VARSITY ROUNDTABLE PROJECT
DISCUSS. SHARE. LEARN. GROW.

SALES AND MARKETING ROUNDTABLE #261
Empowering the Future: Celebrating 25 Years of the Village Movement with Barbara Sullivan

Thank you to everyone who attended our 261st Sales and Marketing Roundtable!

NOTE: To provide anonymity during the Roundtable discussion, participants and their communities will not be identified.

ABOUT OUR GUEST

What if the key to healthy aging isn't a place, it's a village?

On this week's Roundtable we were joined by Barbara Sullivan, National Director of the Village to Village Network. Barbara shared how the Village Movement is reshaping the aging experience across the country. This grassroots model empowers older adults to age in community, stay connected, and take charge of their futures.

For senior living sales and marketing teams, understanding the Village Movement offers valuable insight into today's aging consumer and how expectations for independence, flexibility, and community are evolving.

FRESH PERSPECTIVES

- **AGING IN PLACE IS A MIDDLE-INCOME SOLUTION, NOT JUST A LUXURY -** The village model was created to serve those caught in the "missing middle"—people who aren't wealthy enough for private care but don't qualify for public support. It's a practical, community-driven way to age at home affordably.

- **THERE'S NO ONE-SIZE-FITS-ALL VILLAGE—AND THAT'S A STRENGTH -** Every village looks different because every community is different. From small social groups in urban neighborhoods to multi-thousand-member networks with staff and partnerships, villages flex to meet local needs.

- **PARTNERSHIPS BEAT SILOS—ESPECIALLY AFTER COVID -** Villages are discovering new strength through collaboration with senior centers, housing providers, care organizations, and even Medicare Advantage pilots. The more they partner, the stronger their impact.

- **VOLUNTEER-FIRST DOESN'T MEAN UNDER-RESOURCED -** Villages may be grassroots, but that doesn't mean disorganized. Many have boards, staff, or structured partnerships, all while keeping volunteers at the core of their mission and services.

- **TECHNOLOGY ISN'T A BARRIER—IT'S A BRIDGE -** COVID proved older adults can adapt. Villages that helped members use smartphones and telehealth tools saw lasting benefits in independence, connection, and care coordination.

- **DATA IS THE NEXT FRONTIER FOR GROWTH -** With no major study since 2015, the new Village Impact Project aims to capture who's being served, how, and where. That data will be key to shaping the movement's next 25 years.

LINKS & CONTACT INFO

Barbara Sullivan (Linkedin)
Village to Village Network (website)
vtv@vtvnetwork.org
Handbook: Collaborations between Villages and Area Agencies on Aging (here)
Engaging Villages as Key Partners for Health Aging Research (here)

COMING UP ON VARSITY'S ROUNDTABLE!

Please join our next Roundtable gathering on Thursday, June 19 at 12 p.m. ET, 11 a.m. CT and 9 a.m. PT. We will be joined by Christopher Ridenhour from Inspired2Results! On this special roundtable commemorating Juneteenth, Christopher will be sharing his perspectives on fostering more inclusive communities.

THE NEWEST EPISODE OF VARSITY'S PODCAST

Varsity's podcast, Roundtable Talk, is about longevity and aging. Each episode features a discussion with an industry expert about how to solve the many mature market challenges facing brands today.

The most recent episode features a conversation with Dr. Linda Fried, a world-renowned geriatrician, public health expert, and Dean of Columbia University's Mailman School of Public Health. A pioneer in the science of healthy aging and frailty, Dr. Fried has dedicated her career to understanding how we can build systems and communities that support longer, healthier, and more purposeful lives.

Back in the early 2000s, a group of homeowners in Boston's Beacon Hill decided they wanted a new way to age. They weren't interested in moving into institutional settings — they wanted to stay in their homes and communities. That idea sparked a movement and led to the development of a new model.

Villages are built around community. They're grassroots, consumer-driven, and shaped by the people they serve. Most operate as nonprofits and are driven by volunteers. The focus is on helping people age in place, surrounded by the neighborhoods and friends they've known for decades. Villages offer practical support like transportation, health programs, and social activities, all designed to help members navigate aging on their own terms.

There's a saying that goes, "when you've seen one village, you've seen one village." Every village is different because every community is different. Some are small and primarily social, like a 50-member group in New York City that focuses on keeping people engaged. Others are huge, like the 3,000-member village in Colorado with a thousand volunteers and partnerships with local and state organizations. Each one is tailored to meet the needs of its own members.

Now more than ever, there's a real need for villages. The whole idea started back in 2000 to fill a gap — that “missing middle.” These are the people who don’t qualify for subsidized services, but also can’t afford high-end options. Traditional resources often don’t meet their needs, and that’s exactly where the village model comes in. It offers support that’s both accessible and community-based, giving middle-income folks a way to age well without breaking the bank.

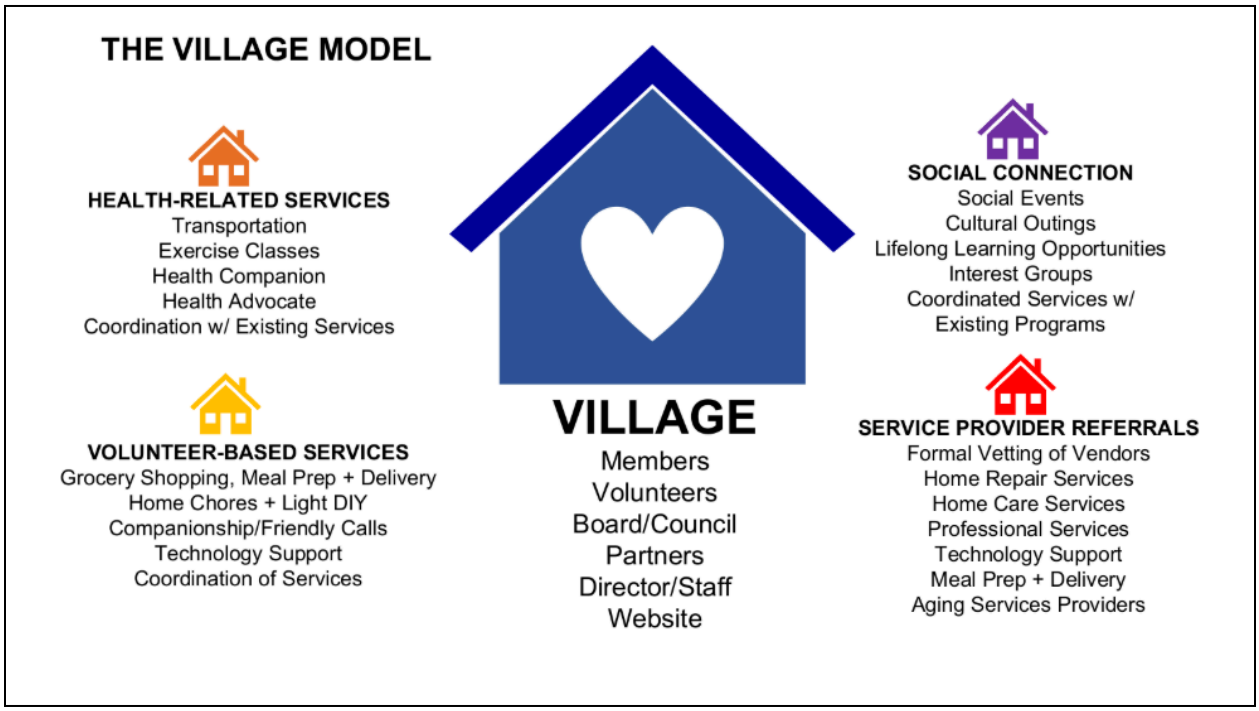
AGING PLAN

- Existing LTC insurance
- Housing
- Personal fulfillment
- Support services
- Independence
- Caregiving needs
- Emergency Plan

When I travel around the country speaking at conferences — I just got back from NCOA and I'm headed to LeadingAge in Atlantic City next week — I like to ask people a simple question: how many of you have a long-term care policy? And honestly, not many hands go up. That's what I call plan B. Most of us are living in plan A right now, just going about our daily lives. But the question is, what's your plan for ten years from now? How will you stay in your home, maintain your independence, and get the support you need?

That's where the village model really shines. It enhances independence and helps fill the gap as people start to need a little more support. For example, many older adults eventually have to give up driving, maybe due to eyesight, comfort, or early signs of dementia. And with the shortage of caregivers in the workforce, the burden often falls on spouses or family members.

Villages don't provide medical care, but they do step in with essential support services like transportation and help with everyday tasks. It's especially meaningful for those who are homebound and want to stay connected and independent.



Just to be clear, this isn't about the Florida "village." The real village model centers on members, volunteers, a board, and local partnerships. About 40% operate with volunteers only, while others have one or two staff. A few large villages in cities like Boston and San Francisco have full teams, including social workers.

Villages offer support like transportation, health companions for doctor visits, and connections to community services. During COVID, volunteerism surged, with people stepping up for grocery runs and home chores like changing bulbs or bringing down holiday decorations.

Technology became key too helping older adults use smartphones and do telehealth visits. Villages now focus more on partnerships for long-term care, since most don't have social workers. They also foster social connections through movie nights, lunch outings, games, and cultural events. And while they don't formally vet service providers, they know who's reliable in the community — from plumbers to home care — and help members tap into those trusted resources.

There are a lot of different village models, and many don't even have "village" in their name. For example, Barbara's former village was called Mount Vernon at Home, and another in her area is called Village by the Shore, run by Jewish Family Services, which already has care coordination in place.

Some villages are created by senior centers, like the Thompson Senior Center in Vermont, which realized they needed to support people after hours and on weekends. Others are founded by faith-based groups, like Kingdom Cares in D.C., launched by a church in Anacostia to serve older adults in their community.

The fastest-growing model is the hub and spoke. The main hub handles administrative work, like background checks and billing, while smaller spokes serve local neighborhoods. Rhode Island's village network is a good example, with a central office in Providence and nine spokes around the state.

Colorado's "A Little Help" and Portland, Oregon's network — with 11 spokes reaching into Washington state — are other strong examples of how this model can scale.

Aging and Community Partnerships

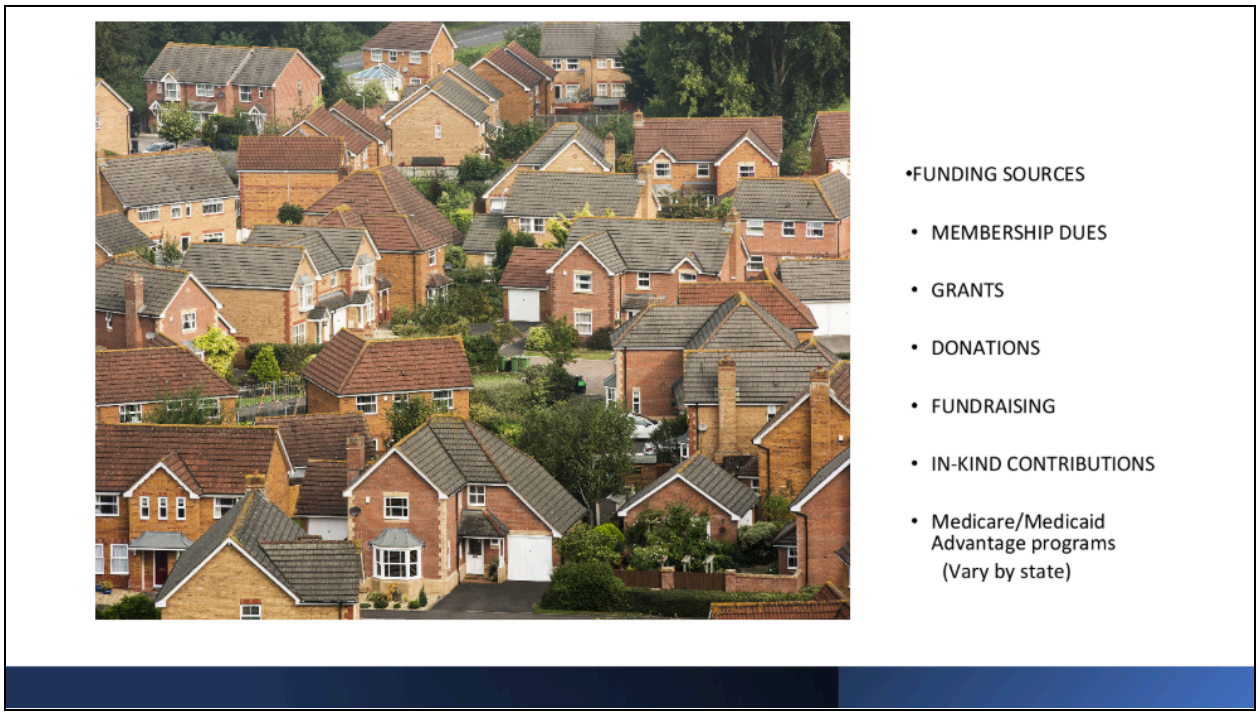
- Experience of aging
- Positive interactions, collaborations in shared interests and pursuits
- Building relationships between community members - informal, voluntary, and reciprocal
- Coordinated Services
- Social capital— a sense of social connectedness and interdependence

VILLAGE to village network

Villages rely heavily on partnerships, something COVID really highlighted. We can't operate in silos anymore since we're all serving the same communities. Many villages have been around for over a decade, and their members are aging in place, which makes coordinated services and care even more essential.

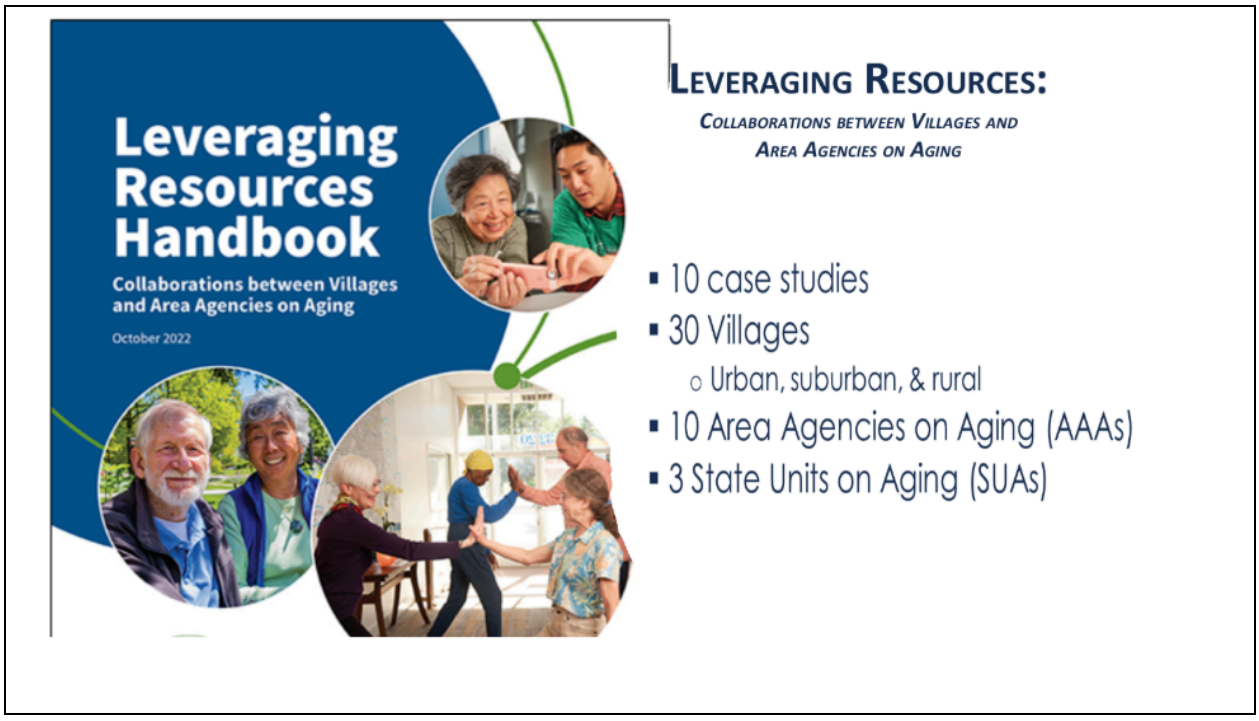
Landis Communities in Pennsylvania teamed up with the Lancaster Downtowners to support affordable housing for older adults wanting to downsize. In Northern Virginia, Goodwin Living partnered with a local village to launch a program that blends village support with long-term care services when needed.

In Columbus, Ohio, villages are piloting a Medicare Advantage reimbursement program with Ohio Living. These kinds of collaborations show how villages can grow stronger by working closely with care providers and community organizations.



Villages stay afloat through a mix of funding sources. Since they're nonprofits, most rely on membership dues, grants, donations, and fundraising. Some villages offer "pay what you can" options, while others have higher fees, like Barbara's local village, which charges about $200 a year, with services like transportation billed separately. Each village structures things a little differently.

Most also have some form of financial assistance, like scholarships or endowments, to help those who can't afford to pay. And now, some are exploring reimbursement opportunities through Medicare and Medicaid Advantage programs to support their services.



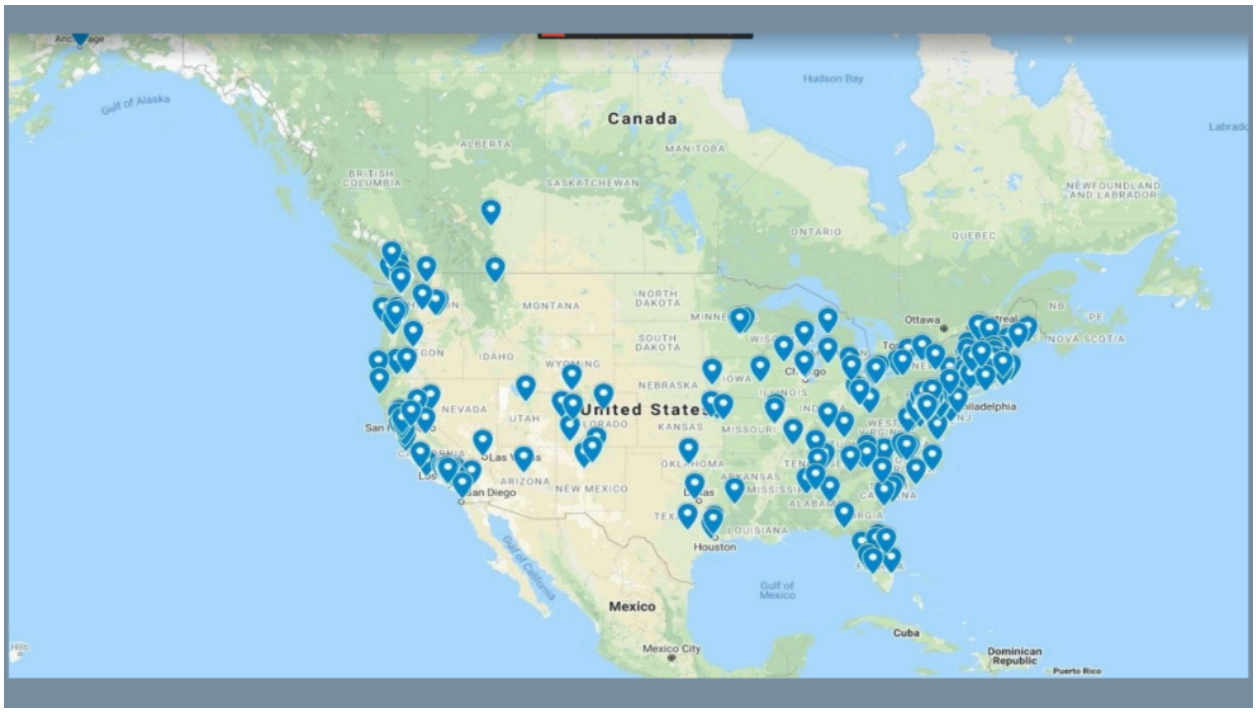
If you want to learn more, you can check out a study we did back in 2022 with the area agencies on aging. It includes 10 case studies featuring 30 villages and focuses on how to build partnerships with villages. It's about 70 pages and free to download here.

We're really excited about a research project we did through a PORI award that focused on engaging villages as key partners in healthy aging research. The project had four main parts: Zoom discussion groups, an ambassadors group, virtual summits, and a dedicated website, villagesresearch.org.

The goal was to spark a national conversation about how villages can play a bigger role in partnerships and ongoing care. The final reports are expected in the next month or two, and we're just waiting on Rutgers to release them. It's been a great collaborative effort, and we're looking forward to sharing the results soon so stay tuned!

The Village Movement is 25 years old, and we haven't had updated data in almost a decade. The last major study was back in 2015 through UC Berkeley, where we estimated that villages were serving about 40,000 people. That number has surely grown, and we're excited to be partnering with Rutgers to launch the Village Impact Project.

This summer, we'll be conducting a census and survey to get a clearer picture – who we're serving, where, the kinds of services offered, budgets, and more. It's going to provide a rich set of demographic and impact data. We'll be sharing the findings at our virtual conference at the end of September and again during a mini in-person conference at the LeadingAge annual event on November 2. We're really looking forward to what this new research will reveal.



Here's our map. You'll notice the biggest concentration of villages is on the East and West Coasts. We also have some strong regional groups. Village Movement California is thriving with just over 50 member villages, all part of our national network.

Washington, D.C. has the largest regional group, called WAVE — the Washington Area Village Exchange. There are currently 85 and counting villages across the DMV (that's D.C., Maryland, and Virginia, not Delaware!). These regional groups work together to grow and strengthen the movement. And up in Massachusetts, especially around Boston, there are about 32 villages.

QUESTIONS

HOW DO VILLAGES BALANCE BEING GRASSROOTS AND VOLUNTEER-DRIVEN WITH ALSO BEING STRUCTURED 501(C)(3) ORGANIZATIONS, SOME WITH FULL STAFFS — AND WHERE DO THEY FALL ON THE SPECTRUM BETWEEN INFORMAL COMMUNITY MODELS LIKE NORCS AND MORE FORMAL ORGANIZATIONS?

The village model is grassroots because it's driven from the bottom up, built by and for the community. Even in more structured villages, volunteers are at the core: board members, committees, programs, and transportation are typically all volunteer-led.

Larger villages may have more infrastructure, but they still prioritize the volunteer-first approach. In urban areas like Boston or San Francisco, where transportation is a bigger challenge, villages might adapt by hiring drivers or forming local partnerships. So while there are shared principles, each village shapes its model to fit the needs of its community.

HOW FORMAL IS THE VILLAGE NETWORK, AND DO INDIVIDUAL VILLAGES PAY A LICENSING OR MEMBERSHIP FEE TO THE VILLAGE TO VILLAGE NETWORK?

Villages pay an annual membership fee to the Village to Village Network, but it’s on a sliding scale based on their budget. The network is a nonprofit that offers support in two main areas: operational guidance through Village Commons — like mentoring, governance help, and assistance with setting up a 501(c)(3) — and advocacy at both the national and local levels.

It also hosts educational programs and resources, including sessions on issues like dementia. The goal is to help villages both start and sustain their operations while staying informed about policies that impact aging communities.

DO VILLAGES DIRECTLY PROVIDE HEALTH-RELATED SERVICES LIKE HEALTH ADVOCATES, OR DO VOLUNTEERS MAINLY HELP MEMBERS ACCESS THOSE SERVICES THROUGH OUTSIDE PROVIDERS?

Villages do train volunteers to act as health advocates — like accompanying members to doctor appointments — but they don’t make medical decisions. For more complex needs, villages often outsource to professionals like social workers or geriatric care managers. There’s also growing interest in programs like Medicare Advantage. Some villages are exploring ways to bill the state for support services as part of these efforts.

DO ANY VILLAGES RENT OR OWN A PHYSICAL SPACE, OR IS THAT ONLY SOMETHING LARGER VILLAGES MIGHT HAVE?

Yes, many villages do have a physical space, especially those with staff. Some, like Barbara's own village, receive donated space through partnerships in her case, from the public library system, thanks to support from a local official. Others share space with retirement communities or churches, while some rent their own offices. Roughly 60% of villages with staff have some kind of office space, whereas all-volunteer villages often do not.

DO VILLAGES HAVE PARTNERSHIPS WITH ACTIVE ADULT COMMUNITIES?

Yes, villages do partner with active adult communities. Barbara's former village included independent older adults, and organizations like Goodwin Living and Landis also engage with these communities. The key is breaking down silos and starting conversations — recognizing that independence doesn't always mean staying in the same home, but rather staying connected to the community.

Villages help foster that connection, sometimes through events like lectures or lunch-and-learn programs hosted at retirement communities. These experiences help shift perceptions and show that alternative housing can still offer independence and a strong sense of community.

DO VILLAGE LEADERS AND STAFF SEE SENIOR LIVING COMMUNITIES AS COMPETITORS OR AS POTENTIAL PARTNERS?

In the past, villages often viewed senior living communities as competition, but that's changing. Much like the shift with area agencies on aging, there's growing recognition that collaboration benefits the broader community.

Providers who approach villages with a genuine interest in partnership, whether by offering support, sponsoring events, or finding shared goals, are now more likely to be welcomed. It's all about starting the conversation and working together for the common good.