JEWISH HOMES AND HOUSING FOR THE AGING
Relating to the Federation

HERBERT SHORE, PH.D.
President, S.A.G.E.S. and Executive Vice President Emeritus, North American Association of Jewish Homes and Housing for the Aging and the Dallas Home for Jewish Aged, Dallas, Texas

Since the turn of the century, Jewish Homes have been the primary source of service to the Jewish elderly, and since the 1930s, they have given leadership in providing community-based services as well. Today, because of the dramatic increases in the number of aged Jews, these services have never been needed more urgently, but cutbacks in government funding and shifts in federation priorities place them at risk. Federations and Homes need to re-examine their missions and values with the aim of encouraging support on a nationwide basis for programs serving the elderly.

Early Jewish immigrants to America came with their faith and laws, concepts of *tzedakah* (charity and justice) and *mitzvah* (good deeds), and a commitment to community obligations. Jewish immigrants sought the company of their fellow countrymen who shared their customs, traditions, and language and who were a source of mutual assistance during the process of acculturation. They formed societies, organizations, and self-help groups, each of which performed important functions individually and which collectively contributed to the survival of the Jewish people.

HEKDESH AND *ALTENHEIM* MOVEMENTS

Jewish immigrants arriving in the New World from Eastern Europe were primarily Orthodox or Traditional. They brought with them the model of *Hekdesh*, an institution into which were housed together the lame, blind, orphaned, sick, old, and those affected with mental aberrations and deficiencies. The *Hekdesh*, although it provided care, was a feared fate, to be avoided at any price, if possible (Gold & Shore, 1965).

Subsequent waves of immigrants from Germany, who were of a more liberal or Reform persuasion, brought with them the *Altenheim*, a different concept of respectable retirement in a dignified environment that was not primarily targeted at the impoverished. The *Altenheim* was predicated on a philosophy of stern independence. One saved during one's work life and used these funds to purchase life care in the Home, rather than being a burden to one's children or family (Gold & Shore, 1965).

These two historical antecedents had different characteristics—eastern European, Orthodox *Hekdesh*-like, and German, Reform *Altenheim*-like—and separate identities and facilities. Thus as facilities to serve the Jewish aged were built in the 1880s, there were two or more Homes, an Orthodox and a Reform, in many cities and rarely did the twain meet.

RELATIONSHIPS WITH JEWISH FEDERATIONS

Several patterns exist in the establishment and ongoing relationships between Homes and federations.

During the first fifty years of the federation movement, Homes were frequently established and operated independently. These independent, free-standing institutions then came under the umbrella of the federation, some receiving funding in the form of an allocation or subvention and engaging in joint planning through some department of the federation, such as social planning, or a Council on Aging. This arrangement was mutually beneficial.

In the last half of the twentieth century, federations became increasingly involved in helping develop facilities for the elderly. In some communities, such as in Rockville, Maryland, and Columbus, Ohio, the Jewish community campus includes the federation, its agencies, and senior citizen housing.

Although the symbiotic relationship between the Home and the federation has been touted, there are no Homes or senior citizen housing for which the federation meets all of the operating deficits. In fact, studies conducted by the North American Association of Jewish Homes and Housing for the Aging (NAJHHA) find that the federation contributed 2 percent or less of the total operating budgets and less than 8 percent of deficit funding of these facilities (NAJHHA, 1988). Federations that have a funding relationship with Jewish Homes and elderly housing require that they participate in the planning process. However, they cannot expand facilities, extend services, or engage in community-wide fund raising without prior approval of the federation.

JEWISH HOMES: LEADERS IN AGING SERVICES SINCE THE 1930S

The Homes for the aged in the United States have been the primary source of service to the Jewish elderly since the turn of the century, and they have established the pattern of future services. Since the 1930s, Jewish Homes have given leadership in providing community-based services and have served as cornerstones of a viable institution-based approach to many of the services we know today.

Under the auspices of Jewish Homes, the longest continuous meals on wheels service, providing full, individual diets for an entire community, has been offered. Another innovation that was Home based and motivated was independent housing, whether through apartments, cottages, or other modes. Major home health aide services were initiated under the auspices of these institutions, as were physical, occupational, and speech therapies to the elderly outpatients. In-house services were also offered, based on the recognition of the importance of such therapies for health maintenance.

As early as 1940, Lewis reported on how a Home for aged Hebrews helped find apartments for those who had lost their money in the Depression and were not able to cope with a "home life." Further description and evaluation of these alternative programs to institutional care during the late 1950s through the early 1970s can be found in an article by Kaplan (1974) and in an annotated bibliography by Ketcham and colleagues (1974) covering the period from 1940 to 1972. Shore (1974) also provides us with the basic concept and list of services offered by a Jewish Home that became The Center for Jewish Aged in its community. This article raises the issue of self-determination: At which point does the older person have a right to determine where he or she wants to live? Is this decision based on cost or on the social, emotional, or ethnic religious preferences of the older person?

A MODERN CATCH-22

Federal program to serve the aged evolved from the New Deal to the New Frontier to the Great Society. Citizens gained a series of entitlements, and as filial responsibility shifted from family to government, so did funding shift from the private to the public sector. Except for resettlement programs, sectarian social agencies changed their focus from providing financial support to highly specialized treatment programs of a psychotherapeutic nature.

Increasingly, communities were freed from supporting welfare programs, and urgently needed dollars were directed overseas, to their refugee services, and to the health, education, and welfare needs in Israel. The advent of the Great Society, with the passage of Medicare and Medicaid, saw the profusion of services and funding, as well as the expansion of facilities. Housing for the elderly programs created high concentrations of elderly poor. These were important, worthy projects that enabled large

numbers of low-income elderly to have good housing, but they also raised the long-range implications of supporting those facilities.

Local communities were encouraged by national Jewish agencies to avail themselves of the opportunities of federal funding. But the moment of truth arrived in the 1980s and 1990s as government began to cut back on funding and programs for the aged. Communities that had been "on vacation" from funding local services for twenty years suddenly were confronted with a new scenario.

What has emerged from this massive reversal of public policy and cutback management, is a "catch 22" that has been identified as the blaming the victim syndrome. The cherished goal of longevity, now a reality, has become a source of polarization, of aged versus youth, or aged versus Jewish education, as our limited resources cope with the great demands on the charitable dollar in the private sector.

Now that we have the aged in larger numbers and for longer periods of time, we are troubled and challenged by our tradition, which says, "Do not forsake me in my old age; do not cast me off when my strength fails." Aware that serving the aged has emotional appeal, some central fund-raising agencies have elected to transfer fund-raising responsibility to the aged institutions, which only exacerbates and compounds the problem.

The paucity of funding for our homes is not the result of mismanagement or the provision of lavish or needless services. The deficits are usually created because of inadequate funding of the indigent residents who are receiving Medicaid reimbursement. *The paradox is that these same Homes that were created to care for the poor are now in serious trouble because they are caring for the poor!* The cost of care has increased because of the demands of the regulatory process, unionization of some of our facilities, and the laws prohibiting family contributions. The practice of the transfer of assets, dissipation of funds, and divestiture of assets of the aged individual on Medicaid also contributes to the deficit. Whatever the contributing causes, the end result is a deficit because of the failure to meet the true cost of care.

Critically aware that communities have created in their midst aging time bombs—high concentration of indigent aged living in Section 8/202 HUD housing, "aging-in-place cohorts" who would look to Jewish Homes for care as they became frail, fragile, at risk, and vulnerable—NAJHHA has appealed to the Council of Jewish Federations (CJF) to approve a task force on Home–Federation Relationships to encourage national support for institutional programs serving the elderly and the increasing number of Soviet Jewish elderly.

After months of meetings the major recommendation from CJF was that there be discussion on the local level and that memorandums of understanding be encouraged. This was a disappointing outcome from the point of view of the service providers.

Services to the Jewish elderly have never been needed more urgently. At the same time, these external and internal forces affecting society, our communities, and our systems put these urgently needed services at risk:

- massive negative changes in the direction of federal spending for social and health programs, which had been providing the basic funding for Jewish organizations
- significant labor shortages exacerbated by the location of many Jewish Homes in declining neighborhoods
- major legislative assaults and regulatory constraints that strangle innovation and healthy growth in traditional organizations
- massive upheavals in Jewish migration resulting in shifts in Jewish federation priorities
- changing expectations of the American

Jewish community, which are a product of increased education, wealth, sophistication, and assimilation

- the demographic deluge of the Jewish elderly: larger numbers living even longer than in the general population

THE DEMOGRAPHIC DELUGE

The number and percentage of Jewish aged have been increasing steadily. In fact, the graying of America is being outstripped by the graying of the Jewish aged. Between 1970 and 1980, the number of elderly Jews grew 30%. Put another way, Jews over 65 years old were estimated to be 15.5% of the total American Jewish population in the mid-1980s; this percentage is expected increase to 17% by the year 2000 (Schmelz, 1984).

As with the general population, the greatest growth is in the old-old: one-third of the over-65 Jewish population are over 75 years of age and 10% are over age 85 (Rosenwaike, 1986). It is the members of this age cohort that are the predominant residents of Jewish Homes.

Before the discovery and refinement of the broad-spectrum antibiotics, one-fourth of the residents living in institutions died every winter, usually from respiratory illness. Pneumonia was known as the "old man's friend," as death relieved the pain, suffering, and loneliness of the elderly. With the virtual elimination of infectious diseases and the surgical and rehabilitative advances achieved as an unanticipated benefit of medical care for the servicemen and women of World War II, care of the aged improved dramatically. And as the number of aged increased, so did community services designed to maintain the elderly in their own homes and in non-institutional settings. Further biotechnological advances were coupled with the discovery of psychotropic drugs, which significantly altered the need to hospitalize those suffering from mental illness and impairments. These patients left the state mental hospital and filled the nursing homes.

JEWISH HOMES, HOUSING, JEWISH FEDERATION AND THE FUTURE

In today's rapidly changing health care environment that is colored by new Congressional approaches to social programs, Jewish federations and Jewish communities face serious and critical issues in the funding and provision of aging services. There are also significant new players in the marketplace appealing to affluent Jewish families, offering new and plush facilities in new neighborhoods.

Jewish providers of services to the elderly perceive that their services do not have a high priority on the federation agenda. Some Jewish communities and federations have been unwilling or unable to support Jewish Homes and housing. In other communities there has been "partnering" with commercial and proprietary long-term care providers, with less-than-satisfactory or substandard results. Federations and Jewish Homes and housing need to re-examine their mission, histories, and values. If we abandon our moral imperatives and pursue reimbursement at any cost, we will be unable and unworthy of continuing to be instruments of the Jewish community.

CONCLUSION

"Give me your tired, your huddled masses..." These words on the base of the Statue of Liberty, written by Emma Lazarus, are the precursors of the Jewish Homes reaching out to tired, huddled, older people. The Jewish heritage of not forsaking the elderly when their strength failed them has led to the establishment of major institutions with innovative programs and services that have set standards for the future.

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