

AGING IN PLACE IN THE BALTIMORE JEWISH COMMUNITY

A BRIEFING BOOK

Prepared as part of

The Jewish Community Study of Greater Baltimore

For



Prepared By
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LETTER OF TRANSMITTAL

August 15, 2000
Shoshana Cardin, Chair
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Dear Shoshana,

I am pleased to transmit the enclosed Briefing Book, prepared under the aegis of the Working Group on Aging in Place. We hope that the recommendations contained in this report will be endorsed by the Steering Committee and forwarded to the Board of THE ASSOCIATED for approval.

Recently I mentioned to a friend of mine that I was chairing a committee for THE ASSOCIATED regarding aging in place. She looked at me quizzically, and I knew from her expression that she did not understand the term “aging in place.” It soon became clear that she thought aging in place was accelerated aging while standing still. Therefore it is probably best to introduce this report with a definition of this phrase that perhaps should be easily understood, but is not. Defining “aging in place” hopefully starts what is, in effect, our committee’s call for action.

The term “aging in place” means that an older person remains in his or her customary household over the long-term. It is the preferred option for most seniors, but not always the easiest, since determinants such as age, income, health, family support, and available transportation greatly affect the prospect of remaining at home. These are referred to as “risk factors” in this report, and they create the challenge to our Jewish seniors, but also to our community, to create the support system to help older people to live at home as well as possible, for as long as possible.

In addition to supportive services for the at-risk elderly, there is need for environmental modifications of their home or apartment, if a senior chooses to age in place. Seniors are living longer and want to be autonomous, remaining in the surroundings to which they have become accustomed and have an emotional attachment. Our own research, as well as that of others, revealed that seniors fiercely cling to their independence.

Therefore, the committee has worked hard to respond to the physical, emotional and spiritual needs of our elderly at-risk population. Our seniors deserve our utmost attention in helping them to experience their golden years with dignity and respect from the rest of our Jewish community.

I want to thank all of the members of the committee who faithfully attended meetings, shared their knowledge and experience, and contributed observations and ideas. The senior staff of CHAI, the JCC, JFS, Levindale, the Edward A. Myerberg Senior Center, and Sinai Hospital participated in, and enriched, our meetings. A special thanks goes to Nancy Kutler, who facilitated the process, and along with Larry Ziffer and Matt Freedman represented THE ASSOCIATED. I also want to express great appreciation to Dr. Jack Ukeles and Adele Simon for their guidance and professionalism.

Together, we have evaluated the existing infrastructure serving elderly Jewish people in Baltimore, as well as successful and innovative programs outside of Baltimore. We have documented the need for new strategies and the continuation of successful ones in order to support the independence and autonomy of our at-risk Jewish seniors.

Wendy M. Jachman,
Chair, Working Group on Aging in Place

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EXECUTIVE SUMMARY

The Strategic Issue: Supporting Aging in Place

What is the best way to help older people stay in their own homes as long as possible with maximum autonomy and the best possible quality of life?

Background and Rationale: The National Context

Issues related to aging in place are of concern not only to the Baltimore Jewish community but to the Jewish communities around the world and to the general community as well. There is substantial research and abundant anecdotal evidence that most older persons prefer to remain in their own homes as long as possible.

The vast majority of people over 65, 70 or even 75 are independent and essentially self-sufficient. A significant minority are “at-risk” – with outside assistance, they can continue to live in their own home with significant independence and a reasonable quality of life; without it they cannot. The independent, at-risk seniors are the focus of this study.

Critical risk factors include:

- Being over 80;
- Living Alone;
- No Adult Children in Area;
- Low Income;
- Few Connections;
- Recent Immigrants;
- Health Problems/Depression;
- Disabilities.

Quantitative Data About Jewish Seniors in Baltimore¹

Demographics & Geography

12,000 Jewish people 70 and over live in 9,000 households.

- 61% of households with someone 70 or older are in Pikesville/Mt. Washington compared with only 37% of the households with no one 70 or older.

¹ We were unable to collect data about health problems/depression in the survey. Relatively few people reported disabilities and there are relatively few recent immigrants over 70, although their needs are substantial (see discussion of focus group results).

- Only 4% of the households with someone 70 or older live in Owings Mills/Reisterstown, compared with 28% of the households with no one 70 or older.
- 14% of the households including one or more persons 70 or older live in Park Heights—twice as many as other households.

Old Age

4,500 people are over 80.

No Adult Children in Area

32% of respondents over 70 do not have any adult children living in the Baltimore metropolitan area. Extrapolated to the entire universe of persons 70 and older (including spouses), this would mean that about 3,900 people over 70 do not have adult children in the Baltimore area.

Living Alone

3,300 people live alone, of whom 74% are women.

Low Income

2,100 people 70 and older are living alone with incomes of \$25,000 or less; another 1,500 people are living in two-person households with one or two people 70 and older and with incomes of \$25,000 or less.

Jewish Connections

43% do not belong to a Jewish organization and 42% do not belong to a congregation; 31% have not attended a Jewish cultural event within the last three years; and 38% have not done volunteer work.

The Voices of Independent, At-risk Seniors in Baltimore

Key Findings

- All of the seniors are proud and cling fiercely to their independence.
- Critical variables affecting independence:
 - Frailty/health;
 - Fear;
 - Finances;
 - Mobility.

Key Concerns

- Transportation, escort & shoppers
- Increased socialization (including more weekend and evening)
- Synagogue access
- Dental services and prescription medications (especially for Russian-speaking seniors)
- Housekeeping assistance (more prevalent than personal care)
- Food that they can prepare

- Volunteering (but need transportation)
- Better access to information
- Better coordination between agencies
- Intergenerational opportunities/volunteers with a relationship
- Affordable housing

Current Programs Supporting Aging in Place in Baltimore

- CHAI
- JCC
- JFS
- Levindale – Day Care, Transportation
- Myerberg Senior Center
- Weinberg Senior Housing/Concord
- Inter-agency (e.g. Senior Friendly Program)

Successful and Innovative Programs in Other Communities

- Supportive Neighborhoods (Israel)
- Dorot (NYC)
- Hesed Program (FSU)
- Yad Sarah (Israel)

Recommendations

The Study’s focus on independence and autonomy is confirmed by the qualitative research findings. Since most seniors are able to manage on their own, and relatively few are at risk, the problem is relatively manageable. Between 3,300 and 4,500 people are affected by each of the risk factors discussed above; about 1,500 to 2,000 have “multiple risk factors” (two or more). With increasing life expectancy, this number will increase in the future, and the community needs to be prepared.

The community is on the right track – the Senior Friendly program; transportation study; the study for emergency response, and the relatively high level of inter-agency cooperation are important building blocks for the future.

Supporting “aging in place” not only means helping people to remain in their own homes, but also means helping them to remain active in the community and connected to people of all ages.

Many of the recommendations suggested below require a significant cadre of volunteers of all ages. One should not underestimate the complexity and limitations of working with volunteers. At the same time, volunteers are key to the most successful programs supporting aging in place around the world.

There are nine recommendations for helping people stay in their homes as well-off as possible and for as long as possible: six are new program initiatives and three are recommendations for better information and coordination.

Program Initiatives

1. Develop a community-wide Emergency Response System
2. Develop a pilot program to test a grass-roots intergenerational volunteer model (adapt the DOROT model to Baltimore)
3. Develop an integrated program for transportation, escort and shopping/errands, perhaps as part of, or in conjunction with, a grass-roots volunteer model (recommendation 2)
4. Create one or more supportive neighborhood programs, by expanding the scope of the existing Senior Friendly program
5. Develop a program, using volunteer physicians and dentists, to supply affordable medical and dental care to the neediest seniors
6. Expand investment in “retrofitting” apartments and private homes and undertake a thorough review of the appropriate strategies for maintaining the quality of the now substantial investment in subsidized housing, including a possible endowment campaign as well as other tools

Information and Coordination

7. Develop an Information Service on Aging
8. Create a Commission on Aging in the Community with sub-Boards and project-specific Task Forces. The recently created Housing Board could be subsumed under this model
9. Create a Special Grants Program to support R & D, replication and dissemination

I. THE STRATEGIC ISSUE: SUPPORTING AGING IN PLACE

How can Jewish, independent, “at-risk” seniors living in the community be helped to have the best quality of life, with maximum autonomy and independence? What are the most important gaps in the Jewish and general community’s support system for seniors and their families? Which existing Jewish communal programs need to be modified or expanded? Which service models in use outside of Baltimore’s Jewish community are the most promising for testing and possible adaptation?

II. BACKGROUND AND RATIONALE: THE NATIONAL CONTEXT

All of the research and anecdotal information suggests that older people want to stay in non-institutional settings as long as possible, and prefer to remain in their own homes, in familiar surroundings.

Historically, most of the effort of the organized Jewish community in the United States has gone into institutional services on the one hand (e.g. nursing homes) and services to active, independent seniors on the other hand (e.g. JCC programs and housing for independent living). Increasingly the challenge is to serve those in the middle – typically people in their late 70’s, 80’s and 90’s, living in their own homes, who are able to care for themselves, but who are becoming increasingly frail. With increases in life expectancy and improvements in nutrition and health care, this group is growing larger. People living alone, with modest incomes and without adult children in the community, are most at risk. They face loss of independence, often triggered by or accelerated by decreased mobility (e.g. the inability to continue to drive), reduction in the quality of life, increasing loneliness and isolation (sometimes triggered or accelerated by the loss of friends and peers); and the need to move into an institutional setting for safety and preservation of life.

People in this situation sometimes need assistance in activities of daily living (ADL) such as bathing and instrumental activities of daily living (IADL) such as cleaning, social contacts to overcome feelings of isolation and loneliness, a sense of security in the face of possible medical emergencies, and access to medical services. Possible services include: home care; mental and physical health care; Jewish culture and holiday observance; intellectual, spiritual and social activities.

These issues affect all income groups, but low and moderate-income people have a lower level of resources with which to meet their needs than those more affluent.

In some instances, significant numbers of people live in the same area – in independent living projects or retirement communities where people who entered in their 60’s and 70’s are now in their 80’s and 90’s or in “naturally occurring retirement communities” (NORCS) – often apartment buildings or residential developments where people tended to move in at about the same age and have tended to stay.

III. THE RESEARCH STRATEGY

The focus of the research is on illuminating policy and program choices in support of aging in place through a four-step research process:

- An analysis of quantitative data about older people from the Jewish Community Study survey;
- An analysis of qualitative data from focus groups with older Jews, their families, and service providers in Baltimore;
- An inventory of current programs supporting aging in place sponsored by THE ASSOCIATED and its affiliated agencies as well as others;
- A review of the most successful and innovative programs outside the Jewish community of Baltimore.

IV. QUANTITATIVE DATA ABOUT JEWISH SENIORS IN BALTIMORE

Basic Demographics²

There are 12,200 people in Jewish households who are at least 70 years old, or 12% of the people in Jewish households in Greater Baltimore (Exhibit 1). People over 70 live in about 9,000 households or in 25% of the households (Exhibit 2).

Exhibit 1. Age of People Living in Jewish Households in Baltimore, 1999³

AGE IN YEARS	PEOPLE LIVING IN JEWISH HOUSEHOLDS	
	NUMBER	PERCENT
0 – 17	25,500	26
18 – 59	53,400	53
60 – 69	8,800	9
70+	12,200	12
TOTAL	99,900	100

Exhibit 2. Households with persons over 70

HOUSEHOLD TYPE	JEWISH HOUSEHOLDS	
	NUMBER	PERCENT
Households with one or more persons 70 or older	9,200	25
Households with no one 70 or older	27,400	75
TOTAL	36,600	100

² We were unable to collect data about health problems/depression in the survey. Relatively few people reported disabilities and there are relatively few recent immigrants over 70, although their needs are substantial (see discussion of focus group results).

³ Missing information on age is minimal. Age distributions have been extrapolated to the estimated total of 99,900 people living in 36,600 Jewish households. Baltimore City, Baltimore County, Carroll County households included. In all tables, percentages may not add to 100% or numbers may not add precisely due to rounding.

Geography and Aging

Households with someone 70 or older are relatively concentrated within the Jewish areas of Greater Baltimore. Fourteen percent of the Jewish households with one or more persons over 70 are in Park Heights and 61% of the Jewish households with one or more persons over 70 are in Pikesville/Mt. Washington. Only 4% of the Jewish households with one or more persons over 70 are in Owings Mills/Reisterstown, the most rapidly growing Jewish area. Households with one or more persons 70 or over living in Park Heights are twice as likely to be living alone as they are to be married (21% vs. 10%).

Exhibit 3. Jewish Households with and without person(s) over 70, by Geographic Sub-Area, Baltimore, 1999

	HOUSEHOLDS WITH ONE OR MORE PERSONS 70 & OLDER (%)	HOUSEHOLDS WITH NO ONE 70 OR OLDER (%)	TOTAL (%)
OWINGS MILLS/ REISTERSTOWN	4	28	100
PIKESVILLE/ MT. WASHINGTON	61	37	100
PARK HEIGHTS	14	7	100
RANDALLSTOWN	6	5	100
BALTIMORE CENTER	5	14	100
OTHER AREAS	10	10	100
TOTAL	100	100	100

Risk Factors

Old Age

Of the 12,200 people over 70, 4,500 or 37% are 80 or over. While there are many people over 80 who are able to function very well on their own, people over 80 are much more likely to need help to remain independent than people in their 70's.

No Adult Children in Area

All of the literature indicates that informal systems of care and support are critical to helping people during the aging process. Adult children, especially daughters and daughters-in-law, typically play important roles in support of aging parents – including emotional, physical, and financial dimensions. Thus people who do not have adult children in the metropolitan area are missing a key element in their support system for autonomy.

Thirty-two percent of the respondents over 70 do not have any adult children living in the Baltimore metropolitan area. Extrapolated to the entire universe of persons 70 and older (including spouses), this would mean that about 3,900 people over 70 do not have adult children in the Baltimore area.

Living Alone

There are 3,400 people over 70 living alone, or 28% of those over 70. Of these, the vast majority are single women (74%). Most of the other 12,200 people over 70 are married.

Exhibit 4. Living Arrangements of Persons in Jewish Households, 70 and Over, Baltimore, 1999

	PERSONS IN JEWISH HOUSEHOLDS, 70 & OVER	
	NUMBER	PERCENT
PERSON LIVING ALONE	3,400	28
MARRIED	7,800	64
OTHER (LIVING WITH CHILDREN, SHARING APARTMENT)	1,000	8
TOTAL	12,200	100

Low Income

While adequate income is no guarantee of adequate support, it certainly helps. Low income, by itself, makes it difficult to purchase needed goods and services, and while there are some subsidies available in the general and Jewish community, they are rarely adequate to meet needs. Obviously a different definition of low income is appropriate, depending on the size and composition of a household. In general, a two-person household needs a greater income than a single-person household does.

Twenty-seven percent of the people living alone who are 70 and older report incomes of under \$15,000 a year; another 35% report incomes of \$15,000 to \$25,000 a year. Seventeen percent of the two-person households with someone 70 and older (typically a married couple) report incomes of under \$25,000 a year. Extrapolating from the 74% of this group who reported their income in the survey to the universe of households with someone 70 and older, 2,100 people are living alone with incomes of \$25,000 or less; another 1,500 people are living in two-person households with incomes of \$25,000 or less.

Exhibit 5. Income of One Person Households 70 and Older and Two Person Households with One or Two Persons 70 and Older, Baltimore, 1999*

INCOME	HOUSEHOLD SIZE	
	1 PERSON (%)	2 PERSONS (%)
UNDER \$25,000	62	17
\$25,000 TO \$49,999	25	38
\$50,000 TO \$99,999	11	27
\$100,000 OR MORE	2	18
TOTAL	100	100

*About 36% of the households with a respondent 70 or over did not respond to the income question.

Jewish Connections⁴

Socialization is an important dimension of the ability of people to maintain their quality of life while living in their own homes. The very phrase “living in the community” suggests a degree of connection to others that keeps people engaged and enjoying life. Most people over 70 do have connections in the community – belonging to a congregation and/or a Jewish organization, or attending Jewish cultural events. A significant minority, however, do not have each of these dimensions of “engagement.”⁵

Forty-three percent do not belong to a Jewish organization; 42% do not belong to a congregation; and 31% have not attended a Jewish cultural event within the last three years.

While there is no substitute for face-to-face human contact, electronic connections are increasingly important, especially with decreases in mobility. Twenty-two percent of the respondents between 70 and 79 already use e-mail at least once a week; for those 60 to 69 the percentage increases to 39%.

Exhibit 6. Community Connections for Households with Respondent 70 and over, Baltimore, 1999*

	YES (%)	NO (%)	TOTAL (%)
BELONGS TO A JEWISH ORGANIZATION?	57	43	100
BELONGS TO A CONGREGATION?	58	42	100
ATTENDED A JEWISH CULTURAL EVENT WITHIN THE LAST 3 YEARS?	69	31	100

There are other “risk factors” affecting one’s need for help to be able to remain autonomous. The most important of these are mental and physical health.⁶ While there are no quantitative research findings on these subjects, there are substantial insights that emerged in the qualitative research discussed in the next section of this Briefing Book.

⁴ Obviously social contacts outside the Jewish community are important as well; this topic was not covered in the survey.

⁵ 62% of this age group reported that they do or did volunteer work. Unfortunately, there is no way to tell how much of this activity is current for them, although the issue of volunteering did come up in the focus group (see section below on qualitative research findings).

⁶ Older immigrants also have a harder time managing. The sample size of recent, older immigrants from the Former Soviet Union (FSU) was not large enough to draw conclusions. But their issues were thoroughly aired during qualitative research (see discussion below).

V. THE VOICES OF INDEPENDENT, AT-RISK SENIORS IN BALTIMORE

As the centerpiece of this research, in March 2000, a series of five focus groups was conducted to investigate the strategic issue of how Jewish, independent, “at-risk” seniors living in the Baltimore Jewish community can be helped to have the best quality of life with maximum autonomy and independence. Three focus groups were held with a total of 34 seniors, one with adult children of aging parents, and one with a group of professional caregivers working with seniors in various capacities. In addition, 11 individual telephone interviews were held with seniors in their homes.

The intent was to illuminate aging in place policy choices by exploring the views, attitudes, and experience of older Jewish people in Baltimore to find out their needs, the gaps in service in the general and Jewish community’s support systems for seniors and their families, and the use and need for expansion or modification of existing Jewish communal programs.

Participants were recruited to reflect older Jewish people living in NORCs, “Naturally Occurring Retirement Communities.” One group was made up of participants living in a “market-rate” apartment, a middle-income NORC; one comprised seniors living independently in a variety of housing: homes, apartments, or condominiums; and one was a group of low-income, Russian-speaking seniors living in Jewish community subsidized housing. As well, telephone interviews were conducted with two groups: higher-income seniors, and homebound seniors. Two additional focus groups were held: the Aging in Place Committee serving as an informal focus group representing the perspective of adult children of aging parents; and a group of professional care-givers working in various capacities with independent, at-risk seniors.

Focus Group Participants

Eighty percent of the senior participants were female and 20% were male. In the entire group, ages ranged from late 50’s to 90’s, 56% were widowed and 64% lived alone. However, if one separates the Russian-speaking group, who were somewhat younger, (33% in their 60’s and 66% in their 70’s), and also included more married individuals (10 of the 12 Russian-speakers were married), then the picture for the remainder of the group changes. Excluding the group from the FSU, 58% were in their 80’s and 6% in their 90’s, 73% were widowed and 82% lived alone.

Excluding the Russian group, 67% of the participants were born in Baltimore and 67% of those not born in Baltimore had lived in the city more than 15 years. Thirty-one percent had lived at their current address for more than 15 years.

Sixty-nine percent of the total group had adult children living in the Greater Baltimore area and approximately half had contact with them daily and the other half generally saw or spoke to their children on a weekly basis. Only one participant said there was less than weekly contact.

One-third of the participants, although only two of the 12 Russians, drive a car. Half of them say they drive at night but almost all do so very reluctantly and many do limited driving even during the

day. Eighty percent can prepare their own meals and 82% can bathe without help. About 65% of participants had yearly household incomes of less than \$25,000.

A complete profile of the Focus Group participants can be found in Appendix A. The focus group discussion guides are in Appendix B.

The Central Research Questions

There were five research questions that provided the direction for the conduct of the focus groups and the analysis of the findings:

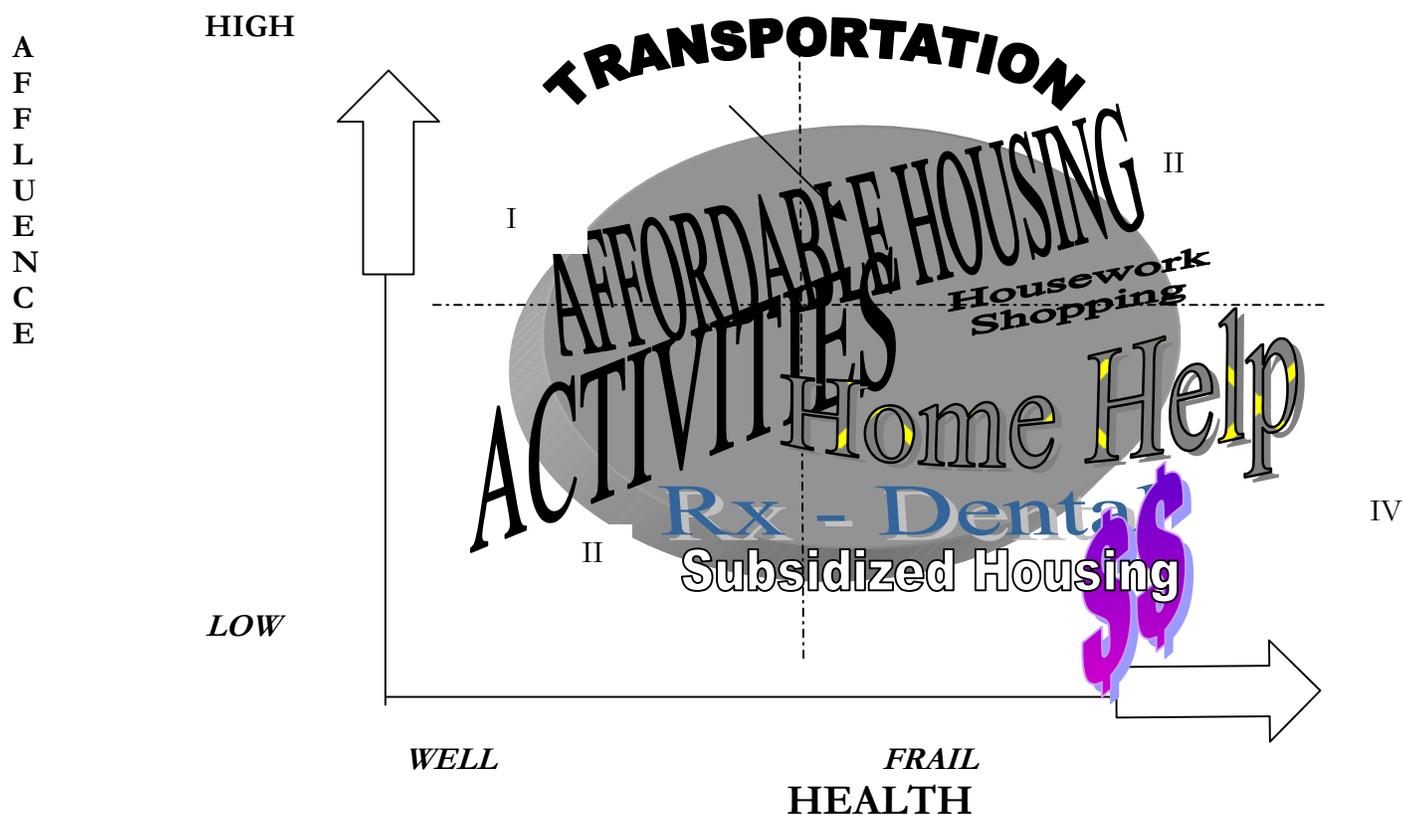
- What are the major factors limiting independence for older Jewish people in Baltimore?
- What would optimize the quality of life for older Jewish people in Baltimore?
- Which existing programs appear to be more effective than others in helping at-risk seniors remain independent?
- What are the most important gaps in the Jewish and general community's support systems for seniors and their families?
- How can existing programs be improved?

Overview of Findings

All of the seniors are proud and cling fiercely to their independence. Their ability to remain independent is affected primarily by their health and their wealth with one overarching, influencing factor: the degree of family support and involvement. These factors of physical status and degree of affluence are on a continuum and lead to clusters of needs as depicted in Exhibit 7, which is separated into quadrants I, II, III, and IV.

Greater support from the family, generally not financial, but in the form of emotional and/or task support (transportation, shopping, bill-paying, etc.) leads to a “shift” in the lines delineating the quadrants and decreases the need for, or increases the ease of access to, services. As would be expected, the well, affluent in quadrant I have the fewest needs and the very frail, poor in quadrant IV have the greatest number of service needs. The types of needs or desire for service delivery vary among the groups.

Exhibit 7. Interaction of Affluence and Health in Relation to Service Needs Related to Aging in Place



Depicted are “actual” needs of various groups. It is interesting to note that many seniors think the “other” groups are better cared for by the community: non-Russian participants think the “Russians” get many services; the more affluent think those of modest means have good housing options.⁷

⁷ “Russian” is used as a shorthand for Russian speaking immigrants from the Former Soviet Union.

Transportation is the most frequently cited need by the poorer Russian seniors even when they are well because they do not have cars, as well as by other seniors as they reluctantly give up driving at night, and then during the day. Affordable housing is the most significant need in the “middle” and more activities and socialization opportunities are wished for increasingly by all as mobility is limited and loneliness increases. The subsidized housing programs in the Weinberg facilities are highly regarded. As health issues increase, the desire for help with housework and shopping increase and this is more significant for those without the means to purchase these services. Those who have counseling praise its benefit. Those in groups III and IV cite the high cost of prescriptions and dental care as major issues in their lives and for the Russians translation is a great need.

There are many programs already in place in Baltimore that address some of these needs but some do not seem to be well known and some do not have the capability at present to provide the needed level of service.

Specific Findings

What are the major factors limiting independence for older Jewish people in Baltimore?

There appear to be four main factors limiting independence: frailty, fear, finances, and a lack of “fetchers.” It is not merely a lack of transportation but a desire, based on fear, to be fetched from and returned directly to their homes. The influence of these factors is mitigated according the degree of emotional and other support provided by the family and is lessened, but not obviated, by the means to purchase service.

Loss of independence is the greatest concern of the elderly. Their homes and their cars are the most difficult things to consider giving up although many drive reluctantly.

- *I do know one thing...as much as one of my nieces thought I should go in a nursing home I said, “No way!”...as long as I know what I’m saying I’m going to stay here, when I don’t know people and can’t converse, you can do what you want with me.*
- *Used to go to Senior Citizen Place and volunteered...now that’s what’s so horrible, I’m not so independent – it’s horrible when independence is taken away...very isolated...no transportation and I had two friends and they’re gone (dead).*
- *I’m very limited because I don’t like the Beltway and I don’t like Reisterstown Road so I’m driving in a circle...how long that will last I don’t know...I need the car for marketing, I feel independent; if I don’t have the car I’m going to be very, very unhappy.*
- *Feel landlocked when have to give up the car.*
- *I’m very independent even with my handicap (very poor eyesight)...I do all of my own housework, I do all the cooking, it gives me something to do...if I got someone in there to do it I wouldn’t have anything to do to spend the time when I’m not at Centers or with friends.*

The major factors limiting independence appear to be:

Frailty / failing health:

- *I have arthritic knees, main thing (problem) is the steps, carrying the laundry and the vacuum up and down.*
- *I have to take out the trash myself, I walk with a cane and it's difficult because it's half a block away.*
- *Age is inhibiting too because we get tired, I took a trip to two museums with the JCC and I was so exhausted when I came back I couldn't eat supper, I went to bed...after 2 o'clock I'm ready to lie down.*
- *Experiencing health changes, what happens when you go to the doctor who looks at you as being an old person and unable to cure what you got.*
- *Can't plan to go on trips too far ahead of time 'cause I don't know how I'll feel.*
- *I can't walk down curbs...I moved here because I needed an apartment where I could walk right in and have laundry facilities.*
- *I live on the seventh floor...there's an elevator but I don't even go down...if I had someone to go with me...I'm always afraid I won't get the (elevator) door in time.*
- *Reading statements from the bank I have to hold them 2 inches from my eyes...bills are very difficult, very time consuming...that's why I don't miss my limited social life. It takes so long to do what I have to do when I'm finished I'm so sleepy I can't keep my eyes open...someone might be helpful but I don't like to expose my private business to strangers...my affairs are private – it would be like taking off my clothes in public.*
- *We're not in an elevator building...we're on the top (third floor)...we limit ourselves to (going downstairs) twice a day...my husband is very much against moving, I'm in favor...wish we could have been eligible to go into Weinberg Woods for when we can't walk anymore.*
- *I have macular degeneration and not being able to drive restricts my getting out...I have friends who drive but most are very timid drivers...I have a volunteer driver from JFS on occasion.*

Fear of going out, particularly at night:

- *I drive and I don't particularly care to go out alone at night.*
- *Do you read the papers? At night you can't walk out in this town. There's somebody murdered in this town everyday.*
- *I don't go to the bank 'cause I can't take any money out and dare walk with it.*
- *I won't go out at night unless someone comes into my apartment and gets me and delivers me back...it's not the driving it's the dangerous way of living today; people, women don't like to go out at night, it's not the driving, it's the situation...*
- *Hard to get out, especially in the winter when the days are short, now the days are longer it's easier to have dinner out.*
- *I don't go downtown to theater as much as I used to because of the fear of car-jacking, I used to feel comfortable in the car and then the car-jacking started... I love the matinees.*
- *I don't go to the Senior Center...have to have a rider...afraid to go alone.*
- *I've been mugged, I don't go out because I'm afraid of the neighborhood and afraid of my walking...seven years ago I should have moved when my husband died to a place like the Concord...my apartment is very large but I have my tremendous paintings on the walls and my Mother's things...now I couldn't survive a move and I want to stay (in own apartment) because of my memories.*
- *Day time I feel very secure; I don't go out at night.*
- *I'm very active during the day...if there are activities in the evening, even though I drive it holds me back driving in the evening...I'm more comfortable driving during the day unless I'm going with someone...dangerous things out there.*

Fear of driving and fear of using other transportation:

- *I can drive a little bit up the street to the little shopping center and Rite-Aide but I don't go at peak hours, it's scary for me... Owings Mills is only 5 minutes away but I'm afraid; I can go but I'm afraid I won't know how to get back...I try to pick up things a few at a time because I can't carry too much.*
- *A lot of things we can do at 7:30 in the evening but no way of getting there...afraid to use any cab...go to matinee, by 5:30 I'm home and then have long evening ahead.*
- *Regular transit bus...not too eager to use it...some people standing on the corner you don't want to stand with them...it's impossible to use it around 8:30 in the morning or 2:30, 3:00...it's packed they pass you it's full.*
- *I drive a car, but I don't drive at night and I'm cutting out the Beltway because of the red cars and the young drivers.*

Isolation caused by lack of transportation:

- *Some people can take advantage of cultural events...at North Oaks, Roland Park Place, Blakeburst there's a bus to the Symphony, but for people that live independently there's no transportation.*
- *I can't go to concerts, movies because of transportation.*
- *We always were patrons of the Symphony for years but now in the last few years I haven't been able to go...I haven't found a convenient way to go so I miss that 'cause I don't drive at night.*
- *There's something at Northwest Senior Center on Sunday however there's no transportation and it's a distance.*
- *JCC has programs but if don't drive there's no way to get to them.*
- *Taxis very expensive and for doctor appointments they sometimes don't show up.*
- *Can't use county (senior bus) 'cause you're not in the county here.*

Reluctance to be in new situations or go out alone:

- *At this age want to be with people you know...not ready to make new friends and the problem is friends dying off.*
- *I won't go anywhere by myself, I'm not in the position to meet people, I don't make a good impression.*
- *I've been wanting to go to the Symphony for years but I have no one to go with...one friend who goes but her car is full...even with transportation I wouldn't want to go alone.*

Professionals agree that this is an issue of concern:

- *It isn't just a means of transportation; it's also escort...many older people need to go places escorted and it may not be just the physical, it's the cognitive, they get a little bit confused and they just don't want to be by themselves, they don't want to go to the opera and sit by themselves and have no one to talk to.*

Transportation is less of an issue for the more affluent but even they do not like to use paid services for certain outings and the problem of being alone is not relieved by money:

- *We have a very good driver and he's usually available but we don't use him for social things only for shopping.*
- *I use a driving service if I don't feel like driving; fortunately I'm able to pay.*
- *We all need drivers, need to be able to call up somebody, need an affordable service for driving...we have a driver, he charges \$1 a mile and \$10 an hour waiting time – it costs \$30 to go to the dentist...when he takes us to the shopping center, we eat then shop and then he comes back 2 1/2 hours later and carries up our groceries...he charges us \$6, very reasonable.*

- *Biggest need is transportation...be glad to pay for it...when start calling for cabs have to sit and wait, neighbors used County Ride have to wait an hour, tried other public services —never prompt, never there when you need them*

Financial issues:

Professionals say:

- *Main problem is finances...how they can financially stay independent...they can purchase services...help is there if they can afford it...sometimes we are the spot they check with to see what's out there...elderly are having more and more financial problems, more and more requests for financial assistance.*

The elderly are proud and reluctant to ask for or accept financial help from family:

- *I receive emotional support from my daughter and grand-daughter... financially, thank G-d I don't need them.*
- *OK so far, don't need any help from others and hope to G-d it continues that way.*

The Russians say:

- *Even if they (children) would help they wouldn't take it; they are helping the children, not financially but emotionally with baby-sitting, etc.*

According to their children, even the more affluent have financial issues as they age:

- *Even if they have all the money in the world, they're tight, they don't want to spend any of it, they're products of the Depression...don't want to get in a cab...that's why they want the adult children to take them everywhere.*
- *Folks who have great deal of money...they've read in the paper that Social Security is going to go bankrupt...when they die they want to leave a very nice inheritance to their children, grandchildren and great grandchildren because then they'll be remembered for that.*
- *Mentality - relationship to money is very different...for some of the most sophisticated people they don't want to spend money on taxicabs... tremendous fear of outliving their money...that they're going to get extremely ill and the cost of maintaining themselves in a nursing home, wouldn't have enough and they would be a burden on their children...as she gets older she gets tighter, she's getting older and richer, but she's getting poorer because her capital grows, her taxes grow and she pays them out of her pensions so she gets poorer.*
- *As get older lose things — you begin to lose friends, family, lose ability to walk as fast; the one thing you hold on to that gives you some power is money — money is power, this is all they have left...when they get angry you hear "I'm going to change my will."*

Independence is retained longer with the help of family and friends. Professionals agree that:

- *Big factor in managing is supportive family or not — the more children or supportive family you have, usually the better they can access services, because they can make a lot of the calls or help provide some of the patchwork.*

Adult children talk about their burden:

- *Hard to get the home-health care people that actually will come and do it...the adult child becomes a manager in addition to everything...you can't depend always on these people to come through.*

The older people who have adult children and grandchildren in the Baltimore area agree that the family is often a major support system:

- *My daughter works a full-time job but she gives me her Saturday; I have a sight problem, every Saturday we go to the beauty shop, marketing and she takes care of all my finances for me...wonderful cousin takes me to all my doctor appointments.*
- *Two children in Baltimore...see the older one every Saturday, that's his job to take us shopping and out to lunch...they both call me every day to check in...once a month he and his wife come over and do all our bookkeeping and write our checks.*

Some of the children think their support efforts are in vain and not appreciated:

- *The weekends come she has nothing to do, during the week she can stay very active, on the weekend she feels very isolated...her friends are dying off ...she drives but not at night...constantly complaining that she is lonely and she is isolated, that nobody comes around and as much as we call her, we never call her enough so we avoid it and it's a self-fulfilling prophecy that she feels abandoned.*

Most of the elderly Russians have family: children and grandchildren, or another relative, in Baltimore whom they see maybe once a week but they call each other every day, sometimes several times a day. They say they try to solve problems themselves if they can and/or call the social worker in the building (Weinberg). They say:

- *Those with spouses are OK, single is a problem...they're helping each other as much as they can...they take turns helping bed-ridden neighbor.*

Some of the seniors have less supportive families but still know they are there:

- *I have one son near but he has his own life to live, I see him only if I really need him.*
- *Don't like to bother the children, they're busy and tired.*

For some of the others friends are a resource:

- *Children don't live in Baltimore...incapacitated right now and so it's difficult to get around but I have wonderful friends who come to see me.*
- *Friends would be the first thing...they're always around...children out of town, have families, work, it's difficult for them to come.*
- *My children live out of town and that makes it difficult for me but I found a lot of nice and friendly people in this building and they have just been great.*
- *On my floor we should be like one family and I can ask them anything...we check on one another.*

Some of the older people find needed support from Jewish communal professionals:

- *JFS has been offering me counseling which is wonderful because I have no one to talk to...she's the one I talk to, she's the one I cry to, I don't say much to my children 'cause there's nothing they can do.*
- *Every Friday I see my psychiatrist, it's very good for me.*
- *I was very depressed...my son contacted JFS...social worker placed me in independent living across from the JCC and I love it...I don't depend on my son, I do depend on JFS, they saved my life...I'm 77, I have a good outlook on life; they taught me this...I broke my wrist and I called JFS social worker to take me to the hospital – I feel alone but I feel wanted.*
- *From JFS (social worker) comes once a week, she's wonderful to talk with, when you're alone that's very important.*

What would optimize the quality of life for older Jewish people in Baltimore?

Surrogate children to be a supportive network for the elderly who don't have them would be the ideal, but in their absence, independence, the main goal of most older Jewish adults, could be extended and their quality of life enhanced by a broad array of services including more opportunities for socialization and the transportation by "fetchers" to participate in those activities, particularly at night. Synagogue access is desired but limited by lack of transportation as well as by lack of physical accessibility. Affordable housing is an oft-cited need particularly in the middle-income range. Financial strain is an issue; particularly the high cost of medications and dental care. As health fails, the need increases for help with household chores and shopping, but here as well use is limited by the cost of service. Meals on Wheels does not appear to be very well liked by most users but the food-shoppers provided by JFS are very popular. For the Russians translation remains a problem; although it is available, access is sometimes inadequate. Those seniors who volunteer appear to have their lives augmented but transportation is a difficulty. Better access to information about available services and programs would be a major help to seniors.

Many seniors seem to think that "other" groups of seniors get more or better communal services:

- *There are a lot of Russians in Baltimore and I think they seem to be doing nicely so maybe they (the Jewish community) are taking care of the Jewish people...I think The ASSOCIATED does look after them...I'm sure they do a good job; I see the Russians going in for tutoring, I see hot lunches being prepared, the Weinberg group is building housing all over the place – that's going to answer that (housing) problem.*
- *Think there is lots for "others" – lots of places for senior citizens...the Associated, these organizations take good care of elderly people in modest circumstances, have meals on wheels...the community does a very good job...Weinberg Foundation just put up a building next to the Senior Center for people of modest means ...Jewish community of elderly people are well taken care of.*

Many believe services should not be "equally" given to all. In a building with higher income residents, one woman commented:

- *My very strong feeling is that there are people who need help and they should get 150%, others shouldn't get it shoved down their throats.*

Quality of life could be optimized by:

Increased socialization opportunities / activities:

Most participants want more activities and socialization opportunities particularly at night and on the weekends even though they know getting to them is a major problem at present:

- *We don't have too many activities, I wish we had more; I try to attend each activity we have.*
- *Lack of activities...not enough to keep us busy, like there's nothing on Sunday.*
- *Sunday programs once or twice a month in the morning at the Center...come from other Center on Sunday...Weinberg subsidized for few years, now we're on our own.*
- *I'm very interested in art and writing. I spend a lot of time in the Center. I'm having a very nice time and I'm surprised at my age that I'm still having a good time.*
- *I live alone...spend most of my time in the (Senior) Center.*
- *More activities are very important for people in the senior buildings.*

Professionals agree with the desirability of more evening and weekend programs:

- *There should be (programs on nights and weekends)...our Senior Center has a Sunday program that is open approximately 40 Sundays a year – we have a program and a brunch, it is extremely popular...we have people that come there that don't set foot in our doors Monday through Friday, they're only there on Sunday...other days they probably go elsewhere to the JCC or Pikesville, but we are the only place open on Sunday...or they get a ride on Sunday...Sunday is considered a lonely day – we need it every week.*
- *There's a thirst for culture, opera, and music and art and the opportunities need to be in place for people to take advantage...life doesn't stop at 6 p.m.*
- *They have to have something always to look forward to, if you're going to keep them in their homes and night is the biggest problem and weekends and at night transportation is the problem...should do programs with a dinner... easier for people with money but could subsidize those without.*

Professionals say there is inadequate staff to meet the demand:

- *Senior Friendly does evening and weekend programs in the buildings but it's only 2 of us so we have to limit it.*

There are requests for more Jewish programming:

- *Would like Jewish programs – had it at Senior Friendly apartments, now in Weinberg don't have Purim, etc.*
- *Trying to have more Jewish programs.*

And for a broad variety of programs:

- *We need a study group on how to accept the children becoming our parents, people are very resentful.*
- *(Russians) have ESOL classes – but volunteer tutor left and now some classes canceled and others (in other building) too big to join.*
- *Like to attend JCC pool and gym but too expensive.*
- *It would be nice to have a computer here and computer classes.*
- *Would like affordable tours from building to museums, day trips, trips across America.*
- *Would like Russian speakers to talk about medications, American life.*
- *We pay dues, Pikesville does not...we pay more for our classes...we should have the same privileges as them (county v. city subsidies).*

A few seniors don't share the need for more programs:

- *I don't mind staying home at night, I'm sleepy, tired.*

Better transportation:

- *Generally use bus...children take if have spare time...use bus to go to store.*
- *Russians say they have bus, but route is very long and have to pay \$1.*
- *We go shopping with a van, they charge \$1 which is nothing.*
- *I have a driver from JFS, I'm an artist and enjoy museums...he will take me to museums in a wheelchair.*
- *My sister called (JFS)...she wanted help to get to her doctor appointments... they never called her back...she used the service a few years ago they left her stranded.*
- *I do that...Mitzvah Mobilities, I never left anybody stranded...we don't charge a fee, we volunteer.*

Synagogue access:

Seniors would like to go to synagogues but have no way of getting there and in some cases cannot get in:

- *No transportation to synagogue.*
- *Lack of transportation is a great problem.*
- *Smaller Orthodox synagogues people live close and can walk...large Reform and Conservative synagogues have to drive there, issue is transportation even people who've been going every Saturday, who's going to take them to services.*
- *Need more joint effort between Associated and synagogues...problem is they do their own fundraising.*
- *JFS does have a synagogue liaison.*
- *One Russian man is able to visit the synagogue every day because someone is picking him up, others say if on Saturday a bus would be sent a lot of people would volunteer to go to synagogue.*
- *No ramp – no handicapped access to shul and I moved here to be near it and I can't go.*
- *Have no way of getting to the synagogue...the one in walking distance is too ultra-Orthodox, the others are too far beyond walking distance.*

Affordable housing, particularly for middle income seniors:

Although most seniors do not really want to consider moving from their homes:

- *Most people don't want to downsize and go into a 1 1/2 room no matter how plush it is.*
- *I was going to move; my daughter said, "Mother, you can't move, you'll have to get rid of the dog," and so I stayed in my house.*
- *I don't think about it, as long as I'm able I'm going to stay put...I do give it some thought, there's no place I'd want to go...I don't like the idea of moving into cramped quarters.*
- *Want to stay close to the Center; it's been a lifesaver for me.*
- *Very happy here in (Senior Friendly) apartment.*

Most also think assisted living is not affordable for them:

- *Need places that would be less expensive for the average person, assisted living...they're all very expensive it's hard for people on a budget...they keep building these assisted living places and they're outrageous, but they fill up... but it's the middle income that suffers, that's the problem...if you have no money or you're real rich it's OK.*
- *More buildings for senior citizens that's a necessity, it's needed, because there are plenty of people who can't afford these (Senior Friendly) apartments on a fixed income.*
- *When people are like that (home-bound) they leave here (apartment) and go to assisted living...not everybody can afford that...that's why they just built a subsidized assisted living...small...29 beds...others are very expensive... run over \$2000...Weinberg is according to your means.*
- *They're building a lot here but a lot of the assisted living I've heard about has been quite expensive.*

And subsidized or senior housing is not available to them because of income restrictions or lack of availability:

- *To get in Weinberg – waited in line for 2 days and nights, others on wait list for 3 years. I'm not a low-income person but I'm not extremely high income and I don't fit into it (Weinberg housing)...that's true with everything.*

- *There are (senior) buildings but it's not enough, they're packed, there's very long waiting lists...people from out of town, sold their houses...really need senior citizen buildings.*
- *I'm living in a building (condo)...when I came in I was in the same class as them (other residents)...place that's too big for me but I can't sell it 'cause the assessments are too high...5 years ago I was told I could go to one of the Weinberg houses...I had the apartment sold and then they told me I wasn't eligible (for Weinberg) 'cause I had a place to live.*
- *I'd move to a place with activities...Have senior places but it's not easy to get in...I'd meet people, they serve meals, I'd see people, they have lobbies...I'm very unhappy (with my apartment) but I couldn't move again, I had to do the packing and I lived there 27 years.*
- *Need affordable housing for the elderly...stuck here in Pickwick...all need elevator buildings...it's all on Park Heights...it's affordable; we're paying \$735 a month ...for us that's affordable, for most of the people I think \$500.*

Those with higher incomes also feel there are not enough places for them:

- *North Oaks and Roland Park Place...have a waiting list...need more on that (higher) level...a lot of people are too proud to go to assisted living, some do out of necessity.*

Some are satisfied with their accommodation:

- *Neighborhood has changed in a very nice way...the Frummies have come from New York...housing is cheap.*
- *Like everything (at Weinberg): not big rent, area nice, good management, everything works – financially about the same as before, rent is less but less food stamps – but nicer.*

Professionals agree with the voiced needs for affordable assisted living facilities:

- *We need assisted living that are affordable...cheapest one we know of now is \$1600 a month...subsidized living, they can't even begin to think about that...most of the folks in my building are at \$512 a month, period, that's it and plenty of places are not kosher that people are looking for...people that get \$512 are in a better position than people that get \$830 and don't get any benefits and maybe not subsidized housing, that's where we get most problems, because they do not qualify for any benefits and they don't have affordable housing, they are really in a very hard situation...the \$512 really kicks people into Section 8 – it gives them subsidized rent, food stamps, medical assistance, pharmaceutical.*

Finances:

- *I have no social life – I have no money for social life.*
- *(Russians say) with increase in SSI, rent is raised and food stamps goes down, everything in the stores becomes more and more expensive. Prices much higher than in New York in Russian International stores (stores owned by Russians who go to New York and bring Russian-style food).*
- *When first came got \$25 for Jewish newcomers for first Jewish Pesach and got it for 3 years and now don't get it.*
- *Funeral Services very expensive...husband died cost \$6000-8000...daughter put on credit card and she will pay it out...social worker helped emotionally and got her temporary assistance because she was under 65 and had no SSI, nothing.*
- *Russians don't buy expensive food; don't buy kosher food, buy very cheap 20, 30 cents a pound chicken – that's how they survive.*
- *Long-term care insurance is very expensive...can only get it before you're 75 and if you're in good health...I canceled it...it doesn't pay for much...and have catastrophic Blue Cross.*

- *Home care is too expensive...called Jewish Family Services I had to pay \$15 an hour for somebody to come take my brace off and help me take a shower ...\$8 or \$9 an hour would be a better price, reasonable.*
- *Personal care... more people would like more but they say it's too expensive.*

Medical/Dental Services:

- *Medication is the worst...very expensive.*
- *No ideal medical insurance that covers glasses and medications – one insurance covers one thing and not another – need ideal.*
- *Need lower cost of medicine.*
- *Doctor prescribes medications that cost \$100 and not covered by insurance; what should we do?*
- *Scarce geriatricians...many doctors not thrilled with older people.*
- *I do have a doctor that will come to the house when I call him but I need more than that...my eyes are not so good anymore and I need a dentist but it's a lot of money and I don't have it...there should be a way for people – I'm not capable to put clothes on...all I wear is hospital gowns, how could I go.*

Russians complain about the high cost of dental services and hearing aids:

- *Would like help getting coverage for cleaning, fillings...greatest problem is dental – dentures; can't afford doing them...cannot save money because have a lot of expenses and SSI is very small and cannot afford to save... some fillings cost \$20 and they can afford that but some cost \$300...in New York it's much cheaper, no competition here; only 2 Russian-speaking dentists in Baltimore. They're blessed here in America because there's plenty of food but they have nothing to eat it with! In New York dentures are covered and doctor's office sends a car to bring to appointment.*
- *Is it possible to influence dentists to do work for less or for charity for people who can't afford it?*
- *Subsidy for hearing aids – cost \$300 and not covered – HLAS covers only once and they are not good they go out of order fast, doesn't work.*

Home Care:

After surgery and hospital stays most seniors went to rehab and many had visiting nurses or other help covered by Medicare and most appeared satisfied with the arrangements:

- *Medicare gave me that (home care) after my operations.*
- *There's insurance for skilled nursing, at least short term.*
- *After a hospital stay not as much of a problem...easier to find and also can go to rehab section of hospital.*
- *My wife was very sick with cancer, I found out about hospice and I couldn't have had nicer people come and take care of her...they even insisted that I go out.*

On a longer term basis seniors wish someone could help with vacuuming, home chores and marketing. Many would like more help but feel they can't afford it:

- *Now I need someone to come in and vacuum, help with laundry, clean the bathroom and kitchen.*
- *Since my fall about a year ago, I don't go out; I haven't been out of this house in over a year...every week I have an aide (from JFS) that comes in and washes my hair and bathes and I have a girl every other week for 2 hours to clean and wash my clothes...wish I had someone more than twice a month but that's all I can afford.*
- *I'd like someone to do my marketing for me if I don't feel well or do small things that need fixing...*

- *Later, not now, I'd like someone to come that's dependable...the vacuuming, lifting it, I have 2 floors.*
- *I wouldn't mind having someone come in every few weeks to do windows, mop the kitchen floor...I do everything myself, so far I'm able to manage but I have arthritis in my right hand and can't mop the floor.*
- *Literally the hardest part is drying myself and getting in and out of the tub... even dressing is an ordeal...for cleaning I do a little bit of surface cleaning only, I have asthma and the house should be cleaned once a week...they (JFS) can get me somebody but I'm going to have to pay for it and right now I'm a wreck over finances...for laundry it's a hard walk down to the end of the hall and it's hard bending to the machines...I don't do more than I have to.*

Most clients are satisfied with JFS providers:

- *I have help in the house through JFS...she's very wonderful, clean...2 hours every week...I get a bill once a month...I no longer take a tub or shower, I'm afraid. I take a hospital bath. If I want more help, my cleaning woman she's been trained, she can do my back.*
- *Someone from JFS used to come but he had a heart attack...still comes sometimes to do little things for me like a battery for my hearing aid, my search light.*

Some, particularly those who can afford to pay for service, are not always happy with the services provided:

- *Aides to help the people stay in their apartments...very expensive and not reliable.*
- *(Even with Jewish agency) they're not Jewish people that come to the home, they're black people...*
- *I had help from the JFS for my parents, it was a long time ago...they weren't that flexible, wouldn't rinse out a few things, said it wasn't in their job description...then I put an ad in the Jewish Times and I got someone.*
- *Psychologically, having somebody come in means a threat to her (my mother's) independence, it symbolizes here I'm going further towards you-know-where so there's a lot of anger that spills over at the aide and also at the adult child for bringing this about and some of the aides are not particularly competent and they don't like what they're doing and they don't always show up so its not only the scarcity but it's the quality.*
- *I've noticed about this generation the people in their 80s and 90s who live in Baltimore, some of them don't like minorities and they do not like people like that coming into their homes and they do not make it easy.*
- *I had it (home care) after my stroke. It was terrible. I had gotten her from Family Services and she came very highly recommended...she didn't clean much and then sat and read the paper for a few hours.*

Professionals discuss some of the problems in service provision:

- *Even if you have the money that doesn't mean there's enough people out there to be able to perform the service...there is a staffing issue for personal care and housekeeping...what we're hearing is that people can go and work at McDonald's which is much less laborious work...there's a shortage as well as a large turnover...we do marketing, ongoing training, outreach to the schools.*
- *For those on medical assistance personal care is covered...for others we do provide subsidized home care but it is limited – cannot really provide the volume of home care that the person needs to stay in the homes in most cases.*
- *They (workers) don't have transportation so we can service this area well but we cannot service Owings Mills because that requires a car.*
- *If (worker) comes from JFS know that they've been trained, know that they're trustworthy.*

- *In Baltimore a shortage of nurses from registered to aides, it's catastrophic all over the country, in Baltimore particular problem...have very uneducated lower classes, hard to reach African-American population.*
- *It's the same pool (Jewish and non-Jewish agencies) and it's just not a very large pool of people and not very educated...the lowest rung on the ladder is the people who would do this.*

Meals/Food Shopper:

People appear very satisfied with JFS food shoppers but less happy with Meals on Wheels:

- *I had Meals on Wheels – I didn't care for it too much.*
- *I use Meals on Wheels 4 times a week...I've lost most of my teeth so I have a modified diet and that's good; the other days I use baby food and soft food like gefilte fish and cottage cheese.*
- *JFS sent me a shopper who has simply been wonderful...she does my shopping whenever I call her...I gave up Meals on Wheels; they don't give you anything that I can fill up on and so many things I can't eat...I try to fix myself things I like either broil or bake...from Meals on Wheels the food was not that good, since Marriott took it over the food is not good.*
- *I have a volunteer that takes me food shopping on Saturday but he's been away...I could give him a list but I go just to get out and I like to use my coupons.*
- *I have a food shopper thanks to JFS...she's simply marvelous.*
- *Preparing my meals gives me something to do...I can't do any cleaning. I gave up all my dishes, I use paper plates – the only thing I wash is a little pot and silverware.*
- *In the building we have an eat together which I don't go to – it's too big a meal at 12 o'clock.*
- *Eating Together...2 nights a week we have a van...we'd like a bigger place...*

In one of the buildings with more affluent residents one woman was upset that:

- *Seven people in the building get Meals on Wheels...very indignant about it, they've all lied...supposed to be for shut-ins, I think it's outrageous even if they pay for it, if they're shut in they have aides and they're making volunteers come out in all kinds of weather...they could easily call to get meals delivered...they're not even home when they get meals delivered, they ask the desk to keep them for them...they have housekeepers too lazy to go to the market.*

Professionals are upset about the difficulties in meeting the demands on their programs:

- *Big frustration...I just heard about congregate meals being given up at Weinberg House and we have hundreds of people from our program (Senior Friendly) that would love to go to these centers and eat, but we have one little site and people come from all over but we have only 37 seats so we max out at 37 people...we're looking for expansion of our program...just the cost of taking people to these sites...but if we had the information that these sites were available, that there were other seats at the table...totally different from Eating Together...we would love to have more people at the Senior Center, the point is getting them there, we have seats...we're only using half of that great big room...it would be a pain but I would love to see 300 people.*
- *People eating lunch in there every day that would be phenomenal...The problem is getting them there: we all know how the shuttle bus runs in one direction and that is just not senior-friendly.*
- *Not everybody wants to go the Senior Center for lunch...attached to Weinberg Woods and of 72 apartments we get about 30 for lunch...if you had a dinner meal it would be different...a lot of them are still very active and out during the day.*

Translation:

Translation services are a significant issue for the Russians who claim:

- *JFS has very few translators from Russian into English and many need it ...went to Sinai Hospital, they had a translator but then sent to another doctor and they gave transportation but not a translator and had a lot of problems because needed to tell what kind of heart problems having and couldn't.*
- *Need more Russian-speaking volunteers to help at doctors' offices, etc. – they can't volunteer because they have very little English.*
- *Can't afford to ask children for that – to translate, because the children can't afford to lose time (from work) and will lose money.*
- *Children have no problem with English and children's children help them.*
- *(Volunteer) I translate for the Russians, I can't speak Russian so I translate Yiddish...the older ones speak Yiddish.*
- *Used to have Russian-speaking social worker in the building – now another one but not Russian-speaking – they leave a message for English one who gives it to translator.*

Volunteering:

Those seniors who volunteer enjoy doing it:

- *I volunteer at JFS working on Tzedakah baskets but the problem is transportation.*
- *Don't have young people in building to help others.*
- *Volunteer for JFS to take people to the doctor.*
- *Retired from teaching...needed to get a purpose in life...volunteer at the Attorney General's office in Consumer Protection...at the Center, I'm not a volunteer but I get jobs – I water the plants, call the sick.*
- *In Eating Together program at Weinberg, when it's a dinner, some of younger residents help serve the food.*
- *I volunteer at the JCC and meet a lot of people there.*
- *At the Senior Center I'm a volunteer, I'm in charge of wrapping – I wrap cutlery and help with the bulletin...I go for lunch about 3 times a week, my husband goes once.*
- *(85 year old woman) I'm involved in a program – One-on-One Peer Counseling through the Baltimore County Department of Mental Health.*

Professionals claim that seniors cannot be used as volunteers for all kinds of tasks:

- *Volunteers can't do hands-on care because they have to be certified.*

But they agree that it is a good thing:

- *Volunteerism for seniors to do other things gives a purpose in life.*

Information Access:

Many seniors do not know what is available or how to access services:

- *(Russians) we need information on things like waivers available for citizenship applications.*
- *Don't know can leave message in Russian for social worker asking for transportation with translator.*
- *They mention different things and I know someone who needs help but I don't know where you get the information unless its just word of mouth, maybe there should be something that gets the word out.*

- *I had storm damage and I needed someone...I called Ruth (social worker at Center)...I can afford to pay for the service but I wanted someone reputable and asked about the CHAI people.*

Professionals also wish there was a comprehensive list of resources. Some were surprised to find such a thing existed at all:

- *There isn't a book that says these are the services of the Associated charity agencies offered to Jewish senior adults.*
- *There was one...there isn't one now...even though it's old, it's still pretty accurate*
- *I didn't even know there was one.*
- *When we did the "Caring for Older Adults" booklet, we had a grant at first because it was fairly expensive thing to publish...so there were lot of copies at first but no ongoing funding to update it and republish it and that's where the problem happened...I still have a few copies that I keep and I sort of dole out but it's an interesting concept to try to come up with something that would cost less to publish or how to get us out there in a way that could be updated and not flounder.*

Which existing programs appear to be more effective than others in helping at-risk seniors remain independent?

The Jewish Family Services appears to have a number of programs in place that are beneficial to their clients; drivers, food-shoppers, counseling, home help are all praised by the beneficiaries. The inter-agency Senior Friendly program appears to be very successful but is frustrating to both staff and participants because they cannot meet the demand for service. The Weinberg facilities of subsidized housing appear to be well known and well regarded but limited in the number served; there are waiting lists. Senior Center classes and activities are extremely popular; a “life-saver” for some.

What are the most important gaps in the Jewish and general community’s support systems for seniors and their families?

As seniors begin to fail there are demands for service that are piecemeal at best or lacking altogether:

- *Even in the senior high rise buildings it’s more secure because there’s frequently a guard at the desk and there’s a receptionist and there’s a social worker, like in the Weinberg buildings, so the family says OK this person has it made, then the person begins to decline functionally, cognitively, and we have to call in the family who says but they’re in your system can’t you keep them here can’t you put things in and yes we can if the finances are there to pay but we’re in a push-pull with the family or the person who doesn’t want to consider moving, this is their home we don’t want to insist...congregate housing (contract with the state) ended at Weinberg so there’s less for us to offer and we could no longer keep people in the building as easily...then their choices become either go to formal assisted livings, the ones that are open at this point are expensive and there’s only one in this area that’s kosher, or go to a nursing home and even if someone is willing to go to a nursing home the qualifications are difficult...we put together the best we can: home care, volunteer shopper, friendly visitor, rides to medical appointments, Meals on Wheels and it does feel piecemeal at times and then the social worker becomes truly the case manager to try to hold it together...hopefully family’s involved if they’re in town, I’ve done conference calls with family...and this is for people already in our system.*

There appears to be a gap in service provision between the Senior Center and Adult Day Care:

- *Gray area – people who are no longer really independent and able to negotiate the Senior Center on their own and that’s really what the Senior Center is for but people who aren’t quite ready for Day Care – now we have stretched the limits and let people come with the nurse’s aide we still have problems with them like incontinence or the nurse’s aide off taking a nap... there used to be a program called JCC New Horizons and that’s where those people fit and that doesn’t exist any more and that is something that we face every single day...Levindale took it over.*

Some think that the lack of service provision for more affluent seniors is a gap:

- *Regardless of place in community, have Jewish communal responsibility...people with a great deal of money and people who have no money at all have exactly the same issues; of course if you have money easier to purchase certain needs but the basic issues seem to transcend.*

Many professionals think this higher income group would not accept and don't want services provided by the Jewish community:

- *But for this (affluent) group would often like to provide services and they won't come (to JFS) because they consider the organization to be a charitable organization even if they pay for service...how can we remove the stigma of charity...need to ask the population what would work for them.*
- *(The affluent say) that's where I give my money to (the Jewish community) not where I expect my services from...I'm donating to them...no matter what agency it is within the Jewish community they will call it Jewish charities or the Associated, everything is the Associated and that's where our poor Jews go.*
- *Most of the ones that I send home from the rehab unit that financially can afford it, if they can't go to Catered Living 'cause they're full, there's a waiting list for that kosher assisted living, and they choose to go home, they do not want anything within the Jewish community and request services directly outside of it...when they are at that bubble where they can almost afford it and may need a little bit of help then they always request help from the Jewish community, and when they can't afford it, they expect it from the Jewish community.*

An individual from that group seems to support that viewpoint:

- *They wanted to provide services, send a social worker into this building, I vetoed it, there would have been a hue and cry...say (the residents) are giving 5% of their income to the Associated, not untypical of this building...overwhelmingly the main giving is to Associated and temples. Say they're giving \$5000 a year to various Jewish causes and somebody wanted to spend money on them it would backfire. I could just hear them (saying) "What are they doing throwing their money away?"*

How can existing programs be improved?

Increase the resources and reach of the Senior Friendly program:

- *Senior Friendly Houses - a program of trying to go into apartments where older people live and to provide services to keep them living independently as long as possible...JFS, CHAI, JCC...provide some activities, some transportation once a week...it's a drop in the bucket, it's not enough but it is possible to put organized kind of things into apartments, the places that exist like the Slades that exist with a lot of old folks who are needy, certainly the Imperial...there are lots of them where this kind of stuff needs to be but not in the tiny way we've done it, Associated gave us a tiny bit of money – there are methods, we know how to do it.*
- *We have the Senior Friendly program – 3 agencies that work cooperatively – and that has worked very well – we provide activities and social work services to 8 buildings but we're in the budget process now...one of the questions that comes up is, "How do we do more with less?" We have a whole bunch of creative people sitting around the table but we're not asked to think and create, we're asked to do more with less...our brains function that way...our brains don't function in a creative sense because it's squeeze, squeeze...we know what it takes to do a different type of job, but at the same time we're asked to do more with less so what you do is burn out the people or people say, "I'm not going to work as hard," more with less means less effort too, it's not encouraging...we have an \$8000 budget for 8 buildings for programs... plus The ASSOCIATED says you're not allowed to raise any money for your program because you get funded from The ASSOCIATED, so we're between a rock and a hard place and these people can't hardly pay for activities, you can't charge them and these are the same people that we're trying to keep healthy as long as possible and we're trying to keep them going out there but it's really difficult.*
- *We're really good at advertising and then people call and they want the service then you're limited because you can't provide it...even if it's through word of mouth like the Senior Friendly buildings...I get the list*

of apartments that are available and distribute it to the rest of the JFS staff and the services come with the programs and we're saying these are out there for you and people think it's a good service and consider moving there and then if the services become limited then they're frustrated because they thought they were going to have access to more.

Increase coordination between communal agencies and between agencies and other providers to ease referrals and access to services:

- *Would like to see in ongoing way more of this kind of dialogue among front-line service providers – generally happens only at a higher level, if at all.*
- *I work primarily with people who live in their own homes...we came across somebody who had no contact with the Jewish community...in order to get her services I ran into that roadblock, we physically had to make a second visit to her house, I physically had to pick up the phone and call JFS and get an intake counselor and then I put the woman on the phone and I found that very, very frustrating that as a sister agency we couldn't make that referral and at least have that initial call made by JFS to the client – it was very unwieldy and took a lot of time.*
- *We have a lot of seniors who are living in homes and those people don't get served very well; what's nice about the Senior Friendly apartments is because there's a social worker on the premises all the red tape is cut through and anybody there can be seen by a JFS worker; however, in the houses, when we come across a situation where somebody needs to be seen that person must first make a phone call to JFS to become a client, they have to go through intake, it would be nice if somebody could pick up the phone from CHAI and call JFS and say, "I've just been here, this person's a little confused, they don't know what's going on, they're not going to call you for whatever reason, could you call them and make an appointment?"...You're describing outreach...I'm the liaison to the Senior Friendly program so theoretically I could be that link but realistically I don't have time and intake does their own paperwork so there's a logistical piece.*
- *JFS switched...used to be very open and anyone could refer and then found person wasn't ready for the help so went to where person had to call... probably should flip back to somewhere in the middle where most of the time person should call themselves but have the flexibility for sister agencies to work together.*
- *With elderly and ill don't always have that time, it's a crisis...even with a slower case with someone who's confused they have the time because it happens gradually but they can't negotiate the system.*
- *Need more co-ordination of providers - In specific program people have to sit together and hash it out, in Levindale managed buildings, in community housing Board which is multi-dimensional, have JFS social worker in Senior Center, have liaison through community outreach to synagogues.*
- *Difficulty people in community have accessing services – we don't have that much better luck at it either, we have to go through multiple steps to access community services for our clients who can't advocate for themselves...it's not like we have this special link, even with sister agencies, it's not simple... easiest to identify is in terms of insurance companies, they have insurance but you find out they really don't because an HMO owns their Medicare so the services you think you can get them you really can't because the clients themselves aren't in position to make their own decisions so then it's just sitting on the phone like anybody else trying to get through to agencies and finding out that they too have extensive waiting lists to provide services.*
- *Biggest frustration is getting benefits for people who are eligible for benefits and dealing with the government and the state offices, that takes a tremendous amount of time and a lot of frustration and aggravation...difficult for us when we call and we know the ropes, when the person calls and they have medical problems or hearing problems they don't understand.*

Increase coordination between agencies and synagogues:

- *I'm not sure how alive the program still is, but we definitely had a congregational program where JFS social workers were the link to the Rabbi and maybe the executive director of different synagogues and temples here in the community and that whole program was to ease the entry into our JFS system of congregants identified as needing whatever services.*

Increase volunteer opportunities and intergenerational programs:

- *Definitely lacking is more volunteer participation...a lot of the people I work with, they don't necessarily need social services from JFS but they're living in neighborhoods that have changed, they don't know their neighbors anymore, it snows and they're stuck, they have no one to shovel their walk, they'll call us (JFS) and we don't have a backlog of volunteers to help them...they need to do simple things in their homes - inter-generational YAD, teens – with seniors through JCC, CHAI Mitzvah Day expansion.*
- *More "Mitzvah Day" intergenerational programs – help seniors with things like painting, changing batteries in smoke alarms, etc.*
- *Need more partner and intergenerational type programs and more opportunities to expose seniors to the cultural events and provide the transportation.*
- *Problem is Myerberg is just for Seniors...in Washington there is no per se Senior Center, they have JCC's and everybody participates; we have JCC's in Baltimore but one is so far out it's very difficult for a senior to go there at night and the other one is perceived to be the Orthodox community's JCC.*
- *Associated Women's Dept. Sisters of Sarah program matched elderly Jewish women who were low income, but not frail – often the problem was transportation, we did a few things, went to a show...lost our facilitator, trying to resurrect the program.*
- *Jewish Volunteer Connection – trying to use it.*

Improve communication and access to information about existing programs:

- *People don't seem to know about some of the available services, e.g. Northwest Senior Citizens bus service.*
- *CHAI Adopt a House...not known.*
- *Some referrals to JCC from Jewish Information and Referral Service.*

Provide more activities, particularly on evenings and weekends, including synagogue participation:

- *People want more activity going places together during the day like museums and different places where everybody can go together.*
- *Nobody around (in senior building) on Saturday and Sunday, no manager, no maintenance.*

Expand programs of drivers, shoppers

VI. CURRENT PROGRAMS SUPPORTING AGING IN PLACE IN BALTIMORE

Multi-Agency Program

Senior Friendly Apartments Program (CHAI, JFS, JCC)

Brief Description:

“Senior Friendly Apartments Program,” a partnership of Comprehensive Housing Assistance, Inc. (CHAI), Jewish Family Services (JFS) and the Jewish Community Center (JCC) meets the needs of senior adults living in private apartment buildings along the Park Heights Avenue Corridor. Most of the residents are Jewish, frequently frail, and often fairly isolated. Many of those who are not frail are immigrants from the former Soviet Union who are isolated by language and cultural barriers. Coordinated by CHAI, the Senior-Friendly Apartments Program operates with the cooperation of eight apartment buildings. Senior-Friendly Apartments provides senior residents with many activities on and off site. The JCC provides a full-time worker to help administer and plan the programs for each building. Events range from classes, special events, exercise, trips and assistance with shopping. JFS provides social work services to residents of designated apartment buildings. Amenities at various locations in the program include: elevators, community rooms, Eating Together programs, Sinai Fitness classes, social work office hours, English classes, lectures, parties and classes, grocery shopping.

Programs are held Monday - Thursday and occasionally on Sundays. Hours vary according to activities.

Number of clients served by the program: 200 to 300.

Description of Population Served:

The population is primarily elderly with a few developmentally challenged younger adults. The elderly served range in age from 62 to 99. The average age is about 80. Women, primarily widows, make up 75% of the senior population served by this program. A majority of the seniors served in this program need assistance with transportation and other daily activities.

Program Budget:

CHAI.....	\$49,700
JCC	26,000
JFS	103,600

Comprehensive Housing Assistance, Inc. (CHAI)

Adopt-A-House

Brief Description:

The Adopt-A-House Program assists the elderly homeowner with limited financial resources and often no family with the resources or interest to help them remain in their homes. CHAI's Adopt-A-House program offers an opportunity for volunteers to be matched directly with elderly homeowners. Volunteers provide minor home repair and seasonal maintenance. They work with an elderly homeowner who may not have the capacity or resources to take care of these household needs on his or her own. Volunteers spend two hours a month with their senior match and call twice a month to make sure everything is all right. Volunteers also have the opportunity to attend workshops and classes taught by home repair experts.

Number of clients served by the program: Currently in trial phase with five matches, anticipate 40 matches by end of 2000.

Description of population served:

The population is elderly and over the age of 75. There are men and women, but most are widows and widowers.

Program Budget:

Staff	\$13,750
Fringe	<u>2,948</u>
Total Staff	16,698
Program	500
Promotion	500
Admin & Plant	<u>900</u>
TOTAL	\$18,598

Senior Home Repair Program

Brief Description:

CHAI's Senior Home Repair Program was established in 1984 to enable low income and often frail and physically disabled seniors to remain in their own homes by providing counseling, coordination, referral and/or financial assistance for emergency home repairs, maintenance items, and modifications necessary for the owner's health and safety.

Prospective clients learn about CHAI's program through social service agencies, neighborhood associations, building code inspectors, advertising in local papers and word of mouth. To qualify for assistance the client's income must be low or very low, as defined by HUD guidelines.

Following a home inspection, approved repairs/modifications are either completed by

CHAI's staff repairman, outside paid contractors or volunteers.

The Senior Home Repair program operates year round. In addition, the agency sponsors two major volunteer events for seniors each year — Weatherization Day in the fall and Senior Home Repair Day in the spring. Large numbers of volunteers from the community are assigned to various tasks (yard work, window insulation, minor repairs, etc.) and these services are offered at no charge to the homeowners.

Number of clients served by the program: Approximately 120-130 households each year.

Description of Population Served:

More than 77% of CHAI's Senior Home Repair clients live alone. Of these single households, 88% consist of single (mostly widowed) women. Almost 23% of the households consist of husband/wife couples and the remaining consist of sister/brother, or mother/father with an adult child. The seniors have lived in their homes for an average of 30 years and their average age is 78. Many clients are frail, with one or more physical disabilities.

Program budget:

Income:		Direct Expenses:	
Baltimore City	\$32,000	Staff (salary & fringe)	\$40,899
Contributions	5,000	Publicity	1,880
Foundation Grants	50,000	Contractual (for repairs & modifications)	40,000
Home Repair Income	6,848		
Interest	500		
Total	<u>\$94,348</u>	Total	<u>\$82,779</u>

Jewish Community Center

Adult Enrichment Classes

Brief Description:

A broad range of on-going classes and workshops is offered for adults of all ages throughout the year. These classes are also open to senior adults. Classes range from music, fun and games, discussion classes, dance and more.

Number of clients served by the program:

Depends on the class offered. For example, dance classes usually attract approx. 10 senior adult couples each semester.

Description of Population Served:

35 years + men and women

Senior Nutrition Program

Brief Description:

Senior adults are invited to enjoy a nutritious kosher meal at both JCC facilities. Monday-Friday, noon JCC - Park Heights - provided by the Baltimore City Eating Together Program - anonymous contribution. Fridays, noon - JCC Owings Mills - provided by Baltimore County Department of Aging - anonymous contribution.

Number of clients served by the program: 75 clients daily - Park Heights, 15-20 Fridays - Owings Mills

Description of Population Served:

Average age 78-80, men and women

Helene & Leslie Moses Institute for Lifelong Learning

Brief Description:

The Institute provides opportunities for adults 55+ to participate in intellectually stimulating and culturally enriching classes throughout the year. One of the unique characteristics of this program is that many of the faculty are retired professionals who can offer students a wealth of knowledge.

Number of clients served by the program: 10-15 students depending on class

Description of Population Served:

Age 55+ men and women

Program Budget

\$20,000 - expenses

\$3,000 - income

Senior Fitness Program

Brief Description:

Fitness and comprehensive survival arts classes are offered for seniors throughout the year. Classes range from water aerobics, Fit for Life Seniorcize, Yoga, and Tai Chi. Seniors also partake of the Pro-Fitness Center in each facility on a daily basis. Mornings, Monday through Friday

Number of clients served by the program: approximately 20 people in each class

Description of Population Served:

65+ men and women

Travel Programs

Brief Description:

One day get-aways as well as out of town trips are offered. Trips are social and educational. The JCC's Elder Experience program, which is similar to Elderhostel, meets twice a year, for a 5-day retreat.

Number of clients served by the program: Elder Experience — approximately 130 people, other trips vary.

Description of Population Served:

Men and women aged 65+

Program Budget:

Expenses and income vary according to trip.

Jewish Family Services

Counseling & Case Management at buildings managed by Levindale

(Concord, Weinberg House, Gardens, Terrace, Woods)

Brief Description:

Monday – Friday, 8:30 – 5:00

Number of clients served by the program: 596 units of outreach, 178 open cases per month

Description of Population Served:

62 years and over, average ages 75-86 years old; mostly females independent but with agency supportive services.

Program Budget:

Direct services (4.8 FTE)	\$209,230
Less fee and HUD income	<u>67,376</u>
Total	\$276,606
Net ASSOCIATED funding	\$141,854

1. Concord Apartments

Assessment of needs and functioning for independent living; Case management/service coordination (i.e., Meals on Wheels, DSS, Mobility, etc.); Subsidized Home Care (sliding fee scale); Homemaker (light housekeeping, meal preparation, laundry, shopping for basic staples); Personal Care (bathing, grooming) (up to 10 hours per week Monday through Friday); Medication monitoring; Counseling (individual, couple, group) (may be covered by insurance i.e., Medicare); Volunteer services (friendly visitor, Mitzvah mobility transportation to medical appointments); Crisis intervention in times of emergency rapid, professional competent intervention. Supervision of Eating Together Program, Dinner - Monday through Friday.

2. Weinberg House, Weinberg Gardens, Weinberg Terrace

Supervision of Eating Together programs (dinner Monday, Tuesday, Thursday, Friday); Assessment of needs and functioning for independent living; Case management/service coordination (i.e., Meals on Wheels, DSS, Countyride, etc.); Subsidized Home Care (sliding fee scale); Homemaker (light housekeeping, meal preparation, laundry, shopping for basic staples); Personal Care (bathing, grooming) (up to 10 hours per week Monday through Friday); Medication monitoring; Counseling (individual, couple, group) (may be covered by insurance i.e., Medicare); Volunteer services (friendly visitor, Mitzvah mobility transportation to medical appointments); Crisis intervention in times of emergency rapid, professional competent intervention.

3. Weinberg Woods

Assessment of needs and functioning for independent living; Case management/service coordination (i.e., Meals on Wheels, DSS, Mobility, etc.);

Subsidized Home Care (sliding fee scale); homemaker (light housekeeping, meal preparation, laundry, shopping for basic staples); Personal Care (bathing, grooming) (up to 10 hours per week Monday through Friday); Medication monitoring; Counseling (individual, couple, group) (may be covered by insurance i.e., Medicare); Volunteer services (friendly visitor, Mitzvah mobility - transportation to medical appointments); Crisis intervention - in times of emergency rapid, professional competent intervention.

Congregate Housing Services at the Concord

Brief Description:

Provided by JFS staff in collaboration with the Maryland Department of Aging; Sliding fee scale based on guidelines of MD Department of Aging: Three meals per day, 7 days a week; Light housekeeping, one hour per week; Personal care, one hour per week; Laundry, one load per week; Staff contact at least once/twice per day.

Fees: \$0-390

Laundry: \$6.00 twice a month, \$12.00 four times a month

Number of clients served by the program: 231-unit building, average 42 persons per month.

Description of Population Served:

Average age 80-90 yrs. of age, those needing 7-day services described due to physical, emotional, and cognitive frailty.

Program Budget:

Direct Cost	197,000
(Fees + Income MD Office on Aging)	<u>196,578</u>
Net ASSOCIATED Funding	\$ 422

Home Care

Brief Description:

Subsidized & Private; Subsidized available up to 10 hours per week, Monday-Friday. This service provides personal care and homemaker services for agency clients. This service is provided on a limited basis to clients who are referred by JFS social worker. All personal care and homemaker providers are screened and employed by JFS.

Private Home Care Services; from 1-24 hours per day, 7 days per week; Skilled personal care, light housekeeping, meal preparation, shopping, transportation, companionship; 24-hour beeper coverage; All JFS home care services include supervision by a Registered Nurse; Fees: \$10.50-\$15.50 Monday-Friday, 4-hour minimum Saturday and Sunday - \$10.50-\$13.50, holiday rates slightly higher; Accredited by Joint Commission of Accreditation for Healthcare Organizations.

Number of clients served by the program: 224 cases per month

Description of Population Served:

60 years and over, needing in-home care homemaker, personal, light housekeeping.

Program Budget:

Direct cost	\$1,074,317
Income	<u>1,043,258</u>
ASSOCIATED Deficit Funding	\$31,059

Counseling/Case Management in general community

Brief Description:

Individual, couples, family, and group counseling is provided for problems related to personal adjustment, family relationships, marriage, home placement and hospitalization, etc. Counseling service also includes advocacy with community agencies on behalf of clients entitled to public benefits and assistance with securing Section 8 rent subsidization and other low-cost housing arrangements. The Loss and Bereavement Program offers

individual grief counseling and grief therapy to older people experiencing the loss of spouse, relatives and friends.

Number of clients served by the program: 448 cases per month

Description of Population Served:

60 years and over - independent based but in need of supportive services

Program Budget:

Direct cost	\$440,446
Income	<u>118,583</u>
ASSOCIATED Deficit Funding	\$321,863

Partial Hospitalization Program (PHP)

A short-term outpatient program designed specifically for older adults who are experiencing behavioral or emotional difficulties but do not require inpatient psychiatric treatment. The program utilizes group therapy, medication management, individual therapy, and family therapy to help clients reach their treatment goals. Interventions are designed to assist patients with coping strategies; stress management; life skills; dysfunctional thoughts and behaviors; expression of feeling; and problem solving skills. Treatment also places emphasis on improving the quality of life in a warm, caring and supportive environment. Hours of Operation: Monday – Fridays, 10:00am - 3:00pm; closed on weekends and holidays.

Intensive Outpatient Program (IOP)

A short-term outpatient program designed for older adults who are experiencing behavioral or emotional difficulties, but do not require (or no longer require) the intense level of psychiatric care provided by inpatient or partial hospitalization programs. This program utilizes group therapy, medication management, individual therapy, and family therapy to help clients reach their treatment goals. Interventions are designed to assist patients with: coping strategies; stress management life skills, dysfunctional thoughts and behaviors; expression of feelings; and problem solving skills. Treatment also places emphasis on improving the quality of life in a warm, caring and supportive environment. This program is ideal for stabilizing those individuals with a history of frequent relapse, and participants attend less than 20 hours per week.

Adult Day Care

Belvedere - 22 places, Liberty - 40 places, Pikesville - 40 places

An effective option for providing care to the physically and/or emotionally dependent adult. The program is especially designed for older adults with special needs such as diabetes, hypertension, post-stroke disabilities and for those who suffer from confusion, dementia and Alzheimer's disease. A very interactive program is provided that includes a multi-level activity program, health management and access to community resources. Services are provided within a supportive and caring environment that enables the individual to remain in the community.

Support Group for Families of Confused Elders

Levindale sponsors a monthly support group to help families and friends of people with Alzheimer's disease cope with the many issues they are faced with on a daily basis. The focus of the group is on providing emotional support in an atmosphere of caring, frankness and confidentiality. Members share information and learn about community

resources such as adult day care, consumer information, financial and legal assistance and alternative living arrangements such as group/nursing homes.

Transportation Services

Levindale has responsibility for the Northwest Senior Shuttle, which provides shuttle service throughout the Northwest Corridor. The service operates Monday through Friday, except for Jewish and legal holidays, with Owings Mills stops on Thursday. The suggested contribution is 50 cents one way.

Meals on Wheels

Levindale's Dietary Department prepares over 500 kosher meals per day for the Central Maryland Meals on Wheels program.

Edward A. Myerberg Senior Center

Eating Together Congregate Lunch Program

Brief Description:

Senior Adults age 60 and over are eligible to participate in the congregate hot lunch program. As of this writing meals are served 4 days per week. A request for a 5th day has been submitted. Participants complete a registration form, and a voluntary anonymous contribution toward the cost of the meal is requested. The current suggested contribution is \$1.50, however the actual cost of the meal is \$4.10. Average contribution is \$.70. The program has a reservation system; meals are kosher. Emergency surplus meals are provided in the winter months.

Number of clients served by the program: 180 enrolled of which 130 are regular participants.

Description of population served:

11% frail		Women outnumber men 3 to 1
64 & under	2%	
65-75 years	10%	
75-85 years	50%	
85+ years	38%	

Program Budget:

Expenses: 55% of Administrative Assistant's salary & benefits, 20% of Janitorial contract. Overhead maintenance, insurance & utilities, supplies & telephone. Voluntary contributions for lunches are sent back to Eating Together Program.

Income: N/A

Harry & Jeanette Weinberg Senior Sunday

Brief Description:

The Harry & Jeanette Weinberg Senior Sunday Program operates 30-40 Sundays per year and provides a continental brunch and special event between 11:00 am and 1:30 pm. Average attendance is 175 seniors. The program is currently free of charge. This program was funded through 2 challenge grants from the Harry & Jeanette Weinberg Foundation that were successfully matched. This program goes a long way to alleviate the loneliness and isolation experienced by older adults, especially those living alone. Volunteers are utilized to serve brunch.

Number of clients served by the program: 500

Description of population served: Age 60 - 95 years

Program Budget:

Expenses: 80% of Sunday and Event Coordinator, 6 hours of janitorial weekly. Food and supplies. Overhead maintenance, utilities, insurance, telephone. \$38,000 annually.

Income: Raffle ticket sales, donations. In FY 1999, \$1,400 was generated for program. Currently using Reserve funds, which will be exhausted in FY 2001.

Senior Information & Assistance (I & A)

Brief Description:

Provision of a wide variety of services designed to meet the changing needs of a senior population. Confidential service is provided by appointment to sensitively assist seniors, their families and friends with difficulties they may be experiencing. Senior I & A includes: Application assistance in filing governmental and insurance forms and applications (i.e. energy assistance; renters and homeowners tax credits; insurance reimbursements; information and assistance with minor financial matters; bill paying; checkbook reconciliation; health insurance; counseling and taxi vouchers).

Number of clients served by the program: 455 unduplicated persons, with 2839 units of service

Description of population served:

Age 60-95 years; 40 Russian speaking; 27% are low income.

64 & under = 8%

65-75 years = 12%

75-84 years = 45%

84+ years = 35%

Frail/Disabled = 11%

Women are seen more often than men by 5 to 1.

Program Budget:

Expenses: 35% of Assistant Director's time is spent on I & A services. Overhead of telephone, maintenance, utilities, insurance and supplies.

Income: N/A

Educational Classes and Special Events

Brief Description: Monday – Friday, 9:00 am - 4:00 pm. Building upon life long learning is the essence of the educational offerings of the Center. Classes are provided through the Arts & Aging program of CARE and Maryland Institute College of Art; Sinai Corporate Health and the Senior Center. Registration is done 3 times a year. Most ongoing classes run 15 weeks and have a modest tuition fee. Scholarships can be provided upon request. Classes include: Acrylic Painting; Bridge; Artistic Crafts; Computer Training; Creative Writing; Current Issues; Exercise (all levels); Fiber Arts; Figure Sculpture; Folk Dancing; Handbuilt Clay; Jewelry Making; Jewish Culture; Opera Appreciation; Poetry; Watercolor. Special Events, Music & Lectures, Movies, Health Screenings are also offered and are generally free of charge. There are fees for the trips.

Number of clients served by the program: 260 - 300 different individuals

Description of population served:

The population served is diverse in age and frailty. Age range is 60-95 years with average age of 78 years. Approximately 5% might be considered frail; women's participation outnumbers men's, approximately 3 to 1.

Program Budget:

Expenses: Program Coordinator salary and benefits; maintenance & utility & insurance overhead. Supplies, refreshments and transportation. Contractual Instructors. Other Administrative Overhead, Advertising/Newsletter.

Income: Class and trip fees.

Clara Myerberg Library

Brief Description:

The Clara Myerberg Library is completely staffed by volunteers who assist members with checking out books. The library generally operates Monday through Friday, 9:00 am-4:00 pm. There are approximately 1800 "pieces" in the library with an emphasis on books on tape, large-print books and best sellers. The library is physically linked to the computer center, which has 12 computers, Internet access and 6 printers.

Number of clients served by the program: 150

Description of population served:

Senior adult population, 60-95 years, female patrons outnumber males 4:1

Program Budget:

Expenses: New book purchases: \$10,000 - \$20,000 per year. Overhead of maintenance, utilities, insurance, telephone and supplies.

Income: Donations and grant

Weinberg Senior Housing/Concord (Levindale in Cooperation w/JFS)

1. Concord Apartments - 231 Units
Offers the security of a supervised environment, a central dining room, a full range of activities, and on site professionals from JFS who provide counseling and social work assistance for all Concord tenants. Of the 231 units, 111 are subsidized efficiency units. Through JFS and a State grant the sponsorship of a Congregate Housing program, 3 meals a day for 7 days a week and light housekeeping, laundry, and contact with staff once/twice per day.
2. Weinberg House - 116 Units
Located in Pikesville, Weinberg House features a multi-purpose/dining room, living room, crafts and activities room, greenhouse, tenant meeting room, exercise room, coffee bar, laundry room, two kitchens and a medical suite. A meal program is provided and sponsored by Baltimore County's Eating Together Program, 4 evenings per week: Monday, Tuesday, Thursday, and Friday.
3. Weinberg Gardens at Bedford – 34 Units
Offers fully equipped one bedroom apartments, located in Pikesville having ample community space available to provide an Eating Together site, kosher dinner 4 evenings per week: Monday, Tuesday, Thursday, and Friday, rooms for activities and the provision of social services.
4. Weinberg Terrace - 56 Units
Located on Bedford Avenue on property across from Weinberg Gardens. The facility offers one-bedroom apartments with ample community space available for activities and the provision of social services and special resources for the elderly. Eating Together kosher dinners 4 evenings per week: Monday, Tuesday, Thursday, and Friday.
5. Weinberg Woods – 72 Units
Located on Clarks Lane, the four story, one bedroom unit apartment site is situated on 2.7 acres adjacent to the Myerberg Senior Center. It will present a unique opportunity for the residents to participate in the activities and meal programs sponsored by the Senior Center and have support systems provided through Levindale Management and social services through JFS.

VII. SUCCESSFUL AND INNOVATIVE PROGRAMS IN OTHER COMMUNITIES

The focus of this part of the Briefing Book is on programs that help Jewish, independent, “at-risk” seniors living in the community to have the best possible quality of life with maximum autonomy and independence. These programs, by no means an exhaustive list of such successful, innovative programs, do represent important programming ideas which could be adapted, in whole or part, to the unique conditions in Baltimore.

Four relevant programs are presented: Supportive Neighborhoods (Israel); Dorot (NYC); the Hesed Program (JDC in the FSU); and Yad Sarah (Israel).

Supportive Neighborhoods

Elements

- Neighborhood father/mother;
- Emergency Call System;
- Medical Services;
- Neighborhood Social Club;
- Social Worker;
- Retrofitting Public and Private Spaces.

Operating Principles

- One Salaried Person (on-site);
- Strong Volunteer Component;
- Connected to an Existing Center (e.g. Community Center, Day Care Center, other facility);
- Project’s Operating Center at Center or Neighborhood Social Club for the use of father/mother and Volunteers;
- Up to 150 to 200 Households within Radius of 1 Km.

DOROT

Programs (Examples)

- Socialization and Companionship;
- Friendly Visiting;
- Holiday Package Delivery;
- Telephone Reassurance;
- Nutrition and Health;
- Kosher meals for Homebound;
- Shabbat Meals Program;
- Shop and Escort;
- Falls Prevention.

Information Services

- Educational, Cultural, and Spiritual Enrichment;
- University without Walls;
- The Arts;
- Holiday Conference Calls;
- Youth Volunteer Programs;
- Family Circle;
- Generations in Harmony.

Operating Principles

- Volunteer-driven (4,600 adults & 3,500 children);
- One-time Volunteers;
- Weekly Volunteers;
- Time-flexible Volunteers;
- Families, Children, Teens, Seniors;
- Professional Staff – Social Workers, Health worker, other professionals (staff of 50);
- Home Services + Headquarters.

HESED Program

Elements

- In-Home Services;
- Home Care;
- Meals on Wheels;
- Medicine;
- Loan of Medical Equipment;
- Senior Center;
- Holiday Celebrations;
- Hot Lunches;
- Cultural and Social Programs;
- Group Activities - Warm House.

Operating Principles

- Balance Individual Needs; Community; “Yiddishkeit”;
- Volunteer-driven – Primarily Young Seniors;
- Professional Staff.

Yad Sarah

Programs

- Loan of Medical Equipment;
- Emergency Call System;
- Telephone Reassurance;
- Transportation & Escort.

Operating Principles

- Volunteer Organization (6,000 volunteers);
- Small Professional Staff;
- 24 Hour Operation (Telephone Center);
- Operations Centers (85 locations).

VIII. RECOMMENDATIONS

The Study's focus on independence and autonomy is confirmed by the qualitative research findings. Since most seniors are able to manage on their own, and relatively few are at risk, the problem is relatively manageable. Roughly 3,000 to 4,500 are affected by each risk factor; about 1,500 to 2,000 have "multiple risk factors". Of course, one has to be concerned about the future as well as today. With increasing life expectancy, many of the 8,000 to 9,000 people in Jewish households over 70 today who are not at risk, and the 9,000 people who are between 60 and 69 today, will be at risk in the future and the community needs to be prepared.

Supporting "aging in place" not only means helping people to remain in their own homes, but also means helping them to remain active in the community and connected to people of all ages.

The community is on the right track – the Senior Friendly program, transportation study, the study for emergency response, and the relatively high level of inter-agency cooperation are important building blocks for the future.⁸

Many of the recommendations suggested below require a significant cadre of volunteers of all ages. One should not underestimate the complexity and limitations of working with volunteers. It is often difficult to maintain continuity; it is difficult and expensive to provide appropriate insurance coverage; and older volunteers need support including transportation. And, of course, volunteers are not a substitute for skilled, dedicated professional staff. At the same time, volunteers are key to the most successful programs supporting aging in place around the world.

There are nine recommendations for helping people stay in their homes as well as possible and for as long as possible: Six are new program initiatives and three are recommendations for better information and coordination.

New Program Initiatives

1. Develop a community-wide Emergency Response System. The community needs a broadly available, affordable program that will enable older people in their own homes to contact someone in the case of an emergency, especially where they may be immobilized. This would help deal with the sense of insecurity which surfaced in the focus groups.

The study currently underway should help clarify the best options from the point of view of cost, ease of use, and effectiveness. The study should examine the models in use in Baltimore and in other communities. Yad Sarah in Israel has a very effective system in place, which should be studied carefully.

⁸ The Executive Summary of the recently completed Transportation Study is attached to this report as Appendix C.

2. Develop a pilot program to test a grass-roots intergenerational volunteer model. The model developed by DOROT in New York City has become one of the most effective models in the world for supporting aging in place. The model is grass-roots and bottoms-up; it is volunteer-driven. It is built around a relationship, typically between a young person and an older person, where there is the opportunity to develop and sustain a mutually beneficial relationship of trust. This recommendation, as well as recommendation 4, needs to incorporate a major focus on using electronic, as well as in-person, ways of helping people connect to the community. DOROT has pioneered the use of college-level courses over the telephone. Other options include the Internet (websites and e-mail) and television (satellite and cable).

While the NYC DOROT model cannot be imported as-is into Baltimore, it can be adapted to suit local conditions. A site visit to DOROT would be helpful; DOROT leadership could be invited to advise on the adaptation of the model.

3. Develop an integrated program for transportation, escort and shopping/errands, perhaps as part of, or in conjunction with, a grass-roots volunteer model (recommendation 2). A key finding of the focus groups was that providing an affordable, accessible mode of travel was only the beginning of what was needed to enhance the mobility of at-risk seniors living at home. A broadly available program is needed that will provide transportation as well as escort service to shopping, entertainment, and visiting. Such a program will probably need to have a significant volunteer component to reduce cost. It is likely that the value of a sustained relationship is needed to encourage people to go out, particularly at night.
4. Create one or more supportive neighborhood programs, by expanding the scope of the existing Senior Friendly program. The Senior Friendly program needs to be expanded to additional sites, including not only apartment houses, but individual homes as well. It would make sense to carefully study the experience with the Supportive Neighborhood Program in Israel to see which elements could be adapted to Baltimore as part of an effort to enhance the Senior Friendly program.
5. Develop a program, using existing resources as well as volunteer physicians and dentists to supply affordable medical and dental care to the neediest seniors, perhaps as part of, or in conjunction with, the grass roots volunteer model (recommendation 2) and/or the supportive neighborhood model (recommendation 4). The issue of free or low-cost medical and dental care is particularly critical to immigrants from the FSU. It is possible that such a program could build on existing resources (such as Levindale clinics).
6. Housing. While the primary thrust of this report is helping people stay in their own homes, and Baltimore has done an outstanding job in developing affordable housing for seniors, it is evident from the focus group discussions that affordable, decent housing is still a major concern of older people living in the community.

Today, much thought is being given to universal design principles, and ADA requirements have changed the way renovations are approached. Most of the housing stock for the elderly in Baltimore does not meet these requirements. The Senior Friendly program incorporates retrofitting to make apartments safer and more comfortable for their occupants. The scope of these efforts may need to be expanded (see Recommendation 4).

In addition, it is not only people who age in place: so do buildings. The community needs to undertake a thorough review of the appropriate strategies for maintaining the quality of the now-substantial investment in subsidized housing, including a possible endowment campaign as well as other tools.

Information and Coordination

7. Develop an Information Service on Aging. In a large metropolitan area with many existing services – public, non-sectarian voluntary, and Jewish – making it possible for people to find out about services and being able to access them is as important as creating new services. There are several dimensions to this need:
 - a. Professional Information Exchange. Professionals in the field need up-to-date information on what services and benefits are available for their clients. This information needs to be on-line in a user-friendly format, as well as in a directory, and the information in both forms needs to be maintained.
 - b. Client Data Base. It will require a great deal of ingenuity, but it should be possible to establish a basic inter-agency system for appropriate professionals to be able to keep track of clients without violating confidentiality rules. This is a long-term project and will require cooperation with, and from, state, county, and city officials.
 - c. Public Information (telephone & on-line). Either the existing information service needs to be more effectively marketed or something new needs to be created. There are three relevant needs for public information:
 - i. An analogue to the Professional Information Exchange would be a directory of services – both in print and on-line that could be accessed by seniors and their families.
 - ii. A widely publicized phone number that people can call for information, ideally on weekdays, evening and weekends.
 - iii. A widely publicized 24 hour hot-line (even with a recorded message) that people can access in case of an emergency.

8. Create a Commission on Aging in the Community with subsidiary Boards and project-specific Task Forces. While some communities have tried to bring all elderly services under a single agency, their experience and the Baltimore reality would suggest that this is not an effective approach.

But each of the agencies involved in serving seniors, and specifically those involved in supporting aging in place, have other responsibilities and serve other constituencies as well. The community needs a focal point for aging services, with a particular focus on independent at-risk seniors. Advocacy, both inside and outside the Jewish community, is potentially an important role for this entity.

The Commission could serve as an umbrella for a number of Boards and ad hoc Task Forces focusing on specific aspects of aging in the community.

The recently created Community Housing Board is an example of such a cooperative process. It could function as a sub-Board focusing on those issues that are particular to community-owned and operated housing.

9. Create a Special Grants Program to support R & D, replication and dissemination. Such a fund would have three purposes:
- a. It could provide seed money for the program initiatives recommended in this Briefing Book;
 - b. It could support additional experimentation proposed by individual agencies or consortia of agencies;
 - c. It could provide the Commission on Aging in the Community with an important vehicle to encourage cooperation and collaboration.