

Research Article

Support from Neighbors and Aging in Place: Can NORC Programs Make a Difference?

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Abstract

Purpose of the Study: There is growing enthusiasm for community-level efforts to strengthen supportive relationships among neighbors to enhance aging in place. However, there is little research on how older adults perceive support from neighbors in terms of helping them to remain in their own homes and communities safely and comfortably, particularly in the face of later life challenges. There also is little systematic study of ways in which community initiatives might influence these relationships.

Design and Methods: Qualitative interviews were conducted with 41 older adults from seven Naturally Occurring Retirement Community Supportive Service Program (NORC program) catchment areas in the greater New York City area. A grounded theory approach was used to identify themes and develop an empirically grounded account of NORC programs, support among neighbors, and aging in place.

Results: Participants identified several ways in which NORC programs influenced support among neighbors, such as by serving as a conduit for information sharing and helping older adults to broaden their private networks of social relationships. Overall, however, participants more consistently described limitations of the NORC programs' influence on support within these relationships. Participants also described how other sources of support were necessary in addition to support from neighbors to help people overcome major challenges to aging in place.

Implications: Results suggest the importance of neighbors-helping-neighbors approaches to promote aging in place as a complement, rather than substitute, to other efforts, such as those that focus on enhancing access to formal providers and strengthening care within families.

Keywords: Social capital, Social support, Home and community-based care and services, Theory, Social Services, Qualitative research methods

Research consistently indicates that Americans, on the whole, prefer to stay in their own homes and communities throughout later life. A national survey conducted by AARP found that 73% of adults strongly agreed with the statement, "What I'd really like to do is remain in my current residence for as long as possible" (Keenan, 2010, p. 2). The survey also found that being near friends and family was the most commonly cited aspect of community that was important to respondents for aging in place.

A growing theme within discourse on strengthening systems to promote aging in place addresses the role of informal supports. Informal supports refer to sources of assistance outside of formal service organizations and within one's own private network of social relationships (Lipman & Longino, 1982). Although there has been much attention to family members, who provide the bulk of assistance to adults at risk for unwanted relocation (Szinovacz & Davey, 2008), there also has been both long-standing and renewed interest in other informal sources of support,

such as neighbors (Cantor, 1979; Vasunilashorn, Steinman, Liebeg, & Pynoos, 2012).

Despite enthusiasm for strengthening relationships among neighbors to promote aging in place, there has been very little research on how older adults view support within these relationships in terms of aging in place, as well as how formal organizations can potentially enhance these relationships to achieve desired outcomes. This study aimed to address these critical gaps by exploring neighbor relationships and aging in place in the context of one particular model: Naturally Occurring Retirement Community Supportive Service Programs (hereby referred to as “NORC programs”). Using data from in-depth interviews with a diverse sample of older adults from seven NORC program sites in the greater New York City (NYC) area, this study explored ways in which NORC programs potentially affect exchanges of support among neighbors in later life and how older adults view support from neighbors as influencing their aging in place.

Neighbors and Aging in Place

Long-time theorizing on neighbors suggests that this relationship is especially salient in later life because (a) older adults are less likely to leave their immediate residential communities for work and recreation, and (b) older adults are presumed to have less mobility within their neighborhoods, yielding more opportunities for them to interact with those whom live closest (Ward, La Growy, & Sherman, 1988). Quantitative research has found some support for the greater centrality of neighbor relationships among older adults in contrast to younger populations (Cornwell, Laumann, and Schumm, 2008; Suanet, van Tilburg, and van Groenou, 2013).

Classic research on neighbor relationships in later life largely emphasizes their functional value. Litwak and Szelenyi's (1969) theory of shared functions, for example, suggests that neighbors are best suited for tasks that require geographic proximity, an immediate response, and unskilled tangible tasks. Similarly, Wellman and Wortley (1990) posited that given normative obligations among kin, family is better positioned to provide “large services” (e.g., personal care and regular help with housework), whereas neighbors are more likely to provide assistance with “small services” (e.g., exchanging household items) (pp. 562–563). Cantor (1979) further posited that neighbors are third in line to family and friends to provide assistance. More recent qualitative studies have also highlighted the significance of helping among neighbors, indicating that neighbors are perceived as being especially important in case of an emergency (Lau, Machizawa, & Doi, 2012) and that support among neighbors is typically based on the values of interdependence and reciprocity (Gardner, 2011).

There are very few studies that have examined the individual consequences of relationships with neighbors.

Many of the quantitative studies in this area have focused on outcomes such as health and well-being (Greenfield & Reyes, 2014; Shaw, 2005), which likely contribute to aging in place, but do not encapsulate the phenomenon in its entirety. Moreover, prior qualitative research has focused on the meaning of neighbor relationships and nonkin caregiving more broadly without a specific focus on these relationships for the purpose of aging in place (Barker, 2002; Cheang, 2002; Gardner, 2011). Given that research on the potential effects of neighbors on aging in place is in its infancy, there is need for qualitative inquiry to develop theory on the potential processes through which neighbor relationships, particularly in the context of formal initiatives that seek to strengthen them, might contribute to aging in place.

NORC Programs and Support Among Neighbors

The first NORC program was founded in 1986 in a large, moderate income cooperative housing complex in NYC, and since then, advocates have secured funding to expand NORC programs throughout NYC and State (Vladeck, 2004), as well as across the United States (Bedney, Goldberg, & Josephson 2011). The NORC program model is based on the idea that many older adults reside in communities that were not planned as senior housing, yet over time contain a significant proportion of older adults relative to the number of younger residents. The model involves identifying such communities and developing partnerships among stakeholders within them—including older adults, service providers, building owners and managers, and local government officials—to meet local needs to support aging in place and to enhance older adults' quality of life (Vladeck, 2004). NORC programs are typically led by private, nonprofit organizations, with professional staff responsible for overseeing the day-to-day activities and services of the program (Greenfield, Scharlach, Lehning, Davitt, & Graham, 2013).

Although NORC programs were not developed as “neighbors helping neighbors” programs per se, the model does seek to strengthen various relationships within a community, including older adults' relationships with each other and with their broader community (Greenfield, 2014). A distinguishing characteristic of NORC programs is their focus on older adults as not just passive service recipients, but rather as active contributors to their own and others' well-being (Bookman, 2008). One way in which this practice philosophy is implemented in practice is by NORC programs creating opportunities for older adults to help each other. In general, NORC programs are designed to facilitate community activities whereby older residents can their strengthen relationships with each other, in part, to enhance “neighborliness and mutual help” (MacLaren, Landsberg, & Schwartz, 2007, p. 142).

To date, most research on how NORC programs influence older adults' relationships with neighbors has been based on single sites and is largely anecdotal. For example,

in a case study of a NORC program in the Northeast, Bookman (2008) described how one housing-based NORC program developed a “buddy system,” whereby every program participant was assigned to be responsible for someone else, providing assistance to each other with tasks such as transportation, laundry, cooking, and shopping (p. 428). Anetzberger (2010) reported findings from a survey of participants in a NORC program in Cleveland and found that 65% agreed that the program influenced their helping their neighbor in some way. Qualitative interviews with NORC program participants and providers in other locations have indicated the importance of community activities for strengthening informal networks of support among neighbors, especially for older adults at greatest risk for social isolation (Bronstein, Gellis, & Kenaley, 2011; Ivery, Akstein-Kahan, & Murphy, 2010).

Current Study

This study aims to build from this prior research to explore the following two research questions (RQ):

1. How do older adults perceive relationships with neighbors as influencing their aging in place?
2. In what ways do NORC programs influence supportive relationships among neighbors?

These RQs were broadly derived from bioecological systems theory. Bioecological systems theory posits that individuals develop in the context of nested levels of environmental contexts; developmental processes that occur in environmental settings that are more proximal to the individual (e.g., neighbors conversing with each other in a park) are presumed to be shaped by more distal contexts (e.g., municipal funds that make such a park available; Bronfenbrenner & Morris, 2006). Using this framework, NORC programs—as community-level initiatives—were conceptualized as a potential aspect of older adults’ meso-social environment in which microsocial relationships, including those with neighbors, are embedded and influenced. Furthermore, relationships with neighbors were considered as a microsocial setting that could influence individual outcomes, such as aging in place. In short, this study aimed to explore from older adults’ perspectives the nature of the interfaces among NORC programs and neighbor relationships—as aspects of older adults’ social ecology—as it concerns their aging in place.

Method

Sample

This study used data from a qualitative investigation of older adults’ experiences of community in NORC programs in the greater NYC area. Sampling occurred at two levels of analysis: sites and individuals. First, a total of seven sites were selected using maximum variation sampling, which aimed to capture differences across

participants (Padgett, 2008). Guided by previous research that apartment-based NORC programs operate differently than neighborhood-based programs (Bronstein & Kenaley, 2010), two of the selected sites constituted unified apartment complexes, two were in neighborhoods of predominantly single-family homes, and the remaining three were in areas with largely independently owned co-operative complexes across a wider geographic area. Based on prior research documenting differences in residents’ health and sense of community by socioeconomic status (e.g., Steptoe & Feldman, 2001) and race/ethnicity (e.g., Coffman & Belue, 2009), the study also purposively included sites that differed by income and racial/ethnic background of residents; two of the seven sites were designated as mixed-age, public housing.

The study also used maximum variation sampling to select individuals within each site, with a total of 41 individuals sampled for this study. The primary criterion for selecting older individuals was the ways and extent to which they utilized services and activities offered through the NORC program, as assessed by staff at each site. Guided by previous research that sociodemographic characteristics and health are associated with social relationships in later life (Cornwell, Schumm, & Laumann, 2008), this study also strategically included older adults who varied by their health status, gender, race/ethnicity, and age. Table 1 summarizes the sociodemographic characteristics of the participants.

Data Collection

Semi-structured interviews were conducted with an initial sample of 36 participants one-on-one in their homes or at a private location within a community center from

Table 1. Sociodemographic Characteristics of the Participants

	Percentage	<i>n</i> (41)
Female	69	29
Age ^a		
60–64	10	4
65–74	37	15
75–84	27	11
85+	27	11
High school or less	34	14
Lives alone	54	22
Race/ethnicity ^a		
Non-Hispanic White	51	21
Latina/o	17	7
Black	24	10
Asian	7	3
Residence of 20+ years	71	29

Note: All participants resided in catchment areas of Naturally Occurring Retirement Community Supportive Service Programs in New York City.

^aPercentages do not sum to 100 because of rounding error.

September of 2012 to February of 2013 (Time 1; T1). The study used an interview guide approach, which involved identifying topics to be covered in advance, but that allowed the interviewer to formulate, sequence, and make choices about which information to pursue in greater depth based on the individual being interviewed and the developing analysis (Patton, 2002). At a minimum, all participants at T1 were asked to describe their relationships with neighbors, ways in which they give or receive help, how their relationships with neighbors developed, their involvement with the NORC program, their residential plans for the future, and what they view as contributing to their ability to age in place.

Thirty-two of the 36 people who participated at T1 were re-interviewed from January through June of 2014 (Time 2; T2). (Reasons for nonparticipation at T2 included death, relocation to a skilled nursing facility, and a family emergency.) For the purposes of this analysis, T2 interviews were conducted as member checks. Member checks are used to enhance the rigor of qualitative studies to explore the extent to which respondents' views are congruent with that of the researcher's description and interpretations of the data (Padgett, 2008). At T2, participants were asked explicitly to comment on the developing analysis concerning NORC programs' influence on helping among neighbors. They also were presented with several case vignettes involving older adults facing particular challenges, including functional decline, financial problems, and widowhood (see [Supplementary Material](#)). Accordingly, after each vignette, participants were asked what they viewed as the role of neighbors in helping that person remain in their own homes and communities safely and comfortably. As reported within other studies using this technique (Schoenberg & Ravidal, 2000), the vignettes elicited narratives from participants regarding their own personal experiences of giving and receiving help that were not addressed through more general questions within the interviews. They also served to elicit greater depth in narratives around the meaning of neighbor relationships, particularly as they concern aging in place.

Moreover, intensive analysis of the data at T1 and presentations of preliminary findings to stakeholders suggested the need for the inclusion of a seventh site with a formal neighbors-helping-neighbors volunteer program at a more suburban location. Accordingly, five additional participants from a seventh site were interviewed at T2 only. They were asked questions similar to those asked at T1, as well as questions added at T2. Data from all study participants (i.e., the 32 that participated at both T1 and T2, the four that participated only at T1, and the five that participated only at T2) were included in the analysis, as all interviews yielded information relevant to this study's RQs.

Participants received a \$30 gift card as a token of appreciation for their participation at each interview. All interviews were audio-recorded and transcribed.

Text from the transcriptions was then entered into a software program for analysis (dedoose.com). The study received approval from the Rutgers University Institutional Review Board prior to data collection.

Data Analysis

This study used a progressive, multiphased coding process, in which each phase of coding moved the analysis toward a more abstract level of understanding (Charmaz, 2006). As part of the larger study, the research team first conducted a line-by-line coding of transcripts. This stage of coding focused on identifying text that was relevant to the study's broad focus on older adults' experiences of communities within NORC programs; the codes at this stage reflected provisional units of meaning that were closely grounded in the participants' own words. Although sensitizing concepts from the existing literature were employed, all data were considered to be of potential theoretical relevance. At this stage of analysis, a team of researchers read each interview to develop codes and to ensure that they were grounded firmly in the data. One-third of the transcripts were double-coded blind, whereby the coders could not view each other's work. An additional 42% were coded unblinded, whereby one analyst coded on top of another's work.

In the next stage, focused coding was conducted, which integrated across categories of meaning from the initial phase to develop a more focused set of codes relevant to the current study's focus on supportive relationships among neighbors. The transcripts were then reanalyzed using this more focused set of codes to (a) ensure that the codes represented themes most salient within the data, (b) identify text that was especially illustrative for characterizing the dimensions of each primary theme, and (c) examine the themes' patterns of emergence and nonemergence across interviews as part of the constant comparative method (Glaser & Strauss, 1967). Following this stage, theoretical coding was used to describe how the themes related to each other and to weave them together into an overarching, empirically based narrative.

Results

RQ1: Support from Neighbors and Aging in Place

When asked whether it was their intention to remain in their current residence in later life, participants overwhelmingly stated a strong preference to age in place. As one participant stated: "The only way out is to carry me out." When asked directly what would allow them to age in place, very few participants mentioned their neighbors specifically. In subsequent member checks, participants were directly asked to elaborate on the role of neighbors as a potential source of support in the face of later life challenges through the use of vignettes (refer to "Method" section and [Supplementary Materials](#)). Two inter-related themes consistently emerged from responses, all which suggest limitations around the

ways in which neighbors can promote aging in place: (a) neighbors as being well positioned to help with specific, but not all, types of tasks, and (b) ways in which help from professionals is preferable.

Regarding the first theme, many participants described how neighbors are well positioned to provide help with some types of tasks, but not all. For example, participants described how neighbors are readily available to check in on each other, refer each other to other sources of assistance, pick up items from the store for each other, give rides if physically able, and cook for each other. Overall, participants described how neighbors are not well suited to help each other with tasks that involve financial matters, require skilled labor (such as treating a health condition requiring a licensed professional), and demand large amounts of time over an extended period of time (such as helping a person ambulate within their own home). Limitations around providing these sources of assistance were viewed as especially salient for older neighbors, who were oftentimes viewed as having health and financial problems of their own that limited their ability to extend themselves to their neighbors in all possible ways. For example, one participant, who served as a formal volunteer through the NORC program, said, "You know, we are not professionals. We are not therapists. For example, we don't want to take a person out and have them falling and then (creating) a bigger problem."

Also, some particular types of help—such as giving advice, providing emotional comfort, and checking in on each other—were generally viewed as requiring a certain level of intimacy, trust, and "knowing each other" among neighbors to be effective. For example, several participants described their perceptions that older people, in particular, are slow to trust people whom they do not know, being hesitant, for example, to open the door to somebody whom they had not met before. Others described how offering advice or counsel around personal matters would require neighbors to be "not just neighbors," but also friends.

Because neighbors were viewed as not in a good position to help with all types of challenges jeopardizing aging in place, many participants explained the need for assistance from other sources, such as family members and service organizations. Participants described how these other providers of assistance—particularly from formal sources—were more knowledgeable and skilled at actually providing help that would be effective. These other sources of support also were viewed as avoiding norms around privacy that were perceived as a barrier to exchanges of support among neighbors. One participant, for example, stated that extending herself to help with a neighbor's problem might be perceived as "butting into somebody else's business," but that neighbors could appropriately express concern by linking each other with trusted professionals. Formal providers also were viewed as more available and reliable to provide support than

neighbors. Participants stated that younger neighbors, in particular, were limited in their ability to help, as they were viewed as being busy with their own work and family responsibilities.

RQ2: NORC Programs' Influence on Supportive Relationships among Neighbors

Two major categories of themes addressed ways in which older adults perceive NORC programs as influencing support with their neighbors, one concerning processes of influence and the other concerning limitations to this influence.

Processes through which NORC programs enhance support among neighbors

The most common way in which older adults described how NORC programs influence support with their neighbors was by serving as a conduit through which to share information. Participants described several ways in which NORC programs functioned in this way, such as by older adults referring each other to the NORC program for assistance, by older adults learning about other resources through the NORC program and sharing this information informally with their neighbors, and by older adults taking information that could be helpful to their neighbors and sharing it with NORC program staff for dissemination. For example, one woman in her early 90s described how her mobility limitations prevented her from being able to leave her house regularly; however, she was still able to provide help to her neighbors by arranging discounted tickets for local theater shows—a service, which she publicized through the NORC newsletter, with interested people calling her and putting their name on a list for the tickets.

Another way in which older adults described how NORC programs influenced support among neighbors was by facilitating social activities, which in a few select cases, led to older adults expanding their informal networks outside of NORC program activities. One participant, for example, described how a conversation group organized by the NORC program led her to develop several close friendships that involved exchanges of support. As she explained: "I made some very, very good friends at NORC. You figure when you're in your eighties, and you make new friends that become like sisters to you, I mean, it's remarkable... We will do anything for one another."

Several respondents also described how NORC program staff made arrangements between themselves and community members for the purpose of assistance around particular tasks. In most of these cases, this happened on a sporadic basis, outside of any formal volunteer program. For example, one woman in her early 90s described how the NORC program staff arranged for a neighbor to go grocery shopping for her after she was discharged from the hospital.

At one of the seven sites, there was a formal "volunteer corps" component, whose explicit purpose was to link community members with each other, oftentimes

for the purpose of meeting concrete needs, such as by providing transportation to medical appointments and assistance with grocery shopping. Through this program, older adults and other community members would sign up as volunteers with the NORC program, and a volunteer manager would link older adults requesting assistance with volunteers to provide that support. For example, one woman recently started using the volunteer corps for minor home repairs, such as changing a light bulb. She described how receiving the support through the formal volunteer program made her feel more comfortable accepting help from neighbors rather than through her own private networks, given her perceptions that neighbors are “busier than they’ve ever been” and her not wanting to burden them.

Limits to the ways in which NORC programs influence supportive exchanges among neighbors

Despite the previous themes regarding ways in which older adults perceive NORC programs as influencing their support with neighbors, more typically than not, participants described ways in which the NORC program had a limited impact on their supportive relationships with neighbors. Three predominant themes accounted for reasons as to why: (a) networks of support among neighbors predated program implementation, (b) older adults preferred help from NORC program staff over neighbors, and (c) support from neighbors was not seen as relevant to one’s needs.

Regarding the first theme, many participants explained how support to and from neighbors was embedded within their long-standing relationships. These networks of support were especially relevant to participants who knew their neighbors for a long time, perceived their neighbors as friendly and trustworthy, and regularly interacted with their neighbors informally in common areas—aspects of neighbor relationships that developed slowly over time and before the introduction of the NORC program. For example, one participant explained:

“Everything is a community here ...Everybody knows everybody else, whether there is their parents or their children. We all grew up sort of together. If you need help, you don’t have far to ask. (Neighbors) are always willing to help you.”

The second theme regarding limits to the ways in which NORC programs influenced supportive exchanges among neighbors addressed how participants viewed program staff as better positioned to help than neighbors, fitting with the findings presented for RQ1. Respondents commonly described ways in which NORC program staff members were more knowledgeable and reliable than neighbors. For example, one participant stated: “We don’t count on our neighbors because we know they have a life also, (although) we appreciate whatever they do. We don’t live our life saying our neighbors will help us, but NORC, we know will.” Participants described how NORC program

staff did not necessarily substitute for help from neighbors, but rather compensated for limits to the ways in which neighbors could help each other. For example, at the two sites involving subsidized housing, participants frequently mentioned that staff members were better able to help because many of their needs involved advocating around entitlement issues—a function that was viewed outside the scope of what neighbors can readily do for each other. At another site, a woman described how a younger neighbor was becoming increasingly less available to help her and how she was grateful to have the NORC program staff to link her to alternative resources.

The final theme regarding limits of NORC programs’ influence on support among neighbors concerned people’s personal willingness or need for help from neighbors specifically. Many participants described themselves as people who did not need, or who were not willing, to ask anybody for help—regardless of whether it was a neighbor, family, or formal provider. Others described how they had other sources of support besides neighbors and the NORC program more broadly, such as family members or a private network of friends. For example, one woman stated that she did not feel the need to receive help from neighbors through the NORC program or otherwise because “I do everything by myself, (and) if I need any help, my children help me. I call them, and that’s it.”

Discussion

This study explored older adults’ perceptions of support from neighbors in terms of its influence on their aging in place. It also addressed older adults’ views on how NORC programs—as a longstanding community model in aging—potentially influence supportive relationships among neighbors. [Figure 1](#) provides a visual summary of how the themes concerning these two questions connect with each other. This figure presents an empirically derived framework on contextually based processes through which NORC programs influence support among neighbors and how this support, in turn, can influence aging in place.

The figure suggests two categories of processes through which NORC programs influence support among neighbors. First, direct processes involve program staff directly linking one neighbor with another for the purposes of support, such as through formal neighbors-helping-neighbors programs. Second, indirect processes involve the NORC program facilitating larger group interactions that potentially lead to supportive exchanges. Examples of indirect processes include the NORC program serving as a conduit for sharing information among neighbors, as well as facilitating group activities that provide opportunities for neighbors to develop supportive relationships with each other outside of the initiative. In this study’s sample of seven sites, indirect processes—specifically in terms of sharing information among neighbors—were more common than direct processes of influence.

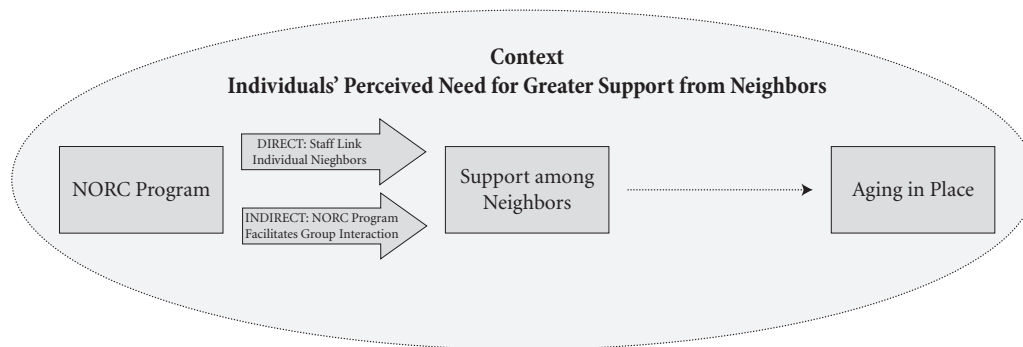


Figure 1. An empirically derived framework on processes through which NORC programs influence support among neighbors to potentially promote aging in place.

Perhaps more importantly, however, the empirically derived framework indicates that the extent to which these processes actually promote support among neighbors, and whether support from neighbors is perceived as influencing aging in place, is contingent on older adults' need for greater support from their neighbors in the first place. Predominant themes addressed reasons why older adults might not perceive having this need, including (a) the availability of other sources of assistance (such as their own selves, family members, and formal providers), and (b) their perceptions that they already have supportive relationships with neighbors.

The need-contingent processes through which NORC programs were viewed as influencing support among neighbors, and how this support influences aging in place, is in line with broader theorizing on person-environment transactions and aging in place. Classic theorizing within environmental gerontology suggests that a person's ability to age in place is a matter of "fit" between ever-changing individuals and ever-changing environments. When demands from environments overwhelm an individual's resources, or an individual loses their capacity to handle demands from their environments, the individual is less likely to age in place (Lawton, Weisman, Sloane, & Calkins, 1997). Building from this concept of environmental "press," Glass and Balfour (2003) introduced the concept of environmental "buoying" (p. 314), indicating ways in which environments can support aging in place, such as through the provision of social support. This study's findings indicate that supportive aspects of one's environment—similar to barriers—are not a singular cause for one's ability to age in place. Instead, these supports need to be considered alongside characteristics of the individual, including their perceived need for support within particular relationships, such as those with neighbors.

Furthermore, although prior studies have investigated correlates of various types of support among older adults (Cornwell, Schumm, & Laumann, 2008), and there is a large quantitative literature on the effects of giving and receiving social support on older adults' health and well-being (Uchino, 2004), there has been less research on the processes through which social support emerges within older

adults' relationships (Allen & Wiles, 2014). Results suggest that although supportive relationships with neighbors can be enhanced and can enhance aging in place, contingencies surrounding these processes suggest that investing in neighbors alone is likely insufficient for promoting aging in place en masse. Whereas participants in this study viewed neighbors as well positioned to assist with particular types of tasks—such as shopping, cooking, and transportation—they frequently referenced the need for other sources of support in the face of major threats to aging in place.

This finding has implications for the NORC program model itself, as well as other community aging initiatives with supportive service components. Although neighbors might be readily mobilized to help with some tasks, people who are especially vulnerable for not being able to age in place—on account of circumstances such as financial problems or major functional decline—likely would benefit from the assistance of formal providers and family caregivers as well (Kaye, Harrington, and LaPlante, 2010). Similarly, findings suggest the importance of developing neighbors-helping-neighbors programs around tasks that neighbors are well positioned to address. For example, Village organizations—as a model similar to NORC programs in their aim to enhance informal and formal sources of support—place even greater emphasis on neighbors helping neighbors than NORC programs (Guengerich, 2009). It is fitting, therefore, that this model emphasizes the provision of assistance around tasks that people in the current study identified as support that neighbors can readily provide for each other, such as transportation and home maintenance (Greenfield, Scharlach, Lehning, Davitt, & Graham, 2013).

When interpreting findings, it is important to consider that this qualitative study was conducted specifically with older adults in NORC programs in NYC. Some themes are likely especially predominant in this particular milieu. For example, the large number of participants who stated that their supportive relationships with neighbors predated the implementation of the NORC program might reflect that many people in the sample were long-time residents in NORCs, which typically include residents who have been living in the same community across a large span of their

lives. There might be greater widespread need for formal neighbors-helping-neighbors programs in communities where residents are more transient and have had less time to develop networks of support on their own. It also is important to note that even within this study, not all older adults reported having long-standing supportive relationships with their neighbors. Formal programs that seek to help older residents to develop or re-develop these ties might be especially important for particular subgroups of older adults, even within NORCs. Perceptions of help from neighbors might also differ in communities with even more mixed age compositions than in NORCs. Also, in addition to this study taking place in NORCs, participants were all part of NORC supportive service programs, whereby professionals were made more available to them through the program model itself. NYC is also considered a service-rich area, with studies documenting strengths such as access to transportation and healthcare (Age-Friendly NYC, 2013). Participants' perspectives on the role of neighbors and aging in place might well differ in areas with fewer formal services available.

Other limitations of this study concern its substantive scope. Due to space limitations, this study focused largely on received and perceived support among neighbors, as well as aging in place. Additional analyses are necessary to explore the programs' potential impact on other important domains, such as one's connection to community and civic engagement more broadly. Also, this study did not focus on different types of structural arrangements within neighbor relationships, such as whether neighbors were of similar ages or racial/ethnic backgrounds. Prior research suggests that these status categories might influence ways in which formal initiatives, such as NORC programs, influence neighbor relationships (Bjornstrom, 2011). This suggests another important direction for future analysis.

Despite these limitations, results of this exploratory study directly address the need for research to "catch up" with discourse among policymakers and practitioners regarding the potential of neighbors to support aging in place, as well as the promise and limitations of formal initiatives to influence these relationships. The empirically derived framework presented in this study supports this potential, while also indicating that the likely effectiveness of this approach is highly contingent on a variety of other factors. Continuing to advance research on a range of potential supports for aging in place, particularly from older adults' perspectives and in the context of community-level practice, is essential for further developing, expanding, and refining efforts to promote aging in place.

Supplementary Material

Please visit the article online at <http://gerontologist.oxfordjournals.org/> to view supplementary material.

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