

A Health and Physical Educator in a Jewish Community Center Looks Back at the 70's and Ahead to the 80's*

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At what point does concern by a Center with "cost effectiveness," retrenchment or "economic feasibility" pertain to health and physical education? Upward mobility for the physical educator within the field of Jewish communal service is really self-limiting, since once one reaches the level of a health and physical education director in a large agency, further movement must be out of health and physical education.

Overview of the 70's

Considering the deplorable general state of health of Americans and that by incorporating a healthy lifestyle we can move further toward complete wellness on the health continuum without merely reacting to states of illness, let us consider some of the positive progress made in departments of physical education of Centers during this past decade.

A) Physical education in Jewish community centers enjoyed tremendous growth during the decade of the 70's. Beginning early in the decade, and continuing throughout, there was a burst of rehabilitative coronary related programs following the pattern pioneered in Cleveland. These programs were expanded to deal with not only physical rehabilitation, but emotional and social rehabilitation as well. This expanded the contents from individuals to family conceptualizations.

B) The whole process of incorporating Jewish content into physical education was

heightened by the visit of Dr. Hillel Ruskin from Hebrew University. Such questions as "What is Jewish about physical education?" and "How does this discipline fit into the JCC?" were asked and addressed in an open and scholarly manner for the first time.

C) In the 1970's there appeared a strong move to view physical education as more than a necessary evil, but indeed an integral part of the Jewish community center structure.

D) A new wave of professionalism began to emerge as the traditional stereotype of a pot-bellied, cigar-smoking, physical educator with a whistle around his neck was replaced by a professionally trained educator with expertise ranging from physical education to physiology and social work. The new physical educator demonstrated as well a greater concern for being a role model.

E) When viewing the sports composition of our program offerings it becomes easy to identify certain trends. The traditional leagues which may have monopolized a disproportionate number of gym hours in the 50's and 60's were being replaced by many "lifetime sports skill" offerings, and the dangers of competition were being openly discussed with the traditional "little league mentality" overtly challenged.

Gymnastics enjoyed a renaissance after

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* I.R.S. ruling 79-360. "Unrelated income; health club facilities. The operation of health club facilities in a commercial manner by an organization exempt from tax under section 501(C)(3) of the Code, whose purpose is to provide for the welfare of young people, constitutes unrelated trade or business under section 513."

the world watched Olga Korbuto in 1972 and Nadia Comaneci in 1976.

Tennis was a fad of the early '70's with social purposes motivating many participants. Most authorities agree that tennis has now plateaued with many facilities having been overbuilt.

If tennis was the fad of the early '70's then jogging and running have become the vogue in the last several years. *Runner's World* magazine now claims that there are over 30 million joggers and runners. It is difficult to go anywhere nowadays without encountering them.

Racquetball, hardly known until the late '60's, has grown to include over 14 million participants presently, up 283 percent from 3 years ago. In Denver alone there are over 25 different racquetball facilities boasting over 200 courts. Another six facilities are presently under construction.

While many healthy pursuits were growing by leaps and bounds, concern was generally being expressed over the decline in youth and family programming. This appears to parallel demographic changes and we physical educators are constantly being challenged to reach youth and families through innovative "marketing."

Looking Ahead to the '80's

The 80's offer a challenge to the physical educator in more ways than one. While the 70's was a decade of tremendous growth and emphasis flowing from rehabilitation, professionalism, Jewish idealism, and lifetime sports, the '80's challenge us to concentrate on prevention, holistic health, and in management terms, fiscal responsibility.

We are expected to compete with the best programs and single purpose facilities in the community while maintaining a not-for-profit social work emphasis; that is, non-discriminatory financial eligibilities, reach-out to the neediest, and integration with the social and psychological thrust of the Center. Our tennis and health club

operations may need to compete with the finest private tennis clubs or health clubs. Our racquetball operations (while having only four, eight or ten courts) need to be able to deliver the quality of service expected from the newest 24 court luxury club.

The IRS is now questioning whether our health club operations are meeting the tax exempt requirements of our agencies. The IRS position is that either our health clubs are harmonious with the JCC goals and purposes and should therefore be available to all who participate in the JCC—or they are not, in which case all revenue is taxable.* As physical educators we must ask ourselves if indeed our health clubs serve to strengthen identity, or have some other esoteric Jewish value.

I am not pretending to have all the answers. This is, however, one question that demonstrates the kind of situation that we will face increasingly in the 80's. While it appears to be a no-win situation for the health club as we know it, I am confident that creative solutions will be forthcoming.

To reiterate then, our service delivery must appeal to the very highest economic group while our pricing structure must still remain reasonable for the middle income groups.

Another challenge for us this decade is to insert more "health" into our health and physical education programs. Offerings such as stress management, smoking cessation, nutrition, and medically supervised risk-factors reduction programs are all integral parts of a well rounded program.

There appears to be a basic difference of opinion as to priorities of programmatic direction in the 80's. On the one hand are those who believe our energies should be focused on the meeting of individual needs through one-on-one programming. Focussing on the gifted athlete, the retarded, the cardiac or asthmatic, and the like are all noble directions championed by this group. I believe that every well balanced

health and physical education offering should include services to these populations. However, we must be careful when the service to a few becomes detrimental to many. I am referring to the allocation of space, time, staff and dollars, all of which we as responsible administrators must skillfully manage. Is it better to help rehabilitate eight post-coronary patients or to serve thirty coronary prone adults in a preventative program? This may be an extreme example of a dilemma and I would hope that we could do both. But in reality, given the limits of our resources, what would one do if forced to choose?

This leads to what I view as a major shift in our considerations in this new decade. We are being faced with a financial crunch as never before. No longer are our constituents willing to foot the bill for "frivolous" programs. Our funding is becoming lighter and tighter and not only are we having to manage our finances carefully, but we are going to be forced to seek external sources of funding as well. Some small-fund-raisers are helpful but I fear that won't be enough. We will need to master the skills of grantsmanship in order to obtain funds from both private endowments and the federal government if we have any hope of expanding services and/or facilities. Since in many of our agencies, our health and physical education budgets represent an extremely large portion of the overall budget, we will also be the most carefully scrutinized. In days of hardship, cutbacks in our areas will be aggressively pursued. Therefore, we must reasonably defend our programs and consistently demonstrate their viability to the community.

Whereas the laymen who sat on our boards and committees were once mostly altruistic and concerned most with the social welfare aspirations of the agency, with the rise in their sophistication and their increased "business sense," they are now more likely to approach Center

services from a business perspective. This means that in order for social work programs to be carried out, a sound business foundation is essential, and that means a balanced budget. What our new leadership is saying, in other words, is, social work is fine—even important—but without the dollars it's not going to be possible. Therefore, it follows that in these days of high inflation and tight money the function of fund-raising is becoming increasingly important. To be responsible in program demands fiscal responsibility as a prerequisite.

Energy—or the lack of it—also affects our services. With increasing demands for energy the prospects of a four day work week loom larger and larger. What effect will a three day weekend have on the traffic flow in our departments? We must also consider how we can combat the energy crunch through programmatic means. Can we capitalize on energy conservation through encouraging people to walk or bike where they want to go? How can we not only teach them, but motivate them as well? These are a few of the broader implications of how the current world milieu will affect our departments and services.

One of the most difficult questions that we must ask ourselves, as we enter the 80's, is whether the personnel wish to or can afford to stay in the field of physical education in Jewish communal agencies. Can they continue to provide energetic, creative leadership or do they eventually "burn out" or "plateau" and coast through to an early retirement and the coveted "gold watch"?

When I begin to examine longevity in the field, I am at once both frustrated and saddened. I need only look at the present status of many of my contemporaries of the last ten years. Without doing any research, but thinking only of my personal friends and professional colleagues, I find that since 1973 (and principally since 1976)

twelve of them have left the profession in what some would term "upward mobility" into other non-health and physical education positions, yet still choosing to remain within the Center fold. Another *nine* have left the Center field altogether. The people I'm referring to are not for the most part line workers. With little exception these skilled professionals have left directorships of health and physical education departments in agencies ranging in size from medium through larger structures and into the metropolitan branches. While some were recent recruits to the field, most had been active for many years. What do these people have in common? Was it age? I think not, since they ranged in age from the late 20's to the late 50's. The number of years they spent in the field ranged from five to twenty, so that neither age nor length of service appears to be the significant factor. Awareness of economic realities and a desire for upward mobility? Perhaps. Frustration and disillusionment could also have been factors.

A significant economic reality is just how far a physical educator can go in the Center field in salary and other economic rewards. How much is an agency willing to expend for our professional expertise? At what point does concern by a Center with "cost effectiveness," retrenchment," or "economic feasibility" pertain to health and physical education? Upward mobility for the physical educator within the field of Jewish communal service is really self-limiting, since once one reaches the level of a health and physical education director in a large agency, further movement must be out of health and physical education. This creates several critical areas of conflict and concern. While assistants in health and physical education may seek directorships and while directors in smaller agencies may aspire to greater responsibilities in larger agencies, the options remaining after this latter move appear to be quite limited. As I view it, there are three choices for per-

sonnel. One is to remain in the same position indefinitely, or to hop from one agency to another in comparable positions; a second is to move out of health and physical education yet remain in Jewish communal work. This usually means moving into the administrative realm of Center operations, or third, to leave the field of Jewish communal work altogether. This may entail securing health and physical education in an academic setting or private industry, but more often means leaving the field entirely, perhaps, for private business enterprises.

Frustration and disillusionment are not confined to health and physical education professionals. These are maladies common to most disciplines. However, a burn-out syndrome occurs earlier in our profession than in most. It is easy to become stagnant once one has been in the field for a while. Tenure, while not formalized, has become commonplace in many of our Centers. While personally it may be reassuring to have this sense of job security, I would hypothesize that this comfort stifles professional creativity and inhibits the desire to initiate new innovative programming. Once one becomes complacent and limited in professional aspiration, the self-imposed mediocrity of practice that accompanies this state of mind leads to disillusionment with the ideals that motivated many of us in our beginnings. The disillusionment and frustration may precipitate change but I think more often lead to resentment and unhappiness in current positions or force changes in career directions.

The tragedy, as I see it, inheres in one's waiting too long, outliving his options and thus be destined to remain stagnant and "tired," thereby hurting not only himself, but his agency and profession in general as well.

I hold that at the point the profession becomes a job, the excitement is gone and the routine mundane, it is time to move on to other opportunities or seek to revitalize

the existing situations.

Another corollary question we must ask ourselves: is it at that point an agency finds the physical educator no longer "cost effective?" When does an executive board determine that "we cannot only get new blood in the program, but can at the same time save \$10,000 per year in the process?"

What of the Jewish component in health and physical education? Despite the work of Hillel Ruskin, I have seen little demonstrable developments along this line. We all may covertly teach *shmirat haguf* and *pikuch nefesh* (the care and sanctity of one's body) yet I wonder in what manifest way is Judaism tied to health and physical education. I think it is *passe* to rely solely on Hebrew names for basketball teams or a

chai on the wall or gym floor. I would challenge every physical educator in the country to examine creatively his environment; confront the question of Jewish programming in a Jewish community center and move to incorporate Judaism in a dynamic way into health and physical education. I am not sure I have the best answer on how this can be accomplished, but I firmly believe that at the time the "Jewish" comes out of the "Jewish community center" (either literally or figuratively) we will be facing a very real question about our very existence. If we in health and physical education can't seem to help accomplish the purposes for which our agencies were brought into being, then I would question the legitimacy of our being.