

*Aging In Place in
Rural New York:
A Pilot Proposal for
Warren & Washington Counties*



A model designed to promote "aging in place"
in the towns of Johnsbury and Granville.

Supported by a New York State Office for the Aging Grant

ACKNOWLEDGEMENTS

Aging in Place in Rural New York is a project of The Upper Hudson Primary Care Consortium together with the Adirondack Rural Health Network, local offices for the aging, senior advocates, volunteers and staff who work with caregivers, health providers, older community members and many others working in the community.

The information in this report is part of a grant project from the New York State Office for the Aging to determine and design a rural model of Naturally Occurring Retirement Communities (NORC). NORCs are designed to help community residents age in place while promoting independence. The success of a NORC program relies upon the commitment of community members working with service providers to plan and promote livable communities for older adults by building communities of greater cooperation and inter-dependence.

The planning process has been designed to empower all community stakeholders (professionals, consumers, caregivers and advocates) by using a strategic and participatory approach. The planning process assessed the scope and need for services and identified existing assets and resources that support the health and security of older adults aging in place. The process has been organized around a Taskforce and Steering Committee. The Steering Committee serves as the vehicle for soliciting broad community input into the planning process and has been recruited from a wide range of key community constituents including service providers, government leaders, consumers, funders, etc. The Taskforce, comprised of individuals with experience and expertise in the development and implementation of services for older adults, provided technical assistance and guidance to the Steering Committee.

This report is made possible through the dedication and collaboration among organizational leaders and older adults who represent the population living in the counties of Warren and Washington. In acknowledgement of their commitment to their community and their diligent efforts for providing oversight and guidance, the following individuals and organizations comprise the Steering Committee and Taskforce:

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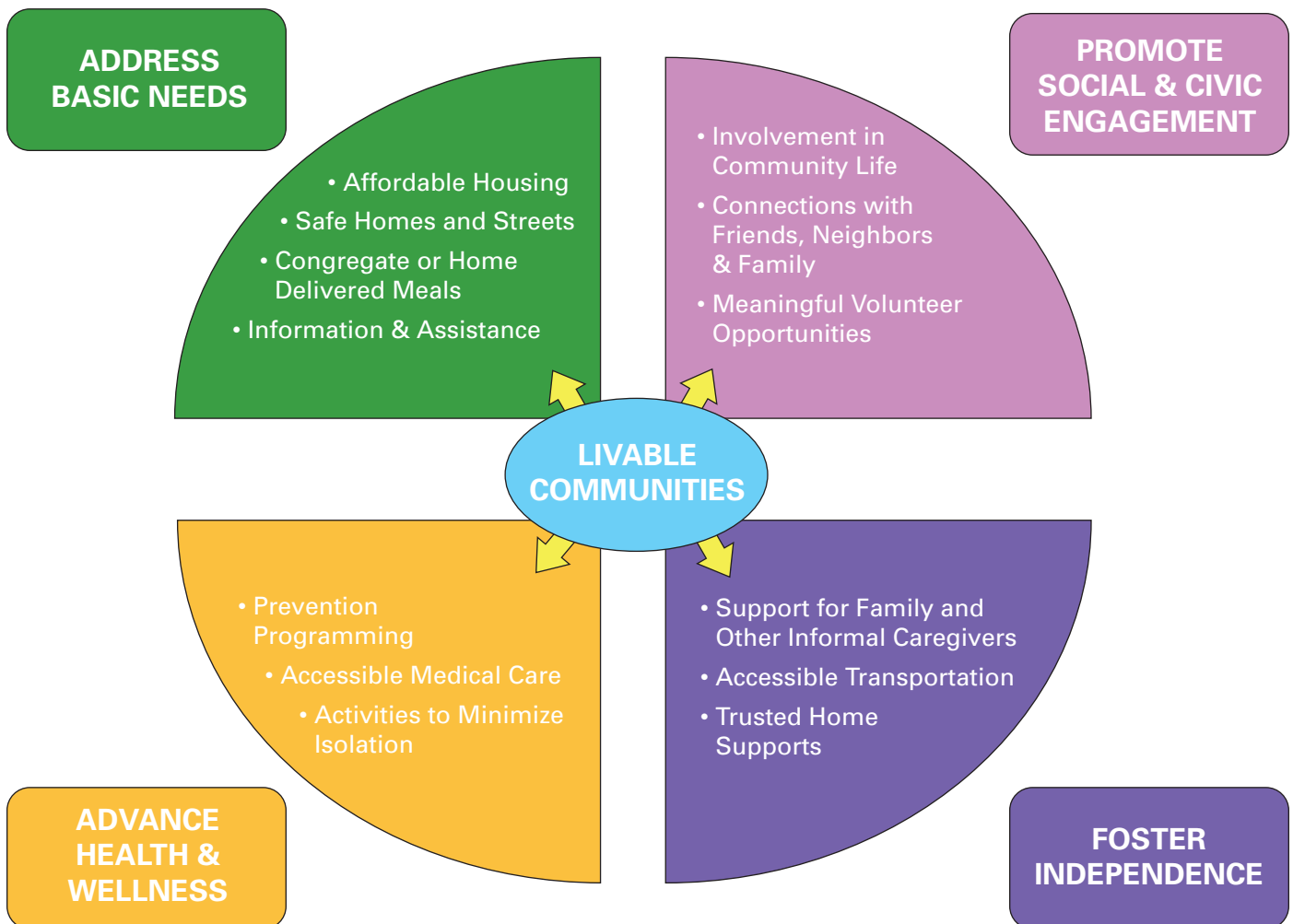
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** Indicates Co-Chair of Steering Committee*

INTRODUCTION

Communities across the United States are aging. By the year 2030, one out of five people in America will be over 65. Those 85 and older are the fastest-growing segment of the population. As they grow older, a large majority of Americans will remain in their homes and communities. With the aging of the baby boomer generation and the impending increase in the size of the senior population across the United States, those concerned about the well-being of older individuals have become increasingly focused on planning for aging-friendly, or livable communities for older adults. AARP defines livable communities as those that have *affordable and appropriate housing, supportive community features and services, and adequate mobility options which together facilitate personal independence and engagement of residents in civic and social life*. These livable community components are achieved through a set of services and community-based supports that address basic needs, advance health and wellness, promote social and civic engagement, and foster independence, as outlined in Diagram 1.

Diagram 1: Livable Communities



Increased attention is being directed toward the development of mechanisms that will afford support to older adults and their ability to “age in place,” as the vast majority prefer to remain in their own homes as they grow older and begin to need assistance with activities related to daily living. Over the past decade, Naturally Occurring Retirement Communities, or NORCs, have emerged as an option that facilitates aging in place by providing a customized set of services in communities with exceptionally high concentrations of older individuals. NORCs support livable communities by empowering older adults to take on new roles, fostering connections among community residents, and organizing clusters of services that maximize health and well being.

To-date in New York State, NORCs have been developed only in urban and suburban areas with sufficient concentrations of adults aged 60 and older (50% of the occupants in apartment complexes or 40% of the households in low rise residential neighborhoods) to meet state funding guidelines for NORC designation. In the fall of 2009, the Upper Hudson Primary Care Consortium was awarded a New York State Office for the Aging (NYSOFA) Community Empowerment grant to undertake a community planning project designed to create a rural NORC service delivery model to address the needs of older residents in Warren and Washington Counties in the Adirondack region of New York. The number of residents aged 60 and older in these two counties is estimated to increase by 30% by 2015. Providing services that support aging in place in this region is particularly challenging given the area geography, lack of public transportation, and relatively limited availability of publically supported services.

The following report summarizes the process that was used to guide the design of a rural NORC model for Warren and Washington Counties, including the key data collected throughout the project, the proposed service model, and recommendations for initial program start-up and sustainability.

OVERVIEW OF THE PLANNING PROCESS

In keeping with the community empowerment goal of the NYSOFA grant, the NORC planning initiative was guided by a 55 member Steering Committee recruited from a broad range of community stakeholders including consumers, service providers, local businesses, government representatives, the faith-based community, and potential funders. Thirty-five percent of the Steering Committee members were older residents of the area and potential consumers of NORC services themselves. The Steering Committee served as the vehicle for soliciting broad community input into the planning process, provided guidance and oversight throughout the project, and approved the proposed model for NORC service development. The Steering Committee was supported by a Community Empowerment Task Force comprised of seven individuals with experience and expertise in the development and implementation of services for older adults. The Task Force provided technical assistance to the Steering Committee, assisted in the design and implementation of data collection, and developed preliminary recommendations for Steering Committee review and approval.

Once the Steering Committee and Task Force were formed, planning proceeded through a four step process over the first six months of 2010. The four sequential planning components included:

- An initial orientation to the history and operation of NORCs in New York State provided by Miriam Adler, Executive Director of Jewish Family Services of Northeastern New York which sponsors a successful neighborhood NORC in the city of Albany;
- Review of key demographic and indicator data prepared by the Center for Health Workforce Studies, University of Albany, to identify the municipalities in Warren and Washington Counties best suited to serve as pilot sites for NORC development;
- Design and implementation of an in-person consumer survey with the assistance of Holmes & Associates conducted with individuals aged 60 and over in the targeted communities to identify the core service needs and key concerns to be addressed in service planning; and
- Use of the survey findings to develop a proposed model for NORC implementation in rural communities, including recommendations for program start-up and sustainability.

SELECTION OF NORC PILOT COMMUNITIES: REVIEW OF DEMOGRAPHIC DATA

In New York State, applicants for designation as Neighborhood NORCs are expected to meet four primary criteria. The targeted area should:

- Be a residential dwelling or group of residential dwellings in a geographically defined neighborhood;
- Contain not more than 2,000 people who are elderly (aged 60 and over) residing in at least 40 per cent of the units;
- Be made up of low-rise buildings six stories or less in height, single or multi-family homes, not originally built for elderly persons; and
- Not restrict admission strictly to the elderly population.

A review of the most recent census data indicates that there are no communities in either Warren or Washington County that have sufficient concentrations of older adults to meet the current NORC criteria. Census estimates indicate that 21% of the population in the two counties was aged 60 and older in 2008. The distribution of the older residents in the two counties is documented in Table 1 below.

Table 1: Distribution of Population Aged 60 and Older in Warren and Washington Counties

Warren County Municipalities	Number Aged 60 and Older	Percent Aged 60 and Older	Washington County Municipalities	Number Aged 60 and Older	Percent Aged 60 and Older
Bolton	626	28.7%	Argyle	779	21.1%
Chester	846	22.4%	Cambridge	456	20.6%
Glens Falls	2537	18.1%	Dresden	183	22.8%
Hague	400	37.0%	Easton	504	20.1%
Horicon	417	30.5%	Fort Ann	799	11.8%
Johnsburg	725	26.3%	Fort Edward	1344	22.2%
Lake George	836	23.0%	Granville	1497	22.2%
Lake Luzerne	723	21.8%	Greenwich	981	20.4%
Queensbury	6198	22.1%	Hampton	140	17.0%
Stony Creek	215	24.2%	Hartford	373	16.2%
Thurman	287	21.1%	Hebron	381	21.1%
Warrensburg	904	20.6%	Jackson	413	24.1%
			Kingsbury	2522	19.4%
			Putnam	183	23.9%
			Salem	600	22.7%
			White Creek	766	22.5%
			Whitehall	809	21.1%

Source: 2008 Claritas Estimates

Although these rural communities lack the population density that more easily facilitates the shared service delivery that is the core of the NORC approach, the Steering Committee believed that long term residents of rural communities often have a strong network of informal supports that could provide the foundation for a rural NORC service delivery model. Consequently, the Steering Committee developed a separate set of criteria to be used to select sites to serve as NORC pilot communities in Warren and Washington Counties. Their recommendations prioritized communities in which:

- The residents are already connected to some services and community supports that can serve as the base for development of a NORC;
- The majority of older residents in the area have sufficient economic resources to help sustain their independence in the community with NORC support without primary dependence on publically subsidized services;
- The geographic area or municipality has an existing sense of community that can be strengthened and enhanced through a NORC; and
- The area has a sufficient number of households with individuals aged 60 or older to substantiate the need for localized assistance.

The 2000 census data identified several additional demographic characteristics that were taken into account as part of the pilot site selection process:

- County residents aged 60 and older, as well as the majority of primary care physicians, are clustered around Glens Falls.
- The northernmost municipalities in each of the counties, including Johnsbury, Chester, Horicon, Hague, Thurman, and Warrensburg in Warren County and Putnam and Dresden in Washington County, are classified by the Health Resources & Services Administration as physician shortage areas.
- Women comprise the majority of both the population aged 45 and older as well as the population aged 60 and older.
- The majority of individuals aged 60 and older live in households with two or more people.
- Although a lower percent of older residents in the two counties live below the federal poverty level, they report lower median household incomes than other age cohorts.
- Twenty percent (20%) of households headed by individuals aged 60 or older live in rental units.

Based on their thorough review of the demographic data and their hands-on knowledge of the existing formal and informal supports already in place in each of the two counties, the Steering Committee recommended that one area in each county be further assessed for its potential to serve as a NORC pilot location, selecting:

- The northeast corner of Washington county including the Granville and Hampton municipalities, and
- The town of Johnsbury in the northernmost portion of Warren County.

ASSESSMENT OF LOCAL NEEDS: SURVEY RESULTS

An in-person consumer survey was utilized to assess the core service needs and key concerns of residents aged 60 and over in each of the two potential pilot NORC sites. Designed with the assistance of Holmes & Associates with input from the Steering Committee, the survey assessed both the individual concerns of the survey respondents as well as the extent to which respondents viewed their communities as “aging friendly.” Although project grant resources were not sufficient to support generating a fully random sample of the older population in each community, an intensive effort was devoted to completing surveys with as broad a range of older respondents as possible in a variety of settings including senior centers, senior housing, home delivered meals, and community venues where seniors commonly gather (e.g. local restaurants, post offices, etc.) The survey was also made available on the internet, by phone, and by mail for those who were not available to be interviewed face-to-face.

A total of 249 surveys were completed, 113 in Granville and Hampton and 136 from Johnsbury. As illustrated in Table 2, the respondent profile indicates that surveys were conducted with a broad cross-section of residents within both communities.

Table 2: Demographic Profile of Survey Respondents

Respondent Characteristic	Granville/Hampton (n=113)	Johnsbury (n=136)	Total (n=249)
Age:			
• 60—69	28%	36%	33%
• 70—79	41%	39%	40%
• 80—89	25%	21%	23%
• 90+	6%	4%	4%
Gender:			
• Male	24%	46%	36%
• Female	76%	54%	64%
Home:			
• Own	62%	92%	79%
• Rent	34%	5%	18%
• Other	4%	3%	3%
Living Arrangement:			
• Alone	61%	39%	49%
• With spouse/other	39%	61%	51%
Average Number of Years Living in Community	39	35	37

The demographic profile of survey respondents points out some distinct differences between the two communities:

- A higher percentage of the respondents from Granville and Hampton were older, female, living alone, and renters.
- A higher percentage of Johnsbury respondents were married and living with their spouse in their own single family homes.

These differences are most likely due to the fact there is a senior apartment complex located in Granville but not in Johnsbury. It should also be noted that among the survey respondents, two-thirds of the men were living with spouses while slightly more than half of the women were living alone.

Potential service needs were assessed through a question about the types of challenges that respondents were experiencing as they continued to live independently in their own homes. At least 50% of the respondents indicated that they were either very or somewhat challenged by four primary concerns, including:

- Finding reliable help for home maintenance or repairs,
- Ability to afford heating fuel,
- Ability to afford taxes and home upkeep, and
- Their health or the health of their spouse.

The full range of challenges reported by the respondents is documented in Table 3.

Table 3: Respondent Concerns About Ability to Remain in Own Home

Potential Challenge to Remaining in Own Home	Granville/Hampton (n=113)	Johnsburg (n=136)	Total (n=249)
Finding Reliable Help for Home Maintenance/Repairs: <ul style="list-style-type: none"> • Very or somewhat challenging • Not challenging 	40% 60%	58% 42%	50% 50%
Finding Assistance with Cleaning and Inside Chores: <ul style="list-style-type: none"> • Very or somewhat challenging • Not challenging 	28% 72%	42% 58%	36% 64%
Needing to Weatherize Home From Wind and Cold: <ul style="list-style-type: none"> • Very or somewhat challenging • Not challenging 	22% 78%	42% 58%	34% 66%
Ability to Afford Heat Fuel: <ul style="list-style-type: none"> • Very or somewhat challenging • Not challenging 	39% 61%	57% 43%	50% 50%
Ability to Afford Taxes and Home Upkeep: <ul style="list-style-type: none"> • Very or somewhat challenging • Not challenging 	39% 61%	61% 39%	52% 48%
The Health of Self or Spouse: <ul style="list-style-type: none"> • Very or somewhat challenging • Not challenging 	48% 52%	61% 39%	56% 44%
Lack of Transportation to Stores, Doctors, Pharmacies: <ul style="list-style-type: none"> • Very or somewhat challenging • Not challenging 	28% 72%	35% 65%	32% 68%
Having as Much Social Interaction as Desired: <ul style="list-style-type: none"> • Very or somewhat challenging • Not challenging 	33% 67%	32% 68%	33% 67%
Too Many Stairs or Other Safety Considerations: <ul style="list-style-type: none"> • Very or somewhat challenging • Not challenging 	22% 78%	37% 63%	30% 70%
General Lack of Services Near Your Home: <ul style="list-style-type: none"> • Very or somewhat challenging • Not challenging 	32% 68%	51% 49%	41% 59%

Nearly half of the respondents reported feeling challenged by issues related to maintaining their independence at home expressed concern that these issues may result in their having to move out of their current homes in the next few years. Given that more than one third rated their own health as “fair” or “poor,” these concerns do not appear to be unfounded.

As illustrated in Table 3, there is considerable variation in the level of concern expressed by residents in each of the two surveyed communities. Johnsbury residents were more likely than Granville and Hampton residents to report feeling challenged by all but one of the potential issues of concern. The most significant differences were related specifically to their ability to maintain their homes (e.g. repairs, chore assistance, taxes, cost of upkeep, etc.)

Respondent perceptions about the extent to which their communities are aging friendly were assessed through a question asking them to rate their level of concern about certain aspects of community life. At least 50% of the respondents reported that four issues were either a major or minor concern in their community, including:

- Limited availability of services specifically for seniors,
- Limited public transportation,
- Limited cell phone reception/availability, and
- Difficulty walking places due to poor condition or lack of sidewalks/road shoulders.

The range of concerns about respondents’ respective communities is documented in Table 4. As the data illustrates, Johnsbury residents were more likely to report concerns about issues related to their geographic location and the associated difficulty in accessing basic services such as health care, pharmacies, banks, groceries, and cell phone coverage. Granville and Hampton residents, on the other hand, expressed greater concern about the difficulty walking to places in their communities, an issue which appears to be at least in part related to current barriers to walking from the senior apartments in Granville to the nearest grocery store.

Table 4: Respondent Concerns About Their Neighborhood or Community

Community Concern	Granville/Hampton (n=113)	Johnsbury (n=136)	Total (n=249)
Availability of Services for Seniors: • Major or minor concern • Not a concern	61% 39%	63% 37%	62% 38%
Local Health Care is Non-existent or Insufficient for Needs: • Major or minor concern • Not a concern	25% 75%	39% 61%	33% 67%
Pharmacies, Banks, or Other Services Are Too Far Away: • Major or minor concern • Not a concern	26% 74%	37% 63%	32% 68%
Availability of Cultural Activities, Entertainment, Etc.: • Major or minor concern • Not a concern	39% 61%	37% 63%	38% 62%

Table 4 Continued

Community Concern	Granville/Hampton (n=113)	Johnsburg (n=136)	Total (n=249)
Public Transportation is Too Limited or Unavailable: <ul style="list-style-type: none"> • Major or minor concern • Not a concern 	60% 40%	67% 33%	64% 36%
Availability of Affordable Housing: <ul style="list-style-type: none"> • Major or minor concern • Not a concern 	48% 52%	47% 53%	48% 52%
Cell Phone Service Reception or Availability: <ul style="list-style-type: none"> • Major or minor concern • Not a concern 	36% 64%	78% 22%	60% 40%
Difficulty Walking Places Because of Sidewalks or Road Shoulders That Need Repair or Are Not Available: <ul style="list-style-type: none"> • Major or minor concern • Not a concern 	74% 26%	59% 41%	66% 34%
Availability of Internet Service: <ul style="list-style-type: none"> • Major or minor concern • Not a concern 	23% 77%	26% 74%	25% 75%
Availability of Grocery Stores with Fresh Fruits and Vegetables: <ul style="list-style-type: none"> • Major or minor concern • Not a concern 	39% 61%	47% 53%	44% 56%

Affirming the Steering Committee expectations, respondents reported that they have well developed networks of informal supports that they can rely on when they need assistance. Seventy percent reported that they have relatives nearby and almost half indicated that they are in frequent contact with relatives who live outside their homes. An even higher percent (84%) indicated that they have friends nearby who can be of assistance and 37% reported that they are in frequent contact with their friends.

Regardless of their strong community supports, survey respondents expressed a strong desire to maintain their independence. Ninety percent reported that the ability to remain in their community as long as possible is important to them. The majority also noted that they would move to an apartment with services for seniors or “make do the best they can” if they were no longer able to care for themselves at home.

PROPOSED NORC SERVICE MODEL

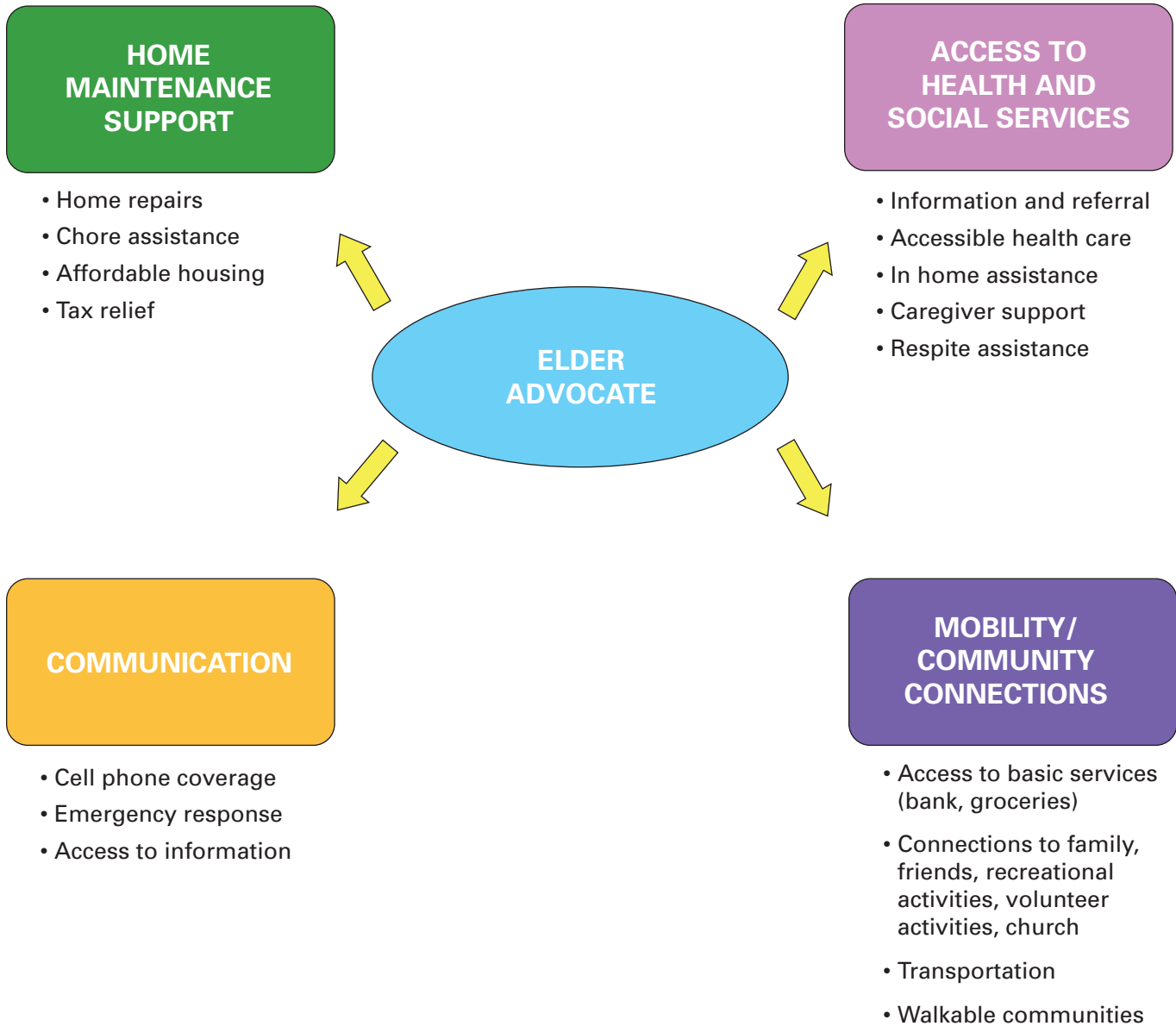
A key strength of NORC programs is that they are built from the ground up, in response to identified needs in the community. The Steering Committee recognized that the NORC concept is perfectly suited for implementation in rural communities which have a long history of community members relying on each other as a source of support and developing localized responses to issues of concern as they arise. Upon reviewing the survey data, the Steering Committee approved the Task Force proposal for a rural NORC service template guided by the longstanding rural value that “We rely on each other to care for our own.” The service model is comprised of the following three components:

1. The rural NORC template utilizes a common service delivery core that can be customized to address the unique needs of individual communities.
2. Rural NORC service development will be customer driven, facilitated by a centralized advocate who will build on existing formal and informal support networks to develop creative responses to unique local needs.
3. The services will be organized around four areas identified as common concerns across communities by the survey data: ability to maintain one’s home, access to health and social services, mobility to maintain community connections, and communication.

As described in Diagram 2, the centralized Elder Advocate is the common core around which rural NORC services are developed and, as such, is critical to the success of the model. The Elder Advocate will use hands-on knowledge of the local community to advocate, coordinate, and collaborate across systems to address unique local needs in the four core service areas by:

- Facilitating connections to available services in conjunction with county Office for the Aging NY Connects single point of access initiatives;
- Identifying and linking informal supports within the community;
- Identifying and developing customized responses to local needs; and
- Advocating for aging friendly services within the community.

Diagram 2: Rural NORC Service Template



PROJECT IMPLEMENTATION, MONITORING, AND EVALUATION

The Steering Committee recommended that efforts to develop the proposed NORC model be initiated immediately, guided by the following four-point framework:

1. The Tri-County United Way will serve as the lead agency for NORC implementation in Warren and Washington Counties, spearheading efforts to secure initial support and possible funding and a “home” for NORC staff.
2. Initial start-up efforts will target the pilot communities recommended by the Steering Committee: Johnsbury in Warren County and Granville and Hampton in Washington County.
3. Grant funding and in-kind support will be pursued to support project start-up and initial implementation.
4. The assistance of government leaders in the target communities will be sought both to help promote the NORC concept and support start-up efforts.

The specific action steps necessary to move the project to fruition are outlined in Table 5 below.

Table 5: Action Plan for Rural NORC Implementation

Goal: Establish pilot rural NORC projects in Warren and Washington Counties utilizing the service template designed through the community empowerment planning initiative.		
Strategy #1: Seek both financial and in-kind support for project implementation in pilot communities.		
Action Steps	Timeline	Lead Partner(s)
<ul style="list-style-type: none"> • Identify and pursue grant opportunities. 	<ul style="list-style-type: none"> • Ongoing based on funding opportunities. 	<ul style="list-style-type: none"> • Tri County United Way, Washington County Office for the Aging, Warren County Office for Aging, Adirondack Rural Health Network
<ul style="list-style-type: none"> • Reach out to municipal leadership of target communities to engage them in supporting NORC development. 	<ul style="list-style-type: none"> • September – December 2010 	<ul style="list-style-type: none"> • Tri County United Way
<ul style="list-style-type: none"> • Solicit in-kind resources from Steering Committee members as well as other community resources. 	<ul style="list-style-type: none"> • As appropriate 	<ul style="list-style-type: none"> • Tri County United Way

Table 5 Continued

Strategy #2: Generate local community interest and support.		
Action Steps	Timeline	Lead Partner(s)
<ul style="list-style-type: none"> • Sponsor town meetings to present Community Empowerment project findings and the proposal for NORC service model. 	<ul style="list-style-type: none"> • Based on municipal leadership recommendations 	<ul style="list-style-type: none"> • Tri County United Way and municipal leadership
<ul style="list-style-type: none"> • Maintain regular communication with community partners 	<ul style="list-style-type: none"> • Ongoing as appropriate 	<ul style="list-style-type: none"> • Adirondack Rural Health Network, Tri County United Way and municipal leadership.
Strategy #3: Build project infrastructure.		
Action Steps	Timeline	Lead Partner(s)
<ul style="list-style-type: none"> • Secure office space, hire and train staff and recruit volunteers as appropriate. 	<ul style="list-style-type: none"> • Based on funding availability 	<ul style="list-style-type: none"> • Tri County United Way
<ul style="list-style-type: none"> • Conduct outreach to engage potential NORC consumers. 	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • NORC Elder Advocate
<ul style="list-style-type: none"> • Develop and/or arrange for services to respond to identified community needs. 	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • NORC Elder Advocate

Progress toward project implementation will be monitored through ongoing documentation of the:

- Number of grant applications submitted for project funding,
- Amount of grant revenue generated and the sources of committed funds,
- Level and type of in-kind support generated,
- Number attending informational town meetings, and the
- Number expressing interest in accessing NORC assistance once it is available.

Ultimately, the final project evaluation will rest on the communities’ ability to successfully initiate the rural NORC model at the local level in the pilot municipalities. Once established, the rural NORCs will document their activities and outcomes in accordance with funder requirements. As the pilot projects establish performance track records, it is anticipated that other rural municipalities both in Warren and Washington Counties as well as other rural communities throughout New York State will use the model to implement NORCs of their own.

Throughout the rural NORC development process, activities and progress will be communicated through email updates to the Community Empowerment Steering Committee and Taskforce, as well as to the community-at-large. In regard for the environment, we have opted not to print the survey results.

Please visit our website www.arhn.org to view the complete report and survey data.

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