



THE IMPACT OF THE “VILLAGE” MODEL ON SOCIAL ENGAGEMENT AND AGING IN PLACE



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The “Village” Model

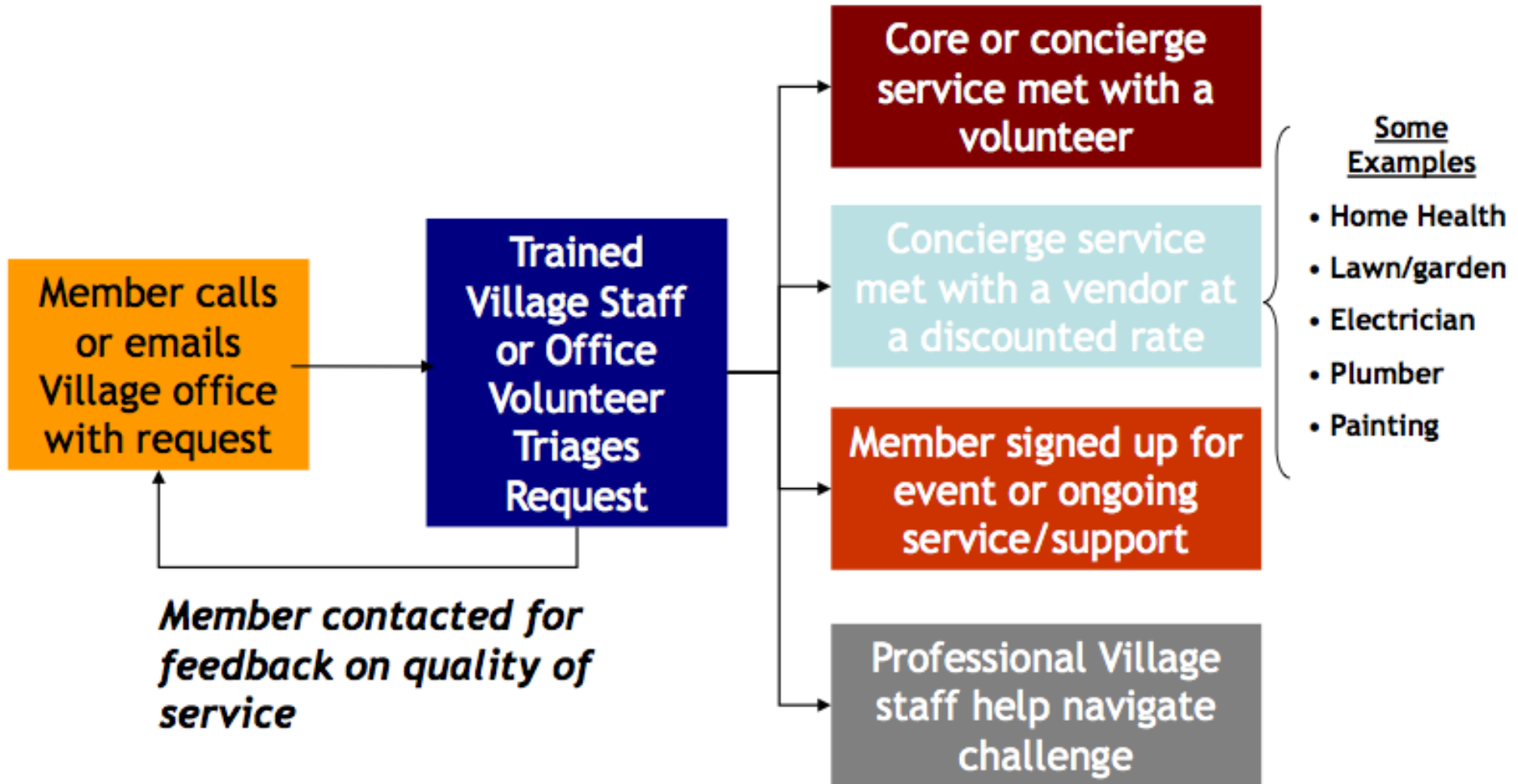
- “Villages are self-governing, grassroots, community-based organizations, developed with the sole purpose of enabling people to remain in their own homes and communities as they age.”

[from Village-to-Village Network website]



Preliminary Findings from UC Berkeley - Not for Public Dissemination

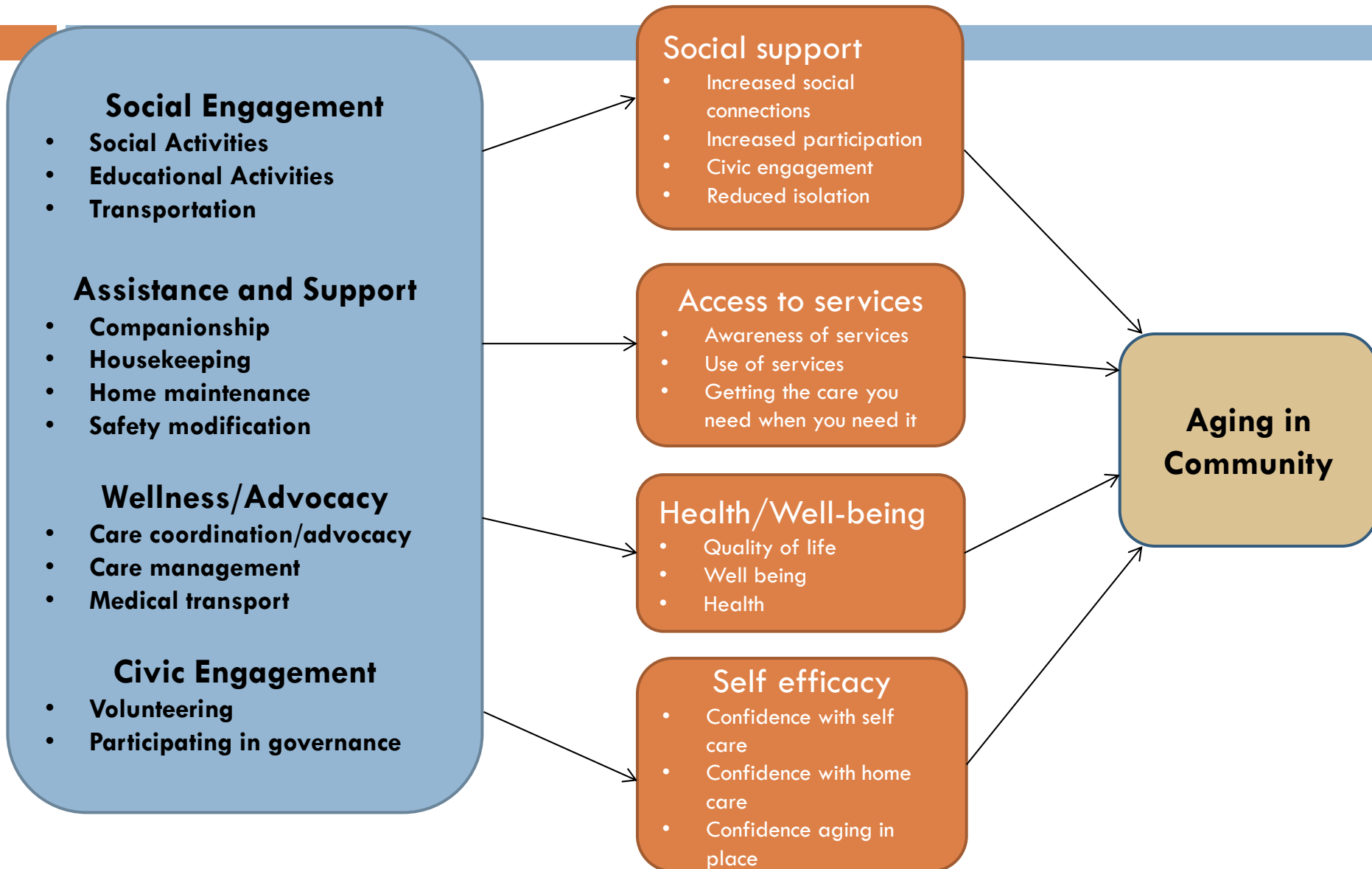
How A Village Works



Services Villages Provide

- Core Services
 - ▣ *Transportation, shopping, meal preparation, companionship, etc.*
- Concierge Services
 - ▣ *Information, referral, service coordination*
- Community Building
 - ▣ *Social activities, classes, volunteering, governance*
- Health and Wellness
 - ▣ *Health promotion, medical accompaniment*

Village Impact Pathways



UC Berkeley Villages Project

- Statewide and National Evaluations of Villages
 - Service use
 - Member satisfaction
 - Member outcomes
 - Cost-effectiveness

- National surveys of Village organizations
 - Village variations
 - Factors associated with sustainability and effectiveness

- Longitudinal studies of Village members
 - Impact of Village programs (12-months, 24-months)



Village Characteristics

Village Members vs. US Population 65+

	Village Members	US population 65+
Gender	69% Female 31% Male	59% Female 41% Male
Living Arrangements	51% Alone 49% With others	31% Alone 69% With others
Race & Ethnicity	94% White 2% African American 2% Hispanic 1% Asian/Pacific	83% White 8% African American 6% Hispanic 3% Asian/Pacific
Economic Status	12% “Impoverished” 12% “Insecure”	16% < SPM* 33% 100%-199% SPM*

* SPM = Supplemental Poverty Measure
(U.S. Census Bureau, 2011; Short, 2011)

Services Used Most Often

Service	Provided by member volunteers	Provided by Village staff	Referred to outside providers
Transportation	83%	46%	54%
Recreation/Socializing	70%	51%	31%
Companionship	69%	28%	4%
Grocery Shopping	59%	21%	14%
Reassurance calls	49%	42%	9%
Healthcare advocacy	24%	25%	7%

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Impact of Village Membership

Preliminary Findings from UC Berkeley - Not for Public Dissemination

Health and Social Impacts

Member Variable	Intake	12-month Follow-Up
<u>Health and Well-Being</u>		
Self-rated health (excellent)	13.5%	21.2%**
ADLs (any)	23.4%	16.4%**
Falls	37.7%	30.4%*
<u>Social Functioning</u>		
Social contact (daily)	50.0%	50.4%
Attend meetings (weekly)	56.1%	39.9%***
Someone you can count on? (agree strongly)	37.0%	49.0%**
Sense of community (agree strongly)	37.6%	45.9%*

Service Access and Aging in Place

Member Variable	Intake	12-month Follow-Up
<u>Health Services Use</u>		
Hospitalizations	20.1%	25.6%
Nursing home stay	6.1%	7.5%
<u>Aging in Place</u>		
Ability to age in place (very confident)	39.4%	52.3%**
Considering relocating	25.1%	15.1%**
Home modifications needed	27.1%	17.8%**

Perceived Benefits of Village Membership

1. Peace of mind
2. Being part of a community (social connection)
3. Social activities
4. Services (esp. transportation)
5. Staff and volunteers
6. Being part of a social movement
7. Classes and lectures
8. Volunteering for other members/giving back
9. Access to services through preferred providers

Villages – Promoting Healthy Aging (?)

- Personal Well-Being
 - ▣ Improved (self-perceived) health
 - ▣ Decreased falls
- Supportive Environments
 - ▣ More help when needed
 - ▣ Reduced home hazards
 - ▣ Greater sense of community
- Aging in Place
 - ▣ Increased confidence about aging in place
 - ▣ Decreased relocation plans

For further information, contact:

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