VILLAGE FEASIBILITY
REPORT
2026

UNIVERSITY OF KENTUCKY | COMMUNITY PARTNERSHIP REPORT

VILLAGE FEASIBILITY REPORT 2026

This report summarizes collaborative work between the University of Kentucky and community partners focused on advancing implementation, evaluation, and sustainability of village-based and community support models for older adults in Lexington, Kentucky.

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In partnership with
A Caring Place

BUILD (Building a United Interfaith Lexington through Direct Action)

A CARING PLACE
Compassionate Connections
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LEXINGTON

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ACKNOWLEDGEMENTS

The authors would like to extend their sincere appreciation to Blake Conley and Emily Sunderland for their outstanding contributions as research assistants on this project. Their work was integral across all phases of the study, including coordinating community outreach, supporting data collection, engaging directly with participants, and assisting with the synthesis of findings. Blake and Emily demonstrated professionalism, adaptability, and a strong commitment to community-engaged research, often serving as key points of connection between the research team and community members.

We are also deeply grateful to the many volunteers who supported this work, particularly those who dedicated their time to organizing and staffing summer outreach events. These individuals played a critical role in recruitment efforts—welcoming attendees, facilitating conversations, and spending extended time engaging with prospective village members. Their willingness to remain present, listen, and build relationships helped foster trust and meaningful community connection, which strengthened both participation in the study and the overall quality of the insights gathered. This project reflects a collective effort, and the contributions of these individuals were essential to its success.

The authors would like to acknowledge BUILD (Building a United Interfaith Lexington through Direct Action) for their meaningful partnership and support throughout this project. BUILD is a 501(c)(3) organization founded in 2003 and represents a coalition of 26 congregations with more than 15,000 members across diverse racial, economic, and denominational backgrounds in Fayette County.

BUILD played an important role in supporting and advocating for the village feasibility study, helping to elevate community priorities and ensure that the voices and needs of local residents were reflected in this work. While BUILD does not provide direct services, the organization leverages the collective power of its membership to engage civic leaders and advance policy and funding solutions related to critical community issues, including affordable housing, healthcare access, addiction, public safety, and transportation.

Their partnership has been instrumental in strengthening the community-informed foundation of this initiative.

FOREWORD

Envisioning A Community-Led Village Model in Lexington: Where We Go from Here

This project was envisioned in Fall 2024, when A Caring Place received funding from the Lexington Urban County Council to conduct a feasibility assessment related to expanding the Village model throughout Lexington. A Caring Place has been a Village since 2019, serving older adults and people with disabilities by fostering community connections, providing volunteer support, and helping members remain independent in their homes. Over the past seven years, we have seen firsthand the impact of the Village model in reducing isolation, increasing access to resources, and empowering our members to live with dignity.

A Village is a grassroots, community-led organizations that mobilize volunteers and local resources to support older adults and people with disabilities. They help people stay in their homes, combat loneliness, and provide practical assistance—from transportation to social activities. Many Lexington residents have told us they want to age in place, surrounded by familiar faces and neighborhoods. The Village model addresses these needs by building a network of support and belonging. For example, our members have benefited from regular wellness checks, group outings, and help with daily tasks, all delivered by caring volunteers.

As Lexington's population ages, the demand for services and support continues to grow. Expanding the Village model means more people can access help, stay connected, and avoid the risks of isolation. We believe that every neighborhood deserves a Village, and that this approach can transform how our city cares for its elders and people with disabilities.

A Caring Place has been proud to partner with the Lexington Urban County Council, University of Kentucky, Reimagining Home, and BUILD on this project. Working together has been a rewarding experience, bringing new perspectives and energy to our mission. Over the past 18 months, we have worked collaboratively to ensure this project reflects the voices and needs of our community. The most important findings highlight the value of local engagement, the need for sustainable funding, and the importance of accessible services. As next steps, we plan to pilot new neighborhoods, create social hubs throughout Lexington in underserved neighborhoods, strengthen volunteer recruitment, and advocate for policies that support aging in place.

We extend our deepest thanks to everyone who has contributed to this project, whether through their time, expertise, or resources. We also express our gratitude to all those who supported and attended our Summer Listening Sessions and those who participated in the research. We hope this report can serve as a foundation for envisioning the expansion of the Village Model across Lexington, with the goal of empowering older adults and people with disabilities to live independently, safely, and joyfully.

In community,
Roxanne Cheney
Founder and Chair
A Caring Place

LEXINGTON
Urban County Council

"Aging is not lost youth but a new stage of opportunity and strength" – Betty Friedan

It has truly been our honor and privilege to advocate and support the initiation of the Village Network in Lexington, Kentucky. In 2030, the number of Lexingtonians over the age of 65 will increase by 86% since 2010. Thus, it has been a priority of Council to be intentional regarding creating the infrastructure needed to support our aging population.

We would like to thank the Director of Aging and Disability Services, Kristy Stambaugh, the Senior Services Commission, the Re-Imagining Home Committee, and A Caring Place for working tirelessly to make the Village Network in Lexington a reality. This team has pulled together a dynamic Steering Committee made up of engaged community partners to successfully usher in the Village Network to Lexington. We appreciate all of the time you have devoted to this important cause.

We are truly excited about the information this report contains and how it's going ot help us shape Lexington's future. This report is more than just data, it is full of human experiences, needs, wants, desires, and the full expression of community. It will be a foundational building block for Council as we continue to effectively serve our aging population now and into the future. Thank you to the University of Kentucky Colleges of Social Work and Medicine for partnering with the city of Lexington on this endeavor.

Many thanks,

City Council,
Lexington- Fayette Urban County Governmet

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EXECUTIVE SUMMARY

Older adults make up a growing share of the community. In 2024, Lexington-Fayette had about 329,427 residents, including roughly 52,710 people aged 65 and older—an increase from the previous year (US Census Bureau, 2024). As many older adults choose to stay in their homes, the need for stronger support systems grows. With more than one in ten older adults living alone, community-based help becomes even more important (US Census Bureau, 2024). The Village model offers a promising way to build on local strengths and support aging in place. The purpose of this feasibility study was to determine whether an existing member-driven organization in Lexington could serve as the primary hub for a Village Model and to determine which model would best serve as many older adults as possible throughout Lexington and Fayette County.

The feasibility study consisted of six components: 1) community needs assessment, 2) landscape scan, 3) evaluation plan, 4) technology evaluation, 5) listening sessions, and 6) financial analysis. Beginning in March, 2025, researchers from A Caring Place and the University of Kentucky collaborated to develop an instrument to assess the needs of older adults aged 50 and older and younger adults with disabilities. In parallel with recruiting individuals to complete the needs assessment survey, A Caring Place hosted a series of summer events to promote awareness of the Village model, highlight local services, and provide educational programming.

We conducted a landscape analysis of Villages across the United States, examining governance, staffing, finances, services, partnerships, and other key factors, including seven other Village Hubs. We then combined these findings with an overview of projected revenue streams, showing how each might contribute to the annual operating budget. These projections are planning assumptions, not fixed targets, intended to guide early feasibility assessments and to help explore different implementation scenarios.

Our findings support the need for supportive services as Lexington has a growing population of older adults who are at risk for social isolation and have health challenges. A Village model is both needed and feasible, with strong potential to enhance social connections, access to services, and the overall quality of life for older residents and those with disabilities. Strategic planning and community engagement with stakeholders, local resources, and existing infrastructure will be essential to ensure sustainability and scalability.

BACKGROUND

Addressing the Needs of Older Adults

In 2020, the number of adults aged 65 and older in the United States reached nearly 56 million, representing 16.8 percent of the population (Census Bureau, 2024). As the number of aging and older adults continues to increase, so does the need to address growing challenges such as chronic health conditions, social isolation and loneliness, financial and economic insecurity, and housing needs. In fact, Kentucky currently ranks lowest in the nation in addressing these needs (United Health Foundation, 2024). Consequently, to best serve this population, communities must recognize, understand, and respond to the needs and preferences of aging residents.

UNITED HEALTH FOUNDATION, 2024

Realities of Older Adults and Adults with Disabilities in Lexington

(2024 Census Data)

70.7%
Did not work in the last year

10.5%
Living alone

12.5%
Adults with disabilities

THE VILLAGE MODEL

Emerging from a desire to support aging communities, the Village Model is a community-organized, member-driven approach designed to promote aging in place by connecting older adults to services and social activities. Originating in Boston with Beacon Hill Village in 2001, the Village Movement (Diaz & Butler, 2015) has since expanded to more than 300 Villages nationwide (Chiu, 2025). As these community networks evolve, they are shaped by and for local needs, with a shared focus on empowering older adults to live independently and nurturing their physical, mental, intellectual, emotional, and social engagement.

BACKGROUND

Lexington's interest in supporting the development of a Village Model reflects a strategic effort to build on the community's existing strengths. Because a Village is most successful in settings with strong social connections and support, as well as in communities with fewer resources, the model's reliance on volunteers underscores how informal social networks can serve as the foundation for more structured support.

A Caring Place, an organization that offers social support and basic-needs screenings to older adults and people with disabilities, has been providing services to the greater Lexington community since 2019. Through its efforts, the organization has been recognized as a Village by Reimagining Home (aka Age Friendly Lexington) in 2024, as it met all the attributes of a Village but lacked name recognition and funding resources. Led by Roxanne Cheney, A Caring Place has become a trusted source of services and social activities for older adults and adults with disabilities. Since a Village relies heavily on trust for participation, volunteer recruitment, and engagement (Chiu, 20205), A Caring Place was identified as an ideal organization to lead pilot efforts to decide whether a larger Village Model with additional resources would be feasible.

The Village Model Feasibility Study

The goal of the current project was to assess the feasibility of developing and expanding the Village Model in Lexington. Accordingly, this report aims to answer the following questions:

1. **What are the needs and preferences of older adults in Lexington?**
2. **What are the key design and implementation characteristics of similar Village models in the United States?**
3. **What are considerations and recommendations for the development of a hub-and-spoke Village Model in Lexington?**

METHODS

STUDY DESIGN

This project employed a community-initiated, community-engaged mixed-methods study design in collaboration with community partners and key stakeholders, including A Caring Place and the Lexington-Fayette Urban County Government City Council (LFUCG). Community partners were involved throughout the research process, including data collection strategies, the creation of research questions and materials, guidance on data interpretation and study implications, and the development of recommendations based on the findings. This study was conducted in partnership with the University of Kentucky College of Social Work, the College of Medicine, the Evaluation Center, A Caring Place, and the Lexington-Fayette Urban County Government. Members of the research team met twice a month with the A Caring Place Steering Committee. All human subjects research activities conducted by the College of Social Work and the Evaluation Center were approved by the University of Kentucky Institutional Review Board.

The study integrated both quantitative and qualitative methods across six scopes of work: 1) qualitative interviews, 2) surveys, 3) landscape scan, 4) financial stream, 5) financial feasibility analysis, and 6) listening sessions (see Appendix A). Quantitative data provided descriptive statistics and comparisons, while qualitative methods (e.g., interviews and open-ended responses) offered insights into the experiences and perspectives of older adults and volunteers.

Qualitative interviews were first conducted to identify key challenges, facilitators, and additional areas of inquiry relevant to the research questions and to inform development of a structured survey. Findings from the qualitative analysis then informed the development of quantitative measures, and both sources were integrated into the analysis (Appendix A). The subsequent survey was disseminated to older adults across Lexington. Additionally, we conducted a landscape scan of villages across the United States and a financing feasibility assessment. This report compiles and integrates findings across several data sources (Appendix A). Throughout the report, we note which data sources informed each finding, recommendation, and implication.

METHODS

STUDY PARTICIPANTS, SETTING, AND DESIGN

RECRUITMENT AND PARTICIPANTS

Landscape Scan. The UK Evaluation Center sent recruitment announcements to those registered in the Village-to-Village Network directory as participating in the hub-and-spoke model. Using a semi-structured protocol, the Center interviewed eight hubs to gain operational insights. In addition to these hubs, the Center conducted interviews with three spokes affiliated with a hub. Additional organizations interviewed that do not operate in a hub-and-spoke village model included a village unaffiliated with a hub model, a regional organization that provides support and resources to villages, and a larger senior-serving organization affiliated with the Village-to-Village Network.

Interviews. Semi-structured interviews were conducted in Spring 2025 with adult participants at A Caring Place (n = 6, average age = 70) and volunteers (n = 7, average age = 72). Participants were eligible if they were an older adult (age ≥ 50), a caregiver of an older adult, or a professional providing services to older adults in Lexington, Kentucky. Participants were primarily recruited by A Caring Place, and all participants were either members receiving services from A Caring Place or volunteers with A Caring Place. Participants received a $25 gift card in compensation for their time. Study primary investigators, experienced qualitative researchers, and a social work doctoral student conducted the interviews. Interviews lasted 45–60 minutes and were conducted in a confidential location in person, by phone, or via Zoom.

Survey. Following the qualitative analysis of the interviews, a survey was administered to participants (N = 400) who were at least 50 years old and/or had a disability and were residents of Lexington-Fayette County, Kentucky. The survey was primarily administered at in-person community events throughout Lexington-Fayette County, through community partner networks, and through Lexington-Fayette County Council member listservs. Participants represented all 12 council districts, 2 homeowners associations (HOAs), and 3 subsidized senior housing complexes. Surveys took approximately 10–15 minutes to complete.

Participants could complete the survey on a tablet or on paper and could return it to the research team upon completion or mail it to the College of Social Work using a pre-stamped envelope. Paper surveys were manually entered into Qualtrics by research staff. All participants who completed the survey were offered the opportunity to enter a drawing for a $100 Visa gift card at study completion (one participant selected per 100 completed surveys).

METHODS

DATA COLLECTION

Landscape Scan. Interview questions addressed Village governance, funding model, community partnerships, services offered to members, training provided to volunteers, activities facilitated, and the relationship between the hub and spokes. Additional questions posed included hub staffing and paid positions, revenue streams, program evaluation, and software used.

Interviews. Interview questions focused on older adults' and adults with disabilities' needs, preferences, and experiences regarding services, social support, and resources in Lexington-Fayette County and surrounding counties.

Participants were asked open-ended questions related to:

1. **Personal background and demographics**
2. **Social participation and community engagement**
3. **Service access, navigational challenges, and support needs**
4. **Program experiences and recommendations**
5. **Housing and future living preferences**

Survey. The final survey included 67 questions across the following domains:

1. **Demographics**
2. **Health and well-being**
3. **Social connectedness and support**
4. **Housing and living environment**
5. **Transportation**
6. **Access to services**
7. **safety and security**
8. **Technology and communication**
9. **Income and benefits**
10. **Communication and future planning**
11. **Additional feedback about what is most important to participants**

Survey Outreach:

- Over **15 community organizations** were contacted.
- Community partners included BUILD, A Caring Place, and Lexington-Fayette Urban County Government.
- The survey was distributed through all **council members' Listservs** and community partner networks.

At the end of the survey, participants were invited to share any additional thoughts about the greatest challenges and biggest worries facing older adults in Lexington (see Figures 5 and 6 for the most common responses).

METHODS

ANALYSIS

Landscape Scan. The evaluator took notes during each interview and transcribed those into a matrix for thematic analysis (Braun and Clarke, 2012) using interview question domains as sensitizing concepts.

Interviews. Interviews were recorded, transcribed verbatim, and de-identified. Using rapid qualitative analysis (RQA), each interview was summarized according to domains identified in the interview guide. RQA is a qualitative analysis method that enables time-sensitive examination of interview data. RQA involves researchers summarizing transcribed interviews and entering summaries into an easy-to-read matrix, where data and summaries can be compared to observe commonalities and patterns. Following this process, members of the research team reviewed the matrix summaries to identify patterns in the data. Findings were then presented to the A Caring Place Steering Committee and were used to inform survey development in conjunction with input from the research team.

Survey Quick Facts:

- The survey was disseminated at **over 20 events** in the summer of 2025.
- Summer campaign events were held across Fayette County, in all 12 council districts.
- **400** respondents
- At least **2 campaign events** in each council district

Survey. Prior to analysis, survey data were cleaned to remove ineligible responses (e.g., bot or spam responses) and incomplete responses (e.g., empty entries or those missing substantial portions of data). Open-ended responses entered as categorical fields were reviewed and recoded when appropriate. Analyses were conducted using statistical tests appropriate to the level of measurement for each variable. For example, binary and categorical variables were analyzed using chi-square or Fisher's exact tests, while continuous variables were analyzed using t-tests or other parametric methods as appropriate.

All analyses were conducted using SPSS (version 29.0). This report compiles and integrates findings across several data sources (Appendix A). Throughout the report, we note which data sources informed each finding, recommendation, and implication.

OPPORTUNITIES FOR A VILLAGE MODEL

COMMUNITY LANDSCAPE AND FEASIBILITY FINDINGS

Overview

Findings from the community survey and national Village landscape highlight a clear opportunity to develop a locally responsive, sustainable village model. While many older adults in Lexington are currently meeting basic needs and remain active, notable gaps exist in affordability, social connection, and future planning for aging in place. These findings, combined with lessons from established hub-and-spoke Villages, inform key design and implementation considerations.

The final survey sample included a total of **400 responses**, with respondents representing all zip codes within Lexington- Fayette County. Approximately 36 percent (n=146) of responses came from zip codes 40502 and 40503 (Figure 1).

Age. The average age of survey respondents was 72 years old (range: 25-93).

Race. Most survey respondents identified as White (81%, n=323).

Gender. Our sample included 73% women and 27% men. Compared to the overall population in Lexington, with a more evenly split distribution of women (51%) and men (49%).

Length of residence. Nearly 75% of survey respondents (n=295) have lived in Lexington for 20 years or longer.

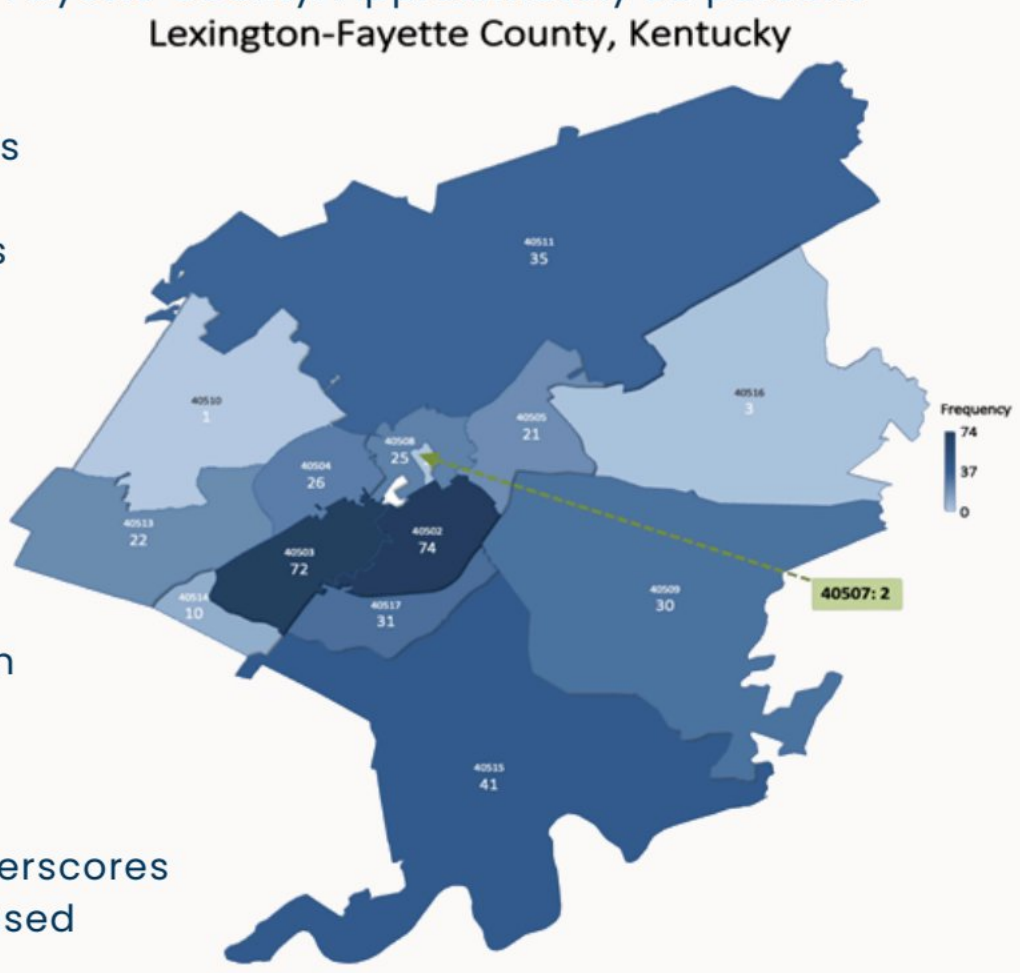


Figure 1. Survey responses by zip code.

COMMUNITY PROFILE AND KEY NEEDS

Aging in Place

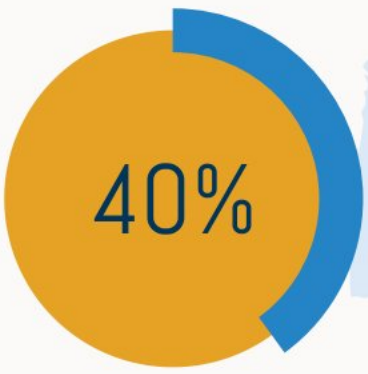
A strong preference to remain at home underscores the need for coordinated, neighborhood-based supports.

- **88% of respondents want to age in place.**
- Over half expressed moderate to high concern about their ability to do so safely.
- **36% live alone**, increasing risk for isolation and unmet needs.
- While **93% report satisfaction with their current living situation**, many anticipate needing additional support such as home modifications, transportation, and help with daily activities.

Financial Stability and Affordability

Findings on transportation and financial stability further illustrate both strengths and areas of vulnerability within the sample. Most participants report meeting basic needs, but a substantial minority face current or future financial strain.

More than 1 in 5 spend more than 30% of income on housing



Worry about future affordability

Although:

83% report enough financial support for essentials
86% have sufficient food
93% report access to healthy food

Concerns persist about affording food, transportation, and basic needs over time. Those experiencing financial strain are more likely to live alone, highlighting the intersection of economic vulnerability and social isolation.

"And I had some difficulty getting Meals on Wheels when I was doing that. The quality of the meals varied. Sometimes they were really good restaurant quality...I think I would've preferred seven days a week service. But they can't afford that."

Modifications needed to age in place

- ☐ **Get around easier** (n=135,33.8%)
- ☐ **Need daytime caregiver** (n=87, 21.8%)
- ☐ **Help paying rent** (n=41, 10.5%)
- ☐ **Need live in caregiver** (n=15, 3.8%)

HEALTH AND FUNCTIONAL NEEDS

Participants reported a number of health-related conditions, concerns and functional support needs.

- 57% report high concern about their health as they age
- 24% report fair to poor health
- Over half report three or more chronic conditions

Functional support needs include:

- Housework (14.5%)
- Grocery shopping (12.6%)
- Meal preparation (11.3%)

Social Connection and Engagement

Social connection is both a strength and a gap.

- **27% report low connectedness**
- **46% worry about loneliness as they age**
- Only 66% feel they receive adequate social support
- 56% currently engage in social activities

Social and Recreational Resources

The majority of respondents occasionally or frequently participate in social activities (Figure 2). Further, 57% of respondents reported that they currently engage in social or recreational resources for older adults.

Over half of the sample expressed interest in engaging in more activities, but it largely depended on the type of activity offered. The majority of respondents were interested in in-person events. Participants endorsed interest in a wide range of social activities (Figure 3).

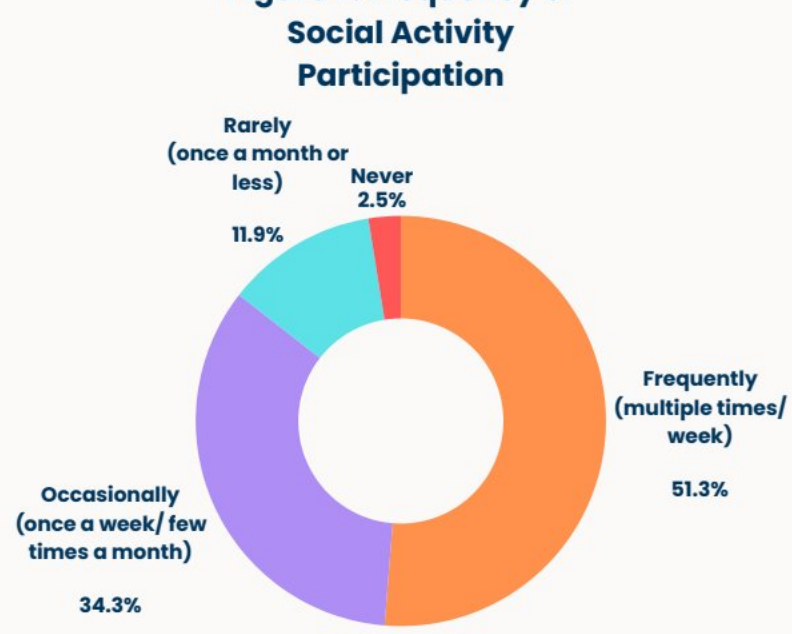


Figure 2. Responses to the survey question, How often do you participate in social activities or events?"

Figure 3. Interest in Social Activities

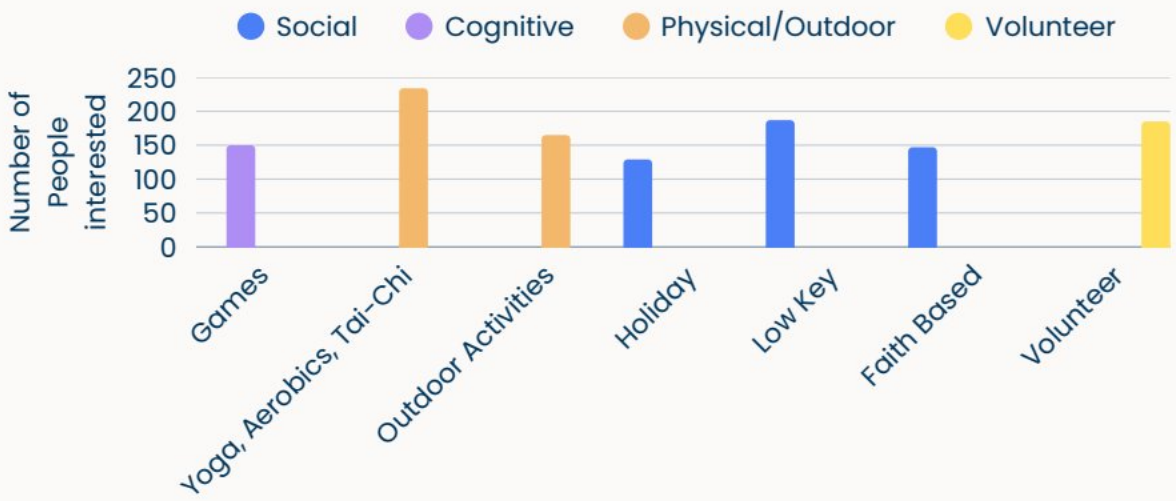


Figure 3. Responses to the survey question, "Which types of social activities or events are you interested in?" Question was 'select all that apply' and participants could choose more than one type of activity.

Faith-based engagement is high (88%), but participation in other structured programming is more limited, suggesting opportunities to expand inclusive, community-based offerings. Further, tailoring neighborhood offerings to meet the preferences of members can offer opportunities to increase engagement of current members and recruit new members.

> *"It's just worrying about the near future, I guess is what bothers me more than anything. And keeping yourself enough to where you can live by yourself. I mean, that is right now in my life, that is my biggest concern, is to keep my mind and my body strong enough to be able to live by myself."*

Access, Barriers, and Utilization

Who Uses Services— and Who Does Not

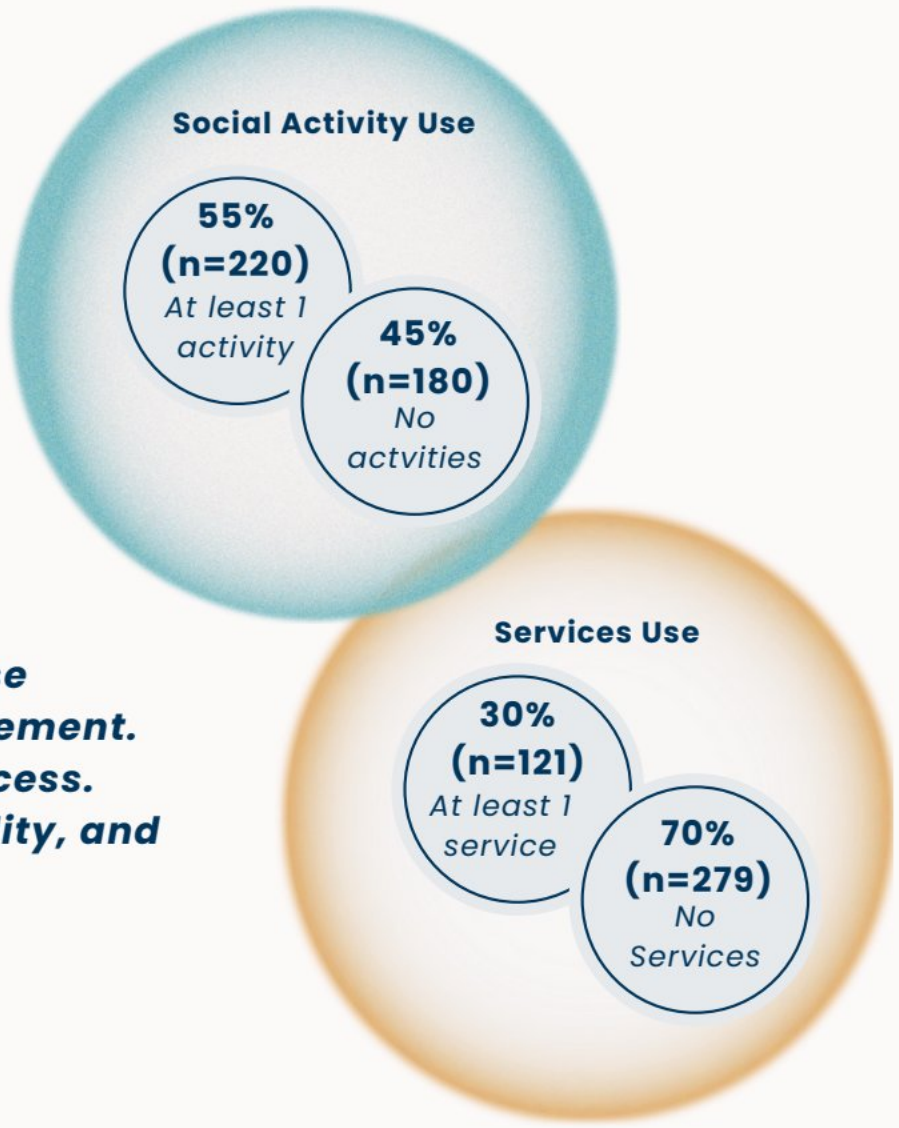
The feasibility study findings provide important insight into who is currently using services, who is not, and the factors that influence access and participation. While a portion of participants reported using available services and social activities, a notable segment of the sample reported limited or no current use of them. Understanding the differences between these groups is critical to informing outreach and program design.

Barriers to Participation

Key barriers include:

- Cost (51%)
- Transportation limitations (18.3%)
- Uncertainty about allowing providers into the home

Importantly, comfort with in-home services varies. Fewer than half (44%) were always comfortable with in-home services, and 19.5% were comfortable only with someone else present. Others prefer known providers or would consider allowing in-home services only under specific conditions.



Those with financial difficulty are more likely to use services, suggesting need is a key driver of engagement. However, this same group may face barriers to access. These findings suggest that trust-building, flexibility, and clear communication are essential.

Communication Preferences

High technology access supports digital outreach, but preferences vary:

- 94% have internet access
- 85% are comfortable using technology

Preferred communication channels include:

- Email (46%)
- Senior centers (55%)
- Area agencies (42.5%)
- Mail (39%)
- Social media (22.5%)

No single strategy will reach all residents—multi-channel communication is necessary.

> ***"I'd like to receive [information] either by mail and either by mail or say by mail or text or anything that informs you about anything that's going on so that keep us informed. You know what I'm saying? We can't be informed if we don't know anything."***

Interest in a Village Model

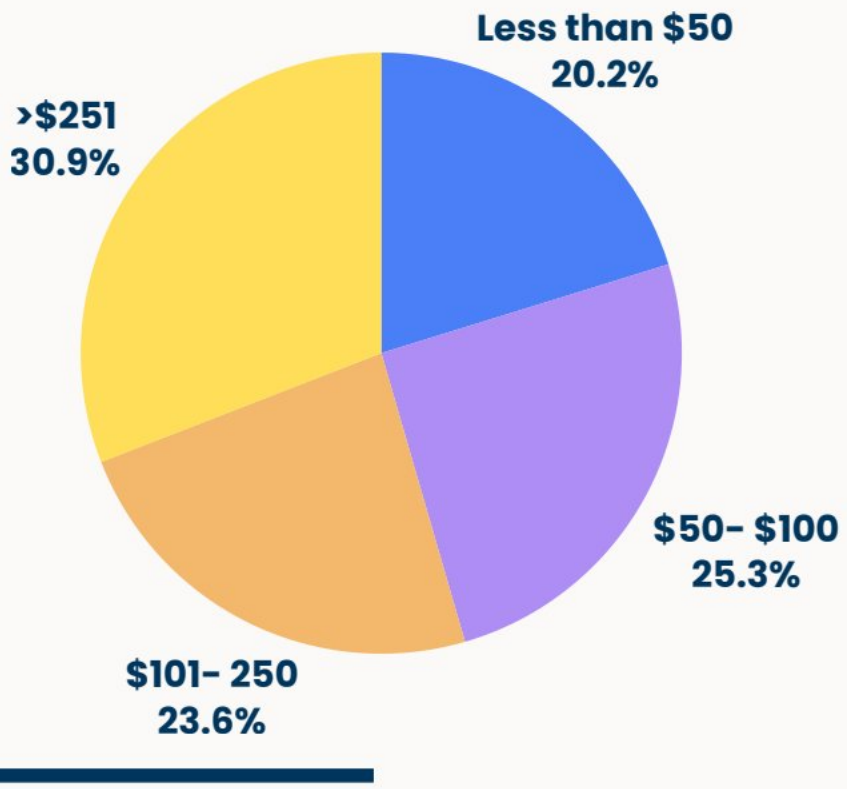
Service and Program Priorities

Participants expressed strongest interest in:

- Transportation services (51%)
- Social engagement (49%)
- In-home or personal care (45%)

Top future concerns 1) health, 2) cost of living, and 3) safety at home align closely with the core offerings of a Village model, reinforcing its relevance as a community-based solution.

Figure 4. Willingness to Pay Across Price Levels



Willingness to Pay

Interest in paying for services is mixed:

Some are willing to pay membership or service fees. Others, particularly those experiencing financial strain, are not (Figure 4).

Importantly:

1. Individuals with greater community connectedness are more willing to pay
2. Those most in need of services may be least able to afford them

Figure 5. Perceived Greatest Challenges Facing Older Adults

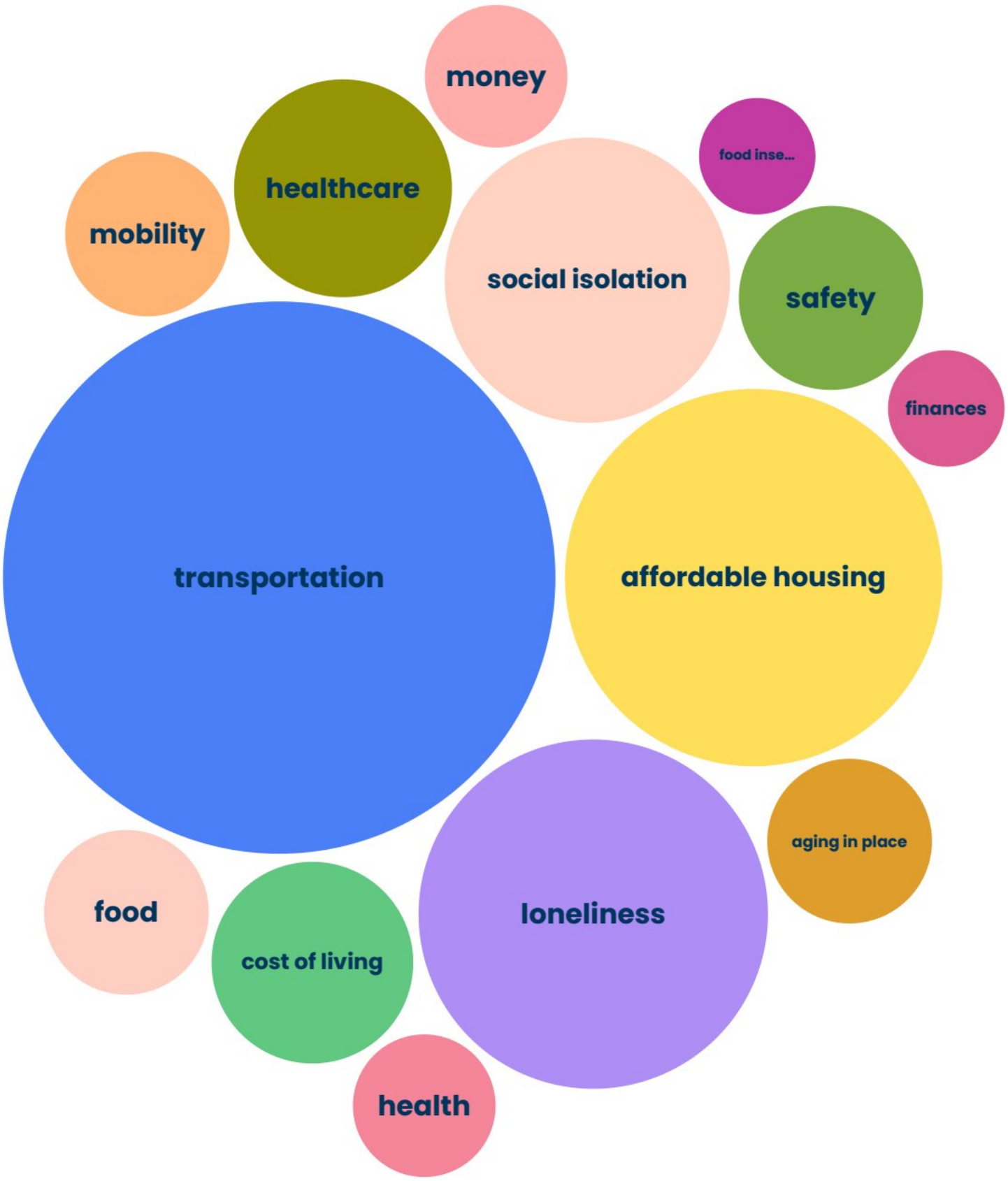


Figure 5: Summary responses to the open-ended survey question, "What do you believe are the greatest challenges facing older adults in your community?". Responses across similar domains were aggregated together. Larger circles represent a domain reported by higher number of respondents.

Figure 6. Perceived Factors That Would Improve Quality of Life for Older Adults

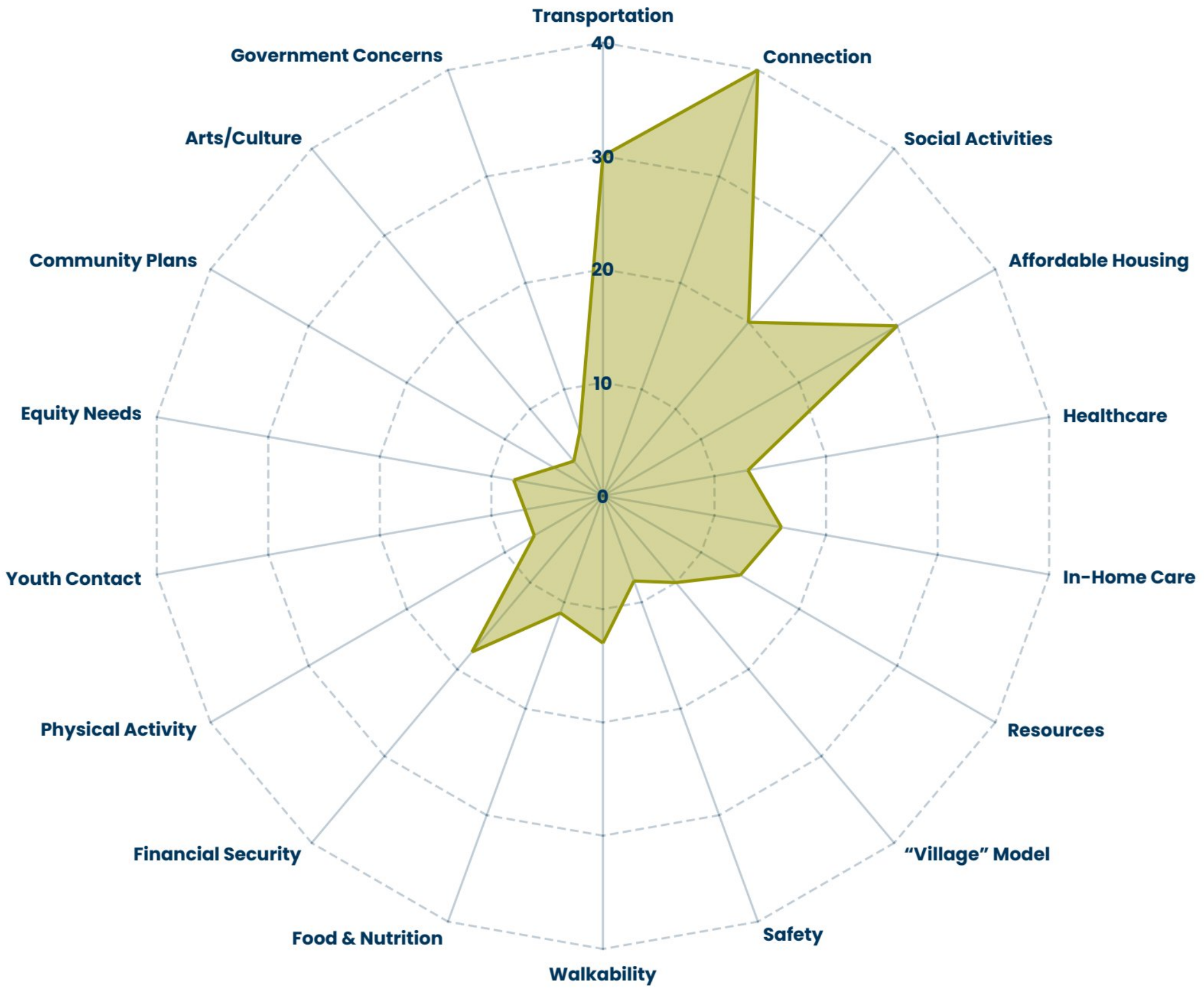


Figure 6: Summary responses to the open-ended survey question, "What do you think would improve the quality of life for older adults in the community? Responses across similar domains were aggregated together. Points further from the center reflect a higher number of responses in that domain, while inward points represent a lower number of responses.

LESSONS FROM ESTABLISHED VILLAGES

Governance and Structure

All hubs operate according to the hub's bylaws, with memoranda of understanding guiding the relationship between a hub and its spokes. Board succession planning was cited as key to ensuring leadership continuity and organizational stability. A promising practice includes multigenerational board composition. Steering committees provide leadership at the hub-level, whereas Villages employ steering or standing committees. Village representation on the steering committee varies, with some members (1-2) representing their Village on the steering committee, while in others, the hub executive director may convene a council of representatives across a Village and serve as the liaison with the steering committee.

Staffing and Operations

- Executive directors play a central role in operations and fundraising
  - Median salary: $65,000
- Additional roles often include volunteer coordination, member services, and administration
- Some staffing occurs at the Village spoke level but is managed through the hub

Funding and Sustainability

Revenue typically comes from:

- Membership dues (16–50% of revenue)
- Grants (~50% of revenue)
- Fundraising events and donations

Membership fees vary widely:

- Free to $600/year (individual)
- Free to $750/year (household)

Innovative models include:

- Social memberships (activities only)
- Short-term "life happens" memberships
- Seed funding is often required, with pilot examples ranging from $20,000 to $160,000 supported by local government and fundraising.

Services

Interviewees reported offering a wide range of services, with the most common request being transportation. Some villages employ monthly caps to service hours provided (e.g., 25). Additional services provided to members by village volunteers include:

- Home safety evaluations
- Social visits
- Check-in phone calls
- Technology assistance
- Minor household tasks (e.g., organization, light bulb changing, simple repairs, picture hanging, replacing smoke alarm batteries)
- Checkbook and paperwork management
- Dog walking
- Gardening and yard work
- Medical visit companionship
- Running errands (e.g., picking up a prescription, shopping for groceries, mailing items)

Service Requests

Service requests are managed by either the hub or the spoke and entered into the hub's technology platform.

- Assignments of a volunteer to a service may occur automatically via the technology platform or manually by the hub or spoke.
- One hub's Village employs local service coordinators to assist with service requests made by phone during the workday.

Volunteers

Services are provided by volunteers who complete an application (sometimes an interview) and a background check (e.g., Sterling), which is often paid for by the hub.

- Villages also reviews volunteer driving records and verifies automobile insurance.
- Some Villages have volunteers engage in a driving test as part of the vetting process and/or complete online training provided by their insurance company.

Volunteer Trainings May Include:

- How to use assistive devices to help members get into and out of a vehicle
- Instruction on the village's technology platform.

Notable volunteer practice

- Some Villages engage the larger community in serving its members with programs like **"Ditch the Desk."**
  - Marketed as a corporate team building through service activity
- This event provides customizable group volunteer experiences **designed to build connections** with and support older adults
  - May include providing yard work for members, assembling kindness kits, craft activities, or social visits with members.

Activities

Activities offered by Village to their members fell within the following categories:

- Virtual programs (e.g., tai chi, chair yoga, online book club)
- Interest group meetups (e.g., "living solo events", choir, gardening, game afternoons)
- Live educational programs (e.g., cooking, intro to social media, and estate planning)
- Social and seasonal events (e.g., patio picnics and holiday parties).
- Neighborhood connections (e.g., individuals living within one or two zip codes gather for fellowship).

Capacity Building and Advertising

Interview respondents recommend starting with one to two events per month and building the social program incrementally. Interview respondents reported that their Village offerings were open to other spokes associated with their hub. One hub disseminates a calendar of events from all spokes; a village can seek reimbursement from the hub for the cost of an activity. One recommended practice is disseminating hub outreach and information materials at local physicians' offices. Another is that a village engages with its master state plan for aging to ensure coordination of aging-in-place efforts. A village's capacity to articulate its value-added to the master state plan for aging was noted as being attractive to funders, as it suggests a greater return on investment, or reach.

Measures for Evaluation

Evaluative measures can be categorized by the following domains:

1. **Services**: number offered by type, number requested by type of service, number fulfilled by type of service.
2. **Activities**: number offered by type, attendee counts by type of activity, and unduplicated attendee count.
3. **Members**: number of members, annual growth in membership count, age, income, living status, disability status, language spoken, race/ethnicity, memberships by type (subsidized, social, full, etc.)
4. **Volunteers**: number of volunteers, annual growth in volunteer count, number of hours volunteered, and non-service request hours of service provided.
5. **Survey data**: social connectedness, satisfaction with services, satisfaction with activities, perceived ability to age-in-place due to services, improvement in quality of life, accessibility of programs and services.
6. **Fundraising**: number of fundraising efforts, funds raised.

Partnership Opportunities

- Hub-and-spoke model partners may include:
  - United Way
  - Kiwanis and Rotary Clubs
  - Parks and recreation
  - Senior centers
  - Health care and health insurance providers
  - Universities
  - Chambers of commerce
  - Churches
  - Libraries
  - Local restaurants
  - Disability, aging and veterans' services
  - Senior agenda coalitions

VILLAGE TECHNOLOGY PLATFORMS EVALUATION

Helpful Village Software Analysis

Two platforms currently serve Village's website and administrative needs:

- Helpful Village (developed by Manuel Acevedo)
- Run My Village (owned by Sign-Up Genius / Club Express)

Both platforms report serving approximately 125 villages across the United States. The University of Kentucky Evaluation Center conducted evaluations of both platforms to determine which platform would best fit the growing needs of Lexington's Village model. See Figure 7 for a summary of findings.

EVALUATION DOMAINS

Platforms were reviewed across the following domains:

- Usability & Accessibility
- Membership & Volunteer Management
- Service Request & Communication Functions
- Reporting Features
- Support & Collaboration
- Security
- Innovation & Recognition
- Cost

Based on the collected data, Helpful Village emerges as the recommended platform to support Lexington's village initiative. Helpful Village has successfully supported over 50 transitions from Run My Village. Its user-centered design, membership and service request functionalities, reporting capabilities, and support infrastructure provide administrative efficiencies for the city's growing village movement.

Key Functional Areas

DATA TRACKING AND MEMBERSHIP MANAGEMENT

Helpful Village provides a centralized system for tracking:

- Member demographics and engagement
- Payment history and renewals
- Volunteer credentials and screening
- Service participation and activity history

This integrated structure allows administrators to view complete member profiles in a single system, improving continuity of care and coordination.

REPORTING & ADMINISTRATIVE USE

The platform includes:

- Executive summaries
- Board-ready reports
- Volunteer activity summaries
- Customizable analytics dashboards

Reports are centralized and filterable by time, service, type, and engagement level, supporting both operational and strategic deision- making.

SERVICE REQUEST MANAGEMENT

Helpful Village offers advanced service coordination features, including:

- Recurring and customized service requests
- Appointment scheduling with detailed time windows
- Mobility and accessibility indicators
- Route mapping for service delivery
- Automated or administrator-controlled volunteer matching
- These features significantly reduce administrative burden while improving responsiveness to member needs.

These features significantly reduce administrative burden while improving responsiveness to member needs.

Key Functional Areas

COMMUNICATION AND ENGAGEMENT TOOLS

Communication features include:

- Email and SMS notifications
- Automated reminders and confirmations
- Internal “Village Talk” community board
- Volunteer opportunity matching alerts

These tools strengthen engagement between members, volunteers, and administrators.

SUPPORT, INNOVATION, AND SECURITY

Helpful Village provides:

- Extensive training library and help center
- Regular live webinars and co-design sessions
- Active user-developer collaboration model

The platform maintains an A+ security rating (Mozilla Foundation) and has received national recognition, including:

- AARP AgeTech Collaborative cohort participation
- ASA Rise Fellowship recognition
- Aging 2.0 Top 50 Age-Friendly Technologies designation

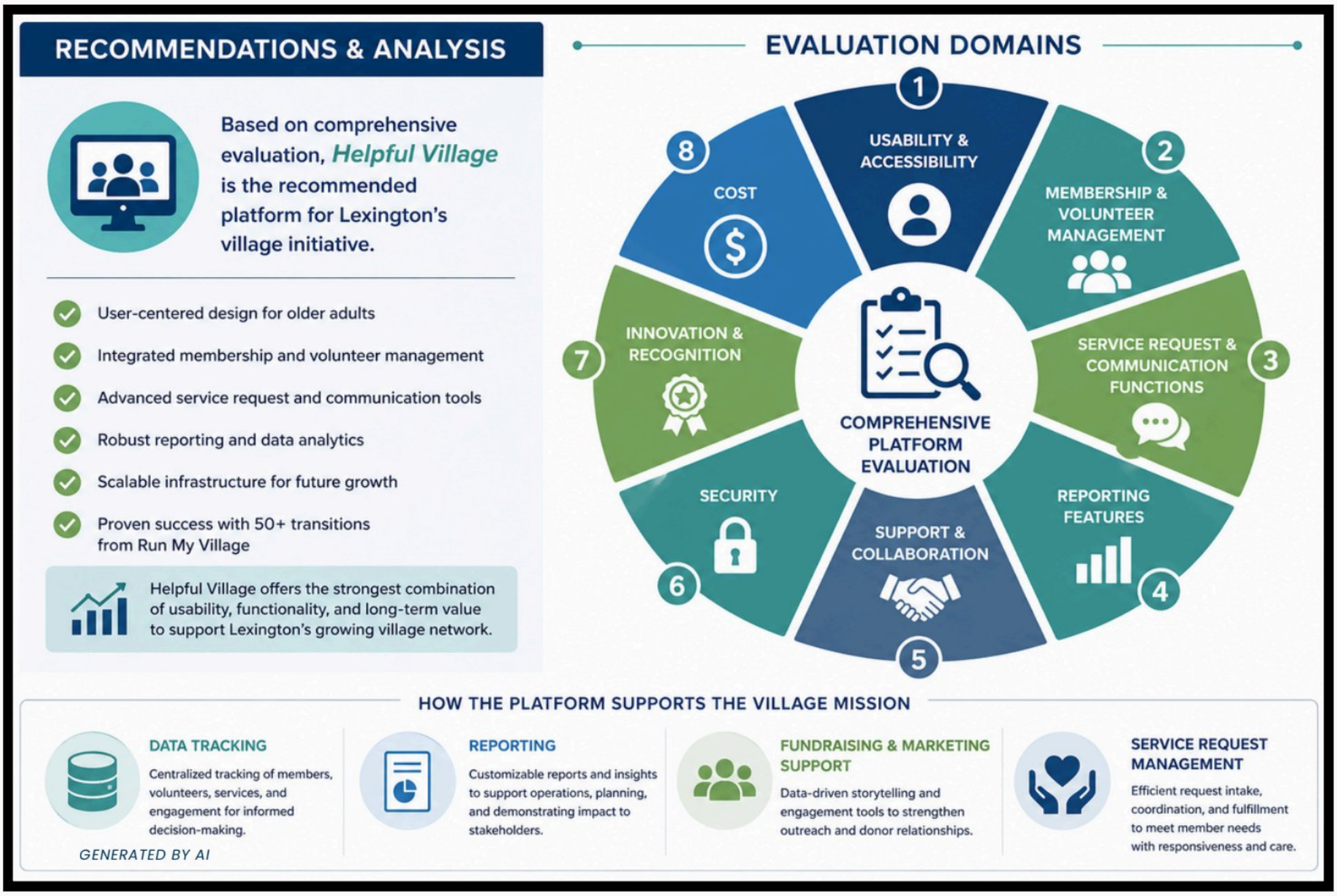
COST COMPARISONS

Helpful Village pricing includes:

- $3,000 one-time enrollment fee
- $1.50 per active member/month (or $75/month under 50 members)
- Optional add-ons (background checks, geolocation, Zoom integration)

While Helpful Village may have higher initial costs than Run My Village ($960-$3,180 set-up fee with monthly fees of $0.32 per active user), its automation and scalability provide long-term efficiency gains as membership grows.

Figure 7: Summary of Findings and Recommendations: Helpful Village Software



SUMMARY

Helpful Village is recommended as the preferred technology platform due to its:

- Accessibility for older adult users
- Integrated administrative functionality
- Strong reporting and communication systems
- Scalability for future expansion
- Active innovation and support infrastructure

A Caring Place may wish to use the available trial periods on both platforms to conduct internal usability testing prior to final contracting decisions.

CONCLUSIONS

Project findings indicate a community that is largely stable today but increasingly concerned about the future—particularly regarding health, affordability, and social connection. A Village model offers a flexible, community-driven approach to addressing these concerns by coordinating services, strengthening social networks, and supporting aging in place. To be successful in Lexington, the model must be financially accessible, locally tailored, and grounded in strong partnerships and leadership, with deliberate attention to those most at risk of isolation and unmet needs.

RECOMMENDATIONS FOR FUTURE WORK

ALIGNING SERVICES WITH COMMUNITY NEEDS

Employing the community needs assessment to identify services and activities needed in the area, and develop a membership fee structure. Over 40% of respondents do not use social or recreational resources, and the majority of respondents prefer in-person events. Further, the top three future concerns reported include health challenges, cost of living, and living at home safely. As Village services expand, they should be aligned to meet the community's unique needs and preferences.

FINANCIAL MODEL AND PRICING

Membership dues are a core revenue source, but must reflect community capacity. Local data suggests the need for tiered or subsidized pricing to ensure access. Identify and apply for additional seed funding opportunities to cover start-up costs and sponsor memberships for those who cannot pay. Create an MOU to operationalize the relationship between Lexington's hub and spokes.

CLEAR VALUE PROPOSITION

Demonstrating how the model supports aging in place—particularly for those living alone or at risk of isolation—will be key to community buy-in and funding. Marketing materials should clearly communicate how Village services can benefit members both now and in the future. Connect with Kentucky's Cabinet for Health and Family Services' aging master plan committee to determine how you may contribute to state efforts and if funding may be available to assist with the pilot of Lexington's hub and spokes.

LEADERSHIP AND STAFFING

A dedicated executive director is essential for sustainability, particularly for grant writing and partnership development. Seed funding is needed to support this role.

RECOMMENDATIONS FOR FUTURE WORK

DATA AND EVALUATION

Establishing metrics before launch and conducting ongoing evaluations will support funding applications and program improvement. When selecting a technology platform, ensure ease of collection and reporting on measures, in addition to the service request process facility

DEMONSTRATION OF COMMUNITY IMPACT

Key domains include services, activities, membership, volunteers, and outcomes such as social connectedness and quality of life.

OUTREACH AND ENGAGEMENT

Given varied communication preferences, outreach should include:

- Digital platforms
- Print materials
- Community-based and in-person strategies
- Targeted outreach to less-engaged populations may increase participation

GOVERNANCE AND CONTINUITY

Multigenerational leadership and succession planning are critical to long-term success and stability.

ONGOING ASSESSMENT OF READINESS

Community readiness varied across housing associations and subsidized housing contexts. Through listening sessions, community partners noted that certain activities, such as transportation and extended waiting times (e.g., 2-3 hours for medical procedures), may require shared cost models or additional resource planning to ensure feasibility. While some homeowners' associations demonstrate early interest and engagement, others may face internal communication or governance challenges that limit their effectiveness. Each organization requires readiness assessment and engagement strategies to be tailored accordingly.

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APPENDIX A. PROJECT ACTIVITIES

To meet the project goals, a wide range of project activities were undertaken by the research team and community partners. While this report describes findings and key takeaways across all project activities, the specific activities conducted by the research team are noted below. These activities received approval from the University of Kentucky Institutional Review Board and adhered to approved research procedures.

Project activities conducted by the University research team.

Qualitative interviews

- Conducted by UK CoSW
- Conducted with older adults and volunteers of ACP

Survey

- Conducted by UK CoSW
- Eligibility requirements: Lexington resident, age 50+ or disabled

Landscape Scan

- Conducted by UK Evaluation Center
- Included Villages across the country
- Evaluated helpful villages software

Additional community-led activities also occurred to meet the specific goals of the project. These included identifying funding streams and assessing financial feasibility and conducting listening sessions with three home owners associations and subsidized affordable housing developments for older adults.

Project activities conducted by A Caring Place

Summer Survey Events

- Hosted by A caring Place
- Included Village Model overview, health-focused presentations, and catered food

Financing Stream and Financial Feasibility Analysis

- Conducted by A Caring Place
- Utilized publicly available information

Listening Sessions

- Conducted by A Caring Place
- Involved informal conversations with residents to learn about needs, preferences, & challenges

SUGGESTED CITATION

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