

Changes in Programming for the Jewish Aged in Residential Health Care Facilities*

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Programs within our homes seem to be changing from an arts and crafts orientation to more intellectually stimulating programs. At one time synagogue services and weekly movies were the primary recreational activities. Now programs are addressed to the interests and needs of better educated residents, who are culturally aware of their American heritage, attuned to political candidates and issues, and on a higher socioeconomic level than ever before.

IN an informal meeting of several administrators of Jewish homes for the aged, it was remarked how the homes of yesteryear, which were all quite similar, are all so different from one another today. Jewish homes were founded for the elderly who experienced the bitterness of anti-Semitism. Virtually 100 percent of the population was Jewish and a great majority was Orthodox, entirely observant of the Sabbath, holidays and *kashrus*. Most homes had a daily *minyon* for services in the morning and evening. Residents were almost all Yiddish speaking immigrants from Eastern Europe. They had little formal education, had struggled for survival in a new country, and were virtually unaware of their adopted country's social, cultural, and political customs. Today, however, many Jewish homes are non-sectarian and an increasing number have a pluralistic population. The traditional Jews are not as large a proportion of the population as before.

Today's homes significantly differ from one another in sponsorship's objective and mission, type of population served, and Jewish customs and traditions practiced. There is the facility whose patients are all Jewish and where all rituals and traditions are observed by

all departments based on the strictest interpretation of Jewish law. Then at the other extreme there is the Jewish home that serves kosher meals on request only and has a pluralistic population, 33%, Jewish; 30%, Catholic; 35%, Protestant and 40% Black.

At the meeting of home administrators, it was suggested that we take a closer look at the changes that have occurred in the Jewish aged we serve today, the resultant changes in our homes' programming, and how we continue to serve traditional Jews, whose needs originally prompted the establishment of many homes but who are no longer as large a proportion of the population. The result was the development of an informal survey based on a questionnaire (appendix) prepared by two administrators of Jewish homes. Of the 127 facilities to whom questionnaires were sent, 66 facilities, or 52%, responded. The following is an analysis of these results. We are of course well aware that there is a large element of subjectivity in the responses beyond those based on objective fact. Moreover the *failure* of some homes to respond may be eloquent of replies that would differ from those received and would weight the results differently.

The facilities responding were characterized as follows:

31% (21) of the facilities were free-standing, of which:

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- 11 facilities were skilled nursing facilities (SNF) only.
 - 3 facilities were health related facilities (HRF) only.
 - 7 facilities were housing only.
- 69% (45) of the facilities were facilities that combined different levels of care, of which:
- 26 facilities contained SNF and HRF levels of care.
 - 19 facilities contained SNF and HRF levels of care in addition to housing.

Dates on which the facilities were founded:

- 48% (32) before 1925.
- 18% (12) between 1926 and 1950.
- 18% (12), between 1951 and 1975.
- 15% (10), since 1975. Many of these are free-standing housing units.

Changes in proportion of Jewish population over time.

- When founded, 76% (50) of the facilities were 100% Jewish; currently, at the time of the survey, only 42% (28) remain so today.
- When founded, 15% (10) were 90–99% Jewish; currently, 33% (22). Some of the facilities included in this latter figure were not originally, or ever, 100% Jewish.
- When founded, 9% (6) were less than 90% Jewish; currently 24% (16).
- The range in proportions of Jewish population currently is from 33% to 100%, the lowest percentage being a hospital-based skilled nursing facility.

The obvious trend is toward a decreasing number of facilities with solely Jewish patients and an increasing number of facilities having a pluralistic patient population.

The National Jewish Population¹ report on aged indicated major areas of change with regard to country of birth, level of education and *kashrus* observance. In terms of country of birth, it found that,

In households headed by persons 80 years and over, 86% are foreign-born; in households headed by persons 70 to 79 years, 62% are foreign-born; in households headed by persons 65 to 69 years, 41% are foreign-born. The decrease of foreign-born heads of households as the population is younger is apparent.

Similar results have been noted in various recent studies of the Jewish aged at large in local communities such as Baltimore, Cleveland and New York.²

According to our survey responses, the percentage of American born residents in homes when facilities were founded ranged from 0–75% and today range from 0–97%.

- 0–25% American born was reported by 59% (39) of the facilities when founded and by 31% (20) of the facilities today.
- 26–50% American born was reported by 11% (7) of the facilities when founded and by 25% (17) of the facilities today.
- 51–75% American born was reported by 9% (6) of the facilities when founded and by 17% (11) of the facilities today.
- 76% or more American born were reported by 5% (3) of the facilities today.

The increasing number of American born residents is obvious. The decrease of foreign-born aged in the community at large is reflected in their decrease among the institutionalized aged. (It was interesting that some homes indicated recent admissions of Russian immigrants.) Should there be no future waves of Jewish immigrants, it is conceivable that we will have an all native born population in our homes within the next twenty to thirty years.

A question in the survey eliciting responses about residents' knowledge of community issues, political candidates and political issues, and social or cultural activities, clearly indicated an increasing awareness today in virtually all these areas compared to 10 to 15 years ago and surely since the home's founding.

An increasingly higher level of education was reported by administrators.

- 74% (49) of the facilities responded they had patients who were better educated than a decade ago or when the facilities were founded
- 14% (9) of the facilities responded there was no change in educational level. Most of these were free standing SNF's.
- 5% (4) of the facilities responded their patients were less educated than before.

This increased educational level of the aged was also indicated in the National Jewish Population Study as well as by the studies in local communities.

The question on religious identification indicated a proportionately increasing Conservative and Reform identification. Most administrators included secularist with reform identification in their responses.

Four facilities, one in Phoenix, Arizona and three in New York City, reported an increase in proportion of Orthodox population as a result of a change in their neighborhood or community. A new home is also being planned by the Orthodox community of Queens, New York that will specifically serve those totally observant of the Sabbath, holidays and *kashrus*. Furthermore, an interesting report is forthcoming from the Committee on Aging of the New York Federation of Jewish Philanthropies estimating that within the next 20 years, Orthodox Jews will comprise over 50% of a reduced total

Jewish population of New York City, warranting a plan to better serve this population. The resultant effect upon the Jewish homes in New York City will be most interesting to observe, as this phenomenon seems to be contrary to what is happening in most of the country.

Our survey response indicated that 91% (60) of the facilities currently observe *kashrus*. This corresponds with the report by the 1982-83 NAJHHA directory of *kashrus* observance in 93% of the 76 facilities reporting. Our homes see a continuing need for *kashrus* observance for a variety of reasons. These include even a minority residents' needs, the home's charter and constitution, sponsorship's requirement and community considerations. This result is in contrast with the findings of the Jewish Population Study which indicated a decreasing level of *kashrus* observance by individual households.

The response of the administrators attributed their home's Jewishness today to a variety of reasons. Almost all homes checked off all items noted which consisted of sponsorship's affiliation, board's Jewish commitment, administration's Jewish commitment, residents' Jewish commitment, and the home's past practice, tradition, constitution or charter. These answers clearly indicated that administrators perceived no change likely in the Jewish attributes of their homes.

Replies to the survey uniformly indicated as aspects of the Jewish character of their homes: Jewish sponsorship, kind of population served, dietary law observance, cultural programs and home's ambiance. There were no changes in recent years except in one area. Five facilities indicated a decrease in Sabbath/holiday observance since founding and a decrease in observing daily or weekly services.

Changes in residents' need for recre-

ational, social and religious programming indicate the following:

A.

- an increasing emphasis by patients on Jewish observances was reported by 12% (8).
- a decreasing emphasis by 15% (10).
- an unchanged emphasis by 52% (34).

B.

- an increasing intellectual and educational orientation was reported by 76% (51).
- a decreasing intellectual and educational orientation by 5% (4).
- an unchanged orientation by 10% (7).

C.

- an increasing culturally sophisticated programming was reported by 70% (46).
- a decreasing culturally sophisticated programming by 8% (5).
- the same culturally sophisticated programming by 14% (9).

Programs within our homes seem to be changing from an arts and crafts orientation to more intellectually stimulating programs. At one time synagogue services and weekly movies were the primary recreational activities. Now programs are addressed to the interests and needs of better educated residents, who are culturally aware of their American heritage, attuned to political candidates and issues, and on a higher socioeconomic level than ever before. In many instances, residents are becoming intellectually challenging to us. With the availability of electronics and computers, they are becoming more technologically advanced.

Our future population may have been foretold by Herbert Shore in the Min-

neapolis meeting, when he described an 87 year-old resident in his home, owning a doctoral degree and an extensive stock portfolio which he manages by keeping abreast of financial journals and considering the purchase of a computer to monitor his portfolio.³

The response to the question about new or innovative programs as a result of residents' changing religious beliefs, educational level, or cultural awareness was overwhelming. Continuing education was emphasized by many. The programs listed were:

- Pastoral counseling by a department of specially trained clergy.
- High holiday services conducted in English.
- Conservative and Reform services in addition to Orthodox services.
- Classes on Jewish philosophy, bible study, Chasidism, Jewish history, Israel and Zionism.
- Adult education classes in facility open to the community or residents attending classes at local colleges.
- Increasing number of trips to the opera, classical concerts, ballet, theatre and dance groups.
- Creation of an election district exclusively for facility and voter education programs.
- Increasing emphasis on music, dance, and art therapy programs.
- Political candidate forums in facility open to the public.
- Closed circuit television lectures from local colleges and synagogues.
- Scholar in residence program.

Replies to the question as to whether the home's Jewish integrity had changed in recent years (by which we mean a change in its commitment to Judaism), indicated overwhelmingly that there is no change. Fifty-two facilities or 79% responded that no differences have occurred. Four facilities responded that there were indeed changes. Three of

these elaborated to explain that the change was in a positive direction, namely that of reinforcing or strengthening their facilities' commitment to its Jewish integrity.

Seven homes indicated specific plans or policies to assure their continued Jewish integrity despite any changes the future may bring. These plans revolve around strict sectarian policies, long range commitment reaffirmed by continued intensity of Jewish programming and ambiance, and by instituting pastoral counseling departments in which a rabbi is a member of patient care conferences and documents on residents' medical records.

Although the integrity or commitment to Judaism has not changed or diminished according to the responses, it appears that the demonstration or expression of that commitment has changed in some homes from a perspective limited to ritual performance to that of a broader, more cultural support of the general beliefs and ideals of Judaism.

In conclusion, the survey has indicated that the changing demographic patterns of the Jewish aged at large are paralleled in changes in the institutionalized Jewish aged we serve today and whom we will see in the future. They are changing in many ways and in some homes in different directions so that each home may perceive

something different when characterizing our Jewish aged today.

Appropriate steps are being taken by each facility to better serve our changing population and continue to uphold our Jewish traditions and ideals. Homes are continuously innovating their programming. Traditional Jews, although comprising a smaller component of the resident population in many facilities, are still well served and having their religious and dietary needs met. The commitment of the Jewish home is very much alive and continues to be a driving force in serving the changing needs of our residents in accordance with the Jewish tradition of serving our elders.

References

1. "The Jewish Aging—Facts for Planning". National Jewish Population Study. New York: Council of Jewish Federations and Welfare Funds 1972.
2. Barbara Himmelrich, "Summary Report: Needs Assessment of the Jewish Elderly". Baltimore: Associated Jewish Charities and Welfare Fund, 1982; "Current Demographic Characteristics of Cleveland's Older Jewish Population", Background Paper No. 1, Cleveland: Jewish Community Forum on Aging, June 14, 1981; Bernard Warach, Abraham Monk, and Amy Weintraub, *The Status of the Jewish Elderly of Greater New York and Recommendations for Action*. New York: The Jewish Association for Services for the Aged, 1980.
3. Herbert Shore, "Programming for the Next Generation of Residents", Unpubl. paper presented at Annual Meeting of Conference of Jewish Communal Service, 1982.

APPENDIX

Questionnaire on Changing Jewish Aged Population

Name of Home _____ City/State _____

Respondent's Name: _____ Title _____

Number of beds: SNF _____ HRF/ICF _____ Housing _____ Date Home Founded _____

1. What percent of your Home's population is Jewish?

	10-15	when
currently	years ago	founded

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2. Approximately what percent of your Home's patients/residents are American born?

currently	10-15 years ago	when founded
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3. Check those items that your patients/residents are more aware of *now* than

10-15 years ago	when founded
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community issues

_____	_____
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national and international issues

_____	_____
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political issues

_____	_____
-------	-------

political candidates

_____	_____
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social/cultural activities

_____	_____
-------	-------

other _____

_____	_____
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4. How do you find the educational background of your current population compared to patients/residents of

10-15 years ago	when founded
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significantly better educated

_____	_____
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somewhat better educated

_____	_____
-------	-------

same as before

_____	_____
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5. Approximately what percent of your Jewish patients identify with

currently	10-15 years ago	when founded
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Orthodox Judaism

_____	_____	_____
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Conservative Judaism

_____	_____	_____
-------	-------	-------

Reform Judaism

_____	_____	_____
-------	-------	-------

Cultural Judaism with no synagogue affiliation

_____	_____	_____
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Other _____

_____	_____	_____
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6A. Does your Home observe dietary laws? Yes _____ No _____

6B. If Yes, do you see a continued need for the next 10-20 years? Yes _____ No _____

If Yes, is it because of

_____ patients'/residents' needs

_____ Home's charter or constitution

_____ Sponsorship's requirement

_____ Community or other pressures

6C. If you don't see a continued need, why?

7. Is your Home's Jewishness attributed to:

currently	10-15 years ago	when founded
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Sponsorship's affiliation

_____	_____	_____
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Board's commitment to Judaism

_____	_____	_____
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Administration's commitment to Judaism

_____	_____	_____
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Population's commitment to Judaism

_____	_____	_____
-------	-------	-------

Home's past practice, tradition, constitution
or charter

_____	_____	_____
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8. What characterizes your facility as a Jewish Home?

	currently	10-15 years ago	when founded
Jewish sponsorship	_____	_____	_____
Population served	_____	_____	_____
Observance of dietary laws	_____	_____	_____
Sabbath and holiday observance	_____	_____	_____
Daily or weekly religious services	_____	_____	_____
Jewish pastoral care program	_____	_____	_____
Cultural programs	_____	_____	_____
Home's decor/ambiance	_____	_____	_____

9. Do you find your patients/residents' need for recreational, social and religious programming changing to:

A.

- _____ increasing emphasis on Jewish observances (e.g. rituals, traditions, customs).
- _____ decreasing emphasis on Jewish observances.
- _____ same.

B.

- _____ increasing intellectual and educational orientation (e.g. lectures, adult education)
- _____ decreasing intellectual and educational orientation.
- _____ same orientation.

C.

- _____ increasing culturally sophisticated programming. (e.g. music, art).
- _____ decreasing culturally sophisticated programming.
- _____ same orientation.

10. Have you instituted any new or innovative programs as a result of your patients'/residents' changing religious beliefs, educational level, intellectual level or cultural awareness?

Yes_____ No_____

If yes, please describe. _____

11. Has the Jewish integrity of your Home changed in recent years as a result of changing population?

Yes_____ No_____

If Yes, please explain. _____

12. Does your Home have any specific policies or plans to assure the continued integrity of its Jewishness in the future, given changing *Jewish* populations, pluralistic patient populations, or issues of civil rights, receipt of government funds, etc.? Yes_____ No_____

If yes, please describe. _____

13. Are there any outstanding or unique programs implemented to serve your population's changing religious, educational or intellectual needs, that you wish to mention or present during a discussion of Changing Jewish Populations at the NAJHA midyear? If so, please attach description.

14. If you have any additional comments, please feel free to use reverse side or attach.