

Jewish Community Foundation of Central PA Needs Assessment

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October 31, 2023

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INTRODUCTION

As people continue living longer, the concept of successful aging aims to identify protective factors and to develop effective intervention strategies for promoting the highest possible quality of life in older age. This has been and remains an important step forward in aging research and practice, particularly in research on health behavior in older age (1).

Government data has shown that aging populations face a unique set of challenges compared to their younger counterparts. For example, obesity rates among adults ages 60 and older have been increasing, standing at about 41% since 2016 (2). More older adults are divorced compared with previous generations and over one-fourth (26%) of women ages 65 to 74 lived alone in 2018. This share jumped to 39% among women ages 75 to 84, and to 55% among women ages 85 and older (3). Additionally, older adults are significantly more likely to experience multiple chronic conditions including issues with hearing and vision, heart disease, cancer, and diabetes (4).

From an economic perspective, the aging of the baby boom generation could fuel more than a 50% increase in the number of Americans ages 65 and older requiring nursing home care, to about 1.9 million in 2030 from 1.2 million in 2017 (5). Demand for elder care will also be driven by a steep rise in the number of Americans living with Alzheimer's disease, which could more than double by 2050 to 13.8 million, from 5.8 million today (6). The large share of older adults also means that Social Security and Medicare expenditures will increase from a combined 8.7% of gross domestic product today to 11.8% by 2050 (7). Furthermore, caregiving for older adults, without the appropriate supports, can negatively affect an individual's financial, emotional, and psychological wellbeing (8).

The COVID-19 pandemic heightened awareness of the critical needs and challenges that many older adults face in their daily lives, such as making sure nutritional needs are being met and taking steps to reduce social isolation. It highlighted the need to ensure that services are responsive, accessible, and flexible to help meet the needs of older adults under a variety of circumstances. It further highlighted issues beyond physical health such as those related to transportation, social isolation, and mental health (9).

The Pennsylvania Department of Aging is formally charged by the federal government via the Older Americans Act (42 U.S.C.A. § 3025(a)) and the Pennsylvania General Assembly with being an advocate for the interests of older Pennsylvanians at all levels of government. Created in 1978, the department serves as the state unit on aging, representing Pennsylvania's rapidly growing older population, which presently includes more than 3 million people aged 60 and over. In addition to overseeing an array of benefits, services, and programs that are made available through its network of 52 local Area Agencies on Aging (AAAs), which cover the commonwealth's 67 counties, the department is responsible for representing the state's interests in the design, implementation, and continuous improvement of long-term services and supports for older Pennsylvanians (10).

As Pennsylvania's older adult population continues to grow and become more diverse, the Department of Aging has worked to conduct effective outreach and to raise awareness of the services available to support and respond to their needs. However, the Department of Aging does *not* collect data, nor specify services, based on whether an individual identifies as Jewish or not.

Examining the needs of Jewish Americans separately from the general population is necessary as literature has documented a variety of lived experiences and associated wellbeing outcomes specific to individuals who are Jewish. Some of the many differences that have been found include Jewish individuals reporting higher rates of 1) stigma associated with mental health and hesitancy to seek psychiatric services or some types of treatment; 2) discrimination and antisemitism against all Jewish people (particularly women); and 3) continued exposure to trauma and other forms of oppression (11,12). For example, research has shown that many Holocaust survivors experience mental health disorders, including PTSD and survivor guilt, and studies have shown second and third generation descendants of Holocaust survivors have a higher prevalence of PTSD and other psychiatric symptoms (13,14). Debates about biologically based epigenetic changes in survivors persist, but there is consensus that survivor behavior impacts family dynamics and molds family members' stress responses. Additionally, in the United States, Jewish refugees have historically faced acculturation challenges in addition to language and vocational obstacles, leading to feelings of hopelessness, distress, and demoralization (15).

Further, data has shown that the Jewish community may be at higher risk for eating disorders and may also face barriers to treatment (16). A recent national study of U.S. Jews found the majority engage in cultural activities like cooking Jewish food (72%), sharing holidays with non-Jewish friends (62%), and visiting historical Jewish sites (57%). Many also said they engaged with Judaism through Jewish media by "often" or "sometimes" reading Jewish literature, history, or biographies (44%), watching television with Jewish or Israeli themes (43%), or reading Jewish news in print or online (42%). Those who reported being religiously observant in traditional ways – such as going to synagogue and keeping kosher dietary laws – also reported the highest levels of engagement in the broad array of cultural Jewish activities listed in the survey (17). The central role food plays in Jewish culture and religious observations highlights just one example of the complex nature that Jewish individuals face, and the necessity to gather information about them as a separate group from the general population.

The scientific aim of this project was to conduct a needs assessment for seniors in the Central PA Jewish communities to help guide funding and programmatic priorities for the Jewish Community Foundation of Central PA.

When aspiring to design programs and interventions, a needs assessment is performed to identify any potential gaps in services provided for a population and/or to identify and assess the extent of these gaps in an individual's or group's lives (18). The purpose of conducting a needs assessment is to identify unmet needs and factors contributing to these needs to develop an understanding of what specific services a population needs.

Resulting information acts as a guide for program development as it allows program planners to focus interventions on areas of unmet need (18). Subsequently, completing a needs assessment is integral to program development as needs assessments identify what gaps in services exist and what additional services are necessary to fill these gaps.

A critical piece in determining the effectiveness and relatability of the resources to Jewish seniors is to understand how the population itself understands and views their needs. To accomplish this, online survey data were collected with seniors in Central PA to obtain viewpoints on needs and resources related to individual health and well-being.

This report will document the key findings that resulted from survey data and make recommendations for areas to direct future resources.

The research was led by Dr. Joshua G. Rosenberger, an Associate Professor in Biobehavioral Health and Director of the Penn State Survey Research Center, with research expertise in health behavior, development, and decision-making. This work was funded by The Jewish Community Foundation of Central PA.

The following report summarizes survey procedures in Section 1, survey results in Section 2, and recommendations in Section 3.

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SECTION 1: REVIEW PROCEDURES

Survey Instrument

Survey items were developed based on input from stakeholders, community members, and utilization of existing survey measures that have been previously validated and used to assess needs among this population (e.g., NAT, NAT-E). Multiple drafts of the survey were circulated among the research team and members of the JCF advisory board until consensus was reached on which items to include and the appropriate flow and wording of each question. Consideration was given to finding a balance between answering questions that could guide decision making for JCF and creating a survey that was not overly burdensome on participants. A final version of the survey instrument can be found in Appendix A.

Recruitment

Participants were recruited in collaboration with existing community networks (e.g., JCF, synagogues, etc.) and via email/listserv advertisements there were specifically utilized by the target population. All electronic messaging included a direct weblink and QR code that provided an immediate connection to the study's survey. Additionally, study information was sent out to local organizations, leaders, and listservs with a copy of the survey link and QR code. Recruitment materials explained the process by which someone could request a paper copy of the survey. Additionally, paper copies of the survey were distributed at specific locations in an attempt to access members of the community who may not have been connected to the other electronic forms of communication. Recruitment materials can be viewed in Appendices B-D.

Web-based Survey

Data were collected via an anonymous web-based survey with eligible participants for a 3-month period beginning February 27th, 2023, and ending on May 1st, 2023. All surveys were conducted using a secure server and secure online survey platform (e.g., Qualtrics). Surveys were programmed by trained staff, and an anonymous survey link was created. All survey items were programmed in a manner that optimized the user experience in terms of look and feel. For example, as appropriate, questions were displayed on separate pages, tables/charts were included, and response options varied depending on question type. Survey items were displayed in a format optimized for use on mobile phones in addition to a tablet or computer. Survey responses included opportunities for participants to skip questions they did not feel comfortable with by either a) not requiring a forced response to move to the next question or b) providing a survey response option that stated, "I prefer not to answer". Data from surveys were tracked in real-time and reviewed as needed. As part of the quality control protocol, data were downloaded each week during the survey period and evaluated to ensure integrity.

Paper Survey

Given the nature of the study population, there were certain participants that did not have access to, or preferred not to, complete the survey via the web. As such, creation of a paper/pen option of the survey was also developed. Survey materials were identical to those presented online. All paper surveys were manually entered into the survey database and merged with online responses.

Data Analysis

Data were collected and analyzed descriptively to provide a broad overview of the characteristics of the sample and the frequencies in which they answered certain questions. Data points were further stratified as needed in order to examine particular subcategories. Summary statistics were provided for all data of interest to the research questions.

Limitations

These data were not without limitations and thus should be considered with the following in mind. First, the sample was convenience based and therefore may not be representative of the Jewish senior population as a whole. While there was variability across certain demographic characteristics, the sample tended to be better off financially. Unique needs among those with more limited income/resources may exist that were not captured here. Secondly, the majority of survey data were collected electronically. As such, individuals who have limited or no technological access were more likely to not participate in this study. Lastly, these data are all self-reported and therefore some responses might be inaccurate based on biases of the respondent and their perception of need.

SECTION 2: RESULTS

Quantitative data were captured electronically using Qualtrics web platform in addition to paper surveys (n = 64) which were entered into the online database. A total of 482 unique individuals began the survey, with 396 completing the introductory questions required to qualify as a “completed survey”. Data were constrained to include only those who identified themselves as Jewish (n = 361). The following section is a breakdown of data for all users meeting the inclusion criteria described above.

Participant Demographic Characteristics

Participants ranged in age with over half (62.1%) being over 70 years of age and 34.6% indicating they were 61-70 years old (Figure 1).

	%	N
<50 y/o	0.3%	1
51-60 y/o	1.9%	7
61-70 y/o	34.6%	125
71-80 y/o	43.5%	157
>80 y/o	18.6%	67

Figure 1. Age breakdown

More than half (66.0%) of participants reported being married, followed by 19% who indicated that they were widowed, single (8.0%), and divorced (7.0%). In terms of housing, 92.0% of individuals said they lived in a home or apartment without the need of any support (e.g., caretaker), and nearly 2/3 of people reported living alone (Figure 2). With regard to religious affiliation, the majority identified as conservative (53.9%) followed by reform (22.9%) and orthodox (13.7%). Among those who reported being a Veteran (12.2%), approximately one quarter were receiving Veterans benefits (27.9%).

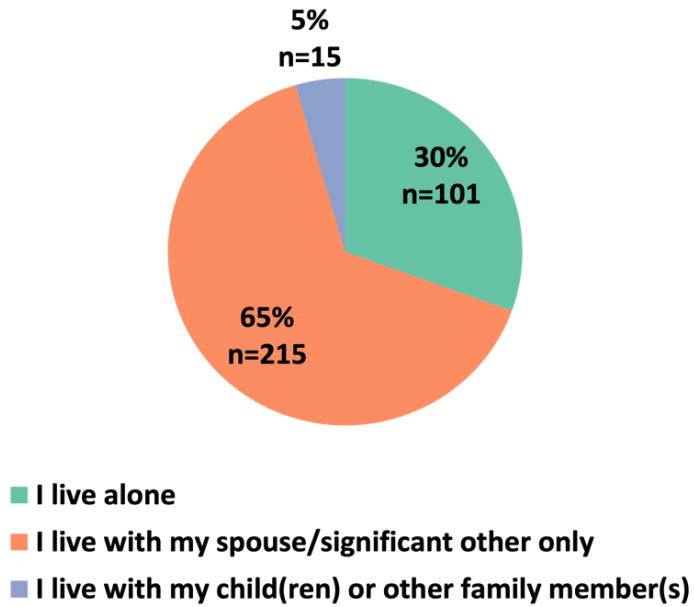


Figure 2. Who participants live with

Participant Financial Characteristics

One in four respondents indicated that they were either living below the poverty line or “preferred not to answer” the question. The percentage of those reporting that they were living below the poverty line increased with age (Figure 3). Nearly all (99.9%) of participants had health insurance and only 12.0% believed that their health insurance was not affordable.

	51 – 60 Years Old	61 – 70 Years Old	71 – 80 Years Old	>81 Years Old
Yes	0.0%	4.9%	5.8%	7.6%
No	42.9%	81.3%	72.7%	68.2%
Prefer Not to Answer	57.1%	13.0%	20.1%	21.2%

Figure 3. Individuals reporting whether they lived below the poverty line by age group

The most common services/items that individuals had trouble paying for were dental care (8.8%), hearing aids (5.7%), and glasses (3.7%). Interestingly, dental care needs went down with age, while hearing aids and glasses went up (Figure 5). This highlights the distinction in needs based on age category (not just being over 60) and likely reflects benefits that are/aren’t available via Medicare and Medicaid.

	61 – 70 Years Old	71 – 80 Years Old	≥ 81 Years Old		Yes	No
Doctor's Visits	0.9%	0.7%	3.2%	Doctor's Visits	5.6%	1.2%
Prescriptions	3.5%	2.7%	6.3%	Prescriptions	5.6%	3.6%
Dental Care	10.4%	8.2%	9.5%	Dental Care	5.6%	10.8%
Glasses	4.3%	2.1%	7.9%	Glasses	11.1%	4.3%
Hearing Aids	4.3%	5.5%	11.1%	Hearing Aids	0.0%	6.4%
Mental Health Services	3.5%	2.1%	1.6%	Mental Health Services	5.6%	2.4%

Figure 4. Services/Items individuals had difficulty paying for by age group

Figure 5. Services/Items individuals had difficulty paying for below poverty

Among those receiving any type of government assistance benefits the most common were tax and rent rebates (23.9%), followed by subsidized transit (15.2%). While the total number of respondents was relatively low, it does highlight areas that would be potentially beneficial if offering assistance.

Caretaking Statistics

In examining the needs of Jewish seniors, it became evident that it was important to also look at those who might not only need assistance themselves, but who were also providing care to others. Below is a breakdown of information provided by those individuals.

When asked if they were currently assisting another adult who needed help with day-to-day activities because of age or disability, 12.0% of participants said yes. Half of those who identified as care takers reported that their parent was who they were responsible for, followed by a spouse, and a child/grandchild (Figure 6).

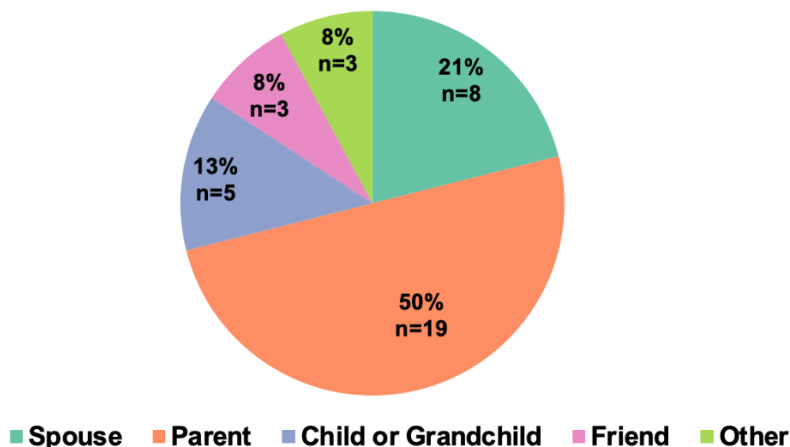


Figure 6. Relationship to caretaker

Among those ages 61-70, 25.0% and 78.9% respectively were taking care of a parent followed by a spouse. Among those ages 71-80, 62.5% and 21.1% respectively were taking care of a spouse followed by a parent. Emotional strain went down with age while financial strain remained consistent. Among those 61-70 years of age, 89.5% said they experienced some or a lot of emotional strain. This number was 68.8% among those 70+ (Figure 7).

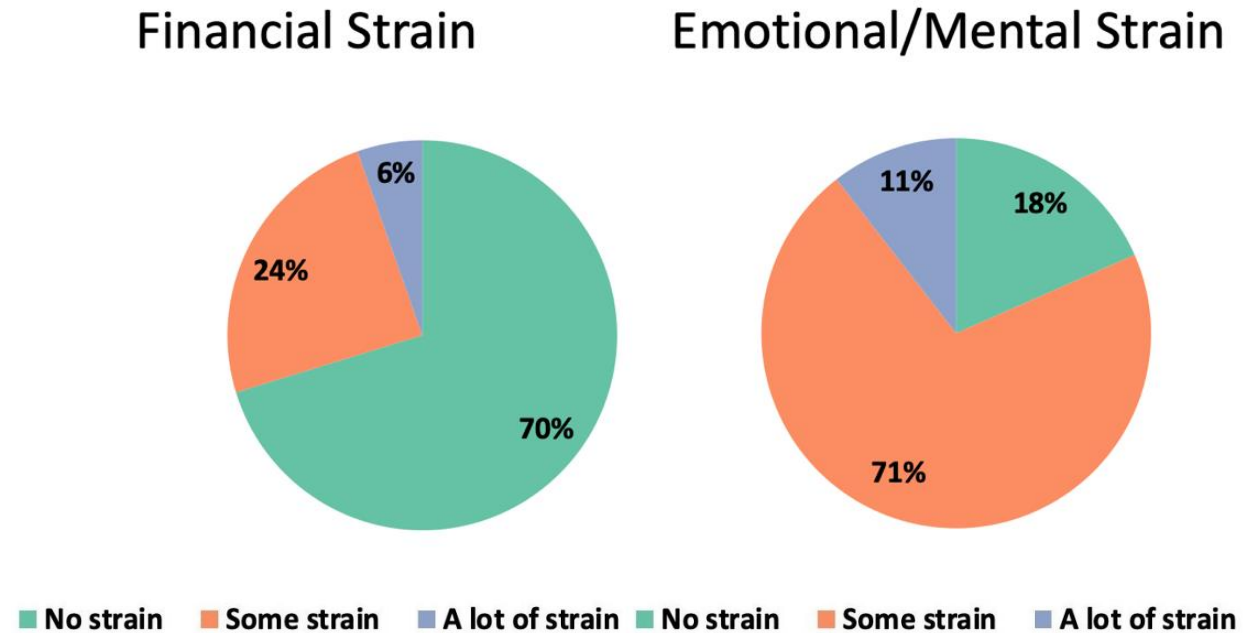


Figure 7. Reported strain of being a caretaker

The mean number of hours spent caring for the other person per week was 15.59 (median = 8; SD = 29.41). Differences in self-report of overall health status were seen between those who were and were not care takers. Among non-caretakers only 1.5% reported a poor health status and 12.1% reported one that was fair. In contrast, those were providing care to someone else reported higher rates of poor (5.3%) and fair (33.3%) health status. Of note, amongst the total sample, positive reports of overall health status increased with age, which those ages 70+ being more likely to report excellent/very good health.

Dietary Information

58% of the sample (n = 192) indicated that they had a special diet for medical or religious/cultural issues. Kosher meal needs varied, with 16.3% requiring all food be strictly Kosher and 15.9% reporting that they eat Kosher-style but did not require everything to be Kosher (Figure 8).

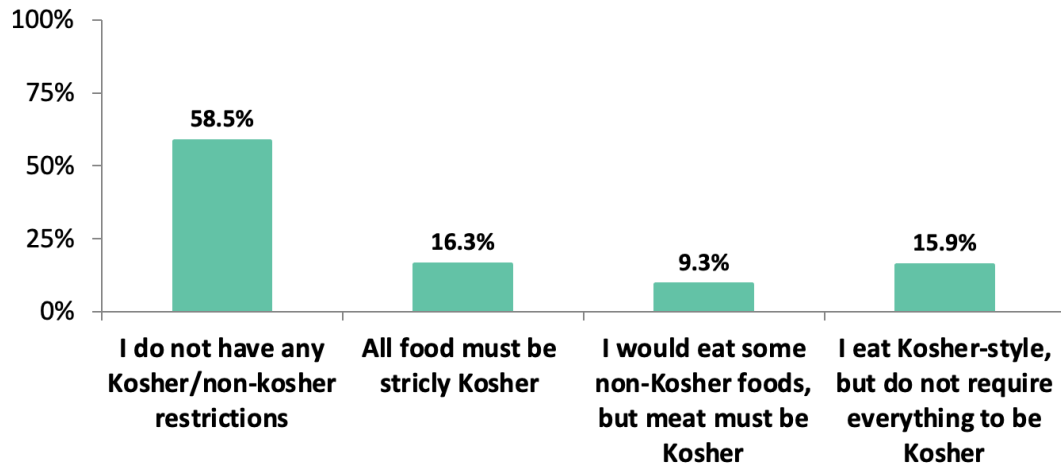


Figure 8. Kosher diet requirements

Issues related to food access and home delivered meals were of minimal concern/interest to participants. 97.0% of respondents said they had enough money to buy food and 98.0% of respondents did not receive home delivered meals. While meals provided to the home were rare among individuals, 16.0% reported participating in group senior meals, with the overwhelming majority (86.0%) of these being provided through a Jewish community center. The high proportion of meals through Jewish community centers presents a possible location(s) that seems favorable among seniors when thinking about group dining.

Religious and Non-Religious Event Participation

The majority (88.0%) of respondents belonged to a synagogue, with average synagogue attendance varying both in person and via Zoom (Figure 9).

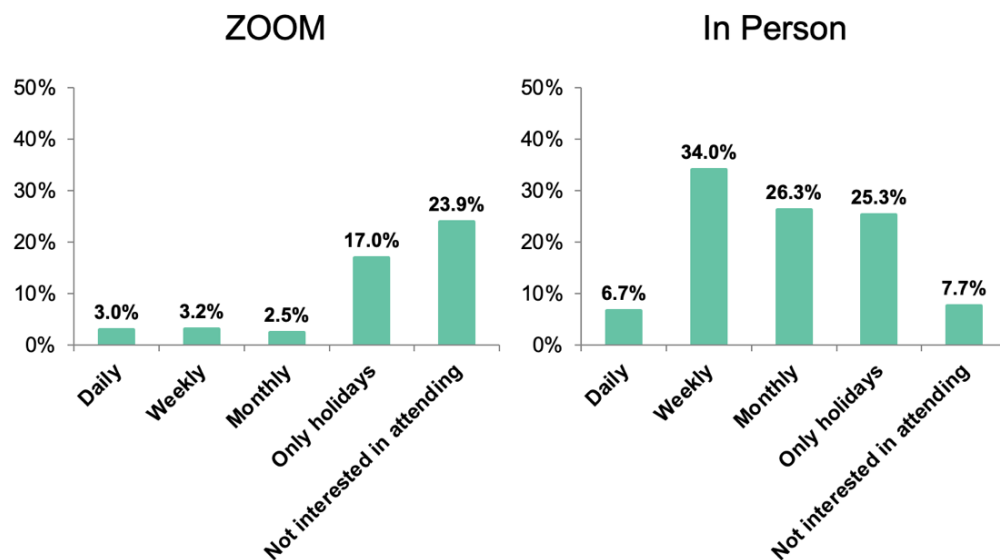


Figure 9: Average Synagogue Attendance

The most reported reason for not attending Synagogue and/or other Jewish events was a lack of interest (30.7%), followed by having too many other obligations (21.2%), and health concerns (14.7%) (Figure 10).

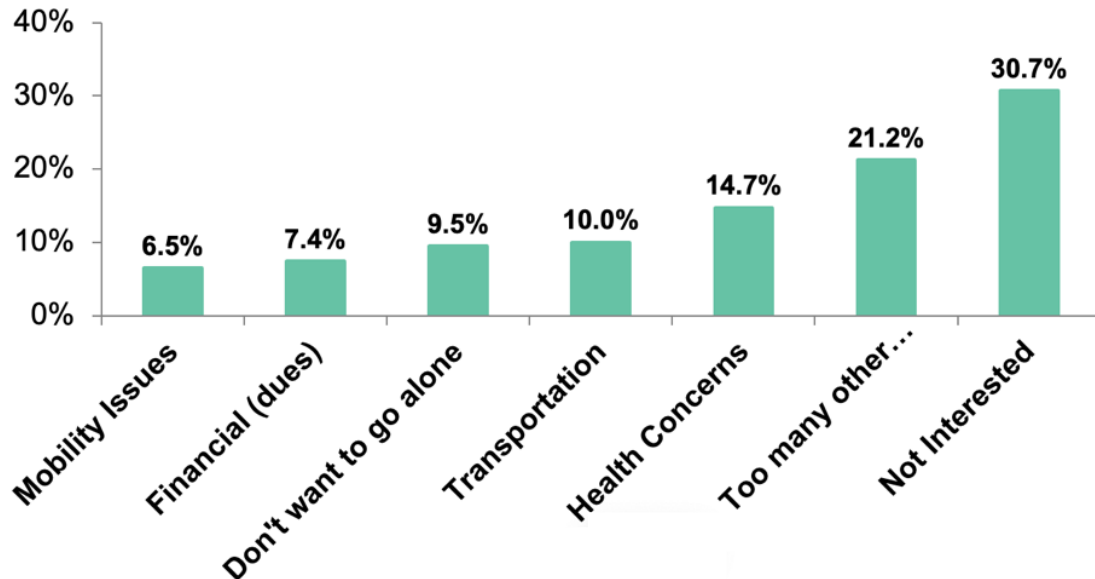


Figure 10: Reasons for not attending Synagogue/Jewish Events

Over half of participants said that they would be interested in (30.0%) or were unsure (28.0%) if they would like to receive pastoral counseling. Those indicating an interest in pastoral counseling were significantly more likely to not attend synagogue (online or in person) more than once a month. However, there was no relationship between those wanting counseling and lack of companionship, feelings of isolation, or lower health status. Individuals between the ages of 61-70 were the most likely (47.4%) to want pastoral counseling.

When exploring the modality by which people were interested in participating in events, most said they would prefer in-person (55.0%) over Zoom (9.0%) and a preference for in-person events increased with age (Figure 11). The types of educational topics that were of most interest to participants included: book reviews, concerts, Jewish study, music programs, museum visits, cultural themed discussions, and politics. Just over half (52.1%) either somewhat or strongly agreed that they had interest in educational activities via Zoom, while slightly less (44.7%) somewhat or strongly agreed that they would want to attend lunch events in-person.

	61 – 70 Years Old	71 – 80 Years Old	≥ 81 Years Old
I prefer in-person events	49.1%	50.3%	59.0%
I prefer zoom events	9.6%	6.9%	8.2%
I prefer them both equally	37.7%	40.0%	27.9%
I don't know	2.6%	2.8%	1.6%

Figure 11: Preference for event attendance by age

Nearly all participants (94.0%) reported having easy access and ability to use a computer, phone, or tablet to attend online events, while 28% would be interested in getting help to be able to attend events online. This finding suggests that focus should be placed not on purchasing equipment but rather providing necessary IT/Tech support.

Mental Health and Wellbeing

In an attempt to assess overall mental health and well-being, participants were asked about concepts such as “isolation” and “lack of companionship”. Among all participants, 30.0% said that felt a lack of companionship some of the time or often. This proportion increased to more than half (54.0%) among those who were living alone (Figure 12).

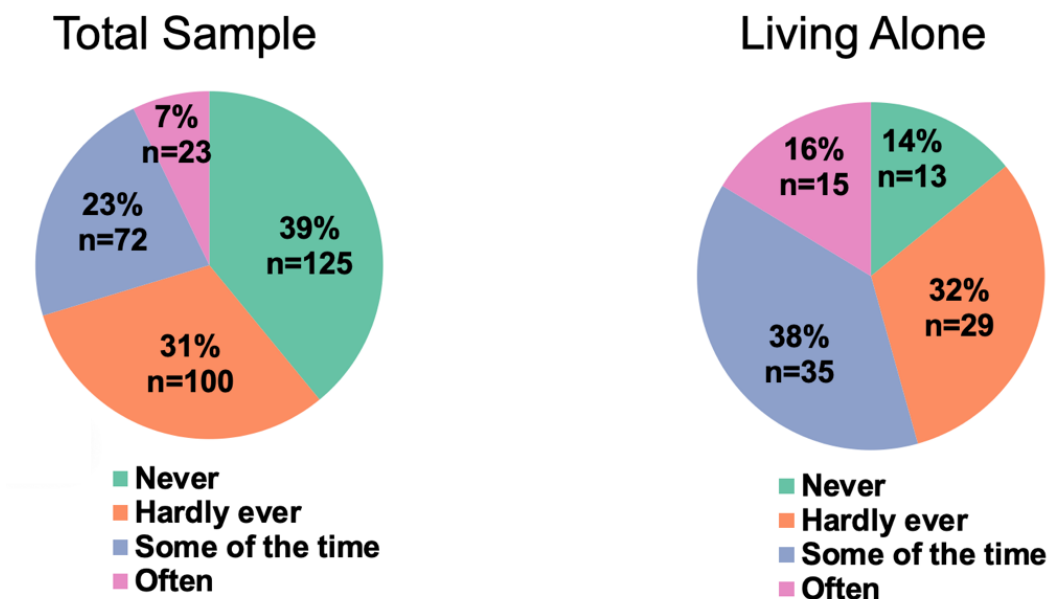


Figure 12: Reported feelings of “lack of companionship”

The frequency that individuals felt a lack of companionship increased significantly among those who were older, with those reporting “often” being more than double among participants who were over the age of 80 (Figure 13).

	61 – 70 Years Old	71 – 80 Years Old	≥ 81 Years Old
Never	47.0%	36.1%	26.2%
Hardly ever	26.1%	38.2%	21.3%
Some of the time	18.3%	20.1%	34.4%
Often	7.0%	4.2%	13.1%

Figure 13: Reported feelings of “lack of companionship” by age

Similar to “lack of companionship”, feeling isolated some of the time or often were higher among those living alone (52.0%) compared to the overall sample (28.0%). (Figure 14).

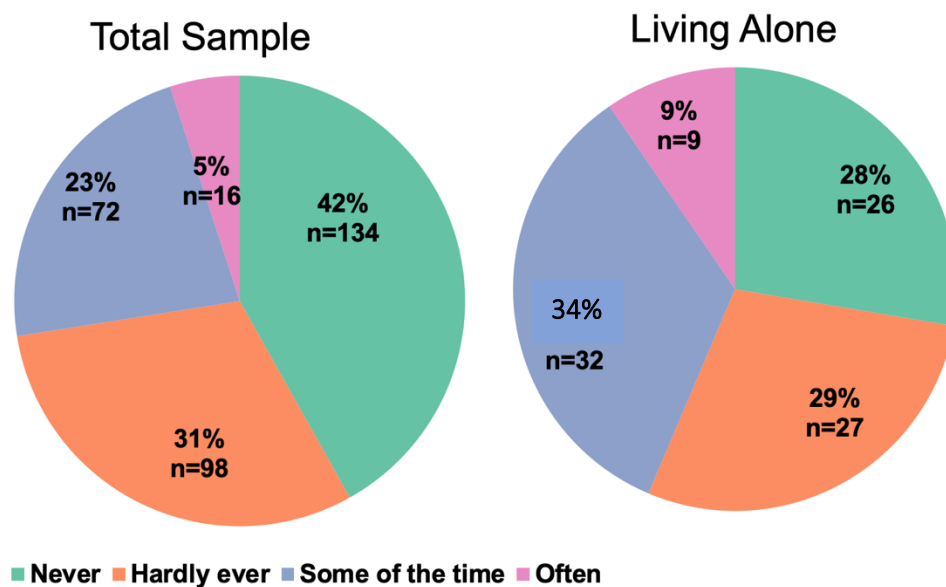


Figure 14: Reported feelings of “isolation”

The frequency of isolation was significantly related to age, with increases of feeling “isolated” at least some of the time being reported only 15.7% of the time among those aged 61-70, but 41.7% of those 81 years of age and older. (Figure 15). Additionally, when asked, over half of the sample (53.6%) said that they somewhat or strongly agreed that they would like more socialization with others. These feelings might be explained by the

relationship between living alone and aging, and also represent areas of intervention for individuals that could benefit from activities that connected them with others.

	61 – 70 Years Old	71 – 80 Years Old	≥ 81 Years Old
Never	44.3%	41.7%	31.7%
Hardly ever	31.3%	34.0%	18.3%
Some of the time	15.7%	19.4%	41.7%
Often	7.8%	3.5%	3.3%

Figure 15: Reported feelings of “isolation” by age

Physical Safety

Issues related to individual physical safety both in the community and at home were assessed among all survey respondents. The overwhelming majority (95.0%) said they felt safe in the community in which they live, while 6.0% felt unsafe and 12.0% felt unsure about safety attending Jewish Community Events. The biggest personal safety issue endorsed by individuals was the fear of falling down, which was reported by 34.0% of participants. Coupled with this fear was the percentage of those reporting that they had an emergency alert system (61-70 y/o = 11.5%; 71-80 y/o = 20.0%; >80 y/o = 50.8%). The rates increased with age as did the percentage of those indicated that they did not have an emergency alert system but wanted one (61-70 y/o = 18.3%; 71-80 y/o = 34.2%; >80 y/o = 50.0%). Other safety issues included an interest in getting assistance to obtain and install smoke and carbon monoxide detectors in the home (12.0%).

Financial Resources

To understand concerns associated with financial resources, participants were asked several questions about their anticipated financial assistance needs. Just over half of those surveyed said they were either somewhat (42.0%) or very (10.0%) concerned about running out of resources before end of life. Concerns about resources were highest among those in their 70s (Figure 16) and among those already living with their children/family (Live alone = 52.5%; Live with spouse = 42.3%; Live with children/family member = 85.9%).

	61 – 70 Years Old	71 – 80 Years Old	≥ 81 Years Old
Not at all concerned	48.7%	40.0%	46.8%
Somewhat concerned	36.3%	44.1%	29.0%
Very concerned	8.0%	9.7%	11.3%
Don't know	4.4%	2.8%	6.5%

Figure 16: Concerned with running out of resources by age

Most individuals believed that they either would not need any additional resources (41.3%) to age in place at home or did not know exactly how much additional money they would need per month (39.2%) (Figure 17). This lack of uncertainty about associated costs vs. need to age in place suggests that seniors could benefit from education related to this topic.

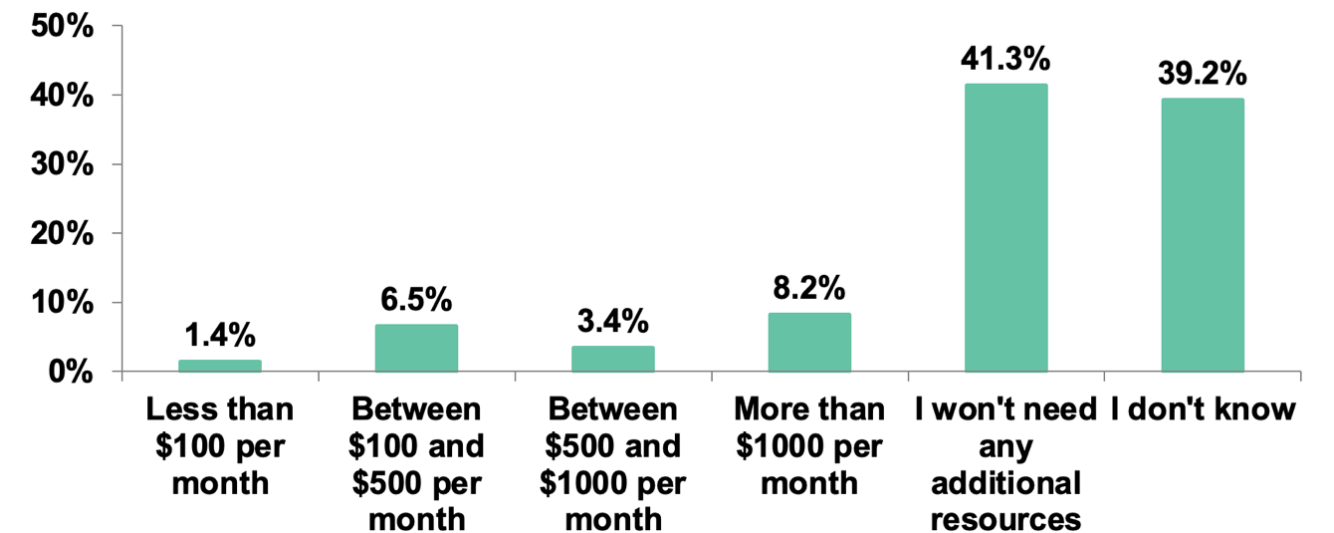


Figure 17: Additional amount needed to age in place at home

Lastly, participants were asked to indicate how much time they anticipated they had until they would need resources and what specific resources they would need assistance with. Among those perceiving a future need, most believed that it would be more than 10 years before this need would arise (Figure 18).

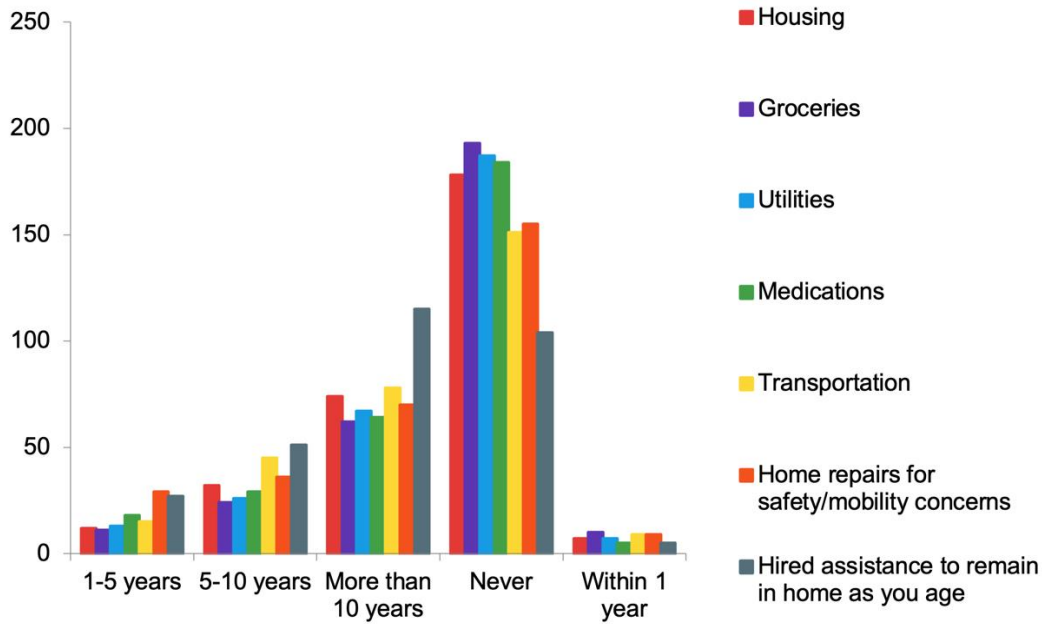


Figure 18: Anticipated time until needing assistance by resource category

The most commonly reported categories in which need was anticipated were transportation and hired home care. Individuals who were 61-70 years old suggested that transportation would be a need in 5-10 years (12.1%) or more than 10 years (32.7%). These estimates are aligned with the reported need of those who were older (70+) who indicated higher rates of transportation need within the next year or 1-5 years (Figure 19). Additionally, a clear pattern of need related to hired in home care was associated with age. The anticipated need increased from 1.9% to 10.2% (1-5 years) and 11.1% to 21.9% (5-10 years) between those who were 61-70 years old and those who were 70+ years of age, respectively.

TRANSPORTATION	61 – 70 Years Old	71 – 80 Years Old	≥ 81 Years Old
Within 1 year	1.9%	2.3%	7.7%
1-5 years	1.9%	6.0%	9.6%
5-10 years	12.1%	17.3%	17.3%
More than 10 years	32.7%	23.3%	17.3%
Never	51.4%	51.1%	48.1%
HIRED IN HOME CARE	61 – 70 Years Old	71 – 80 Years Old	≥ 81 Years Old
Within 1 year	0.0%	0.7%	7.8%
1-5 years	1.9%	10.2%	19.6%
5-10 years	11.1%	21.9%	17.6%
More than 10 years	52.8%	33.6%	17.6%
Never	34.3%	33.6%	37.3%

Figure 19: Most common resource needs by age and time

SECTION 3: RECOMMENDATIONS

The findings from the needs assessment were robust and shed light on many issues faced by Jewish seniors in Central PA. Some of these issues were more broad and will require consideration over an extended period of time, while others were more specific and highlight areas that could be targeted with more immediate actions.

First, and most importantly, throughout the results a clear delineation emerged based on age and the way that participants responded to needs. While individuals can of course have differing needs regardless of age, broadly speaking those that were over 70 years of age were distinctly different than those that were under 70 years of age. This was evidenced for example by the perceived needs being lower among younger participants and caregiving duties being higher, among other things. Future efforts should be mindful of not just targeting Jewish seniors but creating different calls to action, resources, and activities for seniors below and above 70 years old separately.

Second, a common theme that was seen throughout the data was that of connection seeking. This is likely a function of several things including age, but also contextual influences such as the impact of COVID-19. The high rates of feelings of isolation and lack of companionship demonstrate a need for engagement among Jewish seniors. Funding should be made available to programs and services that are focused on activities that result in increased interactions with other people. Some examples that that were endorsed by participants included: 1) desire for pastoral counseling; 2) group meals; and 3) educational activities focused on topics of art, culture, and politics.

Third, while addressing issues of mental well-being and loneliness are complex and take time, there were some needs that were specific and could be considered “low hanging fruit”. Providing support to access tangible necessities would be beneficial to many Jewish seniors (particularly those that are older). The most immediate needs included things like eyeglasses, hearing aids, and dental care. Additionally, providing tech/IT support (not the actual equipment) to help ensure people are able to connect to virtual opportunities would benefit those who are more isolated or have mobility/transportation issues.

Lastly, supporting seniors who themselves are providing care to others is key in helping them to successfully age. Research has shown that when acting in a caretaking role, individuals put their own health and personal needs secondary. Given the high proportion of those who indicated they were helping with day-to-day activities for someone else, it is necessary to provide services that can facilitate this and ease the burden on the caretaker.

This concludes the recommendations section of the report.

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APPENDICES

Appendix A: Survey Instrument

THANK YOU FOR AGREEING TO COMPLETE THE SURVEY. BELOW ARE INFORMATION AND INSTRUCTIONS FOR THE SURVEY

PURPOSE OF THE SURVEY

This survey is intended to collect information about current needs and perceived future needs among senior members of the Jewish Community. This will provide the Foundation's Senior Advisory Grant Endowment (SAGE) Committee with data that will determine where there are unmet needs among our seniors.

You and other Jewish seniors are being asked to provide the information to ensure we have good data that will help to develop a picture of the gaps in services that Jewish seniors may be experiencing.

DISCLOSURE

Your answers may assist the Foundation's Senior Advisory Grant Endowment (SAGE) Committee. Based on information received from you and others, the SAGE Committee, will be recommending grants to social service agencies that assist with addressing needs identified in the surveys. The survey is for data collection. It is not intended to set expectations of services to be provided.

ELIGIBILITY

Who is eligible to complete the survey?

Jewish adults 60 years and older and their 60 and older family members including those who may not be Jewish but live in their household or are under their care.

Please ensure that each eligible person completes their own survey. One survey per individual.

Feel free to circulate among eligible family and friends and encourage them to complete their own survey.

If You Need Assistance With the Survey

Should you need assistance with completing a survey contact 717-409-8220 Option #4.

Assisting Others to Complete a Survey

You may assist others who are eligible and need technology or other assistance due to impairments, to complete a survey with their input and using their answers to the questions.

Please Complete the Survey to the End

Please complete the entire survey as your replies will offer valuable information needed to guide the SAGE Committee.

What if I Need to Stop in the Middle of the Survey?

You may stop and take a break as long as you **"Do Not"** close the survey or shut down your computer. As long as you keep the survey open you will be able to resume after taking a break without losing your answers already completed.

May I Skip Questions?

We request that you complete the entire survey. However, feel free to skip questions that you are unable to answer.

How Long Should it Take?

Based on actual timed tests, it will take between 15 - 30 minutes.

What Do I Do With My Completed Survey?

The survey is available in both paper and electronic form. Completing it on a computer, using the link at <http://src.survey.psu.edu/JCF/CPA> is the most efficient way but data from all paper surveys will be hand-entered, as we want to reach all seniors. It is very helpful if you would like to volunteer to help other seniors complete the survey, but please do not submit a written survey if it is entered online.

If you are completing a paper copy please drop off the completed survey at your synagogue or in the JCC lobby. Paper surveys can also be mailed to: Jewish Community Foundation, 3211 N. Front Street, Harrisburg, PA 17110.

If you are completing the survey online, it will be automatically submitted and you will receive a message on the screen saying the survey has been completed.

***THANK YOU FOR TAKING TIME TO COMPLETE THE SURVEY.
YOUR TIME AND EFFORTS ARE TRULY APPRECIATED.***

Today's Date: _____

First we are going to ask you some questions that will have you describe yourself

1) In what zip code do you currently live? _____

2) What is your age? _____

3) What is your gender?

Male

Female

Other _____

Prefer not to answer

4) What is your current marital status?

- Single
- Married
- Divorced
- Legally Separated
- Widowed
- Other _____
- Prefer not to answer

5) Do you identify as Jewish?

- Yes
- No
- Prefer not to answer

If you answered "yes" to Question 5 please answer Question 5a

5a) Which specific type of religious affiliation do you identify most with?

- Reform
- Conservative
- Orthodox
- Reconstructionist
- Secular
- Other _____

If you answered "no" to Question 5 please answer Question 5b

5b) Does anyone else in your home identify as Jewish (e.g. spouse, children, etc.)?

- Yes
- No
- Prefer not to answer

6) Are you a Veteran?

- Yes
- No
- Prefer not to answer

If you answered "yes" to being a Veteran please answer 6a. If no, then Skip to Question 7

6a) Are you currently receiving Veteran's benefits?

- Yes
- No
- Don't know
- Prefer not to answer

7) Based on the table below, is your TOTAL gross monthly income less than the amount shown? (Including social security/disability, investments, pensions, and any other sources)

- Yes
- No
- Don't know
- Prefer not to answer

Household Size	Gross monthly income
1	\$1,473
2	\$1,984
3	\$2,495
4	\$3,007

8) Do you currently have any type of health insurance (e.g. private, Medicare, Medicaid, etc.)?

- Yes
- No
- Don't know
- Prefer not to answer

If you answered "yes" to Question 8 please answer Question 8a. If "no" skip to Question 9

8a) Would you say that your health insurance is affordable?

- Yes
- No
- Don't know
- Prefer not to answer

9) Would you say that your health insurance is adequate to meet your needs?

- Yes
- No
- Don't know
- Prefer not to answer

If you answered "no" to Question 9 please answer Question 9a. If not, please skip to Question 10

9a) Do you need help getting access to health insurance?

- Yes
- No
- Don't know
- Prefer not to answer

10) Are you having trouble paying for any of the following? (check all that apply)

- Doctor's visits
- Medical tests (e.g. bloodwork, screenings, MRIs, x-ray's, etc.)
- Prescriptions
- Dental care
- Glasses
- Hearing aids
- PT devices (e.g. walker, wheelchair, etc.)
- Mental Health Services
- Other _____
- Not having trouble paying for services
- Prefer not to answer

11) Do you need a "health advocate" (a person who would help you find health care professionals that meet your medical needs and to fight to help you get the medical care you need)?

- Yes
- No
- Don't know
- Prefer not to answer

12) Which, if any, of the following benefits do you currently receive? (check all that apply)

- Food Stamps
- LIHEAP (Assistance with Energy Bills)
- Medicaid
- PACE (Assistance with medication costs)
- Section 8
- Subsidized Transit
- Tax and Rent Rebates
- Weatherization
- No public benefits
- Other _____

13) Are you currently without housing?

- Yes
- No
- Prefer not to answer

If "yes" to Question 13 please answer 13a. If "no" skip to Question 14

13a) Which best describes the reason for your current housing situation?

- Cannot afford housing
- Evicted
- Housing not available
- Voluntary
- Other _____
- Prefer not to answer

14) Which of the following best describes the type of place you currently live?

- Home or apartment without supportive services (e.g. home-health aid)
- Home or apartment with supportive services
- Relative's Home
- Assisted Living
- Nursing Home
- Personal Care Home
- Specialized Rehab/Rehab Facility
- Other _____
- Prefer not to answer

15) Which of the following best describes who currently lives with you?

- I live alone
- I live with my spouse/significant other only
- I live with my child(ren) or other family member(s)
- I live with an aide(s)
- I live with friend(s)/roommate(s)
- Other _____
- Prefer not to answer

16) Are you currently assisting another adult who needs help with day to day activities because of age or disability?

- Yes
- No
- Prefer not to answer

If "yes" to Question 16, please answer Question 16a-d. If "no", skip to

Question 17.

16a) What is this person's relationship to you?

- Spouse
- Parent
- Child or Grandchild
- Friend
- Other _____

16b) On average how many hours per week do you typically spend caring for this person? _____

16c) How much of a financial strain is it on you to provide help to this person?

- No strain
- Some strain
- A lot of strain

16d) How much of a mental or emotional strain is it on you to provide help to this person?

- No strain
- Some strain
- A lot of strain

In the next set of questions, we would like to ask about your health, well-being, and eating habits

17) Would you say that in general your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Prefer not to answer

18) Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? _____

19) Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? _____

20) During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? _____

21) In the past 7 days:

	Never	Rarely (once)	Sometimes (2-3 times)	Often (once a day)	Very often (several times per day)
I have read something several times to understand it					
My thinking was slow					
I had to work really hard to pay attention or I would make a mistake					
I had trouble concentrating					

22) Do you have a special diet for medical or religious/cultural reasons?

- Yes
- No
- Prefer not to answer

If you answered "yes" to Question 22 please answer Question 22a. It "no" please skip to Question 23

22a) What is the special diet? _____

23) Which of the following best describes your needs for Kosher meals?

- I do not have any Kosher/non-kosher restrictions
- All food must be strictly Kosher (Glatt Kosher) and prepared in a supervised kitchen.
- Meals made from only Kosher food would be acceptable, even if prepared in an unsupervised kitchen
- I would eat some non-Kosher foods, but all meat must be Kosher
- I eat Kosher-style, but do not require meat to be Kosher or every packaged food to have Kosher certification

- Other _____
- Prefer not to answer

24) Do you have enough money to buy the food you need?

- Yes
- No
- Prefer not to answer

25) Do you currently participate in any group senior meals?

- Yes
- No
- Don't know
- Prefer not to answer

If you answered "yes" to Question 25, please answer Question 25a. If you answered "no" please skip to Question 26

25a) Are these meals provided through a Jewish Community Center?

- Yes
- No
- Don't know
- Prefer not to answer

If you answered "no" to Question 25a, please answer Question 25b. If you answered "yes" please skip to Question 26

25b) Where do you receive these meals?

26) Do you currently receive home-delivered meals?

- Yes
- No
- Don't know
- Prefer not to answer

We are interested in learning more about your experiences, specifically as it relates to being Jewish

27) Do you belong to a synagogue?

- Yes
- No
- Prefer not to answer

28) On average, how often to you attend synagogue or other Jewish events IN PERSON?

- Daily
- Weekly
- Monthly
- Only holidays
- Not interested in attending
- Prefer not to answer

If you answered "daily" to Question 28, please skip to Question 29. If not, please answer Question 28a.

28a) What are some of the reasons you don't attend synagogue or other Jewish events more often? (check all that apply)

- Financial (dues)
- Transportation
- Hearing issues
- Vision Issues
- Health concerns
- Mobility issues
- Don't want to go alone
- Too many other obligations
- Not interested
- Other _____

29) On average, how often do you attend synagogue or other Jewish events via livestream or ZOOM?

- Daily
- Weekly
- Monthly
- Only holidays
- Not interested in attending
- Prefer not to answer

30) Would you find it valuable to have pastoral counseling available?

- Yes
- No
- Don't know
- Prefer not to answer

31) If you were to participate in educational activities, which of the following topics would be of interest? (check all that apply)

- Book reviews or news discussions
- Art classes
- Music programs
- Discussions on specific art topics
- Museum visits
- Concerts
- Jewish study
- Playing of instruments or taking music lessons
- Environmental concerns
- Cultural themed discussion
- Political
- Computer skills
- Preventing scams/fraud
- Cooking classes
- Budgeting
- Understanding investment strategies
- Traveling safely
- Other _____

32) In general, did you prefer to attend events in-person or on zoom?

- I prefer in-person events
- I prefer zoom events
- I prefer them both equally
- I don't know
- Prefer not to answer

33) Do you have easy access and ability to use a computer, phone, or tablet to attend online events?

- Yes
- No
- Don't know
- Prefer not to answer

If you answered "no" or "don't know" to Question 33 please answer Question 33a. If you answered "yes" please skip to Question 34.

33a) Would you be interested in getting help so you can participate in Jewish events online?

- Yes
- No

If you answered “yes” to Question 33a please answer Question 33b. If you answered “no” please skip to Question 34.

33b) Which would of the following would you need help with?

(check all that apply)

- Internet access
- Equipment (computer or smart-tablet)
- Help with using technology

34) How often do you feel that you lack companionship?

- Never
- Hardly ever
- Some of the time
- Often
- Prefer not to answer

35) How often do you feel isolated from others?

- Never
- Hardly ever
- Some of the time
- Often
- Prefer not to answer

36) How much do you agree or disagree with each of the following:

	Strongly disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Strongly agree
I would like more socialization with people of similar interests					
If it were easy to attend, I would attend lunch/program events					
I would be interested in hearing speakers, taking courses, and/or leading					

discussions in educational programs by zoom					
---	--	--	--	--	--

At different times in our lives our needs can vary and we may require more or less help with certain things. This next set of questions will be focused on areas of life that often require assistance.

37) Thinking about your life TODAY how much of a need do you have for assistance with each of the following:

	No need	Some need	Significant need	Does not apply to me
Transportation to medical appointments				
Transportation to social appointments (e.g., Hair, coffee dates, etc.)				
Transportation for errands (e.g., food shopping)				
Shopping				
Dealing with forms and paperwork				
Using computers and other technology				
Applying for financial help				
Obtaining legal help				
Making medical appointments				
Obtaining medical supplies				
Filling prescriptions				
Personal care				
Identifying individuals that are trustworthy to do work in the home				
Meeting physical health needs (including hearing, vision, and dental)				
Meeting mental health needs				
Making home more accessible (e.g., grab bars, ramps, etc.)				

Minor home repairs or upkeep (e.g., lawn maintenance, shoveling, etc.)				
Managing utilities, insurance, and other home expenses				
Home cleaning services				
Attending religious services				

38) Are you familiar with the services provided by agencies such as the Area Agencies on Aging?

- Yes
- No
- Don't know
- Prefer not to answer

39) Would you find it valuable to have assistance connecting with these agencies and other services?

- Yes
- No
- Don't know
- Prefer not to answer

The following questions are meant to understand how people feel safe, both in their homes and in the community

40) Do you feel safe in the community which you live?

- Yes
- No
- I don't know
- Prefer not to answer

41) Do you feel safe attending Jewish community events?

- Yes
- No
- I don't know
- Prefer not to answer

42) Do you have concerns about any of the following:

	Yes	No	Don't know
Fear of burglary			
Fear of theft from someone you know			

Fear of being scammed (e.g., mail offers, internet offers, phone callers, etc.).			
Verbal abuse by family members			
Verbal abuse by others			
Physical abuse by family members			
Physical abuse by others			
Fear of falling down			
Fear of having an accident			

43) Do you have a “emergency alert” system or any type of fall alert system if you have an emergency?

- Yes
- No
- Prefer not to answer

If you answered “no” to Question 43 please answer 43a. If you answered “yes” skip to Question 44.

43a) Do you think you would benefit from having a first emergency system?

- Yes
- No
- Prefer not to answer

44) Do you need assistance obtaining or installing smoke detector(s), carbon monoxide detectors and other safety devices like fire extinguishers in your home?

- Yes
- No
- Prefer not to answer

45) Do you have someone you can count on as an emergency contact?

- Yes
- No
- Prefer not to answer

These last 3 questions will be very helpful for organizations to understand where best to focus resources that are most needed for community members

46) How concerned are you that you will run out of financial resources before end-of-life?

- Not at all concerned
- Somewhat concerned
- Very concerned
- Don't know
- Prefer not to answer

47) Which of the following best describes the amount of ADDITIONAL resources you believe you will need to stay in your own home as you age?

- Less than \$100 per month
- Between \$100 and \$500 per month
- Between \$500 and \$1000 per month
- More than \$1000 per month
- I don't know
- I won't need any additional resources
- Prefer not to answer

48) How long do you anticipate it will be until you need financial assistance for each of the following:

	Within 1 year	1-5 years	5-10 years	More than 10 years	Never
Housing					
Groceries					
Utilities					
Medications					
Transportation					
Home repairs for safety/mobility concerns					
Hired assistance to remain in home as you age					

49) Finally, are there any specific things you would like to tell us that would be helpful to support you as you age confidently in your community?

We want to thank you sincerely for your time and for your responses.

Appendix B: Survey Recruitment Email

LET YOUR VOICE BE HEARD

History: The Jewish Community Foundation of Central PA is the fiduciary approved to ensure appropriate use of a fund created with the proceeds from the sale of the Jewish Home. The Foundation and former Jewish Home Board leadership created a committee whose mission is to ensure the new fund is utilized to provide for the needs of Jewish and other older adults in the Central PA region.

This committee is engaged in a process to identify the needs of Jewish older adults in Central PA. To do so, the Foundation has hired an external evaluator, Dr. Joshua Rosenberger from Penn State, to conduct a professional needs assessment.

Request for Your Assistance: We can only learn of the needs of Jewish and other older adults with your help. If you are an older Jewish or other adult, please complete the ANONYMOUS survey, tell us about your needs, and complete it through to the end. Encourage others to do so too. Send it to your friends and neighbors as well. As described below, we are also asking for your assistance in helping older adults who cannot complete the survey themselves to complete the survey.

Why Complete the Survey? Results will help us to know YOUR true current needs and those of our friends and neighbors who may need assistance including transportation, socialization, health, home, medical, etc. needs.

Information from the surveys will be utilized to identify a variety of needs. Our Committee's goal is to improve the quality of life for our older adults.

Thanks to the answers YOU provide and other data, the committee will develop priorities designed to guide its grant processes. Processes such as strategically providing grants to nonprofits like Jewish Family Service, to meet critical immediate needs and to support programs/services with maximum and long-term impacts for seniors.

Next Steps to Help: First complete a survey about yourself. The survey will take approximately 15-25 minutes.

If you need assistance, follow the instructions included with the survey and call the number provided or ask a trusted friend or relative.

Assist Others to Complete Surveys: PLEASE consider assisting other older adults you know who may need help to complete the survey.

If you are taking care of others, please assist them with completing their survey that will include their replies about their needs.

Ensure your voice is heard!

Remember, please complete the survey to the end and complete it today!

**The time you invest with your replies will help us to provide
a better quality of life for you and our older friends and neighbors!**

**The survey can be accessed electronically at
<http://src.survey.psu.edu/JCF/CPA>**

Or by scanning the QR code below



**For a paper copy of
the survey please call
717-409-8220
Option #3**

OVER 60? JEWISH?

**WE ARE CONDUCTING A SURVEY TO
COLLECT INFORMATION ABOUT
THE CURRENT AND FUTURE NEEDS
AMONG SENIOR MEMBERS OF
THE JEWISH COMMUNITY**

**TO LEARN MORE AND PARTICIPATE GO TO
[HTTP://SRC.SURVEY.PSU.EDU/JCF/CPA](http://src.survey.psu.edu/jcf/cpa)
OR
SCAN THE QR CODE BELOW**



**FOR A PAPER COPY OF
THE SURVEY PLEASE CALL
717-409-8220
OPTION #3**

OVER 60? JEWISH?

TAKE A SURVEY ABOUT THE NEEDS OF SENIORS
IN THE JEWISH COMMUNITY

TO LEARN MORE AND PARTICIPATE GO TO
[HTTP://SRC.SURVEY.PSU.EDU/JCF/CPA](http://src.survey.psu.edu/jcf/cpa)

OR

SCAN THE QR CODE BELOW



FOR A PAPER COPY OF
THE SURVEY PLEASE CALL
717-409-8220
OPTION #3

