Fact Sheet

The Village: A Growing Option for Aging in Place

The Village **offers an option for meeting the needs of the growing older population by making it possible for people to stay in their communities and "age in place." Neighborhood residents create villages to help coordinate and deliver services and supports within their communities. This consumer-driven and person-centered approach can help delay or even prevent the need for institutional care.**

The Older Population Is Skyrocketing

Between 2006 and 2030, the U.S. population of adults aged 65 and over will nearly double from 37 million to 71.5 million.[1] This demographic trend presents major challenges for meeting the needs of the older population who overwhelmingly prefer to receive services and supports within their homes or communities. The Village—a consumer-driven, person-centered approach to aging in place—offers an alternative to institutional care.

The Village

The Village concept aims to "support the medical, functional, emotional, social, and spiritual needs of older adults."[2] Residents create Villages to help coordinate and deliver services and supports within their communities. Villages reflect their communities through variations in design, capacity, and operation. Many older adults join these Villages because of a desire to remain in their homes and not be dependent on family members and friends.

The Beacon Hill Village, established in Boston in 2001, is one of the most recognized models of the Village concept. What started as a group of residents who wanted to receive services and supports in their homes and communities has now evolved into a national movement. Currently, there are 50 *operating* Village organizations

across the United States and one in Australia. In addition, hundreds of communities worldwide are at various stages of creating a Village.[3]

Villages are committed to maintaining and strengthening members' connection to their community while providing needed services and supports. While the range of services varies, they typically include information referrals, home health care, access to transportation services, and assistance with household tasks, as well as access to social and educational activities. Transportation and assistance with moving furniture and other handywork were the most commonly used services among members in five Village organizations in the Washington, D.C. metropolitan area.[4]

The Village concept is *not* a provider model and does not have license requirements. Instead, these are nonprofit organizations governed by a board of directors and operated either by a mix of paid staff and volunteers or solely by volunteers. Staff provide administrative oversight, coordination and delivery of services, or other assistance that a member may need. Volunteers are a critical component of the Village concept—many assist with daily operations or deliver services (e.g., taking a member to the doctor's office, helping with groceries).

Villages also work with prescreened providers to deliver services to members

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at pre-negotiated rates. Many offer quality assurance benefits by following up with members regarding the services of a particular vendor or volunteer.

Funding comes from annual membership fees, which may range from $150 to more than $500 per person.[5] The membership fee is based on the menu of services provided to members, and administrative and other operational costs. Some Villages receive grants and nonmember donations to help subsidize the cost for low-income individuals. The extent to which Villages can offer this benefit generally depends on the level of support they receive from foundations and other grant-providing entities.

Benefits of Organizing a Village

- It allows older adults to remain in their communities, delaying or even pre-venting the need for institutional care.

- It gives members a voice in the types of services provided and when and how they are provided.

- It encourages volunteerism, reduces isolation, and creates a sense of community among members.

Challenges Facing the Village Movement

- Recruiting members to join may be a barrier since the concept may be unfamiliar or undesirable to some.

- Ensuring an adequate revenue flow, particular in the early stages, can be a major barrier to the sustainability of Village organizations.

Policy Implications

The Village movement may have important implications for Medicaid, the largest funder of long-term care services and supports, as it can delay the process of spending down assets to qualify for Medicaid. It also can delay the need for institutional care. While the Village concept is spreading throughout the country, there is no nationwide evaluation of this innovative approach to aging in place. More research is needed, and some important public policy questions remain unanswered:

- Is the Village concept replicable in low-income communities?

- How can federal, state, and local governments leverage this concept in their efforts to balance long-term care systems so that people can receive services in the least restrictive setting?

In sum, while there may be a paucity of research, the Village concept expands the array of options available for consumers to participate as fully as possible in all aspects of community living.

[1] Federal Interagency Forum on Aging-Related Statistics, *Older Americans 2008: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics.* (Washington, DC: U.S. Government Printing Office, March 2008).

[2] Village to Village Network. Retrieved January 29, 2010, from http://vtvnetwork.clubexpress.com/

[3] Ibid.

[4] *Neighbors Helping Neighbors: A Qualitative Study of Villages Operating in the District of Columbia* (Washington, DC: AARP Knowledge Management, October 2009).

[5] Ibid. Rates for the DC Villages offering full-service memberships range from $450 to $530 per person and $600 to $800 per household.

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