

Creating Age-Friendly Communities Through the Expansion of Villages Year Three Evaluation Technical Report

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Executive Summary

Introduction

This report summarizes evaluation findings from the third year of the Archstone Foundation’s “*Creating Age-Friendly Communities through the Expansion of Villages*” initiative. The initiative provided nine California Villages with support designed to strengthen their ability to implement specific innovations, enhance sustainability, and increase diversity. Grantee Villages received financial assistance, technical support through Capital Impact Partners, and assistance from UC Berkeley’s Center for the Advanced Study of Aging Services (Berkeley) in collecting both member-level and organizational-level evaluation data. The Berkeley research team designed the evaluation, trained Villages in data collection methodology and procedures, provided support with data collection, analyzed the data, and assisted Villages in interpreting evaluation findings.

Evaluation Objectives and Methodology

The multi-site Village evaluation included a process evaluation and an outcomes evaluation. The *process evaluation* examined: (1) factors affecting sustainability, including challenges, best practices, and effective use of available assets; (2) challenges and best practices regarding recruiting and sustaining a more diverse membership; (3) the impact of specific grantee innovations proposed as part of their Year 3 projects; and, (4) the comparative advantages and challenges of four model types (time bank, grassroots, parent organization, hub and spoke). The *outcomes evaluation* examined the value that Villages have for their members, including 12- and 24-month impacts on members’ health and well-being.

To achieve these objectives, evaluators conducted an in-depth analysis of the organizational development of the grantee Villages, an evaluation of their progress toward their Year 3 objectives, analysis of the services provided to members, and a longitudinal analysis of member outcome data. Three types of *organizational development data* were collected and analyzed: (1) grantee Village quarterly progress reports and year-end reports; (2) in-depth exit interviews with Village leaders; and, (3) individual grantee Village dashboards, including metrics on budget (revenue/expenditures), membership growth, and volunteer growth.

Three types of *service provision data* also were analyzed: (1) monthly reports of service provision, using excel spreadsheets that had been pre-formatted by the researchers to calculate total number of services by 18 service categories, average number of each service by month, and referrals to preferred providers; (2) service provision data included in progress reports, year-end reports and exit interviews; and, (3) member survey reports of service use, frequency of use, and satisfaction of use.

Longitudinal member outcome data were analyzed by comparing intake assessments conducted by Villages with all new members, with data from follow-up assessments conducted 12 and 24 months later. Both between-group and within-group subgroup analyses were conducted. A total of 230 completed 12-month follow-up assessments and 84 completed 24-month follow-up assessments were analyzed for this report. Intake response rate for year 3 was 55.5%. Retention rates for 12-month follow ups were 54.1% and 41% for 24 month follow ups. Non-response analysis showed that members of lower socio-economic status were less likely to complete surveys.

Key Findings

Village Organizational Development and Sustainability

Six factors associated with organizational development and sustainability were examined: membership growth, diversity, financial resources, staffing/governance, volunteer development, and inter-organizational collaborations.

Membership Growth: Having a robust and growing membership base is key to Village sustainability. During the third year of the initiative, all but one Village were successful in growing their membership base, with increases ranging from 10% to 44%. Effective recruitment strategies included personal interactions with current Village members, testimonials, and including prospective members in Village activities. Also promising were structural changes – such as new fee levels or membership options – that allow people to join the Village with low risk or commitment and ease into membership. Persistent challenges include convincing seniors to become members *before* they have substantial service needs – or even convincing them that they *do* have needs that the Village could meet. While Villages report that seniors are generally supportive of the Village concept there are many other aging services, community, and faith-based organizations with which Villages are competing.

Diversity: Although most grantee Villages had set broad goals to increase diversity, they tended not to prioritize them as highly as other pressing organizational needs. After three years of funding, Villages remain less diverse than their surrounding areas. Their membership is typically more financially stable, less ethnically diverse, more female, and less disabled than their surrounding elderly communities, although at least two Villages reportedly increased their diversity around sexual orientation (more LGBT members) in year three. Overall, diversity remains a challenge for many Villages. There may be an inherent tension between Village diversity and sustainability. On the one hand, Villages may be more efficient when members have similar needs and interests; increased diversity requires a greater variety of Village services. When it comes to disability, for example, most Villages had the explicit goal of keeping disability levels low in order to avoid the costs associated with trying to meet the needs of members who are extremely frail or suffer from significant functional impairment. However, all Villages are struggling with increasing average age and increasing disability among their aging membership, and all are striving to recruit younger members to create balance between members who are able bodied and can provide services and leadership and those who are older, more frail and are primarily consumers of services. Furthermore, some policies designed to boost Village sustainability – such as raising fees, reducing services for higher-needs members, and targeting recruitment efforts at younger people – have the possible side-effects of reducing diversity in terms of ethnicity, socioeconomic status, and disability. Villages will have to navigate these competing dynamics.

Financial Resources: Most Village revenue comes from member dues (47%), individual and business donations (40%), and foundation and government grants (13%). In year three, Village revenue from member fees increased, on average, while revenue from grants and donations decreased, on average. This change suggests that the grantee Villages moved toward greater financial self-sustainability over the last year. Many Village strategies to pursue new revenue sources are still in the design and start-up phases so their effects on long-term sustainability remain to be seen. Villages in low-resource communities face additional challenges

to raising revenue because they may not have the options to pursue strategies which involve raising fees or relying on individual donations or planned giving.

Staffing/governance: All Villages that had goals related to staffing and governance made significant progress toward achieving their goals. For staffing, full-time equivalent (FTE) staff per Village increased from an average of 1.87 in year 2 to an average of 2.00 at the end of year 3. The staff per member ratio also increased (from 83.4 members per staff FTE to 92.5 members per staff), suggesting that staffing growth did not keep up with membership increases.

Village governing body members are key resources for visioning and executing the organizations' short and long-term priorities. The few paid staff that Villages have are often overburdened. As Villages move from start-up to established organizations, the roles of staff and governing body members may have to be re-defined. A key strategy to relieve burden on paid staff has been to encourage members and volunteers to take leadership roles.

Volunteer development: Volunteers are another key resource for Villages. An adequate corps of volunteers allows paid staff to focus on planning and coordinating services and events, while volunteers provide direct services and assist with back-office functions. Services typically provided by volunteers include driving, grocery delivery, household repairs and administrative office assistance.

Many Villages made great gains in the use of volunteers as a resource, especially using member volunteers to fulfill leadership roles and administrative roles for office support. Villages were very successful in creating more leadership roles among volunteers, recruiting additional volunteers, and improving their volunteer training programs. The average number of volunteers increased from 95 in year two to 122 at the end of year three (28 percent increase). Of those volunteers, an average of 53% were Village members (up from 47% in year two).

Inter-organizational collaborations: In year three, Villages successfully partnered with other organizations to generate member referrals, increase their volunteer recruitment pool, expand services, monitor member health, raise funds, and enhance their organizational stability and effectiveness. Villages pursued collaborations with seven main types of partners: health care organizations, local governments, aging services organizations, local businesses, non-profits and foundations, other Villages, and lead agencies. Collaborations were generally helpful for recruiting new members, increasing volunteerism, and meeting the needs of members in poor health or with complex care needs that could not be met by the Village alone. Collaborating with other Villages is also a promising strategy for promoting sustainability by sharing resources. Major barriers to collaborating with health care organization remain, including differences between the Village "social model" and health care organizations' medical model, Village reluctance to provide intensive case management and other post-acute services, and the lack of proven value for health care organizations to collaborate with Villages.

Village Service Provision

Between October 2013 and September 2014, administrative data from Villages showed that grantee Villages provided an average of 213 services to members per month, or about 11 services per month per member, according to administrative data provided by grantees (Services were counted to include attending a social/educational event (1 event = 1 service) or receiving an individual service such as a ride or housekeeping). Services could be provided by trained volunteers, paid staff, or preferred (sometimes discounted) providers in the community.

According to data from 12-month follow up surveys, Village-sponsored social events were the most commonly provided service, reflecting 30% of all services provided, with 69% of

survey respondents attending at least one Village-sponsored social event in the past year. Transportation (car rides) was the second most common service provided to Village members, comprising 22% of all services, and used by 40% of survey respondents in the last year. Village-sponsored classes were the third most commonly provided service, comprising 14% of all services, with more than half of respondents (56%) participating in the past year. Companionship services (e.g., friendly visits, phone calls, and checking in) were the fourth most commonly provided service to members, comprising 10% of all services provided by grantee Villages over the year and utilized by 27% of respondents. In addition, 15% of respondents reported receiving technology assistance, and 13% received assistance with home maintenance, repairs, or modifications. Other services (e.g., grocery or food delivery, health care advocacy or care management, home safety assessment, gardening or yard work, housekeeping, legal assistance, pet care, financial advocacy) were each utilized by less than 8% of respondents in the past year.

Approximately 40% of respondents reported receiving referrals to preferred providers in the past year. The most common type of referral was for home repair or maintenance, followed by driving/transportation services, health care, home health, nursing, and social events not sponsored by the Village. With the exception of yard care and gardening, fewer than half of respondents received discounts for the services that they received through Village referrals, though the sample sizes are small for all services.

Villages faced a number of challenges in striving to meet members' service needs. As membership grows, it sometimes has become harder for Villages to meet members' service needs in a personalized manner, which is a hallmark of the Village model. Many Villages report that meeting the demand for transportation services is a particular challenge, as is the diversity of service requests, particularly around physical labor, large projects, or traditionally male skills. Furthermore, as members age and develop more health-related impairments, their service needs may become more frequent, complex, and resource intensive.

Villages are employing various strategies to increase or diversify the services they offer. In response to their aging memberships, some Villages are either redefining the services they provide or forging partnerships, which will allow them to provide more intensive services, or at least seamlessly refer members to other organizations that can provide services that are traditionally outside the scope of Villages such as: care management and personal care. New services such as hospital transition services, increased care coordination (through both staff and volunteers) and specially trained volunteers to accompany members to medical appointments have been particularly useful for Villages with aging populations. Villages are also responding to members' increased service needs by creating policies around what services they can and can't provide. For example, some Villages are developing policies to govern the use of transportation services such as requiring a three day advance notice to request a ride, or specifying limits on rides per month.

One Village has focused on recruiting male volunteers so that it can increase the diversity of services to include more physical labor and traditionally male skills. Finally, to increase and diversify programs, some Villages have encouraged members to create affinity groups. These groups organize events of interest to members, thereby encouraging members to take more ownership over the programs offered in the Village.

Village Member Outcomes

Self-Efficacy/Confidence Aging in Place: Overall, members were more confident about their ability to age in place after one or two years of Village membership. Respondents were

significantly more confident at 12- and 24-months that they would be able to get the help they need to stay in their homes as long as they would like. A year after joining the Village fewer members reported that their homes needed modifications and fewer members were considering moving to alternative housing (although these results were no longer significant in the 24-month follow-up).

Health, Well-Being, and Health Services Use: Between one-fourth and one-half of members reported that they felt happier, healthier, and that their quality of life had improved since joining the Village. In the pre-post analysis, 12- and 24-months after joining the Village, members reported less difficulty walking across the room than they had when they first joined the Village. Interestingly, the pre-post analysis showed that members reported significantly more hospitalizations and incidence of calling 911 at follow up than they had at intake, suggesting that Village membership may help to increase health care access, or that some members may be joining at a time when they are beginning to anticipate more health crises.

Social & Civic Engagement: Village members were significantly more likely to feel that they had someone to count on for assistance with routine activities after 12- and 24-months of Village membership. When asked retrospectively about their experience since joining the Village, at least one-half of respondents felt an increase in social connections (know and talk to more people, participate in more activities, feel more connected to others) than before joining the Village. However, while members reported that since they joined the Village they feel more connected to community and are more engaged socially and civically, the pre-post analysis indicated that overall members were less socially and civically engaged at follow up than they had reported at the time they joined. At follow up, Village members reported volunteering, attending organized group meetings, and talking to friends and family less often than they had reported in their intake interview.

Service Access: The majority of members reported increased knowledge of existing services in the community after joining the Village. Furthermore, at both 12- and 24-month follow up, members were more confident that there was someone they could count on to assist them with routine activities than they had been at intake. A year after joining the Village fewer members reported unmet needs for assistance with yard work or computer work (there were no other significant changes in unmet needs).

Member Outcomes by Subgroup: Subgroup analysis revealed that certain groups may be benefiting from Village membership more than others. Service users (those who used at least one service in the last year), for example, experience increased confidence in their ability to age in place and increased sense that they belong to a community, compared with those who do not use Village services. Lower income members and members with lower education reported significantly higher levels of satisfaction with their Village, suggesting that they may have lower expectations or are experiencing more benefit than higher income members. Members with a disability reported more confidence aging in place than they had at baseline, as did persons who live alone; younger members (aged 77 and younger) had increased confidence and increased sense of belonging to a community, a finding that was not significant for older (aged 78 and above) members. Finally, Villages seem to impact the perceived health of females more than males. Further analyses with a larger and more diverse population are needed to control for confounding variables, and to determine more definitively which member characteristics are associated with better outcomes.

Conclusions

Overall, grantee Villages benefited substantially from participation in the Archstone Foundation's *Creating Age-Friendly Communities through the Expansion of Villages* initiative. Most Villages demonstrated enhanced sustainability, including progress in the areas of membership growth, staffing, volunteer development, and governance. Villages also were able to expand services substantially, by increasing volunteer service provision and developing partnerships with outside organizations to meet members' changing needs.

Surveys of Village members at 12- and 24-months after joining, members report feeling happier, healthier, more connected to the community, and more able to age in place. One year after joining the Village, fewer members were considering moving to alternative housing, while significantly more members reported that they were confident they could get the help they needed to stay in their own homes. Disparate findings regarding objective measures of social connectedness and health services utilization suggest the need for further analyses of member impacts among a larger and more diverse set of Village members.

Villages face a number of common challenges. Organizational development and sustainability require substantial social, political, and economic capital, which must continually be sought and utilized effectively and efficiently. Strong professional and volunteer leadership are required, as is thoughtful succession planning. Economically sustainable business models are still being developed, with various strategies being employed to increase or augment income from membership dues, including multi-level fee structures and earned income through mutually beneficial collaborations with housing providers or health care organizations. Governance issues inevitably arise, especially for agency-based and hub-and-spoke Villages, whether between the Village and its parent organization, or between the hub and its spokes. Finally, Villages struggle with the aging of their membership, with associated increases in member service needs and reductions in available volunteers. Villages strive to continually recruit new, younger members who could fill the void in volunteer resources, but are challenged by the "not ready yet" attitude of many younger older adults. Ultimately, long-term stability and sustainability will require program modifications to meet the needs of aging members and greater clarification of the Village model's value proposition – for older adults, for potential collaborators and investors, and for society. The evaluation reported here is an important step in this regard.

Note: If using these results in a presentation or proposal, please use the following citation:

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Part I. Grantee Organizational Development

Methodology

This analysis of grantee organizational development describes progress, enabling factors, and challenges reported by grantees as they work toward their organizational goals in the third year of the Archstone Foundation’s initiative, “Creating Aging Friendly Communities through the Expansion of Villages.”

Data collection

Our findings are based on several sources of data related to organizational development that were collected throughout the three-year grant period. Data for these analyses were both qualitative – including interviews with Village representatives and observation of Village convenings – and quantitative – including dashboards and service delivery data.

First, several members of the research team reviewed the original proposals, which grantees submitted to the Foundation in 2011. Villages’ goals and objectives were abstracted from these proposals into an excel file, organized by themes developed by the research team. These themes were: membership growth, diversity, financial resources, staffing and governance, volunteers, inter-organizational collaborations, and programs and services.

Throughout the three-year grant period, grantee Villages submitted quarterly and year-end progress reports to the Foundation. These reports were reviewed and the information was abstracted into the excel file by theme.

In November, 2011, researchers also conducted in person site visits with each grantee Village. At these site visits, the Village leadership were given an overview of the evaluation and the questionnaires that would be used. Villages were also interviewed regarding their organizational characteristics, organizational history, governance structure, and services provided. These first interviews were also an opportunity to review their goals and objectives from the proposal. These interviews were approximately 90 minutes long and detailed notes were taken.

Researchers conducted another telephone interview with each Village at the point where they began administering surveys to their members in Year 1 (September 2011 – December 2011). The purpose of these interviews was to collect detailed information about each Village’s service delivery and organizational structure in order to make any necessary modifications to Villages’ individual member survey instruments. During these interviews, researchers worked with Villages to set up individual plans for data collection and tracking.

At the end of Year 2, a telephone or in person “progress interview” was conducted with each Village. In these interviews, researchers reviewed with Village leadership their member survey results and progress toward goals and objectives. In progress interviews, data were collected regarding goals and objectives in Years 1 and 2. They were also asked to discuss plans for new innovations, goals and objectives in Year 3 specifically related to the themes of diversity and sustainability. Detailed notes were taken and analyzed into summaries.

At the beginning of year three, the research team analyzed the Year 3 proposals submitted by all Villages and abstracted the goals and objectives into an excel file by theme. At the end of Year 3 (October 2014), “exit interviews” were conducted either in-person or over the phone with each grantee Village. Leaders were asked to reflect about their organization’s vision for and progress toward sustainability, goals for ultimate membership composition and volunteer and staff levels, changes in service provision and collaborations, and major successes and challenges. These interviews were approximately 90 minutes long and detailed notes were taken.

Finally, researchers conducted participant observation during bi-monthly conference calls, and twice yearly during in-person convenings at which grantee Villages discussed their organizational development. Notes from these gatherings of Villages were reviewed for this report.

Quantitative data related to organizational development were also gathered from Villages. Organizational data in the form of quantitative “dashboards” were collected from the Villages at two points in time: the end of Year 2 in September, 2013 and the end of year three in September 2014. These dashboards included organizational metrics such as: number of members, number of non-white members, number of volunteers, value of grants received, value of income from membership fees, number of staff, and number of board members.

On a monthly basis, Villages submitted quantitative administrative data on service provision, including the total number of “internal” services provided to members and the total number of referrals to preferred providers. Services were tracked in 18 service provision categories that were developed with input from the grantee Villages.

All Villages conducted new member intakes and (if they were operational at the time that the initiative began) an annual member survey (See Year 2 report for methodology). Demographics from those member surveys are reported in this section.

Analysis

All qualitative data (including original proposals, progress reports, and observational and interview notes) were excerpted into an excel file where information was organized by several Village organizational development themes which were extracted from the data.

Quantitative dashboard and service data were analyzed using excel.

Results

This organizational development section of the report is organized by these themes, which are as follows:

1. Membership Growth
2. Diversity
3. Financial Resources
4. Staffing and governance

5. Volunteers
6. Inter-organizational Collaborations

Village Membership Growth

Most Villages rely on membership fees for a large portion of their funding. By serving in volunteer or governance capacities, members themselves are also an important source of internal human capital. So Villages generally view membership growth as a strategy for self-sustainability.

Village accomplishments toward membership growth

On September 30, 2014 – the end of the most recent grant year – Villages averaged 185 members, ranging from 55 to 425. Over the last year – September 30, 2013 to September 30, 2014 - average membership grew by 18.5 percent.

Over the entire grant period – October 1, 2011 to September 30, 2014 – average Village membership increased by 70.2 percent. Membership growth was positive for all Villages and ranged from 22.4 percent to 515.4 percent growth.

Table 1-1. Membership Increase 2011-2014, reported administratively

Village	Members as of 10/1/11	Members as of 9/30/13	Members as of 9/30/14	Change between 9/30/13 and 9/30/14	Change over grant period (10/1/11 to 9/30/14)
Average	108	156	185	18.5%	70.2%

Source: Village dashboards, 2011-2014

Additional challenges to increasing membership

As Villages grow, they are likely to first recruit the more social individuals in their communities who require less convincing to join. To increase membership further requires pursuing individuals who are more difficult to reach or less predisposed to support the Village concept, even though they may need services. Recruiting these harder-to-reach individuals is likely to be more time-consuming and expensive. Furthermore, in more densely populated and affluent communities, there may already exist a wide range of organizations serving seniors and Villages may find themselves in competition with those existing agencies.

Overall, the success of Village strategies to increase membership was context-dependent. In general, recruitment strategies, which allow prospective members to have a personal interaction with a Village member, hear an emotional appeal or testimonial about the Village, or begin to feel a connection to the Village community emerged as successful. Furthermore, structural changes – to fees or membership options – that allow people to join the Village with low risk or commitment and to ease into membership appear promising. However, convincing seniors to become members *before* they have substantial service needs – or even convincing them that they

do have needs that the Village could meet – is a constant challenge. While Villages report that seniors are generally supportive of the Village concept there are many other aging services, community, and faith-based organizations with which Villages are competing.

On the whole, Villages made progress toward goals related to exploring new membership types and enhancing marketing and visibility but were less successful in pursuing goals related to recruiting members from particular communities or living environments.

Village Diversity

Diversity has many dimensions in the Village context, including race and ethnicity, gender, sexual orientation, age, disability, and socioeconomic status. Since their inception, Villages have been critiqued for serving predominantly white, middle to upper income seniors. Lack of diversity may be a barrier for funding, as funders prioritize support for programs that serve the most vulnerable seniors. This is one of the reasons why the Archstone Initiative Year 3 funding specified that Villages should have a goal related to diversity. Increasing diversity often goes hand-in-hand with Village strategies to increase membership by tapping into underrepresented communities. Most villages framed their diversity goals around better reflecting the demographics of the communities they serve, including focusing on Spanish speaking seniors, or LGBT seniors. In many cases, these Villages have struggled with finding the time and money to prioritize and execute their objectives related to diversity.

Racial diversity. Although they tend to be less racially diverse than their surrounding communities, grantee Villages have become more racially diverse, on average. Over the grant period (from October 1, 2011 to September 30, 2014), the percent of Village members that are non-white increased by 18 percent. Most of this increase occurred between October 1, 2011 and September 9, 2013, during which the average percentage of non-white members increased by 14 percent. Over the past year (from September 30, 2013 to September 30, 2014), the average percentage of non-white members increased by only 3.3 percent.

Table 1-2. Non-white members as a percent of total Village membership

Village	Non-white members as a percent of total membership on 10/1/11	Non-white members as a percent of total membership on 9/30/13	Non-white members as a percent of total membership on 9/30/14	Percent change between 10/1/11 and 9/30/13	Percent change between 9/30/13 and 9/30/14	Percent change over grant period (10/1/11 to 9/30/14)
Average	6.05%	6.92%	7.14%	14.32%	3.3%	18.0%

Source: Village dashboards, 2011-2014

Age and disability diversity. Diversity of health and functional impairment is closely related to age and mirrors many of the challenges with regard to age diversity. On average, grantee Villages have about 18 percent of members with ADL impairment. This is much lower than the average senior population in the Villages’ surrounding communities, which is about 34 percent. This happened for many reasons. First, the founding members, many of whom helped develop

the Village or who joined in the first years of operation were becoming older and experiencing more health conditions, accidents or other functional impairments that are to be expected in older age. Next, as Villages reach out to recruit more members, they had more trouble recruiting younger, healthier members (the ‘not ready yet’) but were attracting many new members who were older and whom were already experiencing disability.

The reason age/disability diversity is a challenge for Villages is twofold. First, Villages rely on healthy members to fulfill volunteer positions for the Village, thus keeping that balance of members who can provide member-to-member assistance is important for their business model. Second, Villages differentiate themselves ideologically from health care organizations or social service agencies and often feel unable to serve frail seniors because they do not provide the home health care and level of care management that frail seniors often need. Despite this challenge, many Villages are still very concerned about their ability to serve members who have functional impairment. Villages are employing two strategies to address the challenge of having an aging and increasingly functionally impaired membership.

There seemed to be two strategies employed by Villages so far to address the issue of increased disability among their membership. One was to develop written (or unwritten) rules around who was appropriate (or inappropriate) for Village membership. Many Villages were drafting “guidelines” or creating “tiered” memberships to articulate limits on things such as meal delivery or transportation services. Villages reported turning away potential village members or limiting services for a variety of reasons, including: exhibiting a high level of disability or complex care needs (i.e. high risk of falls, joining at the time of hospital discharge), interest only in support services (i.e. only joining for transportation/non-interest in social activities), and mental health disorders (i.e. hoarding or schizophrenia).

A second strategy for addressing increases in disability among membership was to increase the amount of care management that the Village is able to do. Villages can do this either by partnering with outside care management organizations or referring members to their parent organization for more intensive care management. One village is creating a special fund to pay for a certain amount of care management for members who cannot or will not pay for outside care management. One village had a volunteer with a social work background who had been holding a weekly drop in clinic for geriatric care management, but the workload had gotten too big and they realized it was not a sustainable effort. The issue of serving seniors as they age and experience increased disability is a major concern for many Villages and further research should watch this issue closely to examine best practices.

Specifically to recruit younger members, one village tweaked its messaging to appeal to younger people by highlighting “building community” over “support services”. One village conducted a survey to learn more about the needs and interests of the younger age group and trained its staff on how to better attract this group. The Village is also holding workshops to help member and non-member baby boomers envision their next phase of life.

Racial and ethnic diversity. Several Villages have employed strategies to increase racial and ethnic diversity. One village regularly hosts living room chats and community forums in

predominantly minority communities. Another village added a part-time bilingual staff person and engaged a bilingual volunteer to translate materials to Spanish.

Gender and sexual orientation diversity. Overall Villages have more women than men. Some Villages are aiming to increase gender diversity by recruiting male members. One Village targeted males to both better reflect its community and to diversify the services offered through its timebank. The Village has found that the most successful way of recruiting male members was to appeal to existing female members. Highlighting the need for physical labor-intensive or traditionally male skills was the least effective way to recruit males, because both males and females took offense to this gender bias. Two villages in the study were actively seeking to recruit LGBT members. One initiated a partnership with a mental health center for LGBT people.

Economic diversity. Many Villages were attempting to increase economic diversity by offering subsidized memberships. In year three, (September 30, 2013 to September 30, 2014), these Villages either increased or maintained the percent of memberships that are subsidized. That is, the percent of memberships that are subsidized did not decline in any Village over the past year. Some villages obtained specific local funding for subsidized memberships. Others had fundraising drives where they collected money from existing members to fund subsidized memberships. One village that started out with a large percent of individuals with subsidized memberships realized that it was creating an economic hardships for the organization and they needed to stop adding additional subsidized memberships.

Table 1-3. Subsidized memberships

Village	Number of subsidized memberships on 9/30/13	Percent of total memberships on 9/30/13	Number of subsidized memberships on 9/30/14	Percent of total memberships on 9/30/14
Average	11.1	7.1%	14.6	7.9%

Source: Village dashboards, 2013-2014

Additional challenges to increasing diversity

Geographic diversity can make transportation service provision more difficult. Ethnically or linguistically diverse members may have a wide range of interests and preferred social events, which can be challenging to provide. Furthermore, One Village noted that increased cultural diversity creates a need for sensitivity training of staff and volunteers as well as bilingual staff and volunteers.

Summary of key findings relating to Village diversity

Villages tend to be less diverse than their surrounding areas. Their membership is typically more financially stable, less ethnically diverse, and less disabled than their surrounding elderly communities. So to increase Village diversity along these dimensions will involve bringing in new members who have more intensive service needs or a wider variety of interests to be met by

events and programs. Thus, there may be an inherent tension between Village diversity and sustainability. Though most grantee Villages have set broad goals to diversity, they have tended not to prioritize them as highly as other pressing organizational needs.

Villages may be more efficient when members are relatively homogeneous. Members from similar neighborhoods, cultures, or functional status are apt to have similar needs and interests, enabling Villages to focus their scope of services and limited resources. As Villages do increase diversity, they are likely to need a greater variety of services to meet those needs.

Village Financial Resources

Villages are founded on premises of independence and autonomy. Financial self-sustainability is a key component of these values. Though they may receive start-up funding to cover initial operations or grants to cover ongoing costs of specific programs or services, Villages will have to generate revenues to cover the majority of their ongoing operational costs. Particularly as the Archstone funding draws to an end, grantee Villages view sustainability as a high priority and have crafted and pursued their goals accordingly.

Many Villages have expressed a desire to diversify their revenue sources, particularly with the anticipated end of Archstone funding. Village goals were often oriented around identifying, researching and pursuing potential funding sources, including planned giving programs and corporate sponsorship programs.

Village accomplishments toward financial sustainability

Much of Village revenue comes from member dues, individual and business donations, and foundation and government grants. Tables 6.1-6.3 show how the shares of these revenue streams have changed since the beginning of the Archstone initiative. Most notably, the percent of Village revenue from foundation and government grants has decreased from 55 percent in the first year of the initiative (October 2, 2010 through October 1, 2011) to 40 percent in the most recent year (October 1, 2013 through September 30, 2014). The percent of Village revenue from individual and business donations has stayed relatively constant, ranging from 11 to 18 percent, while the percent of Village revenue from member fees has increased from 34 percent in the first year of the initiative to 47 percent in the most recent year. This shift in revenue, from foundation and government grants to member dues, suggests grantee Villages have become more self-sustainable.

Figure 1-1. Average Village revenue by source, 2010-11

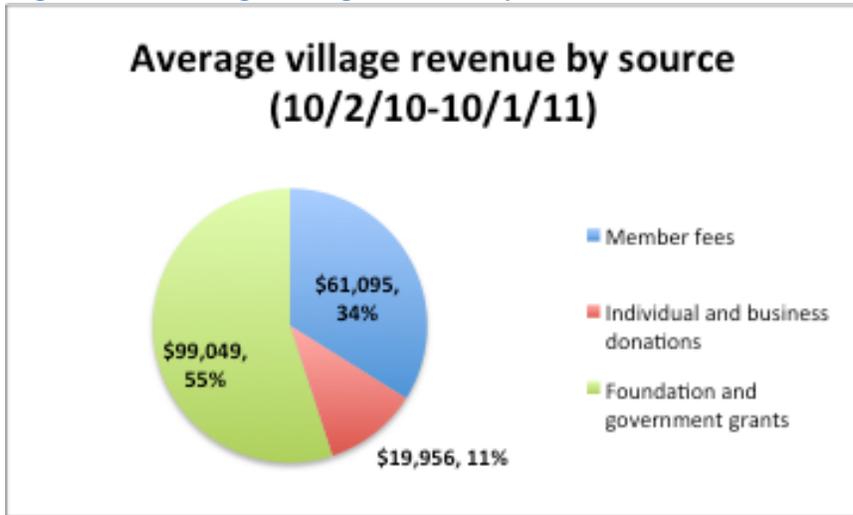


Figure 1-2. Average Village revenue by source, 2012-13

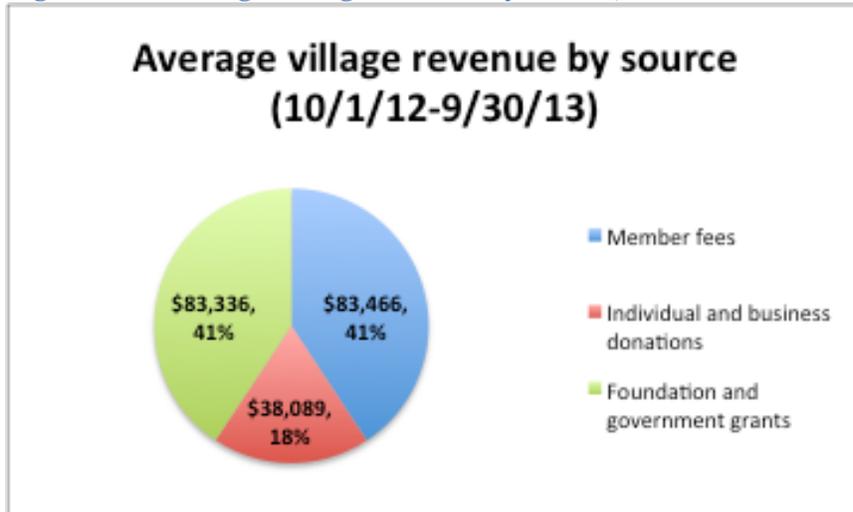
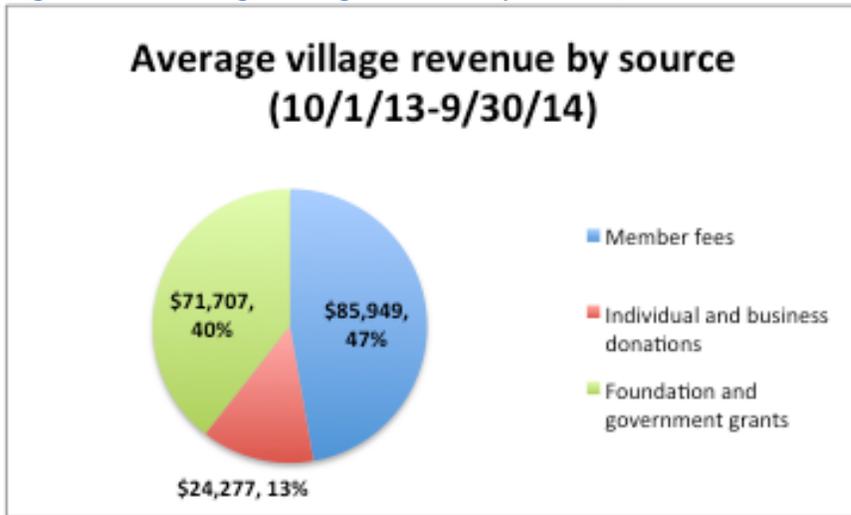


Figure 1-3. Average Village revenue by source, 2013-14



Most Villages aren't able to cover their expenses with member dues alone. Between October 1, 2013 and September 30, 2014, the Village revenue derived from membership fees averaged 47 percent and ranged from 3 percent to 84 percent. Also within that time period, average revenue derived from membership fees increased from \$83,466 to \$85,499. This primarily is due to the increase in average membership over that time period. (Table 4)

Table 1-4. Value of Village Membership Fees

Village	Annual individual membership fee on 9/30/13	Revenue from membership fees (10/1/12-9/30/13)	Annual individual membership fee on 9/30/14	Revenue from membership fees (10/1/13-9/30/14)	Total revenue (10/1/13-9/30/14)	Percent of total revenue from member fees (10/1/13-9/30/14)
Average	\$524	\$83,466	\$511	\$85,949	\$182,199	47%

*Estimated by multiplying the Village's annual fee for an individual by the number of Village members. Note: Total revenue is equal to the sum of revenue streams (member fees, donations, grants, and government funds) reported in the Village dashboards.

Most Villages rely on grant funding or donations to supply the remainder of their revenue. Between October 1, 2013 and September 30, 2014, the Village revenue derived from individual and business donations averaged 13 percent and ranged from 1 percent to 42 percent .

The average individual and business donations between October 1, 2013 and September 30, 2014 declined by 36 percent, compared to the average donations between October 1, 2012 and September 30, 2013. Between those two years donations declined for many Villages. Decreases in revenue from donations ranged from 20 percent to 77 percent. (Table 5)

Table 1-5. Value of individual and business donations

	Value of individual and business donations (10/1/12-9/30/13)	Value of individual and business donations (10/1/13-9/30/14)	Percent change between 10/1/12-9/30/13 and 10/1/13-9/30/14	Total revenue (10/1/13-9/30/14)	Percent of total revenue from donations (10/1/13-9/30/14)
Average	\$38,089	\$24,277	-36%	\$182,199	13%

Source: Village dashboards, 2013-2014

Note: Total revenue is equal to the sum of revenue streams (member fees, donations, grants, and government funds) reported in the Village dashboards.

In 2013-14, the Village revenue derived from foundation and government grants averaged 39 percent and ranged from 15 percent to 91 percent. The average revenue from grants received by Villages between October 1, 2013 and September 30, 2014 declined by 14 percent, compared to the average grants between October 1, 2012 and September 30, 2013. (Table 1-6)

Table 1-6. Value of foundation and government grant funding

	Value of foundation and government grants (10/1/12-9/30/13)	Value of foundation and government grants (10/1/13-9/30/14)	Percent change between 10/1/12-9/30/13 and 10/1/13-9/30/14	Total revenue (10/1/13-9/30/14)	Percent of total revenue from grants (10/1/13-9/30/14)
Average	\$83,336	\$71,707	-14%	\$182,199	39%

Source: Village dashboards, 2013-2014

Note: Total revenue is equal to the sum of revenue streams (member fees, donations, grants, and government funds) reported in the Village dashboards.

Village strategies for financial sustainability

Raising member dues. Since a large portion of Village funding comes from member dues, increasing membership was a strategy Villages used to raise money. Increasing membership can help raise revenue in the short-term, but may also require increasing the number of staff. Several Villages mentioned that they have plans to increase staffing when they get to a specified number of members. Furthermore, desired sustainability can only be achieved if the increased dues do not cause members to leave. Villages must find the level of dues, which works for the community.

Restructuring member dues. Some Villages created tiered fee structures, as a strategy toward sustainability, as the fees are more closely aligned with members' needs and the costs of providing services to meet them. Other Villages moved from a monthly fee payment to annual fee payments. Because the cost of bringing on a new member is high, Villages lose money when members join for a few months at a time. So requiring members to commit to a full year can save money for the Village, as long as it does not deter seniors from joining.

Targeting younger seniors. Another strategy to increase financial sustainability has been to recruit younger, healthier members. Increasing their pool of younger members can save Villages money because younger seniors are less likely to require resource-intensive services and may be more likely than older members to volunteer. To interest younger members, Villages are offering more social activities and re-framing their marketing materials to appeal to younger people (for more information on this strategy see the section “Village Diversity” above).

Fundraising. Another strategy to promote sustainability has been to increase fundraising efforts. Some focused on getting their governing bodies more involved in fundraising or developing corporate sponsorship programs. In general, Villages reported that participating in the Archstone initiative has allowed them to build up their data and tracking infrastructure and that having such infrastructure can be helpful in applying for grants.

Use of volunteers. Similarly, Villages have increased their use of volunteers as a strategy for sustainability. Villages can save money and relieve already overburdened paid staff by training volunteers to take over administrative and operational tasks. Strategies to promote volunteerism and use volunteers more effectively are discussed in the “Volunteers” section below.

Partnerships. Finally, Villages have been able to achieve operational efficiencies by collaborating with other agencies. Villages that collaborate with a lead agency are able to use care management services, volunteers, administrative staff, meeting space, and other resources from the lead agency. They are also often able to fundraise with the lead agency. Similarly, Villages are pursuing sustainability by forming regional networks.

Additional challenges to Village financial sustainability

As Archstone funding comes to an end, grantee Villages are vigorously pursuing new revenue sources and adapting organizational infrastructure, procedure, and policy to promote sustainability. However, as discussed in the “Diversity” section above, some policies which Villages hope will boost their sustainability – such as raising fees, reducing services for higher-needs members, and targeting recruitment efforts at younger people – have the possible side-effects of reducing diversity in terms of ethnicity, socioeconomic status, and disability. Yet, increased homogeneity may make Villages less attractive to potential philanthropic or government funders. Villages will have to navigate these competing dynamics.

Villages in low-resource communities face additional challenges to raising revenue. In particular, they may not have the options to pursue strategies which involve raising fees or relying on individual donations or planned giving.

Staffing and Governance

Village staff and governing body members are key resources for visioning and executing the organizations’ short and long-term priorities. The few staff people that Villages have are often overburdened. As Villages move from start-up to established organizations, the roles of staff and governing body members may have to be re-defined. Villages that had goals related to governance focused on the composition and responsibilities of the governing body or focused on

defining staff roles, performance expectations, and aligning staff roles to the budget and business plan.

Village accomplishments with staffing and governance

At the end of Year 3, full-time equivalent staff per Village averaged 2.00 and ranged from 0.64 to 3. Members per full-time equivalent staff person averaged 92.5 and ranged from 27.5 to 170.

Between September 30, 2013 and September 30, 2014, the number of members per full-time equivalent paid staff person increased in all but two Villages. Over this time period, the average number of full-time equivalent staff per Village increased from 1.87 to 2.00, which suggests that the increase in average members per staff was driven by membership increase, rather than a decline in staff. In other words, Villages did increase staff on average but growing membership exceeded this staffing growth. (Table 7)

Table 1-7. Paid staff

Village	Full time equivalent staff on 9/30/13	Members per FTE staff 9/30/13	Full time equivalent staff on 9/30/14	Members per FTE staff on 9/30/14	Positive or negative change in members per staff
Average	1.87	83.4	2.00	92.5	+

Source: Village dashboards, 2013-2014

On September 30, 2014 Villages had 11.8 board members on average, ranging from 7 to 21. The number of board members either increased or remained constant for all Villages between September 30, 2013 and September 30, 2014. (Table 1-8)

Table 1-8. Village board members

Village	Board members on 10/1/11	Board members on 9/30/13	Board members on 9/30/14
Average	11.0	10.8	11.8

Source: Village dashboards, 2011-2014

Village strategies for staffing and governance

Devolve leadership responsibilities to members and volunteers. A key strategy to relieve burden on paid staff has been to encourage members and volunteers to take leadership roles.

Use volunteers for administrative functions. Villages are also trying to reduce the burden on paid staff by getting members and volunteers to relieve staff of some administrative duties. Some Villages have been working to shift activities like phone calls and data entry, previously done by a staff person, onto volunteers.

Review staff roles. Strategic planning around staff-to-member ratios and staff roles has been another approach Villages have tried, in an effort to make most effective use of limited staff and resources.

Review board membership. Many Villages cited the need to recruit board members who have particular strengths. One Village created a board member nominating committee to seek out and recruit board members with needed skills and connections. In general, transitioning from a founding board to a new set of leaders can be challenging for some Villages.

Additional challenges with staffing and governance

Because Villages operate with so few paid staff, if one staff person is inadequate or leaves abruptly, it can greatly increase the workload of other staff in the organization., it can take some time for new staff people to build relationships and trust among members.

Volunteers

Volunteers are a key resource for Villages. An adequate corps of volunteers allows paid staff to focus on planning and coordinating services and events, while volunteers provide the direct services. Services typically provided by volunteers include driving, grocery delivery, household repairs and chores. Many Villages use both member and non-member volunteers. Some Villages rely primarily on outside volunteers, while in others, Village members provide the majority of volunteer services.

All Villages, except for two, set goals related to volunteerism for Year 3, including goals to increase the number of volunteers or on making better use of its existing volunteers. Village accomplishments in recruitment and effective use of volunteers

On September 30, 2014, Villages averaged 122 volunteers, ranging from 21 to 281. Of those volunteers, an average of 53 percent were members, ranging from 5 percent to 99 percent.

The average number of volunteers increased by 28 percent, from 95 (47 percent of whom were members) on September 30, 2013. Between September 30, 2013 and September 30, 2014 the number of volunteers increased in most Villages except.

Table 1-9. Volunteers and member volunteers

Village	Volunteers on 9/30/13	Member volunteers on 9/30/13	Percent of volunteers that were members on 9/30/13	Volunteers on 9/30/14	Member volunteers on 9/30/14	Percent of volunteers that were members on 9/30/14
Average	95	52	47%	122	64.5	53%

*Plumas excluded due to Time Banking model in which all members are volunteers.
Source: Village dashboards, 2013-2014

On September 30, 2014 Villages averaged 1.6 members per volunteer, ranging from 0.6 members per volunteer to 7.1 members per volunteer. On average, the number of members per volunteer has declined (by 0.2) from 1.8 on September 30, 2013. Between September 30, 2013 and September 30, 2014, the number of members per volunteer decreased or remained constant for most Villages.

Table 1-10. Members per volunteer

Village	Members on 9/30/13	Volunteers on 9/30/13	Members per volunteer on 9/30/13	Members on 9/30/14	Volunteers on 9/30/14	Members per volunteer on 9/30/14
Average	166	95	1.8	194	122	1.6

*Plumas excluded due to Time Banking model in which all members are volunteers.
Source: Village dashboards, 2013-2014

Village strategies for recruitment and effective use of volunteers

Volunteer recruitment. Many Villages have attempted to increase volunteer recruitment by expanding the scope of potential volunteers. Some are working with student groups to provide services, such as Gmail trainings, to their members. One Village hosts weekend work days as a way to create volunteer opportunities for people interested in limited or short-term involvement. Other villages have successfully expanded volunteer pools by partnering with a large locally headquartered corporations that encourage their employees to serve as volunteers. Other villages have been successful finding volunteer opportunities for their homebound or more frail members, such as participating in telephone trees. Villages have worked to increase volunteer retention by improving the volunteer experience. Many Villages host volunteer appreciation events.

Volunteer management. By improving systems to manage volunteer recruitment, training, and matching, Villages are able to gain and use volunteers more efficiently. One was successful in increasing its number of volunteers due to the creation of an all-volunteer team, which manages volunteer screening, training, and quarterly volunteer appreciation events. One Village developed a volunteer-matching software program, which has allowed it to make more efficient use of volunteer time. Some Villages have increased the frequency of their volunteer training programs.

Additional challenges to recruitment and effective use of volunteers

In 2013 and 2014, about half of all Village volunteers were members (Table 9). As members age or deteriorate in health and mobility, it becomes more difficult for them to volunteer. Simultaneously, their needs for volunteer-provided services increase. One Village has attempted

to respond by having homebound members contact other members by telephone for outreach, evaluation, and social interaction.

Determining the right roles for member and non-member volunteers and then grooming them to take on those roles is important for long-term sustainability but can require a substantial time investment from paid staff. It may be challenging for volunteers to take over services or communications with members that have previously been done by staff who have built trust and long-term relationships with members.

A number of Villages have experienced competition for non-member volunteers with other organizations in the community, and most Villages struggled to find sufficient volunteer drivers.

Inter-organizational Collaborations

Villages have partnered with other organizations to generate member referrals, increase their volunteer recruitment pool, expand services, monitor member health, raise funds, and enhance their organizational stability and effectiveness. Over the last year, grantee Villages pursued seven main types of collaborations: health care organizations, local governments, aging services organizations, local businesses, non-profits and foundations, other Villages, and lead agencies. Examples of each type of collaboration are discussed below.

Summary of key findings related to inter-organizational collaborations.

Villages are partnering with other organizations as strategies to pursue many different goals, such as increasing membership, recruiting volunteers, raising funds, expanding services, or increasing organizational stability and effectiveness. Collaboration has also been a common response to emerging challenges such as meeting the needs of Villages' aging members.

Factors affecting sustainability: Best practices, challenges and effective use of available assets

As we've seen in the above sections, sustainability in Villages is about more than just financial resources, though financial resources are very important. We collected data throughout year three detailing how Village sustainability is impacted by stable membership growth, service provision, volunteers, governance, inter-organizational collaborations as well as fiscal resources.

The long-term sustainability of a Village is impacted by its ability to recruit members and maintain membership numbers. Overall, a large portion of most Villages' budgets are from member dues, so a steady stream of new members to replace members who have died or failed to renew is essential. Some predictability in revenue from member dues is essential for effective strategic planning. A sharp decline in membership dues can be financially devastating for a Village that has based staffing and programming on a predicted amount of resources. An unexpected challenge related to membership recruitment is being overly successful. A large influx of new members over a short amount of time can happen when tapping a new source such as a housing development. A lesson learned from that experience is that if a Village grows its membership too quickly, it can throw out of balance other resources in the Village such as the paid staff, the programming, and the data collection. The most effective member growth strategies would be slow, steady growth of membership numbers, with careful strategic planning to add personnel and programming at pre-determined thresholds.

Sustainability is also impacted by service provision. Villages are by nature new organizations that tend to lack bureaucratic institutions, rules and regulations. Even those that are established within an existing social services (and especially those that are freestanding) have an extraordinary ability to innovate at a rapid pace. They are also very consumer driven, with older adults very involved in the development and governance of Villages. Many times during the initiative we have seen Villages add new programs, classes or services very quickly after a suggestion by one or more members or in response to a funding opportunity. This is a strength of the Village model since consumer driven services are known to be more effective at meeting the needs of seniors. But at the same time, the synergy of consumer engagement with few bureaucratic safeguards can put Villages at risk of innovating at a rate that may be too rapid. For example, a Village may implement a new service fairly quickly at the suggestion of a few members, only to find there are hidden costs associated with the new service that were unanticipated. Or they may find that the service is not as popular as they anticipated and thus the start up costs were not worth the effort. If the Village has advertised this new service to recruit members, it can be difficult to downgrade, cancel or charge for the service even if it proves too costly. Thus, Villages must use needs assessment data from members as well as careful strategic planning when they are designing and growing their services and programs to avoid making decisions that could hurt their long term sustainability.

Village sustainability is impacted by volunteer resources. All of the Villages in this initiative rely on volunteers as resources to provide member services, host classes, provide office support, and serve on governing boards and committees. Considering how large some of the Villages have become, they have relatively few paid staff. This is primarily due to the use of volunteers as resources. When we began studying Villages, most had volunteers but few had established

standardized training programs. That has changed as Villages have become more mature and established these sorts of procedures. Volunteers are not only essential to sustainability because of the work load they take on, the volunteer program itself is a draw to potential members who join because of the opportunities for civic engagement that the Village will provide.

Volunteering is also likely a primary means of member retention, as members feel valued and find meaning through the work that they provide as a Village volunteers. Volunteer retention and recruitment was often listed as a challenge for many of the Villages in the initiative in Years 1 and 2, but as the initiative progressed, we saw volunteer recruitment and retention become a strength in many of the Villages. Being very strategic in training volunteers for a variety of roles in office support and Village governance, freeing up paid staff for leadership roles can be a successful strategy. A key lesson learned is the importance of leveraging your volunteers to help with the everyday operations and investing the time to train volunteers for the long term reward. Again, this is something that can be spelled out in strategic planning efforts.

Village sustainability is impacted by governance. Having a strong, working board of directors is essential for Villages, especially to promote the long term strategic planning mentioned in each of the areas above. One challenge agency-based Villages often face is the power struggles between the governing board of the parent organization and the governing board of the Village. This was a big struggle for even the most successful agency-based Villages. An important lesson learned is the importance of clear guidelines about the authority of each governing board at the outset, to avoid power struggles and lack of agreement about Village mission.

Another challenge that many Villages face is recruiting appropriate board members and board member turn over. An important lesson learned is that there needs to be long term consistency in board members to ensure that the organization is adhering to their mission and strategic plan.

Village sustainability is impacted by a Village's collaborations with other organizations. The role of outside organizations to Villages is quite varied. Many Villages have been quite successful in establishing mutually beneficial relationships with outside organizations for a variety of purposes. Villages can partner with outside service agencies to promote mutual referral and bolster member recruitment. Organizations such as senior services agencies or property management organization may help identify potential new members and direct them to Villages. Villages have also partnered with outside organizations to provide services to their members that are outside the scope of Village services, such as partnering with care management organizations that provider care management at a reduced rate. Villages have been less successful at partnering with health care organizations. From the beginning of the initiative, many Villages had plans to partner with health care organizations with the intention that they could provide the social support that senior patients need to improve health outcomes, promote treatment adherence and reduce appointment “no-shows”. Unfortunately most of these health care organization alliances have not worked out. The tension seems to be that Villages are resistant to developing services such as care management which would be needed to produce the health outcomes that health care organizations might want to encourage them to invest in Village memberships for their patients. Additionally, individual Villages just do not have a high enough volume members to attract investment from state or national health care organizations. This could be rectified if Villages continue along the lines of regional or state coalitions. Finally, Village members tend to

be quite healthy compared to the average community-dwelling senior, so the need among Village members may just not be there yet.

Another kind of inter-organizational collaboration has been regional collaborations with different Villages. These local collaborations (some of which are evolving into hub and spoke models) have the potential to improve sustainability by promoting back office efficiencies and shared costs. These collaborations also have a lot of potential to promote advocacy of Villages at the local level. State-level collaboration could further enhance these efforts.

The most obvious impact on sustainability is financial resources. One of the lessons learned is that the Villages that leveraged the Archstone funding for high level planning and infrastructure development (developing partnerships, volunteer training, board development, etc.) have become more sustainable than the minority of Villages that used the funding primarily for staffing and did not engage in (or were not successful at) more strategic planning.

Part II. Summary of Village Service Use in Year 3

Village Service Provision Data

In Year 3, we collected information about Village service provision in two ways, administrative data from the Villages and self-reported data from members during their 12-month follow up interview.

Methodology for administrative service data collection

Early in the first year of the project, we worked closely with grantee Villages to develop 18 service categories that Villages began using to track the services that they provide to members and the preferred provider referrals to members. By the beginning of Year 3, we had reduced those categories to 16. In Year 3, all 9 Villages provided administrative service data for a total of 12 months. Eight of the nine Villages provided 12 months of referral data (Plumas Rural Services did not provide referral data since they do not provide referrals). Villages recorded these administrative data in a tracking sheet that was provided to them by researchers that automatically calculated their total number of services overall and by each category and their average number of services overall and in each category. These data were then combined by the researchers into one Excel spreadsheet and were analyzed using Excel, to calculate the average number of members per month who received any services (by individual Village and across all Villages) and the proportion of total services comprised by each individual service (also calculated for each individual Village and across all Villages). Averages for individual Villages were compared to the average across all Villages.

Methodology for self-reported service data collection

In 12- and 24-month follow up surveys, members were asked to report whether or not they used any of the Village services in the last year. If they reported that they had used the service, they were then asked to report the frequency of service use and their satisfaction with service use. These data were analyzed using SAS software and results are reported below. A total of 229 members reported their service use after being a member of the Village for approximately one year.

Results for Administrative Service Data

Between October 2013 and September 2014, grantee Villages provided an average of 213.4 services to members per month or about 11 services per month, per member, according to administrative data provided by grantees. Village-sponsored social events were the most commonly provided service. An average of 64 members per Village attended social events each month, comprising 30 percent of all services provided by grantees. Transportation, Village-sponsored classes, and companionship were the next most commonly provided services, averaging 48, 30, and 22 members served per Village each month, respectively. These services comprised 22, 14, and 10 percent, respectively, of all services provided by grantees. Miscellaneous information and referrals to preferred providers were each provided to an average of 9 members per Village, per month (each making up about 4 percent of all services provided). Gardening/yard care, other services, and grocery/meal delivery were each provided to an average of 7 members per Village, per month (each making up about 3 percent of all services provided).

Technology assistance, housekeeping, home repair/maintenance/modification, health care advocacy/assistance/care management, pet care, financial advocacy/assistance, and legal assistance were each provided to an average of fewer than 4 members per Village, per month and together comprise about five percent of all services provided by grantees.

Services by Village

Table 2-1. Administrative service data, by Village (Average number of services provided per member, per month between October 2013 and September 2014)

Village	Services per month between October 2013 and September 2014	Mean of Year 2 and Year 3 membership	Services per month, per member
All Villages	1920.8	170	11.29

Source: Administrative service data.

Note: The mean of Villages' membership levels in Year 2 and Year 3 was used to calculate services per month, per member.

Table 2-2. Administrative service data, by Village (Average number of services provided per month between October 2013 and September 2014)

Service	Average
Village-Sponsored Social Events	64.4
Driving/Transportation	47.6
Village-Sponsored Classes	29.6
Companionship	21.6
Miscellaneous Information	9.5
Referrals to Preferred Providers	9.1
Gardening/Yard Care	7.3
Other	6.9
Grocery/Meal Delivery	6.5
Technology Assistance	3.4
Housekeeping	2.3
Home Repair/Maintenance/Modification	2.2

Health Care Advocacy/Assistance/ Care Management	2.0
Pet Care	0.9
Financial Advocacy/Assistance	0.1
Legal Assistance	0.0
Total	213.4

Source: Administrative service data.

Table 2-3. Administrative service data, by Village (Percent of total services provided between October 2013 and September 2014)

	Average
Village-Sponsored Social Events	30.2%
Driving/ Transportation	22.3%
Village-Sponsored Classes	13.9%
Companionship	10.1%
Miscellaneous Information	4.4%
Referrals to Preferred Providers	4.3%
Gardening/Yard Care	3.4%
Other	3.2%
Grocery/Meal Delivery	3.1%
Technology Assistance	1.6%
Housekeeping	1.1%
Home Repair/Maintenance/ Modification	1.0%
Health Care Advocacy/Assistance/Care Management	0.9%

Pet Care	0.4%
Financial Advocacy/Assistance	0.0%
Legal Assistance	0.0%

Source: Monthly administrative service data provided by grantee Villages

Service Utilization Rates, Frequency, and Satisfaction with Services

In the past year the most commonly utilized Village services reported by members in their 12 month follow up were social events, classes, lectures, and discussion groups, driving/transportation, and referrals to service providers. These services were used by 39% to 69% of respondents in the past year. The vast majority of respondents indicated that they were extremely or very satisfied with each of the services they received.

Table 2-4. Services Utilized in the Past 12 Months (n=229)

Service Utilized in the Past 12 Months	N	%
Social events	157	69%
Classes, lectures, or discussion groups	128	56%
Driving/transportation	92	40%
Referral to a service provider	89	39%
Companionship	62	27%
Call Village for other types of information	46	20%
Technology assistance	35	15%
Other services	34	15%
Home repair or modification	30	13%
Grocery or food delivery	17	7%
Health care advocacy or care management	17	7%
Home safety assessment	16	7%
Gardening or yard work	12	5%
Housekeeping	9	4%
Legal assistance	9	4%
Pet care	7	3%
Financial advocacy	3	1%

Table 2-5. Frequency of Service Use in the Past 12 Months

Service	Approximate Frequency of Use*	Number of members utilizing service **	Only once in the last year N(%)	Once a month or less N(%)	Several times a month N(%)	At least once a week N(%)	Left blank N(%)
Social events	9.2	157	29 (19%)	88 (56%)	21 (13%)	8 (5%)	11 (7%)
Classes, lectures, or discussion groups	8.2	128	25 (20%)	65 (58%)	13 (10%)	13 (10%)	12 (9%)
Driving/transportation	6.2	92	18 (20%)	40 (44%)	19 (21%)	8 (9%)	6 (7%)
Referral to a service provider	3.3	89	39 (44%)	39 (44%)	8 (9%)	1 (1%)	2 (2%)
Companionship	4.5	62	9 (15%)	33 (53%)	8 (13%)	8 (13%)	4 (7%)
Call Village for other types of information	2.7	46	5 (11%)	26 (57%)	12 (26%)		3 (7%)
Technology assistance	0.7	35	26 (72%)	5 (14%)	1 (3%)	1 (3%)	3 (8%)
Other services	1.7	34	13 (39%)	13 (39%)	3 (9%)	3 (9%)	1 (3%)
Home repair or modification	.04	30	20 (66%)	5 (17%)			5 (17%)
Grocery or food delivery	2.6	17	2 (12%)	3 (18%)	2 (12%)	10 (59%)	
Health care advocacy or care management	0.7	17	5 (29%)	9 (53%)		1 (6%)	2 (12%)
Home safety assessment	0.2	16	12 (80%)		1 (7%)		2 (13%)
Gardening or yard work	0.5	12	7 (58%)	4 (33%)		1 (8%)	
Housekeeping	0.8	9	2 (22%)	2 (22%)	2 (22%)	2 (22%)	1 (11%)
Legal assistance	0.1	9	7 (78%)	1 (11%)			1 (11%)
Pet care	0.7	7	2 (29%)	1 (14%)	2 (29%)	2 (29%)	
Financial advocacy	0.0	3	1 (33%)				2 (67%)

* Estimated based on the following assumptions: Service not used = 0, service use only once in the past year = 1, Once a month or less = 12, Several times a month = 24, At least once a week = 52.

** Count of respondents who used the service within the past 12 months

Table 2-6. Level of Satisfaction with Services Utilized in the Past 12 Months

Service	N*	Average level of satisfaction**	Extremely satisfied N(%)	Very satisfied N(%)	Somewhat satisfied N(%)	Not at all satisfied N(%)	Left blank N(%)
Social events	157	2.2	56 (36%)	58 (37%)	23 (15%)	2 (1%)	18 (12%)
Classes, lectures, or discussion groups	128	2.3	53 (41%)	44 (34%)	15 (12%)	2 (2%)	15 (12%)
Driving/ transportation	92	2.6	57 (63%)	26 (29%)	5 (6%)		3 (3%)
Referral to a service provider	89	2.3	35 (40%)	27 (31%)	7 (8%)	4 (5%)	15 (17%)
Companionship	62	2.5	29 (48%)	25 (41%)			7 (12%)
Call Village for other types of information	46	2.6	27 (59%)	10 (22%)	2 (4%)		7 (15%)
Technology assistance	35	2.6	22 (61%)	9 (25%)	2 (6%)		3 (8%)
Other services	34	2.5	15 (44%)	11 (32%)	1 (3%)		7 (21%)
Home repair or modification	30	2.4	12 (40%)	7 (23%)	2 (7%)	1 (3%)	8 (27%)
Grocery or food delivery	17	2.6	11 (65%)	6 (35%)			
Health care advocacy or care management	17	2.8	13 (77%)	3 (18%)			1 (6%)
Home safety assessment	16	2.5	6 (40%)	7 (47%)			2 (13%)
Gardening or yard work	12	2.4	7 (58%)	2 (17%)	1 (8%)	1 (8%)	1 (8%)
Housekeeping	9	2.6	7 (78%)			1 (11%)	1 (11%)
Legal assistance	9	2.8	7 (78%)	2 (22%)			
Pet care	7	2.4	5 (71%)	1 (14%)			1 (14%)
Financial advocacy	3	2.5	1 (33%)	1 (33%)			1 (33%)

* N = count of respondents who used the service in the past 12 months

** Average level of satisfaction among respondents who used the service in the past year and reported their level of satisfaction. Scale of 0 – 3, where 3 = extremely satisfied 2 = very satisfied 1 = somewhat satisfied, and 0 = not at all satisfied.

Social Events:

Social events were the most commonly used service in the past year. The majority of respondents (69%) reported attending at least one Village-sponsored social event in the past year (Table 2-5). Of the people who attended at least one event, just over half (56%) reported attending social events once a month or less (Table 2-5). Less than a fifth reported attending only one event in the past year while 5% reported attending events at least once a week. Nearly three-quarters (73%) of respondents who attended social events were extremely satisfied or very satisfied with their experience (Table 2-6).

Classes, lectures, and discussion groups:

Classes, lectures, and discussion groups were the second most commonly used service in the past year. A little more than half of respondents (56%) participated in these activities (Table 2-5). Half of respondents who participated in classes, lectures, or discussion groups reported that they participated once a month or less. About 20% attended once in the past year, 10% attended several times a month, and 10% attended weekly (10% did not indicate how often they attended) (Table 2-5). Three-quarters of respondents who participated were extremely satisfied or very satisfied with the service (Table 2-6).

Driving/Transportation:

Driving and transportation services were used by 40% of respondents in the last year. Respondents used the service on average 6.2 times in the past year (including people who did not use the service). Almost 44% of respondents used the service one a month or less. Compared to other services respondents reported particularly high levels of satisfaction with these services: 64% were extremely satisfied and 91% were either very or extremely satisfied.

Referral to a Service Provider:

In the past year 39% of respondents received a referral from the Village to a service provider. Across all respondents, Village members received referral 3.3 times per year on average, which indicates referrals are used less frequently than social events, classes, lectures and discussion groups, and driving/transportation. Nearly 70% of those who used the service were very or extremely satisfied with it.

Companionship:

Slightly more than a quarter of respondents received companionship through the Village in the past year (27%). About half of respondents (53%) who received companionship did so one a month or less, while 13% received companionship several times a month and another 13% received companionship at least once a week. All respondents who reported their level of satisfaction indicated that they were extremely or very satisfied with the service.

Call Village for Information (other than referrals to service providers):

A fifth of respondents called the Village in the past year for information other than referrals to a service provider. The majority of respondents who called the Village did so once a month or less (56%), while just over a quarter (26%) called the Village for information several times a month.

Respondents who called the Village were also generally satisfied with the service provided, though 15% of respondents did not indicate their level of satisfaction.

Technology Assistance:

In the past year 15% of respondents received technology assistance through the Village. The vast majority of the respondents who received assistance only reported receiving help one a year (72%). Most respondents who received services reported that they were extremely satisfied (61%).

Home Repairs or Modifications:

A total of 13% of respondents indicated that they received home repairs or modifications through the Village (not including referrals to outside service providers). Two thirds of respondents who received these services did so only once in the past year (67%). Respondents were also generally satisfied with these services, only 10% of respondents indicated that they were somewhat satisfied or not satisfied, though more than a quarter (26%) of respondents did not indicate their level of satisfaction with the service.

Other services:

Table 2-5 shows that 15% of respondents utilized other services not listed on the survey. Additionally, eight services included on the survey were utilized by less than 8% of respondents (17 or fewer individuals) in the past year: grocery or food delivery, health care advocacy or care management, home safety assessment, gardening or yard work, housekeeping, legal assistance, pet care and financial advocacy.

Referrals to preferred providers and discounted services:

Table 2-7 shows that respondents received referrals for a wide array of services, though relatively few respondents received referrals to any one type of service. The most common type of referral was for home repair or maintenance; 21% of respondents who received a referral received a referral for these services. The other common types of referrals were for driving/transportation services (10%) and health care, home health, or nursing (7%), and social events not sponsored by the Village (6%). Referrals to other services were each only used by 10 or fewer respondents. With the exception of yard care and gardening, fewer than half of respondents received discounts for the services that they received through Village referrals, though the sample sizes are small for all services.

Unrelated to referrals, 11% of respondents indicated that they received some sort of perks as a Village member, such as free or discounted tickets, coupons, or prizes at events.

Table 2-7. Service Referrals and Discounts

Service	Referred N (%)	Received discount N (%)*
	Yes	No
Home repair or maintenance	47 (21%)	18 (38%)
Driving/transportation	23 (10%)	11 (48%)
Health care, home health or nursing service	16 (7%)	7 (44%)

Social events (not sponsored by the Village)	14 (6%)	4 (29%)
Housekeeping or cleaning or professional organizer	11 (5%)	5 (46%)
Classes, trainings, or lectures (not sponsored by the Village)	10 (4%)	5 (50%)
Other	8 (4%)	5 (63%)
Companionship	6 (3%)	1 (17%)
Gardener or yard care services	5 (2%)	3 (75%)
Pet care	5 (2%)	2 (40%)
Technology assistance	5 (2%)	1 (20%)
Financial services	4 (2%)	0 (0%)
Fitness classes or personal trainer	5 (2%)	2 (40%)
Grocery shopping or meal delivery	3 (1%)	1 (33%)
Legal services	0	n/a
Housing	0	n/a
Received perks (like free or discounted tickets, coupons, or prizes at events)	25 (11%)	153 (67%)**

*Percent indicates the percent of respondents referred who also reported that they received a discount.

**This question was left blank by 49 respondents (22%).

PART III: Impact analysis and subgroup analysis

Pre-post analysis methodology

Procedures:

A new member intake survey was administered to members who joined the Villages during the project period. Only the surveys that were completed within eight weeks of the date the member joined the Village were considered valid. Villages administered a follow-up survey approximately 12-months and 24-months after the date of the new member intake survey (following respondents' first and second year in the Village). Follow-up surveys were considered valid if they were administered within eight weeks of the follow-up survey due date.

Overall pre-post analysis:

We began by running frequencies on all categorical demographic variables (from the intake survey) and retrospective questions (from the follow-up surveys). Next, we conducted two separate pre-post test analyses on the overall sample: 1) we compared responses on the intake survey with responses on the 12-month follow-up survey; and 2) we compared responses on the intake survey with responses on the 24-month follow-up survey. We determined if responses were significantly different between intake and follow-up using the Wilcoxon signed rank test for ordinal variables. For dichotomous variables, we conducted McNemar's test to determine if differences between intake and follow-up were significantly different. For each item, only members who had valid intake and follow up surveys were included in the analysis.

Subgroup analysis:

To identify specific member characteristics that may be associated with self-reported impacts of Village membership, we conducted bivariate analysis looking at differences in outcome by member characteristic. The member characteristics we examined included: income (above EESI vs. below EESI), disability (ADL impairment vs. no ADL impairment), household composition (living alone vs. not alone), self-rated health, educational level, age, gender, use of Village services, volunteering for Village.

We conducted two kinds of analysis by sub-group. First, we conducted chi-square tests of 12-month follow up data to determine if there were significant differences in reported impacts between members with different individual characteristics (between-group analysis). The results below present key outcomes on which there were significant differences between the two subgroups, defined as a chi-square test with a p-value of <.05 or below. Any key outcomes that were not significantly different between the two subgroups were omitted from the discussion below.

Second, we ran pre-post tests comparing intake and 12-month data separately for individuals in the sub groups listed above (within-group analysis). These tests were run for all outcome data collected at intake and 12-month follow-up. The results below contain all significant results, with the direction of change noted, in the tables below.

Survey data were analyzed using SAS software.

Response rate and retention rates:

A new member intake **response rate** was calculated only for members who joined the Villages during Year 3 of the grant (Oct. 1, 2013—Sept. 30 2014) by dividing the number of new member intakes from that time period by the total number of members who joined the Villages during that period.

The overall response rate for new member intakes for Year 3 of the project was 55.5%. The response rate for individual Villages are listed in Table 3.1 below.

Table 3-1. Response rate on the Year 3 intake survey, by Village

Village	Response rate
Ashby Village	46.6%
Avenidas Village	39.8%
Plumas Rural Services	27.3%
REAL Connections - Pomona	58.6%
San Francisco Village	73.6%
Santa Barbara Village	71.9%
Tierrasanta	51.5%
WISE Connections	87.2%

A **retention rate** was calculated for 12-month and 24-month follow-up surveys for all members who joined during the 3 year project period who had a valid new member intake and who had reached the due date for their 12-month and/or 24-month follow-up survey. A small number of members had a valid 24-month follow-up survey but did not take the 12-month follow-up survey. All valid surveys completed during the project period were included. The 12-month follow-up survey retention rate was calculated by dividing the number of valid 12-month follow-up surveys completed by September 30, 2014 by the number of intakes completed by September 30, 2013. The 24-month follow-up survey retention rate was calculated by dividing the number of valid 24-month follow-up surveys completed by September 30, 2014 by the number of intakes completed by September 30, 2012. Retention rate calculations included all members with an intake during the time period except for those who had died, were no longer a Village member, or were too ill or cognitively impaired to complete the follow-up survey when it was due.

Over the three year data collection period, the overall retention rate was 54.1% for the 12-month follow-up survey and 41% for the 24-month follow-up survey. The retention rates for individual Villages are listed in Table 3.2 below.

Non-response: Because the retention rates for follow up surveys were lower than anticipated, we conducted analysis comparing the characteristics of members who completed a valid follow up compared to those who did not complete a valid follow up. Using chi-squared tests, we found that the only significant differences by demographic were that significantly more responders were white (96%) compared with non responders (90%) $p=0.0419$; significantly more responders owned their own homes (80%) compared to non responders (67%) $p=.0159$; and non-

responders were significantly more likely to have an income below the EESI (30%) compared to responders (16%) $p=.0055$. Thus, results suggest that non-responders tended to be lower socio-economic levels than those who did respond.

Table 3-2. 12-month and 24-month follow-up survey retention rate by Village

Village	Retention rate	
	12-month follow-up survey	24-month follow-up survey
Ashby Village	73.6%	84.2%
Avenidas Village	75.8%	88.9%
Plumas Rural Services	33.3%	0.0%
REAL Connections – Pomona	78.1%	27.3%
San Francisco Village	46.8%	48.6%
Santa Barbara Village	66.7%	84.6%
Tierrasanta	81.1%	30.0%
WISE Connections	55.7%	26.3%

Pre-Post Results Overall for 12- and 24-month follow ups

Member demographics

Table 3.3 below describes the demographics of the respondents who are included in the 12-month and 24-month follow-up cohorts. Most respondents in both the 12-month and 24-month follow-up cohorts are 70-89 years old. The members who participated in both the baseline and 12-month follow-up survey are overwhelmingly female (78% in 12-month cohort, 84% in 24-month cohort), white (95% in both 12- and 24-month cohorts), and college-educated (more than 70% in both cohorts). Most respondents are financially well-off: at least 74% are above the Elder Economic Security Index (EESI) in the 12-month cohort and at least 63% of respondents are above the ESSI in the 24-month cohort. Slightly more than half of respondents in both cohorts live alone.

Table 3-3. Demographics of Pre-Post Survey Respondents

Member Demographics	12-month follow-up cohort (n = 229)	24-month follow-up cohort* (n = 85)
Age Range		
50-59	7 (3%)	2 (2%)
60-69	46 (20%)	21 (25%)
70-79	72 (31%)	31 (37%)
80-89	73 (32%)	23 (27%)
90 and older	14 (6%)	3 (4%)
Missing	17 (7%)	5 (6%)
Household Composition		
Does not live alone	100 (44%)	33 (39%)
Lives alone	127 (56%)	50 (59%)
Missing	2 (1%)	2 (2%)

Race		
White	218 (95%)	81 (95%)
Non-white	9 (4%)	4 (5%)
Missing	2 (1%)	0 (0%)
Gender		
Male	49 (21%)	14 (17%)
Female	178 (78%)	70 (82%)
Missing	2 (1%)	1 (1%)
Education		
Less than high school graduate	6 (3%)	4 (5%)
High school graduate	9 (4%)	2 (2%)
Some college/technical training/AA	49 (21%)	16 (19%)
Bachelor's degree or higher	161 (70%)	62 (73%)
Other	1 (<1%)	0 (0%)
Missing	3 (1%)	1 (1%)
Marital Status		
Single	146 (64%)	57 (67%)
Married/partnered	82 (36%)	27 (32%)
Missing	1 (<1%)	1 (1%)
Employment Status		
Not currently employed	195 (85%)	69 (81%)
Employed	31 (14%)	15 (18%)
Missing	3 (1%)	1 (1%)
Primary Language Spoken		
English	218 (95%)	81 (95%)
Language other than English	10 (4%)	4 (5%)
Missing	1 (<1%)	0 (0%)
Home Ownership Status		
Owns home	182 (80%)	57 (67%)
Does not own home	46 (20%)	27 (32%)
Missing	1 (<1%)	1 (1%)
Below or Above ESSI		
Below	33 (14%)	18 (21%)
Above	169 (74%)	54 (64%)
Missing	27 (12%)	13 (15%)

*A small number of the respondents to the 24-month follow-up survey did not complete the 12-month follow-up survey.

Note: demographic data were collected at intake for all respondents.

Disability

Just over 70% of respondents reported a disability, defined as at least one impaired IADL or ADL (Table 3-4). More than half of respondents reported at least one IADL, while only 15% reported at least one ADL.

Table 3-4. Self-Reported Disability Status (for participants in the 12-month cohort, collected at intake)

Category	N	%
No disability	66	30%
Any disability		

At least one impaired instrumental activity of daily living	121	55%
At least one impaired activity of daily living	34	15%

Reasons Respondents Joined the Village (collected at 12 month follow-up)

Respondents were presented with a list of reasons why they might have joined the Village, which are listed in Table 3-5. The respondents were asked to indicate whether each reason was very important, somewhat important, or not too important to them. Each services was very important to a minimum of 39% of respondents. According to the survey, the four most important reasons respondents joined the Village were: peace of mind, to obtain assistance when needed, to remain in their own home for as long as they can, and to show support for the Village. The five other statements were important to a substantial percentage of respondents, but were relatively less important on average. These five reasons were: access to vetted professional services at a discount, meet others who share their interests, participate in social and cultural events, build a larger community for themselves, and to volunteer their services to other members or to the Village infrastructure.

Table 3-5. Reason respondent joined Village (n=225)

Reasons	Average level of importance*	Very important N(%)	Somewhat important N(%)	Not too important N(%)	Left blank N(%)
Peace of mind	2.6	148 (66%)	44 (20%)	26 (12%)	7 (3%)
Remain in my own home for as long as I can	2.5	138 (61%)	58 (26%)	22 (10%)	7 (3%)
Obtain assistance when I need it	2.5	128 (57%)	63 (28%)	26 (12%)	8 (4%)
Show my support for the Village concept	2.4	113 (50%)	67 (30%)	37 (16%)	8 (4%)
Build a larger community for myself	2.2	92 (41%)	74 (33%)	50 (22%)	9 (4%)
Meet others who share my interests	2.2	92 (41%)	71 (32%)	54 (24%)	8 (4%)
Participate in social and cultural events	2.1	87 (39%)	71 (32%)	59 (26%)	8 (4%)
Have access to vetted professional services at a discount	1.9	67 (30%)	67 (30%)	80 (36%)	11 (5%)
Volunteer my services to other members or to the Village infrastructure	1.7	43 (19%)	57 (25%)	114 (51%)	11 (5%)
Other	2.5	12 (6%)	4 (2%)	3 (1%)	198 (91%)

*Average level of importance calculated on a scale of 1-3, where 3 = very important, 2 = somewhat important, 1 = not too important. Does not include respondents who left the question blank.

Opinions about Village membership at 12 month follow up

In retrospective questions about expectations, most respondents indicated that they had a positive experience with their Village membership and would recommend the Village to a friend (Table 3-6). Nearly 70% of respondents indicated that their expectations had been totally or mostly met so far. Only 22% indicated that their expectations had been met only somewhat at 5% indicated their expectations had not been met at all (6% left the question blank). Similarly, nearly 70% of respondents were extremely or very satisfied with their Village membership, 25% were somewhat satisfied, and only 3% were not at all satisfied (3% of respondents did not answer this question). Furthermore, nearly 90% of respondents would probably or definitely recommend the Village to a friend or neighbor and less than 1% would probably not recommend it (Table 3-6).

Table 3-6. Opinions about Village membership (12 month follow-up cohort)

Statement	Response				
	Totally	Mostly	Somewhat	Not at all	Left blank
To what extent have your expectations been met so far? (N = 225)	81 (36%)	71 (32%)	49 (22%)	11 (5%)	13 (6%)
	Extremely satisfied	Very satisfied	Somewhat satisfied	Not at all satisfied	Left blank
Taking everything into account, how satisfied are you with your membership in the Village? (N = 228)	75 (33%)	81 (36%)	58 (25%)	7 (3%)	7 (3%)
	Definitely yes	Probably yes	Maybe	Probably not	Left blank
Would you recommend the Village to a friend or neighbor? (N = 228)	155 (68%)	47 (21%)	19 (8%)	1 (<1%)	6 (2%)

Health Status and Well-Being

Retrospective: Respondents were asked at follow-up to reflect on changes since they joined the Village and to state how much they agreed with certain statements (See Appendix 1: Table 3-7). About half said they felt happier than they did before joining the Village, and slightly more than half felt their quality of life had improved. About 30% said they felt healthier than before.

Pre-post: Respondents were asked about difficulty experienced with performing various ADLs and IADLs. At intake, 12-month follow-up, and 24-month follow-up the majority of respondents did not report any difficulty walking across the room. Twelve months after joining the Village significantly fewer respondents reported difficulty walking across the room (82% reported not difficulty at intake, while 91% reported no difficulty at 12 months). However, within the 24-

month follow-up cohort, at 24 months significantly more respondents reported difficulty walking across the room than at intake (78% reported no difficulty at baseline while 69% reported difficulty at 24 months). (Tables 3-8 and 3-9)

There were no significant changes at 12 or 24 months in responses to the following items:

- Self-rated health status
- Number of falls in the past year
- Satisfaction with life
- ADLs and IADLs
 - o Light housework
 - o Yard work and other home maintenance
 - o Computer
 - o Shopping
 - o Getting to places out of walking distance
 - o Taking medicine at the right time and right amount
 - o Preparing your own meals
 - o Getting in and out of bed
 - o Taking a bath or shower
 - o Getting dressed

Health Service Use

Retrospective: There were no retrospective questions regarding health service use.

Pre-post: Less than a quarter of respondents in any cohort had been hospitalized in the year prior to joining the Village (at intake) or during their first year in the Village (12-month follow up). Village members were significantly more likely to report having been hospitalized two or more times than at intake. For the 24-month follow-up cohort there was no statistically significant change in the number of times they had been hospitalized in the year prior to joining the Village versus during their second year in the Village (the year prior to the 24-month follow-up survey). (Table 3-10)

Nearly 90% of respondents reported that they did not call 911 in the year prior to joining the Villages. In the 12-month follow up, Village respondents were more likely to report that they called 911 than they had at intake (Table 3-11). For the 24-month follow-up cohort there was no significant difference between intake and follow-up.

There were no significant changes at 12- or 24-months in responses to the following items:

- Number of times re-hospitalized within 30 days for the same condition in the last year
- Number of times gone to the ER in the last year
- Stayed in a nursing home or care facility in the past year
- Delayed or did not get needed medical care in the past year

Self-Efficacy/Confidence Aging in Place

Retrospective: At 12 months and again at 24 months, nearly three quarters of respondents felt they were more likely to be able to stay in their own home since they joined the Village. On the other hand, fewer respondents (ranging from 25% to 29% at 12 months and from 17% to 32% at 24 months) felt that they worried less about money, had an easier time taking care of themselves, and had an easier time taking care of their homes since joining the Village (Table 3-12).

Pre-post: After one year in the Village (12 month follow-up) and after two years in the Village (24 month follow-up), respondents were significantly more confident that they could get the help they needed to stay in their current residence at follow-up compared to intake. At follow-up more than half of each cohort reported that they were very confident they could get the help they needed to stay in their residence as long as they would like (Tables 3-13 and 3-14).

Most respondents were confident that they would be able to afford to stay in their homes as long as they would like. While there was no significant change at the 12-month point, respondents were significantly less confident at the 24-month point about their ability to afford to live in their current residence as long as they would like (Table 3-15).

Home modification and intention to relocate

Retrospective: The modifications most commonly needed were bathroom/safety modification, with fewer respondents indicating a need to improve access or install emergency response systems (Table 3-17).

Pre-post: At 12-month follow up, significantly fewer respondents indicated that their homes needed modifications to improve their ability to stay over the next five years compared to intake. About 27% needed modifications at intake, while less than 18% of these individuals needed modifications 12 months later). There was no significant difference between intake and 24 months for the 24-month follow-up cohort (Table 3-16).

At intake a quarter of respondents were considering moving to alternative housing. A year after joining the Village significantly fewer (only 15%) of these respondents were considering moving to alternative housing, which is a statistically significant decrease (Table 3-18). There was no significant difference on this question between intake and 24-month follow-up.

Of the respondents who said they were considering moving, the most common type of housing they were considering was a senior housing community, with fewer respondents considering downsizing or moving to an assisted living facility (Table 3-19).

There were no significant changes at 12 or 24 months in response to the following items:

- How much longer would you want to continue to live in your current residence if you were able to do so?
- How often are you able to get to the places you need or want to go?

Social Engagement

Retrospective: In retrospective questions where respondents rate how membership has impacted their life, more than half of respondents reported an increase in social connections because of their Village membership (know and talk to more people, participate in more activities, feel more connected to others).. A smaller percentage of people however reported that they are less lonely (39-40%) and that they leave home more (36-37%) since joining the Village (Table 3-20).

Pre-post: Measures of social connections at intake and follow up showed that respondents talk to friends and neighbors quite frequently even before they joined the Village, with at least half of respondents reporting they did so at least once a day. Despite the results from the retrospective ratings where members said they were more connected because of the Village, pre-post test analysis of objective measures of social connections showed that respondents reported talking to friends and neighbors significantly less at 12-month follow up than they had at intake (Table 3-21). There were not significant differences between intake and 24-month follow up. .

According to pre-post analysis, members were significantly more likely at 12- and 24-month follow up to say that they had someone to count on for assistance with routine activities than they had at intake (Table 3-26, 3-27).

There were no significant changes at 12 or 24 months in responses to the following items:

- In the last year how often did you get together socially with friends or neighbors?
- I feel that I belong and am part of a community
- On average, about how often do you leave your home for any reason?

Civic Engagement

Retrospective: Respondents rated their civic engagement quite high at both intake and at follow ups, with more than 80% of respondents reported attending organized group meetings and over 60% doing volunteer work (30% for the Village).

Pre-post: However, analysis of pre-post data showed that respondents at 12-month follow up were significantly less likely to report attend organized group meetings at least weekly than they had at intake (Tables 3-22, 3-23). Similarly, pre-post analysis showed that respondents were less likely to report volunteering at least weekly at 12-month follow up than they had at intake (Table 3-24). There were no significant differences in volunteering between intake and 24-month follow-up. There were no significant differences between intake and the 24-month follow-up cohort on measures of civic engagement.

Service Access and Unmet Needs

Retrospective: Retrospectively, the majority of respondents said they knew more about how to obtain the assistance they need and knew more about community services because of their

membership in the Village. On the other hand, less than half of respondents said they were more likely to get the medical care they need (33%) or use community services (44-45%) compared to prior to joining the Village (Table 3-25).

Pre-post: Respondents were asked if they had unmet needs at intake and follow up. At intake nearly 40% of respondent reported that they had unmet yard work and other home maintenance needs. A year later less than 30% of these same respondents reported that they had unmet needs in this area, which is a statistically significant decrease (Table 3-28 and 3-29).

In the 12-month follow-up survey significantly fewer respondents reported that they had unmet computer needs (43% at intake versus 31% at 12 month follow-up). There was no significant difference in needs reported between intake and 24 months for the 24-month follow-up cohort (Table 3-29).

There were no significant changes at 12 or 24 months in responses to the following items:

Unmet needs - Could you use more help with:

- Light housework
- Shopping
- Getting to places out of walking distance
- Taking medicine at the right time and right amount
- Preparing your own meals
- Getting in and out of bed
- Taking a bath or shower
- Getting dressed
- Walking across the room

Pre-Post Results by Subgroup

Subgroup analysis

We conducted two kinds of analysis by sub-group to identify individual characteristics of Village members that may be associated with greater member outcomes (See Part III: Methodology). We conducted *between-group analysis* wherein we used chi-squared tests to compare between different subgroups (i.e. assessing whether there were significant differences between high and low income members, for example). We also conducted *within-group analysis* where we conducted pre-post tests specifically on one subset (excluding all others) to assess whether findings would be significant for just that group (i.e. just higher income people with lower income respondents excluded). When we conduct within-group analysis and findings reveal significant results for that group where the results had not been significant for the full group, it suggests that group has may be experiencing stronger impacts.

The different subgroups were analyzed by: income (above or below EESI), disability (ADL or IADL impairment vs. no impairment), household composition (living alone vs. living with others, self-rated health (excellent/good health vs. fair/poor health), educational level (college

degree vs. no college degree), age, gender, use of Village services, volunteering for Village. This section presents significant differences in outcomes by subgroups for both types of analysis.

Service Use Status

Between-group: Village members who used Village services (not including social events and discussion groups/lectures/classes) during their first year in the Village were significantly more likely than non-service users to report that since joining the Village they were more likely to know how to get assistance when they needed it, stay in their home as long as they would like, and reported that their quality of life is better than when they joined the Village. Service users were also significantly more likely to report that the Village met their expectations and to report that they were satisfied with the Village (Table 3-30).

Within-group: When we conducted pre-post analysis specifically on service users (n=176) there were many significant changes between intake and 12-month follow up. Those who used services were significantly more likely to have called 911, less likely to consider moving to alternative housing, more likely to say they feel they belong to part of a community, more likely to have someone to count on for routine activities, and less likely to volunteer or participate in an organized group. Conversely, when pre-post analysis was run on those who did not use services (n=53), there was only one significant difference (less likely to participate in an organized group at 12-month follow up). These findings suggest that observed effects of Village membership are likely associated with service use, and that some of the decrease in group attendance may be independent of service use (Table 3-31).

Disability Status

Between-group: Members without a disability (no ADL or IADL impairments) were more likely than members with a disability to report that they feel healthier since joining the Village (Table 3-32).

Within-group: When we conducted pre-post analysis specifically on members with no disability (no ADL or IADL impairment, n=67) they reported significantly more difficulty with housework, yard work, using the computer and shopping at 12-months post enrollment than they had at intake.

Conversely, the same analysis run on members with a disability (at least one ADL impairment) showed that they reported significantly less difficulty using the computers and walking across the room at 12-month follow up.

Furthermore, members with a disability reported better outcomes on several measures of aging in place than they had at baseline, while respondents without a disability did not. However, there are many more respondents in the sample with a disability (162 out of 229 reported a disability), which makes it more difficult to detect differences in the subset of members without a disability (Table 3-33).

Self-reported health status

Between-group: The vast majority of members reported that they were in excellent, very good, or good health when they joined the Village (191 out of 229 members). There was only one significantly reported difference between members who reported good self-reported health versus members with fair or poor self-reported health. Members who reported that they were in excellent, very good, or good health at baseline were more likely than members in poor or fair health to report that since joining the Village they feel healthier (Table 3-34).

Within-group: Analysis of healthier members showed they were significantly less likely to report falls at follow up, but also more likely to have called 911 at follow up (neither of these were significant for the overall group). Healthier members also reported being significantly more confident about aging in place than less healthy. They were more confident they could stay in their home, their homes needed fewer modifications, less likely to consider alternative housing, and more confident there was someone they could count on to help with routine activities. At 12 months these same members also reported less civic participation; they volunteered and attended meetings less often.

The within-group, pre-post analysis specifically among members in fair or poor health (n = 34) showed that at 12 months these members had less difficulty walking across the room. The small sample size of members in poor or fair health makes it more difficult to detect statistically significant changes. Both groups were significantly less likely to report that they were considering alternative housing a year after joining the Village (Table 3-35).

Age

Between-group: In a comparison by age group, younger members (younger than 77, the median age) were more likely than older members to report that since joining the Village they have an easier time taking care of their home (Table 3-36).

Within-group: Pre-post analysis specifically of younger members (n=103) showed significantly increased confidence that they could live in their homes as long as they would like and increased feeling that they belonged to a community. There were no significant changes on these measures for the older members. When within-group analysis was run specifically on the older members (n=110), there was a significant decrease in reporting that their homes needed modification after 12 months of membership. Both groups reported significant increases in calling 911, decreases in civic participation, and increases in having someone to rely on for assistance with routine activities (Table 3-37).

Income

Between-group: Members with incomes below the Elder Economic Security Index (below ESSI) when they joined the Village were more likely than members with higher incomes to report that during their first year in the Village they were satisfied with their Village membership so far (Table 3-38).

Within-group: Pre-post analysis specifically among members with higher incomes above ESS I (n=169) showed that they were significantly more likely at 12-month follow up to report calling 911, hospitalizations, and emergency room visits than they had reported at intake. Member with incomes above ESS I were also less likely to report that their homes needed modifications, less likely to attend organized group meetings, and more confident that there was someone they could count on for help with routine activities. There were few changes observed in the analysis that showed up only in members with incomes below ESS I (n=34), which may be attributable to the small number of members reporting low incomes. Both high and low income groups were more confident about their ability to stay in their homes as long as they would like and fewer were considering moving to alternative housing (Table 3-39).

Education Levels

Between-group: The majority of Village members in our sample had a college degree (n = 161). Members without a college degree (n=64) were more likely than members with a college degree to report that the Village met their expectations and that they were satisfied with the Village during their first year in the Village (Table 3-40).

Within-group: Pre-post analysis specifically of members with a college degree (n= 161) showed that they reported significantly less difficulty walking across the room, fewer falls, fewer unmet home modifications and increased confidence that they can stay in their home as they age at follow up (these were not significant for those without a college degree). Those with no college degree (n = 64) were significantly less likely at 12-month follow up to report that they were considering moving to alternative housing and to participate in organized groups than they had been at intake. The no college degree group was also significantly more likely to have called 911 (there was no significant change in response to these questions among members without a college degree). Both groups reported being significantly more likely to feel confident that they can get the help they need to live in their own homes and significantly more likely to have someone to count on for routine activities (Table 3-41).

Gender

Between-group: In a comparison of follow up data by gender, females were more likely than males to report that they felt healthier since joining the Village (Table 3-42).

Within-group: In pre-post test analysis specifically including females, women reported significantly less difficulty using the computer and walking across the room at 12-months follow-up. Women also reported significantly more confidence in aging in place more confidence that they could live in their home as long as they would like, reported that their homes needed fewer modifications, fewer members were considering moving to alternative housing, and they were more confident there was someone they could rely to help with routine activities. A year after joining the Village women also felt more connected to a community than they had when they joined the Village. At the same time, women reported less civic participation at 12 months: they attended organized groups and volunteered less often. Specific analysis of men (n = 49) showed a significant increase in health care utilization (calling 911 and visiting the ER) at 12 month follow up than they had during the year prior to joining the Village (Table 3-43).

Household Composition – Living Alone

Between-group: A little more than half of the members in our sample reported that they lived alone when they joined the Village. In a comparison by household composition, there were no significant differences on any of the retrospective outcome variables between members who live alone versus those who do not live alone.

Within-group: In pre-post analysis specifically with those who lived alone (n=127), there was a significant reduction at 12-month follow up of those who reported that their residence needed modifications and significantly fewer reported that they are considering moving into alternative housing, compared to when they first joined the Village. A year after joining the Village members who live alone were also more confident that there is someone who they can count on to help with routine activities. Those who did not live alone (lived with one or more people, n=100) reported significantly fewer falls at follow up and significant increases in number of times calling 911 and going to the emergency room. They also reported that they were significantly less likely to be able to get to places they need or want to go as well as significant reductions in social and civic engagement (those who lived alone reported no significant changes in these areas). (Table 3-44).

Volunteering for the Village

Between-group: When comparing by volunteering status, there were no significant differences on any of the retrospective outcome variables between members who volunteered for the Village in the past year and those who did not volunteer for the Village.

Within-group: In the pre-post analysis specifically of members who volunteered for the Village during their first year in the Village (n = 72), volunteering members reported a significant increase in the amount of time they wanted to stay in their current residence compared to what they had reported at intake. Analysis specifically of members who did not volunteer for the Village (N=154) showed they reported less difficulty walking but more health care use (calling 911, hospitalization, and emergency room use) during their first year in the Village. These members also reported more confidence in measures of aging in place: fewer members reported that their homes needed modifications and fewer members were considering alternative housing. These members were more confident that there was someone they could count on for help with routine activities. They were also less civically active during their first year in the Village than they had been in the year prior to joining the Village. They attended organized meetings and volunteered less often (Table 3-45).

Summary of Impact Results

Overall

Health Status and Well-Being: On retrospective questions, at both 12 and 24 months, 26-57% of members reported that they felt happier, healthier, and that their quality of life had improved

since joining the Village. In the pre-post analysis, 12 and 24 months after joining the Village members reported less difficulty walking across the room than they had when they first joined the Village.

Health Service Use: The pre-post analysis showed that members were hospitalized and called 911 more times during their first year in the Village than they had in the year prior to joining the Village.

Self-Efficacy/Confidence Aging in Place: Compared to intake, members were more confident at 12 and 24 months that they will be able to get the help they need to stay in their home as long as they would like. A year after joining the Village fewer members reported that their homes needed modifications and fewer members were considering moving to alternative housing (but this was no longer significant at the 24 month follow up). At 24 months members were significantly less confident that they would be able to afford to stay in their home than they had been at intake.

Social Engagement: When asked retrospectively about their experience since joining the Village, about half or more than half of respondents felt an increase in social connections (know and talk to more people, participate in more activities, feel more connected to others) than before joining the Village. However, the pre-post analysis showed that members reported talking to friend and family less often during their first year in the Village than they had in the year prior to joining the Village and there was no differences in how often they reported getting together with friends and family.

Civic Engagement: At follow up, Village members reported volunteering and attending organized group meetings less often than they had at intake, which is curious since 60% of Village members report volunteering either for the Village or other organizations.

Service Access: The majority of members reported that since joining the Village they know more about community services. The pre-post analysis showed that at both 12- and 24-months after joining the Village, members were more confident that there was someone they could count on to assist them with routine activities than they had been when they joined the Village.

Unmet Needs: A year after joining the Village significantly fewer members reported that they needed help with yard work or computer work.

Subgroup Differences

Service Use Status: Members who used services experienced more improvements in outcomes, such as measures of confidence about aging in place, compared to members who did not use services, such as measures of confidence about aging in place. Unlike the overall sample population, members who used services were significantly more likely to agree with the statement that they feel like they are part of a community a year after joining the Village.

Disability Status: Subgroup analysis of disability status showed that there may be some slight increase in impacts for those who have some functional impairment. Those with an ADL or

IADL disability reported better outcomes on several measures of confidence aging in place than they had at baseline and they reported fewer unmet needs in the area of technology assistance (while there were no such improvements found in the analysis of members without a disability). Interestingly, members without a disability at baseline reported more difficulty with housework, yard work, using the computer, and shopping a year after joining the Village, compared to when they first joined the Village. This may indicate that some members join the Village at the point where they are beginning to experience more functional impairment.

Self-Reported Health Status: Results suggest that members in better health may be experiencing more benefits from the Village. The vast majority of members were in excellent, very good, or good self-reported health at baseline. Among these healthier members there were many significant increases in confidence aging in place and significant decrease in number of falls reported at follow up. There was no significant change in the number of falls among the full sample.

Age: Subgroup analysis by age was mixed. Younger members (younger than the mean age of 77) showed significantly increased confidence that they could live in their homes as long as would like and increased feeling that they belonged to a community a year after joining the Village. Increased sense of belonging to a community was not significant in the analysis of the of the full population. Older members, on the other hand were the only group to report that their homes needed fewer modifications a year after joining the Village.

Income: Members with lower incomes (below ESSI) were more likely to report that the Village met their expectations and that they were satisfied with their Village membership. Members with incomes above ESSI went to the Emergency Room more often after one year in the Village. There was no significant difference in emergency room visits in the analysis of the full sample.

Education: Similar to low income members, those with less than a college education were more likely to report that the Village met their expectations and that they were satisfied with their Village membership than those with higher education. Members with a college degree or higher reported fewer falls and less difficulty walking across the room at follow up than they had a intake. There was no significant change in the number of falls among the full sample.

Gender: Females seem to experience more benefits from Village membership than do males. Females reported that they felt healthier since joining the Village, and experienced less difficulty walking across the room and using the computer a year after joining the Village. There was no significant difference in difficulty using the computer among the full sample. Males, on the other hand reported increased 911 and emergency room use at follow up. There was no significant change in emergency room use among the full population.

Household Composition – Living Alone: There were several differences in the pre-post analysis results for members who live alone versus members who do not live alone. Members who do not live alone reported improvements in more measures of confidence in aging in place than members who live alone. Members who did not live alone also reported less difficulty walking across the room and fewer falls, but more emergency room trips at follow up. There was no significant change in the number of falls or emergency room visits in the analysis of the full

sample. The pre-post analysis also revealed that members who did not live alone reported a decline in their ability to get places they needed or wanted to go a year after joining the Village, compared to when they first joined the Village. There was no significant change on this measure for the whole population or among any other subgroups examined in this analysis.

Part IV. Qualitative Analysis

What members like best about being part of a Village

Methodology and Sample

All Village members were asked an open-ended question in the follow up questionnaires: “What is BEST about [NAME] Village?” A total of 229 Villagers were asked this question in the 12-month follow up questionnaire and 85 Village members were asked this same question in the 24-month follow up questionnaire. In each of the follow-ups, 83% and 84% had valid responses, respectively. The other 17% and 16% in each of the follow ups who did not have a valid response said they did not know what they liked best about the Village, or gave unclear or unspecific answers, such as “things are looking up” or “I haven’t found that yet.”

A preliminary list of coding categories was developed by the researchers based on analysis of earlier cuts of the data. Approximately 50% of responses were coded using these preliminary categories. At that point, researchers identified new codes that emerged from the data, merged similar codes and separated codes into different categories. A final list of codes was developed. The valid responses were coded with the following themes: peace of mind, being part of a community, social events, staff and volunteers, attending Classes and lectures, volunteering & helping others, and access to vetted preferred providers and referrals. There was some overlap across themes and they are not mutually exclusive. The content of these themes are described below, in order of their prominence among survey responses.

Major Themes

Peace of mind

In both the 12- and 24- month surveys, peace of mind derived from Village membership was referenced by about one-third of respondents, making it the most common theme in responses to the question “what do you like best about the Village?” Members described the Village’s role in this capacity as an “insurance policy” which leaves them feeling more secure and protected. One member said “[Name] Village is a good backup since I have no family here, [Name] Village is a substitute family.” Another described the feeling, saying “The people. Knowing that I've got people - that I'm not alone. Before the Village, I felt like I wouldn't know what to do if something happened. Now I feel more secure knowing there are people I can rely on at [Name] Village.”

Being part of a community

Respondents cited interaction with other members, volunteers, and staff in many facets of the Village – not just social events – as one of the best aspects of Village membership. As opposed to “peace of mind” – which refers to members’ satisfaction in knowing that they will have support should they need it in the future – “being part of a community” refers to members’ appreciation of new, improved, or more frequent social connections. Almost a quarter of respondents referenced supportive and intellectually stimulating interactions, friendships, and a reduced sense of isolation, which come from being part of a community. One member described this as, “feeling a part of a caring community that I belong to and participate in as opposed being isolated due to changes in my physical ability to volunteer and loss of my clique of friends.”

Another wrote, “I have met people that I otherwise wouldn't have met – members of the community and it is exciting to see different agencies come together – with people of varying backgrounds and ages-to help seniors be able to age and place.”

Social events

About a fifth of all respondents cited social events and outings as an aspect of Village membership, which they liked best. Some respondents emphasized that social events were not just one-off meetings but opportunities for developing camaraderie and lasting friendships. For example, in describing what he or she liked best about the Village, one respondent said, “people - getting together for play reading. It has grown from just showing up to having food and talking about the meaning of the play. Deepening friendships. For example, one person's husband now requires 24 hour care and she and I linger afterwards.” For another respondent, Village membership “makes the transition from work friends to home friends post-retirement. She loves Village's activities especially conversation and coffee socials, and bird walks - coastal cleanup. Village made it possible. Very open to input.”.

Access to services

Another prominent theme across all eight Villages was access to services. Transportation services, specifically, were frequently mentioned as a valued benefit. One respondent said “Transportation! I have only had reason to use the Transportation - which is excellent - when they have time - very nice people! If I were a single person living alone I would probably have need for many more of your services.” Simply being able to call for information was also a commonly referenced service. One respondent reported that “being able to be confident that I am getting really good information” was his or her favorite aspect of Village membership..

Staff and volunteers

About one in ten respondents cited staff and volunteers as an aspect of the Village which they like best. Staff members were mentioned far more often than volunteers. In particular, staff members were described as caring, accessible, and attentive people whom members trust and enjoy interacting with. Respondents described staff as “amazingly helpful about everything and responds very quickly” and “the friendliness of the staff. I feel like a friend, not just a member.” Volunteers were generally described as helpful and friendly.

The Village concept and being part of a social movement

Some respondents reported that having the opportunity to support what they think is a good concept or simply being part of a social movement was an aspect of Village membership, which they liked best. As one member described it, “I like being a part of something bigger than myself!” Another said he or she valued “having the opportunity to be part of a new movement in aging.”

Attending Classes and lectures

Of similar prominence (to mentions of the Village concept and being part of a social movement), was respondents' appreciation of classes and lectures. Those who mentioned specific classes or lectures referred to a wide range of topics, including dementia, macular degeneration, drumming, yoga, motion, and balance. Many people said they enjoyed classes and lectures because of the intellectual stimulation and opportunity to interact with other people. One member reported, “I'm enjoying the book club and enjoyed the dementia workshop. The intellectual stimulation and classes have been most helpful.”

Volunteering & Helping Others

A small amount of members reported that the opportunity to help others and feel needed was an aspect of Village membership, which they liked best. Respondents generally achieved this sense of satisfaction through volunteering within the Village, though one member mentioned holding a leadership position. One respondent said what she likes best about Village membership is “the opportunity to help the thrift store. I enjoy staying busy.” Another reported, “I am a retired RN and I want to remain involved with helping others.

Access to vetted preferred providers and referrals

Access to vetted preferred providers and referrals was the least prominent theme among member responses.

What members think the Village could improve

Methodology and Sample

All Village members who participated in the 12-month follow up survey and 24-month follow up survey were asked the question, “How could the Village improve?” Of the 229 12-month survey respondents, 38 percent (87) had a valid response, and 41 percent (72) of the 24-month follow up had a valid response. The majority of respondents (62 percent and 59 percent respectively) did not give a valid answer to this question. Of those, most said they did not know what could be improved, or gave unclear or unspecific answers.

Similar procedures for qualitative analysis of these data were used (see above). The final coding categories included: suggestions for programs or events, improve communication to members, augment services, increase or diversify membership, improve organizational infrastructure, establish or strengthen neighborhood groups, and change membership types or fees. These themes are described below, in order of their prominence among survey responses.

Major Themes

Suggestions for programs or events

The most common theme in member comments was suggestions for new or improved programs and events. Though suggestions ranged widely, a few common threads emerged. Lack of transportation to and from events was an obstacle for many respondents. Also, members requested more activities on nights or weekends (though one person did say that he or she preferred afternoons to weekends). In general, respondents expressed a general desire for more programs and events, both in frequency and variety.

Improve communication to members

Of the responses, which suggested specific areas for improvement, communication was frequently mentioned. The majority of these comments were requests for more or clearer information about services or preferred providers. One member observed “There was times in my experience when I attended when people were acting more needy and not taking care of things that are obvious. Maybe there's some ways to get them to see all that's available to them.” Minorities of respondents made the following suggestions: improve response times in general, create a member contact list, disseminate information about events earlier. One member simply critiqued the content and tone of communications from the Village, saying “I read everything

that comes in on email from you. I like to read who has joined. I don't like these emails that "lecture" me on what medications I should or should not take. I delete them. In fact, I delete many of Village's emails.".

Augment services

Across all Villages, about one in twelve respondents mentioned services as an area for improvement. Over two-thirds of these responses mentioned transportation services, specifically. Respondents were frustrated by late drivers, their inability to make impromptu trips because of the requirement to reserve transportation services well in advance, and their need for rides to attend Village events and programs. Members also requested more and better vetted options for referrals and preferred providers as well as clearer and more prompt communication regarding these services. Their comments reflected the emphasis on transportation services which was common across Villages.

Increase or diversify membership

Village membership – in both quantity and composition – was the next most commonly referenced area for improvement. Of the responses which included this theme, seven specifically mentioned the need to appeal to younger seniors, three said they would like the Village to be more accessible to lower income seniors, three expressed a desire for more outreach in particular geographic areas, one advocated for more racial and ethnic diversity, one said pointed to a need for more male members, and six simply suggested increased membership of any demographic.

Improve organizational infrastructure

The next most frequent set of suggestions for Village improvement pertained to organizational infrastructure. Of these respondents, four requested more opportunities for members to take ownership of the Village through leadership or volunteer positions – with one individual reporting “we need more opportunities for members to be proactively in Village leadership (e.g committees, designing annual program plan); sense of ownership, help to shape and create to own advantage.” Six respondents made suggestions related to increasing resources in the form of funding or staff availability. Three respondents felt the Village needed better record-keeping and coordination in general, one of whom said “a number if things don't seem to be well coordinated, not sure why. Maybe trying to do too much with limited staff and financial resources.” Finally, one respondent suggested creation of a physical Village and two respondents from

Establish or strengthen neighborhood groups

Some respondents cited neighborhood groups or clusters as an area for improvement. Some respondents were particularly dissatisfied with their “clusters. Expressing frustration with the cluster system. One member said “I am disappointed with the "cluster" system. I have volunteered my home twice for group meetings, but not much happens. I think that "clusters" need coordinators from the Village to add structure to get things going and to share ideas.” Comments from other Villages' members were generally positive about the concept of neighborhood groups but just wanted more of them or to strengthen existing ones.

Change membership types or fees

One and four respondents to the 12- and 24- month surveys, respectively, referenced membership types or fees as areas for improvement. Of these respondents, one suggested addition of a social membership, one suggested a sliding scale fee based members' service use, and three simply said they would like to see lower fees.

Appendices

Appendix 1: Tables, Pre-Post Test Analysis for Overall Sample

Table 3-1. Retrospective health and well-being questions

	12 months n (%)	24 months n (%)
Since joining the Village...		
I feel happier than I used to		
Agree/strongly agree	100 (44%)	41 (48%)
Disagree/strongly disagree	103 (45%)	39 (46%)
Don't know	15 (7%)	3 (4%)
Left blank	11 (5%)	2 (2%)
I feel healthier than I used to		
Agree/strongly agree	71 (31%)	22 (26%)
Disagree/strongly disagree	130 (57%)	53 (62%)
Don't know	21 (9%)	8 (9%)
Left blank	7 (3%)	2 (2%)
My quality of life is better		
Agree/strongly agree	127 (56%)	48 (57%)
Disagree/strongly disagree	86 (38%)	34 (40%)
Don't know	6 (3%)	1 (1%)
Left blank	10 (4%)	2 (2%)

Table 3-2. Activities of Daily Living: Walking across the room (12-month follow-up)

	Intake		12-month Follow-Up	
	N	%	N	%
Without difficulty	185	83%	204	91%
With some difficulty	38	17%	16	7%
Only with assistance from another person	1	<1%	4	2%
Total	216	100%	216	100%
Significance Test				
Signed Rank	-148			
p-value	0.0094			

Table 3-3. Activities of Daily Living: Walking across the room (24-month follow-up)

	Intake	24-month

			Follow-Up	
	N	%	N	%
Without difficulty	63	78%	56	69%
With some difficulty	14	17%	17	21%
Only with assistance from another person	4	5%	8	10%
Total	81	100%	81	100%
Significance Test				
Signed Rank	52.5			
p-value	0.0483			

Table 3-4. Number of times hospitalized in the last year (12-month follow-up)

	Intake		12-month Follow-Up	
	N	%	N	%
None	175	80%	163	74%
1 time	36	16%	37	17%
2-3 times	8	4%	18	8%
More than 3 times	0	0%	1	<1%
Total	219	100%	219	100%
Significance Test				
Signed Rank	337			
p-value	0.0272			

Table 3-5. Number of times called 911 in the past year (12-month follow-up)

	Intake		12-month Follow-Up	
	N	%	N	%
None	190	89%	174	81%
1 time	17	8%	26	12%
2-3 times	6	3%	13	6%
More than 3 times	1	<1%	1	<1%
Total	214	100%	214	100%
Significance Test				
Signed Rank	232.5			

p-value	0.0036			
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Table 3-6. 12 and 24 month follow up questions self-efficacy and confidence

	12 months n (%)	24 months n(%)
Since joining the Village I...		
Am more likely to be able to stay in my own home as I get older		
Agree/strongly agree	167 (73%)	62 (73%)
Disagree/strongly disagree	46 (20%)	14 (17%)
Don't know	8 (4%)	6 (7%)
Left blank	7 (3%)	3 (4%)
Am less worried about money than I used to be		
Agree/strongly agree	57 (25%)	14 (17%)
Disagree/strongly disagree	139 (61%)	58 (68%)
Don't know	22 (10%)	9 (11%)
Left blank	11 (5%)	4 (5%)
Have an easier time taking care of myself than I used to		
Agree/strongly agree	67 (29%)	27 (32%)
Disagree/strongly disagree	130 (57%)	48 (57%)
Don't know	20 (9%)	8 (9%)
Left blank	12 (5%)	2 (2%)
Have an easier time taking care of my home than I used to		
Agree/strongly agree	59 (26%)	24 (28%)
Disagree/strongly disagree	145 (63%)	48 (57%)
Don't know	15 (7%)	9 (11%)
Left blank	10 (4%)	4 (5%)

Table 3-7. How confident are you that you can get the help you need to live in your current residence for as long as you would like? (12 months)

	Intake		12-month Follow-Up	
	N	%	N	%
Not confident at all	4	2%	1	<1%
Not too confident	18	8%	10	5%
Somewhat confident	109	50%	92	43%
Very confident	85	39%	113	52%
Total	216	100%	216	100%
Significance Test				

Signed Rank	1055			
p-value	0.0002			

Table 3-8. How confident are you that you can get the help you need to live in your current residence for as long as you would like? (24 months)

	Intake		24-month Follow-Up	
	N	%	N	%
Not confident at all	2	3%	1	1%
Not too confident	6	8%	3	4%
Somewhat confident	44	56%	33	42%
Very confident	27	34%	42	53%
Total	79	100%	79	100%
Significance Test				
Signed Rank	176.5			
p-value	0.0002			

Table 3-9. How confident are you that you will be able to afford to live in your current residence as long as you would like? (24-month follow-up)

	Intake		12-month Follow-Up	
	N	%	N	%
Not confident at all	0	0%	2	3%
Not too confident	4	5%	3	4%
Somewhat confident	13	16%	21	27%
Very confident	62	78%	53	67%
Total	79	100%	79	100%
Significance Test				
Signed Rank	-81.5			
p-value	0.0367			

Table 3-10. Does your current residence need any modifications or changes to improve your ability to live there over the next 5 years? (12 months)

	Intake	12-month Follow-Up
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	N	%	N	%
No	156	73%	176	82%
Yes	58	27%	38	18%
Total	216	100%	216	100%
Significance Test				
McNemar's Test Statistic	6.8966			
p-value	0.0086			

Table 3-11. 12- and 24-month follow up questions on home modification

	12-month follow-up Cohort		24-month follow-up Cohort	
	Intake	12-month follow-up	Intake - 24-month cohort	24 months follow-up
Improved access into or within the home	9	3	6	4
Bathroom/safety modifications	36	19	11	8
Emergency response systems	9	7	5	4
Other	14	17	7	10

Table 3-12. Are you considering moving into alternative housing? (12 months)

	Intake		12-month Follow-Up	
	N	%	N	%
No	149	75%	169	85%
Yes	50	25%	30	15%
Total	199	100%	199	100%
Significance Test				
McNemar's Test Statistic	8.6957			
p-value	0.0032			

Table 3-13. If yes, what other kind of housing would you most likely consider?

	12-month follow-up cohort (n = 30)		24-month follow-up cohort (n=21)	
	Intake*	12-month follow-up	Intake *	24-month follow-up
A smaller home or apartment	7 (14%)	7 (23%)	1 (6%)	1 (6%)
A senior housing community	20 (40%)	13 (43%)	5 (29%)	12 (71%)
Assisted living	9 (18%)	6 (20%)	0	1 (6%)
Other	12 (24%)	2 (7%)	2 (12%)	3 (18%)
Left blank by participant	2 (4%)	2 (7%)	9 (53%)	0

*This question was phrased differently on the intake survey. It read, “what kind of alternative housing would appeal to you.”

Table 3-14. 12- and 24-month questions about Social Engagement

	12 months n (%)	24 months n (%)
Since joining the Village I...		
Know more people than I used to		
Agree/strongly agree	156 (68%)	63 (74%)
Disagree/strongly disagree	58 (25%)	16 (19%)
Don't know	8 (4%)	4 (5%)
Left Blank	7 (3%)	2 (2%)
Talk to more people than I used to		
Agree/strongly agree	126 (55%)	53 (62%)
Disagree/strongly disagree	89 (39%)	27 (32%)
Don't know	8 (4%)	3 (3.5)
Left blank	6 (3%)	2 (2%)
Participate in activities and events more than I used to		
Agree/strongly agree	113 (49%)	48 (56.5)
Disagree/strongly disagree	99 (43%)	35 (41%)
Don't know	9 (4%)	0
Left blank	7 (3%)	2 (2%)
Feel more connected with other people than I used to		
Agree/strongly agree	117 (51%)	40 (47%)
Disagree/strongly disagree	99 (43%)	42 (49%)
Don't know	5 (2%)	1 (1%)
Left blank	8 (4%)	2 (2%)
Am less lonely than I used to be		
Agree/strongly agree	91 (40%)	33 (39%)

Disagree/strongly disagree	109 (48%)	44 (52%)
Don't know	17 (7%)	5 (6%)
Left blank	12 (5%)	3 (4%)
Leave my home more than I used to		
Agree/strongly agree	82 (36%)	32 (38%)
Disagree/strongly disagree	129 (56%)	47 (55%)
Don't know	11 (4.8)	2 (2%)
Left blank	7 (3%)	4 (5%)
In the last year how often did you usually get together socially with other members of the Village?		
Never	53 (23%)	13 (15%)
Less than once a month	60 (26%)	25 (29%)
About once a month	71 (31%)	18 (21%)
About once a week	18 (8%)	18 (21%)
Several times a week	22 (10%)	8 (9%)
Left blank by participant	5 (2%)	2 (4%)

Table 3-15. How often did you talk with friends or neighbors including other Village members (by phone or internet)? (12-month follow-up)

	Intake		12-month Follow-Up	
	N	%	N	%
Never (did not do)	1	<1%	7	3%
Less than once a week	13	6%	20	9%
About once a week	16	7%	20	9%
A few times a week	83	37%	65	29%
At least once a day	113	50%	114	50%
Total	226	100%	226	100%
Significance Test				
Signed Rank	-643			
p-value	0.0489			

Table 3-16. 12- and 24-month follow up questions on civic engagement

	12 months n (%)	24 months n(%)
In the past year have you done any volunteer work for the Village?		
Yes	72 (31%)	30 (35%)

No	154 (67%)	54 (64%)
Left blank	3 (1%)	0 (0%)

Table 3-23. How often did you attend meetings of any organized group, including the Village? (12-month follow-up)

	Intake		12-month Follow-Up	
	N	%	N	%
Never (did not do)	39	17%	41	18%
Less than once a week	22	10%	36	16%
About once a week	37	17%	57	26%
A few times a week	61	27%	46	21%
At least once a day	64	29%	43	19%
Total	223	100%	223	100%
Significance Test				
Signed Rank	-1598			
p-value	0.0008			

Table 3-17. How often did you do volunteer work for any religious, charitable, political, health-related, or other organizations, including the Village? (12-month follow-up)

	Intake		12-month Follow-Up	
	N	%	N	%
Never (did not do)	82	37%	86	39%
Less than once a week	26	12%	33	15%
About once a week	22	10%	38	17%
A few times a week	38	17%	34	15%
At least once a day	55	25%	32	14%
Total	223	100%	223	100%
Significance Test				
Signed Rank	-1043			
p-value	0.0049			

Table 3-18. 12- and 24-month follow up questions on service access

	12 months n (%)	24 months n (%)
Since joining the Village I...		
I am more likely to know how to get assistance when I need it		
Agree/strongly agree	173 (76%)	66 (78%)
Disagree/strongly disagree	45 (20%)	14 (17%)
Don't know	5 (2%)	2 (2%)
Left blank	6 (3%)	3 (4%)
I know more about community services than I used to		
Agree/strongly agree	162 (71%)	68 (80%)
Disagree/strongly disagree	59 (26%)	15 (18%)
Don't know	2 (1%)	0
Left blank	6 (3%)	2 (2%)
Am more likely to get the medical care I need, when I need it		
Agree/strongly agree	75 (33%)	28 (33%)
Disagree/strongly disagree	135 (59%)	48 (57%)
Don't know	10 (4%)	5 (6%)
Left blank	9 (4%)	4 (5%)
Use community services for older adults more than I used to		
Agree/strongly agree	100 (44%)	38 (45%)
Disagree/strongly disagree	112 (49%)	41 (48%)
Don't know	9 (4%)	3 (4%)
Left blank	8 (4%)	3 (4%)

Table 3-19. If I need some extra help with routine activities (such as grocery shopping, preparing meals, or getting a ride), there is someone I can count on to help me (12-month follow-up)

	Intake		12-month Follow-Up	
	N	%	N	%
Strongly agree	77	37%	102	49%
Agree	86	41%	83	40%
Disagree	34	16%	21	10%
Strongly disagree	11	5%	2	1%
Total	208	100%	208	100%
Significance Test				
Signed rank test	1193			

statistic				
P-value	<.0001			

Table 3-20. If I need some extra help with routine activities (such as grocery shopping, preparing meals, or getting a ride), there is someone I can count on to help me (24-month follow-up)

	Intake		24-month Follow-Up	
	N	%	N	%
Strongly agree	21	27%	40	52%
Agree	32	42%	30	39%
Disagree	18	23%	7	9%
Strongly disagree	6	8%	0	0%
Total	77	100%	77	100%
Significance Test				
Signed rank test statistic	453.5			
P-value	<.0001			

Table 3-21. Could you use more help with yard work and other home maintenance? (12 months)

	Intake		12-month Follow-Up	
	N	%	N	%
No	80	61%	94	71%
Yes	52	39%	38	29%
Total	132	100%	132	100%
Significance Test				
McNemar's Test Statistic	5.1579			
p-value	0.0231			

Table 3-22. Could you use more help using the computer? (12-month follow-up)

	Intake	12-month Follow-Up
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	N	%	N	%
No	77	57%	92	69%
Yes	57	43%	42	31%
Total	134	100%	134	100%
Significance Test				
McNemar's Test Statistic	5.4878			
p-value	0.0191			

Appendix 2: Tables, Pre-Post Analysis by Subgroup

Table 3-23. Significant differences in outcomes by service use (n=229)

Key Outcomes	Used Village services** (n = 176)	Did not use Village services (n = 53)	Chi-Square Statistic
Agree or strongly agree with the following statements:			
Since joining the Village...			
I am more likely to know how to get assistance when I need it (n = 173)	84.4%	62.7%	11.2***
My quality of life is better (n = 127)	63.4%	46.9%	4.3*
I am more likely to be able to stay in my home as I get older (n = 167)	82.9%	63.3%	8.6**
Village met expectations (n = 152)	75.6%	58.3%	5.5*
Satisfied with Village (n = 156)	75.9%	52.9%	9.9*

* alpha <= .05, ** alpha <= .01, *** alpha <= .001

**Services other than lectures/classes and social events.

Table 3-24. Significant changes between intake and 12 month follow-up, by service use status

	Used Village services (n = 176)	Did not use Village services (n = 53)
Category 1: Health and Well-Being		
ADL: Walking	-124** ↓	
Category 2: Health Service Use		
How many times in the last 12 months have you called 911?	169 * ↑	
Category 3: Self-Efficacy/Confidence Aging in Place		
Are you considering moving to other housing?	5.765*^ ↓	
Category 4: Social Participation		
To what extent would you agree that you feel that you belong to and are part of a community?	461.5* ↑	

Category 5: Civic Participation		
In the past 12 months, how often did you do volunteer work for any religious, charitable, political, health-related, or other organizations, including the Village	-541.5* ↓	
In the past 12 months, how often did you attend meetings of any organized group, including the Village?	-846.5** ↓	-122* ↓
Category 6: Service Access		
If you need some extra help with activities such as these (for example, grocery shopping, preparing meals, or getting a ride), to what extent would you agree that there is someone you can count on to help you?	955.5*** ↑	

Note: Signed rank test statistic reported unless otherwise noted.

* alpha <= .05, ** alpha <= .01, *** alpha <= .001

^McNemar's test statistic used for dichotomous variables.

Table 3-25. Significant differences in outcomes by disability status (n = 229)

Key Outcomes	No Disability (n = 67)	Any Disability (at least one ADL or IADL at intake) (n = 162)	Chi-Square Statistic
Agree or strongly agree with the following statements:			
Since joining the Village...			
I feel healthier (n = 71)	45.9%	30.7%	4.3*

* alpha <= .05, ** alpha <= .01, *** alpha <= .001

Table 3-26. Significant changes between intake and 12 month follow-up, by disability status

	No Disability (n = 67)	At least one ADL or IADL disability (n = 162)
Category 1: Health and Well-Being		
IADL: Housework	14* ↑	
IADL: Difficulty doing yardwork and other home maintenance	39*** ↑	
IADL: Difficulty using the computer	45.5*** ↑	-282*** ↓

IADL: Difficulty shopping	22.5** ↑	
ADL: Difficulty walking across the room		-153** ↓
Category 2: Health Service Use		
How many times in the last 12 months have you called 911?	25* ↑	
Category 3: Self-Efficacy/Confidence Aging in Place		
How confident are you that you can get the help you need to live in your current residence for as long as you would like?		763.5*** ↑
Does your current residence need any modifications or changes to improve your ability to live there over the next 5 years?		5.2326* [^] ↓
Are you considering moving to other housing?		6.13* [^] ↓
If YES, what kind of other housing would you most likely consider?		-28.5* ^{^^}
Category 4: Social Participation		
In the past month, about how often did you usually talk with friends or neighbors, including other Village members (by phone or internet)?		-375** ↓
Category 5: Civic Participation		
In the past 12 months, how often did you do volunteer work for any religious, charitable, political, health-related, or other organizations, including the Village?	-155* ↓	
In the past 12 months, how often did you attend meetings of any organized group, including the Village?		-781.5** ↓
Category 6: Service Access		
If you need some extra help with activities such as these (for example, grocery shopping, preparing meals, or getting a ride), to what extent would you agree that there is someone you can count on to help you?	99.5** ↑	598** ↑

Note: Signed rank test statistic reported unless otherwise noted.

* alpha <= .05, ** alpha <= .01, *** alpha <= .001

[^]McNemar's test statistic used for dichotomous variables.

^{^^}The direction of change is not meaningful for this question.

Table 3-27. Significant differences in outcomes reported by self-reported health status (n = 229)

Key Outcomes	Excellent, Very Good, or Good self-reported health (n = 191)	Fair or Poor self-reported health (n = 34)	Chi Square Statistic
Since joining the Village...			
I feel healthier (n = 71)	38.9%	20%	4.0*

* alpha <= .05, ** alpha <= .01, *** alpha <= .001

Table 3-28. Significant changes between intake and 12 month follow-up, by self-reported health status

	Excellent, Very Good, or Good self-reported health (n = 191)	Fair or Poor self-reported health (n = 34)
Category 1: Health and Well-Being		
ADL: Difficulty walking across the room		-31.5* ↓
How many times have you fallen to the ground in the last 12 months?	-290.5* ↓	
Category 2: Health Service Use		
How many times in the last 12 months have you called 911?	120* ↑	
Category 3: Self-Efficacy/Confidence Aging in Place		
How confident are you that you can get the help you need to live in your current residence for as long as you would like?	699** ↑	
Does your current residence need any modifications or changes to improve your ability to live there over the next 5 years?	5.898*^ ↓	
Are you considering moving to other housing?	4.57*^ ↓	5.44*^ ↓
If YES, what kind of other housing would you most likely consider?	-17.5*^^	
Category 4: Social Participation		
Category 5: Civic Participation		
In the past 12 months, how often did you do volunteer work for any religious, charitable, political, health-related, or other organizations,	-793.5* ↓	

including the Village		
In the past 12 months, how often did you attend meetings of any organized group, including the Village?	-1004** ↓	
Category 6: Service Access		
If you need some extra help with activities such as these (for example, grocery shopping, preparing meals, or getting a ride), to what extent would you agree that there is someone you can count on to help you?	793.5*** ↑	

Note: Signed rank test statistic reported unless otherwise noted.

* alpha <= .05, ** alpha <= .01, *** alpha <= .001

^McNemar's Test Statistic used for dichotomous variables.

^^Direction of change is not meaningful for this question.

Table 3-29. Significant differences in outcomes reported by age (n = 213)

Key Outcomes	Younger members (<77 years old) (n = 103)	Older members (>77 years old) (n = 110)	Chi Square Statistic
Since joining the Village...			
I have an easier time taking care of my home (n = 59)	35.9%	21.7%	4.7*

* alpha <= .05, ** alpha <= .01, *** alpha <= .001

Table 3-30. Significant changes between intake and 12 month follow-up, by Age

	Younger members (< 77 years old) (n = 103)	Older members (>=77 years old) (n = 110)
Category 1: Health and Well-Being		
Category 2: Health Service Use		
How many times in the last 12 months have you called 911?	182.5** ↑	63.5* ↑
Category 3: Self-Efficacy/Confidence Aging in Place		
How confident are you that you can get the help you need to live in your current residence for as long as you would like?	325.5*** ↑	
Does your current residence need any		4.5**^

modifications or changes to improve your ability to live there over the next 5 years?		↓
Category 4: Social Participation		
In the past month, about how often did you usually talk with friends or neighbors, including other Village members (by phone or internet)?		-224* ↓
To what extent would you agree that you feel that you belong to and are part of a community?	151* ↑	
Category 5: Civic Participation		
In the past 12 months, how often did you attend meetings of any organized group, including the Village?	-299* ↓	-433.5** ↓
Category 6: Service Access		
If you need some extra help with activities such as these (for example, grocery shopping, preparing meals, or getting a ride), to what extent would you agree that there is someone you can count on to help you?	214** ↑	272** ↑

Note: Signed rank test statistic reported unless otherwise noted.

* alpha <= .05, ** alpha <= .01, *** alpha <= .001

^McNemar's test statistic used for dichotomous variables.

Table 3-31. Significant differences in outcomes by ESSI status (n = 202)

Key Outcomes	Below ESSI (n = 33)	Above ESSI (n = 169)	Chi Square Statistic
Satisfied with Village (n = 156)	90.3%	66.3%	7.2**

* alpha <= .05, ** alpha <= .01, *** alpha <= .001

Table 3-32. Significant differences between intake and 12 month follow-up, by poverty status

	Below ESSI (n = 33)	Above ESSI (n = 169)
Category 1: Health and Well-Being		
ADL: Difficulty walking across the room		-69** ↓
Category 2: Health Service Use		
How many times in the last 12 months have you called 911?		138** ↑
In the past 12 months, how many times have you been hospitalized		243.5** ↑
In the past 12 months, how many times have you		303**

gone to the emergency room?		↑
Category 3: Self-Efficacy/Confidence Aging in Place		
How confident are you that you can get the help you need to live in your current residence for as long as you would like?	54** ↑	474.5** ↑
Does your current residence need any modifications or changes to improve your ability to live there over the next 5 years?		7.71**^ ↓
Are you considering moving to other housing?	4.5**^ ↓	4*^ ↓
Category 4: Social Participation		
Category 5: Civic Participation		
In the past 12 months, how often did you attend meetings of any organized group, including the Village?		-857** ↓
Category 6: Service Access		
If you need some extra help with activities such as these (for example, grocery shopping, preparing meals, or getting a ride), to what extent would you agree that there is someone you can count on to help you?		648*** ↑

Note: Signed rank test statistic reported unless otherwise noted.

* alpha <= .05, ** alpha <= .01, *** alpha <= .001

^McNemar's Test Statistic used for dichotomous variables.

Table 3-33. Significant differences in outcomes by educational level (n = 225)

Key Outcomes	Less than a college degree (n = 64)	College or higher degree (n = 161)	Chi Square Statistic
Village met expectations (n = 152)	81.4%	67.8%	3.8*
Satisfied with Village (n = 156)	83.3%	66.2%	6.2*

* alpha <= .05, ** alpha <= .01, *** alpha <= .001

Table 3-34. Significant changes between intake and 12 month follow-up, by education level

	Less than College degree (n = 64)	College degree or higher (n = 161)
Category 1: Health and Well-Being		

ADL: Difficulty walking across the room		-52.5* ↓
How many times have you fallen to the ground in the last 12 months?		-283* ↓
Category 2: Health Service Use		
How many times in the last 12 months have you called 911?	46.5* ↑	
Category 3: Self-Efficacy/Confidence Aging in Place		
How confident are you that you can get the help you need to live in your current residence for as long as you would like?	156.6*** ↑	389** ↑
Does your current residence need any modifications or changes to improve your ability to live there over the next 5 years?		3.93*^ ↓
Are you considering moving to other housing?	3.9*^ ↓	
Category 4: Social Participation		
Category 5: Civic Participation		
In the past 12 months, how often did you do volunteer work for any religious, charitable, political, health-related, or other organizations, including the Village	-138.5** ↓	
In the past 12 months, how often did you attend meetings of any organized group, including the Village?	-142** ↓	
Category 6: Service Access		
If you need some extra help with activities such as these (for example, grocery shopping, preparing meals, or getting a ride), to what extent would you agree that there is someone you can count on to help you?	119* ↑	510*** ↑

Note: Signed rank test statistic reported unless otherwise noted.

* alpha <= .05, ** alpha <= .01, *** alpha <= .001

^McNemar's Test Statistic used for dichotomous variables.

Table 3-35. Significant differences in outcomes by sex (n = 227)

Key Outcomes	Females (n = 178)	Males (n = 49)	Chi Square Statistic
Since joining the Village...			
I feel healthier (n= 71)	31.7%	21.6%	3.9*

* alpha <= .05, ** alpha <= .01, *** alpha <= .001

Table 3-36. Significant changes between intake and 12-month follow-up, by gender

	Female (n = 178)	Male (n =49)
Category 1: Health and Well-Being		
IADL: Difficulty using the computer	-196* ↓	
ADL: Difficulty walking across the room	-87* ↓	
Category 2: Health Service Use		
How many times in the last 12 months have you called 911?		36* ↑
In the past 12 months, how many times have you been hospitalized?		43.5* ↑
Category 3: Self-Efficacy/Confidence Aging in Place		
How confident are you that you can get the help you need to live in your current residence for as long as you would like?	665*** ↑	
Does your current residence need any modifications or changes to improve your ability to live there over the next 5 years?	5.23*^ ↓	
Are you considering moving to other housing?	6.82**^ ↓	
Category 4: Social Participation		
To what extent would you agree that you feel that you belong to and are part of a community?	400.5* ↑	
Category 5: Civic Participation		
In the past 12 months, how often did you do volunteer work for any religious, charitable, political, health-related, or other organizations, including the Village?	-585* ↓	
In the past 12 months, how often did you attend meetings of any organized group, including the Village?	-986** ↓	
Category 6: Service Access		
If you need some extra help with activities such as these (for example, grocery shopping, preparing meals, or getting a ride), to what extent would you agree that there is someone you can count on to help you?	790*** ↑	

Note: Signed rank test statistic reported unless otherwise noted.

* alpha <= .05, ** alpha <= .01, *** alpha <= .001

^McNemar's test statistic used for dichotomous variables.

Table 3-37. Significant changes between intake and 12 month follow-up, by living situation

	Lives Alone (n = 127)	Does Not Live Alone (n = 100)
Category 1: Health and Well-Being		
ADL: Difficulty walking across the room	-49.5* ↓	
How many times have you fallen to the ground in the last 12 months?		-108* ↓
Category 2: Health Service Use		
How many times in the last 12 months have you called 911?		75.5** ↑
In the past 12 months, how many times have you gone to the emergency room?		136.5* ↑
Category 3: Self-Efficacy/Confidence Aging in Place		
How confident are you that you can get the help you need to live in your current residence for as long as you would like?	464** ↑	111* ↑
Does your current residence need any modifications or changes to improve your ability to live there over the next 5 years?	5.12*^ ↓	
Are you considering moving to other housing?	7.2**^ ↓	
If YES, what kind of other housing would you most likely consider?	-17.5*^^	
How often are you able to get to the places you need or want to go?		-98* ↓
Category 4: Social Participation		
In the past month, about how often did you usually talk with friends or neighbors, including other Village members (by phone or internet)?		-197.5* ↓
Category 5: Civic Participation		
In the past 12 months, how often did you do volunteer work for any religious, charitable, political, health-related, or other organizations, including the Village?		-302** ↓
In the past 12 months, how often did you attend meetings of any organized group, including the Village?	-485.5* ↓	-327.5* ↓
Category 6: Service Access		

If you need some extra help with activities such as these (for example, grocery shopping, preparing meals, or getting a ride), to what extent would you agree that there is someone you can count on to help you?	462*** ↑	
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Note: Signed rank test statistic reported unless otherwise noted.

* alpha <= .05, ** alpha <= .01, *** alpha <= .001

^ McNemar's test statistic used for dichotomous variables.

^^The direction of change is not meaningful for this question.

Table 3-38. Significant changes between intake and 12-month follow up, by volunteering for the Village

	Did Not Volunteer for Village in Past Year (n = 154)	Volunteered for Village in Past Year (n = 72)
Category 1: Health and Well-Being		
ADL: Difficulty walking across the room	-93* ↓	
Category 2: Health Service Use		
How many times in the last 12 months have you called 911?	171.5** ↑	
In the past 12 months, how many times have you been hospitalized?	211* ↑	
In the past 12 months, how many times have you gone to the emergency room?	277.5* ↑	
Category 3: Self-Efficacy/Confidence Aging in Place		
How confident are you that you can get the help you need to live in your current residence for as long as you would like?	391.5* ↑	139.5*** ↑
Does your current residence need any modifications or changes to improve your ability to live there over the next 5 years?	11***^ ↓	
Are you considering moving to other housing?	4.8*^ ↓	
How much longer would you want to continue to live in your current residence, if you were able to do so?		139.5*** ↑
Category 4: Social Participation		
Category 5: Civic Participation		
In the past 12 months, how often did you do volunteer work for any religious, charitable,	-542*** ↓	

political, health-related, or other organizations, including the Village		
In the past 12 months, how often did you attend meetings of any organized group, including the Village?	-1042.5*** ↓	
Category 6: Service Access		
If you need some extra help with activities such as these (for example, grocery shopping, preparing meals, or getting a ride), to what extent would you agree that there is someone you can count on to help you?	434** ↑	

Note: Signed rank test statistic reported unless otherwise noted.

* alpha <= .05, ** alpha <= .01, *** alpha <= .001

^McNemar's test statistic used for dichotomous variables.