

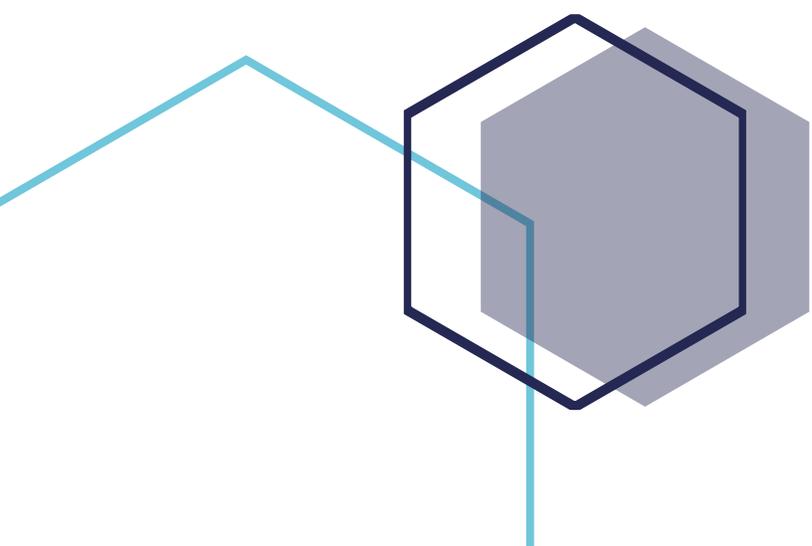
Rising to the Challenge

How Villages Supported Their Members and
Communities During the COVID-19 Pandemic

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WAVE
Washington Area
Villages Exchange



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Executive Summary

During the Fall 2021, Washington DC-area villages participated in a study that examined their responses during the recent pandemic-related public health restrictions. The topics covered services and social events for their members, pandemic-specific support for members and the community, and collaboration with other villages and community organizations.

Village Characteristics: Thirty-six villages answered questions from an online survey. These villages represented DC, Maryland, and Virginia and serve a range of membership sizes. Nearly three-quarters of these villages operate with only volunteers or part-time staff. About a third reported that their membership and volunteer numbers remained fairly stable during the pandemic public health restrictions. See pp. 4-6.

Village Services: The most common member services provided during the pandemic restrictions were check-in calls, shopping/errands, and transportation. These services also accounted for the most frequently reported change member requests for services. Check-in calls and shopping/errand requests increased but transportation requests decreased. See pp. 7-9.

Village Social Activities: Classes, speaker series and virtual outings accounted for the most common social activities that villages offered during the pandemic restrictions. See pp. 10-12.

(continued on page 2)

Acknowledgements

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Many thanks to all the village leaders who generously gave their time and responded to this survey. Thank you as well to the WAVE board members for their support of this project, especially Mary Jo Deering and Eriko Kennedy. Additional thanks to Eriko Kennedy, Eddie Rivas, Lisa Rosenthal, and Wendy Zenker for providing feedback on a draft version of the survey questions.

For additional information about this study or its findings, contact Dr. Lynn Addington at: adding@american.edu



Future Plans for Social Activities: Local villages indicated that they planned to continue to offer some online options especially for activities such as classes, speaker series, and virtual outings. A few of the most frequently reported reasons for continuing online options were increased accessibility for members and flexibility during inclement weather. For returning to in-person events, many villages are relying on specific criteria with CDC and state/local health department guidelines being almost universally used. See pp. 13-14.

Pandemic-Specific Support: During the public health restrictions, villages provided pandemic-specific support for their members and communities. Information on public health guidelines, vaccine-related assistance and distribution of personal protective equipment were some of the most common sources of support for village members and other older adults in the community. See pp. 15-17.

Collaboration Opportunities: Village leaders reported partnering with local and regional villages during the pandemic. In addition to new partnerships, villages described strengthening existing relationships and relying on other villages more than before the pandemic restrictions. During this time, villages also collaborated with local organizations that serve older adults and the community in general. See pp. 17-18.

Background

Village leadership and members know the important work that their villages do. Measuring this impact – and quantifying the value of villages – can present a challenge. The present study was motivated by an interest to help document this work in the context of support that villages provided during the COVID-19 public health restrictions.

To collect this information, Dr. Lynn Addington (American University) worked with the Washington Area Villages Exchange (WAVE) to develop survey questions to ask the leaders of DC-area villages about their responses to the pandemic public health restrictions. For purposes of this study, “COVID public health restrictions” were defined as state/local mask mandates, stay-at home orders, and similar limitations.

Select findings from this study were presented at the WAVE quarterly meeting on January 24, 2022. A recording of that presentation and a copy of the slides are available here: <https://www.wavevillages.org/index.php/meetings>. This report provides additional information about the study and its findings.

Methodology

Survey Development: Dr. Addington collaborated with the WAVE Board to develop the survey topics and specific questions for the study. In addition, a small group of village leaders reviewed initial versions of the survey and provided their feedback on the topics and questions. The final list of topics included services and social events that villages offered to their members, pandemic-specific supports for members and the community, and collaborations with other villages and community organizations. The final version of the survey received approval by the WAVE Board as well as the American University Institutional Review Board.

Survey Sample and Administration: WAVE maintains a list of DC-area villages (not all of which are current members of WAVE). All 74 villages from this list that are located in Washington, DC, Maryland, or Virginia (DMV) were included in the sample and eligible to receive the survey questions.

On October 7, 2021, the WAVE president sent leaders from all villages in the sample an email that introduced the survey and provided a link to access the online survey. Village leadership received one reminder email. The survey remained open until the end of November 2021.

Out of 74 eligible villages, 41 accessed the online survey and 36 responded to the questions. The five villages that did not provide any information are not counted as respondents for purposes of this study. The raw response rate for this survey is 49% (which is above the average online response rate of 30%). Since several villages on



the WAVE list are in development, the response rate of active villages that currently provide services and social events is likely higher than 49%.

Characteristics of Village Survey Participants

To provide context for the findings from this study, it is helpful to review the characteristics of the villages that responded to the survey.

Location: Over half of the 36 villages in the study were in Maryland (53%) (see Table 1). The location of participating villages, though, was proportional to their representation in the sample. Specifically, 47% of the Washington, DC villages in the sample responded to the survey, 46% of the Maryland villages, and 56% of the Virginia villages.

Membership size: Villages ranged in their membership sizes, but the most common sizes were 51-100 (25%), “other” size (22%), or 101-150 (17%) (see Table 2). This study specified that the term “members” should be interpreted the way that the village defined its members. Villages opted to select “other” for various reasons including that their village was open to all residents in their community or did not have formal memberships.

Volunteer numbers: Over half of the villages reported having 0-50 volunteers (58%) (see Table 3).

Staffing: Nearly three-quarters of the villages rely on only volunteer (42%) or part-time staff (31%). Another 22% are run by full-time staff (exclusively or with part-time staff) (see Table 4).

Effect of Pandemic Restrictions on Village Characteristics

Villages also described the effect that the pandemic-related public health restrictions had on their membership and volunteer numbers.

Changes in Membership Numbers: During the pandemic, over one-third of villages in the survey reported their membership levels stayed the same (39%). Over a quarter had their membership numbers increase (28%) and 11% had their memberships decrease (see Table 5).

Several villages shared insights to explain these membership patterns. While overall numbers appeared to be stable, villages did experience fluctuations in their memberships such as initial drops and subsequent increases as well as initial increases and subsequent drops. Villages that experienced increases in membership numbers attributed these changes to interest in accessing services and activities and free membership opportunities. Other villages did not track membership changes during the pandemic due to factors such as changing record systems or suspending dues.



Changes in Volunteer Numbers: As with membership changes, about one-third of villages reported that their number of volunteers stayed the same. Unlike the membership numbers, though, one-third also saw a decrease in volunteers during the pandemic. Another 22% had an increase in volunteers (see Table 6).

Villages also shared insights about patterns they observed with their volunteers during the pandemic. As with membership numbers, stability did not mean that no changes occurred. Some saw fluctuation both in terms of initial surges in volunteer interest (and declines as volunteers returned to work or just dropped off) as well as initial drops in volunteers (especially for older adult volunteers) and increases as others stepped in to help. Friends and family members also stepped in to help members. Other villages had interest in volunteering but were not able to bring people onboard as trainings were suspended during the pandemic.

Tables – Characteristics of Village Survey Participants

Table 1: Location of Village Survey Participants

Location	Frequency	Percent
Maryland	19	52.8
Virginia	9	25
Washington DC	8	22.2
Total	36	100

Table 2: Membership Size of Village Survey Participants

Number of Members	Frequency	Percent
0-50	3	8.3
51-100	9	25
101-150	6	16.7
151-200	4	11.1
201-250	3	8.3
251-300	1	2.8
301-350	1	2.8
351-400	1	2.8
Other	8	22.2
Total	36	100



Table 3: Number of Volunteers of Village Survey Participants

Number of Volunteers	Frequency	Percent
0-50	21	58.3
51-100	7	19.4
101-150	4	11.1
151-200	1	2.8
201+	2	5.6
Unknown	1	2.8
Total	36	100

Table 4: Staffing of Village Survey Participants

Type of Staffing	Frequency	Percent
All volunteers	15	41.7
Only part-time staff	11	30.6
Only full-time staff	4	11.1
Both full- and part-time staff	4	11.1
Other	2	5.6
Total	36	100

Table 5: Villages Membership Changes During Pandemic Restrictions

Membership Number Changes	Frequency	Percent
Membership increased	10	27.8
Membership deceased	4	11.1
Membership stayed the same	14	38.9
Unsure/other	8	22.2
Total	36	100

Table 6: Villages Volunteer Changes During Pandemic Restrictions

Volunteer Number Changes	Frequency	Percent
Number volunteers increased	8	22.2
Number volunteers decreased	11	30.6
Number volunteers stayed same	12	33.3
Unsure/other	5	13.9
Total	36	100



Services Offered During Pandemic Restrictions and Changes in Requests

The survey asked village leaders about services their village provided to members before and during the pandemic public health restrictions. These services included: shopping/errands, check-in calls, friendly visitor visits, transportation, meal delivery, tech help, pet care help, yard help, home repair help, referrals to outside service providers, and other services.

Services Provided During Pandemic Restrictions: For services offered during the pandemic (which included those offered before and during the restrictions and only during), at least half of villages reported that they offered check-in calls (83%), shopping/errands (81%), transportation (72%), tech help (64%), referrals to outside service providers (64%), and meal delivery (53%). Table 7 lists all services.

Villages also provided other services during the pandemic restrictions. Examples of these “other” services during the pandemic restrictions include medical note taking during telemedicine-type appointments, help with groceries (ordering online and identifying safe times to go to the store), and tips on exercising at home safely.

Changes in Member Requests During Pandemic Restrictions: Village member requests for services changed during the pandemic restrictions. These numbers are based on villages that provided the service before and during the pandemic restrictions. The most commonly provided services were also those associated with changes in requests. Over three-quarters of the villages reported receiving increased requests for shopping/errands (79%) and check-in calls (77%) (see Table 8). Conversely, almost three-quarters of the villages (73%) received fewer requests for transportation. About two-thirds of villages (68%) indicated requests for referrals to outside service providers remained constant during the pandemic restrictions.



Tables – Member Services That Villages Offered

Table 7: Services Provided by Villages Before and During Pandemic Restrictions

	Check in calls	Shopping/ errands	Transport	Tech help	Referrals
Offer before restrictions	0%	2.8%	11.1%	11.1%	2.8%
	0	1	4	4	1
Total services offered during restrictions*	83.3%	80.6%	72.2%	63.9%	63.9%
	30	29	26	23	23
Offer during restrictions	22.2%	2.8%	0%	2.8%	2.8%
	8	1	0	1	1
Offer before and during restrictions	61.1%	77.8%	72.2%	61.1%	61.1%
	22	28	26	22	22
Not offer service	16.7%	16.6%	16.7%	25.0%	33.3%
	6	6	6	9	12
Total	36	36	36	36	36

*Includes services offered both “during” and “before and during”.

Table 7 (continued): Services Provided by Villages Before and During Pandemic Restrictions

	Meal delivery	Yard help	Home repair help	Friendly visit	Pet care help
Offer before restrictions	5.6%	11.1%	27.8%	41.7%	13.9%
	2	4	10	15	5
Total services offered during restrictions*	52.8%	47.2%	44.4%	38.9%	27.8%
	19	17	16	14	10
Offer during restrictions	22.2%	0%	0%	0%	0%
	8	0	0	0	0
Offer before and during restrictions	30.6%	47.2%	44.4%	38.9%	27.8%
	11	17	16	14	10
Not offer service	41.6%	41.7%	27.8%	19.4%	58.3%
	15	15	10	7	21
Total	36	36	36	36	36

*Includes services offered both “during” and “before and during”.



Table 8: Change in Member Requests for Services Offered Before and During Pandemic Restrictions

	Shopping/ errands	Transport	Check- in calls	Tech help	Referrals
Request increase	78.6%	11.5%	77.3%	31.8%	9.1%
	22	3	17	7	2
Request decrease	10.7%	73.1%	4.5%	22.7%	4.5%
	3	19	1	5	1
Same number	3.6%	7.7%	18.2%	31.8%	68.2%
	1	2	4	7	15
Don't know	7.1%	7.7%	0%	0%	18.2%
	2	2	0	0	4
Total offering services before/during restrictions	28	26	22	22	22

Table 8 (continued): Change in Member Requests for Services Offered Before and During Pandemic Restrictions

	Yard help	Home repair help	Friendly visit	Meal delivery	Pet care help
Request increase	5.9%	6.3%	14.3%	27.3%	20.0%
	1	1	2	3	2
Request decrease	47.1%	37.5%	35.7%	18.2%	30.0%
	8	6	5	2	3
Same number	35.3%	31.3%	28.6%	54.5%	40.0%
	6	5	4	6	4
Don't know	11.8%	25.0%	21.4%	0%	10.0%
	2	4	3	0	1
Total offering services before/during restrictions	17	16	14	11	10



Social Events Offered During Pandemic Restrictions and Changes in Events

The survey asked village leadership about social events or programs offered to their members before and during the pandemic public health restrictions. These social events included: classes/educational programs, walking groups, exercise or fitness activities (other than walking), coffees and conversation-based activities, lunch or dinner club/events, happy hours, card games, hobby groups, speaker series, book club, onsite outings, virtual outings to museums and the like, and other events.

Social events offered before and during pandemic restrictions: Villages offered a variety of social events to their members during the pandemic restrictions, which included events offered before and during these restrictions as well as those offered only during the restrictions. Almost three-quarters of villages (72%) offered classes during the pandemic restrictions (see Table 9). Other popular events to offer included speaker series (61%), virtual outings (56%), coffees and book clubs (47% each), and exercise groups (44%). Villages were asked about social events offered in any format (in person or online) as well as specifically about events offered online. Table 9 lists the events offered in any format. In findings not presented here, almost all villages reported offering online options for the events that they provided during the pandemic restrictions.

Change in Number of Offerings During Pandemic Restrictions: Villages also provided information on changes in the number of events they offered during the pandemic restrictions. These numbers are based villages that offered the social event both before and during the pandemic restrictions. Classes, speaker series, coffees, and walking groups were the most common social events offered before and during the pandemic restrictions (see Table 10). Of these, villages varied in the number of events offered. For example, villages were rather evenly split on their offering of classes (36% offered more, 28% offered fewer, and 28% offered the same number). Villages tended to offer the same number of speaker series events (41%) and more coffees (47%).



Tables – Member Social Events Villages Offered

Table 9: Social Events Villages Offered Before and During Pandemic Restrictions

	Classes	Speaker series	Virtual outings	Coffees	Book club	Exercise groups
Offer only before	8.3%	16.7%	0%	16.7%	8.3%	16.7%
	3	6	0	6	3	6
Total events offered during restrictions*	72.2%	61.1%	55.6%	47.2%	47.2%	44.4%
	26	22	20	17	17	16
Offer only during	2.8%	0%	47.2%	0%	13.9%	8.3%
	1	0	17	0	5	3
Offer before and during	69.4%	61.1%	8.3%	47.2%	33.3%	36.1%
	25	22	3	17	12	
Not offer	19.4%	22.2%	44.4%	36.1%	44.4%	38.9%
	7	8	16	13	16	14
Total	36	36	36	36	36	36

*Includes social events offered both “during” and “before and during”.

Table 9 (continued): Social Events Villages Offered Before and During Pandemic Restrictions

	Walking groups	Lunch events	Card games	Hobby groups	Happy hours	Onsite outings
Offer only before	11.1%	38.9%	8.3%	13.9%	13.9%	47.2%
	4	14	3	5	5	17
Total events offered during restrictions*	36.1%	33.3%	33.3%	27.8%	27.8%	13.9%
	13	12	12	10	10	5
Offer only during	2.8%	5.6%	5.6%	2.8%	5.6%	0%
	1	2	2	1	2	0
Offer before and during	33.3%	27.8%	27.8%	25%	22.2%	13.9%
	12	10	10	9	8	5
Not offer	52.8%	27.8%	58.3%	58.3%	58.3%	38.9%
	19	10	21	21	21	14
Total	36	36	36	36	36	36

*Includes social events offered both “during” and “before and during”.



Table 10: Change in Number of Events Villages Offered Before and During Pandemic Restrictions

	Classes	Speaker series	Coffees	Exercise group	Walking groups	Book clubs
Offered more events	36% 9	31.8% 7	47.1% 8	23.1% 3	16.7% 2	0% 0
Offered fewer events	28% 7	18.2% 4	17.6% 3	15.4% 2	25.0% 3	8.3% 1
Offered same number	28.0% 7	40.9% 9	23.5% 4	38.5% 5	50.0% 6	83.3% 10
Don't know	8% 2	9.1% 2	11.7% 2	23.1% 3	8.3% 1	8.3% 1
Total offering event before/during restrictions	25	22	17	13	12	12

Table 10 (continued): Change in Number of Events Villages Offered Before and During Pandemic Restrictions

	Lunch groups	Card games	Hobby groups	Happy hours	Onsite outings	Virtual outings
Offered more events	10% 1	30% 3	44.4% 4	50% 4	0% 0	66.7% 2
Offered fewer events	70% 7	10% 1	22.2% 2	25% 2	80% 4	33.3% 1
Offered same number	10% 1	60% 6	33.3% 3	25% 2	20% 1	0% 0
Don't know	10% 1	0% 0	0% 0	0% 0	0% 0	0% 0
Total offering event before/during restrictions	10	10	9	8	5	3



Village Future Plans for Online and In-Person Social Events

The survey asked villages to describe their future plans for continuing to offer online options as public health restrictions lift, their reasons for keeping online options, and the decision factors they are using to pivot back to in-person social events.

Future plans to offer online options: Online classes and speaker series were among the most popular events that villages provided during the pandemic restrictions. These events also are the ones villages plan to continue to offer online. Over a third of villages indicated that they planned to continue to offer online options for classes (39%) and speaker series (36%) (see Table 11). Nearly a third reported they planned to offer virtual outings (31%) as well as online options for conversation-based events (31%) and book clubs (28%).

Reason to continue online options: Villages were asked follow-up questions to explore their reasons for planning to provide online options. These reasons included members expressed interest in online options, no geographic/travel barriers, variety of online options available, ability to share events with other villages or organizations, accessibility for members, reduced cost, flexibility during inclement weather, and other reasons. Some of the other reasons focused on online options facilitating events by making it easier to find event hosts and book speakers.

The most common reasons for continuing to include online options even after pandemic restrictions lift were accessibility for members (70%), flexibility during inclement weather (61%), ability to share events (56%) and member interest (50%) (see Table 12).

Decision factors for returning to in-person social events: Villages also provided their decision factors for offering in-person events as pandemic restrictions ease. These factors included village leadership, village public health committee, CDC guidelines, local and state health department guidelines, local and state government recommendations, and consultation with medical doctors, cost of in-person events, availability of options for in-person events, and other factors.

The vast majority of villages indicated they relied on specific factors to return to in-person events (30 of the 36 or 83.3%). Nearly all of these villages relied on CDC and local or state health department guidelines (97% each) as well as their village leadership (83%) (see Table 13). Half of villages also considered the availability of in-person options (53%) and local or state government recommendations (50%).

Tables – Future Plans for Village Social Events

Table 11: Village Plans to Continue to Offer Online Options for Specific Social Events

Events Planned to be Offered Online	Frequency	Percent
Classes	14	38.9
Speakers	13	36.1
Coffee	9	25
Other Conversation	11	30.6
Exercise	9	25
Book	10	27.8
Lunch	4	11.1
Cards	9	25
Hobby	7	19.4
Happy Hours	7	19.4
Virtual Outings	11	30.6

N = 36 villages

Table 12: Reasons for Villages to Continue to Offer Online Options

Reason to Offer Online Options	Frequency	Percent
Members expressed interest in online options	18	50
No geographic/travel barriers	16	53.3
Variety of online options available	15	41.7
Ability to share events with other villages or organizations	20	55.6
Accessibility for members	25	69.4
Reduced cost	9	25
Flexibility during inclement weather	22	61.1
Other reasons	4	11.1

N=30 villages that planned to offer at least one online option

Table 13: Factors Villages Considered When Returning to In-Person Social Events

Decision Factors for Offering In-Person Events	Frequency	Percent
Village leadership	25	83.3
Village public health committee	1	3.3
CDC guidelines	29	96.7
Local/state health dept. guidelines	29	96.7
Local/state government recommendations	18	50
Consultation with medical doctors	4	11.1
Cost of in-person events	6	16.7
Availability of in-person options	19	52.8

N = 30 villages that relied on specific factors



Pandemic-Specific Supports for Members and Community

In addition to covering topics related to general services and social events for their members, the survey asked village leadership about pandemic-specific support that they provided. Questions included supports not only for their members, but also other older adults in their communities and local restaurants and retail stores.

Pandemic-specific member support: The survey asked villages about specific types of support that they may have provided to their members during the pandemic restrictions. These supports included: providing personal protective equipment (PPE) such as face masks, gloves and hand sanitizer, making regular phone check-ins (beyond the pre-pandemic daily calls), creating support groups to address isolation/anxiety, providing training specifically on technology to address social isolation, providing trainings specifically on technology to support medical needs, providing regular updates on public health restrictions, providing information about COVID vaccine, assisting with making COVID vaccination appointments, providing transportation to COVID vaccination appointments, and other support.

The vast majority of villages (86%) provided some form of pandemic-specific support to their members. Among villages offering this support, almost all gave regular updates on pandemic/public health restrictions (97%) and vaccine-related help (97% giving general information, 87% providing transportation to appointments, and 84% helping make appointments) (see Table 14). Over three-quarters distributed PPE and made regular phone check-ins (77% each). Over two-thirds of villages offered training on technology to address isolation (such as Zoom or Facetime) (68%). Some villages offered other types of support such as sponsoring booster clinics, making meal deliveries, providing PPE kits to members and community, and identifying members at risk for isolation and loneliness.

Pandemic-specific support for other older adults in the community: The survey asked village leaders about specific types of support that they provided to other older adults in their community. These supports included: providing special membership opportunities (such as temporary or no cost), making grocery deliveries, making meal deliveries, helping with shopping or errands, providing PPE, providing regular updates on public health restrictions, providing information about COVID vaccine, assisting with making COVID vaccination appointments, providing transportation to COVID vaccination appointments, and other support.

Three-quarters of villages provided some form of pandemic-specific support to older adults in their community. For villages offering this support, the most frequently offered support included regular updates on pandemic/public health restrictions (70%), vaccine information (63%), temporary or low-cost memberships (63%), providing PPE (52%), and assistance with making vaccination appointments (48%) (see Table 15).



Pandemic-specific support for local restaurants and businesses: The third group of pandemic-specific support questions asked villages about activities to support local restaurants and businesses. These activities included partnering with local restaurants to provide food delivery or special offers to members, partnering with local stores to provide delivery or other support for members, partnering to support local restaurants or retail stores, providing publicity for services offered by local restaurants to the overall community and providing publicity for services offered by local retail stores to the overall community

Half of villages indicated they engaged in at least one of these activities. For these villages, providing publicity for local restaurants was the most common activity (67%) (see Table 16). Over a third of villages, partnerships with restaurants and stores were common activities to support their community businesses.

Tables – Pandemic-Specific Supports for Members and Community

Table 14: Pandemic-Specific Support for Members

Types of Pandemic-Specific Support	Frequency	Percent
Public health updates	30	96.8
Vaccine information	30	96.8
Vaccine transportation to appointments	27	87.1
Vaccine appointment scheduling	26	83.9
PPE	24	77.4
Check in	24	77.4
Tech training (isolation)	21	67.7
Support Group	10	32.2
Tech training (medical)	5	16.1

n = 31 villages who provided at least one support to members



Table 15: Pandemic-Specific Support for Other Older Adults

Types of Pandemic-Specific Support	Frequency	Percent
Public health updates	19	70.4
Vaccine information	17	63
Free/discounted memberships	17	63
PPE	14	51.9
Vaccine appointments	13	48.1
Vaccine transportation	9	32.1
Groceries	8	29.6
Meals	6	22.2
Shopping	6	22.2

N = 27 villages who provided at least one support

Table 16: Pandemic-Specific Support for Community Businesses

Types of Pandemic-Specific Support	Frequency	Percent
Restaurant publicity	12	66.7
Restaurant delivery	7	38.9
Local support	7	38.9
Store publicity	7	38.9
Other	5	27.8
Store delivery	2	11.1

N = 18 villages who engaged in at least one activity

Collaboration Opportunities Identified During the Pandemic

The survey also asked village leadership about opportunities for collaborations with other villages and community partners that may have occurred during the pandemic restrictions. Other villages included those in their county or district (“local villages”), those in the DMV region (“regional villages”), and those in other parts of the United States (“outside DMV villages”). Community organizations covered those that served older adults in particular and community members in general. Villages identified whether the collaborations were existing or new and examples of the collaboration activities.

Village Collaborations: In terms of village collaborations, partnerships with local villages were the ones most frequently reported (75%) and almost half of these (48%) were new relationships (see Table 17). About half collaborated with villages in the DMV region and three-quarters of these were new.

Examples of activities with other villages involved sharing online activities and events (such as speakers) and vaccine opportunities. Villages also worked to increase their attention to diversity issues through these collaborations. With existing relationships,



village leadership noted that their responses to the pandemic appeared to strengthen these partnerships. For example, villages reported having more communication with other villages and relying on other villages more. Other villages noted that they increased their engagement with WAVE.

Community Collaborations: For community organization collaborations, villages partnered with both older adult organizations (53%) and general organizations (44%). About half of these were new collaborations (47% for older adult, 56% for general).

Examples of collaboration activities for older adults organizations included supporting foodbanks, assisting with senior health care issues and affordable housing, providing mutual aid, and working with meals on wheels. Activities with community organizations included supporting libraries, foodbanks, shelters, and hospitals.

Tables – Collaborations with Other Villages and Community Organizations

Table 17: Village Collaborations with Other Villages and Community Organizations

	Any Collaboration		New Collaborations	
	Frequency*	Percent*	Frequency	Percent
Local Villages	27	75	13/27	48.1%
Regional Villages	17	47.2	13/17	76.5%
Outside DMV Villages	3	8.3	3/3	100%
Older adult organization	19	52.8	9/19	47.4%
Other community organization	16	44.4	9/16	56.3%

*N = 36

Overall Opportunities and Challenges from Pandemic Response

At the end of the survey, village leaders had the opportunity to provide additional comments about the opportunities and challenges presented by the pandemic and the public health restrictions. Themes from these comments are provided below.

Themes from Opportunity Comments

Ability to capitalize on new skills: The pivot to online social events opened up new programming opportunities for villages previously only in person programs. Members learning Zoom helped to open up these possibilities.

Successful online event and programs: Villages acknowledging Zoom fatigue, but found certain programming appeared to be successfully offered online. These event also are ones that villages are considering continuing to offer online (in whole or as an option) as public health restrictions ease. Examples of these successful online event



events are exercise classes, book clubs, movie clubs, bingo, and museum docent tours. Online meeting options also are attractive to avoid parking and traffic issues.

Community collaborations: Villages highlighted their collaborations with local businesses and community organizations (such as medical/hospitals) and interest in continuing these relationships. Villages also appreciated partnering with other villages to pool resources.

New communication formats: Some villages started using email blasts to share information and events and will be continuing this communication format.

Additional support for members: Village noted the importance of providing member check-ins via phone and in person.

Increased diversity: Villages also identified opportunities to reach a more diverse group of older adults as well as to engage in outreach with both other older adults in the community and those of all age groups.

Themes from Challenges Comments

Concerns about deferred medical care and member support: Village leaders expressed concerns that the pandemic might have created an increased need for support as members deferred or delayed medical care. In addition, members may be in need of moving to care facilities but have not been able to research these placements during the pandemic restrictions.

Need to sunset certain programs: Other villages noted the need to end programs that may not be sustainable such as lower/free memberships or frequent informational eblasts that take up staff time.

Social distancing fatigue: Villages also noted the fatigue with Zoom, remote staffing, and masks. Others described the need to provide their members with opportunities to get out of their homes and socializing in person to combat isolation.

Conclusions

During pandemic restrictions, **villages rose to meet this challenge** by providing a range of support not for only their members but the larger community. This work demonstrates the **value of villages** and highlights the **important contributions and impact** that they make on older adults in their communities. One of the impressive aspects of village response during the pandemic is that almost three-quarters of the villages are all-volunteer run or rely on only part-time staff.

During the pandemic restrictions, **villages provided:**

For their members

- **needed services** such as check ins, shopping, and transportation that helped to keep members safe during the pandemic restrictions.
- **social outlets** via online events such as classes, speakers, and conversation opportunities that events helped to address social isolation and keep members connected.

For their members and older adults in the community

- **pandemic-specific resources** that helped older adults stay informed about the pandemic and stay safe with vaccine-related assistance and distributing PPE.

In addition to providing support during the pandemic restrictions, villages also connected with other villages via **identifying new collaborations** and **strengthening existing partnerships**.

Finally, responses to the pandemic restrictions suggested opportunities for **future planning** that included:

Collaborations

- continuing the relationships with other **villages** and **community organizations** for older adults and in general.

Village event modality

- maintaining **online options** for member social activities especially classes, speakers, book and movie clubs, and museum docent tours.