

## Coordinated Services for Older Adults in the Jewish Community

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*"Planning, development, and delivery of services for older members of the Jewish community need to be more comprehensive and better coordinated. This effort should involve not only officers and top administrative staff of the Jewish agencies, but a broad community representation as well, including older service consumers."*

### The Jewish Community and Older Adults

For several decades the traditional trichotomy of Jewish agencies—(a) the Jewish home for the aged, (b) the Jewish family services, and (c) the Jewish community center has been able to serve more than adequately the needs of their respective constituents. In the past few years, however, it has become evident that the population trends characterizing the United States generally are holding true for the Jewish community as well. The older adult population, defined as sixty-five years and older, has been steadily increasing and its relative growth is projected to be the highest of any age group for the remainder of this century.<sup>1</sup> While older persons constitute approximately ten and one-half percent of the total population, in the Jewish community they comprise 12.4 percent. In 1976, the estimated number of older Jewish persons was 710,768, one-third of whom were over 75 years old.<sup>2</sup>

<sup>1</sup> For a more recent review of demographic and socio-economic trends see Herman Brotman, "Life Expectancy: Comparison of National Levels in 1900 and 1974," *Gerontologist*, Vol. 17-1, (1977), pp. 12-22; and Herman Brotman, "Income and Poverty in the Older Population in 1975," *Gerontologist*, *Ibid*, pp. 23-26.

<sup>2</sup> Bernard Warach, "Matching Services and Activities to Meet the Varied Needs of Older People," *Journal of Jewish Communal Service*, Vol. LIII, No. 3 (1977), p. 252.

While most older persons continue a relatively independent existence into their advanced years, a sizable fraction of the Jewish elderly are vulnerable to the many and varied contingencies which older persons face in the U.S.A. As Brody and Brody have pointed out, the elderly easily qualify as one of the more vulnerable groups and probably also as the most vulnerable single group among those served by Jewish agencies.

"They are poorer economically, have more health problems (physical and mental), experience more interpersonal losses, and lose status and social roles more than any population."<sup>3</sup>

While older adults, as a group, are most vulnerable, they are also very heterogeneous. Warach describes the heterogeneity of the older population which the New York based JASA professional staff encounters:

"On any given workday, the experiences of the elderly encountered by JASA's professional staff give cause both for great optimism and despair. The capacity of older people to work, to create, to contribute their leadership and experience to the community, to enjoy leisure time, their families, friends and neighbors is encouraging. Others live in fear and despair, in anguish and isolation, sometimes

<sup>3</sup> Brody and Brody, "Decade of Decision for the Elderly," *Social Work*, Vol. 19, No. 5, (September, 1974).

disabled, mentally impaired, poverty stricken. There are great contrasts in the lot of the Jewish elderly people, and in the circumstances of large numbers of different communities. The elderly are a very heterogeneous population."<sup>4</sup>

These changes in the older adult population have led to the development of new service patterns in response to the needs identified by the Jewish service agencies. These changes and new developments in services have been brought about by the configuration of several important factors all leading to a greater reliance on formally organized services on the part of older persons.

First, the informal support systems in the U.S. and in the Jewish community are on the decline with regard to their ability to provide the necessary attention and assistance for the young and the old who need it. Higher divorce rates, higher participation of women in the labor force, mobility patterns, and older persons' reluctance to live with children and relatives are all bringing about a greater reliance of older Jewish persons on formal service agencies.

Second, the resources and benefits available to older persons are making it possible for them to continue an independent existence even if for some this means residence in deteriorated neighborhoods, living alone in considerable fear, and without the benefits of easily available services.

Third, the titled programs of the Older American Act, and especially Titles III, VII, XVIII-XX, have made it possible for service agencies, including those of the Jewish community, to capitalize on federal funds to an ever increasing extent for the development and expansion of services to the older adult Jewish community.

Fourth and finally, the Jewish service agencies have historically been in the forefront in developing new patterns for meeting the needs of their older service constituents. Their innovations have served in many instances as guidelines for the development of new service

<sup>4</sup> Bernard Warach, *op. cit.* p. 251.

modalities adapted by other service agencies and by funding sources. This reservoir of energy and creativity has brought about many new developments in the Jewish community, in part as adaptations to changing needs and in part in an attempt to capitalize on newly available funding sources.

### New Service Trends

Responses to the increased and changing needs of the Jewish elderly have varied. There has been functional expansion on the part of Jewish agencies as well as organized efforts for the establishment of comprehensive and new service networks and other forms of cooperative arrangements between two or more agencies to serve a segment of the Jewish community. A review of the Jewish communal service literature of the past decade, however, shows that substantive cooperative planning and coordination of services to the Jewish elderly at the community level has taken place only in limited instances or is not yet more than a desired direction in need of greater realization on the part of the traditional Jewish agencies.

The more visible expansion of new service ventures targeted to provide comprehensive service to a defined segment of the Jewish community has occurred in New York and in Chicago.<sup>5</sup> The major reasons for the development and implementation of the Chicago plan can be seen in the following statement: "There is a general agreement that the present system of providing service and care for the aged can be conceptualized as a straight line leading from the home environment, through a referral system of independent and largely uncoordinated agencies, directly to the nursing

<sup>5</sup> Bernard Warach, "Decentralization, Community Control, and Citizen Participation in the Provision of Services for the Jewish Aged," *Journal of Jewish Communal Service*, Vol. LI, No. 4 (1975), pp. 366-72.

Ronald Weismehl and Daniel Silverstein, "An Integrated Service Delivery Program for the Elderly: Implementing a Community Plan," *Journal of Jewish Communal Service*, Vol. LI, No. 3 (1975), pp. 260-66.

home or home for the aged."<sup>6</sup> The salient features of the Chicago plan, as seen by the executive staff of the Council on Jewish Elderly, include: (a) comprehensiveness; (b) insured availability of service; (c) the application of service resources in a highly individualized manner; (d) monitoring of needs and service delivery so as to assure that services match the existing needs. The implementation of this plan in a comprehensive manner and over a relatively short period of time came about primarily because of the commitment of the Chicago Jewish Federation to fund the program in a flexible manner.

It is not surprising, however, that in many other large- and middle-size cities the Chicago plan was not emulated. In many instances, it was met with great resistance by the executives of the Jewish service agencies—the Jewish home for the aged, the Jewish family services, and the Jewish community center. Executives of these agencies, which have undergone marked changes in the scope of services provided, were more interested in further developments and expansion of their own agencies than in giving up of organizational turf for the establishment of new service ventures.

One of the examples in the expansion of function and scope is that of the Jewish home for the aged, which experienced a marked change in the characteristics of the population which they serve. The traditional home for the aged has given way, in many instances, to the establishment of nursing homes or geriatric service centers, some of which have become comprehensive service networks. The ideological foundation for the functional expansion of the Jewish home for the aged has been articulated in the gerontological literature by the leadership of the National Association of Jewish Homes for the Aged.<sup>7</sup>

The Jewish homes for the aged have been in the forefront in identifying the changing needs of their service consumers and in designing

<sup>6</sup> "A Jewish Community Plan for the Elderly," an unpublished report of the Gerontological Council of the Jewish Federation of Metropolitan Chicago, Spring, 1970, p. 9.

and implementing new treatment and service modalities for the drastically changing Jewish aged population which they serve. Increasing impairment (physical and mental) and more advanced age at time of admission called for the introduction of new professional groups and for the addition of new treatment equipment to improve and augment levels of care. They were the first ones to spearhead the concern for the severely impaired and for the introduction of special therapeutic programs for their care. Physical therapy, hydrotherapy, speech therapy, and remotivational therapy are but a few of the innovations which have been first tested in Jewish homes for the aged. In some instances even new treatment facilities were developed by Jewish homes for the aged for this group of people.<sup>8</sup> At the same time, there were also concerns for those who did not need the extensive services available in the Jewish homes for the aged.<sup>9</sup>

Another direction in the functional expansion of Jewish homes for the aged can be seen in the opening of their doors to aged living in the community, including the delivery of facility-based services to home bound elderly persons. These services include meals on wheels, homemaker and home health, counselling, family life education, day-care, day-hospital, sheltered workshop, and others. Some homes for the aged have also been instrumental in the development of conventional

<sup>7</sup> For a discussion of issues related to the problems and challenges faced by Jewish homes for the aged see contributions by J. Kaplan, H. Shore, J. Hamerman, R. Morris, H. Friedsam, T. Koff, H. Bram, A. Kostick, L. Kalson, and W. Ketcham, A. Sacks & H. Shore in "Issues Facing Nonprofit Homes and Services for the Aged in the 70's," *Gerontologist*, Vol. 14, No. 1 (February, 1974), pp. 5-36.

<sup>8</sup> Louis J. Novick, "A Day Hospital Program for Brain Damaged Confused Geriatric Patients," *Journal of Jewish Communal Service*, Vol. LIII, No. 1 (1976), pp. 74-80.

<sup>9</sup> E. Brody, M. Kleban, and B. Liebowitz, "Intermediate Housing for the Elderly: Satisfaction of Those Who Moved In and Those Who Did Not," *Gerontologist*, Vol. 15, No. 4 (1975), pp. 350-56.

and semi-protected apartment living on adjacent grounds for Jewish elderly. Residents of such housing can take advantage of the services available at the adjacent home for the aged.

Jewish community centers have also seen a parallel increase in the scope of their services provided to the elderly. The older adult departments of the Jewish community center have added many new functions to their traditional roles of providing physical education, social, and recreational programs. They have served as arenas for the development of innovative programs which combine the conventional functions of the Jewish community center with new service functions. Some of the services are organized and provided by older members of the Jewish community themselves. Many senior adult departments serve as nutrition sites, provide transportation services, sponsor housing projects, organize older consumers of their services for community action on various issues affecting their own well being. While some of these efforts have seen light in this journal as well as in the gerontological literature, the extent to which developments have evolved in Jewish community centers on behalf of their aged service consumers has been articulated only to a very limited extent. Probably the most important element in these new developments has been the effort of the Jewish community centers to capitalize on the initiatives and the energy which older members of the Jewish community have to offer. As such, they provide an important arena for involvement and for leadership roles and functions, and, therefore,

<sup>10</sup> N. Bley, M. Goodman, D. Dye, and M. Roth, "Senior Adult Group Services: Are We Hitting the Mark?" *Journal of Jewish Communal Service*, Vol. XLIX, No. 2 (1972), pp. 150-56.

Lawrence M. Blonsky, "Older Adult Community Action Program: An Experimental Project," *Journal of Jewish Communal Service*, Vol. XLIX, No. 2 (1973), pp. 157-61.

Shoshana Poll, "Older Adults' Participation in a Jewish Community Center," *Journal of Jewish Communal Service*, Vol. LI, No. 4 (1975), pp. 348-57.

they provide older Jewish persons the opportunity to help themselves while also helping others in the process.<sup>10</sup>

Family service agencies, including those of the Jewish community also had to come to grips with changing realities in providing services for the needy aged. They have added new occupational and professional groups in their effort to better respond to the service needs of the Jewish elderly in order that they be able to continue dependent community living. Homemakers, social service assistants, geriatric practitioners, outreach workers and nursing staff have been added to the payrolls of Jewish family service agencies. These newer occupational groups have been added because of the realization that a certain segment of the Jewish aged needs varying degrees of supports without which they would have a difficult time continuing a dignified and secure existence in the community. Social workers, who have most often maintained the case management function, are relying on members of these new occupational groups in caring for their case loads. Assistance with personal care and with household management have become the occupational domains of home aides and homemakers. Social service associates and geriatric outreach workers are providing the elderly assistance with their shopping errands and with getting around and getting to appointments. Nursing staff are facilitating access to needed medical attention for the Jewish elderly and are instructing them in routine health care and, when necessary, with intake of medication. Family service agencies are also instrumental in helping older persons deal with various contingencies which they face in their lives including interpersonal crises. David Zeff provides a list of ideas for the structure of service centers for the elderly which in fact many Jewish family services have become.<sup>11</sup>

<sup>11</sup> David Zeff, "The Jewish Aging: Problem Dimensions, Jewish Perspectives, and the Unique Role of the Family Agency," *Journal of Jewish Communal Service*, Vol. LIII, No. 1 (1976), pp. 81-87.

In addition to the three Jewish service agencies, synagogues and Jewish voluntary associations of men and women provide older members of the Jewish community with important services as well as with opportunities for involvement and for contributory roles. It is apparent from the reviewed literature on service expansion that the Jewish community has attempted to keep in stride with increasing and changing needs of its elderly. For the most part, with very few exceptions, these efforts on behalf of the Jewish aged have been undertaken by Jewish agencies independently of one another and sometimes in direct competition with each other. There have been precious few examples in which two or more agencies cooperated in a meaningful way in the development, implementation and delivery of services to the Jewish aged.

#### Are New Directions Necessary?

It is obvious from the reviewed population trends that the demand for organized services on the part of Jewish aged will continue to rise. In spite of fancy talk about alternatives to institutional care, a sizable number of older persons, about five percent of the elderly population, will have to rely on the care offered in homes for the aged and in nursing homes on a temporary or permanent basis. An additional fraction of about ten percent of physically and mentally impaired older persons will seek personal care, homemaker, health, and nutritional services in order to continue to live in their own homes or in semi-sheltered apartments. These two groups, while eligible for public funds, will depend on the initiatives of the administrative and professional staff of Jewish agencies to extend and improve the quality of services which they will receive. David Zeff provides a useful perspective with regard to the approach which the Jewish community needs to adapt in their role as advocates for this subpopulation.

"Because the elderly are largely hidden, because they are constitutionally not capable of militant advocacy in their own behalf, we must become their advocates—not only in the direct services we provide, but in representing

their interests in their general community, in pressing for ameliorative legislative action, in helping them to utilize to their full their governmental entitlements, not as handouts but their just dues as citizens of the land.<sup>12</sup>

It is clear that the aforementioned two groups are the more vulnerable among the Jewish aged. A sizable number of other older persons are either facing difficulties or at risk with regard to one or more of the contingencies which older persons experience in terms of their health, economics, safety, the loss of a loved one, or other aspects of their lives. However, these older persons in addition to or in spite of their service needs, are also capable of making contributions to the development and delivery of services for themselves and for others. Traditionally, the service agencies viewed the service receivers as clients—objects for professional practice, rather than individuals who want to contribute to the definitions of their needs and to the development and provision of services to meet such needs. Furthermore, and especially in light of federal mandates with regard to consumer representation in utilization of federal funding, it is essential to expand the inclusion of older persons in various capacities in planning, development and delivery of human services.

New directions in the development of services for older persons in the Jewish community need not focus on the question as to which agency should primarily serve the many and varied needs of older adult members of the Jewish community. Rather the emphasis should be on comprehensive and interdependent planning, development, and delivery of quality human services so as not to ignore those who need services most and do not have access on their own to the Jewish agencies.

It is assumed that coordination of service effort in the Jewish community will benefit the service consumers as well as the agencies themselves. Three interrelated phases, parts of a comprehensive and ongoing planning effort, need to be considered separately, as each one

<sup>12</sup> *Ibid.*, p. 83.

calls for a separate and appropriate organizational structure. The phases are: (a) setting of objectives and priorities; (b) the development and modification of an operational design, and (c) the implementation of a coordinated service effort.

It is suggested that a widely representative body should be convened for the development and modification of objectives and priorities related to the comprehensive service plan. This group would include representatives of the various Jewish service agencies, organizations, and associations. Participation in this group should not be limited to agency executives and board members. Representation from the various occupational groups serving the Jewish aged, from among consumers of services, and members of various interest groups, including funding sources and the academic community, should also be included. This larger group would serve in an advisory capacity, setting and developing major direction, setting policies and priorities, giving mandates to smaller task groups, and approving specific operational and implementation strategies. The objectives and priorities would be subjected to periodic review in light of changing needs and available resources.

While the development and modification of objectives and priorities call for wide representation and a participatory process, the development of the operational design and implementation strategies requires task-focused small expert work groups. The work of such groups should include the mapping of service boundaries, assessing needs, and the development of effective strategies for most effectively and efficiently meeting the service needs. In the needs assessment, the following should be ascertained: (a) the extent of need for temporary and permanent long term care; (b) the extent of need for home health services for frail and vulnerable elderly; (c) the extent of need for day-care and day-hospital services; (d) the extent of need for nutritional services; (e) the extent of need for health and nursing services; (f) the extent of need for recreational and socialization services; and (g) the extent of need for social and other supportive services. In assessing the resources the following should

be focused on: (a) service agencies and the range of services they can provide; (b) other resources in the form of voluntary associations, voluntary groups, and organizations that can be utilized in providing services for Jewish elderly; (c) what older persons themselves can do in providing services for themselves and with members of other age groups. Such a comprehensive perspective would supersede the special interests of any single agency and would enable the development of a comprehensive service plan in which needs and resources would be combined within the framework of spatial, financial, and organizational networks.

The specific configuration for the specification of organizational structure best suited for the implementation of a coordinated service effort to most effectively meet the service needs of older members of the Jewish community will vary from community to community. The coordinated effort should be directed by a skilled coordinator or executive team. It would appear sensible to have the coordinator and the executive team located in the Jewish Federation rather than in any one of the service agencies. The coordinator should be administratively responsible to the advisory council, the body which determines what the objectives and priorities of the service are to be. The size and configuration of the coordinating team should vary in line with the needs of the specific community. This team should also assume the function of service evaluation on an ongoing basis so that scarce resources can be best allocated and existing energies and resources can be most efficiently utilized.

In summary, we are suggesting that planning, development and delivery of services for older members of the Jewish community needs to be more comprehensive and better coordinated. This effort should aim to capitalize not only on funding sources but also on the human resources available in the Jewish community. This effort should involve not only the traditional leadership of the Jewish service agencies, but a broader segment of the Jewish community, including the older adult consumers.