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Chronic Health Challenges and American Jewish Communal Service Agencies  
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One of the most pressing issues facing the American Jewish community is the dramatic increase in chronic health challenges. Today 133 million people - almost half of all Americans - live with a chronic condition. The American Jewish community includes a significant percentage of elders, who are more likely to have chronic illnesses. The prevalence of such illness as well as significant changes in the social organization of health care and erosions of the social safety net in America leave many struggling on their own. In this new environment, some with chronic health challenges and their family and kin-like friends seek assistance - instrumental help with daily living; social or emotional support; or spiritual nourishment - from their religious and ethnic communities.

Chronic conditions - ones that last at least a year - vary in severity of symptoms; in the extent to which symptoms can be controlled; and in their effect on the quality of daily life. Some conditions - such as arthritis - are not life threatening, but can be especially debilitating. Some conditions involve only episodic problems that can emerge unpredictably, especially early on. Some involve symptoms that can be disruptive to the person and the family circle, but which seem invisible to others. Because of their duration, chronic conditions tend to take a greater toll on individuals and their kin, who in turn, express greater need for service.

Jewish communal agencies, especially family agencies and community centers, have long dealt with issues of illness as part of their service to individuals and families in need. For a variety of reasons, many Jews turn to communal agencies when they face health challenges, especially chronic ones. Some feel that Jewish services are superior to other services; some feel a sense of "entitlement" because of years of giving to the federated campaigns that some see as a social welfare system for the Jewish community; and some feel more comfortable in a Jewish environment.

For agencies, the increasing demands made by the growing numbers of persons with chronic illness represent new challenges, such as the costs of such service, including the need for staff with the specialized skills to provide appropriate care. Also, agencies grapple with their relationships to organizations and funding streams external to the Jewish community, whether governmental or public not-for-profits. Governmental funding can involve complex regulations, which might vary not only state-to-state, but even within state, from county to county. Accepting such public funds may require compromises in order to provide appropriate services to Jewish families in need.

Other institutions in the Jewish community, such as synagogues, are becoming increasingly involved in health issues. Most of the liturgical resources - prayers and ritual - and the social supports, such as *bikkur holim* or *gemilut hesed* groups and "caring committees," available in American synagogues developed during periods characterized by acute illness. Although communities and *bikkur holim* groups mobilize effectively for short-term crises, they are vulnerable to fatigue and frustration in serving an increasing number of individuals living with serious chronic illnesses - especially those with an unpredictable illness trajectory. Because of the special experiences associated with chronic illness, challenges are emerging in the use of traditional prayers for healing. Some prayer communities are now grappling questions of how long to recite *mi sheberakh* prayers for someone? Should a community leader seek consent for prayer and periodically monitor the situation? What types of health conditions warrant such prayers? Does an individual whose cancer is in remission consider herself "cured" or does she see herself as in need of healing prayers during decades of post-treatment living? What happens when a communal prayer list becomes so long that the community can't bear the reminder of their frailty? Even the language that we use to discuss illness and to offer healing wishes - a *refuah shleimah* - *refuat hanefesh*, *refuat haguf* - may not reflect the nuances of the experience of chronic health challenges.

Some of those struggling with chronic health challenges have been seeking ritual to acknowledge and to provide support for their experiences. Some individuals are now going through previously uncharted phases

in illness or stages in treatment, including prolonged and repetitive treatment, and prolonged monitoring. They are seeking help in commemorating significant touchstones and transitions, such as ending treatment or anniversaries of a transplant or of having entered into remission. They can also provide insights and wisdom to help care providers – lay or professional, clergy or others – to understand the special needs of those with chronic health challenges. These insights would be helpful learning for those developing or implementing services.

Amid increasing demands for service, some best practices are emerging. These include collaboration among Jewish agencies (including synagogues); collaboration with agencies of other ethnic or faith traditions; and using leverage to access support from local and national public programs. Over the past 15 years, at least 30 healing centers have been organized in the U.S. Although they vary in modes of organization, many are located within Jewish Family Services. Many reflect collaboration across agencies. In Philadelphia, the Joan Grossman Center for Chaplaincy and Healing, is located within the Jewish Family and Children's Service. This arrangement enhances the opportunities for multi-disciplinary teamwork. Rabbis and chaplains work with social workers, allowing for more differentiation of role; easing the work of the professionals; and enhancing the range of services available. The Jewish Healing Network of Chicago provides a promising model of intra-agency collaboration of agencies, including the Council for Jewish Elderly and the Chicago Board of Rabbis (reflecting area synagogues). Because there is a central entry point for individuals facing health challenges, efforts are coordinated and more effective. Unaffiliated Jews are more likely to learn of the variety of services. Some of those whose connection to the Jewish community is not primarily religious or those who are disconnected from the Jewish community might find themselves appreciated the services of a community chaplain, or they might discover that the support group that interests them meets in a synagogue or a JCC, and they might be drawn into other activities sponsored by Jewish groups.

Congregational nursing – a model of promoting health within a faith community that began within Christian contexts – is a promising approach for Jewish communities. One innovative example is Project SHIN (which stands for Spiritual Healing Integrating Nursing). Spearheaded by a nurse, Karin Frank, this project developed through collaboration between the Jewish Health and Healing Center of the JCC of MetroWest, New Jersey, local synagogues and Jewish senior center programs. The project, which is targeted to elders, includes office visits (in a JCC-based office), educational programs, home visits, hospital visits, and counseling. It has affected not only the elder clients, but also the congregations and JCCs involved in the project.

The increasing prevalence of chronic illness is one of many demands for support from American Jewish communal funds. In this environment, creativity and strategic thinking can enhance the chances for communal funding and for long-range effectiveness. Programs that link multiple goals are particularly valuable. For example, Dorot, an intergenerational program involving volunteers, professionals, and elders, enables young people intensify their Jewish identity while providing socialization and support for Jewish and other elders.

In the years ahead, chronic diseases are projected to be far more prevalent, affecting a larger percentage of the population. The ripples affect individuals, family and kin groups, and beyond, will challenge all parts of the Jewish and general communities. Paying careful attention to the needs within their own communities, Jewish communal lay leaders and professionals will develop new models, which are likely to make use of some of these promising models for coordinating services, for linking with other communities, and for drawing upon the insights and resources of those experiencing chronic health challenges.