

trasted with a per diem cost of \$40.00 for an in-dwelling patient in Maimonides Hospital.

In evaluating results to date, it should be kept in mind that we are dealing with patients who will never be able to manage their own affairs independently again. The irreversible damage they have suffered to that part of the brain governing intellectual activity precludes this possibility. Their dependence on others requires therefore, that they be given care either at home or within an institution.

The day hospital attempts in a number of ways to encourage the relatives with whom these patients live to continue maintaining them at home. (1) It relieves these relatives altogether of the burden of caring for the patients during those hours that the latter spend

at the day hospital, thus enabling the relatives to relax and replenish their energies. (2) By helping the patients utilize their remaining abilities more effectively, by meeting their need for acceptance and by maintaining their physical health, it enables them to function at a more adequate emotional and physical level, thus reducing the problems involved in caring for them at home. (3) It makes available to families a trained social worker with whom they can discuss problems as required.

It is difficult to know how many among the 26 patients would have had to be institutionalized if they had not been receiving treatment in the day hospital. It is likely, however, that without the day hospital, most of them would already have been placed in institutions by now.

The Jewish Aging: Problem Dimensions, Jewish Perspectives, and the Unique Role of the Family Agency

DAVID ZEFF

Director, Community Planning Department, Council of Jewish Federations and Welfare Funds, Inc., New York

Because the elderly are largely hidden, because they are constitutionally not capable of militant advocacy in their own behalf, we must become their advocates—not only in the direct services we provide, but in representing their interests in the general community, in pressing for ameliorating legislative action, in helping them to utilize to the full their government entitlements, not as handouts but their just due as citizens of this land.

To discuss the service needs of the Jewish elderly is to confront what is probably the major social problem of our society. This discussion will attempt to relate the issues to the realities of our service parameters and available dollars. It will deal with:

1. Identifying the dimensions of the problem.
2. The Jewish perspective
3. The unique role of the Jewish family agency.
4. The special contribution that can be made by the volunteer.

There is a remarkable similarity about the needs of the Jewish aging almost everywhere in the United States — whether in San Francisco, Cleveland, Baltimore or Essex County. In Boston, several years ago, a daily count was kept of the kinds of services for which the aging were asking. During the same year, the Jewish Counseling and Service Agency of Metropolitan Essex County was gathering the same data, and it came as no surprise that the three priority concerns were exactly the same: living arrangements and housing, medical and health needs, and need for income.

Almost without exception the target group in each of our major Jewish communities that receives the most attention by our Federation social planning committees is the elderly. And this

is properly so because they are the poorest, the sickest, the loneliest and most forgotten, and the fastest growing in percentage.

The validity of these judgments is borne out by the findings of the National Jewish Population Study of the CJFWF, completed several years ago. While some communities have from time to time conducted local Jewish population studies, until now, there has never been any scientific sampling of the national characteristics of the Jews of the United States.

What the National Study tells us about older people only serves to confirm some of our deepest anxieties.

1. The Percentage Growth of the Aging

We are at zero population growth. We are just barely reproducing our number. One of the consequences of zero growth is the percentage rise in the number of our aging. In the general community ten percent of the population is over 65 years; among the Jews it is about fourteen percent. The percentage is rising every year.

Government has the major responsibility for providing for the basic needs of the elderly, the poor, the handicapped. This is a lesson that came painfully out of the Great Depression, but gov-

ernment has always lagged behind, as witness the obvious privations of those elderly today who must subsist solely on Social Security income. The private sector must always play a decisive role in innovating ways to supplement income and provide services. Services are also dollars. A hot meal is not only nutritionally important; it is less to spend out of one's meager income on groceries. A free ride to the clinic not only eases the burden of tortuous travel; it frees quarters and dollars for drugs or for some of the amenities that have so long been denied. So, if the challenge to the private sector to provide programs for the elderly is of such urgency in 1975, it will surely be broadened and intensified in the years ahead.

2. Levels of Poverty

What comes through with distressing clarity from the national statistics is the fact that poverty among the Jews of America is largely the poverty of those over 65 years. The National Population Study revealed that 44 percent of households headed by persons 65 years and over reported incomes of less than \$4,000 per year. And an additional thirteen percent report incomes between \$4,000 — \$6,000. This is not to suggest that all of them live only on these meager incomes, but we can assume that for many, lifetime savings are constantly dwindling away with a sense of growing panic and fear.

Poverty among the Jewish aged is widespread. In St. Louis the findings were labelled "Operation Corn Flakes"; to walk among the elderly in some parts of lower Miami Beach is to encounter genuine deprivation, as it is in sections of the Bronx, Brooklyn, lower Manhattan, and of course, in the concentrated older sections of most metropolitan centers.

One of the characteristics of being old is to retreat within one's self. The el-

derly are largely hidden; and their needs are hidden. Their lack of income, however, relates not only to food, medicine, decent housing, but to an important way of life that can no longer be sustained — membership in a synagogue or Center, in a local branch of a national membership organization, an occasional movie or concert. These are some of the basic elements in their lives which a community should seek to enrich.

3. Impact of Mobility and the Need for Advocates

The aging are the indirect victims of accelerated mobility. More than half of our Jewish heads of families have had some level of college training. But when we look at the educational attainments of the between 25-30 year age group, we find that 75 percent of the males and 50 percent of females have had at least four years of college. And of these graduates, 50 percent of the males and 30 percent of the females have some level of post graduate training. The result of this high level of professionalization is that many do not return to their native communities. We are increasingly small nuclear families cut off from our extended families and our Jewish institutional roots. So very many older people rarely touch the lives of children or grandchildren, and in moments of crisis there are often no immediate family members to offer solace. In a very direct and supportive way, the Jewish community must become their extended family.

And then there is the terrible burden of idleness. The curbs become steeper, the green traffic lights are shorter, the crowds more noisy, the traffic more menacing — and so they stay home. They do not come and cannot come easily to us; we must reach out to them.

Jewish family agencies generally recognize the important priority which

serving the elderly represents, and most of them devote at least 25 percent of their total service time to this category.

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4. The Incidence of Sickness

The aged are also our sickest. Four-fifths of all over 65 years suffer one or more chronic illnesses. They stay in hospitals three times longer than younger people; they are more accident prone — they suffer from slower reaction time, poorer vision, poorer hearing.

And yet, having spoken of all of these disabilities that face some of the oldest segment of our population, it is in many ways an unfortunate way to categorize all who pass their 65th birthday. Becoming old is not a condition, it's an evolving process. Leroy Jones, in his thoughtful paper, entitled "Aging: What Does It Mean?" points out that aging is universal, aging is normal, aging is variable. Each individual ages at a different rate, based in part on his inherited genes, on his physical and emotional health, his life experiences, his economic security and his interactions with other people and society.

Unfortunately, society sometimes hastens the process of aging, as for example, the definition of old age as starting at 65. For this we can thank Chancellor Bismarck, who in 1882 (nearly 100 years ago) set up a social insurance-pension

program in Germany, using 65 as the eligibility age. There was a kind of logic to it at the time since so few reached that age, and even fewer survived long after. Yet, when our own Social Security law was enacted in the 1930's we took our cue from Bismarck. It is an arbitrary judgment and has had a pervasively negative influence on the self-image of older people. Remember that in 1900 the average life expectancy was 47. Today it is well over 70. In seventy-five years the length of life has almost doubled. Our programs should reflect this reality — not categorizing all over 65 as needing service but selecting out for our attention the most vulnerable.

What has not been made reference to as yet is the Jewish attitude toward the elderly which must ultimately shape the thrust of our programs. There is a Jewish dimension to which we must make reference. In many ways, our concepts are profoundly different from that of the society around us.

As recently as 1965, a Gallup Poll revealed that 54 percent of the American people believed that when a person is poor, it was due to "lack of effort on his own part" rather than "circumstances beyond his control." The influence of this Puritan myth has had a chilling effect on our society's social progress and has held back our wealthy nation from developing social programs long established in far less well-to-do countries. Many legislators have translated the expression of Mark and John "The poor you always have with you" to substantiate the inevitability of poverty. And this has been applied to the aged as well as to the younger poor as witness our failure to provide any Federal government programs for the elderly until well into the 20th century. The shameful and degrading "poor farms," mostly for the old, is well within the memory of many of us.

But the compassionate Jewish view

saturates our tradition — both on the condition of poverty itself and on the sanctity of the aging.

Out of the hundreds of references, two from Proverbs are typical and illuminating. It underscores what should be the dignity of old age: "The hoary head is a crown of glory." Probably the most direct and devastatingly simple statement on the impoverished human condition is: "The ruin of the poor is their poverty." The charge is not against the victims, the charge is against ourselves. The evil is the very existence of poverty and we are called upon to act in its eradication. And here the injunction is clear. We don't do it merely as planners, or as social workers or as marginally interested volunteers. We do it with a total commitment and investment of self. This is how Rabbi Shelomo of Karlin expressed it in the 18th Century:

If you want to raise a man from mud and filth, do not think it is enough to keep standing on top and reaching a helping hand down to him. You must go all the way down yourself, down into mud and filth. Then take hold of him with strong hands and pull him and yourself out into the light.

— Rabbi Shelomo of Karlin,
Eighteenth Century

Note that Rabbi Shelomo says "a man," not just a Jewish man. When Moses Maimonides speaks of the 8th and most meritorious degree of charity (familiar to most of us), he adds a passage that is less frequently quoted:

And if thy brother be waxen poor, and fallen in decay, then thou shalt relieve him; yea, though he be a stranger or a sojourner; that he may live with thee. This is the highest step and the summit of charity's golden ladder.

The key phrase, of course, is "that he may live with thee." It means to participate in the religious life of the community through membership in a synagogue and to be transported there if necessary; to hold membership and

participate in the community center and other organizations; to attend a private Seder if he has no family — in short to "live with thee," to live with us. We live in a youth-oriented society, the cult of the young — the Pepsi generation. We extoll the vigor and the achievements of young people. We not only neglect; we even demean the elderly. Staying young is such an obsession that many euphemisms have been adopted simply to avoid saying the word, "old." The late Rabbi Abraham Heschel once commented: "Youth is our God, and being young is divine, a kind of new monotheism. To be sure, youth is a very marvelous thing. However, the cult of youth is idolatry. Abraham is the grand old man, but the legend of Faust is pagan."

Who are our Jewish aging and what are the unique responsibilities of a Jewish service agency, and especially, its corps of volunteers. To illustrate the total universe of those over 65 in our Jewish communities, my colleague, Sophie Engel, has suggested that we visualize a circle with three concentric inner circles. These are not rigid categories, but represent broad divisions of the over 65 population. The outer, largest ring consists of at least 50% of the older population. Their service needs are no different from the rest of the community. They are essentially able-bodied. Many continue full or part-time work, some are retired with adequate incomes, and they maintain full management of their households. For a family agency this is not a group to be categorized as dependent.

The second inner circle, is smaller and accounts for about 30 percent of the aging population. They are usually an older category who need some community-based services to function more adequately — safer neighborhoods, more adequate housing, transportation to the synagogue or Center, a

hot meal a day, legal advice, information about Social Security, etc.

The third and still smaller inner ring consists of about 15 percent who are the most infirm and oldest of those living outside of institutions. They are often only partly ambulatory and may suffer the entire range of the disabilities of aging. They need a comprehensive array of concrete services that will help them live in the community and not have to seek admission to the Home for the Aged. Finally there is the tiny innermost circle, the institutionalized, who account for 5 percent of the community's aging. Just a word about Homes for the Aged: For those needing the full range of supportive services in a fully protected environment and who can no longer manage because of enfeeblement, senility, serious physical or emotional problems, the Home is the only appropriate setting. But many are beginning to raise questions about the appropriateness of admitting those with some capacities for self help. Abe Kostick, director of the Baltimore Home for the Aged, has suggested that a large percentage of the aging in Homes never should have been admitted. They are there only because we have not sufficiently developed community programs. Institutions, says Kostick, tend to infantilize people. The institution does everything for them, it denies them the opportunities to help themselves within their capacity to do so. In most institutions, you don't make your bed or sweep your floor or bake cookies or serve tea or monitor your intake of medicine or buy a loaf of bread or set your hair, and so on — small tasks that many of the more infirm can do. And so the Baltimore Home is now setting up small group homes with about 25 persons per house with only a housekeeper, a nurse and a caretaker in charge. Built-in are maximum opportunities for use of self within one's capacities. And the pro-

gram is run at only a fraction of what it costs to serve a resident in a Home with its panoply of nurses around the clock, of special medical and ancillary services, and an almost one-to-one ratio of residents to staff.

The older population has been divided into these concentric circles to illustrate the centrality of the family agency in serving their needs. Obviously for half of the aging, services are extended by all of the Jewish agencies. At the other end of the continuum are the 5% who are institutionalized. But for the group in between, the family agency is the principal source of service support. Some programs, such as housing, or a coordinated service center for the elderly, are essentially a total Jewish community responsibility, but for most of the services, the family agency is especially well equipped.

Before discussing some evolving ideas, it is appropriate to make some suggestions regarding the community aspects involved in serving older people. In general, the response of Federations to requests for funds to develop programs for the elderly has been positive. Ideally, a Federation should take the initiative and press its agencies to develop such programs. But with the tremendous pressures on Federations to meet commitments to Israel as well as to local and national programs, the assertive stance can appropriately be taken by the local family service agency. Some of the most creative programs for the aged in some of our best organized Jewish communities were initiated by the local family agency. But Jewish needs are infinite and our available dollars are quite finite. What is brought to the Federation for financing, therefore, must be the most compelling, must be reasonably well researched, within the normal expectation of being financed, and dramatically presented. The following five criteria are suggested in determin-

ing which programs to push for most vigorously:

1. Programs geared toward keeping aged people in the community as long as possible by sustaining them in their own homes.
2. Programs that serve the most disadvantaged in the community — the poor, the sick, the lonely.
3. Programs that affect significant numbers of people — otherwise the per capita becomes too costly.
4. Programs that involve, cooperate with and draw upon as many of the other local services as possible — in the Jewish and general community — and under the planning umbrella of Federation.
5. Nothing being planned should diminish the community's concern for the needs of the chronically ill in the local Home for the Aged.

What is now suggested is a laundry list of ideas — services to which Jewish Community of 100,000 might reasonably aspire. Some of these are uniquely within the creative skills of a family agency; others that cut across the functions of the other Jewish communal services must be planned for with the Federation and in concert with the other agencies. But the militant espousal of all these programs can be those of the family agency.

1. *A service center for the elderly*

The aged need a central address — a place not only to be served, but for information and guidance as well. The family agency has a key role, but it must also employ the resources of the other agencies as well. The service center can provide the following services:

- a. Information, referral and follow-up.
- b. All types of short term counseling including crisis intervention,

pre-retirement and retirement planning, employment counseling, government programs and benefits.

- c. Hot Line — open at all times for the elderly with emergencies.
 - d. Volunteer training and Outreach, including some helpers, homemakers, home health aides, case aides, case advocates, protective services, friendly visiting, etc.
 - e. Health screening.
 - f. Central transportation services.
 - g. Legal services.
 - h. A record keeping system to determine future need.
 - i. Summer vacation services.
2. *Neighborhood drop-in centers* with emphasis on leisure time programs — planned and implemented by the older persons, themselves. An important way to overcome loneliness by those who can get about.
 3. *A central transportation system* which would be dispatched through the Jewish Service Center, to recreational, medical, shopping or religious facilities.
 4. *A hot meals program* especially for those in their own homes who cannot travel.
 5. One of the great unmet needs of the elderly — decent, *low-cost apartment housing* with supportive services.
 6. *Cooperation with the community relations agency* in joining forces with other like-minded groups to push legislators to enact more generous programs for the elderly.

Even a casual examination of this listing suggests numerous ways in which the work of the volunteers can be of crucial help:

- They can be the major instrument for overcoming the problems of loneliness and feelings of uselessness.

- They can be the single most important element in reaching the isolated and home bound.
- They can be the principal resource for bringing many elderly back into the mainstream of Jewish communal life.
- These are tasks that are especially suited for those who are now retired and free to contribute their leisure time.
- Finally, what of the wisdom and the experiences of our elderly? Who but

the volunteer can record this wealth of knowledge, knowledge no longer being transmitted to our young.

There is a prayer in the 71st Chapter of Psalms that is recited especially on Yom Kippur — not to man but to God:

Do not reject us in our old age; do not abandon us when our strength has left us. Even in old age, abandon me not until I have declared thy strength unto the new generation, thy might to everyone who is to come.