

THE JEWISH HOME FOR THE AGED AT PITTSBURGH

An Exposition and Evaluation

A
This is well done!

Submitted by:

Samuel M. Stahl
Sociology 123
December 19, 1960

During the past few decades, one sociological fact seems to dominate— we are becoming a nation of elders. Our aged population is constantly increasing because of the longevity created by the day-to-day advances in the field of medicine and science. Since 1900, the number of persons 65 and over in the United States has quadrupled. In 1952, the number of aged people throughout the country was 13,000,000 and this number is currently increasing at a rate of about 400,000 a year.¹ Then, too, in Allegheny County, the number of aged persons has grown tremendously. In 1940, there were 81,439 persons in the County over 65, and, in 1950, this figure rose to 118,063.² The Jewish aged population in Allegheny County has followed this same growth pattern. Of the 42, 030 Jewish people in this area in 1953, 3,270 were over 65.³ Mr. Meyer Schwartz, ^{part} Administrative Assistant at the United Jewish Federation, predicts that the Jewish aged population count in Allegheny County will rise to 4,370 by 1968.⁴

In the aging process, certain marked changes occur in the life patterns of older people. As a result, the needs of the aged

¹Fact Book on Aging. (Washington: Government Printing Office, no date given), p. 1.

²Facts, Findings and Recommendations Based on Community Wide Study of the Aged Made in Connection With a Request to Expand Facilities at the Jewish Home for the Aged, Pittsburgh, Pennsylvania. (Pittsburgh: The Health Committee of the Federation of Jewish Philanthropies, May, 1954), p. 168.

³Memorandum from Meyer Schwartz to Tom Davidson, Director, Bureau of Social Research, Health and Welfare Association of Allegheny County, Re: Projections of Jewish Population Data Based on Data of Jewish Population in Pittsburgh in 1953, May 7, 1957.

⁴Ibid.

plus other
degenerative
diseases

person are no longer exactly like those of the youth.⁵ In older years, the incidence of chronic disease increases. In addition, lowered resistance makes necessary physical protection from dampness, drafts, and extremes of temperatures. Every measure should be taken to insure the health and comfort of older people. Then, too, persons over 65 need satisfactory living arrangements which provide the opportunity for interpersonal relationships. This emerging need is directly linked to the shift from rural to urban living that has occurred in the United States over the past seventy years.⁶ Before 1890, much recreation was self-contained within the home. At the present time, many external interests have drawn the various members of the family outside the home and have led to a lack of family cohesiveness and interdependence. Therefore, today, many older folks must now find companionship in a different setting. Many other problems exist for the aged. As the children of the aged person blossom forth into adulthood, marry, and have children of their own, he has difficulty in accepting the fact that his children must lead their own lives. As a result, he may interpret the attitude of his children as one of rejection, at a time when he needs acceptance most. This situation is further complicated by the loss of a spouse and close friends which may overwhelm the elder's life so greatly that it no longer has any meaning for him. At this time a need for affectional relationships appears which

⁵Wilma Donahue and Clark Tibbitts, eds., Planning the Older Years (Ann Arbor: University of Michigan Press, 1950), p. 3.

⁶Nathan W. Shock, Trends in Gerontology. (Stanford: Stanford University Press, 1951), p. 44.

provide emotional security for continued usefulness in the general scheme of things, a most basic need of older people.

Economic dependency

There exist three agencies in Allegheny County to care for the needs of the Jewish aged: Montefiore Hospital, The Jewish Family and Childrens' Service, and The Jewish Home for the Aged. Let us look at the last of these agencies to examine its history and current practice to discover how well it meets the needs of the older Jewish population in Allegheny County.

The Jewish Home for the Aged was organized in 1906 on Breckenridge Street in the Hill District under the leadership of Rabbi Aaron M. Ashinsky to house fifteen Jewish aged persons in normal health. The assumption of welfare responsibilities has been characteristic of the Jewish community from its very inception.⁷ Following an ancient tradition, Rabbi Ashinsky and his cohorts established this agency to provide a haven of shelter for the aged of Jewish faith in the Pittsburgh area who were without means of support and habitation, but were not infirm. It was not the intention of the founders to care for the aged who were chronically ill or bed-ridden.⁸

In 1931, which was twenty-five years after the founding date, the Brown Estate, near Homestead, was purchased as the new location of the home. Because of the steadily-increasing aged Jewish population in the area, the Home had outgrown its original building. Shortly thereafter, a modern three-story structure was erected.

⁷ Morris Zelditch, Historical Perspectives on Care of the Jewish Aged. (New York: Council of Jewish Federations and Welfare Funds, 1955), p. 3.

⁸ Jewish Home for the Aged, New Era for Our Aged, a pamphlet.

adjacent to and connected with the Estate. Both buildings provided for 140 residents. The Home became a member of the Community Chest in 1932, at the time that the concept of central financing emerged out of the Depression years. In 1940, since the 140 accommodations were filled to capacity and the waiting list was growing, recreational areas were sacrificed to make available fifty additional beds. In 1949, the Home completed its second major building program by adding two additional floors in order to increase the resident capacity to 265. The fact that this new addition to the Home was for infirmary purposes indicates that a change in the basic philosophy of the Home was occurring. Because of the steadily-rising life expectancy rates, resulting from the impact of science and medicine on the field of geriatrics, many more chronically-ill persons can be counted among the aged. The Home thus moved from a position of caring only for the healthy aged to the other end of the range, for now the Admissions Board gives preference to the chronically-ill. At present, 70% of the residents can be classified as infirm, and only 30% as ambulatory.⁹ The Jewish Home for the Aged is now longer a convalescent home.

In 1956, a new wing was added to include a modern physical therapy department and a sheltered workshop as well as additional housing space. At the present time, the Home is able to accommodate 425 residents.

⁹Personal interview with Mr. Leon Kalson, Executive Director of the Jewish Home for the Aged. November 23, 1960.

As it exists today, the Jewish Home for the Aged consists of five main floors: the lower three are utilized to house the ambulatory patients and the upper two are used for the shelter and care of the chronically-ill. On each floor, there are two lounges supplied with television sets and game equipment. In addition, the Home maintains a hospital area on the basement level. Of the 240 persons employed, about 50% are medical personnel.¹⁰ Dr. Emanuel Friedberg, Medical Director, supervises the health services with the assistance of three part-time associate physicians and a Head Resident Nurse. Three registered nurses are on the medical staff, each of whom works on one of the three shifts throughout the day and night. Two podiatrists and a dentist visit the home weekly. The remainder of the health-service workers are practical nurses.

Then, too, the Home operates a twin kitchen under the direction of a lay dietician in accordance with the Orthodox Jewish dietary laws. Over 2,000 meals are served daily.¹¹ The dining room for those that are physically able to eat there has a capacity of 175. For those who are not, there are auxiliary dining rooms on the infirmary floors. To provide meals for the chronically-ill who are confined to their rooms, electrically-heated food carts are used for bedside tray service.

There are two religious sanctuaries at the Home. The Sabbath and Holiday services are held in the large synagogue. Worship four times daily is conducted in the small chapel (Beth Hamidrash).

¹⁰ Personal interview with Mr. Leon Kalson.

¹¹ Jewish Home for the Aged Your Questions Answered, a pamphlet.

A full-time Rabbi, Mordecai Gladstein, is in charge of the Home's religious activities.

In addition, a well-equipped barber shop and beauty salon are located on the first floor. A professional beautician and a barber come to the Home twice weekly.

To maintain such a large structure and a great number of employees, a significant amount of the financial support comes from the United Fund of Allegheny County, of which the Home is a member agency. In 1959, the operating budget of the Home was \$791,486 and it received a Chest allotment of \$84,046.¹² Too, the Home has devised two programs to secure financial aid from from the Jewish inhabitants of the area within 100 miles radius of Pittsburgh. For those who reside outside of Greater Pittsburgh, a Sustaining Tri-State Membership Plan is in effect. A person in this category mails \$10 annually to the Home, which is used for the maintenance of the residents of the Home.¹³ Another plan is the Life Membership acquired by donating \$350 or more to the Home. Also the patients themselves contribute to the financial operation of the Home. The monthly rates are \$185.00 for ambulatory residents and \$300.00 for those who are confined to the infirmary section.¹⁴ However, the Home's financial arrangements with its patients are flexible and depend, in every case, upon the residents' own financial resources. The Home is not tax supported since it does not come under the classification of a general hospital. Neither does it receive funds from the

¹²The United Fund of Allegheny County. Directory of Services, a pamphlet.

¹³Jewish Home for the Aged. Your Questions Answered, a pamphlet.

¹⁴Ibid.

United Jewish Federation of Pittsburgh, because the Home is only an affiliate, not a beneficiary.

Using these funds, the Home provides an extensive amount of services for its residents. Since the majority of the residents are categorized a chronically-ill, physical health services are available on a 24-hour basis. Footcare, dental care, and physical therapy are available to the patient in established departments. A hospital ward is located in the basement for those pateints who are more seriously infirmed. In urgent cases, transfer is made to a general hospital in Pittsburgh, especially when surgery is required. Too, a special floor is devoted to the care of senile patients and special recreational programs are geared to meet their needs. In addition, mental health services are provided for the patients on a very small scale. Dr. Benjamin Berger, a psychiatrist, visits the Home regularly as a consultant. Miss Marion Postar supervises the Admissions and Social Service Department, the functions af which are concentrated more on the former than on social case work.

Another service of the Home is its Occupational Therapy program. Creative art activities, such as basket making, gadget and rug weaving, leather craft, knitting, crocheting, embroidery, ceramics, and mosaic tile work, are carried on in the sheltered workshop. Annually, a Residents' Hobby Show Party is held, and this year fifty-four residents entered arts-and-crafts projects for display purposes. Mrs. Elvira Adler, Occupational Therapist, is assisted by members of the Ladies' Auxiliary in directing these programs.

The Home also provides recreational and social services which are supervised by Miss Effie Holland, Recreational Therapist. Birthday parties, bingo games, musicales, and record concerts are regular events and add to the color of active life at the Home. Every other Wednesday at 7:30 P.M., first-run features films which are supplied by Warner Brothers and the Stanley-Warner Organization are shown. The movie equipment includes a modern up-to-date Cinemascope and high fidelity sound equipment.¹⁵ The Home, too, maintains resident organizations such as a thespian group known as "The J. H. A. Actors and Actresses" and a Library and Newspaper Committee. A Residents' Association, which is a programming and "complaint-airing" body, meets every third Wednesday and works in close conjunction with its administrative counterpart, the Residents' Advisory Committee, which is composed entirely of staff members.

Religious and cultural activities are a major part of the Home's total number of services to the residents. Since religion and study are so closely inter-related in Jewish theology, these two programs are placed under one heading. From Sunday to Friday, worship services are held four times daily, twice in the morning and twice after sunset. Each day, at 10:00 A. M., Bible and Mishnah classes are taught in the Chapel. On Saturdays, Sabbath morning services are conducted at 9:00 A. M. in the large Synagogue. An Oneg Shabat with lecture, songs and refreshments takes place every Saturday afternoon. Every Monday, at 2:00 P.M.,

¹⁵Jewish Home for the Aged. Welcome, a pamphlet.

debates and discussions on vital and current event issues are conducted with guest speakers and resident participation, and at 3:00 P. M. every Tuesday, a lecture and general education class is held. Thus, we can see that these are but a small portion of the services provided by the Jewish Home for the Aged.

However, the inter-community cooperation of the Home with other Jewish agencies in the area which offer services for the care of the aged is very limited. A restricted reciprocal relationship exists with Montefiore Hospital. In 1949, some medical services of the Hospital were made available to the Home.¹⁶ Two important specialties in the field of geriatrics— ophthalmology and physical therapy— have been set up at the Home by the Montefiore staff. The physio-therapy department at the Home, fully equipped with a whirlpool bath, electric stimulation, parallel bars, pulleys, and weights, was established under the general supervision of the consulting physicians of physical medicine at the Hospital. However, the Social Services of the Montefiore are not used by the Home.¹⁷ Then, too, until a few months ago, the Home bore almost no relationship to the Jewish Family and Children's Service.¹⁸ In many ways, the Home can be considered an autonomous institution.¹⁹

¹⁶Jewish Home for the Aged. New Eras for the Aged, a pamphlet.

¹⁷Facts Findings and Recommendations Based on Community Wide Study of the Aged...at the Jewish Home for the Aged, p. 21.

¹⁸Personal interview with Mr. Leon Kalson.

¹⁹Personal interview with Mr. Donald Gartner, Student Assistant at the United Jewish Federation of Pittsburgh, December 10, 1960.

EVALUATION

All social agencies which care for the aged, since they are man-made, are subjected to the same strengths and weaknesses that are characteristic of their creators. The Jewish Home for the Aged at Pittsburgh is no exception. Let us look at the merits of the Home first. The widely-varied recreational and social program reaching every resident of the Home, from the most chronically-ill to the least infirm, is commendable. The concept of the will-to-live above the mere subsistence level has been integrated into the program of this substitute home. Through the arts-and-crafts program established by the Occupational Therapist, the leisure time of the resident in the Home has been regarded as potentially productive for continued achievement in his twilight years. Social activities such as bingo games, record concerts, and birthday parties provide a full opportunity for intimate personal relationships and good sharing experiences, which are often lacking in old age. Then, too, by gearing special activities to the needs of the senile patients, the Home has demonstrated the ability to recognize the wide variations of individual capacities in older people. The Residents' Association of the Home permits the residents who have lost many friends and close kin an opportunity to achieve a feeling of belonging and rootedness in the Home.

Another merit of the Home is the attempt made to ease the stress produced by cultural conflicts. The Jewish Home for the Aged is a microcasm of the general Jewish community-at-large.

The latter is composed of many sub-groups, such as Russians, Lithuanians, Poles, Rumanians, Galicians, Hungarians, and Germans, who are considerably more assimilated into American culture than the rest. To satisfy the needs of these different peoples, the Food Services Director plans a varied menu to include within a span of a week all the special dishes distinctive of the different countries from which 98% of the residents have emigrated.²⁰ A concession to the more "Americanized" German Jewish resident has been made in the liturgy of the High Holiday services. At this penitential season, the all-Hebrew ritual is altered to include several English prayers. Thus the Home makes an effort to plan for its residents of diverse backgrounds.

The physical health services of the Home can also be evaluated positively. It has grasped the significance of the narrowing gap between health and illness in later life and has demonstrated this in many ways. By employing 50% of its workers for medical purposes, by establishing an infirmary section of two floors and a hospital to care for the patients with infirmities recognized as part of the aging process, and by cooperating with the ophthalmology and physical medicine departments of the Montefiore Hospital, the Home has attempted to conserve the health of each individual.

The implementation of an orientation program for newly-admitted residents is another commendable trait of the Home. This device makes the radical change and separation from past life easier. A reception committee of the staff and residents

²⁰Personal interview with Mr. Leon Kalson.

meet with the newcomer on a frequent basis during the new resident's first week at the Home. Too, Miss Postar, Admissions and Social Service Director, and a member of the Ladies' Auxiliary contact him to encourage the new-comer to participate in the activities of the Home and to assist him to partially gain a better understanding of the difficulties he may have encountered in his new habitation. On Tuesday of every week, a program entitled "Friendly Visitor-- To New and Infirm Residents" is conducted by the Recreational Therapist. The Home, therefore, indicates its eagerness to make the adjustment of its patients to a new setting a successful one.

Then, too, since group living often results in loss of independence and privacy for each resident, the Home has shown thoughtful planning needed to safeguard the individuality and basic rights of its residents in sheltered care. The administration permits them to leave the grounds, visit relatives in the city, or to go shopping, provided that there is no health reason to make these practices inadvisable. Patients also are allowed to bring personal possessions of sentimental value, such as photographs, religious articles, and books, to the Home. The Home thus enhances its residents' perogatives as human beings by promoting basic individual rights within a group environment.

While the Jewish Home for the Aged has many positive attributes, nevertheless a few negative ones exist. One of its major faults is the lack of a professional staff. The Occupational Therapist, the Recreational Therapist, and the Admissions and Social Service

Director are neither graduates of professional educational institutions which prepare students for these careers nor are they approved by the national accrediting bodies for their respective vocations. They therefore lack the necessary education, specific professional training, and evaluated experience essential to well perform the work to done in meeting the needs of the Jewish aged.

Another significant weakness of the Home is the paucity of skilled social services available to its residents. The duties of the Admissions and Social Service Department entail tasks related to the adjustment during the resident's first week at the Home only. Case work practices are not carried out after this period of time, and no case records are kept. In short, the patients are receiving no aid in coping with the everyday problems emerging out of personal and environmental difficulties, which steadily increase during the aging process.

The Home must also be criticized for its autonomic character. It rarely cooperates with other Jewish agencies in Allegheny County which care for the aged, except for medical services. The Jewish Family and Children's Service and the Social Service Department of Montefiore Hospital have useful social information on a significant number of the residents of the Home, which the Home seldom utilizes. Use of this data would enable the Home to gain a proper understanding of its applicants and patients in order to determine suitability for admission and proper forms of care. If the Home finds, according to the available information

that it can not an applicant for admission, it can recommend other communal resources best able to help the aged person. By remaining autonomous, the Home does not ensure the well-being of all Jewish aged in Allegheny County.

BIBLIOGRAPHY

Books

Burgess, Ernest W., Ruth S. Cavan, Herbert Goldhamer, and Robert J. Havighurst, Personal Adjustment in Old Age. Chicago: Science Research Associates, 1949.

Davies, Amy E., "A Study to Determine the Adequacy of Facilities for the Care of the Low-Income Aged in Allegheny County." Unpublished M. S. W. thesis, University of Pittsburgh, 1948.

Donahue, Wilma and Tibbitts, Clark, Planning the Older Years. Ann Arbor: University of Michigan Press, 1950.

Drake, Joseph T., The Aged in American Society, New York: The Ronald Press Company, 1958.

Fact Book on Aging. Washington: Government Printing Office, no date given.

Facts, Findings, and Recommendations Based on a Community Wide Study of the Aged Made in Connection with Request to Expand Facilities at the Jewish Home for the Aged, Pittsburgh, Penna. Pittsburgh: The Health Committee of the Federation of Jewish Philanthropies, May, 1954.

Shock, Nathan W., Trends in Gerontology. Stanford: Stanford University Press, 1951.

Standards of Care for Older People in Institutions, Section I. New York: The National Committee on Aging of the National Social Welfare Assembly, 1953.

Zelditch, Morris, Historical Perspectives on Care of The Jewish Aged. New York: Council of Jewish Federations and Welfare Funds, 1955.

Oral Interviews

Gartner, Donald, Student Assistant at the United Jewish Federation, personal interview, Pittsburgh, 10 December 1960.

Kalson, Leon, Executive Director of the Jewish Home for the Aged at Pittsburgh, personal interview, Pittsburgh, 23 November 1960.

Pamphlets

The Jewish Home for the Aged, A Service of the Community Chest of Allegheny County.

_____ Constitution and By-Laws.

_____ New Era for Our Aged.

_____ The Voice of Public Opinion.

_____ Welcome.

_____ Your Questions Answered.

_____ 17,500 Years of Jewish Life in One Home.

The United Fund of Allegheny County, Directory of Services.

Miscellaneous

Memorandum from Meyer Schwartz, Administrative Assistant at the United Jewish Federation to Tom Davidson, Director of the Bureau of Social Research, Health and Welfare Association of Allegheny County, Re: Projections of Jewish Population Data Based on Data of Jewish Population in Pittsburgh in 1953, May 7, 1957.

Program from Residents' Hobby Show Party at the Jewish Home for the Aged, held October 23, 1960.

Schedules for Occupational Therapy, Recreation, and Religious and Cultural Activities of the Jewish Home for the Aged. November and December, 1960.