the building due to death,

relocation, or other circumstances. Indeed, Community Options consumers with nearby family and friends seem to participate less in the program.

Overall, respondents saw Community Options as positively impacting their lives. More specifically, when asked, at least two-thirds of program consumers indicated that Community Options enabled them to "age in place," link with neighbors, help neighbors in some way, and better access help when needed. Almost as many also saw the program as enabling them to feel better about themselves and to have more control over their lives. These perceptions were reinforced by responses to additional questions about service needs, activities, and neighbors. In these sections, respondents tended to be even more emphatic that since participating in Community Options, they have had no trouble getting information about needed services. Furthermore, the great majority felt that if they need help, they can find it. With respect to interaction with neighbors, over half of the survey respondents indicated that contact had increased since participating in Community Options. Although it is unknown if the program directly affected this, over 80% of respondents also noted that they "often" or "sometimes" do favors for their neighbors. In this regard, it should be noted that there is a rich literature base across multiple domains of inquiry that links perceived positive outcome with objective outcome. For example, multiple studies support a link between perceived and objective health outcome (Calfee, Katz, Yelin, Iribarren, & Eisner, 2006; Gonzalez & Rosenheck, 2002; Laubmeier & Zakowski, 2004; Woloshin et al., 1997;). Applied to the present study, the literature suggests respondents' perception that Community Options impacted their lives in ways ranging from enabling them to "age in place" to having more personal control may be positively linked with the actual occurrence of these phenomena. However, this conclusion must remain tentative until more methodologically sound research is undertaken.

The survey provides subjective indicators of program goal achievements as opposed to observable indicators. For example, it assesses respondent perception that Community Options gives them more contacts with neighbors rather than actually giving a count of interactions between neighbors at various points in time. Although they may be personally meaningful, perceptions can be inaccurate, incomplete, or biased. Multiple measures of the indicators of program accomplishments—both subjective and observable—are preferred. They offer greater validity for assessed achievement than the use of any one measure alone. As an area for future research, Community Options and other NORC programs should institute routine methods for capturing and recording both subjective and observable measures of key program performance variables over time.

The study results should be viewed as tentative in their policy and practice implications for housing-related services. NORC programs like Community Options represent relatively low cost interventions that seem to promote participant perception of improved quality of life. Their usefulness

rests on an ability to deter unnecessary resident relocation and to improve resident sense of social engagement and well-being. Government funding of NORC programs has been minimal to date. However, more public grants for start-up funding would do much to spread the concept to new locales, and operations support would benefit existing programs by supplementing currently limited private resources. In addition, NORC programs like Community Options suggest the benefit of employing an empowerment approach in practice with older adults, especially one that emphasizes the value of social networks as a context for promoting health and self-efficacy. Empowerment strategies, such as those used by the Resource Coordinators, may enable older adults to grow by helping them meet their own needs, solve their own problems, and organize resources necessary for taking control of their lives (Garner, 1999; McCandless & Conner, 1999). Kam (1996) and Kelchner (2001) argue that such strategies empower individuals by giving them opportunity for choice and social support. However, adds Kapp (1989), choice and support are empty concepts without adequate information for decision-making. Again, Resource Coordinators appear to be key, both in their knowledge of community services and their availability on site to provide information and referral when needed.

Recognizing the limitations of this exploratory research, study results may be generalizable to other NORC programs located in urban areas with comparable goals and methods of achieving them. They seem particularly applicable to those programs employing empowerment methods of interventions, such as many under Jewish service auspices. Comparing Community Options and other NORC programs with better studied programs and services for older adults is more difficult. NORC programs, like Community Options, offer a unique approach to service development and point of service delivery. Unlike health or social service agencies, they typically provide assistance without professional assessment and care planning. Unlike housing complexes with employed service coordinators, service and activity development is consumer-driven, based upon individual self-determined need and preference. Finally, unlike senior centers, consumers receive service and activity access where they reside. Because comparable programming for older adults is lacking, it is impossible to relate the consumer survey results in this study with those from studies in health care, social services housing, or senior center settings. However, as more programs like Community Options are established and evaluated which target older adults in NORCs, comparisons will be important as will the determination of benchmark standards for consumer outcomes.

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