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]
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How A Village Works

- Member calls or emails Village office with request
- Village office volunteer triages request
- Member contacted for feedback on quality of service
- Core or concierge service met with a volunteer
- Concierge service met with a vendor at a discounted rate
- Member signed up for event or ongoing service/support
- Professional Village staff help navigate challenge

Some Examples
- Home Health
- Lawn/garden
- Electrician
- Plumber
- Painting
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

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Social Engagement
- Social Activities
- Educational Activities
- Transportation

Assistance and Support
- Companionship
- Housekeeping
- Home maintenance
- Safety modification

Wellness/Advocacy
- Care coordination/advocacy
- Care management
- Medical transport

Civic Engagement
- Volunteering
- Participating in governance

Social support
- Increased social connections
- Increased participation
- Civic engagement
- Reduced isolation

Access to services
- Awareness of services
- Use of services
- Getting the care you need when you need it

Health/Well-being
- Quality of life
- Well being
- Health

Self efficacy
- Confidence with self care
- Confidence with home care
- Confidence aging in place

Aging in Community
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)

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

* SPM = Supplemental Poverty Measure
(U.S. Census Bureau, 2011; Short, 2011)
## Services Used Most Often

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

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## Health and Social Impacts

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

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

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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

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