

IS AGING FOR US?

Toward a Dialogue on Jewish Long-Term Care

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The world's largest socioeconomic demographic movement for the coming decades will be aging. Yet, many American Jewish communities are not adequately configured to discuss, address or avail themselves of the opportunities inherent in the aging imperative. This article, the result of the author's extensive experience in the field of services to the aging, poses the question of if and how the Jewish community should engage its aging population.

This article addresses the organized Jewish community's response to the largest socioeconomic issue facing the western world for the coming decades—aging. It begins by describing the difficulties in developing a dialogue and consequently the directions and policies of this response. Then, it poses the policy question, "Is Aging for Us?," and suggests a three-pronged test for use in answering it. Finally, the article discusses various community responses to the questions and suggests a range of very complex, exciting, and different possibilities for Jewish community involvement in the aging world.

WHY CHANGE IS DIFFICULT IN LONG-TERM CARE

The modern nursing home environment, historically the foundation of long-term care, is almost an absolutely stasist world. From roomsize to floor layout; from table of organization to the particular job titles, descriptions, and the requisite education, experience, and licensing of each employee; from food menus and housekeeping procedure to even the minutia of nursing treatments, all is dictated and then monitored and tested through inspections. Even changes and innovations are evaluated, inspected, and then distributed through "best practices," which in turn are inspected in future surveys.

The costs of such a system are far reaching and insidious. Technical efficiency is preferred, pushing out social and emotional supports. Ad hocery, the playfulness of change, trial and error, and the tolerance for failure—all

essential ingredients for innovation—are stunted. The culture is unduly harsh, top-down, and rule driven, all shown to limit workers' emotional involvement and investment in their work. And with energy riveted on the very particular rules and their interpretation, which will determine their fate, managers have no residual energy for the large-scale, thoughtful system innovation that is called for in an exciting, evolving field.

There are a number of reasons for the current state of long-term care. First, the modern American nursing home industry was created by the government through Medicaid/Medicare legislation. Unlike other fields that may have evolved to meet consumer desires, and whose excesses are later checked or harnessed by governmental oversight, the historical expectation has been from the inception that government will shape and guide the development of the nursing home identity.

Second, the frail life forms who live in nursing homes are often in twilight zones of consciousness. Correlated with great age appears to be the diminution of the ability to self-advocate. And the potential harm is heightened in a total institution, such as a nursing home, where dependence on the environment appears absolute. Such a situation calls out for societal intervention and protection.

Nursing homes are also unlike other health care centers, such as hospitals. Hospitals provide fixes and cures—with attendant high expectations and vigilance from customers.

Nursing homes have traditionally offered custodial care—a slow, hopefully graceful descent, with few clear expectations, and few groups who form naturally to check what could be unbridled organizational power.

In addition, unlike hospitals, which up until very recently were primarily owned, managed, and led by non-profit community groups that invested back into health care, much of the modern nursing home industry was dominated by privately traded corporations that focused not on the evolution of thoughtful aging but on marketing, stripping care to the minimums required by law, and then taking and distributing the profits.

So, the government's deep involvement in nursing home care is understandable. Yet, the increasing rule-driven and stasis-oriented survey culture has played back on itself in such a tight and tough manner that the consequences are becoming not only intolerable to the players but threaten the industry altogether. Nursing home administrators are increasingly buffeted by shifting powerful forces with but few resources and little flexibility to respond creatively. The result is a brain drain—many of the talented leave.

Nursing homes can no longer provide individualized care. They have turned their back on the old because they have turned to confront a more pressing concern—government. Government has, in effect, insinuated itself into the role of customer. The creativity and dynamism that would allow nursing homes to innovate and evolve to meet new expectations have been virtually squeezed off by the forces of stasis. The middle class increasingly chooses “alternatives” to nursing homes (assisted living, home care, naturally occurring retirement communities) that can and do respond to the market. And the nursing home field has lost its potential to be more than what it was.

IS AGING FOR US?

The question is whether the Jewish community should engage, and in what way(s), in the world of aging. For the Jewish community to engage its energy, an issue (here

aging) must receive a positive response to these three questions:

1. Can we do aging better?
2. Is the undertaking financially sustainable?
3. Will the undertaking create generative community; that is, individuals coming together constructively and productively to change their future?

CAN THE JEWISH COMMUNITY DO IT BETTER?

There are periods in the evolution of many services when a plateau is reached. The ingredients for producing the service and the basic formulae have coalesced into a template. At this juncture, the resulting service has become standardized, and the competition among producers is then primarily about price.

The first leg of the proffered three-prong test suggests that, in such a plateaued environment, it may be more appropriate for the Jewish community to buy, not create the service. Why invest precious communal resources when the exact service is available for purchase? For example, if all nursing homes necessarily produce the same level of bedsores, food complaints, weight loss, and restraints, why should the community produce its own?

The following analysis argues that the aging field is evolving from a period of stagnation into a period of dynamic, exciting change. In fact, the changes have been so swift and dramatic and have had such an extraordinary impact on the length and quality of lives of the very old that we have done nothing less than to begin to reinvent the experience of living and dying at old age. Consequently, we must “make,” not buy.

Leading Up to the Modern Era

For the better part of the last century, there was very little that could be done for old people. The medical view was primarily one of inevitable decline, and the goal was simply to keep people comfortable and not too lonely.

By the late 1980s, society had developed a much more sophisticated view of the processes of aging and the various conditions and diseases correlated with age. With the rise of computer technology, the government developed the tools to cut its costs by measuring in very precise detail the physical needs of each older person and calculating how to reimburse only for those needs. The consequences were very dramatic: a reduction in the number of hospital beds by 50 percent in some areas and an increase in the average age of nursing home residents to 93 or 94. Nursing homes had become, in effect, chronic hospitals.

The Modern Era

The new Jewish community systems of aging are planned and designed around a radical idea—that the ways people live and die at very old age can be fundamentally changed. New buildings and underlying social organizations are being created to challenge, if not reverse, the assumption that there is nothing to be done about the “inevitable” physical and mental declines accompanying old age.

Interestingly, another recent radical social experiment both parallels the results and can explain this experience. In our larger cities, for many years it has been assumed that there was little that could be done with crime rates. It was believed by most social scientists that the socioeconomic distress (poverty, loss of jobs, educational failure, out-of-wedlock childbirth to young mothers, inadequate healthcare) was so intense in the South Bronx, Watts, South Chicago, etc. that violent crime was inevitable.

But the new Giuliani administration in New York City challenged the notion that crime is inevitable. It tracked when and where violent crimes were occurring, and then blanketed those areas with police officers who patted people down and detained them for minor infractions. People stopped carrying weapons and drugs. In addition, they enforced truancy rules to keep children in schools. They also began a “no tolerance” policy, arresting people for minor violations, and found that violent criminals tend to be involved with petty crime.

They also targeted “lifestyle crimes,” fining people for loud car radios and alarms, for not cleaning after their dogs, or for threatening behavior such as washing people's car windows at intersections.

The results were dramatic. The whole ambience of the city changed. It became cleaner, more ordered, less threatening. And violent crime was decreased to levels not thought possible. A *New Yorker* article questioned how this could have happened. What was occurring? How can we understand the change? And if crime is not the inevitable response to community distress, what is it? The article speculated that perhaps there had been what could be termed an epidemic of crime.

The *New Yorker* article explained that in epidemic theory, the spread of disease can be understood simply. Imagine that every day 1 million people ride the subway, and have contact with 50,000 riders with infectious colds. If each cold lasts for 1–2 weeks, it could take 6 months for the cold epidemic to work its way through the population. But if only 49,000 riders with colds got on the subway, the epidemic could be erased much quicker. This small change (1,000 fewer riders with colds) which has very dramatic results, is called a tipping factor.

As in New York City, the new Jewish aging systems are instituting a series of changes in the environment—tipping factors—that change dramatically how people function and feel about themselves. For example, in the traditional nursing home rehabilitation setting, the patient is overwhelmed by her situation. A client wakes up after a hip operation in a shared, foul-smelling room. People in uniforms care for her, with food delivered on trays. There may be no windows to see the outside world. And then she is asked to exercise, to suffer pain in order to recapture walking skills. As one can imagine, she is depressed, and depression saps personal energy. Who wants to exercise when depressed?

In contrast, in the new systems' rehabilitation units, a person wakes up in a private room. There are no smells or uniforms, and there are windows that allow her to orient herself. Breakfast is prepared in her small dining room, and

then she goes to a beautiful rehabilitation pool, where the heat warms and soothes the joint, and the buoyancy allows her to bear weight and walk. Our patient escapes depression and is able to focus and to pour dramatically more energy into the task of exercise and rehabilitation. The simple result is that people generally return home many days earlier.

The choice of the issue of depression is purposeful, because traditional nursing homes generally create an epidemic of depression. Long, dark windowless corridors, double rooms, institutional furniture and equipment, and uniformed staff create an immobile, standardized existence that depresses residents, staff, and visitors. They infect each other with sadness, anger, and nihilism. Over time, the epidemic of depression feeds on itself, robbing every one of enthusiasm, energy, and hope.

The Jewish community's investment in multiple, overlapping, positive environmental changes goes a long way toward alleviating the epidemic of depression found in traditional nursing homes. But the major breakthroughs are with the staff, who have also been de-institutionalized. The entire work environment is being re-engineered to eliminate the assembly-line approach of traditional health care. Rather than lining people up to clothe, toilet, and feed, caregivers work with each individual resident's rhythms, within her room and according to her interests and lifestyle. Corridors are eliminated, supplies decentralized and hidden, and the caregiver has the training, time, and authority to respond to each resident's concerns immediately.

The result has been an entirely different living experience for residents, caregivers, and families. That living experience is different not only in the health aspects—the dramatic decrease in restraints, bedsores, psychotropic medication, agitated behaviors, and infections. Just as important as extending health and the length of life is extending the quality of that life. The hundreds of environmental changes allow frail older people to “find” themselves again, to continue to spin the story of their lives, and to weave the threads of their lives into the fragile thing called self-identity.

The radical notion that the individual's lifelong interests and personality can be extended through old age, even in the face of profound frailty and imminent death, was unthinkable prior to the new paradigm.

Post-Modern Understandings

In order to change the experience of old age, it becomes necessary to reinvent almost everything that the aging organizations do. The traditional top-down structure of the institution has been replaced by an ongoing evolving environment, which continuously strives to be more responsive to individuals and incorporates a new understanding of aging.

Jewish leadership has woven these new, modern interventions and understandings into the fabric of the new settings. The result has shocked even the planners. They discovered that aging itself had nothing to do with the living experience of residents in the thousands of nursing homes throughout the country. The concentration of sights, smells, and sounds and a rhythm of living found in those nursing homes were not inherent in aging, but rather a by-product of an antiquated delivery system. As thousands of systems and processes in the new nursing home were changed, older people, who formerly would have been depressed, spiraling down, frantic, angry and lost, have come to life.

The sum of all the innovations created an enormous leap, which has changed entirely the physical and programmatic design of progressive nursing homes throughout North America. The enthusiasm and vitality that have been evoked from residents, caregivers, families, and staff has been the greatest shock. The new framework unleashed the inherent characteristics, personalities, and abilities of a very old population that probably were always there, but were undetectable even a few years ago.

Extending Modern Understandings

The second major modern breakthrough with Jewish settings was extending the range of different settings and services available for

frail older adults. Today many progressive Jewish aging organizations offer day care, home care, inpatient and outpatient rehabilitation, and a range of adult home and apartment settings. In addition, each setting has been designed to allow people to age-in-place and to purchase only those services appropriate to their individual needs. The result is that older people are now able to live much more independently and less expensively for a longer time. In essence, they can age gradually. They can accept additional services and support only when their own individual circumstances dictate, not when they are forced into a new setting that automatically includes a new, invasive set of services, some of which are not needed.

The new settings moved the community norm from a single, stand-alone tool (a nursing home, an adult home, subsidized apartments or day care) to a whole range of different but overlapping tools. By placing these programs and settings close together, each person can select the most appropriate living arrangement.

The Land of Age Comes of Age

The experiences of building and operating these new paradigm complexes over the past decade have led us once again to new understandings of building designs and settings for older people. Planners have evolved in their understandings of what was "hard and real" and what was malleable, what could be massaged and reshaped for this population. The result is that these new buildings are again new models in the field of aging.

With increased recognition of and sensitivity to the ways in which the smallest nuances of design and program shape our perceptions—how we feel, think, and act in a place—we have removed more residual "institutional" elements in these buildings. This latest generation of new buildings demonstrates the dynamic nature of the field, that the flood of new ideas has a powerful effect on the client. The cumulative effect of these innovations is that yes, Jewish communities can do it better and in doing so can fulfill the mandate of Jewish settings for the aging—that each act as a beacon of hope for our old.

IS THE UNDERTAKING FINANCIALLY SUSTAINABLE?

The assumption is that even if we can do it better, if the community cannot afford to sustain the effort over the long run, it is not a wise investment. Much of the answer here will be determined by the model of services to which we aspire.

The Continuum of Care— An Outdated Model

The continuum of care (see Figure 1) is no longer helpful as a lens through which our communities perceive and frame our services and settings. The model itself creates several problems. First, it is linear—from least to most supportive and protective. Yet, older people generally do not age that way. They may lose and gain abilities quickly, and reverse those trends over and over again. More confusingly, different physical, emotional, and financial

Figure 1. The continuum of care model.

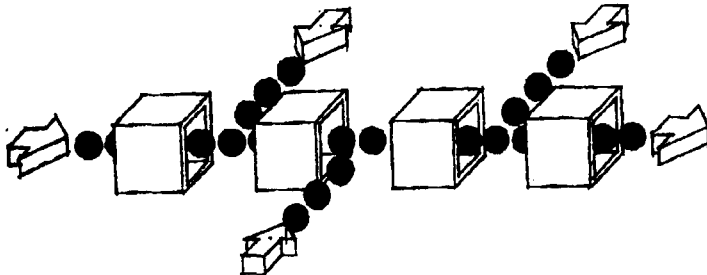
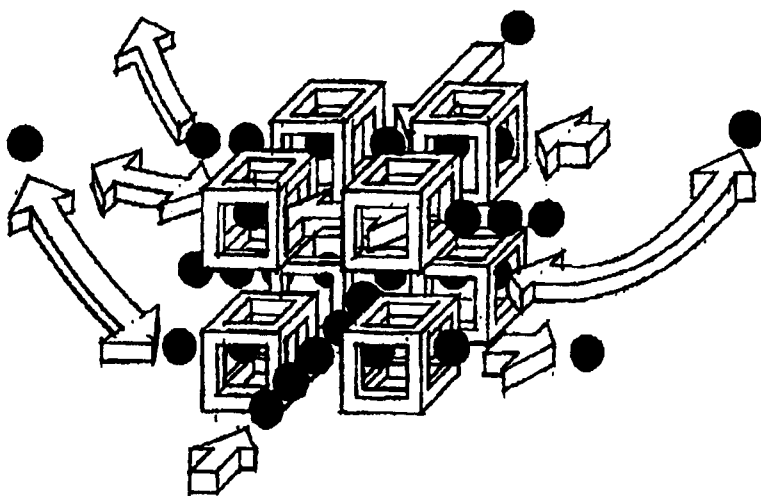


Figure 2. The nexus of radiating services model.



processes may be changing at different rates and in different directions simultaneously. The aging process is anything but continuous.

The continuum model also does not help describe governmental aging policy. There has been no historical American policy on aging. Rather, financial streams sprang to life for very targeted, finite, discrete programs and profiles of the aging, and growth has been by accretion, anomaly, metaphor, and incremental stretching and expansion of those individual programs: Medicare, Medicaid, the Older American Act, and their component parts. Each of these programs has embedded within it a separate oversight group, with its own statutory and financial obligations. Powerful lobby groups coalesce around each of the far-flung tentacles of a funding stream, creating a thick cross-hatching of law, regulation, precedent, and dicta; this phenomenon decreases the system's ability to respond naturally or easily to common-sense problems. In no way do the resulting programs provide a continuum of care.

The aging experience and rhythms of governmental behaviors, as described above, combined with the field's developing sophistication, form the final coup de grace for the continuum concept. With the proliferation of new understandings and interventions, we are

able to design buildings and services around discrete sets of older peoples' limitations. The results are waves of new alternatives, each of which is evolving along its own trajectory and experience.

It is an antiquated industrial notion of production that dictates that work is efficiently organized along a line and is assembled in a set, pre-determined order. Just as American industry has evolved from mass to lean production, from large, top-down bureaucratic direction to small, interactive, self-organized teams, so aging has moved beyond simple linear models.

It is critical that we set aside the continuum model because it shapes our perceptions, blinds us to a much more exciting dynamic reality, and either cuts us off from paths that can be much more fruitful and productive or makes these options more difficult to pursue.

A New Model

An alternative model of aging services is based on a nexus of radiating services (NORS) (Figure 2). The nexus encompasses any variety of different corporate structures and reimbursement systems and has the ability to make specific, appropriate, individualized responses

or radiate out to each individual's needs at a given point.

To better understand the NORS model, it may be helpful to look at its evolution in another industry. For many years, the department store dominated the retail scene. Yet over only a few decades, department stores lost out to competitors that had not even appeared previously on their radar screens. Department stores were so focused on their traditional competitors that they awoke to find that their universe had shrunk dramatically—that they were competing for only one-third of their traditional market. They had always developed a “one size fits all,” total universe approach. The underlying assumption was that they would capture a customer and provide for all that person's wants—from evening wear to furniture.

But their grand plans did not anticipate either the discount mass merchant, or the specialty chain. The former reduced service and selection and competed on price. The specialty chain targeted a particular niche—customer, attire and price point—and beat the department store to the punch by presenting a total environment shrunk-wrapped around that particular customer. Waves of nimble, focused specialty stores clustered in malls and picked over the customers before they got to the mall anchors. For example, competitive specialty shops clustered to attract all teenage girls looking for jeans. They competed among themselves in their offerings of ever more refined fashions or pricing alternatives. And with clustering, they found that they could do well together, drawing more than their share of the market. In effect, an adolescent girl automatically goes to the mall for jeans, and treats each separate store as a “department,” yet never visits the full-service department store.

Just as the traditional department store has lost out to an approach that allows more dynamism, the continuum model in aging does not accurately map a family's experience. Aging presents not one customer, but a series of customers over time. For example, Mother needs some home care, so the family selects a home care agency. As her needs grow and

Mother requires a more protective environment with a fuller set of services, the family does an environmental scan to select the best assisted living setting. If and when cognition fails, the family then scans for specialized dementia assistive living. And toward the end, they search for the most appropriate nursing home or hospice. Increasingly more aware families are not selecting by “system loyalty” but are making a series of decisions, each one determined by their best buy at that moment.

The NORS model has several advantages. First, it allows the unique characteristics of each old person to be displayed and perceived more completely. This is in contrast to the traditional model, where the individual often must be modified to fit into the linear scheme.

Second, the NORS model allows the representation of older people who do not fit into and are excluded from the traditional linear scheme. Some individuals' most salient characteristics are not easily plotted on the one-dimensional aging continuum. The NORS model allows recognition of the fuller spectrum of supports that exist and thus is a more inclusive and accurate map of reality.

Central to the concept of the NORS model is that it allows flexibility. The NORS model suggests a connected group of services, but it does not define, structure, or predetermine the nature of the link. It allows for a more realistic, more fluid, shifting relationship among providers. It recognizes *de facto* joint ventures and enables ongoing adaptations and permutations to evolve in a less adversarial climate.

In summary, this alternative paradigm is flexible enough to encompass our increasingly more complex understanding of how individuals age and the panoply of shifting services that reach out to meet their needs.

A New Model for Jewish Communities

If this analysis is correct, it may be more fruitful for a Jewish community to shape its resources in order to compete at each of the various family decision points, and to arrange its own NORS accordingly. A successful Jewish community will change its focus away from filling unprofitable gaps in an imaginary

continuum to developing a series of semi-autonomous niche products. As the array of offerings becomes fuller, it will then be possible to “connect the dots”—to provide continuity by allowing a client to switch from niche to niche. The emphasis shifts from protecting the system by rushing in with subsidies to bolster the weak links, to building a range of sound individual operating entities that can compete successfully for a targeted client.

For many communities this may require a dramatic transition—from institutional to NORS loyalty and commitment. With the anticipated continual shifting of governmental reimbursement streams, the era of confident operational surplus fades. Rapid introduction of more new and different niche players (assisted living, day care, etc.) suggests that the financial benefits of early innovation will be shorter lived. It is critical to develop a series of relatively autonomous, free-floating, focused settings, each of which can adapt and shift quickly. Success is no longer dictated by the economics of scale, but by nimble development and evolution of initiatives.

This may require resizing of some components of the NORS. In many communities, the traditional nursing home may presently be too large in relationship to housing. Indeed, the very building configuration itself may require radical change in order to produce more efficient, quality care.

It may also no longer be a successful strategy to care only for the poor. Government may well reduce reimbursements below the level of quality with which a community will be comfortable. Government, consequently, can no longer be the sole or even primary customer. We may have to evolve from selling wholesale or in bulk to the government, to selling retail—directly to the individual consumer.

With increased specialization, the market will necessarily be segmented not only by physical and cognitive function but also by socioeconomic status. To allow other niche players to skim off only the higher-income elderly, and to then dump clients to the Jewish setting when their assets are depleted, is morally and financially irresponsible.

The development of a successful Jewish community NORS may well require rethinking the traditional staples of Jewish communal approaches to aging. Historic interagency antagonisms, if not organizational boundaries, may need to be changed. It is time to rethink our primary reliance on government to develop our policies about care, and for us to shoulder emotionally the responsibility of caring for the community’s older Jews. It may also be necessary to revisit the language of “caring for the *entire* community” to include those with means, not just the indigent. As a result, it may be reasonable to shepherd and restrict communal philanthropic resources to discrete programs, while being entrepreneurial and taking risks in others, in order to develop the proper range of options/settings within the NORS.

It may be ironic that in order to build a NORS that is owned by and responsive to the Jewish Community, it may be necessary to serve more of the broader geographic community. The field is rapidly evolving away from “one size fits all” settings. Despite the small scale of each of the future specialized, self-contained units, each has a critical mass, a minimum size that is necessary to carry efficiently the specialized professionals essential to the program. As we shrink-wrap an environment and programs around a very discrete group (for example, mid-level dementia victims who display difficult behaviors and minimal judgment), we become aware of other natural groupings, who also could benefit from other, unique specialized settings.

For some communities it may be necessary to serve a higher proportion of non-Jews than in the past. The growth in the number of different specialized clusters may well push the community to grow their NORS beyond the Jewish community. There may be simply not enough older Jews in the community with the very specific, targeted set of needs to fill totally each of the clusters. So in order for there to be excellent care for Jews, under Jewish auspices and sensitive to Jewish concerns, many of the clusters will necessarily anticipate serving a larger population of non-Jews than in the past.

What does this have to do with sustainability? Simply stated, many of our traditional strategies, shaped by old static perspectives of the field, are not sustainable. The speed of the aging field's evolution is so quick that there is no longer time or residual energy to continually hammer against old ideological bulwarks every time a change is called for.

It is critical to reformat fundamentally our approaches in order to unearth and harness our enormous underlying philosophical, qualitative, and competitive advantages. The attributes that describe the Jewish community make possible development of a thoughtful, sustainable NORS. There is an historic commitment to one another, and to the highest quality of life for each individual. With the broad-scale educational, professional, and economic achievement in most Jewish communities, there is both a base of support for investment in quality aging and a firm middle-class market that will avail itself of excellent services. Only by moving quickly toward fluid, NORS-type models can many Jewish communities develop the vibrant, dynamic financially sustainable responses to aging that will thrive through the coming years.

DOES THE UNDERTAKING CREATE GENERATIVE COMMUNITY?

Under the proposed three-pronged test, it is not sufficient that we can do it better and that the undertaking is sustainable. At its heart, the issue is whether the undertaking will itself build community. Hillel's negative admonition, "Do not separate yourself from the community," can be inverted and restated as "engage with the community." Our sense is that engagement with one another keeps us alive—emotionally, ethically, spiritually, economically, and physically.

In this light, the mission of Jewish community leadership is to develop an agenda that will not only foster the engagement of Jews with one another. In addition, the process of resolving the issue itself should engage the group and encourage individuals to desire more engagement and to form alliances to

address this and other issues. People should not only see the group as a resource but will begin to view issues through the group prism. The desired process is cumulative positive engagement that generates more engagement. This is what is herein referred to as creating generative community.

The question for the Jewish community is which issues have the greatest likelihood of creating a generative community. The choice of issue will then define the community. It will determine who engages in it, the nature and texture of the interaction, the likelihood of success, and the community's future morale, commitment, posture, and size. To help a community move beyond a process of selecting such issues dictated simply by tradition, power, and technical finesse, this article suggests six criteria by which a given issue can be evaluated for its potential to create generative community.

1. The issue is one of traditional communal interest and expertise.
2. The dimensions of the issue are large.
3. The issue directly intervenes in the personal lives of today's Jews.
4. The issue will not be resolved by government.
5. The issue is beyond the capacity of the individual to resolve or accomplish alone.
6. The issue creates a model of Jewishness that resonates emotionally for the next generation.

The issue is one of traditional communal interest and expertise.

In a time of rapid societal change, it is quite possible, likely even, that the community may need to focus its attention on new needs. Having said that, a generative community will still flow more easily from and to issues that are historically and culturally within the purview of the Jewish communal agenda. At its heart, that agenda for thousands of years has been about protecting the vulnerable—the very young, very old, the dying, the troubled—and the community's very fabric: its religious, social, cultural, and physical life. Issues that

emanate immediately from this historic mission may generate community involvement and support more readily if they flow from or are connected to base communal values and expectations.

The dimensions of the issue are large.

For the foreseeable future, aging will be the most powerful socioeconomic force in the world. The aging of society will reshape the nation's economy, cultural institutions, and migratory patterns and even the future of entire nations. Over the next 25 years, the developed world will add fourteen elders for every one working-age adult. Developed countries will stagger under the weight of \$70 trillion worth of unfunded liabilities for public retirement and healthcare programs.

The issue directly intervenes in the personal lives of today's Jews.

The Boomer generation may be characterized as being self-involved and vain in their youth; as they aged, their narcissism became more pronounced, and then the simplistic idealism turned cynical. It also may be that the Boomers are more profoundly analytic and less automatically accepting of the shibboleths of everyday life. Boomers often bring their ever-analytic thinking much further along into their relationships—from intimate, to work, and to community.

With the resulting more complex and nuanced view of culture and society, it is not surprising that few large overarching projects evoke universal or mass appeal. Surely not the apparently universal truths of their parents' generation.

Yet, it may be too quick and easy to dismiss the Boomers simply as cynical and self-involved. The idealism of youth may lie dormant, fertile but untilled. The large, sloganized national programs are often viewed as pulling too much unrelated and ideological baggage. But local issues under their own control and scrutiny could unleash their dormant civic/community activism and altruism.

To engage boomers' wholehearted involvement, not only should the form and process of

the solution be local but so should the underlying problem. The pain and suffering of the world are visited upon Boomers incessantly. From "save the planet" rock concerts to collection boxes at restaurant cashiers, Boomers are plied with requests for help. So confidence in a cause can rise precipitously when the problem itself is directly experienced in the Boomers' own lives.

Aging responds directly to these sensitivities. First, many of the middle-aged are spending more years involved in caring for their aging parents than for their children. Couples often have four parents at risk and but two children. Both the society and Boomers have been caught short and unaware by this turn of events.

Although our knowledge of child development is quite nuanced, only during the last quarter-century has society begun to understand how to optimize human development at very old ages. Only recently have we begun to direct our resources to address the dramatic extension of life expectancy.

As a result, today's middle-aged "sandwich" couple is thrust into an unexpected role, with minimal understanding and paltry options. Even the wealthy, confronting the shock of Mom's precarious frailty and after climbing a precipitously steep learning curve about the aging world, may be unable to tie into an arrangement that is fully responsive to the reality of Mom's opaque and evolving state.

The result may be years, sometimes decades of Boomers' emotional lives being dominated by the twilight zones of obligations and frustrations with Mother's well-being. For many, with children out of the nest and careers secure and robust, the concern and the pain in their lives have to do with Mother. This is not a distant cause, but is an immediate, personal difficulty protruding into the body of their middle years.

The issue will not be resolved by government.

Today's long-term care field has been historically shaped and dominated by government. But this governmental leadership

cannot and will not continue in its current form.

Medicare and Medicaid are today comprised of such a nexus of arcane constructs that few outside the world of professional technicians are able to engage in discussion of aging policy. As a result, aging, as the largest socioeconomic dilemma facing the Western world, is not subject to true societal discourse. With few broad, shared philosophic underpinnings, the problems and solutions are framed in technical corrections. In addition, the Boomers and their children come to this macro-public policy discussion with a suspicion of big government, questioning whether governmental support of aging is a good investment.

Finally, the economic boom that began in the 1990s put in question earlier underlying assumptions. Before the passage of Social Security, old and poor were virtually synonymous. But Medicare, Medicaid and pension reform, combined with the largest sustained economic boom in America's history, have resulted in vastly different financial circumstances for the old. Today, approximately 75 percent of America's wealth is controlled by those 65 and over. There are still many aging in financial distress. But axiomatic assumptions of universal support for the aging, particularly in light of the plight of many of our children, are giving way.

The demographic explosion of the old and resulting financial pressures on governmental programs; the absence of an historical, broad-based, philosophically grounded commitment to programs for the aging; and the populace's swerve away from governmental programs combine to render existing programs less than robust, if not vulnerable. At the same time, the sheer number of older voters makes dramatic shifts in current legislation very unlikely. As a consequence, the changes are being wrought by the administrative branch. Through technical interpretations, government is extricating itself from open-ended financial obligations. In many ways, for recipients and providers, it may feel that their interaction with government is similar to dealing with a bankrupt company—swirling of rules and interpreters, constant turnover of

personnel, and less timely or adequate resolutions to the anomalies and conflicts resulting directly from the administrative (and some legislative) changes.

In such an environment, government is no longer trying to fill gaps in care. Rather, as the field evolves, it is tightening and hardening the edges of its programs, allowing older people to slip from what can no longer be viewed as the government's framework of support.

The issue is beyond the capacity of the individual to resolve or accomplish above.

Aging is so complex that very few, if any families can resolve it by themselves. Even the most wealthy, generous, and devoted family who wishes to keep their very frail mother at home cannot provide the quality of life and care found in an appropriate group setting.

- *Physical environment:* The properly designed setting will mitigate or even eliminate various limitations and disabilities of aging. Bathrooms are designed for wheelchairs and for the tasks of toileting, bathing, and grooming. Bedrooms have proper furniture and carpets for walking, wheelchairs, and incontinence. Lighting, communication systems, and accessibility to other spaces are appropriate.
- *Social isolation:* An appropriate setting eliminates social isolation. Exposure to other tenants/residents, families, and staff stimulates a continued public persona. Group activity and interactions often can galvanize and motivate postures and behaviors that may otherwise disappear.
- *Staffing:* Providing ongoing qualified and supervised staff is frequently very difficult in a home. The evaluation, selection, training, and ongoing evaluation of staff are extremely difficult responsibilities for a layperson or even for an off-site suspensor.
- *Motivation and stimulation:* The techniques, training, and coordination of modern professionals—physical and occupational therapists, social workers, and diet technicians—can simply not be duplicated

at home. Not only are these professionals available for regular assessment interventions in a group setting but also they will safely stretch Mother's competencies in ways that few loving, protective children would consider.

Monitoring of physical status: As people become increasingly frail, they often have less strength or reserve in their organs and systems. Chronic disease is complex, and symptoms frequently mask underlying problems. A knowledgeable multidisciplinary team can frequently identify and assess an issue before it becomes a problem.

The issue creates a model of Jewishness that resonates emotionally for the next generation.

Parents teach us how to live and how to die. A powerful image for the Boomer generation is seeing Mother in a Jewish setting, protected by her community during her frail vulnerable years. In many instances, mother/grandmother is the last repository of Yiddishkeit, and the setting can help link her child to his or her past and future.

MYRIAD UNDERSTANDINGS AND APPROACHES

The disparity among different Jewish communities' responses to the question, "Is aging for us?," is very great. On one end of the spectrum, some have heavily invested in the development of a full-scale nexus of radiating services (NORS) model. At the other end, other Jewish communities have determined at the outset that they simply cannot "do it better." They either do not perceive that the frail aging experience can be reshaped, or they believe that they cannot pull it off. These communities generally outsource their nursing homes to others and allow to evolve, with great fanfare, a potpourri of minimalist "alternatives," holding a low-level maintenance position. Many others are caught in between.

Jewish communities also see completely different "sustainable" futures in the aging field. Some perceive the age wave as an

extraordinary opportunity to engage their community in developing and delivering high-quality services to a strong existing market. These groups generally relish the opportunity to break away from the dependence upon central governmental control. They view the new direction as a community venture, a community enterprise where the potential rewards may outweigh the risks. They reshape themselves, their decision-making process, and their partners in their rush to meet the future.

Other communities are attempting desperately to hold tight to the existing dynamic. For them, sustainability is viewed in the most conservative sense—as a rear-guard action, battering down the hatches against the storm of change.

These disparate organizational and communal postures appear to shape not only how but what they see. For example, some communities literally do not see the extraordinary rise in socioeconomic status of the Jewish aged. In this traditional view, all energies must be marshaled to galvanize the community to bolster the sanctity of existing programs. These efforts require centralized, not decentralized, decision-making, and high-level lobbying, not community-based enterprise development.

However, a few factors can coalesce quickly to open new aging possibilities. First, the aging agenda looms powerfully and immediately in Jews' lives. Second, alternative government and proprietary responses are frequently palpably inadequate. Finally, the reality of the bloom of American Jewry at the beginning of the 21st century—its wealth, expertise, sophistication, and propensity to engage one another—makes more and more "spontaneous combustions" possible in communities around the country.

THE OPPORTUNITY

At a moment when the American Jewish world is in transition, the aging issue appears as a godsend. This is an opportunity to fill the vacuum created by the lowering of the 50-year galvanizing banners of Israel, anti-Semitism, and the Holocaust. Our current asset base suddenly appears malconfigured,

the strategies and mantras that were successful for two generations feel hollow to the next, and the very structure and arrangement of our professional leadership, so critical in shaping and interpreting community direction, must be retooled. The aging challenge may well respond to the characteristics and the needs of a new generation.

Today, the Jewish world is in an early renaissance of new understandings of aging. The challenge is to integrate our programs, the hopes and expectations of our evolving communities, and our lobbying resources into powerful cohesive ventures.

But that potential is frequently short circuited. Aging agencies feel misunderstood, unsupported by, and correspondingly unresponsive of the community. Community leaders frequently feel that the aging agency(ies) cannot do it better, that the proposed aging initiative is not sustainable, and rather than creating generative community, the venture could undermine it. In the vacuum, lobbying power is often pulled to lend the theoretical weight of the national community to universal programs, to save the overall system, rather than focusing on targeted efforts to support the particular needs of given communities.

In successful scenarios, all the players shift their behaviors. Aging agencies will develop innovative NORS, either in tandem with others or, more likely in today's communal climate, through a series of discrete, perhaps overlapping entrepreneurial ventures. As the era of big government is over, so too will be aging agencies' primary focus on governmental alliance and funding streams. And as government sifts, sorts, and swirls its approaches, successful agencies will re-engage their underlying Jewish communities—both for resources and market share.

As they attempt to do so, will these agencies find productive alliance with federations? In large measure that will depend on rethinking the traditional federation role as central planner, coordination controller, and advocator.

In the post-industrial age, success is predicated upon the velocity of change—how many

innovative trials does one initiate, how quickly can one read and adapt, and how tight is the feedback loop. This requires that planning and execution be both initiated at lower, decentralized levels. At this time of great change in the aging world, of increased specialization, competition, and chaos, discrete operational units must act relatively autonomously, but within strategic frameworks.

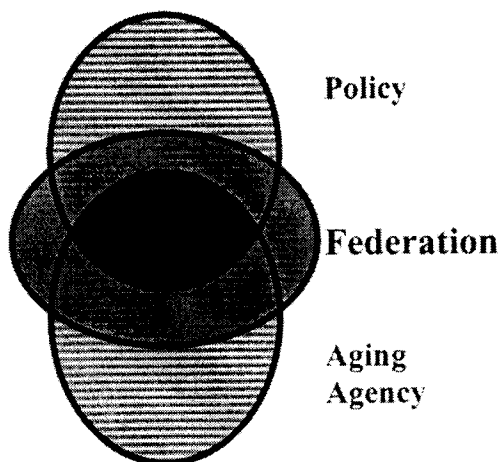
The new opportunity for federations is to act not as controller but as accelerator. How do federations use their bully pulpit to help marshal communal resources to bolster and foster small-scale ventures? How can they provide protection, overarching vision, and rallying ground for agency-community ventures to prosper? How do they filter out negativity and align enthusiasm to produce accessible, readily available resources? Acting as an accelerator necessarily means retooling: from large, long-standing committees to task forces; from the slow development of one central message to engaging, exciting, sometimes competing approaches; from economies of scale to economies based on competition; and from master to servant leadership.

This discussion suggests that much of the new expertise critical to communal success has to do with the communication of images and ideas into and within discrete communities. This is one of a range of very sophisticated skill sets that must be linked in order to achieve fully successful aging programs in an era of diminishing resources. Proper alignment will require very different postures among the three players (see Figure 3).

In this model, agency and policy strategies overlap, and federation is involved with integration and with community. Federation has a planning capacity with agencies, not as a gatekeeper or higher authority but as a strategic and tactical advisor. The texture of the relationship will change from covert and overt hostility to ongoing (not periodic, scripted) engagement, and ultimately (for some) the seeking out of one another in order to engage distinct skill sets that are necessary to address the aging imperative in a full way.

NORS development requires a series of

Figure 3. New relationships in the modern era.



interlocking skill sets: developing and sustaining relationships with evolving labor markets, jumbles of government entities, underlying communities, and of course with older people themselves—through programs, services, and buildings. In many instances, the discrete skill sets exist, but are arranged in a competitive, antagonistic framework. Certain communities' leadership resources may be so fragile and their historic community culture so tortured that alliance formation and sustained relationships may be unimaginable, if not impossible. In such a case, one or the other party may have no alternative than to assume all of the roles in NORS development and community engagement.

It is curious that "policy" has evolved out of and away from day-to-day Jewish community efforts to care for its aging. After all, policy setting around NORS development is the critical issue facing local communities. Yet at a time when billions of Jewish community dollars are at risk and when hundreds of millions of community investment dollars could be engaged by the aging imperative, "policy" has continued to focus most adamantly on beating the drum of an old paradigm—striking the clarion call for more governmental support and programs and filling gaps in an imaginary continuum.

This may be because most of our communi-

ties have not developed a large, shared systematic NORS vision for aging—and as a result, policy, like everything else, is a fragment pulling in its own direction. It may also be that certain elements in our community would like the Jewish communal efforts to be directed elsewhere, to be dissipated and diffused. Or it may be the conscious or unconscious strategies of demagogic leadership—foreign policy crises do draw attention away from more immediate failings at home. It may also be a matter of naivete, that people are led or lead themselves to believe that their immediate voice about a presenting issue will save the future, without full recognition that the issue at hand is but a presenting symptom of an overwhelming aging dynamic that will mandate rapid fundamental change.

Finally, there is the current problematic orientation of and relationship to policy professionals. When the Jewish community has no clear local aging vision, the policy professional is either left to infer one, to pursue his or her own professional interests, or, by default, is encouraged to lobby and solicit the community to follow a particular policy course. In these instances, policy is not created by the community in furtherance of its strategic vision, but rather may become a function of the crisis du jour, a question of fashion, or a mere dalliance.

CONCLUSION

The immediacy of the aging issue, combined with its size and complexity, can galvanize a community. The logic of realigning thinking, even in the most troubled Jewish communities, becomes clear. Without reaching back and involving the whole community, aging professionals cannot address the full spate of aging issues. Without galvanizing, large-scale, and relevant programs, federations' task of community development becomes difficult, if not impossible. And without an informed, available lay community that sees aging as vital to its mission, there will not be the platform of support that can make policy professionals more than ineffectual lobbyists. It will be in the enlightened self-interest for these different parties to engage fruitfully.

Is aging for us? This will be decided by each local community. In the post-industrial age, with its distributed flow of information, demands and entreatments from central authority will no longer determine the answer to the question. In fact, with the wildly different local reimbursement systems and regulatory environments, and with the wide range of different communities' awareness of and expectations about aging, national agendas and positions become less relevant.

So even as aging becomes us, and the resources and energies of many communities

are being dramatically realigned to address the issue, it has not, and apparently will not appear on the national, central radar screen. Increasingly, this does not matter.

Is aging for us? The component parts of a local community will form around its unique patterns and possibilities. Many new aging ventures will precipitate because of the chemistry of personal and group anguish, broad bands of local resources, and the low-level informal network of Jews nationally who will find what is better and bring it home. Jews are mobile, upwardly and geographically, and older Jews are migratory. They meet, mix, and engage quickly. They discuss issues of concern at relatively deep levels—both personal and communal. So in a particular community a new aging initiative may appear spontaneous, but it will really be an outcropping, a sudden recognized combustion of underlying interest and stirrings. In given communities, that combustion can and has led to the realization that we can do it better, that it can be sustainable, and that the undertaking can create generative community.

Is aging for us? The answer to the question will shape a community's dimensions and dynamics. In a world of four-generation families, will a community define the future only in its traditional manner, as a concern for the *kinder*, or will it embrace a fuller image of humanity and itself, and infuse our future selves with richness and meaning? Who is us?