

A National Overview of Villages: Results from a 2012 Organizational Survey

Emily A. Greenfield*, Andrew E. Scharlach⁺, Carrie L. Graham⁺, Joan K. Davitt[^], and Amanda J. Lehning⁻

* Rutgers School of Social Work; ⁺ University of California-Berkeley School of Social Welfare;
[^] University of Maryland School of Social Work; ⁻ University of Michigan School of Social Work
(For acknowledgements and author contact information, see back cover.)



Members of Mt. Lebanon Village in Pittsburgh, PA participate in intergenerational games with other community members.

Since the early 2000s, Villages have emerged as an innovative model to help people remain in their homes and to connect with their communities throughout later life. Villages have been defined as self-governing, grassroots, community-based organizations that coordinate access to a variety of supportive services to promote aging in place, social integration, health, and well-being. This report provides a national “snapshot” of the implementation of Villages by presenting data from a survey of Villages in the United States (U.S.) conducted from January through June of 2012. The report describes Villages at the national level in terms of their organizational characteristics; finances; community setting and membership characteristics; services; and organizational governance and collaborations.

BACKGROUND

Since the early 2000s, there has been a growing body of research, policy, and practice focused on transforming social and physical environments to improve older adults' quality of life and ability to age in place in the context of their broader communities.¹ During this time, Villages have emerged as among the most nationally prominent models of community aging initiatives. Villages are "self-governing, grassroots, community-based organizations developed with the sole purpose of enabling people to remain in their homes and communities as they age."²

The Village concept emerged in 2001 with the founding of Beacon Hill Village (BHV) by a group of seniors living in the Beacon Hill neighborhood of Boston, Massachusetts, who sought a way to help one another live as long as possible in their neighborhood. Now an independent non-profit organization that is governed by the members themselves and supported by member dues and external donations, BHV helps its members to age in place and to connect with their



Members of the Beacon Hill Village in Boston, MA, walk on the Esplanade.

broader community. The neighborhood residents who founded BHV hired an executive director to respond to members' individual requests for services, develop agreements with external service providers willing to serve BHV members at a discount, coordinate a pool of volunteers to help BHV members with basic shopping and transportation needs, and work with members to organize social and educational events.³ Since BHV's development, more than 85 similar initiatives known as "Villages" have opened in the U.S., with at least 120 more in development.²

While there is great diversity in how Villages structure their services, it is typical for Villages to use a "tiered" service delivery model to address the needs of their members, including some services provided to members directly by Village staff, some services provided through member-to-member volunteers, some provided by non-member volunteers, and some services referred to external "preferred providers" whose services are usually vetted and sometimes discounted for Village members.⁴ Through this tiered service model, many Villages claim to provide "anything and everything" to their members.⁵ Other unique characteristics of the Village model include its focus on social engagement and community-building (such as through member social events and engaging community members of all ages in Village activities), integrating formal and informal systems of support, breaking down service delivery silos, and promoting civic engagement (such as by providing volunteer opportunities for members and involving older adults on governance boards).⁶

This report presents results from a

national survey of Villages in the U.S., which was conducted from January through June of 2012 as part of a larger study of Villages and Naturally Occurring Retirement Community Supportive Service Programs (NORC programs), two different nationally prominent models of community aging initiatives.⁷ Organizations that identified as Villages on the Village-to-Village Network website were invited to participate. Only those organizations that were providing services at the time of the study and that self identified as a Village were included in the study. Out of 80 Villages that were eligible at the time of data collection, 69 completed the survey, yielding a response rate of 86.3%. Participation in the survey involved a representative from each Village working on a questionnaire in advance of an hour-long telephone interview. In collaboration with Rutgers, the State University of New Jersey, researchers at the Center for the Advanced Study of Aging Services at the University of California, Berkeley, directed data collection for Villages.

This report presents key findings to provide a national "snapshot" of Villages throughout the U.S. The report addresses:

- Organizational Characteristics
- Finances
- Community Setting and Membership Characteristics
- Services Provided
- Organizational Governance and Collaborations

ORGANIZATIONAL CHARACTERISTICS

Organizational development. Respondents reported that their organizations first started providing services, on average, three years ago, but lon-

Table 1. Percentage of Respondents Indicating Levels of Involvement of Stakeholders in Creating the Village in the Planning Phases

	Not Involved	Little or Somewhat Involved	Very or Extremely Involved
Older Adults	0%	10.3%	89.7%
Service Professionals	18.8%	48.4%	32.8%
Other Community Residents	17.6%	54.4%	27.9%
Elected Government Officials	59.7%	37.3%	3.0%

geivity ranged from 11 years to less than a year. As Table 1 indicates, most Villages (89.7%) reported that older adults were very or extremely involved in the founding of the organization, especially in comparison to other stakeholder groups.

Auspices. Most Villages (76.8%) constituted freestanding organizations, with only 23.2% reported that they operated as a division or program within a parent organization. There was a great diversity of types of parent organizations hosting a Village. Of the 16 Villages that were not freestanding, six were part of a private social service agency, three were part of a continuing care retirement community or housing provider, and the other seven were part of a care consortium, public social service agency, senior center, home health agency, neighborhood association, church, or health system. Most Villages reported functioning as formal organizations: 97.1% had a written mission statement, 72.5% had a written business plan, and 66.7% had written personnel policies.

Personnel. Although Villages ranged in the number of personnel, 78.8% reported having at least one paid staff person. The average ratio was one paid staff person for every 78 members. When asked to list up to five staff members, the average number of paid staff was 1.73 people, and the

average number of total full-time equivalencies for all paid staff was 1.15. In addition to paid staff, one-third of Villages reported having unpaid staff—people who were not paid, but who held a specific title within the organization other than general volunteer.

Volunteers. Approximately 95% of Villages reported having volunteers, with an average of 44.2 individuals volunteering at least once a month. This constitutes an average of about one volunteer for every 4.2 members. Villages reported approximately four member volunteers for every three non-member volunteers. Villages were asked to report what percent of their volunteers performed certain activities in a typical month. Villages reported that volunteers most frequently engaged in assisting members one-on-one or by leading group activities (25.4% of member volunteers and 31.1% of non-member volunteers). Some volunteers also reportedly assisted with administrative tasks in a typical month (16.5% of member volunteers and 10.2% of non-member volunteers). A relatively smaller percentage of volunteers reportedly advocated on behalf of the Village with external organizations in a typical month (13.0% of member volunteers and 5.7% of non-member volunteers). Furthermore, 50.7% of Villages indicated that engaging

members as volunteers was extremely important for achieving the Villages' goals, and 52.2% of Villages indicated that engaging non-members as volunteers was extremely important.

FINANCES

Budget size. Villages' total annual budgets ranged from \$1,000 to \$674,000, with a median of \$82,643. This represents an average annual budget of \$1,036.23 per Village member.^b As Figure 1 demonstrates, the majority of Villages (57.6%) reported an annual budget of \$100,000 or less. About a quarter (25.8%) had an annual budget between \$100,001 and \$200,000; 13.6% of Villages had an annual budget between \$200,001 and \$300,000; and two Villages (3.0%) had an annual budget over \$300,000.

Budget sources. Villages reported receiving funds from a variety of sources (see Figure 2, next page). The largest source of funding was membership fees, with approximately 50% of Villages receiving at least 45% of their funds from membership fees. Another common source of funding was fundraising revenue and individual gifts. Half of Villages received at least 20% of their budgets from these sources. Private foundations or corporations constituted another common source of funds (11.5% of total budget, on average). Government grants and

Figure 1. Villages' Annual Budget Size

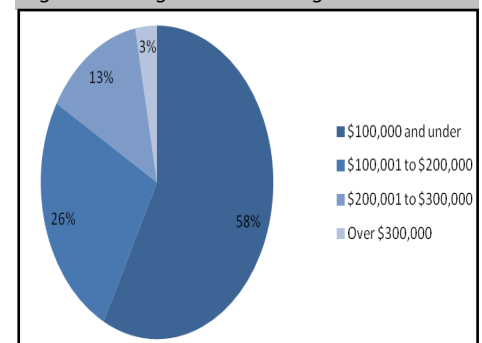
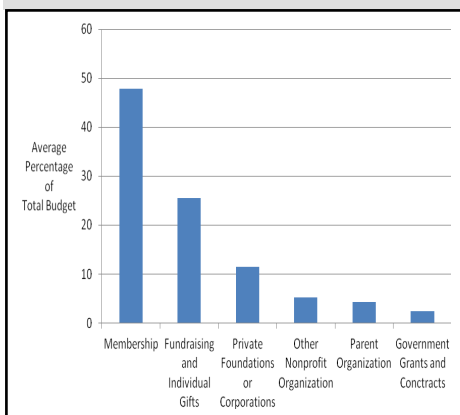


Figure 2. Average Percentage of Total Budget for Most Recently Completed Fiscal Year



contracts, as well as contributions from parent organizations and other nonprofit organizations, each accounted for 5% or less of most Villages' annual budgets.

Membership fees. All but three of the 69 Villages reported charging a membership fee. As Table 2 indicates, among Villages charging a membership fee, the cost of an individual membership varied from a low of \$25 to a high of \$948. Approximately two-thirds of Villages charging membership fees reported offering a reduced rate (or “discounted membership”) for members in financial need. Villages reported a variety of ways of determining financial need for discounted memberships. Of the Villages that provide a discounted membership, one-third stated that they had no established criteria to determine eligibil-

Table 2. Costs of Village Membership

	Average Cost	Range
Individual Membership	\$430.75	\$25 - \$948
Household Membership	\$586.91	\$50 - \$1,285
Discounted Membership for Individuals	\$117.30	\$25 - \$375
Discounted Membership for Households	\$157.02	\$25 - \$600

ity for a discounted membership. In these Villages, discounted memberships were often given at the discretion of the Executive Director or given in response to stated need by prospective members. A majority (65.2%) of the Villages that offered discounted memberships had some eligibility criteria, including a yearly income threshold (often between \$35,000 to \$50,000 a year), a figure based on the Elder Economic Security Index^c, a percent (150% to 300%) of the Federal Poverty Level, or other criteria set by social service agencies in their area.

COMMUNITY SETTING AND MEMBERSHIP CHARACTERISTICS

Service area. Villages reported implementing their organizations in a variety of types of communities. While some of the first Villages were developed in specific neighborhoods (e.g., Beacon Hill Village in Boston; Capitol Hill Village in Washington, DC), the most common type of catchment area among all Villages was multiple towns (39.1%), followed by a neighborhood within a town (29.0%), a single town (18.8%), or a county or larger (13.0%). Most Villages have developed within predominantly urban (31.9%) or suburban settings (31.9%), with only 15.9% reporting that they served a predominantly rural area. When asked to report the predominant socioeconomic status of their catchment area, 48.5% reported that they were located in predominantly high or middle-to-high income areas. Another 20.3% reported that they were located in predominantly middle income areas, and 16.2% reported that they were in predominantly low to middle income areas.

Table 3. Sociodemographic Characteristics of Village Members

	Average Percentage of Members
Age^f	
Under 50	0.5%
50 to 64	9.1%
65 to 74	32.3%
75 to 84	39.6%
85 and Over	18.4%
Race/Ethnicity^f	
White	93.6%
Black	2.2%
Latina/o	2.5%
Asian/Pacific Islander	1.4%
Other Race/Ethnicity	0.4%
Functional Status	
Needs Help with Household Chores	23.5%
Needs Help with Personal Care	13.8%
Economic Status^g	
Impoverished	12.4%
Economically Insecure	12.2%
Other	
Female	68.7%
Lives Alone	50.2%

Number and characteristics of members. Village membership size varied substantially, from 13 to 550 members, with a median of 96 members. Table 3 indicates the typical sociodemographic characteristics of members. Members were predominantly ages 65 and older, White, and female. On average, Villages reported that approximately half of their members lived alone, and one quarter needed help with household chores. Approximately 40% of respondents indicated that their organization had adopted deliberate practices to recruit older adults from under-represented groups, such as marketing the Village in lower-income neighborhoods or partnering with organizations that are connected to such groups (e.g.,

churches).

Membership growth: The median difference in total membership between January 2011 and January 2012 was an increase in 21 members. Of the 61 Villages that reported membership numbers, only seven (9.9%) saw their membership decrease (range of -40 to -1); 7.2% of Villages' membership stayed the same; and 82.9% saw their membership increase (between 2 to 251 additional members) during that period.

SERVICES PROVIDED

Service goals. When asked to rank the following goals in order of importance, 71.0% of Villages reported that promoting older adults' access to services was most important, followed by strengthening older adults' social relationships and reducing social isolation (24.6%), promoting older adults' contributions to their community (2.9%), and helping the general community to become more aging-friendly (1.4%).

Types of services provided and modes of service delivery. Villages indicated whether or not they provided each of 25 different types of services within the past year. Because of the multi-tiered approach to service delivery, Villages were given options to state whether a service was provided by Village staff, Village member volunteers, and/or referral to outside service providers. Table 4 summarizes the services that were most likely to be provided by Village staff and volunteers. Table 5 summarizes services that were most likely to be referred to outside service providers.

Service utilization. Villages reported that, on average, 29.0% of members

Table 4. Percentage of Villages Indicating Types of Services Most Likely to Be Offered by Staff or Member Volunteers

	Provided by Village Staff	Provided by Member Volunteers	Referred to Outside Providers
Central Phone Number to Request Services	71%	32%	4%
Professional Coordination of Services	62%	9%	20%
Recreation and Social Events	51%	71%	28%
Transportation	46%	84%	51%
Reassurance Calls	42%	51%	4%
Friendly Visitors	28%	71%	1%
Healthcare Advocacy	25%	25%	9%
Grocery Shopping	22%	59%	7%
Technology Assistance	15%	57%	55%

requested services in a typical month and that 33.8% of members attended group events in a typical month. Transportation was by far the most utilized type of service provided directly by staff or volunteers, with nearly 63.8% of Villages reporting that this type of service was the one that members used the most within the past year. Other frequently utilized services were home maintenance or repair and preventive health screenings.

Preferred provider referrals. A defining feature of Villages is their practice of referring members to outside service providers whose work has been

“vetted” by the Village. Approximately 91.3% of Villages reported having a list of preferred providers, with an average of 72 providers on that list. When asked which services provided by referrals had been requested most frequently within the past year, Villages commonly reported home maintenance or repair; home health care, personal care, or nursing aides; housekeeping; technology assistance; and transportation. Furthermore, Villages reported commonly referring members to providers who offered discounts, with an average of 27.8% of all types of services provided through referral to a discounted provider. The services most

Table 5. Percentage of Villages Indicating Types of Services Most Likely to Be Offered through Referrals to Outside Providers

	Provided by Village Staff	Provided by Member Volunteers	Referred to Outside Providers
Home Maintenance/Repair	10%	58%	84%
Home Health/ Personal Care	3%	9%	75%
Housekeeping	0%	19%	67%
Exercise Groups	9%	23%	49%
Legal Assistance	0%	6%	48%
Financial Services	3%	16%	36%
Home-Delivered Meals	7%	28%	30%
Health Education	10%	9%	29%
Mental Health Counseling	4%	1%	29%
Preventive Health Screening	4%	3%	22%

typically referred to vendors that offered discounts were home maintenance or repair, with 66.7% of Villages reporting that they referred members to providers of this type of service offering a discount). Another service typically referred to discounted vendors was home health/personal care, with 59.4% of Villages reporting that they referred members to providers of this type of service offering a discount. A majority of Villages (71%) reported that they monitor the quality of services and supports received.

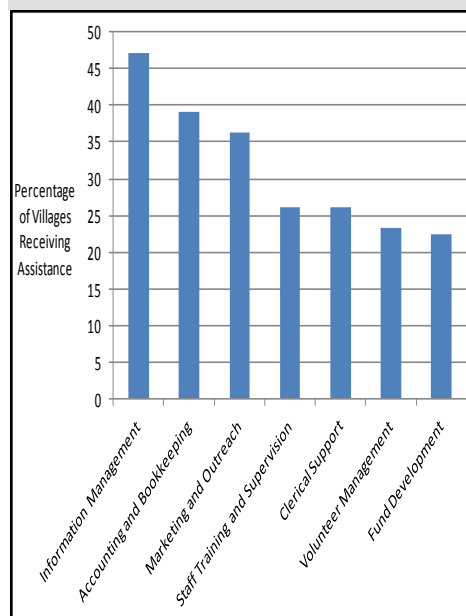
ORGANIZATIONAL GOVERNANCE AND COLLABORATIONS

Governance structures. All but five of the 69 Villages reported having at least one governance or advisory group. Most typically, these groups were identified as an Advisory Council or Board. On average, each group had approximately 11.5 members. Approximately 53% of total governance members were Village members, 25% were service providers, and 16% were other community members.

Collaborations. Findings indicated a variety of ways in which Villages were connected to the broader community. The survey asked Villages to list the top three most important organizations with whom they collaborated or partnered in the past year, and 92.8% of the Villages listed at least one organization. Of these Villages, 39.6% mentioned a healthcare organization as a collaborator (e.g., a home health agency or a hospital), 26.6% mentioned a private community social service agency (e.g., Catholic Charities), and 12.5% mentioned a housing provider (e.g., a property management group). Villages described the various benefits that collaborations yielded, such as the provision of office space, co-sponsoring events, making financial contributions, and receiving referrals. Also, over 85% of Villages that participated in the survey were members of the Village to Village Network, a national peer to peer organization that provides tools and resources, peer-assisted technical assistance, support and training to Villages through webinars, document library and an annual conference.^h

Assistance from other organizations. Villages also reported receiving assistance from their parent organizations, as well as from other organizations and individuals not affiliated with the Village. As Figure 3 demonstrates, they most commonly received assistance with information management (47.1%), and they least commonly received assistance with fund development (23.2%).

Figure 3. Percentage of Villages Receiving Specific Types of Assistance from Parent or Outside Organizations



SUMMARY OF KEY FINDINGS

This study indicates that implementation of the Village model generally corresponds to its definition as “self-governing, grassroots, community-based organizations developed with the sole purpose of enabling people to remain in their homes and communities as they age.”² Summarized to the right are key figures indicating the most typical features of the 69 Villages included in this study.

Percentage as Freestanding Organizations	76.8%
Average Number of Years in Operation	Three years
Percentage with At Least One Paid Staff Member	78.8%
Average Number of Monthly Volunteers	42 volunteers
Median Size of Budget	\$82,643
Median Percent of Total Budget from Membership Dues and Other Member Fees	49.9%
Average Cost of Individual Membership ^d	\$430.75
Percentage Offering Discounted Membership	65.2%
Median Number of Village Members at the Beginning of 2011	72
Median Number of Village Members at the Beginning of 2012	96
Median Membership Change between 2011 and 2012	21 member increase
Percentage Offering a List of Preferred Providers	91.3%
Percentage Reporting an Advisory Group	92.8%

Notes

- ^a Villages listed on the Village to Village (VtV) website included organizations that were members of VtV, as well as organizations that identified as Villages, yet were not members of VtV.
- ^b This figure was calculated by dividing the Villages' total budget for the most recently completed fiscal year by the number of members reported at the beginning of 2012. The median budget was \$744.50 per member.
- ^c The Elder Economic Security Index is a national initiative to create indicators of how much money different subgroups of older adults need to meet their basic needs. For more information, see <http://www.wowonline.org/ourprograms/eesi>.
- ^d The estimate of the average standard membership fees excluded several Villages that reported not charging a membership fee at all. The estimate of the average discounted membership fees excluded organizations that reported discounting the fees to zero.
- ^e Respondents interpreted the meaning of “low,” “middle,” and “high” income without any formal definitions provided by the survey instrument.
- ^f Percentages did not sum to 100 due to rounding error.
- ^g Impoverished was defined as likely eligible for Medicaid or food stamps; economically insecure was defined as likely not eligible for Medicaid or food stamps, but do not have enough resources to manage in an emergency, such as a major home repair.
- ^h This figure was based on administrative data received from the Village to Village Network.

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Members sharing a moment at Ashby Village in Berkeley, CA.

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FOR MORE INFORMATION: Please contact Emily A. Greenfield, PhD, at egreenf@ssw.rutgers.edu. Electronic copies of this report and other study publications are available at www.agingandcommunity.org.



Programs on Aging
Rutgers, The State University of New Jersey
School of Social Work
536 George Street, New Brunswick, NJ 08901
(848) 932-7520 | socialwork.rutgers.edu/aging