

Assessment of Elders' Health Promotion Needs in a Neighborhood Naturally Occurring Retirement Community

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Presenter Disclosures

Richard T. Pulice

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

NONE

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Aging in Place

- Over 85% of older adults wish to remain in their homes (Bayer & Harper, 2000)
 - Issue of older adults living independently
- Community-based programs to help "aging in place"
 - NORC- Naturally Occurring Retirement Community

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NORCs

- Often set of high-rise buildings in urban area
- Have a higher than average population of older adults
 - More than 40% or 50%
- Not a retirement community
 - Older adults who wish to remain in homes
- Provide services to help aging in place

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Neighborhood NORCs

- NNORC- Neighborhood Naturally Occurring Retirement Community
- Many older adults living in same geographic area

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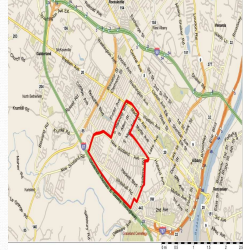
NORCs and Health Promotion

- Past researchers have argued that NORCs are a prime target for providing health promotion services
 - (Kennedy, 2006; Masotti, Fick, Johnson-Masotti, & MacLeod, 2006)
- However, neighborhood NORCs have more challenge implementing health services
- Purpose of current research
 - Examine the extent to which seniors in a neighborhood NORC would utilize various health promotion services

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Albany NNORC

- Lead agency is Jewish Family Services of Northeastern NY
- 1,937 aged 60 and older in the ~2.5 square mile catchment area
- Mostly single family, middle-class homes



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Method – Needs Assessments

- 1st needs assessment of Albany NNORC residents
 - Random samples of Albany NNORC residents ($N = 170$ respondents)
 - Interviewed 86 respondents (52% response rate)
 - Mail survey from 84 (29% response rate)
 - Relevant questions
 - Interest in health education programs, exercise programs, and health screening programs
 - Checklist of health conditions
 - Self-report rating of health

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Method – Needs Assessments

- 2nd needs assessment of Albany NNORC residents
 - Identified random of Albany NNORC residents & sent mail survey
 - 250 respondents
 - Response rate = 26%
 - Relevant questions
 - Interest in support group for coping with chronic illness
 - Interest in health advocacy services (e.g., help coordinating health care, accompany to doctor visits, etc.)
 - Checklist of health conditions

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Results – Interest in Programs

- 25% reported interest in NORC-provided health education
- 21% reported interest in health screenings
- 21% reported interest in exercise programs
- 10% reported high interest in a support group for coping with chronic illness
- 11% reported definite interest in NORC-provided health advocacy services

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Results – Health Conditions

Health condition	Percentage in 1 st needs assessment	Percentage in 2 nd needs assessment
High blood pressure	54%	58%
Arthritis	50%	51%
Hearing problem	24%	31%
Vision problem	24%	27%
Osteoporosis	25%	26%
Heart disease	17%	21%
Diabetes	13%	18%
Respiratory problem	10%	16%
Obesity	6%	12%
Cancer	---	9%
Other	15%	14%
No health problems	9%	9%

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Additional Results

- Is this relative lack of interest in health promotion programs due healthy seniors in the sample?
 - No
 - 91% reported at least one health condition (e.g., heart disease)
 - Yet 33% perceived their health as very good or excellent
- No statistically significant relationships among respondents' perceived health, number of health conditions, and interest in health programs, $ps > .05$.

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Conclusion & Future Research

- Overall, results suggest low interest in NORC-provided health programs, regardless of health conditions of respondents
- Future research
 - Do these results generalize to other neighborhood NORCs?
 - Potential role of trust in physician
 - Do seniors perceive their health needs as already being met by their primary care physician, and therefore, aren't interested in community-based health education and promotion programs?
 - Past research shows older adults more likely to trust their physician (Kong, Camacho, Feldman, Anderson, & Balkrishnan, 2007)
