PREPARING COMMUNAL PROFESSIONALS TO SUPPORT *JEWISH* AGING

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In an aging Jewish community, the need to educate professionals in both Jewish life and gerontology is immediate, as is the need to create a climate that will actively encourage the development of new approaches to Jewish aging. The recent establishment of Jewish family education as a specialty provides a model for how to advance the Jewish gerontology agenda.

A good indication of what appeals to people preparing to enter the field of Jewish communal service through such graduate programs as Brandeis's Hornstein Program is to look at their requests for fieldwork placements. It is hardly surprising that very few request working with elders. When a student's fieldwork assignment involves this population, they sometimes protest. "I won't feel comfortable" or "I came to graduate school because I care about Jewish continuity!"[1] These are understandable objections. America is, after all, a society in which aging is fought through cosmetic surgeries and interventions, exercise regimes. and denial, and the aged, especially those most frail, are mostly segregated from younger generations.

Yet a funny thing happens as these same students begin fieldwork with an aging population; they soon feel they gain far more than they give. Our students report that they value the elders' perspectives and develop relationships that are fulfilling and exciting. They learn to interpret enthusiasms and crankiness and to contain anxieties and concerns. It is gratifying to them to work on programs that draw on their clients' knowledge, experience, and wisdom. They are impressed by Jewish agencies' commitments to providing services in ways that respect individuals, and they appreciate opportunities to support them and their families. In several cases these students secured positions working with elders upon graduation.

Whether in settings that deal with the younger and active seniors or the older, frail elderly, students grapple with the question, What is "Jewish" about this work? How explicit should a Jewish agenda be? What programs, policies, and services are appropriate and helpful? What makes an organization whose elderly clients are predominantly non-Jewish a *Jewish* communal agency? Indeed, what should be *Jewish* about services to the elderly?

This article addresses these questions from the perspective of programs that prepare people for professional careers in the Jewish community. Such graduate programs as the Hornstein program integrate professional skills with knowledge of Jewish life, both historic and contemporary. Although the emphases in the different programs vary, their goal is to produce graduates with skills in programming, planning, and management who are knowledgeable about Judaism and the changing needs in Jewish communities and are passionate about Jewish life. How might more of these professionals be recruited to work with the growing population of older adults? Indeed, in what ways would the Jewish community benefit from such a

[1] According to colleagues at graduate students in Masters of Social Work programs (Baltimore's Darrell D. Friedman Institute for Professional Development, Hebrew Union College in Los Angeles, and University of Michigan's Drachler Program) a few students do have interest in the aging population and do clinical internships with them; however, very few take positions in eldercare upon graduation.

trend? These two operational questions relate to an underlying issue: What is the rationale for developing professionals with a grounding in Jewish communal service, as well as in gerontology?

RATIONALES: WHY FURTHER "JEWISH GERONTOLOGY"

In one sense a response to the "why" question is obvious. According to the 2000 National Jewish Population Study, ours is a graying population with a median age of 43 (compared with 35 in the general population). Almost 20 percent of North American Jews are 65 years of age or older, with those older than age 75 being the fastest growing segment of that population. Thirty-seven percent of the population is age 50 and above. As Rabbi Richard Address of the Union for Reform Judaism wrote, "We are now experiencing the longest-living, healthiest, most mobile, most affluent, most educated, and most spiritually challenging cohort of older adults *that has ever existed in the history of Judaism*" (Address, 2005b, p. 16).

The Baby Boomers will soon be turning 60, and all indications suggest that this enormous generation will continue to create and demand new ways of aging. It is obvious that all Jewish agencies will be challenged to meet the changing needs of people at this stage in life—unless, out of apathy or a lack of will or imagination, they ignore the needs of so many Jews. In a pragmatic sense, many agencies will need to deal with the aging population just to survive. But in a more significant sense, our tradition is built on the religious imperative to create a just and caring society; this includes respecting and caring for elders.

The basic *mitzvah* regarding elders derives from Leviticus 19:32: *Mipne sayvah takum v'hadarat p'nai zaken.* The first phrase is straightforward: "You should rise before an elder" as a sign of respect. The second phrase is generally translated, "and show deference to the aged." But, as Danny Siegel (2000, pp. 50-51) points out, a closer look at the phrase reveals layers of meaning. *Hadarat* derives from the root *hadar,* which he translates as "beauty, grandeur, awesomeness." *P'nai Zaken* is the elder's face. Siegel's translation captures this nuance: Allow "the beauty, light, glory, and the majesty of our elders' faces to emerge, reemerge, and shine forth (as we, in turn, benefit from their light)." It is thus required, according to Maimonides, to stand in the presence of an elder, even if that person is not a sage. The Code of Jewish Law, the *Shulchan Aruch,* stipulates the seating arrangement in a synagogue: "The elders sit facing the people, and the rest of the congregation sits in rows facing the Holy Ark and the faces of the elders" (quoted in Siegel, 2000, p. 57). This is another way of honoring elders—not just maintaining them in the community, but turning to them as we face the Ark that holds the Torah. What a powerful image.

For people in Western societies, the increasingly lengthy segment of life, sometimes called the third age, might very well span three or four decades after retirement. This presents both new opportunities and challenges. As Erikson taught in his seminal work on the life cycle, old age is a stage where the need for attachment and meaning is strong (1968, pp. 38-41). Older adults grapple with questions of ultimate importance: What are the purposes of my life and what will be my legacy? These are questions about meaning and purpose, not of observances and lifestyle. They present opportunities for people to revisit parts of their lives as they reweave their stories and shape their actions to derive meaning. They are the basic questions that religion seeks to answer and for which Judaism has powerful responses. People who have been less engaged Jewishly, as well as those who have lived rich Jewish lives, are open to this personal exploration. The quest for *generativity* (defined by Erikson (1968) as "the concern for establishing and guiding the next generation" [138]) and *integrity* (the need for meaning and emotional integration [139]) suggests that older adults have a readiness to contribute what

they know in ways that will enrich the experiences of younger people and help communities develop. An image in the Psalms 1:3 captures this aspect of aging well: "You shall be a tree planted by the water, bringing forth fruit in its season; its leaf will not wither."

Of course, as people live longer, the leaves sometimes do wither. NJPS data corroborate the strong association of poverty and health problems as people age. As elders become frail and homebound, opportunities change. The same psalmist who says that the leaf will not wither also heart-wrenchingly expresses the fear of growing old and abandoned in Psalm 91:9 in a sentence that is incorporated in Jewish liturgy: *Al tashlichani*. . . . "Do not cast me off in my old age; when my strengths fail, do not abandon me."

This plea, directed to God, has implications for Jewish society. We, who are to emulate God's characteristics, are not to abandon the *zaken* whose strengths are diminished. The Jewish community needs to reach frail elderly in ways that support and nurture them and their families. People who have been active and engaged ought not be neglected as they become less vital. Certainly, as health deteriorates and death approaches and families confront difficult questions, they need support, guidance, and the sense that Judaism has approaches that can be helpful and healing and that the Jewish community has not forsaken them.

Many Jewish organizations are responding to the needs of the aging population and their caregivers in innovative ways. They have developed interesting approaches both for the young and well aging and the frailer, generally older, elders. Renewal rabbi, Zalman Schachter-Shalomi (1995; Schacter-Salomi & Miller, 2000), has pioneered ways to help people use their bodies, minds, souls, and hearts to accept aging and death in a way that enables them to become what he calls "Elders of the Tribe" whose wisdom can be shared and used by others. Many additional initiatives are described in two recent publications: CAJE, *Jewish Education News* (Sales, 2005) and the Cohen Center for Modern Jewish Studies' *Help, Opportunities, and Programs for Jewish Elders: An Action Guide for Synagogues* (Sales, 1998). Approaches range from the Union of Reform Judaism's *Sacred Aging* (Address, 2005a & b; see the article in the Program Brief section in this issue) to San Francisco's *Lehrhaus Judaica* that brings digital technology to people in assisted living and nursing home facilities and keeps them connected to classes, discussions, and groups. Many programs are based on elders' thirst for meaningful involvement and continued teaching and learning, giving, and getting even as they face problems associated with aging.

As programs for the aging population proliferate, there is the question of the role played by Jewish perspectives in them. In her study of a multi-site project designed to stimulate synagogues to become resources of comprehensive care for older adults, Sales noted that staff available to do this work were well prepared in terms of the social service aspects of care. However, lacking a deeper knowledge of and commitment to Jewish life, they could not present approaches that used Jewish resources and ideas appropriately in their work. The selection and training of older adult workers "emphasized social work and programming skills and not Jewish education and experience. [The program] called upon the synagogues to think about their older adult services, but not necessarily to think about them as a *Jewish* challenge" (Sales, 2005, p. 35).

The power of combining Jewish approaches with other needed services is illustrated in the story that Kosarin Frank (2005), a congregational nurse,[2] tells about an ailing man with diabetes whom she calls Raymond. Raymond was cared for by his wife until she suddenly died, leaving him with no relatives and few friends. Frank describes the steps taken that engaged Raymond with many dif-

[2] Congregational nursing, or parish nursing as it is called in Christian circles, is the field of "promoting health within a faith community. [This] includes physical, psychological and spiritual wellness" (Frank, 2005, p. 41).

ferent people within the community who cared for him. They developed real relationships with Raymond so that he became part of many of their families. As the congregational nurse wrote,

> Soon his refrigerator was full of food and the door was festooned with pictures of the volunteers' children, many of whom called him "Grandpa Ray." He began to take part in senior activities at the synagogue and volunteered to drive others through the Caring Committee. He also began volunteering in the synagogue office. We continued to make weekly visits to assess his legs, glucose, and vital signs. We discussed the remarkable changes taking place in his life, healthy diets, how to control diabetes, and his belief in God. He continued to avail himself of the Caring Committee and to volunteer as he was able (Frank, 2005, p. 41).

Although the key professional in this approach is a trained nurse, her nursing skills were augmented by attending to the spiritual, educational, and psychological dimensions of care. The project itself is explicitly rooted in Jewish values of *pikuah nefesh* (saving life), *hadarat p'nai zaken* (respecting elders), and *bikkur holim* (visiting the sick). It connects a range of services within a Jewish context and connects the individual in an ongoing way to a Jewish community that cares for and about him or her.

If we believe that aging Jews are a vital part of the Jewish community and that we are a people who care about all its members, the programs that are developed for older adults need to be grounded in Jewish purposes, as well as social, economic, intellectual, medical, cultural, recreational, and psychological dimensions. This means having a cadre of executives, managers, and direct service professionals who have knowledge both of gerontology and of Jewish life.[3]

Agency leaders, responsible for articulating and creating the mechanisms to advance the vision of Jewish aging, need to understand and be committed to the importance of the Jewish values and ideas at the heart of the enterprise. Without this commitment, programs for older adults will neither reflect Jewish perspectives nor support links to the community that enrich the individual and the community. The programs will have little Jewishness to them. Yet even with a commitment to the Jewishness of the services to be provided, unless there are sensitive staff members who are grounded in Jewish content and approaches, as well as in gerontology, practice "on the ground" will be disappointing. The ideals will not be realized. In an aging Jewish community, the need to educate professionals grounded in both Jewish life and gerontology is immediate.

DEVELOPING PROFESSIONALS COMMITTED TO JEWISH GERONTOLOGY

Recruitment to the field of Jewish communal service presents difficulties that are beyond the purview of this article. Though sustained, systemic attention to this problem has been long in coming, there are indications that recruitment is starting to be taken seriously by some organizations and philanthropists.[4] Efforts to recruit and educate Jewish communal professionals committed to Jewish gerontology should be developed together with related attempts to develop the profession. I offer a few modest suggestions with the hope that they will stimulate people within the field of services to the elderly and those who educate Jewish communal profes-

[3]According to Maurice May, former executive of Boston's Hebrew Rehabilitation Center (now Hebrew SeniorLife), 8 percent of the staff at Jewish long-term care facilities are Jewish; these are mostly in the social work department (Telephone interview, September 2005).

[4] See, for example, the report on the Cohen Center for Modern Jewish Studies' *Jewish Sector Workforce* report, the reconfigured Wexner-Davidson Fellowship, the Professional Leaders Project, and efforts of the federation, Jewish community center, Hillel, and education sectors to recruit, educate, and retain effective professionals.

sionals to begin to consider possibilities and generate new ideas.

There are three aspects of the challenge to consider: (1) attracting potential professionals interested in this specialty, (2) educating these professionals, and (3) creating a communal climate that fosters this work.

Attracting Potential Professionals with Jewish Commitments

There are few programmatic initiatives designed to attract Jewish communal professionals to work with elders. To interest people with strong Jewish communal commitments, special post-BA entry positions could be developed. Loosely modeled on Hillel's Jewish Campus Service Corps, the positions would combine interesting work assignments with mentoring and career guidance. Scholarships for MA-level work to further prepare the most talented participants could be offered in exchange for a commitment to work several years with the elderly after graduate school. The graduate programs would be designed so that participants develop their knowledge of the Jewish community and content along with gerontology.

In addition, agencies could offer short-term summer internships to graduate students in Jewish communal service. Currently, a collaborative effort between New York's Jewish Home and Hospital and the Hornstein Program in Jewish Communal Service expands the range of graduate students' field experiences and knowledge base. Close mentoring at the agency and integration of the experience within the graduate program are important elements of such an approach.

Educating Jewish Communal Professionals with Specializations in Gerontology

None of the programs in Jewish communal service currently has a specialization in gerontology. To develop such a specialization, a critical mass of students and instructors, as well as a training site, is needed. A graduate program could work with other agencies and academic units to design a robust specialization that would include rotations through the types of services provided to elders. In addition to the general curriculum, students would have additional course and field experiences based on the latest knowledge about the aging population and innovative ways to serve elders and their families.

Alternatively, a post-MA certificate program could be developed through a consortium of several programs in Jewish communal service and an institution specializing in gerontology and training. Such an initiative would have the advantage of enrolling a wider range of students than any single program of Jewish communal service and could be open to any communal professional who has a master's degree and the requisite Jewish knowledge and commitment. The program could be offered at nontraditional times so that participants could continue to work as they go through it. In either of these models—the post-MA certificate or as part of the MA—financial incentives in terms of scholarship and fellowship support will be necessary.

Creating the Communal Will to Focus on Serving the Aging Population

The field of aging needs champions and advocates if it is to catch the imagination of the community. Unlike a bounded, small-scale problem, issues about aging affect all sectors of the community and challenge all its agencies, not only those whose sole mission is eldercare.

New approaches to systemic problems do not develop in a vacuum. Local, regional, and national forces need to be drawn on to galvanize new thinking and experimentation (Fullan, 1993). The recent establishment of Jewish family education (JFE) as a specialty provides a model for how to advance the Jewish gerontology agenda.[5]

[5] The relevance of Jewish family education experience to the field of aging was suggested by Amy Sales.

Twenty years ago, synagogues or Jewish schools did not employ full-time Jewish family educators. Today, such educators are found in many synagogues. This growth in the field occurred because of ongoing continental, regional, and local actions that supported each other, though they were rarely planned together.

For example, on the national level, one institution, the University of Judaism's Whizin Institute, emerged as a primary advocate for JFE. It started by gathering many of the most talented people from all over North America who were doing innovative JFE work in their communities, whether in individual settings such as a synagogue or on a regional level. They developed a short-term summer institute to model and teach what they knew about JFE and encouraged teams of interested professionals and lay leaders from all over North America to attend. These annual summer institutes, punctuated by regional conferences, stimulated more innovation and created ongoing excitement for JFE (Bank, 1998; Bank & Wolfson, 1998)

Individual communities simultaneously committed themselves to furthering JFE locally. Federations, working in partnership with synagogues and Jewish schools, backed experimental programs, and some provided ongoing professional training that, in turn, enlarged the number of professionals who could work effectively. Curricular materials were developed and shared, articles written, and research conducted. As continental, regional, and local efforts supported each other, JFE became an expected part of a Jewish education.

The challenge related to work with elders is similar. It is critical to create a climate that will actively encourage and support new approaches to *Jewish* aging. Although JFE had an advantage because of its connection to the continuity agenda, Jewish gerontology has demographic realities as its rationale for immediate action.

There are a great many innovations occurring on a local level in JCCs, long-term care facilities, synagogues, and elsewhere. Many are described in Sales (1998) and in Berrin (2000). The religious movements are already involved, and there is some specialized training underway in rabbinic and social work programs. Bringing the innovators together on a regular basis to share what they know, generate new ideas, and teach others will provide the momentum needed to shift assumptions about work with the elderly. It will help develop the commitment to care for the needs of the aging population within a *Jewish* framework. Done well, this sort of professional development opportunity, when repeated regularly, spreads ideas, disseminates innovation, and helps create a "buzz" and attract advocates to the cause.

The issues to be addressed are not only programmatic but also relate to organizational and communal policy and to prevailing attitudes. Policy and programmatic innovations could address how a community makes its buildings easily navigable for older adults (lighting and signage, as well as handicap accessibility, for example) or how to ensure that all people facing health care and end-of-life issues have personal access to someone with a nondogmatic Jewish perspective to share. The financial and political aspects of making such changes would be as important as the actual innovations themselves. Bringing together the best practitioners, academics, researchers, and advocates to explore questions, share ideas with other participants, and develop new approaches would influence agencies and communities until a tipping point is reached and interest in Jewish gerontology grows. These efforts will define this specialization within the field of Jewish communal service.

Jewish communal professionals who develop a specialty in gerontology will have several responsibilities, not unlike those faced by Jewish family educators as JFE developed as a field of practice. They will need to have up-to-date knowledge of the substantive issues and understand how to embed their work in their organizations so that Jewish gerontology becomes part of how they operate and of the community's expec-

tations for services. Specifically, they will need to do the following:

- understand the needs of elders and their families at different stages of aging, as well as the relevant Jewish value concepts and approaches
- recognize the specific needs of their communities
- leverage local, regional, and national assets to meet those needs
- create local coalitions with lay and professional leaders, such as in Chicago and New York, to garner support for new approaches, determine programmatic and policy goals, and advocate for Jewish aging within institutions and communities
- develop an infrastructure to incorporate Jewish aging in synagogues, JCCs, and Jewish educational agencies, including committees, funding, personnel, etc.
- stimulate or offer programs and develop policy based on the most advanced understanding of aging and commitment to Jewish values
- evaluate and adapt approaches over time as conditions change and information about what is effective is understood more clearly

Using the energy of local innovators and the broad support of such national organizations as the Association of Jewish Aging Services of North America (AJAS), a strategy to recruit and educate professionals to do the pioneering work in Jewish aging can emerge. It could shift how the Jewish community relates to the opportunities that working with older adults and their families entails.

A PERSONAL PERSPECTIVE

I recently spent time with my elderly parents who live a thousand miles away from their nearest child. They live in a wonderful community. They have their own spacious and bright apartment, as well as all sorts of supports and services, from dining and cleaning to access to a long-term care facility and emergency assistance. My father often brags how the "village" won the highest state ratings for each of the last thirteen years.

Lifelong synagogue members, they have been officers, active on many committees, and participants in its choirs, classes, programs, and the like. When they were one of the few kosher families in town, their house was open to anyone coming through who wanted a Shabbat or holiday meal. My father frequently filled in when the rabbi was away and sometimes taught in the Sunday school. Until recently, they both were involved in many other organizations, even bringing challah and grape juice on Fridays to Jewish residents of local nursing homes and leading them in prayer. In a sense, my parents, well known to the community and in an excellent living facility, represent a good scenario for Jewish aging.

Yet, over the years my mother has become increasingly frail and ill. My parents, long-time "schul-goers," had to stop attending services regularly.

Their synagogue recently started a respite group for caregivers. Yet, participation in this group would require that my father leave my mother, something he is uncomfortable doing. Were the congregation thinking systemically, it might have paired volunteers with elders who needed them, thereby providing someone to stay with my mother while my father went off for an hour or two. Might they, who have no children or grandchildren nearby, be visited regularly—especially around the holidays? Could challah be brought over on Friday night? How could such practices become part of most congregations and JCCs? How could the role of traditional adult day health and home care services be linked to Jewish communal life and organizations?

Active through many of the years since their children left home, today my parents face difficult decisions that relate to their health and well-being. The advice of social workers and medical personnel is very important. But so is the voice of our tradition that could provide guidance and comfort. Encountering Jewish perspectives would help them feel less isolated and put their experiences into a wider, generational—and

maybe eternal—perspective. When people are overwhelmed it is hard for them to seek out resources. Resources need to be ready for the many thousands of families each year who face these difficult dilemmas (see the section, "Focus: End-of-Life Dilemmas" in the Fall 2005 issue of *Reform Judaism* for moving accounts of how resources can help or hinder families facing such challenges).

I do not mean to fault the particular community where my parents live; it is moving in the right direction. I do mean to suggest that if the ideas about Jewish aging—what Union of Reform Judaism is calling "sacred aging"—were to be incorporated in agencies and organizations, more Jews would be engaged on their own terms throughout the last decades of life. This important shift will be possible only if there are well prepared Jewish communal professionals, educators, rabbis, and others ready to do the work. The community must recruit people who care about this work into its professional ranks and develop the educational opportunities so they can acquire the full set of skills needed to engage in the sacred work of honoring our elders. Done with excellence and optimism, this will enrich the lives of individuals, families, and communities.

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