FOX

OLDER PERSONS

in the

CLEVELAND JEWISH COMMUNITY

a survey of their status and needs

Report No. 1
of the
Population Research Committee

The Jewish Community Federation of Cleveland
June, 1979

1903 75th YEAR 1978

THE JEWISH COMMUNITY FEDERATION of CLEVELAND
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June 27, 1979

Mrs. Elaine Rocker, Chairperson
The Community Services Planning Committee
The Jewish Community Federation of Cleveland
1750 Euclid Avenue
Cleveland, Ohio 44115

Dear Elaine:

I am pleased to submit herewith this report representing the initial findings of the Survey of Older Jewish Persons. This and subsequent special reports should help the Federation and our agencies in the important task of planning and serving this sizeable and increasing group of the Jewish community.

I would like to thank the Board of Trustees, the Community Services Planning Committee, the Commission on Services to Older Persons and its Professional Advisory Committee and the Endowment Fund for their support of this research.

All of us are deeply appreciative of the work of Judah Rubinstein, Ellen Del Monte and Tom Sudow in directing the survey and preparing this report.

Sincerely,

Sheldon Mann, Chairman
Population Research Committee

djs

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A special word of thanks is due Dr. Marvin Rosenberg of the Case Western Reserve University School of Applied Social Science, who served as a consultant in this project, and to Robert Dykes of Creative Research Associates, our sampling consultant. Ed Prager at Hill House was responsible for the recruitment and training of the interview team.

The Older Americans Resources and Services (OARS) schedule used in this survey was adapted with permission of Duke University Center for the Study of Aging and Human Development. The project benefitted from the experience and advice of Dr. Barbara Silverstone, director, Benjamin Rose Institute, and her staff and the General Accounting Office-Cleveland, who both conducted similar surveys using the same basic schedule. The assistance of BRI in computer programming and analysis was especially helpful in facilitating the preparation of this report.

The project was made possible by a grant from the Endowment Fund of the Jewish Community Federation of Cleveland.

Lastly, we wish to thank the numerous agencies and individuals who assisted in various phases of the survey. We are also most appreciative of the work of an experienced interview team and of the cooperation of those members of the community whose responses are the basis of this report.

I. INTRODUCTION

Increased longevity and declining birth rates have caused the nation's older population (persons 65 and over) to increase both in number and in proportion to other age groups. Within this age group there is, inevitably, a growing number of older persons who, for a variety of reasons, need support from their families and/or social agencies to maintain themselves in the community and to avoid unnecessary institutionalization. These trends apply to the Cleveland Jewish population as well.

The Cleveland Jewish Community Federation and its member agencies have always recognized the need for systematic planning to target and coordinate services to the Jewish elderly. They have periodically studied and reviewed their programs for helping this segment of our population. From time to time, a broader approach such as this survey is desirable to look at the older population as a whole. It places specific problems and needs within a larger context and points to emerging needs and trends.

To generate this information, the Jewish Community Federation, through its Community Services Planning Committee, in the spring of 1978, authorized a survey of older Jewish persons. A new approach emerged from the preliminary discussion, which distinguishes this survey from earlier studies. Its emphasis, as will be seen, is on the ways in which older persons function in basic areas of their lives and cope with their problems.

The analysis contained in this first report focuses on general characteristics of Jewish elderly in Greater Cleveland. Studies of special groups of older persons, based on special selection criteria, will be provided in subsequent reports. The information is organized as follows:

(1) data describing the older Jewish population in terms of physical and mental health, economic status, involvement with family and friends, participation in agency programs,

and ability to perform regular day-to-day activities, such as bathing and cooking;

(2) preferences of the Jewish elderly with regard to service needs and housing;

(3) use by the elderly of Jewish agencies;

(4) religious practices and extent of participation in temple and synagogue activities;

(5) geographic distribution and residential patterns of the Jewish elderly.

II. METHODOLOGY

A. The Survey Instrument

The survey team considered the kind of questionnaire to be used in the survey, including the possiblity of designing its own instrument. The decision was made to use the Older Americans Resources and Services (OARS) schedule developed by Duke University and employed by the U.S. General Accounting Office (GAO) and by the Benjamin Rose Institute in their studies of Cleveland elderly. In addition to the merits of the OARS schedule, a common instrument makes possible comparisons between the Jewish elderly and the older persons in these local surveys, as well as in other communities where OARS has been adopted.

The Duke questionnaire provides descriptive data on the older person's well-being in terms of physical and mental health, economic and social resources and day-to-day functioning (called activities of daily living).

It also records information on the various supportive services received from community agencies, institutions and private

sources. Responses to the interview questions in each area of functioning were combined to categorize the older person's status on a range from excellent to severely and completely impaired. For example, an older person's degree of physical impairment is determined by responses to 22 detailed questions on physical health. Similarly, the level of mental health is determined after assessing the older person's answers to 25 different items.

Although the OARS schedule provides extensive information on well-being, it is not designed for a specific ethnic or cultural group. Therefore, a supplemental schedule containing questions on Jewish practices and activities was developed by the research staff with input from consultants and the Professional Advisory Committee of the Commission on Services to Older Persons.

B. Sampling Procedures

A systematic random sample was drawn from the 20,500 households in the Jewish Welfare Fund master file. However, since the Federation list does not include all Jewish households, it was supplemented by a second sample drawn randomly from the telephone directory in which the addresses were first arranged by geographic area and the names on Federation's household list removed.

Each household in the sampled lists was subsequently contacted by telephone volunteers to determine if at least one older Jewish person (age 65 and over) was a member of the household. These households, 515 in all, constituted the sample for the survey. In the field operations, 388 interviews were completed, a 70 percent outcome, which is an excellent response in a voluntary survey. Findings from the telephone directory sample have been included on a weighted basis to ensure statistical accuracy.

The field interviews were conducted by professionally trained

interviewers, who had been part of the GAO survey team and were therefore most familiar with the OARS schedule. This had the advantage of minimizing interviewer training, as well as response errors or need for editing.

III. FINDINGS

Current studies of the elderly normally divide the population into two age categories for the purpose of analysis, i.e., 65 to 74 and 75 and over. This format reflects significant increases in disease and disability after the age of 75. Findings from the Cleveland Study of Older Perons and other studies of older persons, however, suggest the need for a division into three categories:

(1) 65 to 69, the Young-Old;

(2) 70 to 74, the Old;

(3) 75 and over, the Aged.

Individuals in the study sample between 65 and 69 years of age identify with and seem to have characteristics similar to those of middle-aged individuals. It was judged appropriate, therefore, to classify a 65 year old respondent in the same category as a 74 year old respondent. The aged (75 and over) is a standard category and allows us to focus on that segment of the population, which demographic studies indicate to be the fastest growing age group among the elderly. Within the report the terms Young-Old, Old and Aged will refer to the three age groups as noted above.

Using the 1970/71 Jewish population figures as a base, it is estimated that our current 65 and over population numbers approximately 12,000, or 15-16 percent of the Jewish community of 75,000-80,000 people. This figure of 12,000 is the base figure in this report in projecting the number of older persons estimated to represent specific conditions and needs. Table 1 shows the distribution by

group and sex based on the survey findings.

TABLE 1: Distribution of Older Persons by Age and Sex

	Male	Female	Percent M/F	Total
Young-Old (65-69)	2,400 45%	2,000 30%	55/45%	4,400 37%
Old (70-74)	1,100 20%	1,600 24%	41/59%	2,700 23%
Aged (75+)	1,900 35%	3,000 46%	39/61%	4,900 40%
TOTAL:	5,400 100%	6,600 100%	45/55%	12,000 100%

Overall, the findings indicate that in our older population the women exceed the men 55-45 percent -- 12 women to every 10 men. This compares closely to the 44% male/56% female distribution in the 65 and over group reported by the National Jewish Population study for 1971. However, Cleveland today varies strikingly from the national benchmark in the Young-Old category; the NJPS found a 44 percent male to 56 percent female distribution, which is almost reversed here, 55 percent male to 45 percent female. A second variation occurs in the Aged category, where Cleveland shows a 39 percent male to 61 percent female, in contrast to the NJPS finding of 51 percent male and 49 percent female. Although the Aged category in the present study begins at age 75 compared to age 80 for NJPS, this latter difference is not totally explained by the five year difference in the interval or the passage of time between studies. It is likely that this difference is the result, in part, of local variations in population and the difference in the method of selecting interviewees. These factors apparently balance out in the totals for the two studies.

IV. PROFILE OF THE JEWISH ELDERLY BASED ON KEY CHARACTERISTICS

A. Major Differences Differentiating the Aged Group from the Young-Old and Old Groups

Although many differences were noted among the three categories of older persons, certain characteristics distinguish the Aged from the Young-Old and to a lesser extent from the Old. These findings, which verify general insights about the Jewish elderly, are tabulated in the charts below. In Table 2, 69 percent of the Young-Old were still married, in contrast to 31 percent of the Aged. The prevalent marital condition among the Aged is widowhood, 60 percent of whom are widowed, compared to 24 percent for Young-Old and 35 percent for the Old.

TABLE 2: Marital Status

	Widowed	Married	Other
Young-Old (65-69)	24%	69%	7%
Old (70-74)	35%	52%	13%
Aged (75+)	60%	30%	9%
TOTAL:	41%	50%	9%

Marital status, not unexpectedly, relates to a person's living arrangements (i.e., whether one lives alone, with a spouse, with a son or daughter, etc), reported in Table 3. The households of the Young-Old represent primarily married couples, whereas Aged households are most apt to be single-member households with smaller frequencies for other living arrangements. The General Accounting Office in its report, it should be noted, concluded that living situations, other than living alone, can be an important factor in delaying institutionalization among the elderly.

TABLE 3: Living Situation (Who lives with you?)*

	Spouse	No One	Child	Other
Young-Old (65-69)	69%	22%	13%	14%
Old (70-74)	53%	40%	5%	3%
Aged (75+)	31%	39%	24%	20%
TOTAL:	50%	33%	16%	15%

*These figures contain some duplication, i.e, a married respondent can be included in the column under spouse and in the "Child" column if any offspring live with him or her.

Tables 2 and 3 clearly reflect changes in marital status and living arrangements that come with advancing years. The same relationship can be seen in examining the individual's social network, which diminishes directly with age (Table 4). Although Table 4 shows a high degree of sociability for the three groups, there are observable differences in comparing the Young-Old, the Old and the Aged. As expected, one's social network shrinks with increasing age, but the findings indicate the stereotype of isolation and age applies only to a minority of older persons.

TABLE 4: Sociability (No. of times spent visiting with another person in the past week in or outside your home.)

	None	One	2-6	7 or more
Young-Old (65-69)	7%	7%	61%	25%
Old (70-74)	10%	14%	53%	23%
Aged (75+)	12%	22%	51%	14%
TOTAL:	10%	15%	55%	20%

There is also a change as one grows older with regard to expected sources of help in case of illness (Table 5). Within the Young-Old group, characterized by married couples, the spouse was most frequently cited as the chief helper. However, among the Aged, where widowhood predominates, one's children become the chief source of help.

TABLE 5: Source of Help (If sick or disabled, who would help?)

	Spouse	Offspring	Sibling	Other
Young-Old (65-69)	63%	21%	12%	4%
Old (70-74)	52%	24%	10%	14%
Aged (75+)	27%	48%	10%	15%
TOTAL:	46%	32%	10%	12%

Housing style also changes with age. Table 6 illustrates the shift from home ownership to other housing arrangements, particularly apartments, from the category of Young-Old to Old and on to Aged. Other factors, aside from age, such as the trend away from multi-generational to nuclear families and the greater availability of apartment housing, undoubtedly influence this variable to some additional degree.

TABLE 6: Home Ownership (Do you own your own home?)

	Yes	No
Young-Old (65-69)	51%	49%
Old (70-74)	44%	56%
Aged (75+)	26%	74%
TOTAL:	40%	60%

Still another age related variation from Young-Old to Aged is the extent to which older persons look to outside help for home management as well as personal care (Tables 7 and 8). Thirty-eight percent of the Aged reported paid and/or volunteer assistance with routine household chores compared with 11 percent of the Young-Old. In personal care, the comparable figures are 22 percent as against 5 percent.

TABLE 7: Home Management (During the past year, did anyone help you with routine household chores?

	Yes	No
Young-Old (65-69)	11%	89%
Old (70-74)	15%	85%
Aged (75+)	38%	62%
TOTAL:	33%	67%

TABLE 8: Personal Care (During the past year, did anyone help you with your personal care?)

	Yes	No
Young-Old (65-69)	5%	95%
Old (70-74)	2%	98%
Aged (75+)	22%	78%
TOTAL:	11%	89%

B. Characteristics Which Do Not Differ Among Age Groups

Findings on variables which do not discriminate among the three age groups are presented in Tables 9 through 12, which deal with medical resources of the Jewish elderly and estimates of their financial ability to meet emergencies. All groups are almost totally covered by medical insurance and apparently have persons to assist them in the event of a disabling illness.

TABLE 9: Health Insurance (Are you covered by health or medical insurance?)

	Yes	No
Young-Old (65-69)	99%	1%
Old (70-74)	98%	2%
Aged (75+)	99%	1%
TOTAL:	99%	1%

TABLE 10: Help Available (Is there someone to help if you are sick or disabled?)

	Yes	No
Young-Old (65-69)	93%	7%
Old (70-74)	97%	3%
Aged (75+)	95%	5%
TOTAL:	95%	5%

Although most of the respondents in each group reported adequate medical coverage, the fact that 9 percent feel they need additional care should not be overlooked.

TABLE 11: Additional Medical Care (Do you feel you need medical care or treatment beyond what you're presently receiving?)

	Yes	No
Young-Old (65-69)	10%	90%
Old (70-74)	5%	95%
Aged (75+)	11%	89%
TOTAL:	9%	91%

Most older persons felt they had sufficient assets to meet emergencies, although the term was not specifically defined and may have been interpreted differently by the respondents.

TABLE 12: Resources to Meet Emergencies (Are your assets enough to meet emergencies?)

	Yes	No
Young-Old (65-69)	89%	11%
Old (70-74)	89%	11%
Aged (75+)	86%	14%
TOTAL:	88%	12%

C. Ability to Perform Activities of Daily Living (Table 13)

In forecasting the demands of the elderly for social services, planners often select physical health as a primary indicator of need. An alternative approach is to use the ability to perform activities of daily living as the baseline for planning endeavors. These activities (frequently referred to as "ADL") consist of those tasks an individual must perform on a daily basis to care for himself. Examples would be dressing, bathing, grooming and meal preparation. Understandably, impaired individuals compensate for their impairments in different ways and to different degrees. Proponents of the "ADL Approach" maintain that a realistic evaluation of service needs among the elderly encompasses more than physical health. From a functional viewpoint, the planner must also look at the ability of older persons to cope with their impairments and the extent to which such impairments limit how they manage the tasks of their day-to-day lives.

How well impaired individuals cope with daily tasks can also be rated and compared on a scale based on their activities (see page 18). Perhaps more than any other scale in the study, it indicates the way in which many older persons are able to remain in the community despite impairment, and suggests how agencies can contribute to this end.

The percentage of older Jewish persons who cannot perform various major day-to-day functions without help is summarized in Table 13. The first column indicates how many can continue to perform these functions with help of a supplementary nature, and the second column shows the percentage who cannot perform those functions, with or without help.

The numerical projections from the table suggest that a substantial number of older Jewish persons need help on a regular basis. Given the estimated older Jewish population of 12,000, a total of 26 percent, approximately 3,100 persons, cannot do housework without help; 14.8 percent, approximately 1,800 persons, cannot shop without help; and 12 percent, approximately 1,400 persons, cannot prepare their own meals without help.

TABLE 13: Activities of Daily Living

Activity	With Some Help	Unable
Ability to Use Telephone	4.6%	1.5%
Ability to Shop	10.4%	4.4%
Ability to Prepare Own Meals	7.0%	5.0%
Ability to Do Housework	18.0%	8.0%
Ability to Handle Money	5.0%	4.0%
Ability to Eat	1.0%	0.2%
Ability to Dress	3.0%	1.0%
Ability to Bathe	7.0%	2.0%
Toileting	7.5% had toileting problems at least once a week or more	

V. SUPPLEMENTARY DATA

In addition to the tables analyzed in Section IV by age categories, a series of findings (reported below) relating to the group of respondents as a whole broaden the profile of our Jewish elderly. The data on education, vocation and income confirm that today's generation of older persons has more formal education, is typical in Jewish vocational patterns, and seems to be financially more secure than the previous generation was in its retirement years. At the same time, these findings verify the presence of a group of elderly, varying in size according to specific concerns, who are constrained financially, who are frequently concerned with health problems, and who could be helped to manage better in their daily lives. Their express needs conceivably could require not only new services, but increased levels of agency service and greater outreach, better coordination among social service agencies, improved cooperation between health and social service agencies, and stronger advocacy for government support and special assistance programs.

A. Education

37% of the respondents never completed high school;
36% attended college or business prep;
15% are college graduates;
7.3% attended graduate school.

B. Vocation

27% of the respondents were in either the clerical or sales fields during their work years;
21% were owners or managers of businesses;
13% were professionals;
12% were housewives;
11% are still employed full-time and 18% part-time.

60% are retired.

C. Income (Approximately two-thirds of the sample responded to the income question.)

18% reported an income of under $5,000;
26% reported income between $5,000 and $10,000;
22% reported an income of $10,000 to $20,000;
21% reported an income of $25,000 or more;
13% reported not knowing their income.

5% feel they need financial assistance beyond what they are already receiving.

17% report that they either can barely meet living expenses or cannot meet their expenses at all.

D. Service Needs

5% could use food stamps;
18% feel they need more transportation than is readily available;
10% feel they need medical help beyond what they are getting now;
7% feel they need to have someone either in the room or within calling distance around the clock;
32% feel they need someone to check up on them regularly at least five times a week by phone or in person;
15% feel they need someone to organize or coordinate different kinds of help to meet their needs and to make arrangements for them.

E. Health Care Information (during the past year)

25% had at least one hospital stay; the median stay was 10 days;
15% were too sick to carry out activities for 30 days or more;
11% received help with personal care (bathing, dressing, toileting, feeding); of this group, 5% received such help from family or friends;
5% received nursing care outside of a hospital;

4% received mental health services (treatment or counseling for family problems, nervous or emotional problems).

VI. WELL-BEING SCALES

The questions in the interview schedule, as noted, relate to five areas of individual functioning:

(1) social (pages 15 & 16)
(2) economic (page 16)
(3) mental (pages 16 & 17)
(4) physical (page 17)
(5) activities of daily living (page 18)

Individual responses to these questions are combined on a six point scale of well-being in each of the five areas:

(1) excellent
(2) good
(3) mildly impaired
(4) moderately impaired
(5) severely impaired
(6) totally impaired

Definitions of these terms within each area of functioning appear in the appendix.

To simplify the analysis, the well-being tables in this study are reduced to a three-point scale: (1) good, (2) moderate impairment or (3) severe impairment.

A. Social Resources (Table 14)

The social resources scale relates the individual's marital status and living situation, telephone contacts and visits with friends, relationships with relatives, and the availability of help during a disabling illness. The table indicates that within the total population of Jewish elderly, 30 percent, approximately 3,600 people, are either moderately or severely impaired in this area of function.

TABLE 14: Social Resources Scale

	Good	Moderately Impaired	Severely Impaired
Young-Old (65-69)	78.3%	16.9%	4.8%
Old (70-74)	70.6%	26.1%	3.3%
Aged (75+)	66.7%	27.3%	6.0%
TOTAL:	71.8%	23.3%	6.9%

B. Economic Resources (Table 15)

The economic resource scale rates past or present employment, income, value of dwelling, financial resources available for emergencies, and medical insurance coverage. The findings show nearly one-fourth of the total older population to be either severely or moderately impaired, which will in all likelihood increase during this extended period of inflation.

TABLE 15: Economic Resources Scale

	Good	Moderately Impaired	Severely Impaired
Young-Old (65-69)	75.7%	24.3%	0%
Old (70-74)	80.4%	19.6%	0%
Aged (75+)	74.4%	24.3%	1.2%
TOTAL:	76.3%	23.2%	0.5%

C. Mental Health (Table 16)

The mental health scale is based on the individual's feelings about life, use of good judgment in everyday life, ability to cope with major problems, as well as his subjective appraisal of his own mental health. Projections indicated that 20.9

percent, approximately 2,500 older persons, are either severely or moderately impaired.

TABLE 16: Mental Health Scale

	Good	Moderately Impaired	Severely Impaired
Young-Old (65-69)	83.8%	16.2%	0%
Old (70-74)	83.7%	16.3%	0%
Aged (75+)	72.1%	24.2%	3.6%
TOTAL:	79.1%	19.5%	1.4%

D. Physical Health (Table 17)

This scale is based on the individual's visits to a doctor, periods of hospitalization, permanent disabilities, eyesight, hearing and the extent to which illnesses interfere with regular activities. It also includes the individual's subjective rating of his own health. This scale, as might be expected, shows a distinctive relationship between physical health and age. In the study group, 55.5 percent were either severely or moderately impaired, and when projected to the 65 and over population would number about 6,700 persons.

TABLE 17: Physical Health Scale

	Good	Moderately Impaired	Severely Impaired
Young-Old (65-69)	47.0%	39.9%	4.1%
Old (70-74)	50.0%	49.0%	1.0%
Aged (75+)	30.9%	56.3%	12.7%
TOTAL:	44.3%	48.6%	6.9%

Chart I

Activities of Daily Living (ADL)(Table 18)

As mentioned, ADL includes activities which an individual must perform in his day-to-day living -- housework, shopping, meal preparation, personal care, etc. The scaling of responses on these activities indicates 24 percent, almost 3,000 elderly, can be classified as severely or moderately impaired.

TABLE 18: Activities of Daily Living

	Good	Moderately Impaired	Severely Impaired
Young-Old (65-69)	89.1%	10.1%	0.8%
Old (70-74)	88.0%	10.9%	1.1%
Aged (75+)	57.5%	30.3%	12.2%
TOTAL:	76.0%	18.5%	5.5%

Overall, the five well-being scales make clear that except for physical health, 70 percent of our 65 and over population rate high in these basic areas and another 20 percent have problems which, it may be assumed, impact on the quality of their lives to a moderate degree. At the core five percent, approximately 600 persons, are rated severely impaired and most likely are receiving or would require a variety of support services from community and private sources. In a future report the type and level of impairment and the use of agency services will be examined to point out immet needs and suggest new and expanded directions of service for community agencies serving older persons.

VII. SUPPLEMENTARY QUESTIONNAIRE

A. Jewish Social Patterns (Table 19)

A supplementary questionnaire was adapted for use with the OARS schedule to obtain data on religious and cultural needs of older Jewish persons. The findings show modest variations among the Young-Old, Old and Aged groups on questions regarding the lighting of Sabbath candles, prayers, Passover celebration, kashrut observance and the use of a synagogue or temple. A larger percentage of the Aged group prays and observes kashrut and, conversely, a lesser percentage report that they celebrate Passover and use religious facilities. The differences can probably be explained by the generational differences between the three groups, to narrowing social contacts and reduced mobility.

TABLE 19: Religious and Ritual Observances*

	Young-Old (65-69)	Old (70-74)	Aged (75+)	TOTAL
A. Are you a member of a religious congregation?	60%	59%	60%	60%
B. Type of congregation				
Orthodox	34%	38%	32%	34%
Conservative	27%	27%	35%	31%
Reform	39%	35%	33%	35%
C. Do you light Sabbath candles?	47%	45%	55%	50%
D. Do you say prayers or read a prayer book?	55%	58%	59%	57%
E. Do you observe Passover?	90%	89%	84%	87%
F. Do you keep separate dishes for milk & meat?	24%	30%	30%	30%
G. Have you used a temple or synagogue in the past year?	86%	84%	75%	82%
H. Reason for not attending synagogue or temple more often:				
Transportation	--	--	--	20%
Programming	--	--	--	6%
Economic	--	--	--	11%

* yes responses

In 1971, the National Jewish Population Study reported that 49 percent of Jews aged 60-69, and 57 percent of those over 70 years of age, did not belong to a religious congregation. The finding in this survey is quite opposite; only 40 percent in each sub-group are unaffiliated. Religious preference by age group varied least among the Reform and the most among the Conservative. On a related question, 82 percent of the respondents replied that they used a temple or synagogue during the past year. Respondents who attended less frequently specified difficulties with transportation and economic reasons as limiting factors.

The National Survey also found that a majority of people over age 75 observed kashrut, which is in distinct contrast with the present finding of only 30 percent among the Cleveland aged. In all likelihood, local characteristics and generational differences (The NJPS study was carried out in 1970/71.) account for these variations.

B. Use of Jewish Agencies (Tables 20-21)

A series of questions in the supplementary questionnaire focused on specific use of Jewish agencies in the past two years by the respondents. Their replies during the interview process make it clear that not all services are readily identified with a specific agency. This is especially true of programs with a multiple sponsorship, such as Meals-on-Wheels, which is jointly run by Menorah Park, Jewish Family Service and B'nai B'rith Women; educational programs offered with the cooperation of JFSA; special High Holy Day services at various housing complexes for the elderly and tickets to synagogues and temples, coordinated by the Chaplancy Service of the Federation and JFSA; and the Jewish Transportation Service, sponsored jointly by the Jewish Community Center and the National Council of Jewish Women-Cleveland Section.

TABLE 20: Use of Jewish Agencies

	% Receiving Service	Projected Use
Jewish Community Federation	4%	500
Mt. Sinai Hospital	14%	1,700
Montefiore Home*	1%	100
Jewish Community Center	21%	2,500
Bureau of Jewish Education	1%	100
Jewish Family Service Assn.	6%	700
Jewish Vocational Service	2%	250
Menorah Park*	5%	600

*non-institutional services

Even allowing for duplication, the projections indicate significant participation and use of community programs and services by the 65 and over population of 12,000.

Among the Federation agencies, the Jewish Community Center has the highest use by respondents, which can be expected by virtue of its diversified services and programs. Fourteen percent of the survey group reported using Mt. Sinai Hospital services.

The next grouping of agencies, below the 10 percent level, includes JFSA, Menorah Park, Montefiore Home and Federation, the last most likely as an information service. Use of the two homes for the aged was specifically related to programs open to residents in the community.

Both homes offer day care for non-residents; and Menorah Park has special programs for the handicapped and for residents in the R.H. Myers apartments, and makes available temporary

living arrangements for persons at Jewish holiday periods or when their primary helper is away.

When asked to identify their source of knowledge about programs within the Jewish community (Table 21), over 60 percent of the respondents indicated that they learned of programs from the media. Family and friends ranked second as an information source, followed by organizations and by temples and synagogues.

The Jewish Information Service and agency outreach form a minor third grouping as information sources.

TABLE 21: Sources of Information (In general, how have you learned about agency programs and services in the Jewish community? Two choices.)

Media (includes Cleveland Jewish News)	62%
Family - Friends	37%
Organizations	28%
Temples or Synagogues	20%
Jewish Information Service	4%
Agency Outreach	4%

C. Mobility (Table 22)

As part of the supplementary questionnaire, a series of questions was developed to determine mobility trends among the elderly, who as a group are most affected by the demands of maintaining private homes. When asked if they plan to move, 20 percent of the sample indicated they intended to do so within the next three years (Table 22A). When those who planned to move are placed in age groups, the data show that the Young-Old is the group in transition; 28 percent of them report plans to move, as compared to 14 percent and 16 percent of the Old and Aged (Table 22B). The reasons for

moving range from health and climate to neighborhood safety (Table 22C). Thirty-three percent answered that they would like to move to apartments for the elderly and 56 percent indicated plans to move either into condominiums or regular apartments (Table 22D). The majority of people when asked where they plan to move indicated that they would stay in Cleveland; 34 percent, however, did report intentions to move out of state (Table 22E).

TABLE 22: Mobility of Older Persons

A. Plans to Move by Age Group (within next three years)

Young-Old (65-69)	28%
Old (70-74)	14%
Aged (75+)	16%
TOTAL:	20%

B. When They Plan to Move

Within one year	48%
1 to 3 years	35%
3 years or more	16%

C. Reason for Moving

Health and Climate	35%
Home Management	27%
Financial	14%
Family - Friends	12%
Service Proximity	6%
To be near more Jews	2%
Neighborhood Safety	1%

D. Type of Housing Preferred

Regular Apartment	45%
Elderly Apartment	33%
Condominium	11%
Single House	5%
Other	3%

E. Where They Plan to Move

Cleveland	57%
Elsewhere in Ohio	4%
Out of State	34%
Other	4%

VIII. PLANNING IMPLICATIONS FROM THE DATA

The growth rate of the total elderly population has stimulated extensive planning throughout the country. Not only is their proportion of the total U.S. population increasing (from 4.1% in 1900 to 10.5% in 1975), but the Aged group (age 75 and over) is increasing at a faster rate than all other categories of elderly persons. Due to the link between increasing age and impairment, the 75-and-over population is likely to need extensive social services.

The growth trends seen nationally are apparent among the Cleveland Jewish elderly as well. The proportion of Jewish elderly in our population has increased from approximately 12.5 percent in 1970 to the present estimate of 15 percent.

The research findings from the Survey of Older Jewish Persons suggest that planning should be directed toward strengthening

the older person's "informal support system," the constellation of family or friends upon whom he relies for help. It has been hypothesized that a breakdown in the informal support system of an older person can lead to institutionalization. Within that system, it is important to note that 46 percent of the Jewish elderly look to a spouse (who is most likely an older person as well) as their chief helper. Caring for older parents can be stressful for a family member of any age, but can be especially difficult for a spouse with impairments of his or her own.

A. Service Needs

Given the growth rate of the older population, it is unlikely that funded programs will keep pace with service needs. For this reason, future planning could well be directed toward strengthening the family's caretaking roles. It may be worthwhile for agencies to expand different types of home help, such as homemaker, shopping and meal preparation. Additional "respite services," such as day care, friendly visitors, and "nightwatchers" to check on older persons after agencies close, could aid the elderly and their families. Such services, when properly coordinated, can build on the central role which the family has traditionally played in Jewish life.

As one becomes more impaired, the need for home services increases, as does the level of care provided by families and friends. The range of services which older people might need includes transportation, checking (periodic monitoring), social/recreational, homemaker, housing, meal preparation, food and grocery shopping, personal care, continuous supervision (full-time monitoring) and skilled nursing care. A greatly impaired older person may need as many as eight of these services. Although the role which the family plays may vary with the individual, it is estimated that families provide 70 percent of the services for this greatly impaired group.

Table 23 shows how the survey respondents rated their needs. Subsequent analyses can determine how many of those expressing a need for a specific service have actually been receiving that service.

TABLE 23: Need for Services

Service	Percentage	Projected to Older Population
* Additional Transportation	17.8%	2,100
Checking	32.0%	3,800
Social/Recreational	46.9%	5,600
Homemaker	20.4%	2,400
Help with Finding Housing	6.8%	800
Meal Preparation	12.9%	1,500
Personal Care	6.3%	800
Nursing Care	2.4%	300

B. Educational Programs for Families

Although most family members are highly motivated, they may need to learn more about the aging process and about adaptive capabilities of the elderly, including the current thinking on the psychological aspects of aging. Many families may function well as caretakers under usual conditions, but they may be unaware of community resources for crisis intervention. Finally, given the findings that 37 percent of the Jewish elderly learn of services through their families, it is essential that families have information about what is available from social agencies.

C. Agency Outreach

Geography has a bearing on which older persons reach and make use of the many agency services available to them. For example, distance may influence an older person's decision to

attend a special community program or obtain service at an agency. The problem is met by outreach programs and special transportation services, at least in part.

The survey findings indicate that approximately 78 percent of the households in Greater Cleveland containing at least one elderly resident are found within seven eastern suburbs: Shaker Heights, Cleveland Heights, University Heights, Beachwood, South Euclid, Lyndhurst and Mayfield Heights. The remaining 22 percent are located primarily in Pepper Pike, Richmond Heights, Euclid, East Cleveland, Western Lake County and the City of Cleveland (Shaker Square area). Although many Jewish institutions are located along a suburban corridor in the Heights area, people and institutions are more apart than in the past areas of settlement. It is possible that more extensive neighborhoods outreach and expanded transportation services could match needy older persons with the proper agency resources.

D. Conclusion

In utilizing data from the survey for long-range planning, it might be advisable to consider whether one group of elderly as defined in this study should be a priority target for social services -- the unimpaired, moderately impaired or the severely impaired. The issue is not one of restorative or custodial care versus preventive services, of delaying institutional care at all costs; it is rather the balance of services and resources within the continuum of care. Without ignoring the needs of any of the three groups, it might be feasible for agencies to direct major efforts toward the moderately impaired group, which accounts for 20-25 percent of all elderly. Increased services directed to them might delay the need or decision to seek institutionalization.

Special analyses in the near future will look at the survey data along several different dimensions, among others by

living arrangements, by levels of impairment, by ability to perform certain activities of daily living and by use of community services. Through these approaches, it may be possible to establish profiles of older persons within our community for whom specific agency services can make a significant difference in how well they are able to cope with their impairments and life.

APPENDIX A

OARS SCALES FOR FIVE AREAS OF FUNCTIONING

PHYSICAL HEALTH RATING SCALE

100. [RATE THE CURRENT PHYSICAL FUNCTIONING OF THE PERSON BEING EVALUATED ALONG THE SIX-POINT SCALE PRESENTED BELOW. CIRCLE THE ONE NUMBER WHICH BEST DESCRIBES THE PERSON'S PRESENT FUNCTIONING. PHYSICAL HEALTH QUESTIONS ARE NUMBERS 37-55, 81, 82, AND 96.]

1. In excellent physical health.
   Engages in vigorous physical activity, either regularly or at least from time to time.

2. In good physical health.
   No significant illnesses or disabilities. Only routine medical care such as annual check ups required.

3. Mildly physically impaired.
   Has only minor illnesses and/or disabilities which might benefit from medical treatment or corrective measures.

4. Moderately physically impaired.
   Has one or more diseases or disabilities which are either painful or which require substantial medical treatment.

5. Severely physically impaired.
   Has one or more illnesses or disabilities which are either severely painful or life threatening, or which require extensive medical treatment.

6. Totally physically impaired.
   Confined to bed and requiring full time medical assistance or nursing care to maintain vital bodily functions.

SOCIAL RESOURCES RATING SCALE

97. [RATE THE CURRENT SOCIAL RESOURCES OF THE PERSON BEING EVALUATED ALONG THE SIX-POINT SCALE PRESENTED BELOW. CIRCLE THE ONE NUMBER WHICH BEST DESCRIBES THE PERSON'S PRESENT CIRCUMSTANCES. SOCIAL RESOURCES QUESTIONS ARE NUMBERS 6-14, 73, 74, 87, and 88.]

1. Excellent social resources.
   Social relationships are very satisfying and extensive; at least one person would take care of him/her indefinitely.

2. Good social resources.
   Social relationships are fairly satisfying and adequate and at least one person would take care of him/her indefinitely.
   OR
   Social relationships are very satisfying and extensive; and only short term help is available.

3. Mildly socially impaired.
   Social relationships are unsatisfactory, of poor quality, few; but at least one person would take care of him/her indefinitely.
   OR
   Social relationships are fairly satisfactory, adequate; and only short term help is available.

4. Moderately socially impaired.
   Social relationships are unsatisfactory, of poor quality, few; and only short term care is available.
   OR
   Social relationships are at least adequate or satisfactory; but help would only be available now and then.

5. Severely socially impaired.
   Social relationships are unsatisfactory, of poor quality, few; and help would only be available now and then.
   OR
   Social relationships are at least satisfactory or adequate; but help is not even available now and then.

6. Totally socially impaired.
   Social relationships are unsatisfactory, of poor quality, few; and help is not even available now and then.

MENTAL HEALTH RATING SCALE

99. [RATE THE CURRENT MENTAL FUNCTIONING OF THE PERSON BEING EVALUATED ALONG THE SIX-POINT SCALE PRESENTED BELOW. CIRCLE THE ONE NUMBER WHICH BEST DESCRIBES THE PERSON'S PRESENT FUNCTIONING. MENTAL HEALTH QUESTIONS ARE THE PRELIMINARY QUESTIONNAIRE, AND NUMBERS 31-36, 76-80, And 92-95.]

1. Outstanding mental health.
   Intellectually alert and clearly enjoying life. Manages routine and major problems in his life with ease and is free from any psychiatric symptoms.

2. Good mental health.
   Handles both routine and major problems in his life satisfactorily and is intellectually intact and free of psychiatric symptoms.

3. Mildly mentally impaired.
   Has mild psychiatric symptoms and/or mild intellectual impairment. Continues to handle routine, though not major, problems in his life satisfactorily.

4. Moderately mentally impaired.
   Has definite psychiatric symptoms, and/or moderate intellectual impairment. Able to make routine, common-sense decisions, but unable to handle major problems in his life.

5. Severely mentally impaired.
   Has severe psychiatric symptoms and/or severe intellectual impairment, which interfere with routine judgments and decisionmaking in every day life.

6. Completely mentally impaired.
   Grossly psychotic or completely impaired intellectually. Requires either intermittent or constant supervision because of clearly abnormal or potentially harmful behavior.

ECONOMIC RESOURCES RATING SCALE

98. [RATE THE CURRENT ECONOMIC RESOURCES OF THE PERSON BEING EVALUATED ALONG THE SIX-POINT SCALE PRESENTED BELOW. CIRCLE THE ONE NUMBER WHICH BEST DESCRIBES THE PERSON'S PRESENT CIRCUMSTANCES. ECONOMIC QUESTIONS ARE NUMBERS 15-30, 75, and 89-91.]

1. Economic Resources are Excellent.
   Income is ample; Subject has reserves.

2. Economic Resources are satisfactory.
   Income is ample; Subject has no reserves
   or
   Income is adequate; Subject has reserves.

3. Economic Resources are mildly impaired.
   Income is adequate; Subject has no reserves
   or
   Income is somewhat inadequate; Subject has no reserves.

4. Economic Resources are moderately impaired.
   Income is somewhat inadequate; Subject has no reserves.

5. Economic Resources are severely impaired.
   Income is totally inadequate; Subject may or may not have reserves.

6. Economic Resources are completely impaired.
   Subject is destitute, completely without income or reserves.

[Income is considered to be adequate if all the Subject's needs are being met.]

PERFORMANCE RATING SCALE FOR
ACTIVITIES OF DAILY LIVING

101. [RATE THE CURRENT PERFORMANCE OF THE PERSON BEING EVALUATED ON THE SIX-POINT SCALE PRESENTED BELOW, CIRCLE THE ONE NUMBER WHICH BEST DESCRIBES THE PERSON'S PRESENT PERFORMANCE. ACTIVITIES OF DAILY LIVING QUESTIONS ARE NUMBERS 56-69.]

1. Excellent ADL capacity.
   Can perform all of the Activities of Daily Living without assistance and with ease.

2. Good ADL capacity.
   Can perform all of the Activities of Daily Living without assistance.

3. Mildly impaired ADL capacity.
   Can perform all but one to three of the Activities of Daily Living. Some help is required with one to three, but not necessarily every day. Can get through any single day without help. Is able to prepare his own meals.

4. Moderately impaired ADL capacity.
   Regularly requires assistance with at least four Activities of Daily Living but is able to get through any single day without help. Or regularly requires help with meal preparation.

5. Severely impaired ADL capacity.
   Needs help each day but not necessarily throughout the day or night with many of the Activities of Daily Living.

6. Completely impaired ADL capacity.
   Needs help throughout the day and/or night to carry out the Activities of Daily Living.

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