



“VIRTUAL VILLAGES”: PROMOTING HEALTHY AGING THROUGH SOCIAL CAPITAL DEVELOPMENT



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Center for the Advanced Study of Aging Services



Mission:

- Improving services for the elderly through research, collaboration and education

Examples of projects:

- California Villages Project
- Aging-in-Place Models
- Creating Aging-Friendly Communities
- Strategic Plan for an Aging California
- Consortium for Social Work Training in Aging

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

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*

Potential Impacts of the Village Model

- Individual Capacity-Building
 - ▣ Physical and psychosocial functioning
 - ▣ Coping strategies/skills
- Community-Building
 - ▣ Social engagement
 - ▣ Social support
- P-E Stability
 - ▣ Social inclusion
 - ▣ Aging-in-place
- Service Delivery System
 - ▣ Availability, accessibility, affordability, appropriateness
 - ▣ Social and economic policies, local planning, etc.
- Macro Context
 - ▣ Social and economic policies, local planning, etc.

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 Membership

- Median = 96 members (range 13-550)

- Individual membership cost
 - ▣ Average= \$428/yr (range \$25 - \$948)

- Household membership cost
 - ▣ Average= \$573/yr (range \$50 - \$1,285)

(from 2012 National Village Survey)

Funding

- Total Yearly Budget
 - ▣ Median yearly budget = \$82,643
 - ▣ Minimum = \$1,000 Max = \$674,000

- Funding Sources
 - ▣ 50% membership dues/fees
 - ▣ 24% donations
 - ▣ 12% foundation or corporate grants
 - ▣ 12% non-profit organization contributions
 - ▣ 2% government grants

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%

Impact of Village Membership

Health and Social Impacts

Member Variable	Intake	12-month Follow-Up	24-month Follow-Up
Health and Well-Being			
Self-rated health (exc/vg)	55.2%	49.3%	44.8%
ADLs (any)	17.2%	14.1%	10.9%
Falls	46.6%	37.9%+	41.4%+
Social Functioning			
Social contact (daily)	60.6%	57.6%	45.5%*
Attend meetings (weekly)	55.4%	43.1%	55.4%
Someone you can count on?	71.2%	93.2%***	91.5%***
Sense of community (agree strongly)	42.2%	51.6%	50.0%

Service Access and Aging in Place

Member Variable	Intake	12-month Follow-Up	24-month Follow-Up
<u>Health Services Use</u>			
Hospitalizations	18.8%	28.1%	28.1%
Nursing home stay	3.3%	8.2%	6.6%
<u>Aging in Place</u>			
Ability to age in place (very confident)	35.9%	51.6%*	57.8%**
Considering relocating	19.2%	19.2%	21.2%
Home modifications needed	30.2%	17.5%+	19.1%

Perceived Benefits of Village Membership

1. Peace of mind
2. Being part of a community (social interaction)
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

- Improving Service Access
 - ▣ Meeting needs
 - ▣ Improving ability to access needed services
 - ▣ Reducing cost of services (?)
- Building Community
 - ▣ Social engagement
 - ▣ Social support
- Promoting Elder Empowerment
 - ▣ Participation in meaningful roles

For further information, contact:

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