A village in which to age
Skyline Village seeks to develop a communal support system for the elderly in Streeterville
By Ian Fullerton
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Aging can be a sobering process. For some in their fifties and sixties, the likelihood of their latter years being played out in a senior living home — where friends and family are often replaced by caretakers and physicians — is an unsettling prospect.

But a growing number of seniors-to-be in Chicago are exploring new options for staying put in their homes and communities, while taking on the challenge of maintaining access to the medical and social care needed in one’s golden years.

A group of organizers in Streeterville is now forming a senior living community, dubbed the Skyline Village Chicago, where a membership-driven network of volunteers, neighbors and partnering service providers would provide support for aging residents who are in need of assistance, but not quite ready to check into a home. Organizers hope to roll out the program in early 2011, and serve members in the Streeterville, Gold Coast and New East Side neighborhoods.

Facilitating the needs of the village’s aging membership would include transportation assistance, help with vetting medical services and, perhaps most importantly, cultivating a resourceful, social environment within a networking community, said Phyllis Mitzen, president of the village.

Mitzen said that she envisions nursing homes in the future “being more like rehab centers, or places where people go only because you just can’t provide services in the home.”

“That’s not the case now,” she said. “People go there because they run out of money, because they have some minimum level of need.”

The village system works around the concept of having one service number that members could call for all their needs, be it a request for someone to come over and fix a leaky gutter, asking for a ride to a doctor’s appointment or when a member is just looking to talk to someone.

In addition to these neighborly services, Mitzen said that the organization hoped to identify a partnering medical group such as Northwestern Memorial Hospital or Rush University Medical Center to facilitate members seeking physicians and other medical services through the village.

Mitzen, who has 25 years of experience working in the field of aging as a director at the Council for Jewish Elderly and now as a consultant for the Health & Medicine Policy Research Group,
said that the village group will rely on volunteer support and will try to take advantage of the neighborhood’s high-rise heavy setting to best serve members, through coffee gatherings and meetings at condominium buildings in the area.

“Our goal is to try to have a meeting in as many of the buildings as possible,” she said.

Planning for the village started last year, when a group of colleagues began researching about Streeterville and examining existing villages in conjunction with the Streeterville Organization of Active Residents, whose Aging Issues Council is chaired by Mitzen.

The village will not be the first of its kind in the Chicago area; similar groups have already sprouted up in Lincoln Park and in the north suburbs.

Pioneered by the Beacon Hill Village, a successful senior community in Boston that has been in operation since 2001, the village model is still a new institution, and relatively unexamined by the geriatric research community.

The idea of networking care for the elderly seems to work up to a point, said Andrea Donovan, a senior living services advisor.

“I actually think something like that is a fabulous option, but in the long run it is not going to work for somebody who is really sick,” she said.

Medical costs and homecare fees would limit these villages to those who are more financially endowed, she said, leaving middle- and lower-income elderly populations to choose from the more traditional options of nursing home facilities and Medicaid-based services.

Depending on the kind of facility and type of services an older person chooses, rates for assisted-living costs average $1,800 per month and can rise to more than $50,000 a year, according to data from the U.S. Department of Health and Human Services’ Administration on Aging.

Donovan said that some homecare services start at $3,800 a month.

“Realistically, if someone gets sick, the cost to have somebody come in and provide medical care on a 24-hour basis is almost prohibitive,” she said.

With these numbers in mind, some organizers have kept the emphasis on the communal benefits of the villages.

“The whole idea here is to support each other as we get older, to age well and to age in place,” said Dianne Campbell, executive director of the Lincoln Park Village.

Now in its second year, the not-for-profit village has proven to be a successful experiment in keeping elderly residents socially active, Campbell said.
Some of the most common requests from the group’s 166 members are for rides to medical appointments, grocery stores, airports and other destinations.

“If we can, we’ll fill that request with a volunteer, many of whom are members,” said Campbell. “So people not only get a ride, but they also get a good conversation.”

The Lincoln Park Village charges an annual membership fee of $540, not including fees for medical services, with discounted household rates and financial assistance programs.

The organization currently partners with Rush University Medical Center and senior living service organizations Mather Lifeways and CJE SeniorLife. Aside from Campbell, the Lincoln Park Village is staffed entirely by volunteers.

In Streeterville, the Skyline Village group recently held an exploratory meeting at the Fourth Presbyterian Church, where around sixty residents came to suss out preliminary designs for the village with Mitzen and other founding members.

The meeting doubled as an open call for residents interested in volunteering with the village, and organizers held breakout discussion groups on topics such as professional services, marketing and fundraising.

Streeterville resident Marion Rosenbluth said she was intrigued by the idea of the village coming to her neighborhood, but was curious as to how the group could provide for the neighborhood’s senior population.

“I think it’s important to know what the mechanism is for this,” said Rosenbluth, 82, an adjunct professor at the Loyola University Chicago School of Social Work.

“When you call because you’re lying on your bathroom floor, and there are ten other people calling at the same time, what’s the staff that is going to be handling those calls?” she asked.

A village representative said that a full-time executive director would be filtering calls to the appropriate parties. Those particular kinds of calls, another representative added, would be better made to 911.

Mitzen said that the village would not be marketed as a replacement for nursing homes.

“I’ve never been a big believer that we need to do away with nursing homes, I don’t think that’s ever going to happen,” she said. “I think this offers people an opportunity to remain where they want to stay … in a way that they are welcomed and part of the community.”