



***Villages: A Powerful Option for Aging in
the Community***

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Consumer Preference

- Nearly all older adults (93%) would like to stay in their own homes and neighborhoods for as long as possible, surrounded by familiar physical and social environments (Feldman, Oberlink, Simantov, & Gursten, 2004).



Aging in Place-Aging in Community-Housing with Services

Both are Critical to Successful Aging

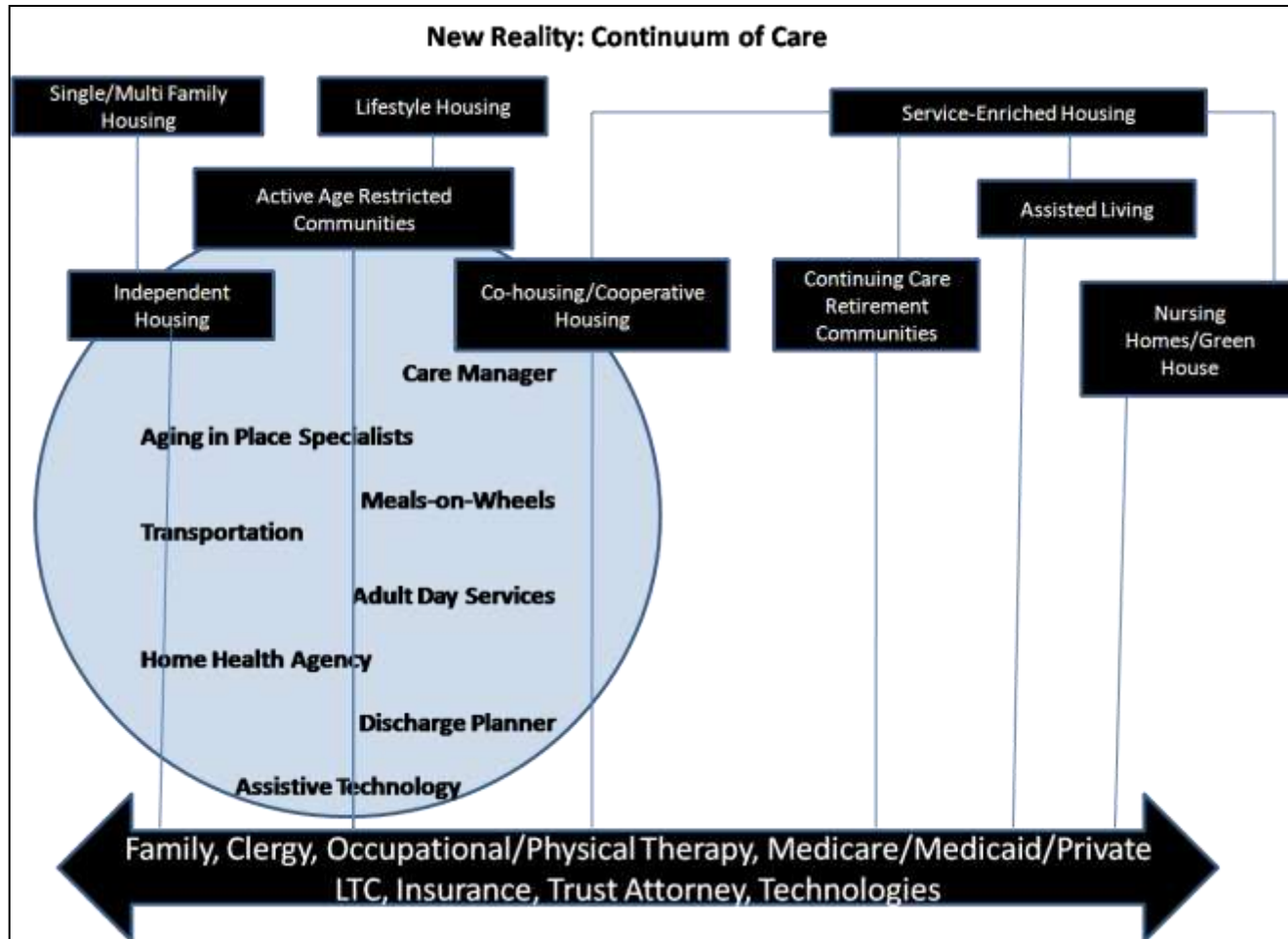
- **Aging in Place** – Receiving the services and supports you need and choose, regardless of your residential setting
- **Aging in Community** – Being connected to services, social and non-medical supports and the larger community so you CAN age in place



Aging in Community Strategies Link Community Features with Services

Element	Features
Basic Needs -- Safe, Accessible, and Affordable	<ul style="list-style-type: none">■ Accessible and affordable housing and community areas■ Provides information about services■ Fosters safety
Community Engagement	<ul style="list-style-type: none">■ Fosters meaningful connections■ Promotes active community engagement■ Opportunities for paid or volunteer work
Health and Well Being	<ul style="list-style-type: none">■ Facilitates access to medical and social services■ Promotes health behaviors■ Supports community activities that enhance well being
Independence and Autonomy	<ul style="list-style-type: none">■ Mobilizes in-home supports and services■ Coordinates or offers transportation■ Supports family and other caregivers

Aging in Place-Aging in Community-Housing with Services





Aging in Place Aging in Community Housing with Services

Choice or Necessity?

Village Model



What are Villages?

Villages are community-based membership organizations that empower older adults to remain in their own homes and neighborhoods as they age, pursuing interests, activities, and volunteer opportunities of their choice while receiving the supports and services they need to remain active and involved.

Why Villages? Why Now?

- Started in Boston, when Beacon Hill Village was created in 2002
- Initiated by those who were not eligible for publicly funded programs and did not see the services and supports they needed to remain in their own homes and communities.

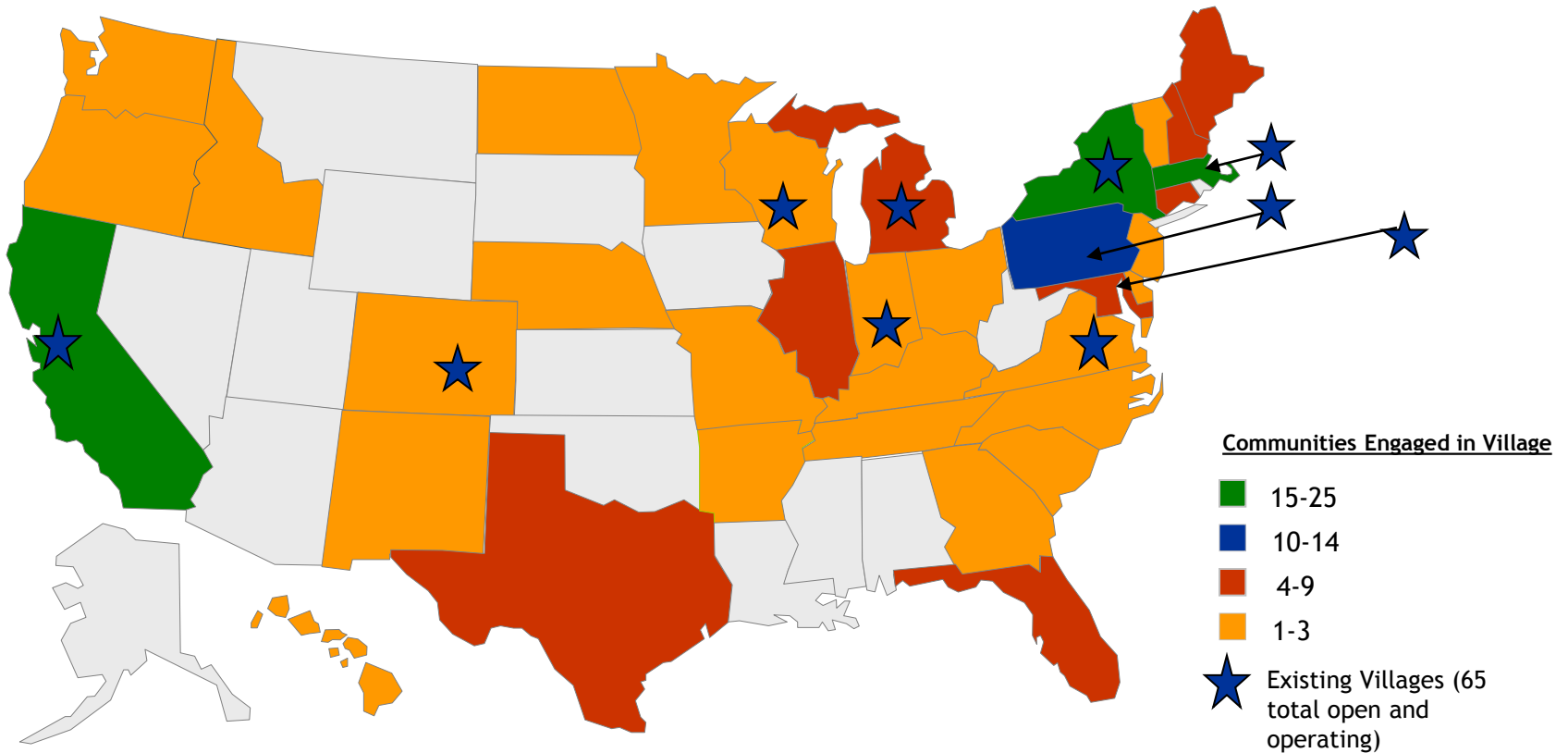
Why Villages? Why Now?

- Aging of the population
- Our Generation. Our Choice.
- Seniors' desire to remain active and engaged in their communities on their own terms
- Families geographically disbursed

Why Villages? Why Now?

- Limitations in affordable housing options
- 20-30 years post-60 ... generally improved but declining health status, self-managed chronic conditions, economic insecurity for many, major life transitions (work, relationships, caregiving)
- How to maintain a sense belonging, independence, interdependence

Currently 65 Villages Open and Over 115 Communities in Development



Source: Beacon Hill Village TA Database and NCB Capital Impact Analysis

Bay Area Villages

- San Francisco Village
- NEXT Village San Francisco
- Marin Village
- Ashby Village
- North Oakland Village
- Avenidas Village (Palo Alto)



Village Hallmarks and Guiding Principles

- They are self-governing, self-supporting, grassroots membership-based organizations.
- They consolidate and coordinate services to members.
- They create innovative strategic partnerships that leverage existing community resources and do not duplicate existing services.



Village Hallmarks and Guiding Principles

- They are holistic, person-centered, and consumer-driven.
- They promote volunteerism, civic engagement, and intergenerational connections.
- They reflect the communities that build them



Village Components

One stop shopping for:

- Social, cultural, educational programs
- Health and wellness activities
- Assistance with day-to-day supports (transportation, grocery shopping, home maintenance thru volunteers and paid providers)
- Volunteering, civic engagement, and member-to-member assistance
- Medical wrap-around services (social/non-medical supports)
- Early care management (broker services, connect members to services, provide guidance and support to prevent crises)
- Any question/request

Village Operations

- Staff – Usually Executive Director, Member Services Manager, office support; social work skills useful
- Revenue – Member fees, grants, in-kind donations, individual donations, sponsorships
- Screened providers and volunteers
- Reduced fee memberships

Villages are Unique to the Communities They Serve

Models of implementation vary

- Newly created non-profit
- Parent organization
- Virtual Villages
- Hub and Spoke
- Part of health care system
- Village/Time Banks (MI, CA, AZ)

A Few Figures

- Average membership of 200, ranging from 8-500 members
- 90% of members are 65+, 20% are 85+, 7% are 50-64
- Twice as many female as male members
- 50% suburban, one-third urban, 14% rural
- 50% live alone, 87% are homeowners
- Low demand for services
- Average individual fee-\$430; household-\$600

(Scharlach, Lehning & Graham, 2010)

Supporting Evidence

- No evidence-based data yet on improved health outcomes or health care cost savings of Village model
- From other models, there are solid data on positive health impacts and increased longevity related to social networks, social capital, and reduced institutionalization and isolation.

Supporting Evidence

- Social connections – friends, family, neighbors or colleagues – improve our odds of survival by 50 percent. Here is how low social interaction compares to more well-known risk factors:
 - Equivalent to smoking 15 cigarettes a day
 - Equivalent to being an alcoholic
 - More harmful than not exercising
 - Twice as harmful as obesity

(Holt-Lundstad & Smith, 2010)

Research

- The SCAN Foundation – California Villages Project – 2009
- Archstone Foundation – Creating Aging Friendly Communities through the Expansion of Village – 2011-2013, CA
- NORC-SSP/Village comparison – 2011-2013, national
- MetLife Foundation – national
- One Call Club, TN – 2007-2010
- Village led research



Village to Village Network
www.vtvnetwork.org





Village to Village Network

- Launched in January 2010
- Partnership between NCB Capital Impact and Beacon Hill Village
- National, membership-based, peer to peer learning community created in response to demand for information
- Online technical assistance center and learning community to support Village development



VtV Network is Critical to Village Replication

- VtV Network:
 - Promotes Village model as a community approach to aging for replication
 - Assists new, emerging and established Villages to create sustainable organizations
 - Gathers feedback how the benefits and programs can be revised to meet needs of individual Villages
 - Conducts research and evaluates impact of Villages on a number of social and health factors



The VtV Network in 2011

- Over 50,000 unique visits to date in 2011. up from about 15,000 in 2010.
- 175 active organization members
- In 2010, of VtV members in 2010, 53% were located urban areas, 45% in suburban areas and 13% in rural communities



VtV Network Member Benefits

- Information phone line and email access
- 3-4 live webinars/month on a variety of topics to support both developing and operational Villages
- Online, member-initiated forums
- Document sharing/uploading
- Searchable national Village directory
- Access to information on funding sources
- News on Village movement nationally



VtV Network Member Benefits

- Customized tools to enhance Village operations, including the ClubExpress website to support back office administration, member management and service delivery
- National and regional conferences, regional coalitions
- Technical assistance from Village staff and other Villages, tools and resources (e.g. financial feasibility tool, strategic planning guide)

The Future of Villages



Developing Connections and Partnerships

- Area Agencies on Aging/Aging Network
- Time Banks
- Health systems
- CCRCs
- Senior centers
- Condo/Homeowners associations
- Affordable/public/senior housing
- Health/long term care insurers
- Universities
- Local non-profits

Challenges

- Sustainability and strong business models
- Member recruitment and retention; “not ready yet’s”
- Developing strong partnerships
- Finding a “place” in evolving health care, housing and long term supports policies and services
- Member health status changes – dementia, frailty, multiple chronic conditions

Policy Questions



For More Information

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www.vtvnetwork.org

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