

# RESULTS OF A LONGITUDINAL STUDY OF THE IMPACT OF VILLAGE MEMBERSHIP ON OLDER ADULTS

Village To Village Network Gathering  
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# Archstone Multi-Village Evaluation

- 9 Villages in California
  - Average 170 Members per Village
  - Average yearly membership dues \$520
  - 4 Freestanding vs. 5 agency-based
  - 2 Villages use timebanking
  - Average 9% of memberships are discounted
  - Average 2.18 full time Village staff
- **Volunteering**
  - Average 74 Volunteers per Village
  - Average 2.1 members per volunteer
  - Approximately 41% of members volunteer

# Archstone Multi-Village Evaluation

- ▣ **Longitudinal Pre-post Test with Members**

- Intake and follow up surveys to assess changes over time

- ▣ **Retrospective Measurement**

- Members told us how their lives were impacted by the village

- ▣ **Qualitative Analysis**

- What is *best* about the village?
- What could be improved?

- ▣ **Assessment of Village Services**

# Evaluation Results:

## Whom do Villages serve?

- **Age Range**
  - 24% under 70
  - 40% in their 70s, (Average age 76)
  - 37% 80 and older
- **Other Characteristics**
  - 75% female
  - 94% white
  - 97% speak English as first language
  - 76% graduated college or post grad (6% high school education or lower)
  - 45% married or partnered

# Evaluation Results:

## How are members served?

| <b>Administrative data on services from Villages</b>                           | <b>Average # members served per month</b> | <b>% of total services per month</b> |
|--|---|--------------------------------------|
| Village social events  | 65  | 37%                                  |
| Classes and groups   | 26  | 15%                                  |
| Transportation   | 24  | 14%                                  |
| Companionship  | 20  | 12%                                  |
| Referrals to preferred providers   | 10  | 6%                                   |
| Miscellaneous information  | 8   | 5%                                   |
| Housekeeping, garden, home repair, health care advocacy, technology assistance | 3   | 2%                                   |
| Legal assistance, financial assistance, pet care                               | <1  | <1%                                  |

# Domains of Impact Evaluation

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- ▣ Health and Well-being
- ▣ Health Care Utilization
- ▣ Social Engagement/Civic Engagement
- ▣ Access to Services/Unmet Needs for Services
- ▣ Confidence Aging in Place

# Health and Well Being

- ▣ 84% report that their health is excellent, good or very good
- ▣ 16% report that their health is fair or poor
- ▣ 24% report an ADL disability
- ▣ **Retrospective**
  - ▣ 50% said they felt happier because of village membership
  - ▣ 59% said their quality of life had improved
  - ▣ 36% said they felt healthier because of the village membership
- ▣ **Pre-Post Test**
  - ▣ No change in overall self-rated health at 12 months
  - ▣ Significant increase in one ADL impairment (more members had trouble walking across the room)

# Health Care Utilization

- Only 20% had been hospitalized in the year prior to joining the Village and about 10% had ever called 911.
- **Retrospective**
  - 37% said they were more likely to get the medical care they needed when they needed it because of their Village membership.
- **Pre-Post Test**
  - Significant increase in hospitalizations (Village members were significantly more likely to report having been hospitalized two or more times) ( $p = .03$ ).
  - Significant increases in 911 calls at 12 months ( $p = .01$ ).
  - There were no significant changes in measures of re-hospitalization, ER visits, skilled nursing facility stays or delayed medical care.

# Social Engagement

## □ **Retrospective**

- 74% said they know more people than they used to
- 59% said they talk to more people
- 53% said they feel more connected with other people
- 40% are less lonely
- 37% leave home more

# Social Engagement

## □ **Pre-Post Test**

- ▣ Significantly more likely to say they had someone to count on for assistance with routine activities ( $p < .01$ )
- ▣ Significant decrease in objective measures of talking to friends and neighbors ( $p = .046$ )
- ▣ No change in how often they got together socially
- ▣ No change in feelings of belonging to a community.

## □ **Bivariate**

- ▣ Higher social engagement at 12 months was associated with increased use of Village services.
- ▣ ADL disability was associated with decreased social engagement.

# What services are associated with greater social impacts?

- **In the multivariate analysis of retrospective measures, higher social impact scores were associated with...**
  - more frequent volunteering
  - greater use of companionship services
  - more frequent participation in social activities
  - The association between frequency of using transportation services and social impact approached significance

(model  $R^2 = .389$ )

# Civic Engagement

- 80% reported that they had attended Village organized groups
- 60% doing some form of volunteer work
- 41% were volunteering for the village
- **Retrospective**
  - 45% report that they participate in activities and events more because of their Village membership
- **Pre-Post Test**
  - Significant decreases reported in both attending organized group meetings ( $p < .01$ ) and volunteering ( $p = .01$ ) between intake and 12-month follow up.

# Service Access

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- ▣ 80% said they were more likely to get assistance when they need it.
- ▣ 72% said they know more about community services.
- ▣ 49% said they use more community services.

# Confidence Aging in Place

- ▣ 56% of Village members were living alone
- ▣ 64% are single (unmarried, widowed, divorced, separated)
- ▣ 15% low income
  
- ▣ **Retrospective**
  - ▣ 78% said they are more likely to be able to stay in their own home as they get older because of their village membership.
  - ▣ 29% said that they have an easier time taking care of their home
  - ▣ 35% said they have an easier time taking care of themselves because of their village membership.

# Confidence Aging in Place

## □ Pre-Post Test

- Significantly more confident they could get the help they need when they need it to stay in own homes ( $p < .01$ ).
- Significant decrease in those who needed modifications to safely live in their own homes ( $p = .01$ )
- Significantly fewer were considering moving to alternative housing. ( $p < .01$ )
- No significant change in measure of whether they were more confident they could afford to stay in their own home or how long they wanted to stay in their own home.
- Decrease in unmet needs (technology and home maintenance) ( $p < .01$ )
- Those who live alone more likely to increase confidence
- Those with disability more likely to increase confidence

# Evaluation Results:

## Qualitative

- **What is *best* about the Village?**
  - Peace of mind
  - Being part of a community (interaction w other members)
  - Social events, classes and lectures
  - Member relationships with staff and volunteers
  - Access to transportation and other village services
  - Being part of a social movement
  - Access to services through preferred providers
  - Volunteering for other members/giving back

# Evaluation Results:

## Qualitative

- **How could your Village improve?**
  - Add more activities and services
  - Improved organization, record keeping, management
  - Better communication and dissemination of info to members
  - Increase diversity of membership (younger members, low income members)
  - Strengthen neighborhood groups
  - Change membership fees

# What have we learned about Village impacts?

- **Results are mixed about whether villages increase social and civic engagement**
  - High % participating in social events & activities
  - Increased SE and CE through self report...but...
  - Pre-post test results are inconsistent (high social engagement at intake)
  - No change in feeling part of a community
  
- **Some reduced unmet needs**
  - Yard work, home maintenance, technology assistance.

# What have we learned about Village impacts?

- **Villages have little impact on health of members, likely because members tend to be healthy**
  - Low numbers of Village members in poor health
  - Increase in hospitalizations and 911 calls
  - No change in health status/functional status/number of falls
  - No change in re-hospitalization, ER visits, skilled nursing facility stays or delayed medical care.
- **Villages may have a greater impact on those living alone and those with some disability.**

# What is the impact of Village membership?

- **One of the strongest benefits of Villages is improved confidence aging in place**
  - ▣ More confident they can access the services they need to age in place ( $p < .01$ ).
  - ▣ less intention to move, less need for home modification ( $p = .01$ ).
  - ▣ Significant increase in feeling they had help with routine activities when they needed it ( $p < .01$ ).
  - ▣ There was no significant change in measure of whether they were more confident they could afford to stay in their own home or how long they wanted to stay in their own home.

# Future Directions

- **Scaling up the member evaluation nationally**
  - Retirement research foundation funded feasibility study
- **National Survey of Village Organizational and Member Characteristics**
  - Follow up from 2012 survey of 69 villages
  - Measure sustainability outcomes
  - There are currently 160 villages nationally
  - Assess why some villages failed over time.

# Contact Information

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