

2016 National Survey of US Villages

University of California, Berkeley
Center for the Advanced Study of Aging Services
& Mather LifeWays Institute on Aging

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INTRODUCTION

Villages are a relatively new, consumer-directed model that brings together older adults in a neighborhood or community who have a mutual interest in aging in place. These membership organizations are often developed and governed by older adults themselves. Though there can be great variation in structure and service provision among Villages, the primary goal of most Villages is to promote members' independence and prevent undesired relocations. Usually in exchange for membership fees, Villages offer members organized social activities, provide various levels of support through volunteers who are often members themselves, and refer members to vetted services that exist in the community. Since the development of the first Village in 2002, Villages have proliferated rapidly, with the organizational field more than quadrupling in size from about 35 in 2010 to about 155 operational Villages at the start of 2016.

In order to examine the current characteristics of the organizational field of Villages in the United States, researchers conducted a survey in which all operational US Villages were asked to report details on their Village for the calendar year 2015, or as of January 1, 2016. Areas of inquiry included Village models, member characteristics, geographic location, human resources, financial resources, collaborations, and confidence in sustainability. Villages were considered eligible for the survey if they (1) considered themselves a Village, (2) had officially "launched" and were providing at least some services to members as of January 1, 2016, and (3) were located within the United States. When the survey was closed on July 15, 2016, a total of 115 of 155 eligible Villages had completed the survey, for a response rate of 74%.

In order to assess changes to the Village organizational field over time, a special effort was made to recruit all Villages that had participated in a previous 2012 National Survey of Villages.¹ Of the 69 Villages that participated in the 2012 survey, all but 9 were invited to participate. (Those that were no longer listed on the Village to Village website or confirmed nonoperational or had transformed into another type of organization were excluded.) A total of 41 Villages completed both the 2012 and 2016 surveys for a retention rate of 85%. This report includes the descriptive results of the 2016 survey as well as noting where there are statistically significant differences from the 2012 survey.²

RESULTS

Organizational Characteristics

Organizational age: Of the Villages included in this survey, 31% launched prior to 2009; 44% between 2010–2013; 26% between 2014–15. In 2016, the average age of Villages was five years, up from an average age in 2012 of three years in operation.

Village models: In 2016, 85% of Villages were freestanding, while 15% were a unit or program within another “lead” agency. The most typical lead agencies were social service agencies (5), senior housing providers (3), government agencies (2) and neighborhood associations (2). The percentage of agency-based Villages decreased significantly from 23% in 2012. Only five Villages were part of the “hub and spoke” model, and 12 were “no dues” Villages, which did not charge membership fees to join. Almost all Villages in 2016 were not for profit.

Geographic location: About a third of Villages in 2016 (36%) served a primarily urban setting, another third (35%) were primarily suburban, 13% were primarily rural, and 16% served a mixed geographic setting.

Village coalitions: The 2016 survey identified Villages that were part of regional or statewide coalitions. Almost half (45%) of Villages were a part of 16 different Village coalitions. Interviews with coalition leadership and members of 13 of these coalitions revealed that the primary purposes of these coalitions were (1) providing advice and support for individual Villages and Village staff, (2) addressing topics of mutual interest, and (3) leadership development. For more information on Village coalitions, see the *2016 Village Coalition Brief* at matherlifewaysinstituteonaging.com/village-coalitions.

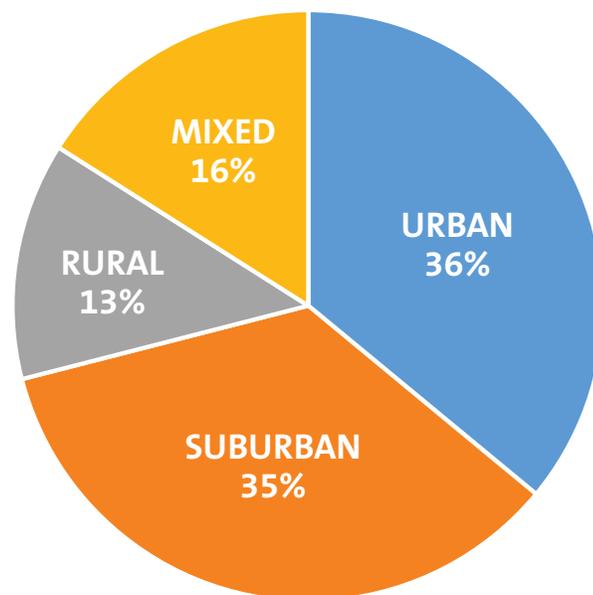


Figure 1. Geographic locations of Villages

“Coalitions are important as you are marketing to the community... So that people get that this isn’t just our little idea, that we’re trying to create. It’s really something much bigger than us.”

Types of Memberships/Cost of Membership

Membership dues: Ninety percent of Villages charged annual member dues. Of those, the average costs of a standard individual membership in 2016 was \$431 (range \$10–\$900). This amount was up only slightly from an average of \$425 in 2012. The average cost of a “household” membership in 2016 was \$601 (range \$15–\$1,309). This was a slight increase from 2012, when the average cost of a household membership was \$587.

MEMBERSHIP DUES (excluding no-dues Villages)	AVERAGE COST	RANGE
Individual Membership	\$431	\$10–900
Household Membership	\$601	\$15–1,309
Individual Discounted Membership	\$110	\$0–325
Household Discounted Membership	\$148	\$0–525

Discounted memberships: Almost three quarters (72%) of Villages in 2016 offered discounted membership for lower income members (65% offered discounts in 2012). For Villages that offered discounted memberships, the average cost of an individual membership was \$110 (range \$0–\$325) and \$148 for a household

membership (range \$0–\$525). The majority (62%) of Villages used some standard criteria to determine eligibility for discounts/scholarships including federal poverty level (13%), elder economic security index (16%), or housing authority low income cut off (24%), while others established sliding scales or other income thresholds. About 38% of Villages that offered discounts had no standard criteria and offered discounted memberships at the discretion of the executive director or on a case by case basis. Less than a third (30%) of Villages offered another kind of discount, with the most common forms being installment payment plan and discounted admission for events, trips, and excursions.

Tiered memberships: A relatively new change in membership dues since 2012 has been the more widespread use of “tiered” memberships. Almost half (47%) of Villages reported that they had different membership levels at different prices. For example, 28 Villages had “social memberships” for members who only attended social events but didn’t use any volunteer or other services; and 11 Villages had some type of “no services membership” where older adults could pay a lower rate simply to support the Village without attending events or using services.

Number and Characteristics of Members

Number of members: The average number of Village members was 146 in 2016, up slightly from an average of 134 in 2012. On average, Villages had recruited 36 new members in the year prior to the 2016 survey. This is a decrease from 2012 when Villages had on average recruited 56 new members the prior year. Most Villages had a good retention rate in the prior year, with 38% retaining greater than 90% of members and 42% retaining 81–90%.

Member ages: Based on estimates by Village leaders, the mean percentage of members 64 or younger was 13%, aged 65–74 was 35%, aged 75–84 was 36%, and aged 85 or older was 22%.

Race, gender, and sexual orientation: Based on Village estimates, the mean percent of non-white members was 11%; 32% of members were male; 13% were economically vulnerable, 9% were impoverished, 9% had a severe illness or chronic disability, and 7% were LGBTQ. The only demographic to change significantly since 2012 was that the mean percent of members who were impoverished was lower in 2016.

Diversity practices: About two-thirds of Villages (67%) reported that they had made deliberate efforts to increase the proportion of members from underrepresented groups in the past year. About half (49%) said they made attempts to recruit lower income members, 30% attempted to recruit younger members, 25% ethnic minorities, 13% sexual minorities, and 10% made efforts to recruit more male members. Strategies used by Villages to recruit these underrepresented groups included offering discounted memberships/scholarships, offering activities or services of particular interest to that group, recruiting board members or volunteers from that group, contacting agencies or other community groups or churches that serve that group, and using targeted media outreach. Villages' efforts to recruit underrepresented groups increased significantly from 2012 when less than half (41%) made similar efforts.

However, as mentioned in the previous paragraph, these efforts have not yet resulted in any increase in percentages of underrepresented groups.

“Over two-thirds of Villages made efforts to increase diversity in 2015, including lower income members (49%), younger members (30%), ethnic minorities (25%), sexual minorities (13%), and more male members (10%).”

Who Can Join a Village?

Target Age Groups: Only 4% of Villages limited their membership to individuals age 65 or older. About one quarter (24%) were open to members age 60 or over, 14% to age 55 or over, and 34% specified age 50 or over. About a fifth of all Villages were open to a much wider age range; 11% were open to all adults (18 or older), and 10% were open to all ages (including children).

Membership Policies: While early Villages often stated that they could serve all older adults, Villages in 2016 were asked to report whether their village had “any policies (written or unwritten) about the characteristics, health status or needs that are inappropriate for Village membership.” A majority (83%) of Villages stated that they do have policies denying or discouraging potential members from joining their Village, while 17% of Villages stated that there is “absolutely no reason why anyone would be discouraged from or denied membership” in their Village.

Only 32% of Villages with policies limiting memberships stated that these policies were written. The main reasons Villages gave for possibly discouraging or denying membership included (1) 73 Villages said they might discourage membership if the individual’s service needs were greater than what the Village usually

provides, often referring the person to a different type of service, (2) 50 Villages mentioned that health issues or lack of mobility might be a reason for discouraging membership, especially if their transportation service cannot accommodate wheelchairs, (3) 50 Villages said they would discourage membership for cognitively impaired older adults though some allowed memberships for those who had a caregiver who would accompany them to activities, (4) 36 Villages said they would discourage or deny membership for those with mental health problems, especially if the person exhibited behavior that was dangerous to themselves or others, (5) a few other Villages said that they would deny membership for those living outside their service area or if the membership was sought for an older adult by a friend or family member against their will.

Those Villages that did have policies restricting membership rarely enacted those policies, with about half (47%) of Villages reporting they did not discourage or deny membership to anyone in the past year. Thirty-eight percent of the Villages had denied or discouraged one or two individuals; 9% had discouraged three to five individuals, and 6% had denied or discouraged nine or ten individuals.

AGE RANGES ELIGIBLE FOR MEMBERSHIP	
All ages (children and adults)	10%
All adults (over 18)	11%
50 or older	34%
55 or older	14%
60 or older	24%
65 or older	4%
Other	3%

Services Provided by Villages

Services provided by Village staff and volunteers: In the 2016 survey, Villages reported what services staff and volunteers provide directly to members. The most common services provided by Village staff and volunteer included hosting social events (provided by 95% of Villages), transportation services (94%), classes or educational events (90%), companionship (90%), technology assistance (88%), shopping (87%), information and referral to outside services (84%), home repair or maintenance (83%), and health promotion programs (79%). Additionally, about half provided housekeeping or assistance coordinating health care or social services (51%), and about a third (36%) provided home safety assessments/modifications. Compared to 2012, Villages in 2016 were significantly more likely to offer technology assistance (a 15% increase), housekeeping (a 25% increase), health promotion service (a 29% increase) and social events or outings (an 11% increase). However, Villages were less likely in 2016 to offer assistance coordinating health care or social services (a 26% decrease).

Preferred provider referral: In addition to providing services through staff and volunteers, most Villages (77%) reported referring members to outside service providers, often called “preferred providers”. In 2016, 77% of Villages said that they maintain a list of preferred providers to whom they referred members. On average there were 49 different preferred providers included on these lists, with the most being 500. The most typical type of referrals made included referrals to home modification or home safety assessment services made by 61% of Villages; referral to home care/personal care providers which were made by 58% of Villages; and referrals to care coordination or social services made by 50% of Villages. Additionally, 39% of Villages referred to health promotion programs; 37% referred to gardening services, and 31% made referrals to outside technology assistance services. Villages reported that an average of 25% of the preferred providers offered discounts to Village members.

VILLAGES OFFERING SERVICES BY VOLUNTEERS AND STAFF	
Hosting Social Events	95%
Transportation Services	94%
Classes or Educational Events	90%
Companionship	90%
Technology Assistance	88%
Shopping	87%
Information and Referral to Outside Services	84%
Home Repair or Maintenance	83%
Health Promotion Programs	79%

VILLAGES REFERRING SERVICES TO OUTSIDE PROVIDERS	
Home Modification or Home Safety Assessments	61%
Home Care/Personal Care Providers	58%
Care Coordination or Social Services	50%
Health Promotion Programs	39%
Gardening Services	37%
Technological Assistance	31%

Policies for Village Services

Though early Villages often stated they would do “anything and everything” for members through a combination of staff, volunteers, and referrals, Villages in 2016 were asked if they had policies limiting the services they could or would provide to members. Over a third (35%) of Villages stated that they have policies that limit the number or amount of services members can get. Many Villages specified that they could not provide “daily care.” Others had limitations in place such as “services more than three times per week,” “transportation every day,” and “more than six services per month.” Over half of the written examples (22) were specifically in regards to transportation, for example restricting the number of rides to which a member is entitled to “three roundtrips per week,”

“18 one way trips per month,” or “2 roundtrip transports per month.” Eleven Villages had service limitations but did not distinguish the type of service; for example, “we offer services in terms of hours per month, e.g. up to 25 hours,” “members are allowed up to three volunteer services per week,” and “every member can request up to three services a week as long as we can find a volunteer.”

Another method used to control service use was through “tiered” memberships. Five Villages had tiered memberships where members could pay higher membership dues that provided these members with greater numbers of entitled services, including more rides or more annual hours of service.

Village Advocacy and Community Service

Villages and Village coalitions sometimes do advocacy work to increase the visibility of and support for Villages, especially among government agencies. In the 2016 survey, 76% of Villages said that government officials in the Village’s service area were very or somewhat aware of the Village and 69% said that these elected officials perceived a need for the Village. Villages also said that these government officials supported the Village very much (28%) or somewhat (42%).

Villages were also asked to describe any advocacy or service they had provided in their communities during the past year. Overall, 62% said that they had done some work to “help or impact the larger community,”

“**Almost three quarters of Villages are doing work to advocate for changes to the larger community.**”

including (1) advocating for changes in community programs or services for older adults (44%), (2) advocating for changes in public policies for older adults (36%), (3) conducting public awareness campaigns regarding the needs of older adults (31%), and (4) advocating for changes to make the physical environment or neighborhood more accessible for older adults (30%). Among those doing any kind of advocacy work, local level advocacy was more common (74%) than was state (39%) or federal level advocacy (17%). Villages in 2016 reported significantly more advocacy at the local level than in 2012 when only 38% of Villages reported local advocacy.

Staffing and Volunteers

Paid staff: Most (80%) Villages had paid staff. Of those with paid staff, the average number of staff members was just over two (2.1, ranging from 1–7). The average ratio was 80 members to each paid staff member. Because not all paid staff were full time, Villages were also asked to report the full time equivalent (FTE) of their paid staff. The average FTE paid by Villages was 1.4 (ranging from 0.1–5). The average ratio of members to staff FTE was 154 to one. No measures of staffing changed significantly between 2012 and 2016.³

Volunteers: Just over half (58%) of Villages stated that they used a “volunteer first” model, meaning that an

effort is made to fulfill all member requests first through volunteers rather than using paid staff or referral to a preferred provider. In 2016, Villages had an average of 82 volunteers, a significant increase from the average of 42 in 2012. In over a quarter (26%) of Villages, more than 90% of these volunteers were also Village members, while 50–90% of volunteers were members in another thirty (28%) Villages. About two-thirds of villages (63%) required volunteers to attend a training, 25% did not require any training, and 9% require training for some volunteers but not for others.

Village Governance

Almost all Villages (95%) had a board of directors or similar governing body in 2016. On average there were 10 members on the board and of these, on average, 85% were Village members and 30% were founding members.

In addition to the governing board, Villages had on average 4.5 committees. The most common committees focused on developing member services, fundraising, marketing, and volunteer programs. In about 40% of Villages, more than 90% of committee members were also Village members.

Village Policies, Procedures, and Insurance

As organizations mature they tend to have more written policies and procedures. In 2016 (similar to 2012) almost all Villages (97%) had a mission statement, 65% had a written business plan, and 61% had written personnel policies. In 2016, 71% of Villages had a volunteer training manual, a significant increase from 2012 when only 49% had a training manual. In 2016, most Villages also had some form of insurance,

including 94% with liability insurance; 85% with directors/officers insurance; 13% with worker’s compensation insurance; 10% with auto insurance for their transportation program; 9% with volunteer insurance; 8% with umbrella insurance; 10% with auto insurance for their transportation program; and 13% with another type of insurance.

Village Funding

The average total annual revenue of Villages in the prior calendar year was \$115,085, and mean total annual expenditures were \$103,862. Villages are typically funded through a variety of sources. On average, 44% of Village revenue came from membership dues (no change since 2012), 22% of revenue came from individual donations, 12% of revenue came from private foundation grants, 9% of revenue was raised through fundraising events, 6% from business or corporate donations, and 5% from government grants/contracts. Nearly half (43%) of Villages reported having an endowment fund in 2016 (an increase since 2012 when 23% had an endowment fund). The average balance of endowment funds in 2016 was \$101,176.

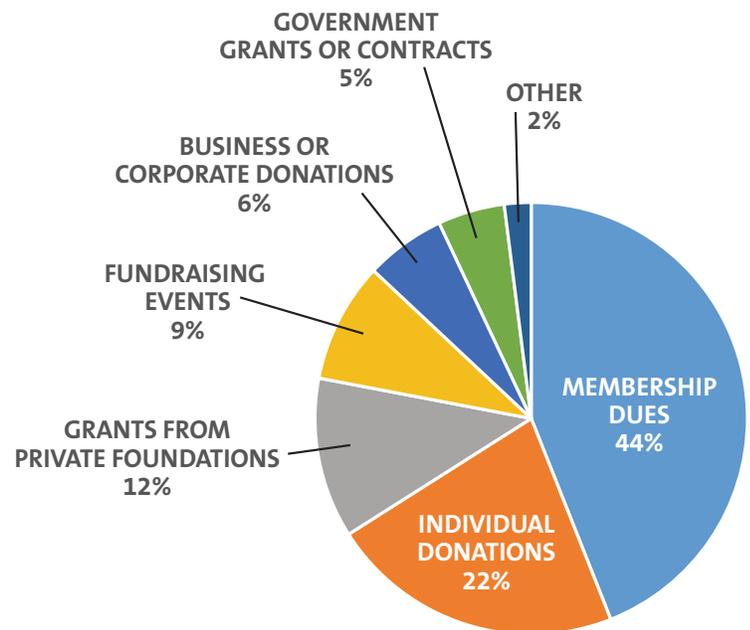


Figure 2. Sources of Funding

External Resources and Collaborations

Collaborations with other organizations:

The majority of Villages felt that collaborations or partnerships with other organizations were “very” or “extremely” important to their ability to achieve their goals. Just under half (43%) of Villages in 2016 had formal collaborations with outside organizations involving a contract or memorandum of understanding. Those collaborating did so with an average of six different organizations. Villages in 2016 were much more likely to collaborate with outside organizations than they were in 2012 when the average number of formal collaborations was less than one (.79). The most common type of organizations that Villages had collaborations with in 2016 included social service agencies (32%), hospitals or health clinics (30%), home health agencies (29%),

43% of Villages had formal collaborations with outside organizations.

religious institutions (26%), government agencies (22%), Life Plan Communities/CCRCs (20%), universities or colleges (20%), private care management organizations (16%), senior centers (12%), health plans/HMOs or health insurance companies (6%), adult day centers (6%), skilled nursing facilities (4%), and public senior housing (2%).

Villages were also asked about in-kind contributions they received from other organizations. About a third (34%) were given free or discounted office space, 20% were given marketing/public relations/outreach help, and 14% were given donated office supplies/equipment from another organization.

Confidence in Sustainability

Villages were asked to estimate on a scale from 0 to 100 (0 being not at all confident, 100 being absolutely certain) how confident they were that their Village would still be in operation in 10 years. The average confidence level in 2016 was 77, with a wide range between 10 and 100. This is not a statistically significant difference from 2012 when the average confidence level was 75.

Villages were asked to elaborate on their reasons for feeling confident in the sustainability of their Village. The most common reason mentioned, by 75 Villages, was the fact that the Village was fulfilling a previously unmet need in the community or there was a high level of community support for the Village. Another common reason, mentioned by 45 Villages, was the

strong commitment of the members. Another common reason for confidence, mentioned by 31 Villages, was their strong volunteer program. Finally, 31 Villages stated that their confidence in sustainability was due to their Villages' relative financial sustainability.

Villages were also asked to elaborate on their biggest challenges or threats to sustainability. Interestingly, the greatest challenges were very similar to the reasons for confidence. For example, 49 Villages mentioned financial resources as one of their greatest challenges, 35 Villages mentioned the challenge of sufficient numbers of volunteers to meet members' needs, 32 Villages mentioned difficulty recruiting new members, and a similar number mentioned difficulty getting a commitment from community members.

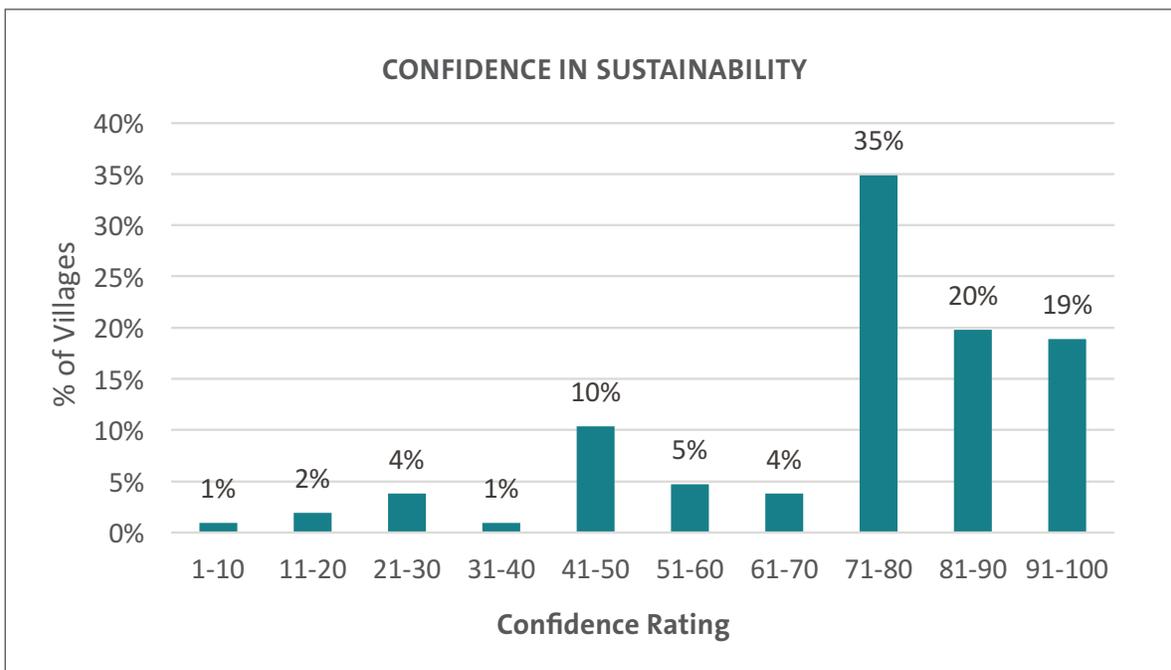


Figure 3. Confidence in sustainability. This figure illustrates percentages of responses to the question, "On a scale from zero to 100, how confident are you that your village will still be in operation in 10 years?"

Key Findings

- *Villages are proliferating rapidly, which speaks to the popularity of the Village model:* In 2010 there were only about 35 operational Villages. This number increased to 155 Villages in operation at the start of 2016. There are reportedly dozens more in development. Estimates suggest that almost 25,000 older adults are being served by Villages in the United States.
- *Developing a Village within an agency may hold less promise than previously supposed:* In 2012, almost a quarter of Villages were “agency-based,” meaning they were a unit or program within another organization; but by the start of 2016 that proportion was reduced to only 15%. Previous research has suggested that agency-based Villages may be distinct from free-standing models in many ways. For example, those that are part of social service agencies often serve a more diverse, disabled, and lower income population than freestanding Villages. They can also be more financially stable when they have more access to shared resources from the lead agency. Conversely, agency-based Villages can be less “consumer driven” and have a more top down approach to development and governing of the Villages. The reduction in agency-based Villages by 2016 may indicate that the Village programs established within these agencies did not bring the revenue or new client base that the lead agency had hoped. The reduction in agency-based Villages should be examined in future research.
- *Services provided by Villages are evolving:* The consumer-driven nature of Villages allows them to change based on members’ needs, as well as the realities of available human and financial resources. While social/educational events, companionship, and transportation have continued to be provided by over 90% of Villages, there were some changes in 2016. For example, between 2012 and 2016 there was a significant increase in the percentage of Villages offering health promotion programs, housekeeping, or technological assistance. On the other hand, the percentage of staff and volunteers offering assistance coordinating health care or social services significantly decreased during this period.
- *Lack of diversity in Villages persists, despite efforts to recruit underrepresented groups:* One of the main criticisms of Villages has been the lack of diversity. This may be in part due to the “snowball” recruitment techniques whereby Village members invite their friends to join, resulting in a homogeneous membership. The fact that a majority of Villages in 2016 were making efforts to recruit underrepresented groups shows that Villages see the value in become more diverse. Results of this survey suggest that despite these efforts, most Villages have not yet achieved increased diversity, with the overwhelming majority of Village members remaining white and well-resourced. For example, while the percent of Villages offering discounted memberships increased slightly from 65% in 2012 to 72% in 2016, the percent of economically disadvantaged members did not increase. Diversity in Villages is a topic that should continue to be monitored over time to discern whether efforts to increase diversity will eventually become successful.
- *Villages have become more focused about what they do and whom they serve:* While early Villages often saw their organization as a “one stop shop” that could provide “anything and everything” to support aging in place, results of this survey suggest that Village leadership are beginning to understand that there are limits to what Villages can do and where they fit within the range of existing aging services. Villages are collaborating more with outside agencies for things like home health care services and care management that can be out of reach for a mostly volunteer organization. Additionally, most Villages have some limits on the services they provide and many have written or unwritten rules about

characteristics that would cause them to deny or discourage membership such as excessive service needs, functional impairment, or behavioral problems.

- *Villages are increasingly collaborating with outside organizations:* In 2012, the average Village had a formal collaboration (with a contract or memorandum of understanding) with only about one organization. By 2016, that number increased to about six collaborations. These results indicate that Villages are becoming more integrated into the formal aging network in their communities and bolstering their services with those of outside agencies such as social service agencies, hospitals, and home health agencies that provide services outside the scope of what Villages typically provide.
- *Villages are assisting each other:* In addition to very high rates of membership in the Village to Village Network (a professional organization for Villages that includes opportunities for mentoring and shared learning), almost half of Villages reported being part of regional or local coalitions of Villages. Village coalitions are primarily focused on providing assistance and mutual support for member Villages. (For more information on Village coalition efforts, see the *2016 Village Coalition Brief* at matherlifewaysinstituteonaging.com/village-coalitions).
- *Many factors contribute to Village sustainability:*
 - Many Villages have the goal of increasing sustainability by increasing the percent of revenue that comes from member dues, thereby reducing the need to continually fundraise. But the percent of revenue that comes from membership dues has remained relatively stable since 2012 at just under half of all revenue. These results indicate that most Villages have not been successful in increasing the proportion of funding from member dues and must find other ways to raise about half of their budget.
- Endowment funds may play an important role in sustainability. Having an endowment fund was associated with increased Village confidence in sustainability. Data from 2016 indicate that more Villages are accruing endowment funds (up from 23% in 2012 to 43% in 2016).
- Determining the ideal number of members has been a question for many Villages. Too few members and resources from dues can dwindle. Too many members and human resources such as staff and volunteers become stretched. The average total number of Village members has remained relatively stable (increased by only 10 in 2016) as has the ratio of staff to members. On the other hand, the number of new members was significantly fewer in 2016 than it had been in 2012, indicating that new member recruitment may be leveling. These results may indicate that Villages have found a “sweet spot” for a sustainable number of members around the 136–146 mark.
- The main factors that determine whether Village leaders feel confident about the sustainability of their Village include their ability to recruit new members, the commitment of their members in terms of volunteering and serving on committees, and their financial resources.
- Maintaining a strong volunteer base is an important factor that contributes to sustainability. These data indicate that strength of Village volunteer programs have increased since 2012, with an increase in both the average number of volunteers per Village and an increased likelihood of having formal volunteer training programs.

Acknowledgement:

Researchers would like to thank all of the Villages that participated in this survey as well as the Village to Village Network for their assistance in recruitment.

Notes

1. Greenfield E. A., Scharlach A. E., Graham C., Davitt J., Lehning A. (2012).
A national overview of villages: Results from a 2012 organizational survey.
Retrieved from www.agingandcommunity.com/wp-content/uploads/2012/12/Village-FINAL.pdf
2. The 2016 Village survey included several non-dues charging Villages, while the 2012 survey excluded non-dues Villages. Most results reported here for the 2016 survey include no dues Villages. But results with comparisons between 2012 and 2016 only include dues charging Villages for consistency.
3. Results about paid staff and ratios of staff to members included only Villages with paid staff and with membership dues.

2016 National Survey of US Villages Brief

Staffed by esteemed researchers, **Mather LifeWays Institute on Aging** is an award-winning resource for research and information about wellness, aging, trends in senior living, and successful industry innovations. In order to support senior living communities and others that serve older adults, the Institute shares its cutting-edge research in areas including effective approaches to brain health, ways to enhance resilience, and successful employee wellness programs.

Mather LifeWays Institute on Aging is part of Mather LifeWays, a 75-year-old not-for-profit organization dedicated to enhancing the lives of older adults by creating Ways to Age Well.SM

The **Center for the Advanced Study of Aging Services** is an initiative by the School of Social Welfare at the University of California at Berkeley. Our mission is to improve services for elderly people through a multifaceted approach including research, collaboration and education.

We support research and development regarding innovative programs and services designed to improve the lives of older persons. Collaboration is also an important goal of the Center, bringing together academics, service providers, community leaders, policy makers, consumers, students and others interested in improving services for the elderly. We also work to improve the training of social workers to meet the needs of a growing and ever-changing population of older Americans.

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