

# ELDERLY JEWS AT RISK NEEDS ASSESSMENT **REPORT**

September 2019



Jewish Federation  
OF ST. LOUIS

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# EXECUTIVE SUMMARY

In 2018, the Board of Directors set Elderly Jews at Risk as the highest priority within the core commitment to the well-being and safety of Jewish people in St. Louis. This needs assessment was conducted to further describe and understand our community's at-risk older adult Jewish population. Components of this needs assessment included a literature review, an environmental scan, a focus group and one-on-one interviews with service providers and other stakeholders, and a survey of older Jewish adults.

Overall, the primary issues identified include case management and service coordination, transportation, and reducing isolation. Secondary issues that arose include volunteerism—both older adults as volunteers and overall volunteer coordination to meet the needs of older adults; older adults feeling burdened by their caregiving responsibilities; and concern about financial resources being available to support programs and services in the future.

The literature review describes the older adult Jewish community largely based on the 2014 St. Louis Jewish Community Study, data provided by community partners, and national research. The literature review also uncovered several relevant promising practices that the St. Louis Jewish community may want to consider for replication, in whole or part, primarily from other Jewish communities. The AgeWell Pittsburgh model is relevant in that it could be used to address issues around case management and service coordination. Both Phoenix and San Diego are utilizing creative approaches to address transportation needs. St. Louis also has efforts underway outside of the Jewish community to address transportation for older adults, which the Jewish community may be able to leverage.

The qualitative data illuminates several areas our St. Louis Jewish community is doing well in. There are many opportunities for socialization for older adults, which research says reduces health risks and increases quality of life. Many of these opportunities incorporate evidence-based health and wellness programs. There are many opportunities to engage older adults as volunteers which keeps people active and engaged in the community in meaningful ways. The community also does well to meet the food security needs of older adults. There is an expressed willingness among many service providers to work collaboratively to better meet the needs of older adults as a community.

The survey provided insight into individuals' concerns both for now and in the future. These concerns include their current physical health, their future healthcare, feeling burdened by caring for others, having appropriate housing that meets their needs as they age, and feeling isolated, bored, or lonely. The survey also indicated that many aspects that we might have thought would be were not tied to financial stability. People in various financial circumstances reported seeking services both within and outside of the Jewish community. Transportation needs, feelings of loneliness and isolation, concerns about health, and housing were not related to financial situation. Overall, people positively reported on their quality of life and overall health.

Further understanding the needs of Jewish older adults from a community-wide perspective as seen here helps set priorities for action and can inform specific areas in which to move forward community efforts to improve how we meet the needs of older adults at risk.



# INTRODUCTION

In 2018, the Jewish Federation of St. Louis' Board of Directors set Elderly Jews at Risk as the highest priority area under the Core Commitment toward well-being and safety. To some extent, all people face increased risks to their health and well-being at some point as they age. However, there are some risk factors that are of greater concern, including living alone, having little or no family living nearby or at all, having major health concerns, and living in poverty or having difficulty making ends meet. Some consider the very old to be at a higher risk than others.

The process of this needs assessment included:

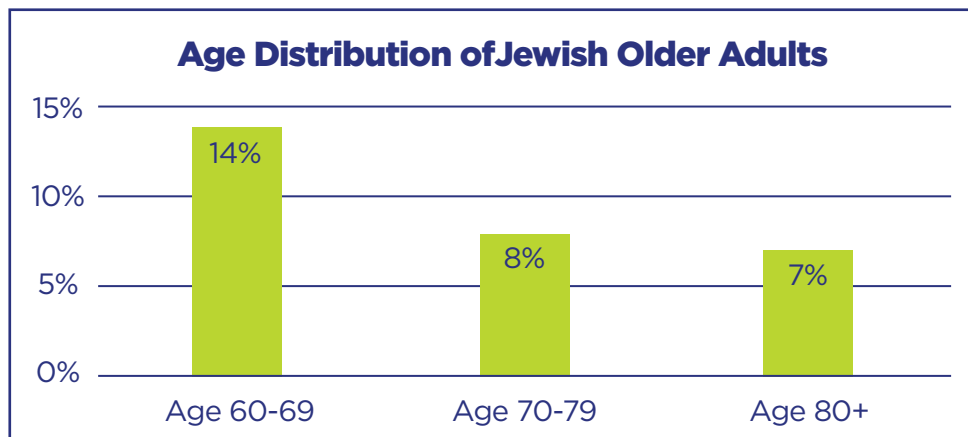
- conducting a literature review that examined local and national data and best and promising practices nationwide;
- conducting an environmental scan to identify services available in the Jewish community;
- qualitative data collection including interviews and focus groups with key stakeholders; and
- a survey to gather perspective from older adults themselves.

**The aim of this needs assessment is to identify the needs of older adults in the St. Louis Jewish community; looking at what needs are well-met and where there are areas to improve and to identify potential opportunities to best serve as many older adults in our community as possible.**

## DEMOGRAPHIC OVERVIEW

The population of the United States is aging. Currently, 15.6% of the population is age 65 or older; by 2060, 23.5% will be 65 or older.<sup>1</sup> We know from the 2014 St. Louis Jewish Community Study that the St. Louis Jewish community has a larger percentage of adults 65+ (18%). This is similar to other Jewish communities around the country. St. Louis exhibits the age distribution seen in Figure 1 among older adults in the Jewish community. In terms of absolute numbers, the 2014 Community Study estimates there are about 16,000 Jewish adults age 65+ in our area.

**Figure 1. Jewish Older Adult Age Distribution**

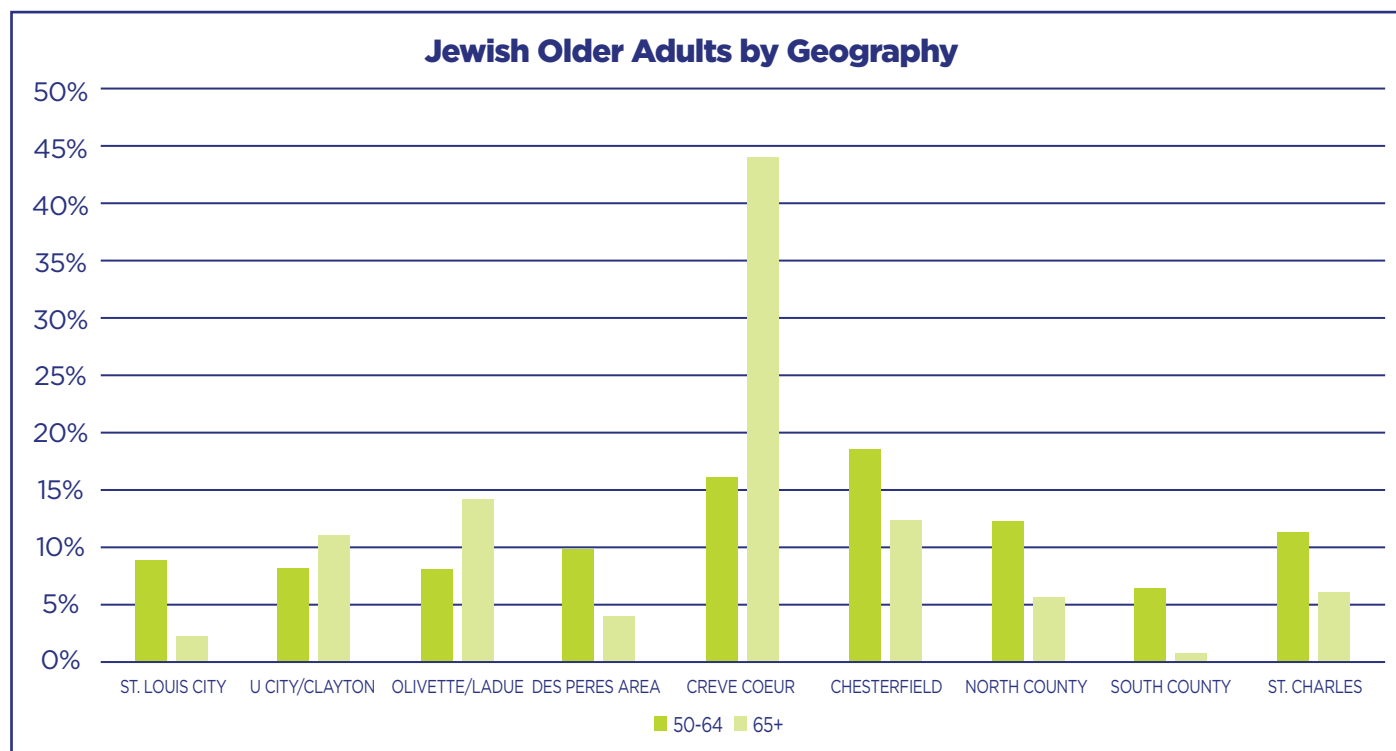


Geographically, the largest number of people age 65+ in Jewish households currently live in Creve Coeur (44%), followed by Olivette/Ladue (14%), Chesterfield (12%), and University City/Clayton (11%).

<sup>1</sup><https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults>

Chesterfield and Creve Coeur have a large number of Baby Boomer households so it is important to consider these aging population centers for future planning.

**Figure 2. Jewish Age Distribution by Geography**



Poverty is a risk factor for declines in both mental and physical health among older adults. The 2014 Community Study showed that 6% of those over age 65 were considered poor (under 150% of Federal poverty level, or \$35,800 annual income for a family of four) and an additional 22% were considered near poor (between 150%-250% of poverty level, or \$59,600 annual income for family of four). A total of 28% of Jewish people in St. Louis over age 65 are poor or near-poor.

**Table 1. Jewish Poverty and the Elderly**

Jewish Poverty and the Elderly in St. Louis	
Poor among seniors 65+	6%
Near poor among seniors 65+	22%
Total poverty among seniors 65+	28%

In terms of geographic distribution of Jewish older adults experiencing economic need, the highest number (approximately 1,300 people) live in Creve Coeur. North County also has a high concentration of Jewish older adults experiencing financial stress, with about two-thirds of the 504 older adults living there reporting they cannot make ends meet. Of the 1,100 older adults living in Chesterfield, about 8% said the same.

# LITERATURE REVIEW

The World Health Organization, Partners for Livable Communities, Grantmakers in Aging, and the National Association of Area Agencies on Aging all emphasize similar key factors in creating age-friendly communities.<sup>2</sup> They are:

- Affordable, accessible, and safe housing and gathering spaces;
- Affordable, accessible, and effective health and social services;
- Availability of transportation options for non-drivers;
- Opportunities for community participation and social inclusion; and
- Opportunities to maintain or create economic security.

St. Louis County has also adopted these areas of focus in its strategy to support aging residents.<sup>3</sup> These topics are addressed throughout this literature review. Here we present information from the 2014 St. Louis Jewish Community Study, relevant data and statistics from national research, and a review of promising practices from across the country to improve the lives of older adults at risk.

## Access to Services

Many older adults require services of various kinds to maintain independent living and to ensure a healthy and active lifestyle regardless of their living situation. For example, having the support of in-home services can be the key factor that allows an older adult to continue to live independently in the community rather than having to enter a more restrictive and/or expensive living situation. According to the 2014 Community Study, 23% of Jewish adults over age 65 typically need help with daily activities such as preparing meals, dressing, bathing, or walking up and down stairs.



According to the 2014 Community Study, 10% of all households with older adults age 65 or older reported seeking any kind of services from an organization or social service agency for an older adult in the household, while 21% of all older adults living alone reported seeking any kind of services. This data suggests that only a small number of older adults in the Jewish community are accessing services. Of that small number, the majority are finding the process of accessing services to be easy. The study found that 68% of households overall and 86% of older adults living alone found it very easy to access services, while only 2% of households overall and no older adults living alone reported finding it very difficult to access services. This data suggests that there is potentially significant room to improve in marketing and outreach around services for older adults, and that there is some room to improve in ensuring that these services are easy to access.

National and local resource hotlines exist to help older adults navigate complex systems of social and health services. The National Association of Area Agencies on Aging recommends these “one-stop” senior service information centers as a means of helping older adults and others identify resources.<sup>4</sup> In addition to various local and national resource lines for older adults, Jewish Family & Children’s Service operates a resource line specifically focused on the local Jewish older adult population called ElderLink.

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<sup>2</sup><https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2016/8-domains-of-livability-introduction.html>; [https://www.giaging.org/documents/160421\\_Case\\_for\\_AFC\\_Executive\\_Summary.pdf](https://www.giaging.org/documents/160421_Case_for_AFC_Executive_Summary.pdf); <http://www.livable.org/storage/documents/reports/AIP/blueprint4actionsinglepages.pdf>

<sup>3</sup>St. Louis County Department of Planning and Comprehensive Planning Division. “Aging Successfully in St. Louis County: A Quality of Life Assessment.” December 2014.

<sup>4</sup>The District of Columbia Office on Aging. “Senior Needs Assessment, Initial Data Collection.” September 2012.

Examining the most common reasons why older adults, their families, and their caregivers are calling these hotlines can help us understand the greatest needs older adults are experiencing. Of the people who called ElderLink in 2018, 50% identify as Jewish; 68% are within/connected to the Jewish community; 41% are caregivers; and 41% are older adults themselves. The top requests ElderLink received in 2018 were for in-home services; miscellaneous services that include referrals to veterans services, legal assistance, benefits assistance, social opportunities, and more; and transportation. They also report receiving frequent calls about independent housing, financial assistance, and skilled nursing.<sup>5</sup> The most frequent requests from the U.S. Administration on Aging's Eldercare Locator, a national resource center, also include transportation, home- and community-based services, and housing options. In contrast to this, the most frequent requests for or from older adults received by United Way of Greater St. Louis through its 2-1-1 hotline all relate to financial support for rent and utility payments. The following table summarizes the most frequent types of service requests from these resource lines.

**Table 2. National and Local Resource Hotlines**

Organization & Resource-Provision Service	Timeframe of this Data	Top Resource Requests from Older Adults (percentages of all calls received in timeframe)
Jewish Family & Children's Service—ElderLink <sup>6</sup> (local)	2018 (received 1,757 calls)	<ol style="list-style-type: none"> <li>1. In-home services (54.5%)</li> <li>2. Miscellaneous services that include referrals to veterans' services, legal assistance, benefits assistance, and social opportunities (32%)</li> <li>3. Transportation (6.4%)</li> </ol> <p>While less frequent, they also report receiving regular requests for independent housing, financial assistance, and skilled nursing.</p>
United Way of Greater St. Louis—2-1-1 <sup>7</sup> (local)	2013-2014 (number of calls not provided)	<ol style="list-style-type: none"> <li>1. Electric service payment assistance (31%)</li> <li>2. Water service payment assistance (17%)</li> <li>3. Rent payment assistance (16%)</li> </ol>
U.S. Administration on Aging—Eldercare Locator <sup>8</sup> (national)	2016 (received over 300,000 calls)	<ol style="list-style-type: none"> <li>1. Transportation, most frequently for routine medical appointments (21%)</li> <li>2. Home- and community-based services, mostly seeking personal care assistance, chores, and home health care (20%)</li> <li>3. Housing options, mostly seeking independent and subsidized housing (9%)</li> <li>4. Medical supplies and services, mostly seeking financial assistance, dental care, and prescription assistance (9%)</li> <li>5. Health insurance information (6%)</li> </ol>

<sup>5</sup>Lori Zimmerman at JF&CS provided this data, which is based on the 1,757 calls ElderLink received in 2018. Lori reported that the call volume was lower in 2018 than in 2017 believed to be due to last year's greatly reduced advertising budget.

<sup>6</sup>Information from phone call with Lori Goldberg of JF&CS, February 2019

<sup>7</sup>[https://www.stlouisco.com/Portals/8/docs/document%20library/AgeFriendly/FINAL\\_Aging\\_Successfully\\_Assessment.pdf](https://www.stlouisco.com/Portals/8/docs/document%20library/AgeFriendly/FINAL_Aging_Successfully_Assessment.pdf)

<sup>8</sup><https://www.n4a.org/Files/eldercare-locator-data-report-508.pdf>



## Social Isolation

Older adults are more likely to experience isolation than people in other life stages due to life changes such as children moving out of the house, retirement from work, loved ones passing away, and health and mobility impairments.<sup>9</sup> Scientific evidence has established that social integration among older adults can delay memory loss and reduce the risk of hypertension, obesity, and metabolic dysregulation.<sup>10</sup> A recent study found that a lack of social contacts among older adults is associated with an estimated \$6.7 billion in additional Medicare spending annually—each month, Medicare spent an estimated \$134 more per socially isolated adult.<sup>11</sup>

Regarding activity and engagement levels of older adult members of the St. Louis Jewish community, the Community Study estimates that 44% participate in formal or informal Jewish education, 58% are members of the Jewish Community Center or attend programs there, and 60% had volunteered within a year of the survey.

Senior centers are one model of providing socialization opportunities to older adults. This model is now being updated to be more flexible, accessible, and responsive to what older adults need. One example is Selfhelp Community Services, a Jewish agency, which has partnered with UJA-Federation, the NYC Department for the Aging, and Microsoft to create a Virtual Senior Center (VSC) program to give homebound older adults better access to community services.<sup>12</sup> The virtual center teaches participants how to use Skype and email to interact with other older adults, and they can join live, interactive, video-based classes. The VSC is available in New York, Long Island, Baltimore, and Chicago, and it is expanding to Pittsburgh.<sup>13</sup> In St. Louis, Aging Ahead updated the senior center model by creating its Choice program, which brings a variety of programs and services to community locations where older adults naturally congregate, such as libraries and local restaurants.<sup>14</sup> These models represent significant shifts from only providing services and socialization opportunities at static, brick-and-mortar senior center locations.

Another effective practice in combatting social isolation is integrating socialization opportunities with congregate meals. An evaluation of the Older Americans Act Title III-C Nutrition Services Program found that participants who attended congregate meal sites that offered social activities (i.e., activities meant to promote healthy lifestyles, mental stimulation, creativity, and interaction with other people) reported higher levels of satisfaction and had better socialization outcomes than participants who attended sites that did not offer these activities.<sup>15</sup> Crown Center, Covenant Place, and several congregations currently offer congregate meals with opportunities for social interaction, though not always with formal social activities as described above.

**3,000** Jewish older adults in St. Louis live alone meaning they are at high risk of social isolation.



**1,000** of them have no adult child in St. Louis or no children at all

<sup>9</sup>[https://acl.gov/sites/default/files/programs/2018-12/AoAevaluation\\_socialization.pdf](https://acl.gov/sites/default/files/programs/2018-12/AoAevaluation_socialization.pdf)

<sup>10</sup>[https://acl.gov/sites/default/files/programs/2018-12/AoAevaluation\\_socialization.pdf](https://acl.gov/sites/default/files/programs/2018-12/AoAevaluation_socialization.pdf)

<sup>11</sup><https://www.aarp.org/ppi/info-2017/medicare-spends-more-on-socially-isolated-older-adults.html>

<sup>12</sup><https://jewishweek.timesofisrael.com/virtual-senior-center-to-expand/>, <http://vscm.selfhelp.net/about>

<sup>13</sup><http://vscm.selfhelp.net/about>

<sup>14</sup><https://agingmissouri.org/Choice/>, <https://www.agingahead.org/what-we-do/choice/>

<sup>15</sup>[https://acl.gov/sites/default/files/programs/2018-12/AoAevaluation\\_socialization.pdf](https://acl.gov/sites/default/files/programs/2018-12/AoAevaluation_socialization.pdf)



Los Angeles' Social Isolation and Loneliness Impact Coalition (established by the Motion Picture Television Fund with support from AARP) has created a community response to the health and financial impact of social isolation and is working to broaden and promote existing programs addressing social isolation and loneliness.<sup>16</sup> The coalition, which is comprised of community members, agencies, and organizations, is committed to sharing best practices and collaborating to reduce isolation and loneliness among local older adults and people with disabilities. One of the coalition's strategies is a daily call list of homebound older adults who have been assessed and identified as being socially isolated. These individuals get a phone call each day from other older adult volunteers in order to check on them and build a friendship. St. Louis County's County Older Resident Programs (CORP), which serves County residents over age 60 through a variety of programs, runs Care Calls, a similar volunteer-based "telephone reassurance" and home visiting service.<sup>17</sup> This program is small in scope, with 12-15 older adults receiving calls and visits from about 10 volunteers at any one time. According to CORP staff,<sup>18</sup> over the past 40 years of running this program, the highest number of older adult participants was 20 at a time. CORP has not experienced increased demand for this service. People get involved with the program by self-identifying or through a suggestion of a caregiver or adult child. These daily calls are a low-cost intervention which would be relatively easy to duplicate within the St. Louis Jewish community.



## Health

In the U.S., 60% of older adults are managing two or more chronic health conditions, most commonly heart disease, cancer, chronic bronchitis or emphysema, stroke, diabetes, and Alzheimer's disease,<sup>19</sup> and falling is the leading cause of injury among older adults.<sup>20</sup> Older adults have an increased incidence of having multiple chronic conditions at once, changes in functional ability, and mental health needs that are often ignored or untreated due to low reimbursement rates and an inadequate workforce.<sup>21</sup> There is a nationwide shortage of geriatricians that is projected to grow given the combination of the aging population and the fact that fewer and fewer physicians are choosing to enter the field.<sup>22</sup>

The 2014 Community Study estimates that 12% of Jewish older adults who live alone report "poor" health and another 28% report "fair" health. In contrast, only 2% of Jewish older adults living with other people in the household report poor health, while 21% report fair health. This data reveals that older adults in the community who live alone face significantly increased health challenges compared to those who live with others.

<sup>16</sup><https://www.asaging.org/blog/communities-around-country-addressing-social-isolation-and-loneliness>

<sup>17</sup>St. Louis County Department of Planning and Comprehensive Planning Division. "Aging Successfully in St. Louis County: A Quality of Life Assessment." 2014.; <https://www.stlouisco.com/Health-and-Wellness/Human-Services/County-Older-Resident-Programs>

<sup>18</sup>Phone call with CORP staff, July 2019

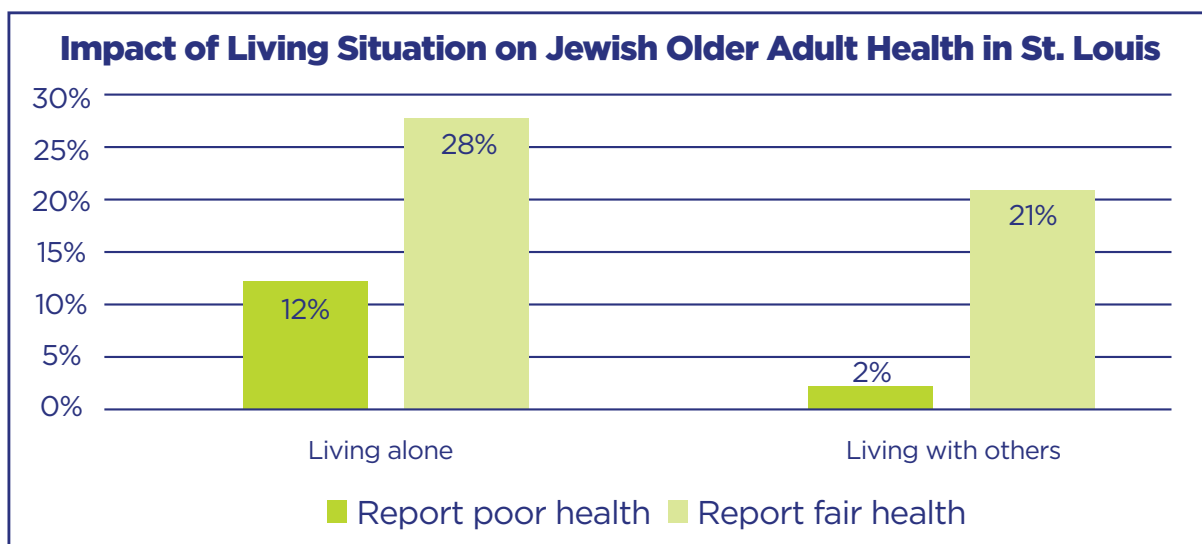
<sup>19</sup><https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults>

<sup>20</sup><https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults>

<sup>21</sup>[https://www.giaging.org/documents/RobynGolden\\_social\\_determinants\\_GIAging16\\_web.pdf](https://www.giaging.org/documents/RobynGolden_social_determinants_GIAging16_web.pdf)

<sup>22</sup><https://www.nytimes.com/2016/01/26/health/where-are-the-geriatricians.html>

**Figure 3. Health by Living Situation**



As mentioned above in the section on social isolation, a growing body of research reinforces that there is a positive relationship between enhanced physical and mental health, spending time with other people, and feeling a sense of purpose in life. For example, studies have demonstrated that many older adults who volunteer experience improved mood, more successfully manage chronic illnesses, have a decreased likelihood of developing hypertension, and experience overall improved well-being.<sup>23</sup>

A major component of older adult health is nutrition and food access. Food insecurity and hunger can increase the likelihood of several health issues in older adults, such as depression, heart disease, diabetes, and limited activities of daily living.<sup>24</sup> Risk factors for food insecurity among older adults include: living with children/grandchildren, having a low income, being less educated, belonging to a racial minority group, being single, living alone, being unemployed, living with a disability, and being a “younger” older adult (food insecurity decreases somewhat with age due to the availability of age-specific programs like Medicare and Social Security).<sup>25</sup> According to the 2014 Community Study, about 4.5% of Jewish adults over age 65 reported cutting meal size or skipping a meal because there wasn’t enough money for food, and about 1.9% receive SNAP benefits. Nationwide, only an estimated 45% of eligible older adults participate in SNAP, compared to 88% of non-elderly adults. (The Harvey Kornblum Jewish Food Pantry does not currently track how many of its clients participate specifically in SNAP.<sup>26</sup>) This low participation is likely due to stigma, misinformation about the program, lack of information on how to apply, and barriers related to mobility. One strategy to address senior hunger is to connect more eligible older adults to SNAP by conducting outreach to people who may be eligible (for example, by placing flyers in high-traffic areas or partnering with medical providers), determining their eligibility, signing them up, and making sure they understand how to use the benefit.<sup>27</sup> In battling stigma, messaging that focuses on saving money rather than getting help or benefits is a best practice.<sup>28</sup> Congregate and home-delivered meal programs are another way of addressing hunger and nutrition issues.

<sup>23</sup><https://www.engagingolderadults.org/health-benefits-of-volunteering>

<sup>24</sup><https://www.jfskc.org/seniors-and-hunger/>

<sup>25</sup><http://frac.org/hunger-poverty-america/senior-hunger>

<sup>26</sup>Email exchange with Judy Berkowitz, July 2019

<sup>27</sup>[https://www.ncoa.org/wp-content/uploads/NCOA-SNAP-hdbk\\_0815.pdf](https://www.ncoa.org/wp-content/uploads/NCOA-SNAP-hdbk_0815.pdf)

<sup>28</sup>[https://www.ncoa.org/wp-content/uploads/NCOA-SNAP-hdbk\\_0815.pdf](https://www.ncoa.org/wp-content/uploads/NCOA-SNAP-hdbk_0815.pdf)



Care coordination, a way of facilitating increased and improved communication among individuals, family caregivers, and service providers, has been recognized by the U.S. Department of Health and Senior Services and many other field leaders as a key method of supporting the health of older adults.<sup>29</sup> Well-designed coordination can lead to improved patient outcomes and experiences, increased efficiency, and optimized support systems for older adults and family caregivers.<sup>30</sup> Activities of care coordination can include establishing accountability/responsibility, communication, facilitation of transitions between care settings, assessment of needs and goals, proactive planning, monitoring, connection with

services, and medication management. Care providers from a range of disciplines, including community health workers, social workers, direct care providers, nurses, pharmacists, and physicians, can work together more effectively to support their patient/client through methodical coordination.<sup>31</sup> Multiple studies have generated evidence that several models of comprehensive care coordination create significant positive impact on older adults with complex health needs (i.e., fewer emergency room visits, shorter hospital stays, lower mortality, lower costs, better self-reported health, and quality of life).<sup>32</sup>

Other important strategies for improving the health and wellbeing of older adults in any community include prevention and wellness efforts that focus on daily functioning, building community and social connections to increase social supports, and training providers with aging-specific skills and knowledge.<sup>33</sup>

## Transportation

Transportation barriers can create many challenges for older adults, including social isolation and a variety of health care access issues, including missing medical appointments, delaying medical care, and/or missed or delayed medication use. Consequences can include poorer management of chronic illness and poorer overall health outcomes. Lack of access to transportation is an especially big barrier for people with lower incomes and those who are un-/under-insured.<sup>34</sup> The proportion of older drivers in the U.S. has been increasing since 2005, and while the overall motor vehicle fatality rate has been declining, the motor vehicle fatality rate for older adults has been increasing since 2007.<sup>35</sup> In a 2014 St. Louis NORC survey of 318 older adults, losing the ability to drive was one of the top three concerns expressed by respondents. For all of these reasons, older adults need new transportation options.

<sup>29</sup><https://pcmh.ahrq.gov/page/defining-pcmh>

<sup>30</sup><https://eldercareworkforce.org/wp-content/uploads/2019/06/EWA-Care-Coordination-Issue-Brief-Updated-2019-Final-pdf.pdf>

<sup>31</sup><https://eldercareworkforce.org/wp-content/uploads/2019/06/EWA-Care-Coordination-Issue-Brief-Updated-2019-Final-pdf.pdf>

<sup>32</sup>[https://www.commonwealthfund.org/sites/default/files/2019-03/Inventory\\_of\\_HNHC\\_Models\\_final\\_2.20.19.pdf](https://www.commonwealthfund.org/sites/default/files/2019-03/Inventory_of_HNHC_Models_final_2.20.19.pdf)

<sup>33</sup>[https://www.giaging.org/documents/RobynGolden\\_social\\_determinants\\_GIAging16\\_web.pdf](https://www.giaging.org/documents/RobynGolden_social_determinants_GIAging16_web.pdf)

<sup>34</sup>Syed, Gerber, & Sharp (2013). Traveling towards disease: transportation barriers to health care access. *Journal of community health*, 38(5), 976-93. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/?utm\\_source=EWSE+March+2017+Newsletter&utm\\_campaign=EWSE+Mar+2016&utm\\_medium=email](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/?utm_source=EWSE+March+2017+Newsletter&utm_campaign=EWSE+Mar+2016&utm_medium=email)

<sup>35</sup><http://www.nadtc.org/wp-content/uploads/NADTC-Trends-Report-Mar-2017-FINAL.pdf>

There are several trends in expanding access to transportation for older adults.<sup>36</sup>

### **Community-Based/Philanthropically Supported Options**

**The Independent Transportation Network (ITN)** is the first and only national nonprofit transportation system for older adults. ITN is designed for members who are over age 60 and/or have disabilities. ITN volunteer drivers receive transportation credits for their volunteer efforts, which may be used to plan for their own future transportation needs or to help pay for rides for members of their family or low income seniors. Organizations, merchants, and health providers can all help to pay for rides and can contract with ITN to provide transportation to their members. The ITN CarTrade program helps older adults convert their vehicles into a fund to pay for ITN rides. ITN's drivers are trained to be able to provide "door through door" service. The service is available 24/7 and can be used for any reason. ITN serves all five of the municipalities in St. Louis County with the highest populations of Jewish older adults (see "Demographic Overview" above).<sup>37</sup>

**JET Express**<sup>38</sup> is a program of Jewish Family Services of Greater Kansas City that uses volunteer drivers to provide door-to-door transportation to adults ages 60+ to help them access any activities or services that help with activities of daily living. Rides cost \$5 each way and must be scheduled in advance. The program provides up to two round trip rides per person per week during set hours.

**Jewish Family Service of San Diego** provides several flexible transportation options for adults ages 60+, including a donation-based volunteer driver service that provides over 2,300 rides per month; an on-demand transportation service that provides monitoring and support to help older adults safely and successfully use ride-sharing platforms like Lyft; and group shuttle service to JFS locations, shopping, cultural events, and religious services.<sup>39</sup>

**Envoy America** currently operates in seven states (not in Missouri) and offers both individuals and organizations the ability to schedule rides with trained Driver Companions, who provide assistance and companionship as well as transportation.<sup>40</sup> The Jewish Federation of Greater Phoenix launched a Senior Rides program in partnership with Envoy America in 2017 to address the lack of reliable and accessible transportation for older adults.<sup>41</sup> The Federation pays for 75% of the cost of each ride (for a total investment of \$77K in 2019, \$70K in 2018) and the individual pays for the other 25% if they are able. Jewish people age 65+ are able to take four rides per month per household; this limit has been imposed due to budgetary limitations. In 2018 due to increased demand, the program is no longer accepting new riders, it has reduced the length of time per ride for round trips, and the Federation is not marketing the program broadly. Senior rides served 275 unique riders for a total of 1,651 rides in 2018. About half of these rides are used to get to medical appointments and half were used for trips to the Jewish community center, synagogues, grocery shopping, and social outings.

<sup>36</sup><https://www.forbes.com/sites/howardgleckman/2019/02/18/why-cant-we-expand-access-to-transportation-for-older-adults/#67d231275c84>

<sup>37</sup><https://www.itnstcharles.org/what-we-do>

<sup>38</sup><https://www.jfskc.org/jet-express/>

<sup>39</sup><https://jfssd.org/our-services/older-adults/on-the-go-transportation-solutions-for-older-adults/>

<sup>40</sup><https://envoyamerica.com/how-it-works/>

<sup>41</sup><https://envoyamerica.com/jewish-federation-expanding-senior-ride-program-with-envoy-america/>; Email exchange on 7/8/19 with Robin Loeb, COO, Jewish Federation of Greater Phoenix

### Private Market Options

- Ride-hailing platforms like Lyft and Uber are developing strategic health partnerships to play a role in reducing transportation barriers to accessing health care. Uber Health is a HIPAA-compliant technology that allows healthcare professionals to request, manage, and pay for rides for their patients in all U.S. locations where Uber is available.<sup>42</sup> Lyft is partnering with health systems to provide rides to medical appointments and have even begun to adapt its services to older customers who do not have smartphones.<sup>43</sup>
- While the above efforts are partnerships between ride-hailing companies and large health institutions, third-party companies are also figuring out how to harness these services to work for older adults on an individual basis and apart from the health system. For example, GoGo Grandparent enables the use of Lyft and Uber without a smartphone, and text alerts can keep families members in the loop.<sup>44</sup>

### Medicare Advantage

Some Medicare Advantage plans now provide non-emergency medical transportation, and these services will likely expand in coming years.

### Public Transit

Some cities are improving public transit options to address the “first-mile/last mile” problem of helping people navigate between transit stops and their home. While fixed-route public transportation accessibility became required by law through the Americans with Disabilities Act of 1990, there are ongoing challenges with connecting passengers to the transit system. Ways to address this issue include improving pedestrian access (e.g., sidewalk maintenance, adding benches), coordination and partnerships between public agencies and private companies (i.e., connecting Lyft and Uber with public transit, which is being implemented in Denver and Portland), and improving the use of technology to allow for seamless integration of reserving and paying for the main public transit system, paratransit, and ride-hailing services.<sup>45</sup>

## Economic Security

Economic security means having enough income to meet basic needs without public or private assistance.<sup>46</sup> Among older adults, economic insecurity can result in harmful consequences such as the inability to pay rising rent and healthcare bills, inadequate nutrition, lack of access to transportation, and reduced savings.

Several national measures of economic stability show that millions of older adults have trouble meeting their monthly expenses, even though they live above the federal poverty level.<sup>47</sup>

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<sup>42</sup><https://www.uberhealth.com/>

<sup>43</sup><https://blog.lyft.com/posts/new-solutions-to-keep-seniors-moving>

<sup>44</sup><https://gogograndparent.com/>

<sup>45</sup><http://www.nadtc.org/wp-content/uploads/NADTC-Trends-Report-Mar-2017-FINAL.pdf>

<sup>46</sup>St. Louis County Department of Planning and Comprehensive Planning Division, 2014.

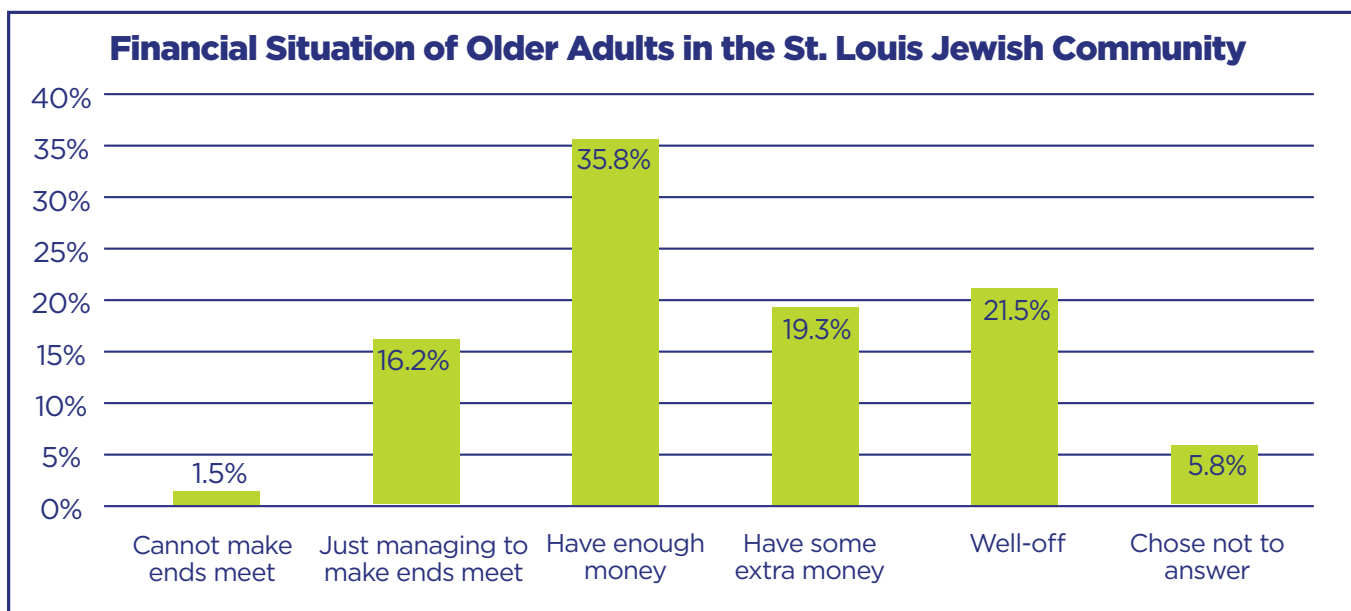
<sup>47</sup><https://www.ncoa.org/news/resources-for-reporters/get-the-facts/economic-security-facts/>



According to one such tool, the Elder Index, in 2012 an older adult living alone in a one-bedroom apartment in St. Louis County needs an annual income of \$20,976 in order to meet their basic needs, and an older adult couple who owns their home and are still paying a mortgage would need \$37,116 in annual income.<sup>48</sup> Nationwide, 21% of married Social Security recipients and 43% of single recipients age 65+ depend on Social Security for 90% or more of their income.<sup>49</sup> On average, older women receive less in Social Security benefits than men receive; this disparity is due to lower lifetime earnings, time taken off for caregiving, and occupational segregation into lower wage work.<sup>50</sup>

According to the 2014 Community Study, in the St. Louis Jewish community, about 2,200 older adults (or 16% of all adults in the Jewish community) experience financial insecurity to some degree (i.e., they reported that they are just managing to make ends meet). About 200 older adults (1.5% of all adults in the Jewish community) live in households that reported not being able to make ends meet. That's about 2,400 older adults—almost 18% of all older adults in the Jewish community—who are just managing or can't make ends meet.

**Figure 4. Financial Self-Assessment**



Older adults who live alone are experiencing more difficult financial situations compared to older adults who live with others. The proportion of older adults living alone who are just managing to make ends meet is nearly twice as big as the proportion of older adults who live with other people in their households and who are struggling financially. A much greater proportion of older adults who live with other people report having some extra money or being well-off financially compared to those who live alone.

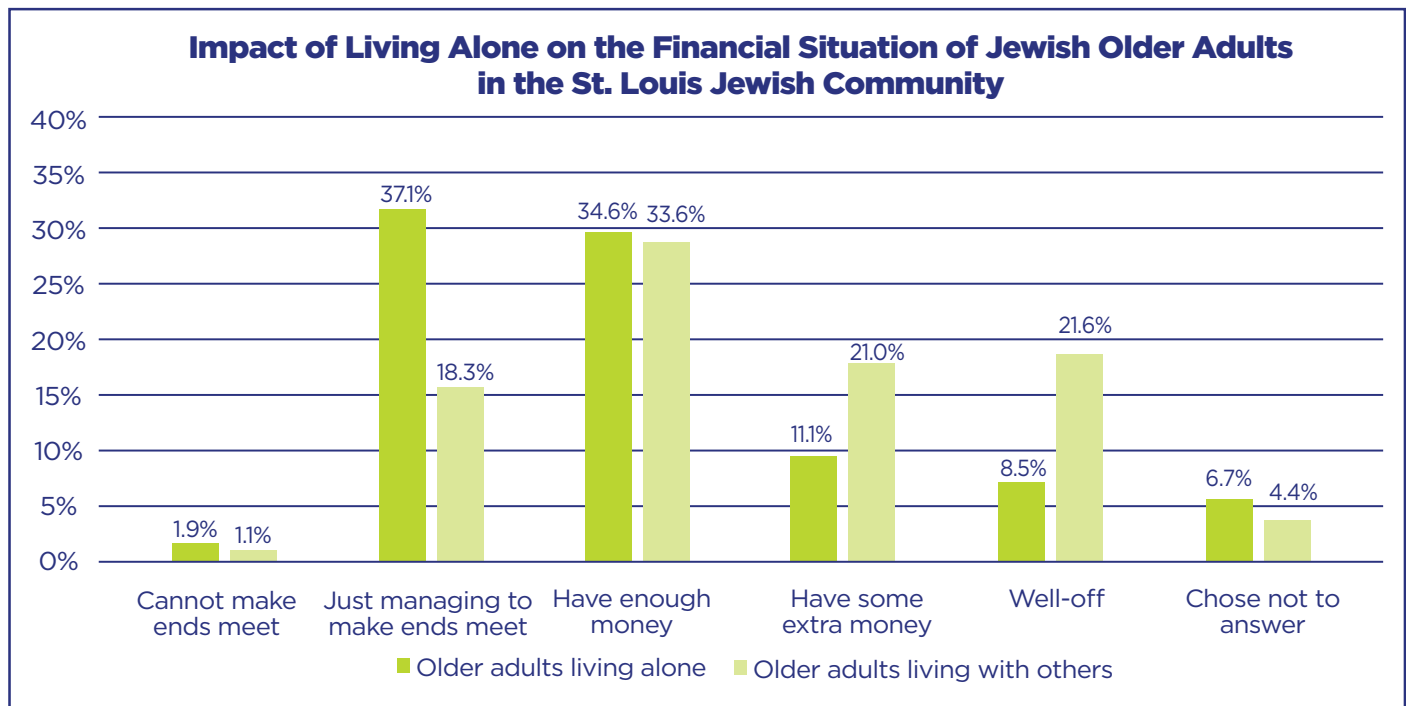
<sup>48</sup>St. Louis County Department of Planning and Comprehensive Planning Division, 2014.

<sup>49</sup><https://www.ncoa.org/news/resources-for-reporters/get-the-facts/economic-security-facts/>

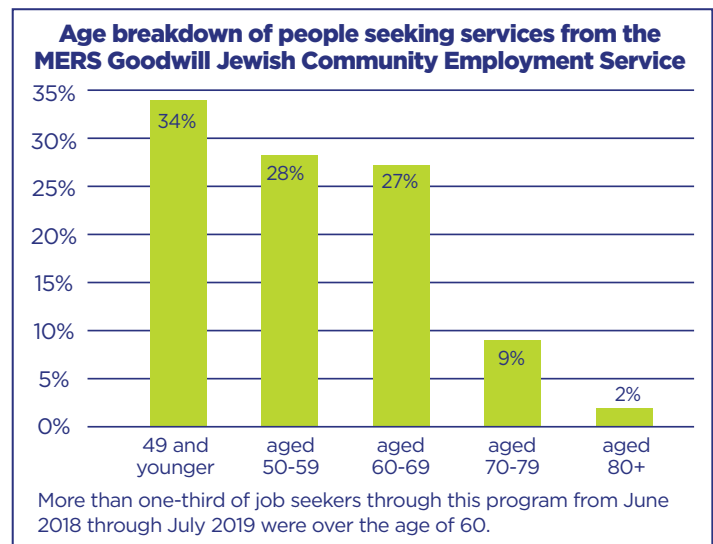
<sup>50</sup><https://www.ncoa.org/news/resources-for-reporters/get-the-facts/economic-security-facts/>



**Figure 5. Financial Status by Living Situation**



One important way to promote economic security among older adults with lower incomes is by ensuring that they are accessing all the benefits that are available to them. The National Council on Aging (NCOA) provides BenefitsCheckUp, a tool that can screen for eligibility for a variety of benefits at once, including SNAP, Medicare Savings Programs, Part D Extra Help, Supplemental Security Income, and property tax relief.<sup>51</sup> These resources can all help ease financial burdens. NCOA also provides resources for financial education specifically tailored to older adult needs, including budgeting, avoiding scams, and applying for benefits.<sup>52</sup> Economic insecurity can also be addressed through closer collaboration among transitional aging services providers and other types of service providers, such as debt management services, transportation providers, and community credit unions.<sup>53</sup> NCOA's Economic Security Initiative found that economic security of older adults can be improved through a comprehensive, person-centered assessment, an economic action plan, and assistance navigating public and private community resources.<sup>54</sup> Job training and job placement assistance are other key strategies to increase older adults' income.



<sup>51</sup>[https://www.ncoa.org/wp-content/uploads/NCOA-SNAP-hdbk\\_0815.pdf](https://www.ncoa.org/wp-content/uploads/NCOA-SNAP-hdbk_0815.pdf)

<sup>52</sup><https://www.ncoa.org/economic-security/money-management/budgeting/savvy-saving-seniors-financial-education/>

<sup>53</sup><https://www.giaging.org/issues/economic-security/>

<sup>54</sup><https://www.giaging.org/issues/economic-security/>

## Housing

Finding a housing situation that aligns with an older adult's needs and desires can significantly impact their independence, comfort, safety, and happiness. A person's facility with the activities of daily living related to living independently—including bathing, dressing, eating, getting in and out of bed and chairs, using the toilet, using the telephone, managing money, doing light or heavy housework, preparing meals, and shopping for groceries and personal items—should inform their housing and housing supports.<sup>55</sup> All of the housing options available to older adults, including homeownership, renting, group living arrangements that include some in-home services and social activities, and long-term care facilities (i.e. nursing homes), come with unique benefits and challenges.<sup>56</sup>

Locally, there are limited affordable assisted living options for older adults with low incomes. Even if someone qualifies for a Housing Choice Voucher, obtaining a voucher can be quite challenging, as the wait list for St. Louis County is currently closed and selection is lottery-based.<sup>57</sup> These vouchers can be used for payment to assisted living facilities, but cannot be used to pay for meals or services.<sup>58</sup> Medicaid pays only for nursing home placement. Even for those with moderate income levels, there are no affordable options in between aging-in-place and nursing home placement.<sup>59</sup> This gap in affordable housing options means that providing the supports people need to be able to age-in-place in their homes for as long as possible and avoid moving into more expensive and restrictive housing situations becomes very important. As shown in the table in the “Access to Services” section of this document, half of all calls that Jewish Family & Children's Service's ElderLink resource line receives are requests for in-home services. These and other supportive services can be the key factor that allows a person to continue to live in their own home independently and safely.

Some older adults will require modifications to their homes to make them safer and more accessible. These modifications can include ramps, widened doorways, and grab bars. The ability to pay for any needed home repairs (such as repairs to furnaces, water heaters, and roofs) and to afford ongoing utility costs is essential for older adults to be able to continue living in their homes. Jewish Family Services of Greater Kansas City's Help@Home program<sup>60</sup> utilizes professionals and volunteers to provide minor home repair services, technology troubleshooting, and installation of modifications such as grab bars to make homes more accessible. The program also connects older adults with case management services, licensed plumbers and electricians, and occupational therapists when needed. Help@Home is a sliding-scale membership and fee-based program.

## Villages

A promising practice to help older adults age in place and reduce social isolation is the Village model, an offshoot of a broader movement of naturally occurring retirement communities (NORCs) that is growing in the U.S.<sup>61</sup> Villages are membership-driven, grassroots, nonprofit organizations that coordinate access to affordable, volunteer-provided services for older adults including transportation, health and wellness programs, home repairs, and social and educational activities.<sup>62</sup>

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<sup>55</sup><https://www.n4a.org/files/HousingOptions.pdf>

<sup>56</sup><https://www.n4a.org/files/HousingOptions.pdf>

<sup>57</sup><https://www.haslc.com/housing/housing-choice-voucher/waiting-list/>

<sup>58</sup><https://www.assistedlivingfacilities.org/resources/ways-to-pay-for-assisted-living/section-8-housing/>

<sup>59</sup>Information from Nikki Goldstein, Executive Director of Crown Center

<sup>60</sup><https://www.jfskc.org/help-at-home/>

<sup>61</sup><https://money.usnews.com/money/blogs/the-best-life/2009/10/30/seniors-finding-that-it-does-take-a-village>

<sup>62</sup>[https://www.vtvnetwork.org/content.aspx?page\\_id=22&club\\_id=691012&module\\_id=248578](https://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=248578)

Most Villages are run by one or two staff members who recruit and manage the volunteers who provide services to members.<sup>63</sup> Villages help older adults improve the quality of their lives, feel purposeful by providing mutual assistance, remain in their homes as they age, and save money. There are many Villages now operating around the country, and they commonly have memberships of 100 or fewer people.<sup>64</sup> The Village to Village Network provides guidance, resources, and support to help communities establish and maintain villages around the country.<sup>65</sup> Examples of different Village models include:

- Beacon Hill Village in Boston – run by professional staff, provides concierge services to link members to vendors such as home health aides and plumbers, and charges substantial dues<sup>66</sup>
- Community Without Walls in Princeton NJ – all-volunteer group with modest dues<sup>67</sup>
- Partners In Care in Maryland – based on time-banking, where members receive credits for their volunteer time which they can exchange for the help of other volunteers<sup>68</sup>

St. Louis has several examples of this type of approach. STL Village's full members must live within the borders of Page Blvd., Vandeventer Blvd., Clayton Ave., and Big Bend Blvd., and associate members can live anywhere in the metro area.<sup>69</sup> While not formally utilizing the Village model, the St. Louis NORC in Creve Coeur utilizes volunteers to assist members with transportation, socialization, and home repair needs, and also provides full memberships within a geographic area and partial memberships beyond it.

A growing base of research on this model has found that Villages improve quality of life, decrease social isolation, assist people—especially those living alone—with health transitions, and support daily needs such as transportation.<sup>70</sup> One study analyzing the characteristics of 30 fully operational Villages found that Village members tend to be homeowners and have fewer care needs than older adults overall; it concluded that it is a promising model specifically for addressing service needs among middle-class older adults seeking to age in their own homes.<sup>71</sup> Another study of five Villages in California found that they reduced social isolation, improved well-being, and increase confidence in aging-in-place; however, these benefits were greatest for members who are the most involved and have the fewest health challenges, suggesting that this model may not be as effective for people who are more frail.<sup>72</sup>

## Home Sharing

Intergenerational approaches to housing needs can help address issues of financial stability and social isolation, providing multiple benefits to older adults and people of all ages.<sup>73</sup> In 2018, the Skinker DeBaliviere Community Council launched a small-scale pilot of HomeShare St. Louis, which pairs graduate students at nearby Washington University in St. Louis with adult homeowners over age 60 near campus who have an extra room in their home.<sup>74</sup>

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<sup>63</sup><https://money.usnews.com/money/blogs/the-best-life/2009/10/30/seniors-finding-that-it-does-take-a-village>

<sup>64</sup><https://money.usnews.com/money/blogs/the-best-life/2010/02/08/how-to-build-your-own-retirement-village->

<sup>65</sup>[https://www.vtvnetwork.org/content.aspx?page\\_id=22&club\\_id=691012&module\\_id=238482&actr=4](https://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=238482&actr=4)

<sup>66</sup><https://www.beaconhillvillage.org/content.aspx?sl=1135211089>

<sup>67</sup><http://cwwprinceton.org/>

<sup>68</sup><https://www.partnersincare.org/>

<sup>69</sup><https://stlvillage.org/about-contact/village-history/>

<sup>70</sup><https://www.air.org/system/files/downloads/report/Community-Based-Models-for-Aging-in-Place-Nov-2016.pdf>

<sup>71</sup><https://academic.oup.com/gerontologist/article/52/3/418/580328>

<sup>72</sup><https://www.ncbi.nlm.nih.gov/pubmed/24799128>

<sup>73</sup>[https://leadingage.org/sites/default/files/Intergenerational\\_Programming\\_in\\_Senior\\_Housing\\_Full\\_Report.pdf](https://leadingage.org/sites/default/files/Intergenerational_Programming_in_Senior_Housing_Full_Report.pdf)

<sup>74</sup><https://skinkerdebaliviere.wordpress.com/2018/01/16/home-stay-program/>, <https://publichealth.wustl.edu/home-sharing-living-with-roommates-in-later-life/>

The homeowner benefits by earning \$4,000-6,000 in additional rent money, and the students benefit by saving 30-50% on off-campus housing costs. Both may benefit from gaining social connections and the optional possibility of exchanging household chores and errand running. The program is a collaboration with WashU's Center for Aging, Neighborhood CARE, STL Village, and other partners. There are no Jewish older adult participants in the pilot, but the program has plans to expand into areas including Clayton, University City, and the Central West End, where it could create deeper reach into the Jewish community. The program is small (as of spring 2019, they had placed two students and are looking to add two to three more this year) and new, and it does not have evaluation data yet. Odd Couples Housing is another, similar effort in the St. Louis region.<sup>75</sup> Crown Center will also begin having two Washington University graduate students living in their complex in the 2019-2020 school year. Part of the program involves having the students do some kind of project or activity with the residents. While this does not have implications for senior housing affordability, it has the potential to provide rich inter-generational experiences and provide needed weekend programming at Crown Center.

Silvernest is another home sharing tool with less of a focus on intergenerational relationships. It provides a platform that pairs baby boomers, retirees, empty nesters, and other older adults with compatible housemates for long-term rental arrangements. This set-up can assist homeowners in earning extra income and remain in their homes longer, help renters find housing options at reduced rent prices, and mitigate social isolation for all parties.<sup>76</sup>

## Caregiver Challenges

The 2014 Community Study estimates that 29% of people in the St. Louis Jewish community manage the care or personally provide care on a regular basis for an aging family member or friend. Caregivers are at increased risk of physical and mental health challenges, and they need increased support to preserve their own health so that they can fulfill their caregiver roles.<sup>77</sup> They also need support in developing the skills and knowledge needed to be effective caretakers: according to a report from the Institute of Medicine, all types of caregivers who work with older adults—including health care professionals, direct care workers, informal caregivers, and patients themselves—need better training in geriatric competence.<sup>78</sup>

A variety of pathways are needed for caregivers to access support, education, and training, as they are a diverse group of individuals with varying needs and abilities to attend programming. These pathways can include community workshops and educational forums, lecture and discussion series, psycho-educational and skill-building groups, individual counseling and training, family counseling, care coordination and management, and technology-based interventions.<sup>79</sup>



<sup>75</sup><https://oddcoupleshousing.com/>

<sup>76</sup><https://www.silvernest.com/help/faq>

<sup>77</sup><https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults>

<sup>78</sup><http://www.nationalacademies.org/hmd/-/media/Files/Report%20Files/2008/Retrofitting-for-an-Aging-America-Building-the-Health-Care-Workforce/ReportBriefRetrofittingforanAgingAmericaBuildingtheHealthCareWorkforce.pdf>

<sup>79</sup>[https://www.caregiver.org/sites/caregiver.org/files/pdfs/Education\\_Monograph\\_01-20-05.pdf](https://www.caregiver.org/sites/caregiver.org/files/pdfs/Education_Monograph_01-20-05.pdf)

Effective caregiver interventions tend to share several characteristics, including assessments of caregiver risks and needs, tailored interventions that address multiple areas of risk or caregiver need and preferences, and active involvement of caregivers in skills training (rather than a didactic or prescriptive approach).<sup>80</sup> There is also evidence that some caregiver interventions reduce the resource use of care recipients by delaying nursing home placement, reducing re-hospitalizations, and shortening hospital stays.<sup>81</sup>

## Abuse Prevention

The U.S. Administration of Aging's Eldercare Locator national resource hotline receives calls to report elder abuse; the most frequently reported reasons for these calls (from 2016 data) are financial exploitation and scams (30%), emotional abuse (19%), neglect (19%), institutional abuse (8%), physical abuse (7%), prevention (6%), and self-neglect (2%). Perpetrators include children, other family members, and spouses—as well as staff at nursing homes, assisted living, and other facilities. Mental and neurological disorders, a history of violence, and poor family relations are risk factors for elder abuse. Recent studies show that nearly half of those with dementia experienced abuse or neglect.<sup>82</sup> Older adults experiencing abuse are more likely to have increased stress, suicidal ideation, and anxiety as well as poorer general health.

According to the National Council on Aging, approximately 1 in 10 older adults have experienced some type of abuse.<sup>83</sup> One study estimated that only 1 in 14 cases of abuse are reported to authorities. Although data is not available for the Jewish community, it is generally accepted that incidence is similar to the general community. So, 10% of the local population of Jewish older adults aged 65+ is roughly 1,600 individuals. A 2011 survey of Jewish domestic violence organizations found that 76% reported a growing problem of elder abuse in their communities.<sup>84</sup>

Local JF&CS staff estimate that abuse comes up as an issue about 6-8 times per year across their older adult programs.<sup>85</sup>

## Comprehensive Community Initiatives

Several communities have implemented multi-pronged approaches for caring for older adults at risk. Programs and services that address all of the issues above are important components of comprehensive, community-based approaches. Communities recognize that no one program or organization can meet all of these needs for older adults, so they have come together to leverage resources to expand their overall reach and effectiveness. Covenant Place plans on opening the Mirowitz Center in Fall 2019 which will bring into the residential facility programs and services for the broader community including medical services, a café, a NORC office, and wellness programs. Below are descriptions of several promising practices of comprehensive community initiatives, predominately from faith-based communities.

### AgeWell Pittsburgh<sup>86</sup>

AgeWell Pittsburgh offers a one-stop resource that links older adults, their family members, friends, and caregivers to solutions for issues related to aging. It is a collaboration among the Jewish Association on Aging, the Jewish Community Center, and Jewish Family and Children's Service. The collaborative effort is convened

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<sup>80</sup><https://www.ncbi.nlm.nih.gov/books/NBK396394/>

<sup>81</sup><https://www.ncbi.nlm.nih.gov/books/NBK396394/>

<sup>82</sup>[http://www.centeronelderabuse.org/docs/PwDementia\\_Factsheet.pdf](http://www.centeronelderabuse.org/docs/PwDementia_Factsheet.pdf)

<sup>83</sup><https://www.ncoa.org/public-policy-action/elder-justice/elder-abuse-facts/>

<sup>84</sup>[http://www.ncdsv.org/images/JWI\\_StateOfDVInTheJewishCommunity2011SurveyResults\\_2012.pdf](http://www.ncdsv.org/images/JWI_StateOfDVInTheJewishCommunity2011SurveyResults_2012.pdf)

<sup>85</sup>Email correspondence with Lori Goldberg of JF&CS, 7/16/19

<sup>86</sup><https://agewellpgh.org/>; this slide deck from 2016 provides a helpful overview of how the initiative developed: <https://aas.org/wp-content/uploads/2016/04/2016-JAA-Slides.pdf>



by the Jewish Federation of Greater Pittsburgh. Additional support is provided by the local United Way, the Allegheny County Department of Human Services, and the Jewish Healthcare Foundation.

AgeWell has a referral number and an information referral specialist to help people get what they need through a one-stop system. In addition to a centralized referral system, there is an AgeWell manager at each agency, including the Federation. Attending any of the 20+ programs in the three-agency collaboration automatically enrolls older adults in the AgeWell network so their care can be coordinated. Services are available to anyone, not just the Jewish community, and include:

- Care Services: housing, a large array of in-home services (from care coordination to home modification to mental health services), palliative and hospice care, adult day programs
- Food & Nutrition: community food pantry, congregate meals, home-delivered meals
- Programs & Support: health education, caregiver education, support groups, volunteer visiting programs, art classes, counseling and psychiatry, Holocaust survivor services, family consultation
- Transportation: door-to-door shared ride (through public transit authority), volunteer ride-giving, Elder Express regularly scheduled van service, bus passes

AgeWell utilizes a tool called Protective Factors for Independence<sup>87</sup> to measure risk factors associated with loss of independence. Staff across the three collaborating organizations use the tool to monitor clients, provide tailored services, and track outcomes across the network. The tool was developed by AgeWell and validated by University of Pittsburgh's Graduate School of Public Health.<sup>88</sup> The partners also conduct client satisfaction surveys. In measuring its impact on the 10,000+ clients and caregivers it has so far served, AgeWell Pittsburgh has found that 97% maintained or improved functions, 93% remained at home, 86% emergency department avoidance, 83% hospital avoidance, and that AgeWell Pittsburgh clients live more healthy, independent lives than Medicare recipients nationwide.<sup>89</sup>

AgeWell Pittsburgh won the Lodestar Foundation's 2017 Collaboration Prize.<sup>90</sup> Atlanta<sup>91</sup> and Cincinnati<sup>92</sup> have both launched AgeWell efforts based on Pittsburgh's model.

### **Jewish Council for the Aging (JCA) of Greater Washington, D.C.<sup>93</sup>**

JCA programs are organized into four "centers of excellence." The *Center for Information Services* includes a senior helpline, a homecare resource center, community speaker's bureau, eldercare-in-the-workplace programs, health insurance assistance, and various transportation assistance options. The *Center for Productive Aging* includes career and employment assistance, 50+ employment expositions, and a productive aging award dinner. The *Center for Supportive Services* includes transportation assistance, an adult day center, socialization opportunities, and caregiver support groups. The *Interages Center* includes a variety of intergenerational programming including programs for older adults and kids to read together, sending schools groups to nursing homes for interactive activities, dialogue opportunities, mentoring/tutoring, and socialization. It also provides technical assistance to organizations in the community that want to develop intergenerational programming. The Interages Center has reached 45,000 children and older adults in more than 100 schools and senior facilities over the last 30 years.

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<sup>87</sup><https://www.bjpa.org/search-results/publication/22113>

<sup>88</sup><https://nonprofitquarterly.org/non-profit-collaboration-prize-2017-winner/>

<sup>89</sup><http://agewelljfcfs.wpengine.com/about-us/>

<sup>90</sup><https://nonprofitquarterly.org/non-profit-collaboration-prize-2017-winner/>

<sup>91</sup><http://www.agewellatl.org/>

<sup>92</sup><https://agewellcincy.org/>

<sup>93</sup><https://accessjca.org/>



## **Mather LifeWays<sup>94</sup>**

Mather LifeWays is a non-denominational nonprofit serving older adults in Chicago and a few other locations through several program areas. Mather developed the café plus model<sup>95</sup>—a community hub that provides active adults ages 50+ with fun, educational, wellness-related programs and activities designed to help them age well (computers, yoga, writing, etc.). It is both a programming space and a restaurant, and it also serves as a referral and information source. This new model for a “senior center” has gotten attention from several national publications. Mather’s neighborhood programs, which include large luncheons, speakers, entertainment, wellness programs, and daily lunch programs, are held in the community and are accessible to call into via telephone. Its Institute on Aging is composed of partnerships with universities to utilize applied research to improve their programs for senior living and community-residing older adults. Mather also runs senior living residences, including Life Plan Communities (also known as continuing care retirement communities) which offer more than one level of care on one campus location, focus on wellness and active living, and are integrated in the community.<sup>96</sup> An initial evaluation of outcomes for people living in Life Plan Communities shows that residents experience improved social, physical, emotional, and vocational wellness, and significantly more healthy behaviors, than their peers living in other settings.<sup>97</sup>

## **CJE SeniorLife<sup>98</sup>**

Chicago’s CJE SeniorLife provides a variety of interconnected programs and services for older adults and their families and caregivers in the areas of life enrichment, aging in place, healthcare, and community-driven, patient-centered research and education. Some of the services they provide include independent housing, assisted living, home delivered meals, transportation, long- and short-term skilled nursing care, adult day services, geriatric care management, health and wellness activities, support groups for clients and caregivers, counseling, and lifelong learning opportunities. They also participate in advocacy efforts in conjunction with the Jewish Federation of Metropolitan Chicago to impact policy and decision-making that relates to the Jewish community and the vulnerable populations CJE serves. They served over 20,000 individuals last year.

## **Gaithersburg HELP<sup>99</sup>**

The faith community (22 member churches and synagogues and over 200 volunteers) of Gaithersburg, Maryland, has worked together for 50 years to meet the immediate needs of families affected by financial challenges by providing coordinated short-term assistance. This effort receives substantial support from local businesses and civic organizations. They have a board that is comprised of delegates from the member congregations, and their meetings are open to the public. They provide food, transportation to medical and social services appointments, basic needs supplies, funds for essential prescriptions, and other services. They also provide information and referrals. While this initiative is not specific to older adults, the model could be adapted as a comprehensive strategy to meet the most immediate needs of older adults.

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<sup>94</sup><https://www.matherlifeways.com/about-us>

<sup>95</sup><https://www.matherlifeways.com/cafe-plus-model> and [https://dsas.cuyahogacounty.us/pdf\\_dsas/en-US/BetsieSassen.pdf](https://dsas.cuyahogacounty.us/pdf_dsas/en-US/BetsieSassen.pdf)

<sup>96</sup><https://www.threepillars.org/Blog/What-is-a-Life-Plan-Community.htm>

<sup>97</sup><https://www.matherlifewaysinstituteonaging.com/agewellstudy/>

<sup>98</sup><https://www.cje.net/about-us>

<sup>99</sup><https://www.gaithersburghelp.org/about/>

### **“No Wrong Door” Approach**

Several communities now utilize a “no wrong door approach” involving multiple agencies collaborating on centralized intake and information-sharing. In response to Jewish poverty in Boston,<sup>100</sup> extensive data gathering showed that people were having difficulty accessing services across multiple agencies, resulting in people not benefiting from all the resources for which they were qualified. They created a centralized intake system with a 1-800 number warmline. Calling the number provides access to one intake assessment that enables the caller to be connected to several agencies if needed and a lead caseworker who coordinates a personalized action plan.



The Jewish Federation of Philadelphia<sup>101</sup> also streamlined the intake process across service agencies by implementing an Integrated Data Warehouse (IDW). The IDW integrates individual level information across 19 Jewish Federation-funded programs and 10 different agencies so that individuals do not need to provide the same personal information to each one separately. This allows service providers to understand a person’s full spectrum of needs and interests and provide referrals more effectively.

Virginia<sup>102</sup> now has a far-reaching “no wrong door” approach reaching beyond the Jewish community and covering the entire state through a public/private partnership. Initially designed to assist with serving older adults, it now also includes services to individuals with disabilities. They utilize an information technology system to securely share client-level data with consent to better understand individuals’ needs across multiple providers and to automate a referral process to ensure no one falls through the cracks. Like with the Philadelphia system, individuals don’t need to tell their story over and over again when seeking new services.

## **ENVIRONMENTAL SCAN**

Federation staff conducted an environmental scan, identifying services for older adults in the St. Louis region. Services provided by Jewish organizations were identified in 25 areas such as food assistance, health and wellness, and social opportunities. Primary providers include Jewish Family & Children’s Service, Covenant Place, Crown Center, The J, NORC, and congregations. A full listing is available as Appendix A.

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<sup>100</sup><https://forward.com/culture/425545/a-coordinated-response-to-jewish-poverty-in-greater-boston/>

<sup>101</sup><https://jewishphilly.org/prioritizing-efficiency-integrated-data-warehouse/>

<sup>102</sup><https://www.nowwrongdoorvirginia.org/timeline.htm>

# QUALITATIVE DATA ANALYSIS

Several qualitative data collection components were completed as part of the needs assessment including a focus group of service providers, stakeholder interviews and interviews with congregations. Staff conducted nine interviews with community stakeholders, primarily social service providers, listed in the table below. Interviews were held between January and April 2019. The aim of the interviews was to learn more about what services are available for older Jewish adults, where there are gaps, who is receiving services and who is not, and where there might be potential for meeting the needs of a greater number of older adults and in the best way possible. An interview guide was used to guide the conversation. Questions covered the areas of services available for individuals, organizational assessment of strengths and challenges, community trends, and collaboration. See Appendix B for full interview guide. A focus group comprised of four service providers was held in December 2018 and interviews with five congregations (see table below) were also conducted covering similar domains.

**Table 3. Stakeholder Interview Participants**

Stakeholder Interviews
Brad Horwitz, The J
Lisa Knoll, Aging Ahead
Nikki Goldstein, Crown Center
Debbie Bram, Congregation Shaare Emeth
Ashley Stockman, The J
Joan Denison, Covenant Place
Lou Albert, JF&CS
Bonnie Solomon, Community Volunteer and Retired from Delmar Gardens
Sarah Levinson, NORC

**Table 4. Congregational Interview Participants**

Congregational Interviews
Congregation B'nai Amoona
Kol Rinah
Central Reform Congregation
U.City Shul
Nusach Hari B'nai Zion

## Stakeholder Interview Results

### Individual Client Needs and Supports

Stakeholders were asked about and discussed both needs that are well-met for older adults in the community as well as needs that are more difficult to meet given existing resources and other factors. There was a general sense expressed that there are many resources available in the St. Louis Jewish community to meet the needs of older adults. Notably, there are volunteer opportunities for older adults and a variety of opportunities for older adults to socialize. Some of those interviewed noted that there are evidence-based health and wellness programs and adequate programs to ensure food security.

Several areas rose to the top of the list in terms of identifying unmet needs in the community: transportation, case management, and service coordination. Most stakeholders talked about transportation needs as being unmet in some way. Several commented that lack of transportation keeps people from attending social events that are targeted toward older adults, especially for programs held at night. Others pointed out that while transportation might be provided by some formal service providers for programs and for medical appointments, transportation is generally not available for other purposes such as shopping or recreation. Some stakeholders think that there may be opportunities for organizations to collaborate to address these transportation needs while other stakeholders think the Jewish community organizations can't solve this problem so it would be better if we just use the regional resources available and not try to create something else.

Navigating systems of care can be difficult for anyone and especially for the older adult population. According to some who were interviewed, a big concern is the lack of case management services offered in the Jewish community, and there are waiting lists for those that do exist. Many programs conduct an initial screening to determine eligibility for a program and possibly to identify other needs, but few provide ongoing social work or case management services for program participants. One stakeholder noted that older people sometimes resist obtaining services for things they need, like refusing to get a hearing aid or walker. An ongoing relationship with a case manager might be able to alleviate some of these types of issues when they arise. Several stakeholders expressed wanting additional social workers on staff or the ability to refer to JF&CS for case management services.

Many stakeholders discussed a lack of service coordination in the Jewish community. They believe that increased service coordination would allow organizations to better meet the needs of older adults and that the community would overall be able to serve more people through better coordination. Right now, it was noted, we as a Jewish community do not know how many older residents are receiving services they need and how many are not connected. Related to this, it was noted that older adults need to make multiple phone calls to receive needed services and that our community is lacking a “no wrong door” approach. ElderLink was not seen as a solution to this concern since ElderLink provides the consumer with phone numbers, but the individual still needs to reach out to each individual provider.

Stakeholders also mentioned needs for mental health services, in-home/monitoring services, dental care, and support for caregivers. Sometimes these services are available if the person can pay for private care and has family assisting with accessing the services. However, it is much more difficult for people with financial limitations or lack of family support to access.

Several stakeholders talked about how there is no Jewish assisted living option in the St. Louis area. While this was discussed several times, it seemed to be stated not as an unmet need but more of a desire to have this option in the community. While stakeholders were pointing out the lack of a Jewish assisted living center, they also admitted readily that this need was being met through other facilities and that specifically Jewish needs (i.e. kosher food, rabbinical visits, holiday celebrations, etc.) were accommodated at those facilities. Affordable housing for elderly overall—at all levels of care (independent living, assisted living, nursing home care) and Jewish-focused or not—was seen as a need.

Stakeholders were asked for their perceptions of the support that older adults receive. Most reported an even mix of serving individuals with family in town and those who are without family support. The residential facilities noted that residents develop social support systems within the building. Several stakeholders noted that their clients receive support from their congregations. Most stakeholders were not aware of what other services or service providers their clients were connected with, which again speaks to the lack of service coordination and lack of case management overall in the community.

## Organizational Issues

Stakeholders were asked what their organization does really well and what their organization needs in order to be more effective in serving older Jewish adults. Most stakeholders reported their partnering with other organizations as a strength. These partnerships appear to be mostly related to joint programming or utilizing specialty resources. For example, one service provider brings in specialists for classes for their clients such as music, gardening, or yoga. Another organization similarly does this by collaborating with organizations like OASIS and COCA. Several stakeholders also talked about how their organization does particular programs well either because their program offering is unique in content, because they work to lower barriers to access the programming, or because they deliver the program with excellence in terms of respect and dignity for the participants. In terms of what their organizations need to better meet needs in the community, many stakeholders said something related to finding or working with the right partners or developing a collective approach. This applied to tracking health outcomes, providing case management, and matching volunteers with needs. A few stakeholders also noted that they could expand services with increased financial and human resources.

## Community Trends

Stakeholders were asked what trends they see in the community affecting their work and were asked to particularly consider future needs as Baby Boomers age. The dominant theme of these discussions was that we are experiencing an aging population of people who are living longer. It seems that Baby Boomers mainly want to stay in their homes as long as possible but may be also looking to “downsize” while remaining independent. This trend may decrease the need for independent living facilities. One stakeholder noted this may also indicate a need to bring services to people instead of people to services increasingly in the future. Contrary to this, one stakeholder from a residential facility did note they see people coming in younger, particularly women with lower incomes, because of financial need. There is concern expressed by several stakeholders that though this population is growing, funding to meet needs is stagnant.

## Collaboration

Most stakeholders who were asked what the Jewish community could do to really move the needle in terms of meeting the needs of elderly at risk said something about building collaboration. Ideas ranged from learning more about what others in the service arena do to developing a central senior service agency or coordinator. Specific ideas related to potential collaborations include the Jewish food pantry giving clients gift cards for the café at Crown Center, The J providing limited memberships similar to what they do for NORC members to elderly clients of other organizations, pooling resources for transportation (particularly looking at buses owned by each organization and when they are being used), and collaborating with JF&CS for case management. Barriers to creating these types of collaboration were identified as viewing other organizations as competition, a lack of leadership, and not having trusting relationships among stakeholders. Stakeholders regard competition in terms of competing for funding, clients, and congregants. Many stakeholders questioned who would lead such collaborative efforts, with a few suggesting this could be Federation’s role either by forcing collaboration by tying it to funding or by employing a service coordinator. The lack of trusting relationships may be attributable to a history of attempted collaborations that either did not work out well or did not come to fruition at all as well as to interpersonal relationship history among staff and organizational leaders. Several examples of positive collaboration were discussed, including the consortium of synagogues that have come together to offer programming to older adult congregants. Also, NORC co-locates a staff person at The J which has worked well for both organizations and the clients they serve. JF&CS reports a successful collaboration with Lutheran Senior Services to offer money management services for older clients.



## Focus Group Results

In general, themes identified in the stakeholder interviews reinforced what was heard in the focus group with service providers. Participants described a desire to collaborate and recognized barriers to collaboration related to competition for financial resources and a lack of time. Participants identified the need to reach older adults at a younger age to engage them while they have fewer needs and when there is not as much stigma around receiving services. They also described unmet needs around affordable housing for those who are not eligible for subsidies, transportation, and more in-home services. Some described a need for NORC-type programming reaching beyond the current NORC geographic boundaries. It was pointed out that older adults today want more choices and that service providers need to be willing to change “old ways” of doing things. As one participant noted, “eat at 5 pm? Why?” It was also noted that there is no Jewish nursing home though a real need for one was not described. There was general agreement that the community does a good job providing socialization options and food security. There may be opportunities for engaging older adults as volunteers and advocates in response to the trend of older adults being more tech savvy and living longer, healthier lives. A possible opportunity was also identified to build a collaboration between JF&CS and congregations that regularly visit elderly members. Building on the success of the Chaplaincy program, and the fact that that program doesn’t have resources to meet the demand, JF&CS may be able to provide training and support to the congregations which have similar functions.

## Congregational Interview Results

Local congregations provide a range of services and programs to their members and the community at-large. Many regularly hold community meals and classes. Several offer rides, either through cab vouchers or volunteers, to Shabbat and holiday services. Most rabbis visit homebound and hospitalized congregants, with some congregations utilizing volunteers in this function. Some concerns among the congregations are shared. These include issues around transportation. While they do provide transportation, members need to know about and feel comfortable asking for this service. Those interviewed doubt that they are fully meeting transportation needs because of these barriers. They also do not think they are fully meeting the needs of home visitation either because of time constraints, lack of ability to identify those in need, and lack of tracking of home/hospital visits. Several of those interviewed noted needing assistance either through help with case management or help with tracking older adults in the community who need support. Several of those interviewed expressed concern that there is not a Jewish nursing home or assisted living facility with a few noting that this leaves Jewish older adults alone spiritually and kosher-wise in secular settings. They identified the institutions where they most commonly provide services as Delmar Gardens West, Brookdale, and the Brentmoor. A few noted some financial concerns; one in reference to the cost of congregational membership being prohibitive for some older adults (and then it becomes hard to stay connected with individuals when they are no longer members) and one in reference to concerns about food security.





## Qualitative Summary

The chart below briefly highlights the key findings from the stakeholder interviews.

**Table 5. Summary of Stakeholder Interviews**

<b>Needs being met well</b>	Socialization Volunteer opportunities Evidence-based health and wellness programs Food security
<b>Unmet Needs</b>	Transportation Case management Service coordination
<b>Organizational Strengths</b>	Creating programmatic partnerships Quality programming
<b>Organizational Needs</b>	Collective approach Financial resources Human resources
<b>Community Trends</b>	Aging population People living longer Desire to remain independent Stagnant funding
<b>Desired Collaboration</b>	Increase communication among service providers Central older adult services agency or coordinator Smaller collaborations on programs Pooling resources for transportation Case management collaborative
<b>Barriers to Collaboration</b>	Competition Lack of leadership Lack of trusting relationships

Many of these ideas were echoed through the service provider focus group and the congregational interviews. Congregations have unique opportunities to provide support to older adults given their role in conducting home and hospital visitation. Through this role, they have access to individuals who are not connected to other social services and whose families may not be local or available to assist them.

## SURVEY OF OLDER ADULTS

### Methods and Demographics

Obtaining input from the target population is an important piece of this needs assessment. A survey was developed to gather information from older adults on their knowledge about and use of programs and services, quality of life, housing, and health and wellness. Research was conducted to find existing survey measures. Some questions are exactly from the 2014 Community Study for points of comparison and to see if this survey is reflective of the entire community. The aim of the survey was to better describe the older Jewish population, to identify what needs are being met within the Jewish service provider community versus from outside organizations, and to identify perceived unmet needs. The survey was conducted by consultants via telephone in summer 2019. The full survey is provided as Appendix C.

To be eligible for the survey, participants needed to live in St. Louis City, St. Louis County, or St. Charles County; be 65 or older; and self-identify as Jewish. The consultants randomly drew a sample from the Federation's database list of those over 65 living in these counties. The consultants completed 200 surveys with eligible participants. The tables below describe demographic characteristics including age, gender, marital status, and education level.

**Table 6. Survey Participant Age**

65-70	24%
71-75	22%
76-80	23%
81-85	18%
86-90	8%
91-95	6%
96-100	1%

**Table 7. Survey Participant Gender**

Female	61%
Male	39%

**Table 8. Survey Participant Marital Status**

Married	59.5%
Widowed	16.5%
Divorced	9.5%
Single – never married	7.0%
Living with a partner	5.0%
Refused to Answer	1.5%
Separated	1.0%

**Table 9. Survey Participant Education Level**

Graduate or professional degree	40.5%
Bachelor's degree	32.0%
Some college with no degree	16.5%
High school graduate	7.5%
Associate's degree	3.0%
Less than high school diploma	0.5%

Most describe their overall quality of life as very good (60%) with only 2.5% describing it as bad. Many find their overall health as excellent (27.5%) with another 51.5% saying overall health is good. 21% describe their health as fair or poor. Regarding their financial situation, 7.5% said they are just managing or cannot make ends meet. We know from comparing it to the 2014 Community Study that this survey sample is a healthier and wealthier set of Jewish older adults in our area.<sup>103</sup>

While only 7.5% reported that they either can't make ends meet or are just managing, we looked at the geography of these respondents and found the following:

**Table 10. Geography of Financial Need**

Municipality	# respondents
University City	5
Unincorporated St. Louis County	4
Maryland Heights	3
Olivette	1
Overland	1
St. Charles	1

<sup>103</sup>Federation staff and the consultants monitored survey results in real time as data was collected. Changes were made mid-data collection to the sample in effort to oversample outside the central corridor based on zip code to reach participants with potentially lower income and higher service needs in order to better reflect demographics of the 2014 Community Study.

Caution needs to be paid about generalizing these findings given the small number of respondents in these income categories.

Even among this healthier, wealthier sample, we found that falls and exercise are significantly related: respondents who reported not exercising experience more falls than those who do exercise. Overall, 22% reported falling and injuring themselves seriously enough to need medical attention at least once within the past 12 months.

## Concerns Now and in the Future

Several sets of questions aimed to understand participants' concerns both currently and for their future. Tables 11 and 12 below show responses when asked about current problems and concerns for the future.

Results indicate that respondents are worried about their health, but not worried about getting the healthcare they need. While 54% reported their health is a major or minor concern for them, only 8% said that getting the healthcare they need is also of concern. More (10.5%) expressed concern about Medicare benefits in general. 35% were somewhat or very concerned about being able to access the healthcare they need in the future as they age.

Housing was more of a concern when thinking about the future, with 48% expressing concern about being able to live in housing that meets their needs and 41.5% concerned about having housing they can afford. Just over 50% were worried about having someone around to take care of them as they age.

Respondents reported currently feeling isolated, lonely (15%) or bored (11%) and have worries about that for their future (45.5%). This finding reinforces what we know about social programming being very important as well as the ongoing need for outreach to isolated seniors and connecting them not only with services, but with people for socialization.

There were several other important related findings. Participants feel like they are treated different because of their age (26%) which may impact their quality of life. Also related to quality of life and overall ability to live independently, participants expressed concern about performing activities of daily living (14.5%). Also, several respondents play a caregiver role (16.5%). Of those, about two thirds feel financially or physically burdened by their caregiving.

Transportation was not an issue identified strongly by these participants. Only 4.5% said they have trouble getting the transportation they need.

**Table 11. Summary of Those Reporting Problems Within the Past 12 Months (Major or Minor)**

Physical health	54.0%
Feeling like you are treated differently because of your age	26.0%
Feeling lonely, sad, or isolated	15.0%
Performing everyday activities such as walking or bathing	14.5%
Having too few activities or feeling bored	11.0%
Providing care for another person	11.0%
Having adequate transportation	9.0%
Housing that meets your needs	9.0%
Dealing with legal issues	8.5%
Getting the healthcare you need	8.0%
Affording the medication you need	5.5%
Affording your utilities	4.5%
Having general financial problems	3.5%
Being a victim of crime	3.0%

**Table 12. Summary of Concerns About the Future**

	Somewhat concerned	Very concerned
Having someone around to take care of you	40.5%	10.0%
Being able to live in housing that meets your needs as you age	38.0%	10.0%
Being lonely	36.5%	9.0%
Being able to live in housing you can afford	33.0%	8.5%
Being able to access the healthcare you need	27.0%	8.0%

The survey explored a few areas of potential interest based on the literature review which were not major topics brought up during stakeholder interviews. From the survey data, no issues related to elder abuse or related to grandparents raising grandchildren were uncovered.

## Utilizing and Accessing Services

Most survey participants did not seek social service assistance over the past year (see Table 13). Of the 55 reports of seeking services, 11 (20%) said it was somewhat or very difficult to access the help they needed. Eighteen of the 55 (33%) reported seeking services from a Jewish organization.

**Table 13. Participants Seeking Services**

Sought services in the past 12 months regarding:	YES	NO
An adult with a disability, including Alzheimer	14.5%	85.5%
Any other services other than medical care	3.5%	96.5%
Coping with a serious or chronic illness	3.0%	97.0%
A child who has a physical, developmental. or learning disability or other special needs	2.0%	98.0%
Housing	2.0%	98.0%
Finances or financial assistance	1.5%	98.0%
Finding a job or choosing an occupation	1.0%	99.0%

It is difficult to tell from the data where people are getting information about services for older people because while 19% reported they receive information from newspapers, many also listed “Jewish Light” as an “other” response. Therefore, it is not clear if those who responded that they get their information from newspapers were thinking about the *Jewish Light* with that response. Either way, it is clear that the *Jewish Light* is a source of information for this population. Many also said they get information from social media and AARP.

## Survey Summary

The results of the survey are revealing in several ways. It identified the top concerns of this sample of older adults as:

- Current physical health
- Healthcare in the future; but not currently a concern
- Caretaking for others
- Having the housing that meets their needs in the future and as they age
- Feeling isolated, lonely, or bored

Though the number of participants who reported seeking services was small, we learned:

- 1/5 found difficulty obtaining the services they need—a much larger percentage than was found in the 2014 Community Study
- 1/3 accessed services from a Jewish organization—demonstrating the ongoing value of the Jewish community's provision of older adult services

## NEEDS ASSESSMENT SUMMARY AND NEXT STEPS

This needs assessment provides a comprehensive snapshot of the St. Louis older adult Jewish community. It is noted that not all information is consistent across data sources. For example, service providers strongly identify transportation as a need in the community while that did not come up as a major concern in the survey. Similarly, the environmental scan and stakeholder interviews uncover numerous opportunities for socialization and yet older adults report in the survey feelings of isolation and loneliness as major concerns. The context and scope of the data collection methods must be considered and it is recognized that each source of information (survey, interview, focus group, literature review) both has limitations and also brings value to our ability to understand the bigger community picture of what Jewish older adults need, what services are being provided well, and where we as a community can move forward to make improvements.

Based on the findings in this needs assessment, the community may want to consider the following areas as they develop plans for better meeting needs of older adults.

- Case management and service coordination: Currently, it is not known which individuals are receiving services from more than one provider. We do know that some older adults are receiving service from one organization, but may be in need of multiple other supports. The resources of congregations are stretched thin and not all have the expertise to address the service coordination needs that they identify. Service provider organizations that provide case management are under-resourced in this area and organizations do not currently share information to coordinate across agencies. Increased service coordination would also address concerns identified through the survey that older adults have about their health and ability to perform activities of daily living. There are several models described in the literature review which may provide the St. Louis area with guidance and direction in addressing this area, particularly the AgeWell model.



- **Transportation:** While there are numerous transportation initiatives and resource available in St. Louis for older adults, this continues to be an issue of major concern. Many organizations provide transportation to their clients for specific programs. There is also a regional effort to provide rides for older adults using a hybrid model of volunteers and paid drivers (ITN). There are many private service providers as well. Subsidy, coordination, and information-sharing about existing resources may be keys to better meeting transportation needs of older Jewish adults.
- **Isolation:** There is no lack of programs for older adults to engage in in Jewish settings yet, many still feel isolated and lonely. Outreach to those who are not connected and marketing of existing programs may be what is needed in this area. Transportation supports can also help alleviate isolation.

Major challenges for this work remain. Namely:

- How can older adults who are largely isolated and not receiving the services they need be identified?
- How can older adults who are unengaged be connected with the Jewish community to reduce isolation now and then more easily connect with needed services in the future?
- What is the role of congregations in this effort and how can service providers and congregations work together?
- Will community organizations be able to more effectively and efficiently serve the Jewish older adult community through strong collaborations?

Next steps for the Jewish Federation of St. Louis include utilizing the information contained in this needs assessment to inform a planning process.





# SERVICES TO OLDER PEOPLE UNDER JEWISH AUSPICES

## PRIMARY INFORMATION SOURCE: ELDERLINK ST. LOUIS DECEMBER 2018

### **Adult Day Services:**

- Adult Day Center at the J

### **Adult Education Classes:**

- Jewish Federation of St. Louis - Center for Jewish Learning
- Naturally Occurring Retirement Community (NORC)

### **Advocacy:**

- Na'amat - St. Louis Council
- National Council of Jewish Women (NCJW)
- Older Adult Community Action Program (OACAP)

### **Assisted Living Facilities:**

None under Jewish auspices (subsidized or not)

### **Case Management Services:**

- JF&CS (limited)

### **Chore/Errand Services:**

- NORC (minor home repair and yardwork, with use of volunteers)

### **Employment Services:**

- MERS/Goodwill - Jewish Community Employment Services

### **Financial Assistance:**

- Gateway Older Adult Legal Services Project (GOALS) - American Jewish Congress St. Louis (they work with low income elders around credit card debt)
- JF&CS - direct cash assistance
- Jewish Federation of St. Louis - Jossem fund and Jewish Loan Association

### **Food Assistance:**

- Covenant Place - Congregate Meals
- Crown Center - Congregate and Home Delivered Meals
- The J - Home Delivered Meals
- JF&CS - Jewish Food Pantry

**Friendly Visiting:**

- Network for Jewish Care and Counseling (developmentally delayed adults in state facilities)
- JF&CS – Chaplaincy Program (Rabbis and some volunteers to visit Jewish elderly living in independent, assisted, or skilled nursing homes, hospice, own homes, etc.)
- Rabbis/Chesed Committees also visit elderly

**Funeral Homes:\***

- Berger Funeral Home
- Rindskopf-Roth Funeral Home

**Guardianship:**

- JF&CS (limited)

**Health (fitness) and Wellness:**

- The J – both campuses
- Crown Center
- Covenant Place
- NORC

**Hospice (accredited by National Institute for Jewish Hospice):\***

- Vitas
- Pathway Community Hospice (part of Delmar Gardens)

**Independent Living Facilities:**

- Covenant Place
- Crown Center
- Limited affordable ILF under Jewish auspices for those who do not qualify for subsidized housing

**Information and Referral:**

- JF&CS - ElderLink St. Louis
- NORC

**In-Home Care:**

- JF&CS (sliding fee scale for Homemaker Services)
- Crown Center (limited services)
- Covenant Place (limited services including housekeeping services (sliding scale) and social services – update medication lists and emergency contacts)

**Legal Assistance:**

- Gateway Older Adult Legal Services Project (GOALS) – American Jewish Congress St. Louis

**Medical Supplies:**

- Jewish War Veterans Post 346 & 644

**Mental Health Services:**

- Jewish Attention to Mental Health (JAMI)
- JF&CS

**Skilled Nursing Facilities:**

None under Jewish auspices (subsidized or not)

**Social Opportunities:**

- Covenant Place
- Crown Center
- Hadassah
- Kol Rinah
- Nusach Hari B'nai Zion
- NORC
- Shaare Emeth/United Hebrew/Temple Israel/Temple Emanuel Collaborative

**Support Groups:**

- Central Reform Congregation (grief support)
- The J (Adult Day Center) – Caregiver Support (with Alzheimer's Association)
- JAMI (mental illness for family members/caregivers as well)
- NCJW (wife, widow, woman grief support)
- St. Louis Holocaust Survivors and Descendants
- Temple Israel (“Life in Transition” support group for anyone dealing with loss, death, divorce, unemployment)

**Transportation:**

- The J - Adult Day Center at The J – Door-to-door transportation service available within certain areas
- Crown Center – bus provides group transportation to essential services and cultural and community events for a nominal fee
- Covenant Place - bus transportation to grocery, shopping, field trips
- Senior lunch and program – cab rides and valet available as needed to attend monthly luncheons (collaboration of four Reform congregations) – open to all
- “Jewish Seniors on the Move” program (3-4 times per year, day trips, tours, food, and friends exploring St. Louis) – open to all
- NORC – day trips with transportation

**Veteran's Assistance:**

- Jewish War Veterans Post 346 & 644 (help locate graves and provide grave markers)



*\*For profit organizations that provide “religiously sensitive” services to Jewish community*

# ELDERLY JEWS AT RISK

## STAKEHOLDER INTERVIEW GUIDE

### DECEMBER 28, 2018

#### Introduction

- Strategic planning process
- Elderly at Risk is a top priority under the Core Commitment to the well-being and safety of the Jewish Community
- Want to know what services are available, what is not; who is receiving services and who is not; where are there gaps and needs; what might the future look like

#### Individual Services

1. Of your client's primary needs, which do you think are adequately met (either independently, by your organization, or another organization)?
2. What needs are more difficult to meet? Why—what are the barriers to meeting these needs? (Lack of providers, expense, transportation, etc.)
3. Do most of your clients receive services from other organizations in addition to yours?
  - a. Where else in the Jewish community are your clients receiving services?
  - b. Where do they get services outside of the Jewish community?
4. Describe the social support system of your Jewish clientele.

#### Organizational Issues

5. What does your organization do really well that could be a model for others in the field?
6. What does your organization need to be able to better meet the needs of Jewish elderly in our community?  
Probe: Is your organization functioning at capacity or is there growth potential to serve more people?

#### Community Trends

7. What trends do you see in our community that affect the work that you do?
8. What needs to change in our community now to better meet the needs of Jewish seniors?  
Probe: Are there specific needs related to seniors overall versus "at-risk" seniors?
9. With the Baby Boomer generation aging, what challenges does that present? How do you think the work will change as a result?
10. What should we as a community be thinking about looking to the future as far as being able to meet the changing needs of seniors?

#### Collaboration

11. What could we do as a Jewish community to really move the needle in terms of meeting the needs of elderly Jews at risk?
12. Are there ways Jewish organizations could collaborate to better meet the needs of Jewish elderly?  
Probe: What might they do together?
13. What are the primary challenges to building these types of collaboration among those who provide services to Jewish elderly?

#### Conclusion

14. Is there anything else you'd like to share? Anything you were hoping we would talk about that we didn't?

# ELDERLY AT-RISK NEEDS ASSESSMENT SURVEY 2019

[TEXT IN CAPS IS USED AS INSTRUCTIONS OR CODES FOR THE INTERVIEWER ONLY AND IS NOT READ ALOUD]

Hello, my name is \_\_\_\_\_ and I am calling on behalf of the Jewish Federation of St. Louis. We are surveying Jewish people age 65 and older in the St. Louis area. I'd like to speak to the person in the household who is 65 years old or older. Is that you?

[IF NO: ASK TO SPEAK TO SOMEONE 65+. REPEAT FIRST PARAGRAPH STATING YOUR NAME, ORGANIZATION AND PURPOSE.]

[IF PERSON SAYS THERE ARE MORE THAN ONE 65+ IN HOUSEHOLD THEN ASK TO SPEAK TO WHOEVER HAD THE MOST RECENT BIRTHDAY. REPEAT FIRST PARAGRAPH STATING YOUR NAME, ORGANIZATION AND PURPOSE AS NEEDED.]

We would appreciate your participation in a brief survey that will help us better understand and meet the needs of Jewish people as they age. The survey will take about 15 minutes. All of your answers will be kept confidential and will be reported in group form only. You will not be identified individually nor will your name be used. For more information about this survey you can contact Nikki Weinstein, Director of Assessment & Planning, at 314-442-3764.

I'd like to start by asking a few questions to determine if you are eligible to complete this survey.

1. What is your date of birth? [IF BORN AFTER 06/01/1954, DISCONTINUE SURVEY]  
RESPONSE: \_\_\_\_\_

2. Do you identify as Jewish? [IF B OR C, DISCONTINUE SURVEY]  
a. YES  
b. NO  
c. DON'T KNOW/REFUSED [DO NOT READ]



3. What county do you live in? [IF NOT IN ST. LOUIS CITY, ST. LOUIS COUNTY, OR ST. CHARLES, DISCONTINUE SURVEY]
- a. ST. LOUIS CITY
  - b. ST. LOUIS COUNTY
  - c. ST. CHARLES COUNTY
  - d. SOMEWHERE ELSE
  - e. DON'T KNOW/REFUSED [DO NOT READ]

[IF NOT ELIGIBLE STATE: I'm sorry, you are not eligible to complete our survey. Is there anyone else available that is 65+, Jewish and lives in St. Louis City or County or St. Charles County available? Thank you very much for your time. Have a good day.]

## KNOWLEDGE AND USE OF PROGRAMS AND SERVICES

Thank you. Sounds like you are eligible to participate! I'd now like to ask you about your knowledge and use of services.

[ASK Q.5 AND Q.6 FOR EACH YES IN Q.4 (a-f)]  
[ASK Q.5 IMMEDIATELY AFTER EACH CODE ('YES') IN Q.4 (a-f)]

4. In the past 12 months, did you seek (LIST ITEMS A-F. READ INTRO PHRASE EACH TIME OR AS NEEDED)
- a. Services for an adult with a disability, including Alzheimer's?  
[READ EXAMPLES, IF NEEDED: counseling and family support services, housing, financial or legal assistance, employment and vocational services, education services, supportive living, social and recreational programs, caregiver respite programs]
  - c. Help for a child who has a physical, developmental, or learning disability or other special needs?
  - d. Help in finding a job or choosing an occupation?
  - e. Help in coping with a serious or chronic illness, other than from a medical professional? For instance, did you seek help from counseling services, chaplaincy services, hospice, etc.?
- [READ OTHER EXAMPLES, IF NEEDED caregiver respite programs, and information & referral]
- f. Help with housing?

g. Help with finances or financial assistance?

h. Any other services other than medical care, such as food assistance, transportation, socialization opportunities, bereavement support, mental health counseling, adult day care for yourself or any other adult who is 65 or over in your household?

[READ OTHER EXAMPLES, IF NEEDED: health and human services, financial or legal assistance, nutrition or meal services, participation in a senior center, information and referral]

4.h.2 [IF YES TO 4a ASK] Which service?

1. Food assistance
2. Transportation
3. Socialization opportunities
4. Bereavement support
5. Mental health counseling
6. Adult Day Center/Adult Day Care
7. Other: \_\_\_\_\_

1. Yes
2. No
3. DON'T KNOW/REFUSED [DO NOT READ]

5. How easy or difficult was it to get assistance for (INSERT ITEM FROM Q.5a-f). Was it (READ LIST)?

- a. Very Easy
- b. Somewhat Easy
- c. Somewhat Difficult
- d. Very Difficult
- e. DON'T KNOW/REFUSED [DO NOT READ]

5a. [IF SOMEWHAT DIFFICULT OR VERY DIFFICULT ASK:] What made getting the assistance difficult? \_\_\_\_\_

6. Did you seek this service from any Jewish agencies or organizations?

- a. Yes
- b. No
- c. DON'T KNOW/REFUSED [DO NOT READ]

7. In the past 12 months, did you have needs that you did not seek assistance for?

- a. Yes
- b. No
- c. DON'T KNOW/REFUSED [DO NOT READ]  
[IF B OR C SKIP TO Q8]

7a. What were the services that you needed which you did not seek assistance for?

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7b. Why did you not seek assistance?

- a. Didn't know where to get help
- b. Didn't have transportation
- c. Was not able to afford assistance
- d. Problem viewed as temporary
- e. Other: \_\_\_\_\_

8. In general, where do you get information about services for older people? [READ LIST ALOUD. CHECK ALL THAT APPLY.]

- a. Friend, family member, neighbor
- b. Television
- c. Newspaper
- d. Radio
- e. Community/Senior Center
- f. ElderLink
- g. Other telephone help line such as United Way 2-1-1
- h. AARP
- i. Area Agency on Aging
- j. Social media
- k. OTHER [IF NOT LISTED ABOVE]: \_\_\_\_\_

# LEGAL

I'm now going to ask a couple questions regarding possible legal concerns you may be facing.

9. Do you have concerns about [READ EACH ITEM]?

- a. Preparing a will/trust
- b. Social Security benefits
- c. Financial debt
- d. Medicare benefits

- 1. Yes
- 2. No
- 3. DON'T KNOW/REFUSED [DO NOT READ]

10a. In the past 12 months, have you or any of your peers experienced threats or physical harm from friends or family?

- 1. Yes [IF YES, READ STATEMENT BELOW 10B]
- 2. No
- 3. DON'T KNOW/REFUSED [DO NOT READ]

10b. In the past 12 months, have you or any of your peers had friends or family take money from you without your permission?

- 1. Yes [IF YES, READ STATEMENT BELOW 10B]
- 2. No
- 3. DON'T KNOW/REFUSED [DO NOT READ]

[IF YES TO 10a OR 10b: If you would like assistance related to this, please contact Jewish Family & Children's Service at 314-993-1000.]

# QUALITY OF LIFE

Now I'd like to ask you some questions about your quality of life.

11. Within the past 12 months, how much of a problem has each of the following been for you? Have these things been no problem, a minor problem, or a major problem? [READ LEAD STATEMENT AS NEEDED]
- a. Your physical health
  - b. Housing that meets your needs
  - c. Getting the healthcare you need
  - d. Having adequate transportation
  - e. Feeling lonely, sad, or isolated
  - f. Affording your utilities
  - g. Affording the medication you need
  - h. Having general financial problems
  - i. Being a victim of crime
  - j. Dealing with legal issues
  - k. Performing everyday activities such as walking or bathing
  - l. Having too few activities or feeling bored
  - m. Providing care for another person
  - n. Feeling like you are treated differently because of your age
1. MAJOR PROBLEM  
2. MINOR PROBLEM  
3. NO PROBLEM  
4. DON'T KNOW/REFUSED [DO NOT READ]
12. Overall, how do you rate your quality of life? [READ LIST, MARK ONE]
- a. Very good
  - b. Good
  - c. Neither good nor bad
  - d. Bad
  - e. Very bad
  - f. DON'T KNOW/REFUSED [DO NOT READ]



13. I'm going to read a list of things that can be a concern for older people when thinking about their future. Please tell me if you are very concerned, somewhat concerned, or not concerned about each. How concerned are you about [INSERT ITEMS A-E]?
- a. Being able to live in housing you can afford?
  - b. Being able to live in housing that meets your needs as you age?
  - c. Having someone around to take care of you?
  - d. Being able to access the healthcare you need?
  - e. Being lonely?
- 1. VERY CONCERNED
  - 2. SOMEWHAT CONCERNED
  - 3. NOT CONCERNED
  - 4. DON'T KNOW/REFUSED [DO NOT READ]

## SOCIALIZATION/RECREATION

Next, I'm going to ask you about your socialization and recreational activities.

14. In the past month, have you [INSERT ITEMS A-M.]
- a. Participated in a non-religious club or civic group
  - b. Participated in religious or spiritual activities with others
  - c. Visited with family in person or on the phone
  - d. Visited with friends in person or on the phone
  - e. Participated in activities at a Jewish senior center or community center
  - f. Participated in activities at a non-Jewish senior center or community center
  - g. Participated in a hobby such as art, gardening, or music
  - h. Worked for pay
  - i. Attended movies, sporting events, or theater
  - j. Volunteered or helped out in the community
- 1. YES
  - 2. NO
  - 3. DON'T KNOW/REFUSED [DO NOT READ]

15. Are you a:
- a. Member of a Jewish congregation?
  - b. Member of The J?
  - c. Member of NORC?
  - d. Volunteer at a Jewish organization (including Board service)
1. YES  
2. NO  
3. DON'T KNOW/REFUSED [DO NOT READ]

## HEALTH AND WELLNESS

Now I will ask you about your health and wellness.

16. In general, would you say that your own health is excellent, good, fair, or poor?
- a. Excellent
  - b. Good
  - c. Fair
  - d. Poor
  - e. DON'T KNOW/REFUSED [DO NOT READ]
17. Within the past 12 months, how many times have you fallen and injured yourself seriously enough to need medical attention?
- a. No times
  - b. Once or twice
  - c. Three to five times
  - d. More than five times
18. What sort of health insurance do you have?
- a. Medicaid
  - b. Medicare
  - c. Private insurance
  - d. Military
  - e. I don't have insurance
  - f. Something Else: \_\_\_\_\_

19. How many days per week do you engage in moderate physical activity for at least 30 minutes a day?
- Zero days
  - 1-2 days
  - 3-5 days
  - 6 days or more
  - DON'T KNOW/REFUSED [DO NOT READ]
20. Do you typically need help with any daily activities – such as preparing meals, dressing, bathing, or walking up and down stairs?
- YES
  - NO
  - SOMETIMES
  - DON'T KNOW/REFUSED [DO NOT READ]

## FOOD SECURITY

21. In the last 12 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn't enough money for food?
- YES
  - NO
  - DON'T KNOW/REFUSED [DO NOT READ]

## TRANSPORTATION

Now I would like to ask a couple questions about your transportation.

22. How do you travel locally on a regular basis? [PROMPT WITH LIST IF NECESSARY AND INDICATE ALL THAT APPLY]
- Drive yourself
  - Ride in a car as passenger (friend or family transport)
  - Take Metrobus or Metrolink
  - Take a senior van, shuttle, or minibus
  - Take a taxi
  - Use a ride-sharing service such as Lyft or Uber
  - Walk
  - Never leave house
  - Other: \_\_\_\_\_
  - DON'T KNOW/REFUSED [DO NOT READ]

23. Do you have trouble getting the transportation you need?

1. YES [IF YES GO TO Q24]
2. NO [IF NO GO TO Q25]
3. DON'T KNOW/REFUSED [DO NOT READ]

24. What is the main reason? [PROMPT IF NECESSARY, SELECT ONE]

- a. Have to rely on others
- b. Can't afford it
- c. Have trouble getting around without someone to help
- d. Don't know who to call
- e. Transportation does not go where I need to go
- f. Available transportation doesn't accommodate disability
- g. Other/Something else (please specify): \_\_\_\_\_

## HOUSING

I will now ask you about your living situation.

25. What type of residence do you live in? [PROMPT WITH LIST IF NECESSARY]

- a. Single family home
- b. Condo/townhome
- c. Apartment
- d. Senior independent living apartment
- e. Group home or assisted living facility
- f. Nursing home
- g. Shelter or dormitory
- h. Homeless
- i. Other (please specify): \_\_\_\_\_

[IF ANSWERED 'A', 'B' OR 'C' TO PREVIOUS QUESTION, ASK: Do you rent or own?]:

1. Rent
2. Own

26. Do you live

- a. Alone
- b. With partner/spouse
- c. With adult children
- d. With partner or spouse and adult children
- e. Other (please specify): \_\_\_\_\_

27. Do any grandchildren live with you?
- a. YES [IF YES, ASK Q.28]
  - b. NO [IF NO, SKIP TO Q.29]
  - c. DON'T KNOW/REFUSED [DO NOT READ]
28. Do your grandchildren's parent or parents also live with you or do you care for them alone?
- a. Grandchildren's parents also live in house
  - b. Grandchildren's parents do not live in house
  - c. DON'T KNOW/REFUSED [DO NOT READ]

## CAREGIVING SUPPORT

Now I'm going to ask about any caregiving support you provide.

29. Do you provide care for one or more family members or friends on a regular basis? [IF NO, SKIP TO Q32].
- a. YES
  - b. NO
  - c. DON'T KNOW/REFUSED [DO NOT READ]
30. What kind of care are you providing? [CHECK ALL THAT APPLY]
- a. Transportation
  - b. Home health
  - c. Financial affairs
  - d. Meals
  - e. Housekeeping, yard repairs
  - f. Personal care
  - g. Something else [ASK TO SPECIFY]: \_\_\_\_\_
31. How often in the past month have you felt financially or physically burdened by your caregiving?
- a. Frequently
  - b. Sometimes
  - c. Never
  - d. DON'T KNOW/REFUSED [DO NOT READ]



# DEMOGRAPHICS

I'm going to conclude the survey by asking some demographic questions. Please remember that all responses are confidential.

32. First, what is your gender? [PROMPT WITH LIST IF NECESSARY]

- a. Female
- b. Male
- c. Non-binary/third gender
- d. Prefer to self-describe: \_\_\_\_\_
- e. REFUSE [DON'T READ]

33. What is your marital status? [PROMPT WITH LIST IF NECESSARY]

- a. Married
- b. Living with a partner
- c. Single – never married
- d. Divorced
- e. Separated
- f. Widowed
- g. DON'T KNOW/REFUSED [DO NOT READ]

34. What is your education level? [PROMPT WITH LIST IF NECESSARY]

- a. Less than high school diploma
- b. High school graduate
- c. Some college with no degree
- d. Associate's degree
- e. Bachelor's degree
- f. Graduate or professional degree

35. What is your current employment status? [PROMPT WITH LIST IF NECESSARY]

- a. Fully retired
- b. Retired but working part-time
- c. Working full-time
- d. Working part-time
- e. Unemployed, looking for work
- f. Unemployed but not looking for work
- g. Volunteer
- h. Homemaker
- i. Disabled
- j. DON'T KNOW/REFUSED [DO NOT READ]

36. What is your zip code?  
[RECORD RESPONSE]

37. In what municipality do you live?  
1. \_\_\_\_\_ENTER MUNICIPALITY  
2. DON'T KNOW/REFUSED [DO NOT READ]

38. Do you belong to a synagogue (SIN-ah-gog), temple, shul (SHOOL), minyan (MIN-yen) or havurah (Hah-voo-RAH)?  
1. YES  
2. NO [IF NO, SKIP TO Q40]  
3. DON'T KNOW/REFUSED [DO NOT READ] [SKIP TO Q40]

39. What is the name of that (SIN-ah-gog), temple, shul (SHOOL), minyan (MIN-yen) or havurah (Hah-voo-RAH)?  
[INTERVIEWER: Please spell that for me.... IF RESPONDENT NAMES TWO, ASK R TO PICK THE ONE TO WHICH THEY FEEL CLOSEST]  
1. \_\_\_\_\_RECORD VERBATIM  
2. DON'T KNOW/REFUSED [DO NOT READ]

40. Which of these statements best describes your household's financial situation? [READ ITEMS A-E]  
a. Cannot make ends meet  
b. Just managing to make ends meet  
c. Have enough money  
d. Have some extra money  
e. Well-off  
f. DON'T KNOW/REFUSED [DO NOT READ]

41. And the final question I will ask is if you are a veteran of the United States armed forces?  
a. Yes  
b. No  
c. DON'T KNOW/REFUSED [DO NOT READ]

Thank you for completing this important survey for the Jewish Federation of St. Louis. The confidential responses received from this process will be vital in planning services for older adults going forward. Your participation is greatly appreciated. Have a great day!

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