

Vera Prosper, Senior Policy Analyst
New York State Office for the Aging
Albany, NY

VILLAGE MOVEMENT **(also known as Intentional Communities and Virtual Villages)**

Description:

Villages, sometimes called Virtual Villages or Intentional Communities, are an innovative consumer-initiated and consumer-led strategy to support the ability of older people and people with disabilities to successfully age in place. A Village is a membership organization that covers a defined neighborhood or area (the "virtual village"). Villages often begin as a loosely structured group and are later incorporated as a 501(c)(3) nonprofit entity. Village staff (trained volunteers or paid) identify, arrange for, coordinate, and provide the delivery of services, care, and items that members may request, on a 24-hour basis, including social, cultural, and recreational events; transportation; home maintenance, repair, and modification; grocery shopping; meals; counseling; friendly visiting; personal care and home aide care; adult day care; medical care, and others . . . whatever is needed to keep someone safely and appropriately at home.

A Virtual Village is both a need-driven and a demand-driven model. The movement originated as a grass-roots effort to fill a gap in the social safety net; to make access to screened, appropriate services and care easier for consumers; and to respond to the demand for a "one-stop-shop" approach to personalized services and programs when frailties or impairments compromise the ability to live independently.

Some services and programs are provided by volunteers and others by provider agencies that have been thoroughly screened and approved by Village staff. Provider agencies enter into service agreements with the Village. Village members pay an annual fee; in some instances, scholarships are available, or fees are reduced based on income. Services and programs are provided on a fee-for-service basis, or at a discount, or are covered by the membership fee.

A distinguishing feature of this grass-roots movement is the variability seen among individual Villages, as each one develops in response to its own members' expressed needs and preferences, thereby reflecting the unique characteristics of its user-group. Variability and membership-responsive development is enhanced by the fact that Villages (in states other than New York) do not require licensure and oversight by a regulatory agency, and there is no regulation-defined framework that must be followed. Nevertheless, some common themes are seen in all Villages:

- Development emerges from a grassroots network of community residents working together;
- One-stop-shop characterizes the approach to service provision;

- There is a consumer-directed approach to service choice and usage;
- Programs and services evolve and are modified as consumers' demands change;
- Attention is placed on the whole person; and
- Strengthening a sense of community and community identity, and building social networks are emphasized.

Beacon Hill Village, created in Boston, MA, in 2001, is one of the oldest in the Village movement and has served as a model for replication in many places across the country. By 2007, approximately 14 villages were in operation, and 24 were expected to open in 2008. Extensive information about Beacon Hill Village is available on their Web site at <http://www.beaconhillvillage.org>.

There are a few consumer-initiated, volunteer-driven, membership-based service-coordination models that are forerunners to the recent Village movement, including:

- *Friends Lifecare at Home*, Philadelphia, Pennsylvania, is a pioneer in the "coordinated-care-at-home" movement. Started in 1985, there are currently 1600 members in this defined-area, service-coordination model, which is regulated by the Pennsylvania Department of Insurance as a "continuing care retirement community without walls." A "long-term care insurance approach" is used to provide the same full complement of services and care as is provided in a residential Continuing Care Retirement Community, except that all care and services are provided in the members' own homes. Services and care are provided by a team of credentialed, carefully screened and selected professionals, and Care Coordinators are on call 24 hours a day, seven days a week, to identify and arrange for members' needs. Monthly or yearly fees are based on the care and services desired by the member.
- *Community Without Walls, Inc. (CWW)*, created in 1992 in Princeton, New Jersey, is a less comprehensive model. Membership fees are minimal (\$15 - \$30 annually), and activities focus on social support, information, advocacy, and educational programs on aging and community-building. CWW does not include regular arrangement of the more intensive supportive services, personal and health care, nursing care, and medical services provided through recent Village models.

Benefits:

- Flexibility: Consumer initiation, leadership, and input provide maximum flexibility in program design and on-going modifications in response to evolving consumer needs.
- Market model: Consumer satisfaction is a major determinant of a Village's success or demise.
- The use of volunteers:

- Promotes the personal benefits community residents derive from engaging in civic engagement activities;
- Saves the health and long-term-care public costs associated with the formal services system;
- Helps ease the impending gap in availability of direct care workers.
- Consumers' enhanced self-esteem:
 - Consumers view the concept as a "social insurance" model (not welfare) as it includes membership fees and service fees;
 - The "consumer cooperative" or "hotel concierge" aspect increases consumers' feelings that they are using general community services rather than those targeted specifically for elderly or impaired people; and
 - The consumer-driven aspect maximizes a client's personal control over his/her own daily life and well-being.
- Age in place:
 - Residents can exercise their preference to remain living where they are, safely and appropriately, for as long as possible.
 - The model supports public long-term care policies, which support cost-saving in-home and community-based care in place of relocation to institutional facilities.
- Caregivers: The ability to tailor the help provides the most effective means for supporting the substantial efforts of family caregivers. For frail or impaired clients with no nearby families, the model's features substitute for both the socializing benefits and the tangible service assistance provided by family members.
- Livable community: The approach strengthens a community's livability and sense of community, encouraging families and individuals to stay in New York State.

Impediments or barriers to development or implementation:

- Financial viability:
 - Paying staff and covering various services under the membership fee require an adequate number of members to maintain financial stability;
 - A Village relies on fundraising and member fees; care must be taken to balance the number of paying members and the number of scholarship and discount members;
 - The movement is not old enough to have tested the financial viability of caring for many members with intensive health care needs or frailties.
- Rural areas: The concept works best in suburban and urban areas where the defined "community" or "neighborhood" consists of a sufficiently large population base and residences that are in close proximity. For rural areas:
 - Population characteristics (lack of density) may preclude this model from achieving financial stability;

- If residences (and people) are dispersed, the social and community-building benefits may not be realized; and
 - Some services, such as transportation, may become too costly.
- Regulation: While Village models can operate without government regulation in many other states, it is unclear whether New York's health and long-term care regulatory environment would permit the implementation of this model in the State.

Resource—examples:

- Beacon Hill Village, 74 Joy Street, Boston, MA 02114; Executive Director: Judy Willett; (617) 723-9713; info@beaconhillvillage.org; www.beaconhillvillage.org.
- At Home on the Sound, P. O. Box 1092, Larchmont, NY, 10538; (914) 899-3150; athomeinfo@athomeonthesound.org; <http://www.athomeonthesound.org/>.
- Capitol Hill Village, Box 15126, Washington, DC, 20003-0126; Executive Director: Gail Kohn; (202) 543-1778; info@capitolhillvillage.org; www.capitolhillvillage.org.
- Avenidas Village, 450 Bryant Street, Palo Alto, CA, 94301; Avenidas Village Program Director: Vickie Epstein; (650) 289-5405; vepstein@avenidas.org; <http://www.avenidas.org/village/>.
- Cambridge At Home, 1770 Massachusetts Avenue, PMB 232, Cambridge, MA, 02140; Executive Director: Kathleen G. Spierer; (617) 864-1715; info@cambridgeathome.org; www.cambridgeathome.org.
- Friends Lifecare at Home, Philadelphia, PA. President: Carol A. Barbour; in Pennsylvania: (215)-628-8964; in Delaware: (302)426-1510; <http://members.friendslifecare.org/page/home>.
<http://www.pcacares.org/OrganizationDetail.aspx?organization=Friends+Life+Care+at+Home>.
- Community Without Walls, Princeton, NJ. President: Ruth Randall; (609) 921-7338; jkr@princeton.edu; <http://www.princetonol.com/groups/cww/>.

Resource—written and web:

- Planning for Sustainable Communities, *Aging in Community—We Can Do It Better*. Links to 17 operating villages: http://www.agingincommunity.com/models/village_networks/.
- Tanika White (March 24, 2008), "Supporting Seniors in Their Own Homes: A Growing Elderly Population is Turning to a Network of Caregivers and Volunteers to Retain Independence," *Baltimore Sun*. Newspaper article describes the

village concept and names several villages and professional contacts:

<http://www.globalaging.org/health/us/2008/supporting.htm>.

- Judy Willett (Beacon Hill Village) and Candace Baldwin (NCB Capital Impact) (September 27, 2010), *Intentional Communities: The Village Movement*. Power point presentation made at the 26th Annual Home and Community-Based Services Conference, describing the Village Movement, including examples of Villages, resources, and trends and other data about Villages across the country. <http://www.nasud.org/documentation/hcbs2010/PowerPoints/Monday/Making%20the%20Case%20for%20the%20Village%20Model.pdf>.
- Nicole Dube (June 9, 2008), "Aging in Place Communities," *OLR Research Report*, #008-R-0322. Connecticut General Assembly: Office of Legislative Research. <http://www.cga.ct.gov/2008/rpt/2008-R-0322.htm>.
- Community without Walls, Princeton, NJ. President: Ruth Randall; (609) 921-7338; jkr@princeton.edu; <http://www.princetonol.com/groups/cww>.