The Collaboration Models of Practices of Aging in Community in Different Contexts

A Thesis Presented to the Faculty of Architecture, Planning and Preservation
COLUMBIA UNIVERSITY

In Partial Fulfillment
of the Requirements for the Degree
Master of Science in Urban Planning

by

Hui Lu

Author: Leah Meisterlin
Reader: Kavita Sivaramakrishnan

April 2021
Abstract

With the aging of the population and the change in the way people choose to support their old age, it has become a popular way to enjoy aging life in a familiar environment. To study the practice mode of this senior care demand and the operating principle behind it, this study is devoted to studying the practice of Aging in Community in Shanghai and New York, and the effectiveness generated by the different cooperation modes formed among the government, the private sector and non-profit organizations. In this study, a comparative study was conducted in the way of document analysis and semi-structured interview to study and analyze the practice in the Shanghai embedded community-based senior care program and New York naturally occurring retirement community-supportive service program. Effectiveness was evaluated from three perspectives: innovation and its sustainability, comprehensiveness, and community integration. After analysis, it found that the Shanghai case mainly adopts the practice of the government-led model, which is a centralized model that can provide a set of continuous innovation, comprehensive but less integrated practice, while New York adopts shared responsibility model, which a more distributed model that provides a less sustainably innovative and comprehensive but more for the community and integration solution.
Acknowledgment

I would like to firstly express my great gratitude to my advisor Assistant Prof. Leah Meisterlin and my reader Associate Prof. Kavita Sivaramakrishnan, who have provided me with important guidance, valuable suggestions and key information at each stage of this process. I really appreciate Leah for her seemingly endless patience, passion, and bittersweet bi-weekly meetings. Meanwhile, my thanks are also offered to all the interviewees who have kindly participated in this research.

Moreover, my great appreciation is given to all my friends and colleagues who have put up with me in the last year. Particularly, I would like to thank Xifan Wang for unconditionally embracing my negative emotions and complaints, thank Angel Yin for encouraging me with delicious food, thank Yifei Zhou for bringing up helpful feedback to my defense, thank Tianhong Xu for motivating me to keep thinking and your company in the last few years, which will always be my warmest memory. Finally, I wish to thank my family for supporting my graduate study in the United States. In the end, wish all of you good luck in the future.


Table of Content

ABSTRACT ................................................................................................................................. II

ACKNOWLEDGMENT .................................................................................................................. III

CHAPTER 1 INTRODUCTION & BACKGROUND ...................................................................... 1

OVERVIEW ............................................................................................................................... 1
EMBEDDED COMMUNITY-BASED SENIOR CARE IN SHANGHAI, CHINA ........................................ 2
NATURALLY OCCURRING RETIREMENT COMMUNITY IN NEW YORK, UNITED STATES ............... 3
COMPARISON MECHANISM .................................................................................................. 5
RESEARCH QUESTION .......................................................................................................... 6

CHAPTER 2 LITERATURE REVIEW ......................................................................................... 8

AGING IN COMMUNITY ........................................................................................................... 8
Aging in Community and Aging in Place ................................................................................... 8
Practices of Aging in Community ............................................................................................ 10
COLLABORATION MODEL .................................................................................................... 14
Collaboration Effectiveness ................................................................................................... 14
Collaboration Model Features ............................................................................................... 18

CHAPTER 3 METHODOLOGY & FINDINGS ............................................................................. 21

DOCUMENT ANALYSIS .......................................................................................................... 21
INTERVIEW ............................................................................................................................. 23
COMPARATIVE CASE STUDY ................................................................................................. 24
FINDINGS ................................................................................................................................. 24
Shanghai, China ......................................................................................................................... 24
New York, United States .......................................................................................................... 35
Findings Overview .................................................................................................................... 46

CHAPTER 4 CONCLUSION AND IMPLICATION ..................................................................... 53

Conclusion ............................................................................................................................... 53
Implication ............................................................................................................................... 56

APPENDIX 1: PRIMARY SOURCES (FULL CITATION) ............................................................. 60
APPENDIX 2: SEMI-STRUCTURED INTERVIEW QUESTIONS ..................................................... 62

BIBLIOGRAPHY ....................................................................................................................... 63
List of Figures

Figure 1 Vertical Governance Structure in Shanghai Model .......................................................... 27
Figure 2 Collaboration Structure in Shanghai Model ................................................................. 31
Figure 3 Vertical Governance Structure in New York Model ..................................................... 37
Figure 4 Collaboration Structure in New York Model ................................................................. 42

List of Tables

Table 1 Primary Sources .............................................................................................................. 22
Chapter 1 Introduction & Background

Overview

The world is on a fast track of aging. By 2050, one in six people in the world will be over 65, which is almost double compared to 2019, and the growth rate is even higher in urban areas (United Nations, 2019). Accompanied by the rapid growth of the aging population, older adults are starting to seek multiple living styles for life after retirement. Faced with aging bodies beset by disease, rising senior care costs, and emotional attachment with neighbors and communities, the meaning of senior care nowadays is not only about living in a place with perfect nursing facilities, but also living in an affordable, socially connected, and dynamic area. Under the popularity of such a vision, the concept and practice of aging in place, or more specifically, aging in community, starts to find its place in the market, gradually prevailing over nursing homes, senior housing among the older adults living in cities (Blanchard, 2013). *Aging in community* is referred to staying in one’s present residence or living where one has lived for many years and using facilities and supportive services to enable him or her to live safely, independently, comfortably, rather than relocating (Farber et al., 2011). Nonetheless, the practitioners of aging in community around the world are still exploring an efficient operating model. In failed cases, organizers either do not have follow-on funding to maintain existing programs or lack social service providers that can offer health, medication, and caregiving services. The success of the project depends on the collaboration and effort of multiple stakeholders, so studying their interaction will help to find the features of successful examples. Through a
comparative study of collaboration forms in the different cultural contexts and analyzing
the impact of the forms within each case respectively, it will shed light on the features that
contribute to the success of the practice of aging in community. In this study, practices in
Shanghai and New York are selected for research.

Embedded Community-based Senior Care in Shanghai, China

Embedded community-based senior care (ECSC), is one type of senior service that
receives unprecedented attention among urban regions due to the advocacy of government
in China (Shanghai Bureau of Civil Affairs, 2019b). Within the silver tsunami sweeping
Shanghai, one of the mega as well as aged cities in China, the Shanghai Municipal
Government put embedded community-based senior service as the first option of senior
service models to improve the wholistic social senior service system. It implies that within
the community that is faced with the challenges of a growing number of seniors,
community-based senior care should be taken into consideration and should be embedded
in the community. More specifically, all the facilities and services should be in a reasonable
sphere to enable seniors’ accessibility to continuous care and to live in a familiar
environment with family members without going out of the community (Shanghai Bureau
of Civil Affairs, 2019b). The services are rounded with basic needs of daily care, nursing,
and spiritual consolation. Community-based care services function as the lowest level of
the senior care system.

Because Shanghai has been the first city to adopt this model, it accumulates abundant
experience and forms a sustainable model - a government-led collaboration model. In this
model, the government (street-level government in the Chinese context) takes the responsibility of senior care service provision, and they are obliged to seek qualified service providers. During implementation, under most circumstances, senior care facilities that are provided, built, renovated, or leased by the government will be turned over to social service institutions or enterprises for operation while some local administrators choose not to. A residents’ committee, functioning as an autonomous organization, assumes the responsibility of recruiting volunteers and grass-root organizations to provide volunteer band recreational service. The essence of this model is that the obligation of the service provision and supervision is borne by the street government (local administrator), and one street government can manage more than one community. At the end of 2018, with the support of the government, the participation of professional social service providers and volunteers recruited from the community, there were 266 community-based senior care organizations, 180 community-based senior centers, though lag off the amount of community (Shanghai Bureau of Civil Affairs, 2019c).

Naturally Occurring Retirement Community in New York, United States

Naturally Occurring Retirement Community (NORC), as a form of aging-in-community practice, is defined as aged-integrated apartments, housing clusters, or neighborhoods in which a large portion of residents are older adults over 60 years old. The first NORC project was initiated in New York City in 1986, but it did not receive much attention as an appealing alternative of living styles after retirement at first. As the growing population of baby boomers moving into their senior life, the financial cost and separation
from families when living in a senior center or nursing home make aging in community more attractive. However, since NORCs are unplanned, naturally formed concentrations of senior residents, senior care services are not equipped until they are required by the residents. This leveraged to establish the first NORC-Support Services Program model (NORC-SSP) which provides on-site services to aid in situ aging in Penn South House, New York City (Altman, 2006). Within the program, the services are tailored to cater to the needs of local senior residents, including meals, home-based nursing, housekeeping, library services, bathing and other senior-related services.

As New York City takes the lead of the practice and the successful replications of Penn South Houses case citywide, NYC has the clearest profile of NORCs unquestionably. From the first program, the stakeholders participating in the programs are nearly the same. The collaboration model adopted in NYC is the shared responsibility collaboration model, which requires government, non-profit organizations, private enterprises to take the responsibility of senior service provision and facility constructions, meaning more cooperation and sharing of resources and information compared to Shanghai model. In the case of NYC NORC-SSP programs, the partnerships are between housing corporations, communities, social service providers, government, and other NGOs. Social service providers, often as government service outsourcers, work as the lead agency to organize and coordinate, real estate developers and professional health-related service providers cooperate to provide spaces, services, and activities. Social organizations, and seniors are the core of voluntary services. Also, programs are partially funded by the City, State, or a
combination of both, with the corresponding match from the housing management and philanthropic organizations.

**Comparison Mechanism**

The study requires a similar basis for comparison so that the influences of irrelevant factors that within the study can be minimized. In other words, to compare the practices of aging in community in a different context, stakeholders within the practice and the scale of the target group should be analogical to form a solid basis.

Firstly, from the framework of government-NGO collaboration, the role of government is played by the official authority who is directly in charge of the affairs involved in the program, in the context of NYC, city-level government (Department for the Aging) plays such a role, while the street-level government (Bureau of Civil Affairs) is obliged to respond the demand in Shanghai. Non-government organizations are diverse in each case, but they can be roughly divided into two groups. One group is the enterprises in the private sector, which provide professional health and social care services as well as space, and their goals are to make profits through the programs. The other group is the community and non-profit organizations represented by volunteering services, which recruit volunteers among local senior residents, non-profit organizations, and volunteers within the cities. In Shanghai, the community cooperates with local schools, health centers, senior universities to hold periodical lectures and activities, while in NYC, seniors often voluntarily participate in Advisory Committee to contribute by providing services to others in the community.
Second, from the context perspective, the scale of the target group in Shanghai and New York City have several similar characteristics. In terms of the proportion of residents over 65 years old, 13% of the total population in NYC are the target group (Greer et al., 2019), while 14.3% in Shanghai (Shanghai Bureau of Statistics, 2018). Both of the figures are projected to be around 20% in 2030, adding a huge burden on both societies. From the geographical standpoint, though the geographical extent of the programs in urban areas is diverse in respective cases, they all fall in the categories of building clusters and neighborhoods. The former involves 3 to 25 buildings while the latter involves 3,000-10,000 residents (C. Chao, 2016; Chengdu Bureau of Civil Affairs, 2010).

Comparing the effectiveness of practices in Shanghai under the government-led collaboration model and practices in NYC under the shared responsibility collaboration model will be valuable in the fields of land use policies, decision making, and implementation, which all help improve the performance of collaboration directly and indirectly.

Research Question

In this study, the core question is the different collaboration models’ impact on the practice of Aging in Place. To develop a thorough understanding of the effectiveness and mechanisms, the research firstly concentrates on the effectiveness and status quo of these practices, in which the research is completed discusses its current implementation from innovation, comprehensiveness, community integration. Then, the research will focus on the collaboration models that result in the aforementioned output. At last, three variables
within the model will be examined to analyze the contribution to the differences, which are resource dependence (finance, human resources, spaces), sharing, and status of non-government organization inside the model.
Chapter 2 Literature Review

The literature involved in this paper is divided into three parts: (1) aging in community and its practices in both Chinese and American contexts, including status quo, advantages and disadvantages of aging in community; (2) Collaboration effectiveness evaluation feature and model.

Aging in Community

Aging in Community and Aging in Place

*Aging in community* is a concept that with different names when in practice, thus evaluating the practices by looking through their origin and practice forms within the context helps understand their development. *Aging in community* is a successor of *aging in place*. Originated in the United States, the concept of aging in place is not innovative but is purely out of older adults’ desire for less financial burden and more social connections post-retirement life (Thomas & Blanchard, 2009). Around 2000, faced with the high financial cost and the loneliness of separation from families when living in nursing homes, the life after retirement seems bleaker for the baby boom generation (born from 1946 to 1964) compared to their parents, which arose their concern about the alternative lifestyle of senior care (Chen & Powell, 2019). Though nursing homes provide well-rounded facilities for long-term care and equip with advanced technologies and professional staff, it seems a hollow victory to seniors when losing interactions with their friends, families, and neighbors after leaving their familiar environments. Quantitative research also supports this opinion, a series of national surveys conducted by AARP found that older
adults have always kept a strong desire to live within the place they live in present as long as possible, and by 2020, the proportion of the seniors willing to age in their current residence is above 60%. Such a trend has also caught the attention of multiple parties, including health care industries, real estate development, financial industries, and the public sector.

To make the idea more tangible and feasible, the meaning of *aging in place* and the geographical extent need to be defined, but they vary in sectors. For homebuilders, it refers to adapting and modifying existing facilities to create a comfortable and safe environment for aging residents, but for philanthropic organizations, the implications are broader and include retirement communities, assisted living residences, and nursing homes (Chen & Powell, 2019). In the context of urban planning, the definition is more restricted and only refers to the phenomenon that residents inside a block of the community are growing older, which requires health care services (Chen & Powell, 2019). More specifically, the meanings of community inside this definition are also diverse. In rural and suburban areas, it refers to a village represented by Beacon Hill Village, communes, and other types of settlement clusters; in urban areas, especially in a dense area, community equals to a housing complex, an official designated community, or a neighborhood. Thomas and Blanchard (2009) find that the key characteristic of these communities is the social connections that exist inside the area, despite urban or rural. Moreover, they argue that *aging in place* is more of a “dwelling-centric approach” that leaving little space for interactions among residents, while aging in community considers both physical
improvement and social capital establishment (p.14). Wiles et al. (2012) also draw out the profile of the meaning of *aging in place* through interviews with 121 older adults. It turns out that *aging in place* is related to independence, familiarity, as well as a sense of social connection and attachment, which, to some degree, reflects that when aging in place is practiced, mutually interactions and supportive activities among multiple generations are the essence. This essence is in accordance with aging in community. Therefore, the qualities of aging in community include inclusiveness (for people of all ages, races, abilities, etc.), health (both physically and mentally), and interdependence (mutual support from each other).

Nonetheless, aging in community is only one option and is most appropriate for the younger senior or those without disabilities. Institutional care, like professional nursing homes, performs better in taking care of older adults with serious chronic diseases. Plus, home-based senior care is another popular type, which relies on families for caregiving, but it also encounters the difficulty brought by myriad family structures since fewer children older adults have (Blanchard, 2013).

**Practices of Aging in Community**

**China**

Aging in community was an alien concept to most of the Chinese in the 1990s. At that time, people were tightly bound with the occupation-based system and Danwei (work unit), which was designed and managed by local government or state-owned enterprises to
supply facilities, pension, housing and other resources. Danwei was the place where employees get their daily needs and participate in decision-making. While, community, a geographical extent made up of one or several housing complexes, was the place for people to participate in activities of residents’ committee after retirement (Chen & Powell, 2019), making community-based senior care is taken as a supplementary approach. Another reason for strangeness is that, unlike Britain, Europe, and the United States, community services and social services for senior care were not common in China. Since in Chinese traditional culture, family is of the priority for an individual thus taking care of aging parents is one of the moral principles, hence seniors heavily rely on family support both financially and mentally (Li et al., 2018).

As the trend of aging becomes more salient in megacities in the 1990s, like Shanghai, Beijing, governments started to explore solutions. 9073 senior care service plan is an attempt initiated and carried out in Shanghai (Shanghai Bureau of Civil Affairs, 2017). The goal of 9073 focuses on the subject of senior care provision responsibility. It aims to reduce the burden of families and let social organizations take the lead. To put it quantitatively, approximately 90% of the senior citizens are taken care of by the community and family, 7% are taken care of by the community exclusively, 3% by institutions (Shanyang District Bureau of Civil Affairs, 2020). In Hangzhou, Zhejiang province, the practice of the 7% community-based care is in the form of a senior community developed by one of the largest real estate developers in China, which is designed for older adults and the expense of living inside is bore by the residents, who should be over 65 years old and without disabilities (Si,
2016). Nonetheless, the differences between the first two types are gradually blurring, thus lead to a new type: community and family-based senior care, combining the functions of family and community (State Council of the People’s Republic of China, 2017). The former offers a familiar, safe, and comfortable environment, and the latter provides diverse services and activities. NORCs accommodate over 45,000 seniors in the New York metropolitan region (C. Chao, 2016).

*United States*

*Aging in Community* and *Aging in Place* are often used interchangeably in the American context, therefore, some practices are labeled as aging in place programs, yet they can be further categorized based on the difference mentioned above, they can be further categorized. Historically, the practice of continuing care retirement communities (CCRCs) was designed for AIP, which are a long-term care option for aging people who want to stay in the same place through the life span (Mathew Greenwald & Associates, 2003). Once residents move into CCRCs, they start to build new connections with new neighbors, enjoy a wide range of facilities, services, and care in different phases of life. Though the senior can still age in situ, it cut off the connections with the former living environment to some degree.

Another type of community funded by the Administration on Aging as innovating practice of AIP through the Community Innovations for Aging in Place (CIAIP.org, n.d.), is naturally occurring retirement community (NORC), emphasizing the preservation of existing social capital. Because NORCs are the natural concentration of seniors rather than
by design, the original social connections inside the community are well-reserved, but the disadvantage is the incapacity of NORCs in providing senior care services. Considering that NORCs are not designed for its senior residents, the American Institute of Architects (AIA), Housing Preservation and Development in New York City (HPD), New York City Depart of Aging (DOA) have published guidelines for building owners to modify their houses to meet the demand of senior tenants (NYC Department for the Aging, 2016). In terms of services within NORCs, program directors seek collaboration with social service providers (Altman, 2006). Since the sustainable operation and excellent feedback from residents in the NORC-supportive service program (NORC-SSP) of the Penn South NORC collaborating with UJA-Federation (a local philanthropic organization), the models have been widely replicated (Altman, 2006). The services and facilities are provided in a mutual aid-based relationship, which manages to integrate and strengthen the cohesion among different generations, races and backgrounds. Thus, compared to CCRCs, NORCs are more representative of aging in community.

Currently, research focuses on the evaluation of NORC-SSP programs, the identification of NORCs, and physical designs inside the community, they have touched on the collaboration form in their narratives, but few concentrate on the collaboration models among stakeholders. Altman (2006) illustrates the role of UJA-Federation played in the success of NORCs-SSP programs and the collaboration with United Hospital Funds in regards to services and funding; Vladeck (2004) describes the governance structure, financial structure, and sheds light on the key to its success, arguing the importance of
public funding, organizations’ participation, etc., which also reflects the collaboration among partners. Therefore, it is necessary to dive into the collaboration models and the factors influencing the output.

**Collaboration Model**

**Collaboration Effectiveness**

**Innovation and Sustainability**

Innovation has long been acknowledged as one of the important driving forces in improving social welfare, which leads to the question about the driving force of innovation. Interorganizational collaborations has been recognized as critical in supplementing internal innovations of organizations (Rothaermel & Deeds, 2006) and scholars have concluded at least three reasons to explain why inter-organizational and inter-departmental collaboration can contribute to innovative activities from the present studies. First, collaboration fosters information exchange to help each stakeholder recognize difficulties and enhances the number of solution ideas to create the potential opportunities for innovation (Milliken & Martins, 1996; Troy et al., 2008). Second, it increases the flexibility of workforce, which can be generalized as a more flexible use of resources and complementary resources identification (Troy et al., 2008). Lastly, interorganizational collaborations may help to spread the costs among different parties (Hagedoorn, 2002).

However, the ability of sustaining innovation, or in other words, a sustainable mechanism to remain innovative is essential for innovation. It relies on coordination among partners, thus requires mechanisms to facilitate productive social interactions (Bartel &
Garud, 2009) and resources. Besides, joint tolerance of conflict and the co-creation of common rules are critical elements for innovation (Nicholls & Huybrechts, 2016). Unfortunately, existing studies show particular interest in analyzing innovation in private sector or enterprise-centered innovation, less discussion give on innovation in public sector and among different types of entities (Hartley, 2005; Waldorff et al., 2014). Therefore, paying more attention on the sustainability of innovation form a public-private partnership model is necessary.

**Comprehensiveness**

The definition of comprehensiveness has experienced constant changes in the history of planning, and with the consensus of that dichotomies (plan or process, ends or means, comprehensive and partial) are not mutually exclusive contradictory categories but multi-layered process has formed, comprehensiveness now has a more abundant definition.

Planning was once regarded as the delineation of an ideal image to be achieved in the future rather than a practical and complex organizational structure that moving forward to the set goals (Kraemer, 1968). Kent (Kent, 1962) made progress in self-identification. In his book, the *Urban General Plan*, he underscores the importance of being a practitioner instead of observer through the legislative plan, and interprets comprehensiveness as clarifying the relationship between polices of different aspects, including built environment, economic development. However, Kent ignores the gap between policy making and implementation. Rossana and Chapin (1957) talk about another meaning of comprehensiveness as they advocate for scientific methods application in planning process,
making planning process an evolutional and improving one instead of tests of policies. Because they emphasize the suitability and validity of plan within the context, the subject matters of plan are broadened (including community), thus enriching the meaning of comprehensiveness. Altshuler (1965) provides a new perspective to view comprehensiveness by introducing the self-image of the city planner, and he finds out two weaknesses through empirical study. One is that planners deal with great more areas of public policy than specialists in particular fields, which results to their shallow understanding of factual and causal knowledge, the other is that planners lack the sense of the hierarchy of decisions distributed throughout the governance structure, so they always try to “concert action in city hall (Kraemer, 1968, p.6).” Accompanying with the evolution of planning philosophy, practitioners start to realize that comprehensiveness is supposed to enlarge the realm of considerations which planners must take into considerations in the plan, in the relations with different stakeholders (administrators, politicians, communities) and implementation. Therefore, comprehensiveness of public policies requires the participation of multiple stakeholders, which is not only the key element to successful plan but also a need for stakeholder themselves. From the view of collaboration, Curșeu & Schruijer (2017) find that the diversity of stakeholders participating in decision making though theoretically improve the comprehensiveness, it also brings up the issue of false consensus and task conflicts that can reduces comprehensiveness. Thus, the comprehensiveness question existing in collaboration process can shed light on planning practice.
Community Integration

Community, usually as the basic unit of plan implementation, is the direct subject that affected by plan. Numerous practitioners that conduct decision making and execution also prove that community’s participation is critical to the success of plan (Baum, 1998; Burby, 2003; Innes, 1998; Kotus & Sowada, 2017; Peris S. Jones, 2003). One reason is that local people have crucial ordinary knowledge that can facilitate planners’ understanding of local context and information, while it can be vague to outsiders (Innes, 1998). Also, through communication with local citizens can shed light on their needs and expectations for planners to make concrete guidelines as well as to identify potential stakeholders for achieving goals. Representatives from diverse agencies, like governments, planners, residents, and social organizations have the opportunity to express their interest and demand in the participation process to ensure the fairness and equity in the process (Burby, 2003). Thus, community participatory planning, in particular, has been gradually regarded as part of the formal decision-making system and planning framework. Community can engage in planning in the form of information provision, decision making, and implementers.

Nevertheless, the involvement of community can be varied due to individual difference, such as economic condition, race, beliefs while present studies usually ignore the potential impact of these influences (Baum, 1998; Peris S. Jones, 2003). To motivate the potential of community, different methods should be adopted. Experts suggest that in developing countries where citizens’ awareness of participation is low should combine participatory
planning with its institutional background (Khwaja, 2004; Kotus & Sowada, 2017).

**Collaboration Model Features**

Collaboration, in this research, is used as a general description of the activities that all stakeholders take to fulfill the common goal, and the main roles are public sector, private sector and non-profit organizations. A great deal of practical experience proves that even though the government once tried to undertake all aspects of social work, it fails to provide adequate public services. Private sectors and non-government organizations (under a more restricted definition, they are referred to as non-profit organizations) actively engage in the public services provisions in different forms. Research in the field of public health, water management, and risk management, usually take NGO as a philanthropic, non-profit organization and that is not part of the government (Batley & Rose, 2011; Gómez-Jauregui, 2004; Yagub, 2014). Private sector refers to the enterprises for profit and is not under direct government control.

The collaboration models behind each project are studied in different fields, but their conclusions on collaboration can be categorized into two groups. Some researchers (Gidron et al., 1992; Kuhnle & Selle, 1992) find that collaboration is the relationship formed between governments and NGOs when committing to achieve a public goal. The purpose of government is much broader. For example, it is in the contract of service delivery with private enterprises and non-profit organizations, thus making NGOs take part of the responsibility in public service delivery. Usually, governments are the organizers and
initiators in China (W. Chao, 2019). Others conclude that the essence of collaboration is a partnership that requires all stakeholders shoulder the responsibility of decision making, so they bear risks and make profits together, which is based on mutually agreed objectives and a shared understanding of the respective comparative advantages of each partner to better labor division (Brinkerhoff, 2002; Peters, 1998).

Based on these two different understandings of collaboration, various models are put up with different standards. From the perspective of responsibility and respect, government-led collaboration and shared responsibility collaboration models can describe the relationships of different actors in social service provision. In the government-led collaboration model, the government occupies the dominant position and has greater power over decision making and resource allocation, while NGOs play their roles in compliance with the government's policies, funds, and personnel arrangements. Responsibility for social services is still assumed by the government, only partially outsourced or distributed to NGOs under governments’ supervision. A shared responsibility model is closer to a partnership relationship, in which all partners assume responsibility for the delivery of public services with equal status in the structure. In this model, each organization needs to clarify their plans and roles in the collaboration, which also emphasizes the need for all to communicate, share information, and actively participate in the completion of tasks (W. Chao, 2019).

At present, there is no unified view of the factors that affect the collaboration output. Through sorting out the articles related to public health service, the following three
categories can be roughly obtained. First, resource dependence refers to the degree of each organization depending on the resources owned by others involving both the financial and the human resources necessary for achieving its goals (Foster-Fishman et al., 2001; Marek et al., 2015). Usually, governments have money, space, and the power to set the regulations, while private enterprises and NPOs have professional staff, the capability to provide social services, and support from the public. Their bargaining power is partially decided by their resource dependence on others (Benson et al., 1978).

Secondly, information and resource sharing can contribute to the output and reflect the cohesion among all partners. Yagub (2014) points out that a low level of interaction would lead to distrust and thus less coordination. Information sharing, namely communication, is vital to successful implementation, since it improves partners' satisfaction and participation, which contributes to building the foundation for more interaction and resource exchange (Lawson, 2004). Resource sharing, mostly built on a reciprocity-based agreement can enhance the efficiency of implementation because it can help reduce the duplicate cost (McMurray, 2006; San Martín-Rodríguez et al., 2005).

Last is the status of non-profit organizations, which directly affects the mobility of them and their willingness to participate and function (Batley & Rose, 2011). Through analyzing the impact of these factors, the secrets of a successful collaboration model in the practice of aging in community can become clearer.
Chapter 3 Methodology & Findings

The research concentrates on comparing the impact of different collaboration models on the effectiveness of practices of Aging in Community in Shanghai, China and New York, United States. To form a holistic picture of how different stakeholders interact and collaborate in the practice, the methods are mostly qualitative to serve the purpose of the study, including document analysis, semi-structured interview, and comparative case study.

Document Analysis

Document analysis is a form of qualitative method that takes multiple sources of data and documents to analyze and assess a project, in which it emphasizes the diversity of data sources for researchers to interpret. Here, document analysis is used to understand the relationship among stakeholders in the practice of community-based senior care, and opinions from people inside and outside this field. Primary sources are categorized in the Table 1.

The government reports are crucial data sources for the research as they not only include policies and guidance for the practice of aging in community from housing, finance, building codes, but also include how the government collaborates with other organizations and the role it plays. Moreover, reports and initiatives released from social service providers and communities are also essential since they reveal the interactions and activities they participate in the project. These organizations include UJA-Federation, a network of over 100 health and social services providers; United Hospital Fund, an independent organization working to build a more effective health care system in New York;
Izhaohu Co., LTD, who also provides community-based nursing and security services, with a branch in Shanghai Yangpu district. Another indispensable source of materials is from residents, which can be reflected in news, articles, or books. The platforms include the report from social organizations such as Interboro, an architecture, urban design and planning firm (who posts an article about NORCs in NYC), *Senior Care in the Mega City: Practice in Shanghai*, which is a book that collect community practices stories from a bottom-up perspective. By document analysis, the collaborations among different stakeholders are revealed, and the effectiveness of the project are reflected in informal sources through the feedback and judgment from the public, residents, and practitioners in the related fields.

<table>
<thead>
<tr>
<th>Type of Resources</th>
<th>Number</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shanghai</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formal Documentation</td>
<td>4</td>
<td><strong>Experience and Enlightenment of Shanghai Elderly Care Service</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Implementation Plan of Deepening Elderly Care Services in Shanghai</strong> (2019-2022)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Shanghai Embedded Community-based Elderly Service Work Guidelines</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>The 13th Five-Year Plan for the Development of Shanghai's Undertakings for the Aged</strong></td>
</tr>
<tr>
<td>Informal Documentation</td>
<td></td>
<td><strong>Senior Care in the Mega City: Practice in Shanghai</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Aging without Leaving Home: A Visit to Shanghai Embedded Community-based Senior Care</strong></td>
</tr>
<tr>
<td>Interviews</td>
<td>1</td>
<td>Subjects Unnamed for Privacy</td>
</tr>
<tr>
<td>------------</td>
<td>---</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>New York</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formal</td>
<td>4</td>
<td>Supportive Services Programs in Naturally Occurring Retirement Communities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Age Friendly NYC: Enhancing Our City’s Livability for Older New Yorkers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A Good Place to Grow Old: New York’s Model for NORC Supportive Service Programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The New York NORC-Supportive Service Program</td>
</tr>
<tr>
<td>Informal</td>
<td></td>
<td>Thresholds 40 - Socio</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This Has Become My Town (NORCs of New York Revisited, Part One and Two)</td>
</tr>
<tr>
<td>Interviews</td>
<td>2</td>
<td>Subjects Unnamed for Privacy</td>
</tr>
</tbody>
</table>

**Interview**

The interviews are the supplements of the document analysis to develop a more comprehensive understanding of the collaboration models. From the documentation, the missions and roles of each organization are easy to gain, but due to the less active role of certain groups (like social service providers, local community-based senior care center), the issues they encounter during the collaboration are hard to be detected. Therefore, semi-structured interviews are designed to supplement more details on the workflow in each organization and the interaction with other stakeholders.

The semi-structured interviews start with general questions about the role of the organizations and their contribution to the practice of *Aging in Community*. Then the
questions are about their collaboration with other organizations, including their workflow, difficulties they encounter in their work in terms of finance, participation, transparency, resource sharing. Lastly, the questions focus on their self-evaluated work performance and possible improvement they see in the process.

Comparative Case Study

Given the specific circumstance of the practice of Aging in Community Shanghai and New York are selected as the study areas. Though community-based senior services have prevailed over the years, the development of community-based senior care in Shanghai started in the 1980s and it experiences rapid development due to the support of local government and non-government organizations, making it a typical case in China. In the United States, Naturally Occurring Retirement Communities (NORCs) as a form of aging in community, was born in New York City and form close collaboration models among social service providers, community, housing company and so on.

Findings

Shanghai, China

Effectiveness of Practice

In Shanghai, generally, embedded community-based senior care is provided in the form of facilities and services. Senior care facilities mainly refer to hardware conditions like daycare center, health center, activity center, which need special space, professional staff and equipment, while senior care services aim to promote their quality of seniors’ life,
deal with daily difficulties, and develop social connections, such as company service, psychological counseling services, housekeeping and meal services.

In a classic community with embedded senior care program in Shanghai, five categories of services are provided. First, professional care refers to institutional care, short term care (nursing home for older adults), daycare center and door-to-door nursing service, and the goal is to provide health care for disabled older adults. The second is basic life services, for example, dining service. Meals are either provided in public space or through door-to-door services delivered by community volunteers. The third is a combination of care and treatment, older adults can receive basic medical services and family doctor services, also they can receive health management education with community-provided sport equipment and custom training courses. Also, their mental health is taken into consideration, volunteers are organized to provide company service. Consulting service is another important sector, in which senior care consultant can introduce senior care resources, welfare policy guidance to older adults, and help them custom their senior care plan. Lastly, there are multiple programs that assist the older adults and families through indoor seniors-oriented renovation and upgrade (24/7 emergency call service, smoke alarm) and care training courses. Services are purchased by government and residents can use senior care coupons which are issued by government for all seniors to purchase their wanting services.

All institutions and facilities are set by population density and area, so that they are able to provide different types of services. Typically, there is at least one community
seniors-centric service center and nursing home in the street area, one daycare per 15,000 – 20,000 persons, and one to two senior cafeterias on street level.

More directly speaking, an older adult can receive institutional nursing care, daycare, dining, bathing, basic medical services, recreation services without going out his or her community, and he can ask for delivery service if they have to.

Collaboration Form

The collaboration form of Shanghai ECSC has its distinctive feature that public sector has participated in almost every process of implementation. In the form, multiple level governments are responsible for different tasks through hierarchical structure, private sectors appear mostly as contracted service providers, non-profit organizations and community are in charge of auxiliary work.

In terms of public sector, three levels of government play different roles, but have some functions in common (see figure 1). First, municipal government (city level) takes the lead to establish overarching goals, plans, regulations, and programs. The municipal government, including Bureau of Civil Affairs, Health Commissions, and Office of Shanghai Working Committee on Aging, formulates guidelines for seniors care work, designs plans for the construction of senior care institutions, and issues detailed rules for implementing senior care services (Shanghai Bureau of Civil Affairs, 2019a, 2020a; Shanghai Bureau of Civil Affairs & Office of Shanghai Working Committee on Aging, 2011). Other than playing a rule maker, the municipal government is also in charge of program evaluation and supplies financial subsidy to high quality programs in the name of
reward, they conclude the experience of these successful programs and promote citywide. With guidance and requirements from municipal government, district government take the responsibility of initiating and operating district level programs, such as *Old Pals* programs, which is a program that aims to connect the younger senior with the older senior for company. Though the company services are occurring in community public space, the city explicitly appoints district government as responsible body (Shanghai Bureau of Civil Affairs, 2020a). Moreover, missions are further broken down, eventually falling to the lowest level of government body - street. Each level of government plays the role of decision making, regulating, funding, outsourcing and supervising. Community-level autonomous organization is in charge of activity organizing and coordinating in terms of projects’ implementation.

**Figure 1 Vertical Governance Structure in Shanghai Model**

Vertically, due to the nature of community-based services, street government take the responsibility of most programs’ implementation, and they are under the evaluation of
upper-level government. Horizontally, each level of government selects professional social organizations to carry out service project through bidding and tendering, monitors the progress of the project and their budgets, and finally conducts evaluation by itself or designated experts. To conclude, the government is the responsible body of the senior care system, and subcontract to firms and non-profit organizations.

In terms of non-government organizations, district-owned enterprises, private enterprises, community and non-profit organizations are the main characters. District-owned enterprises belong to the larger category of state-owned companies, in which the local government (district government) invests and partly or wholly controls the enterprise, but they are for profit in nature. These enterprises are mainly in charge of the property management and daily operation. For example, in Jingan district, the oldest and expensive district in Shanghai, space is rare resource, and the buildings are usually owned by companies, institutions or organizations (Senior Care in the Mega City Editorial Board, 2017a). Shimen Second Road (located in Jingan District) street government, came forward to negotiate the use purpose of the commercial building (hotels) with its property owner. After property owner rebuilding the whole property based on senior care facility building code, the whole property is leased to street government, then handed over to district owned companies for operation (Senior Care in the Mega City Editorial Board, 2017a). Private enterprises usually play the role of professional care providers, who are the contractor with government or district-owned enterprises. In Guangzhong Road street government, as the pilot of Hongkou district to implement ESCS, achieves collaboration with Jiashijia family
services co., LTD through government service purchasing (Senior Care in the Mega City Editorial Board, 2017b). The government proposes the idea of senior care service package, in which different services are packed as a plan, and the company make different packages catering the demand of different groups of older adults, including younger and energetic older adults, disabled older adults. The company further refined the content of the senior care service package, and provided services package to residents. The services including dining, cleaning, delivering, and other related convenience services.

Non-profit organizations are the pillar of volunteer service provision. Shanghai local autonomous organization, namely residents’ committee and social non-profit organizations proactively participate in recreational, educational and company services to older adults. In Pudong New district, there is a senior care service team that organized by community residents’ committee. The team has 70 volunteers recruited from community and are responsible for providing door-to-door care, meal delivery and company service. This service is indicated and implemented by community. Also, non-profit professional associations participate in the service programs through connection with community. Psychological Consult Association of Huangpu district carries out the Pleasing Sunset psychological counseling program districtwide at the service guidance station, assign psychological counselors to street branch office and provide training courses to 100 volunteers per year communitywide (Senior Care in the Mega City Editorial Board, 2017e). Through this program, the older adults can receive professional psychological counseling service within the community. Moreover, initiated by Shanghai New Businessman
Federation, the public welfare project - *People for the Seniors* project - adopts the mode of mutual assistance and neighborhood watch to serve the single, lonely and childless older adults (Senior Care in the Mega City Editorial Board, 2017e). This project is carried out in the form of voluntary service funded by social donation, recruiting younger seniors under 65 years old as volunteers to pair up with the senior residents over 70. In these aforementioned projects, community either initiate the programs or collaborate with social organizations for event planning and service delivery.

From collaboration structure diagram illustrated in Figure 2, it’s obvious to find that government has deeply involved in the whole process in the roles of partner, regulator (manager), buyer, forming a large network with professional service providers. Also, the government itself can be the program manager, or a district-owned enterprise is functioning as a representative of the administrator. From the roles that government has played and the relationships it has engaged, it further manifests that the government has led the whole design and delivery process. In contrast, the participation of non-profit organizations are relatively rare from both role and relationship terms.
Impacts of Collaboration Form on the Practice

Resource Dependence

In the case of Shanghai, resources are mainly concentrated in the hands of the government, while private enterprises and social organizations (including communities) exist as employed service providers and local contacts, but the specifics vary depending on the type of service provided. In the provision of hardware, such as nursing home and senior daycare center, before bidding is conducted and specific work is subcontracted to professional companies, space and funding are usually resolved by the government. During operation, problems encountered by social organizations and companies are often solved by resources provided by the government. For example, in the operation of nursing home, Shanghai Izhaohu Company has encountered a major problem in community-based service operation - scale. Ding Yong, CEO of Shanghai Izhaohu Co., Ltd., which is entrusted by Wanli Street governments to operate Wanli Community Seniors Care Home (Senior Care in the Mega City Editorial Board, 2017d), analyzed,
The biggest problem of embedded institutions is that it is difficult to establish a financial model. There are too few beds to form the scale effect is weak, and the balance of income and expenditure is difficult to achieve. For example, a 100-bed nursing home requires 1 kitchen, a 20-bed one also needs to be equipped one kitchen, but the latter apparently has less return rate. The services provided by the seniors care home must be extended to the surrounding communities. (p.60)

This problem is not unique. In another case, to improve the efficiency, street government stepped in and provided the resources needed to operate at scale. Shanghai Fuyuan Seniors Care Development Center, a social organization, has signed a five-year agreement with Puxing Street government to manage the nursing homes on Puxing Road Street. They include two micro nursing homes in two gated housing complexes that are able to support 15 and 30 beds respectively, and one large-scale nursing home that located in another community for many years, which has 100 beds. The street government expand their contract content by commissioning Fuyuan to run these three institutions with the operation mode of the large institution carrying the small ones. Thus, small institutions can share management team, professional and technical team, medical care, community resources, dining services with large institutions.

On the other hand, informal services, like company and psychological consultation, are mostly organized by community and other social organizations, government usually provides financial support in the form of reward (though there are exceptions.). During service provision, organizations rely on each other for volunteer recruitment, including
residents’ committee, non-profit profession associations, business federations.

Steady resources provided by multiple level government give Shanghai ECSC a systematic management framework and clear hierarchical structures, also create an environment that are beneficial for professional company incubation. However, it also means that the government dictates the product content of the service, leaving less room for other entities to create.

**Sharing**

Sharing is a behavior that built on and feed interaction relationship. To understand what resources are shared and how does this behavior happen, it is necessary to review the typical relationships among different entities. In the case of Shanghai, the most common interaction relationship between government and private sectors is transactional relationship (see figure 2). In Shanghai city program - *Care for Our Seniors* program (Shanghai Bureau of Civil Affairs, 2020b), the interactions among government, private sectors and non-profit organizations are typical. In this program, the municipal government identifies the eligible street and assign management responsibility to these lower-level government to implement as pilot. The street government outsourced the business to the companies, and clearly stated the requirements and defined the work content in the contracts. Strictly speaking, the development of this program is the government's behavior and responsibility, governments at all levels are responsible for providing funds based on corresponding proportion, and a non-profit organization – Senior Care Service Industry Association (a social organization that made up by social welfare service agencies, senior
care industry business related enterprises and institutions, and other volunteer-related organization) is designated by government to supervision and management of the program. It tracks and inspects the progress of the program, conducts real-time evaluation and supervision on the quality and effect of the project implementation (management and supervision responsibilities). Government as buyer provides funding and specifies requirement, private entities as supplier provides professional caring, training service, collaborating with community for delivery, and non-profit organization is assigned by government to supervise private entities’ work. Besides, government functions as regulator to set standards for qualified institutions and staff, such as daycare center and nurses.

Information and resources are shared through requisition due to the mutually binding relationship. Financial and operational information is important means of constraint and supervision. On the one hand, resources are formally given in the form of contracts; on the other hand, human resources (volunteers) are allocated and scheduled through informal sharing among communities, volunteer organizations, non-profit profession associations.

**NPO Status**

The status of NPOs in collaboration model usually determines their agency, and their status will be affected by the degree of intervention and supervision of government entities. In the situation of Shanghai, non-profits are proactive in running projects, especially volunteer projects. For example, since 2015, Pudong New District government began to advocate mutual assistance neighborhood station, which aims to encourage neighbors help and care about each other (Senior Care in the Mega City Editorial Board, 2017c). The promotion is
completed by street government, but the implementation and activities are initiated by enthusiastic older adults themselves, including event planning, mutual assistance pairs. Besides, Shanghai New Businessman Federation also proactively seek collaboration with city volunteer center to provide door-to-door senior care. They all receive support from government more or less, but they are the responsible bodies of the programs, and own the absolute control of human resources, finance, and operations. In these programs, NPOs take up the control of program operations, though their service content are under the influence of government overarching goals.

New York, United States

Effectiveness of Practice

A typical New York City NORC-Supportive Service Program (NORC-SSP, often interchangeably used with NORC), the program is located in high-rise apartment buildings, ranging from a 420-unit one to 12,000-unit complex, and it is usually a moderate-income cooperative development (C. Chao, 2016). NORC-SSP services aim to fill the gap between existing large-scale services programs (Medicare, Medicaid) between small-scale community demand. Bearing this belief in mind, the services are provided based on community investigation and are adjusted based on a feedback mechanism. Generally, the core service encompasses four categories: social work services, health care-related services, educational and recreational services and volunteer programs. Social work services include case management, monitoring for change in status of clinically complex, caregiving. These
services are usually provided by trained social workers with professional certificates and experience in aging. Health care-related services range from regular monitoring, treatment and direct care to health promotion and disease prevention. The former helps the older residents to live with and manage their chronic diseases through medication treatment as well as monitoring their blood pressure and other related indicators. This service also advocates to integrate patients’ physicians and community volunteer into the caregiving process. Health promotion and prevention help organize health-related activities, including brain training for Alzheimer and aerobics classes. Educational and recreational activities are managed by social wrokers but developed by enthusiastic senior residents, encompassing painting, crafts, chess, language classes. Volunteer opportunities are designed for seniors to strengthen the connection with other residents and perform their expertise through participating in community activities and service programs. Because the demographic characteristics of residents in regards to health conditions, and living conditions are diverse, the priority of service provision are decided by their own.

Another aspect that reflects the model’s flexibility is the ancillary services, which means they are demanded by residents and are eventually determined by budget, specific population characteristics, geographic and other local conditions. Ancillary services, as non-core services, perform an essential role in fulfilling the goals of the programs. They may encompass housekeeping, transportation, dining, and wealth management assistance. Though these indispensable services are categorized as ancillary services, it only implies that these services are offered based on local demand rather than required by standard
regulations. Importantly, core services are free for all residents, while ancillary services may charge user fee depending on situations.

**Collaboration Form**

NORC-SSPs adopt a typical shared responsibility collaboration model, in which governments, private enterprises, NPO and residents are of equal status as well as being complementary to each other. To manage the complexity of demand, it requires all parties to establish a shared vision and distinctive responsibility of the program’s achievement. They need to work together to determine the overall goals and priorities, then set up a practical and robust implementation plan.

![Figure 3 Vertical Governance Structure in New York Model](image-url)

Vertically, governments, including state and city government, are responsible for program funding, regulating and supervising, while city government also assumes decision making function (see Figure 3). On state level, New York State Office for the Aging is in charge of the eligible NORC identification, and on city level, New York City Department for the Aging performs the same function with different eligibility standards. Moreover,
New York City Department of City Planning, New York City Housing Authority and New York City Council are involved in different aspects, such as building renovation, resource coordination and funding. What needs to be pointed out is that in this model, program decision-making power is seized by the NORC-SSP board, which directly determines its community-centric feature.

For funding, based on the state’s support in 1995, New York City modified NORC-SSP eligibility based on the State’s version, and allocated millions of dollars to support this public-private partnership initiative. Therefore, a program is either partially funded by one government agency (usually city government) or both, depending on which threshold it meets. The common characteristics of the financial support is that the financial support is accompanied by the matching funds and in-kind services from other stakeholders. For example, New York City Department for the Aging (DFTA) provides two-thirds or up to $200,000 annually per program, then require at least one sixth DFTA grant cash match from housing company (except for public housing), and at least one sixth DFTA grant cash match from philanthropy and health care providers (Vladeck, 2004). In-kind services are also acceptable to fulfill the matching requirement. Usually in practice, the funding from public sector takes up 50-60 percent of a program’s budget. Furthermore, DFTA also requires that each New York City’s NORC-SSP must have an advisory committee or board with resident representation as part of the governance structure. Though the city government assumes the operation responsibility of programs, they often outsource the management work to other organizations. From an interview subject, city council also has
allocated funds to support program; NYC Department of City Planning participates in the vision of age-friendly city and building modification, but not engage with the delivery process.

There is no clear distinction between the roles of private enterprises and non-profit organizations in NORC-SSP as they usually assume multiple roles and functions. In the NORC-SSP model, the most prominent private enterprise role is housing corporation. Looking back to the origins of the NORC-SSP, housing corporations has played an important role in responding to the needs of residents. Experts also believe that the role played by housing corporations in the NORC-SSP model in New York is not negligible, which directly leads to the success of the model (Altman, 2006). As private housing companies (except public housing), their participation is not only a condition attached to the government's funding for the NORC-SSP, but also a necessary action to strengthen their ties with the residents. Therefore, housing corporation usually assume the responsibility of resource provision and advocacy in the Advisory Board.

On the one hand, the government requires housing companies to provide cash support. For example, New York state requires a match of at least 25% cash, and New York City requires a match of at least a sixth of grants. Generally, housing match takes up 10% of the total funding. In addition, the housing company is also obligated to provide rent-free space. Because of the limited land resources in New York City (especially in Manhattan), housing companies sometimes even have to go outside of the residential building to coordinate the use of space within community (Vladeck, 2004). On the other hand, housing corporations
can participate in the programs actively by articulating goals, identifying key resources, and solving problems. This form of participation is fully embodied in the housing partner structure, in which housing companies will establish a non-profit organization to capitalize on the SSP, in which directors of housing companies and other enthusiastic residents are members (Vladeck, 2004). It mainly discusses, approves and reviews the tasks, work and financial budget proposed by the social service provider.

In addition to housing companies, some professional health-related services are performed by private enterprises. They usually act as contractors for the program and provide services as required by the program, including but not limited to health promotion and screening.

In the whole NORC-SSP model, the ones that take the most abundant roles and being the most deeply involved are the various non-profit organizations. They can be roughly divided into three categories: social service providers overseeing the operation of the project, professional service providers providing a variety of special services for the seniors, and residents' committees expressing residents’ demand.

Social service providers, as government contractors as well as the lead agency in most of the cases, are responsible for coordinating resources and services offered, managing site and program finances, and facilitating the partnerships among all stakeholders. Also, the program director is usually from a social service provider for day-to-day operations. Professional service providers, especially health care providers, are usually social institutions and organizations providing staff and services in the form of in-kind
contributions. These partners include nursing homes, certified home health agencies and hospitals. The partnership can be achieved through negotiation from both ends. For example, with a demand of psychiatric treatment, a program negotiated with a local teaching hospital to assign its geropsychiatry fellows to the program one day a week to help on-site workers and provide evaluation and treatment. This partnership is mutually beneficial: residents receive the psychiatric treatment they need, and the hospital is able to broaden their educational curricula and extend the practices into the community. Crucially, the NORC-SSP did not increase capital expenditure, but provided residents with needed, flexible and customized services.

Residents are not only the customers of the service, but also participate in setting up service requirement and program direction through organizations like advisory board. The advisory board is required by government and it assumes the responsibility to develop program guidelines or strategies to regulate a program’s behaviors and function as a consultant of other programs when they have trouble in solving internal problems fairly. Residents’ interest and inclination are reflected formally in this form. On the other hand, residents engage deeply in programs’ different departments. Because programs rarely solely depend on paid professionals to provide and organize services due to the limitation of financial resources, seniors are recruited or volunteer to participate, which makes services more affordable. Moreover, one thing that can't be overlooked is that the seniors themselves are involved in the operation of the project, such as fund raising, flea market organization. Their roles are not limited to their interests and hobbies, but are integrated
into the daily life of the community, which strengthens the connections between themselves and the program as well as a sense of belonging.

From Figure 4, the roles and relationships are further exhibited. The most distinctive feature is that the relationship between government and professional service providers is relatively simple, namely only management relationship. In regards to entities that play the roles of community representatives, community representatives have a well-rounded structure as it includes a committee that composed of residents, housing corporation representative and other interested local organization representatives, which determines and is in accordance with the needs of partnership. Another important fact that should not be overlooked is that the engagement of public sector is hard to discern in regards to professional service delivery, which results in the burden of program manager as they have to negotiate with service providers (either with philanthropic or public organization) for leverage service or in-kind support, even purchasing service from private enterprises.

![Figure 4 Collaboration Structure in New York Model](image-url)
Impacts of Collaboration Form on the Practice

Resource Dependence

In NORC-SSP collaboration model, the acquisition of hardware resources is the result of public-private partnership. On the one hand, funding comes not only from government grants, but also from companies, nonprofit organizations, and residents themselves. This distinction shows up in the final result with government spending slightly higher than the other 10 percent or so. More importantly, although there is a minimum allocation, the allocation of funds is not based on the number of people, but on the financial budget specified by each program according to its community-specific needs. However, in recent years, the funds provided by the government are decreasing, so the project managers on the one hand seek more funds from NPOs, and on the other hand, encourage free leverage services and volunteer services to reduce the financial pressure. Rent-free activity space is provided by the housing company. Staff and services are handled by the program lead agency (usually social work organizations) and other professional non-profit organizations. Although some professional care services still need to be purchased, programs are more dependent on in-kind services and staff due to the constraints of economic conditions.

From the perspective of resource dependence, the program itself is the result of the multiple organization collaboration, and the program is less dependent on external resources from the government. The specific operation and resource acquisition of the program is either provided by partners at the request of the government and their own needs, or it is carried out in mutually beneficial collaboration with other entities. Overall,
resources mainly depend on the capabilities of all stakeholders in the program.

**Sharing**

Resource and information sharing exist among the partnerships between stakeholders (see figure 4). The sharing is based on the shared vision and trust instead of requests from one end. In the aforementioned Housing Partner structure, a housing entity establishes a 501(c)(3) non-profit organization that is in charge of overseeing. 501(c)(3) non-profit organizations are referred to the entities that meet the requirement of the US Internal Revenue Code that allows for federal tax exemption, specifically those that are considered public charities, private foundations or private operating foundations (Internal Revenue Service, 2021). Social service provider partners attend the meeting organized by the NPO to report on program activities, emerging trends. The meeting is held to build consensus based on service providers’ practice and observation, making it a good chance for residents, housing corporation, and service providers to form a comprehensive understanding of status quo and next step direction. Another common structure takes the form of shared partnership, in which more stakeholders are required to engage. In this structure, the advisory committee of the program consists of representatives of all the partners, including government, philanthropic organizations (Vladeck, 2004). In their quarterly meeting, the lead agency aims to clarify each partner’s capability and responsibility in the program and discuss how to allocate their budget and resources.

From these two structures, it is not difficult to conclude that information sharing is the basis for building consensus and understand each partner’s opinion. After understanding
the circumstances of all parties, it is easier to achieve resource sharing among staff, venues and volunteers. In other words, the sharing behavior of various organizations is carried out spontaneously for the purpose of achieving a unified goal, which is not only a reflection of partnership, but also an opportunity for further cooperation and even mutual embedding.

**NPO Status**

Within the project's lifeline, NPOs can be divided into two broad categories. One is the on-site committee or board, the other is philanthropic organizations, which monitor service providers, manage financial budgets, organize local volunteers, and provide residents with feedback. From the perspective of status, the existence and contribution of some organizations are generated by government regulations, but it does not mean that their relationship with the government is subordinate or governed.

The government's influence on NGOs mainly lies in industry norms and standards, there are also financial implications because many philanthropic organizations depend on government grants. In the New York metropolitan area, for example, the program eligibility, demographic characteristics, and operational protocols have been defined rigidly, making the service providers have become more focused on fulfill government’s requirements thus have been gradually away from the clinical practice (Altman, 2006). Furthermore, there are cases in NYC where some communities are forced to withdraw from the NORC program because the seniors population does not meet the requirements (Ormond et al., 2004). The managers of different NORCs are more flexible in the exercise of power compared to Shanghai case. In the case of New York, instead of bargaining with
government to win the operation contract of other senior care center and nursing home within the area, six NORCs united to form a single supportive service program, which ensures sufficient density to achieve economies of scale for service provision (Vladeck, 2004).

In conclusion, on the one hand, although the government's restrictions on NGOs have an impact, they are constraints and regulations on the overall environment, rather than direct intervention in the program itself. On the other hand, a large number of service delivery in the NORC-SSP are directly participated in or entrusted by NPOs (social service providers, residents’ board), and the partnership relationship enables NPOs to have the initiative and ability to negotiate.

Findings Overview

In Shanghai’s senior care system, community (home)-based senior care is the lowest service level in the whole municipal senior care system. In other words, a set of top-down service standards for the senior services and facilities runs from the city to the street, then to the community. Though restricted by local market features that NPOs are not the dominants of social work, the existing government-led collaboration model fits in with this set of top-down service system. While providing standardized and comprehensive services for the seniors, it also brings about the dependence of grassroots organizations and private enterprises on government departments, as well as the lack of flexibility to provide community-specific services.
In New York City’s naturally occurring retirement community-supportive service programs, the services provided in the program are not part of the existing senior service program, but supplement the existing service system at the community level. It aims to provide calibrated supports as individual demand changes. Since the demands are proposed by senior residents, physical transformation of buildings and communities are done by housing corporations, and service provision are within the work scope of multiple stakeholders. Therefore, in the NORC-SSP collaboration model, stakeholders’ joint participation, understanding, communication and efforts are the core elements. Through this series of collaborative actions, each partner can clarify their responsibilities and positioning on the condition that they understand the overall situation, and establish an effective feedback mechanism to adjust the priority and content of services in time. However, it cannot be ignored that the services in the project will be greatly affected by the resources, resulting in discontinuity and inconsistency.

**Innovation and Sustainability**

The innovation of senior care service is embodied in the novel form of service and its ability of sustainable development. In this respect, Shanghai has been trying to innovate. The innovative way comes from local practice, that is, the community or local administrator first tries out a certain service, and then the higher-level government would evaluate it and promotes it in its jurisdiction if they find it doable. Driven by this model, many creative attempts have emerged in Shanghai's seniors care services, including the seniors service butler, senior care package, time bank and other recreational activities.
Some innovative services are supported by corresponding funding from government. Government itself can be regarded as the most active innovators as well as the largest sponsor. By contrast, in New York, innovation is the result of interaction between organizations, which is enjoyed by the residents of the program and is basically paid for by the program itself. The program also provides a shortcut to the residents' own creativity, including exhibitions and fund-raising activities to promotes the effectiveness of the program. However, these attempts can be limited by program budgets as their funds are allocated based on their budgets, and the use of funds is the joint decision of multiple stakeholders. Overall, Shanghai model provides a reliable mechanism for innovation sustainability in regards to fund and other resources, while New York model’s innovation practice is less sustainable due to the resource uncertainty.

**Comprehensiveness**

From the comprehensive point of view, Shanghai and New York have their own advantages. Because Shanghai model is a complete system construction, it is devoted to the provision of community-based services such as medical care (physical and mental), daily care (meals, bathing) and companion services, to the modification of a larger scale day care center in the community, small nursing homes and other facilities. On the one hand, such a vertical system ensures that the seniors can flexibly adjust the type of senior care services according to their personal physical conditions. On the other hand, the city offers services consultant to each residents’ committee, this municipal project can help older adults to clarify their needs, and adjust their selection strategies accordingly. Such a
comprehensiveness is more of an individual's selective use of the well-rounded services provided by the system, which imposes pressure on the overall provision of services, and also leads to the situation that the operation cost exceeds its income due to the inefficiency.

NORC-SSP in New York, by definition, is to provide services based on the needs of residents in a housing complex (neighborhood), which makes it more targeted. It reflects in the match between demand and supply, and the priority of services. Social workers will carry out surveys and learn about the needs of residents in regular meetings, so as to set priorities according to their needs. For example, one NORC program in Queens provide transportation service as required by residents, but programs in Manhattan usually do not have this service since they have already been well served by public transit. To conclude, Shanghai model is a standardized model where also lie in inefficiency and redundancy due the mismatch between local needs and requirements, while NYC model is more targeted to fulfil the wish of both seniors and the neighborhood.

**Community Integration**

In terms of community integration, it can be divided into inter-generational inclusiveness and community voice listening. In Shanghai case, the government initiated the *Care for the Seniors* project, which is designed to pair up younger seniors and older, single-living seniors to strengthen community connections. The community also has young volunteers from nearby schools involved in helping the senior volunteer activities (assigned by city volunteer association, and other non-profit organizations). Time bank is also a way to strengthen intergenerational communication. Through Time Bank, young people can
provide volunteer services to other older adults and deposit the time of this volunteer activity in the time bank, so as to exchange the opportunity and duration of older adults in their families receiving volunteer services from others. The implementation of the project also considers the reality of aging citywide. By the end of 2019, Shanghai's elderly population aged 60 and above was 5.1812 million, of which 30.2% were between 60 and 64 years old and 15.8% were 80 years old and above, accounting for nearly 2:1. If "young" people, aged 60 to 64, can take care of those aged 80 and above, they can basically be "self-sufficient" (Shanghai Changning, 2021). The achievement of the goal will strengthen the intergenerational connection.

For listening, seniors in Shanghai community only have the decision-making power over entertainment and recreational activities; they are basically initiated by the seniors themselves, with the help of management organizations (neighborhood committees or companies). As mentioned above, most of the services are used selectively by individuals and the service providers have a weak response to the special needs of the community.

The practice of New York provides a good example of community integration. Since NORC, by definition, has a high proportion of the senior population, it is important for operators to ensure that the senior population is not lost while also attracting young people. Housing price suitable for middle class families is an important attraction factor, and proper filtering and approval mechanism can ensure that the seniors move in. Volunteers are also a good medium for encouraging intergenerational communication. In terms of community voice listening, older adults in NORCs have larger right and power to customize the
services. They can be not only community event planners and art class teachers, but also nurses, accountants and even help raise money for projects. More importantly, in the NORC-SSP framework, residents are members of the advisory committee required by program protocols. In conclusion, residents are more involved in the whole process, including decision making, fund raising, service provision.

Other Consideration

There are differences in regards to land use and zoning policy that also contribute to the status quo. In Shanghai, space resource is released for senior care facilities in multiple ways. One way of achieving the goal is by transforming buildings’ business use to non-profit use after street government has been forbidden to introduce investment as enterprises anymore (to reduce government intervention to the market) (Senior Care in the Mega City Editorial Board, 2017e). Also, the Bureau of Housing Management and the Bureau of City Management establish regulations to remediate illegal-use building (not comply with zoning), thus bringing vacant spaces. These behaviors are conducted at street level (local administrator). In New York City, NORCs are in the form of building, housing complex and community, leaving more flexibility for housing corporations, homeowners, and renters to adjust the use of space, though it is still limited. Some experts discover that the so-called Towers in the Park are indeed an ideal building type for a senior community because it provides a combination of elevators, wide hallways, communal green spaces, shared facilities, and shopping and services typically on the same block serve the community very well (Tobias et al., 2010). The differences in regards to context also shape
the collaborative methods.
Chapter 4 Conclusion and Implication

Conclusion

The research aims to answer how different collaboration models impact the practice of Aging in Community in different context, and after the analysis of the practices of Aging in Place in Shanghai and New York, the research concludes the characteristics of the practice in innovation, comprehensiveness and community integration. It also analyzes the behaviors and interactions of government, non-profit organizations, private enterprises, residents in the whole practice from the perspective of organizational structure. The comparison between these two case studies reflects the differences between Shanghai and New York in terms of history, culture, political structure and other contexts, but at the same time provides valuable reference experience to both sides. From the perspective of the collaboration model, the government-led model of Shanghai and the shared partnership model of New York have their own advantages and disadvantages, which not only bring benefits but also hide some structural problems.

Government-led Collaboration Model

In the Shanghai model, the government assumes many responsibilities, such as the provision of space and funds, service bidding, operation of projects, and supervision. In terms of project management, governments’ resource allocations are not based on each community’s demand, but on each service delivery project, usually from the municipal level down to the community-level practice. From the perspective of innovation, although
the resources are mainly provided by the government, the resources for the pilot and promotion of innovative projects also come from the government. Therefore, this model has the ability of innovation incubation, and can provide relatively stable financial support for innovative services to ensure their sustainability and scale. It is hard to form an innovative collaboration structure due to the restriction from government’s deep involvement.

It is also in this mode that the government's organizational leadership enables a complete and systematic pension project to be established. The government's efforts to create a standard senior care model, and then to meet people's needs through selective purchasing (and use), have led to a loss of efficiency. A set of standardized templates, even adjusted for local conditions, is still not fully suited to people's needs. Spending beyond its revenues is a common occurrence for many companies responsible for project operation. This shortfall is made up by the coordination between the government and social organizations. For example, volunteer service in the community involves the participation of local residents and different volunteer associations coordinated by government.

The sharing of information, resources and staff is the way to promote service optimization. In the Shanghai model, although older adults are still actively contributing their ideas and actions to the diversity of community activities, they are still playing the role of clients in the formal provision of service projects. Private companies and NPOs, as service providers, would listen to customer feedback undoubtedly, but they are not
close to the exchange and sharing of information between organizations. This is one of the drawbacks of this model, because the government takes on many functions, so that clients (seniors and other residents) and service providers do not necessarily form a vision together. This also implicates a lower level of community integration from the service provider end.

**Shared Partnership Collaboration Model**

One of the most fascinating aspects of the New York model is that all partners have established a common vision for the NORC-SSP, and the institutional structure guarantees participation. In this model, the government, housing corporations, NPO, and residents are all involved in program direction setting, funding allocation, content design, and service delivery. New needs and problems can be identified and resolved promptly due to close communication with the communities the program serves. When it comes to innovation, however, the model is a little bit weak. For one thing, funding remains a problem. Since the allocation of funds from government is not based on the population scale, but on the budget of the program in a certain proportion, leading to high pressure on the program. Even though the City Council approves the grant especially for NORC, without steady funding, innovation attempts cannot be sustained. The innovative attempts thus reflect in leverage service and collaborative structures.

In terms of comprehensiveness and community integration, the New York model of reciprocity-based sharing and more equal status contribute to the effectiveness. It is because of the frequent communication and sharing of information, human resources and
resources among different organizations that allow project operators to identify problems timely, provide more community-specific precise services and set the priority of services. Compared with the comprehensive standardization, such tailoring improves the efficiency of the project itself and reduces the expenditure as much as possible. At the same time, as the residents themselves are also members of the advisory board, which is required by the City, they are not only limited to the identity of clients, but also serve as service providers, project operators, and donors.

To conclude, Shanghai government-led model is more centralized thus bringing more consistency while New York shared partnership model is more distributed but accommodates more flexibility. The characteristic has different manifestations on these three aspects. In terms of innovation and the ability to maintain innovation, the more centralized model is more sustainable. The more centralized one also builds a more consistent and comprehensive framework among service types and agencies, while the distributed model provides more targeted yet not comprehensive services. For community integration, the distributed model provides a more open environment for community engagement.

Implication

Scale

From the comparison of the two practices of Aging in Community, the most obvious and fundamental question is about the scale of the implementation and decision making,
namely, the definition of community on a practical level. An inappropriate scale of practices in terms of implementation and decision making can lead to inefficiency and inflexibility. In Shanghai, the scale of decision making is on multiple levels, where municipal government, district government and the local administer (street government) all have a word on the content of services, space, funding, and operation mechanisms. Although each level government still has the power to adjust service content, the embedded senior care services are the requirements for the community-level implementation (such as the minimum number of each community’s daycare center beds, the senior care comprehensive center should be located in the 15-minute walking circle of the community), which leads to a mismatch between decision-making scale and implementation scale. The direct consequence of this mismatch is that redundant services can be provided to the community which is not in need. For example, some communities do not have a large number of disabled older adults, resulting in a smaller demand for beds in a community-based day care center. Vacant beds have not been used by people who need them in other areas, while the day care center in the community still needs to provide services for the few seniors, resulting in a waste of resources and a burden on the operators. To address this problem, the administration should consider leveling up the decision-making power for better resource allocation, the exact level should be determined by concrete local investigation, including demographics, health conditions, the physical environment and other relevant factors. The lessons imply that centralization and decentralization of decision making are not opposed but essential to each other.
Central of overall policy cannot be developed unless satisfactory decentralized or divisional policy and implementation plan is also being produced.

Based on the case experience of Shanghai and New York, this study believes that the efficient provision of public services refers to the efficient allocation of public resources, that is to say, the service efficiency is improved while the service supply is guaranteed. The senior care service, as a service for a particular group of population, needs to consider the older adults population density (instead of population density adopted in Shanghai) and their physical conditions, economic conditions as well as family conditions in order to provide targeted types of services and appropriate capacity.

**Public Sector Involvement**

From the collaboration form diagrams of both cases, it is not difficult to notice that public sector does not actively engage in professional services, and the presence of city planning department is hard to discern in the whole process. In terms of professional services, compared to services that provided to children, schools from public sector are a critical role in professional services (education), as well as daycare centers, playgrounds, and other entities that managed and planned by public sector.

However, few facilities specifically for the seniors are provided by the public sector, especially city planning department. In the Shanghai case, the main public sectors involved are the Bureau of Civil Affairs, Health Commission and an office that are in charge of all the aging affairs, yet urban planners are nowhere to be seen. In the New York case study, the public sector departments involved in NORC are the New York State
of Aging, NYC Housing Authority, NYC Department for the Aging, one of the staff NYC Department of City Planning contribute to the publishment of the *Aging in Place Guide for Building Owners*, which is created by Department for the Aging and the American Institute of Architects New York Design for Aging Committee. Yet in the analysis for NORC, experts express their inclination to the particular building type – towers in the park, which implies that the demand for urban planning intervention does exist and should not be ignored for the sake of future development.

In both cases, it can be found that the public sector is absent to varying degrees, either with low and indirect participation (e.g., urban planning department) or with insufficient participation in professional services. Therefore, more public sector agencies should be involved in the provision of services and facilities for seniors. But at the same time, it also values practitioners’ attention to the positioning of the senior care service program. In Shanghai’s case, embedded community-based senior care is part of the government's formal care system, while in New York, the program complements the existing formal system. Hence, the form, depth and position of public sector participation need to be carefully considered.
Appendix 1: Primary Sources (Full Citation)


Civil Affair Bureau of Shanyang District. (2020). Experience and Enlightenment of Shanghai Elderly Care Service.
http://www.syq.gov.cn/sitesources/syq/page_pc/sqyl/article091406fc5aff44a19eb8e5fdd7b9416e.html

http://www.shlnb.cn/gb/shmzj/node8/node15/node55/node231/node279/u1ai44072.html


Senior Care in the Mega City Editorial Board. (2017). Senior Care in the Mega City: Practice in Shanghai

http://www.shanghaiyanglao.com/Detail/detail/id/23384


Appendix 2: Semi-structured Interview Questions

1. Effectiveness

☐ What do you do or are you doing to build the community a Naturally Occurring Retirement Community (NORC) project/Embedded Community-based Senior Care (ECSC) program?

☐ What difficulties do you see in the process? (Residents' attitudes, funds, public sector, etc.)

2. Operation

☐ What is your role in the process of building the NORC project/Embedded Senior Care Community (ESCC) project? (leader, contractor, supervisor?)

☐ How does the collaboration function?

3. Supervision

☐ Is there a supervisor/feedback mechanism in the implementation?
Bibliography


7333(01)00120-2


Kent, T. J. (1962). *The Urban General Plan*.


Mathew Greenwald & Associates, I. . (2003). *These four walls... Americans 45+ talk about home and community*.


Senior Care in the Mega City Editorial Board. (2017a). Chapter 1: The Leap-forward Development of the Construction of Senior Care Institutions. In *Senior Care in the*
Mega City: Practice in Shanghai (pp. 11–28).

Senior Care in the Mega City Editorial Board. (2017b). Chapter 2: The Successful Practice of Home Care Service. In Senior Care in the Mega City: Practice in Shanghai (pp. 29–46).

Senior Care in the Mega City Editorial Board. (2017c). Chapter 3: The Rise of Community Comprehensive Senior Care Service Center. In Senior Care in the Mega City: Practice in Shanghai (pp. 47–64).

Senior Care in the Mega City Editorial Board. (2017d). Chapter 4: The Boom of Embedded Community-based Senior Care Service. In Senior Care in the Mega City: Practice in Shanghai (pp. 65–78).

Senior Care in the Mega City Editorial Board. (2017e). Chapter 7: Construction of Informal Community Care System. In Senior Care in the Mega City: Practice in Shanghai (pp. 111–132).


http://www.shlnb.cn/gb/shmzj/node8/node15/node55/node231/node279/u1ai44072.html


Shanghai Bureau of Civil Affairs. (2020a). Implementation Opinions on Deepening the
Construction of the Municipal Senior Care Consultant System. Shanghai Bureau of Civil Affairs.


Shanghai Changning. (2021). Time bank is written into Shanghai senior care laws and regulations to serve the older adults time savings and exchange. Sina Shanghai.

Shanyang District Bureau of Civil Affairs. (2020). Experience and Enlightenment of Shanghai Elderly Care Service.

http://www.syq.gov.cn/sitesources/syq/page_pc/sygz/article091406fc5aff44a19eb8e5fdd7b9416e.html


new-york


https://uhfnyc.org/media/filer_public/c0/c5/c0c59412-c615-48da-aa25-d955d512c617/goodplaceexecsumm.pdf
