

# THE PAST AS PROLOGUE: AGING JEWISHLY IN PHILADELPHIA

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Philadelphia is one of the nation's oldest Jewish communities, both in terms of the age of the community (the first formal institution was founded in 1740) and the average age of the current community members. More than 20 percent of the Jews in the Philadelphia region are 65 years of age or older. Given that most casual observers assume that the Jewish community provides services appropriate to meet the needs of all the Jewish elderly, why is this a topic worth exploring in the context of the centennial of the Jewish Federation of Greater Philadelphia?

The answer lies in a close examination of both the Philadelphia Jewish elderly and the services provided to them. A review of data collected about the Jewish elderly as part of a recent community study shows how significantly the demographic characteristics of the Jewish elderly have changed in the past decades. We now have a generation of American-born—and mostly Philadelphia-born—Jewish elderly, rather than a generation of immigrants. Perhaps more important, we have greater diversity than ever before among the elderly themselves. No longer do the Jewish elderly seem to be a homogeneous group—foreign born, Orthodox in practice, low income, and concentrated in just a few neighborhoods—which was the general picture (with some important exceptions) in decades past. Today there is diversity within every one of these dimensions.

In response to these demographic changes, the types of services available under Jewish-community sponsorship have diversified as well. Rather than merely a few services being designed for all elderly, many of the services are now targeted to specific subgroups within the general aging population. This is a significant change from the past, but not all the new programs have been

reactions to changes in the older population. Philadelphia has long been an internationally recognized center for pioneering work in aging, and much of this work has occurred under Jewish auspices. These changes in programs designed to serve the elderly are important in their own right, because they demonstrate how services for this new generation of older Jews should be organized if they are to appropriately serve the clients for whom they are designed.

These two basic changes—a change in the birthplace of most older Jewish Philadelphians and the growing diversity within that largely American-born group—are key to understanding the current and future generations of Jewish elderly on a national level. In sum, it is worth examining the lives of elderly Jews in Philadelphia and the programs designed to serve them because both provide a preview of the future of Jewish aging in the United States.

In order to review the changes in both the state of the Jewish elderly and in the programs that serve them, this article is divided into two parts. The first part focuses on the findings from the 1996/7 Philadelphia Jewish population survey and what it teaches us about the changing nature of the Jewish elderly in the Philadelphia and the nation. The second part focuses on the institutional response to the Jewish elderly, with a special emphasis on the visionaries who have affected not only the lives of Jewish elders in Philadelphia but also the lives of all the elderly in the United States and beyond.

## THE JEWISH ELDERLY OF PHILADELPHIA AND ITS SUBURBS

In 1996 the Jewish Federation of Greater Philadelphia commissioned Ukeles Associates Incorporated of New York to conduct a

population survey of the Jews in Philadelphia County and the four surrounding counties (Bucks, Chester, Delaware, and Montgomery). The interviews were conducted between September 1996 and February 1997. Respondents were selected if they identified themselves as Jewish or if there was someone who identified as Jewish in their household. Close to 1,500 interviews were conducted, including 433 persons 65 years of age or older (about 30 percent of the sample). In addition to the general survey administered to all respondents, there were three modules (Philanthropy, Family, and Older Adults), each administered to a subsample of the group as a whole. The results reported below come from the full survey and from the three modules.<sup>1</sup>

Some of the key general findings were that in the five-county area there were 241,600 persons (including Jews and non-Jews) living in Jewish households. The median age was 40 years, meaning that half those persons were 40 years of age or older. Overall, median income was reported to be \$50,000/year, which makes it a less affluent community than other Jewish communities in the region, including South Jersey and Delaware. Perhaps the most important finding, mirroring what has happened in the general population of the Philadelphia region, is the greater dispersion of the community across the five-county area. Although Southern New Jersey is not counted as part of this study, this region is also part of the growing geographic dispersion of the Philadelphia Jewish community. These three major findings—the median older age of members of the community, less affluence than other neighboring communities, and the greater

dispersal of the Jews across the five-county area—provide a context for understanding the lives of the Jewish elderly in the Philadelphia area.

### Geography

What characterizes most strikingly the Jewish elderly in Philadelphia is that they are native Philadelphians. Of the elderly in the study, 65 percent were born in the region, 5 percent were born in the former Soviet Union, and 8 percent were born in other countries including Israel. The balance came from other parts of the United States. The older Jews in the sample had lived an average of 23 years at their current address.

Among older Jews who migrated here, their average length of residence in the region was 41 years. The major exception to this is the significant number of Soviet-born elders who entered the community (and the United States) in the past ten years.

Like the Jewish elderly in other cities, many Philadelphia Jewish elders moved to suburban communities. As might be expected, Delaware and Montgomery—the suburban counties that saw the first settlement of Jews immediately after the Second World War—had the largest proportion of Jewish elderly outside the city (30 percent). The newer areas of Jewish settlement (Bucks and Chester counties) contained only 8 percent of the Jewish elderly. The remaining 62 percent of the Jewish elderly in the region continued to live within the city of Philadelphia.

### Age Structure

About 22 percent of Jews in Philadelphia and 20 percent of persons in Jewish households are 65 or older. If one adds people in the 50–64 age range, the percentages change to 38 percent and 35 percent, respectively. The mean age of persons over the age of 64 in Jewish households is 74, which means that half of the elderly are already in advanced old age. Only 2 percent of those over the age of 75 were not Jewish. This proportion will increase with the aging of the intermarried

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<sup>1</sup>The study results reported in this section come from one of two sources. Either they are findings from the author's own analysis of the data or they are taken from the formal reports prepared by Ukeles and Associates for the federation. These include a *Summary Report*, four specialized reports (on mobility, economic vulnerability, Jewish identity, and Jewish philanthropy), and a *Technical Report on Research Methods*.

couples now in young and middle years. Compared to Boston, New York, Delaware, Southern New Jersey, and the Northeast overall, Philadelphia has the highest proportion of elderly of any major Jewish community in the Northeastern United States. What is really extraordinary, and certainly a harbinger of things to come, is that 8 percent of the Jewish elderly still have living parents, and some of these aging Jews must care for their elderly parents.

### **Gender and Marital Status**

The proportion of women is higher than the proportion of men in the older population, with the approximate split being 45 percent male and 55 percent female. The high proportion of males in this population reflects the greater longevity for Jewish males in this cohort than for non-Jewish males, a finding noticed in other literature.<sup>2</sup> In part this longevity reflects the fact that men in this cohort married young and stayed married to the same woman, an important factor in male longevity. The median number of years of marriage for currently married older Jews in the sample is 49 years. Eighty-six percent of the currently married were in their first marriage. For those in a second marriage, the average length of the marriage is 24 years, still a long time in an era of late marriages and more frequent divorce. Of the elders in the sample, 49 percent were married, 40 percent were widowed, 6 percent separated or divorced, and 5 percent never married. Later marriage and more frequent divorce, as well as remaining single for one's lifetime, all behaviors more common among younger Jews, will mean changes not only in the proportion of elderly Jews who are married but probably also in male longevity in future years.

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<sup>2</sup>Several articles examine the issue of longevity and American Jews. One of the most important is Rosenwaike, I. (1990). Mortality patterns among elderly American Jews. *Journal of Aging and Judaism*, 4(4), 289-303.

### **Living Arrangements**

Of the Jewish elderly in the region, 46 percent live in single-person households and 50 percent live in two-person households. Of those two-person households, 97 percent are husband and wife. The remaining four percent live in a variety of arrangements, mostly with a child or a sibling. Seventy-two percent own their residence.

This information is important not only for understanding the lives of the elderly, but because households headed by an older person represent 29 percent of all the Jewish households in the region. Of those 29 percent, 13 percent are headed by a person 65 years of age and living alone, and 16 percent are two-person households (usually a married couple) with both persons 65 years of age or older. In the city of Philadelphia, the number of single-person households outnumbers two-person households. In the four suburban counties, the opposite is true. It is important to remember that of the nearly 13,000 Jews over the age of 65 who live alone, 7,000 are over the age of 75. Persons over the age of 75 are more likely to need social and health services than persons 65-74 years old. In cases where an older person lives alone, the community often takes over the role of primary caregiver if that older person is impaired.

### **Education**

Only 3 percent of men over age 64 and 4 percent of women do not have at least a high-school diploma. Fifty-one percent of the men and 24 percent of the women have at least a college degree. Of those, 20 percent have an advanced degree. This is an extraordinary accomplishment for members of the current generation of elderly and very unlike the current generation of American elderly as a whole. It is one of the best examples of how different the current generation of Jewish aged is from previous generations of older Jews.

### **Income and Occupation**

When asked their current occupation, 72 percent of the elderly said they were retired. Of those working, 55 percent described themselves as professionals, 15 percent as clerical workers, and 12 percent as executives. Half of those executives were self-employed. In terms of income, 40 percent reported that they were making under \$25,000, 31 percent between 25 and 50,000 while 7 percent were earning 100,000 or more. When asked if their income was adequate, 30 percent said that they either "cannot make do" on their income or that they were "just managing." At the other end of the spectrum, 22 percent report that "money is not a problem."

In income, education, and occupation, the Jewish elderly were distributed from very high to very low. The range in social status and wealth among the elders reflects a major change from previous cohorts where there was less variation in income, education, and occupation. New, more diverse cohorts of elders will have different expectations for programming and services, reflecting their economic situations and the values and attitudes they developed through their educational and work experiences.

This does not mean that poverty is no longer an issue for the Jewish elderly. As in the general population, single women over the age of 75 have the lowest incomes—three out of four have incomes under \$25,000. There are an estimated 5,700 such women in the Philadelphia area. Over 80 percent of older persons from the former Soviet Union have incomes under \$15,000 per year. The immigrant group faces additional challenges, which complicate and magnify their needs.

### **Caregiving Issues**

Caregiving issues were explored in the Older Adults Module, which was asked of a subsample of all the respondents to the survey and was not restricted to older respondents. Persons who completed the Older

Adults Module were asked about responsibilities for caring for an aging person, usually a parent. The average age of these parents was 75. Of those parents of respondents, 47 percent were male and 53 percent were female, similar to the breakdowns of the elderly in the sample as a whole. Of the community-dwelling parents, 40 percent live alone and 57 percent live with a spouse. These percentages are also similar to those of the sample population. Eighty-seven percent own their home. The caregivers of the elderly who are living in the community provide a variety of services for their elders. Six percent of the caregivers are responsible for managing financial affairs and 12 percent for health supervision, and 14 percent caring for an elder have other responsibilities, especially transportation.

Of the elders cared for by the Module respondents, 8.6 percent are in an institutional setting. This figure includes persons in assisted living and other institutional long-term care settings, as well as persons in nursing homes. When one considers the fact that childlessness is one reason for institutionalization, the 8.6 percent figure might be low as an estimate of institutionalized Jewish elderly in the Philadelphia area, especially since these elders are the parents of the respondents. For those in a nursing facility, 67 percent are in a facility in the Philadelphia area, close to their children. Most of the caregivers (61 percent) are responsible for managing financial affairs of the institutionalized elder.

Not all the elders receiving care reside in the region. Of those parents receiving help, only 59 percent live in the Philadelphia area. Of the 41 percent who do not live in the area, 11 percent live within a 1-hour drive, 30 percent live in Florida, 26 percent live in other parts of Pennsylvania, and 27 percent live in other parts of the country. This long-distance caregiving is also a growing trend within the Jewish community. The growing geographic distance between many caregivers and care receivers, as well as the advancing age of many caregivers, presents new

challenges to Jewish communal planners not only on the local level but also at a national level.

When asked what services were needed, 61 percent thought information and referral services would be useful, 48 percent were interested in elder hostel programs (educational programs usually based at universities), and 50 percent said they would be interested in recreational and social programs. These figures are interesting because they reveal a robust interest in both traditional social services and newer programs, such as elder hostel. This mix reflects the diversity among contemporary Jewish elders. We must also keep in mind that this interest in different programs does always mean that different constituencies are seeking these programs—an increasing need for social and health services can overlap with needs for social programs and recreation. A single individual (or couple) can have almost as many diverse needs as the elderly Jewish population as a whole.

#### **Jewish Life: Identity, Identification, and Philanthropy**

Of the elders interviewed in the study, 94.4 percent considered themselves Jewish, and 4.4 percent considered themselves to be of “no religion.” Of those who identified as Jews, 49 percent said they were Conservative, 29 percent Reform, 4 percent Orthodox, 5 percent Traditional, 5 percent Secular Humanist, 2 percent Reconstructionist, and 1 percent “something else.”

When asked about the importance of being Jewish, 82 percent said it was “very important.” Eighty percent thought having Jewish friends was important, 88 percent thought having a Jewish spouse was somewhat or very important, 80 percent thought having Jewish children or grandchildren was important, and 84 percent thought it was important for Jewish children/grandchildren to receive a Jewish education.

Ritual observance is a standard way of measuring Jewish behavior in survey research. The following list provides the per-

centage of elderly who reported that they observed a ritual either “usually” or “always”: lighting Shabbat candles, 24 percent; a Passover seder, 73 percent; fasting on Yom Kippur, 57 percent; lighting Hanukah candles, 57 percent; having a Christmas tree, 2 percent; and celebrating Purim, 38 percent. Seventy-five percent reported that they have a mezuzah. Eighteen percent said that they kept kosher, but of those only one third (6 percent of the total) keep kosher both inside and outside the home. Seventy percent had a formal Jewish education, and of that group 71 percent had been educated in afternoon school or supplemental Jewish education. Fifty-seven percent reported that someone in their household had visited Israel. Ninety-one percent considered anti-Semitism to be a serious problem in the United States.

The survey also contained questions about communal activities and affiliation. Forty-four percent said that they belonged to a synagogue with 72 percent attending synagogue a few times a year or less. Only 13 percent went to synagogue once a week or more. Eighty percent read the *Jewish Exponent*, the weekly newspaper of the Jewish Federation of Greater Philadelphia. Thirty-five percent are members of an organization other than a synagogue or a JCC.

These figures point to the manner in which many Jewish elderly identify as Jews. Many express their identification in communal rather than religious ways, since many perceive Jewishness primarily as an ethnicity rather than a religion. To older Jews, closer in generation to their East European ancestors, this ethnic/national base for their Jewish identity helps explain their active involvement with the community as a whole, represented in part by the federation. The *Jewish Exponent* also functions as the “official” record of the community (recording births, deaths, weddings, etc.), and so is closely read by older Jews seeking a link to the community. In the National Jewish Population Survey of 1990, conducted six years before the Philadelphia study, respondents were asked to identify what it means to be Jewish. Older

respondents selected culture first, ethnicity second, nationality third, and religion last. This reflects the East European status of Jews as a national minority rather than as a religious community, the status they usually held in Western Europe.

Thirty-five percent of the Jewish elderly report using a JCC, and of that number 41 percent used a JCC specifically designed to serve senior adults. The JCC programs most often used by older adults were adult education and lectures, which accounted for 39 percent of activities in a JCC, followed by 19 percent for physical education, and 8 percent for senior services (the type of senior services was not specified). Only 15 percent, fewer than half of those who use JCC services, pay dues to a JCC.

The Jewish elderly were very familiar with the community-wide fund-raising campaign. Seventy-eight percent were familiar or somewhat familiar with the Jewish Federation of Greater Philadelphia. Sixty percent of those 65 and over donated to the federation campaign, the highest percentage of any age group. Only 46 percent of those under 65 but 83 percent of those 65 and older think that the Jewish tradition of *tzedakah* was a very important reason to give to Jewish charities.

An even more interesting finding is that of all the respondents surveyed, 95 percent said that social services for Jewish elderly are a reason to contribute to Jewish causes. This makes it the most important reason for giving, leading Jewish values at 92 percent and combating anti-Semitism at 90 percent. This response may be in part because caring for the elderly is a very personal issue for most Jews, as well as for most Americans. The needs of the elderly have personal as well as communal meaning.

In terms of allocating the funds raised by the community, about 37 percent indicated that they felt it should be a 50/50 split between domestic and overseas spending. Ten percent thought more than 50 percent of communal funds should go overseas, and the rest (about half of the elderly respondents)

thought domestic spending should take more of a priority. Sixty-four percent thought that it was just as important as ever or more important to contribute to Israel. Of those who did not give to federation, the top reasons for not making a contribution (accounting for two-thirds of the answers) were that they could not afford to give (55 percent) or they were not asked to give (12 percent). Sixty-one percent donated to other Jewish causes, and 79 percent donated to not specifically Jewish causes, such as the Cancer Society, environmental groups, etc. In other words, older Jews, like their younger counterparts, felt integrated into the larger secular society and so had become more likely to donate to general as well as Jewish causes. The greater involvement of the Jewish elderly in the secular world represents a significant change from the Jewish elderly of previous generations past, who rarely volunteered outside the Jewish community.

#### INSTITUTIONAL RESPONSES

We now examine the programs and services available for the Jewish elderly in Philadelphia.<sup>3</sup> The diversity among the Jewish elderly is matched by the diversity in services offered for aging Philadelphia Jews. They run the gamut from services targeted to the healthy elderly to services for those in greatest need and include medical services and health maintenance (sports and physical fitness programs for example), the opportunity for fun and recreation (trips and educational programs), and the chance to participate in the life of the community through volunteering and paid positions. Opportunities also exist to participate in the religious life of the community in a variety of ways.

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<sup>3</sup>For more details on these programs, the Jewish Federation publishes a "Senior Sourcebook." Copies can be obtained from the Federation by calling 215-832-0826. Further information was gained through conversations with local agency staff. The author expresses special appreciation to Avalie Saperstein for her insights into the nature and history of services for elderly Jews in Philadelphia.

These include opportunities to lead religious services, to provide assistance in synagogues, and to teach younger generations.

Some of the services are designed to assist elders in a variety of living arrangements ranging from living somewhat independently in the community to one form or another of institutional placement. In-home services reach both persons living in their own house and persons living in apartments or other multi-unit dwellings. Other types of services, such as meals-on-wheels, are also available. Jewish Family and Children's Service provides a variety of care management services for community-dwelling elderly. In addition to general community-based services, some programs for community-dwelling elderly are further focused on a particular neighborhood. For example, some services are offered to persons living in naturally occurring retirement communities (NORCs) in Center City Philadelphia. At the same time, other programs exist for elderly Jews who live in the first suburban areas settled after the Second World War. JCCs of Greater Philadelphia, through the Neuman Senior Center in the Northeast and the Stiffel Senior Center in South Philadelphia, provide care management and other support services to older persons. Not all programs are based on geographic area or type of residence. A specialized program, run by the JFCS and the Madlyn and Leonard Abramson Center for Jewish Life (formerly known as the Philadelphia Geriatric Center), serves frail older Holocaust survivors at home.<sup>4</sup> Several community agencies provide other specialized services for older immigrants from the former Soviet Union (FSU).

The Abramson Center's Counseling for Caregivers program provides specialized help for caregivers of older persons suffering

from dementia or other disabling illnesses. PGC, working in cooperation with the Reconstructionist Rabbinical College, initiated a geriatric chaplaincy program to train rabbinical students in working with older adults. The Jewish Educational and Vocational Service (JEVS) provides services to some elderly in the group homes it runs for people with mental retardation or mental illness. Some of the home health aides who provide in-home services to older Jews are trained and placed by the Home Health Care Program of JEVS. Adult day care is provided by the Abramson Center as well as by Belmont Behavioral Health Systems. In addition, Ridge Crest Gardens and Senior Center, which is not affiliated with the Federation, provides adult day care for older Jews. PGC was a pioneer in developing adult day programs specifically designed for older persons from the former Soviet Union.

Philadelphia's Jewish elderly receive not only social services but also health services under Jewish auspices. Albert Einstein Medical Center provides two programs, Prime Health and Premier Years, designed to maintain health for older persons. Each program provides a variety of services, including health promotion and health education.

The federation also supports programs that provide institutional living for older persons. Both the Abramson Center (which is affiliated with the Federation) and the Golden Slipper Uptown Home (which is not a Federation affiliate) provide long-term care services. The Abramson Center offers assisted living as well as nursing home placement. Martins Run Life Care Community, which is not affiliated with the Federation, is one of the few Jewish-sponsored life care communities in North America. It is located in the Philadelphia suburbs, as are Galilee Village and Ridge Crest Gardens, which also provide assisted living for older Jews. In addition to these long-term care options, housing is offered by Brith Sholom House and by Federation Housing, which maintains five different apartment buildings. Of all the services offered by the Jewish community

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<sup>4</sup>The institution formerly known as the Philadelphia Geriatric Center (PGC) was recently renamed the Madlyn and Leonard Abramson Center for Jewish Life (Abramson Center). In this article those services and activities that are ongoing will be associated with the "Abramson Center" name. Those that only occurred at PGC will be associated with the "PGC" name.

for older persons, housing is probably the one with the greatest gap between the need and the available resources. Persons can remain on a waiting list for many years. The need for more affordable housing is perhaps the most pressing issue facing the community.

Programs that offer recreation and education are offered by the same agencies that provide health and social services. The JCCs offer a variety of programs for older adults. In addition to the three general JCCs, there are two Senior Adult JCCs, as well as two satellite centers in other neighborhoods. There is an additional senior center in the Golden Slipper Home. The most popular programs for seniors at the JCCs are the educational programs. Educational programs are also offered by Gratz College, which offers classes on its campus and also offers both speakers and classes for seniors in various locations such as Martins Run. In addition, the JCCs, JEVS, JFCS, and the Abramson Center offer a variety of volunteer and employment opportunities, which enable older persons to continue to contribute to their community. Various congregations in the area also sponsor clubs as well as special programs for seniors.

This long list of services offered to the Jewish elderly by local institutions is more than enumeration. It conveys a message about the breadth and scope of these services. Services are offered by neighborhood, by level of need, to attract various interests, and to offer opportunities to the elderly to serve the community. To try to coordinate some of these services, the Jewish Federation recently reactivated a committee on aging.

#### **Setting Standards for the Nation**

Jewish-sponsored aging services in Philadelphia hold an international reputation, based primarily on the pioneering contributions of Ms. Elaine Brody and Dr. M. Powell Lawton, both of whom worked at PGC. In fact, many of the approaches and programs that we take for granted, both in the Jewish and general American communities, as well

as our knowledge about and services for the elderly, originated through their efforts at the PGC. PGC (known as the Home for the Jewish Aged when it was established in 1952) emerged from a merger of two earlier homes for the Jewish elderly.

Its first director, Arthur Waldman, was one of a very few persons who can truly be called a visionary in the field of aging. Until the 1950s homes for the elderly, both Jewish and other, were designed for the well elderly. Individuals who had significant health problems, especially cognitive impairment, were not welcome. There were also no community-based services for older persons with significant chronic health problems.

In 1962, in perhaps the first of many groundbreaking projects, Brody identified the needs of those who had been rejected for admission to PGC. Based on this work, Waldman began to develop services to meet the needs of these individuals, and he changed the criteria for admission, making PGC one of the first homes for the elderly to admit people with cognitive impairments. By the late 1950s PGC had established the first hospital attached to a home for the elderly. Soon after, Waldman created what may have been the first living arrangement for older persons in the United States that included supportive services, a predecessor to assisted living. In 1960 the first high rise with services for moderate-income elderly, the York House, was built. In 1975 community-based programs were added. All these programs became models for the rest of the nation and for several other countries as well.

Waldman saw the need to transform an institution that was an old age home in the traditional sense of the term, a place for (relatively) healthy elders to live, into a facility that also served the increasing numbers of persons with health problems, especially cognitive impairments, who were living into old age. One of his most important insights is that such programs were needed and that the need would be likely to increase dramatically. He also hired Brody, a social worker in 1957 and Lawton, a psychologist in 1963.



Brody combined a clinical career directing the social services at PGC with a career as a researcher. Lawton established one of the preeminent centers for gerontological research in the nation. Several articles have already been written detailing the achievements of Lawton and Brody, which are not repeated here.<sup>5</sup> Waldman's genius consisted of his clear vision of what was needed to serve elderly Jews and his willingness to follow that vision. Eventually Waldman created an institution that at its peak had almost a 1:1 ratio of staff to residents (1,000 each).

Lawton established a research program that by his death in 2001 had made him one of the most revered scholars in the field of gerontology. Among Lawton's many accomplishments were the first international conference on Alzheimer's disease, the first housing specifically built for demented residents, and the development of a full clinical psychology program. In addition, he developed many scales and measures designed to allow researchers and clinicians to evaluate carefully all aspects of the lives of older persons. Those scales and measures are in use all over the world.

The accomplishments of Brody and Lawton were possible in part because important resources from a variety of government initiatives, from the Older Americans Act through the establishment of the National Institute on Aging, provided an environment congenial to the development of new services for the elderly. Most important, the establishment of Medicare and Medicaid in 1965 created a sea change in the lives of older persons. But the presence of these resources would have remained only a potential source of innovations to improve the lives of older persons were it not for Waldman, Brody, and Lawton's vision and ability to acquire the resources and use them wisely.

In 1989 the Research Department was re-

named the Edward and Esther Polisher Research Institute in recognition of Polisher's significant contributions and interest in aging research. Almost all the research conducted at the Institute, until Dr. Lawton stepped down as Director in 1999, was to some extent under his and Brody's leadership and mentoring. (Elaine Brody retired in 1989). Dr. Lawton's death in 2001 brought to an end a grand tradition, although his spirit lives on in the staff he trained. Brody and Lawton each won many awards for their work, including "Ms. Woman of the Year" for Brody's work on the lives of women caring for a parent, a spouse, and a child all at the same time.

In recent years one of the more interesting developments has been the establishment of the Harry Stern Family Center for Innovations in Alzheimer's Care at the Abramson Center. The Stern Center, directed by Dr. Kimberly Van Haitisma, focuses on four areas: educational resource development, training, research and program evaluation, and developing technology for use with impaired older persons. The mission of the Stern Center builds on the assumption that every person with dementia is entitled to be treated with respect and as an individual. Stern Center projects have included studies designed to test the hypothesis that dementia victims respond positively to individualized attention, and a video to train long-term care workers to recognize emotions in elders who can no longer articulate their feelings. Through another project Stern Center staff are developing a "psycho-social living will," through which older persons identify their preferences in everyday life so that when they are no longer able to communicate their wishes these wills can be used to identify them. The Stern Center is currently studying innovations in technology that can allow even somewhat demented elders to enjoy a greater degree of freedom. The willingness of local community lay leaders to fund this type of research shows a commitment by the volunteer as well as the professional leadership of the community to try to "push the envelope" in caring for the elderly.

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<sup>5</sup>Much of the material contained in this section was drawn from Elaine Brody's excellent article, "The Philadelphia Geriatric Center: How Did it Happen?", in *Contemporary Gerontology*, 8(1), 14-20.

It is also worthy of note that Drs. Lawton and Van Haitsma, as well as many of the senior researchers at the Polisher Research Institute and staff at many local Jewish agencies, are not Jewish. The commitment of the Philadelphia Jewish community to caring for the elderly has often meant identifying the best people to do their job, as Waldman identified Lawton almost 40 years ago. In part this is because of the recognition that the problems facing the Jewish elderly—illness, poverty, loneliness, and the like—are problems that face all older persons and so bringing the best minds to bear on these issues would help all the nation's elderly, including the Jews. On the other hand, attracting high-quality researchers, no matter their religious or ethnic background, to a Jewish institution also meant that the Jewish community and its programs could benefit directly from their presence. Dr. Lawton consulted frequently to Jewish communal agencies, locally, nationally, and internationally, and Dr. Van Haitsma has served as Co-Principal Investigator with this author on two projects designed to improve the quality of life of Holocaust survivors receiving long-term care services. Both visited Israel twice and both consulted on issues there as well.

## CONCLUSION

The Jewish elderly of Philadelphia are an excellent example of how the older Jewish population of the nation will look in the future. Diversity in socioeconomic status, religious belief and activity, and other domains, as well as greater integration into the larger American society, are all hallmarks of this group, and these will be the key issues facing community planners for years to come. The programs that serve this population are equally diverse, both in terms of the focus (neighborhood, type of programmatic need, special populations such as Holocaust survivors and Soviet immigrants) and in terms of the way in which the programs are provided. This rich mix of elders and programs has provided a living laboratory for decades from which have come some of the most pioneering and innovative research and programs in the nation. The Jewish elderly of Philadelphia and those who serve them are teachers for the rest of the American Jewish community and the American community at large. Not bad for what some might otherwise have seen as just a typical set of services for a typical bunch of *alter yidn*.