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COMMUNITY CENTERS AND THE ELDERLY: AN AMERICAN AND ISRAELI COMPARISON

discussion paper

Howard Litwin

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COMMUNITY CENTERS AND THE ELDERLY: AN AMERICAN AND ISRAELI COMPARISON

Howard Litwin

Jerusalem June, 1985

Abstract

Programs and services for the elderly are a staple of many community centers in both Israel and North America. This study compared the structure and content of these programs, based on a study of 60 centers in Israel and a pilot study of seven centers in North America.

This study stretches beyond the traditional models of senior center programs, which suggest a division between participatory activity for the functionally independent elderly and social services for the impaired; it presents a three-part paradigm for community center programming for the elderly which includes the following three models:

1. Social and cultural activity of a participatory-recreational nature.
2. Community action, or informal multi-generational support by community volunteers.
3. Specialized services in a social agency format.

The study first compares the contexts in which the two groups of community center programs operate, and then it comparatively analyzes program content using the above criteria.

The Israeli centers were found to have higher rates of regular participation (despite higher absolute numbers of participants in the American centers, due to larger catchment areas). The American centers were found to employ workers with higher degrees of gerontological training and to be more independent of government and community services than were their Israeli counterparts; and most American respondents were found to view the programs for the elderly to be of lower status than programs for other age groups, while only a minority

of the Israeli respondents expressed this view.

The samples were found to resemble each other, however, in other ways. Both reported only a moderate degree of age integration in their programming, but, almost equally, a desire to increase the number of age-integrated offerings in the program menu. Coordinators of programs for the elderly were seen as having the strongest influence on programming among center staff in both samples, and lack of adequate financial resources was considered by both to be the biggest obstacle to program development.

In terms of program content, activities of a social and cultural nature were found to be the most developed of the activity areas in both samples and were considered by staff to constitute the most important contribution made by programs in meeting the needs of the elderly. For the Israeli sample and half of the American sample, community action (including volunteer projects on behalf of the elderly in the community) were ranked second in scope. The other half of the American sample ranked specialized services (such as sheltered employment and counseling) as second in scope. Health services were found to be much more common to American than to Israeli centers, probably due to differing organizational relationships with health institutions.

The findings regarding volunteer programs are discussed in light of the growing demand for services and the increasing likelihood of budget cuts. Although the Israelis now seem to place more emphasis than do the Americans on community volunteer efforts on behalf of the elderly, both will have to consider the role of the voluntary action more seriously in the future.

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Introduction

Programs and services for the elderly are a staple of many community centers in both Israel and North America. This study compared the structure and content of these programs, based on a national study of 60 matnassim[1] in Israel (Litwin, 1985) and a pilot study of seven centers in North America. Despite their distinctive national contexts and varied traditions of community center work, programs for the aged in Israel and America were found to be quite similar. Nevertheless, a number of differences also emerged. This article presents selected findings from the two studies and considers their implications for service programming for the aged in community centers.

Inquiry into the structure and character of programs for the elderly raises a number of theoretical questions, the resolution of which helps to shape the menu of program offerings:

- Should activities and services for the elderly be seen as an integral part of overall community center programming, that is, as one additional group served in an age-integrated structure? Conversely, should programs for older adults be viewed as a separate service which specializes in meeting needs unique to the elderly?
- Are these programs to be considered a universal community service for all older people, or principally a specialized social service for aged persons with special needs?
- Should program services focus on physically healthy consumers, or on those with disabilities (Lowy, 1974)?

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[1] The Hebrew acronyms "matnas/matnasim" will be used interchangeably in this paper with their English equivalents: community center/s.

- What do the elderly seek from communal service? Is their involvement generally social and recreational, with the aim of enhancing their life satisfaction, as activity theory would posit (Cath, 1975)? Or rather, do they seek a comprehensive service agency that gradually meets the needs of older people who are progressively disengaging from their previous social responsibilities (Cumming, 1975)?

These questions about the form, purpose, and nature of programming for senior centers, as reflected in the literature, seem to present a dichotomous choice. As summarized by Taeitz (1976), the program for seniors may be seen primarily as an arena for social participation- presumably for functionally independent elderly- or as a social agency aimed at meeting the needs of the frail, the impaired, and the disengaged. These two views not only differentiate between service models by program focus; they also hint at a differentiation between elderly participants by their functional capacity.

The Israeli experience regarding community center programs for the aged suggests that programmers may not necessarily base their menu of offerings on this theoretical dichotomy. A third model of programming, suggested by this study, may exist separately from the participatory recreational and social agency formats, or in addition to them. It is based upon multi-generational community volunteering: the elderly aid both each other and other age groups in the locality, and they are aided and supported in turn by community volunteers. This three-part paradigm for programming supercedes the dichotomy by functional capacity. Each of the three programming models raised in

this study- social and cultural activity, community action, and specialized services - may address a range of needs of both healthy and frail aged.

Methodology

The study of Israeli programs for the aged took place in 1983-1984. Data was collected by means of a standardized survey questionnaire and field observation. Executive directors and senior staff of community centers and coordinators of programs for the elderly were queried on a range of items, including an inventory of activities offered, demographic data on participants, characteristics of the program staff and evaluation of program emphasis and function.

The study encompassed all centers with direct administrative responsibility for hosting programs for the elderly, sixty in number, or about half of all local units associated with the Israel Association of Community Centers. The Israeli sample was thus universal. The study was sponsored by the Israel Association of Community Centers, the Brookdale Institute of Gerontology and Adult Human Development in Israel, and Joint-Israel. A full report of the findings was recently published by the Brookdale Institute (Litwin, 1985).

An English translation of the Israeli questionnaires was administered to a sample of American Jewish community centers in the summer of 1984. Six centers in Florida, New York, and New Jersey, and a seventh, a French-speaking program in Montreal, were contacted. The site selection was based primarily on a pre-determined travel schedule, and while the sample does not fully represent all American Jewish community centers, it nevertheless reflects a range of program

types, functional levels, and communities. This pilot study is instructive, therefore, insofar as it identifies areas for further investigation of program services on behalf of the Jewish elderly in America.

A Comparison of Program Context

A glance at selected aspects of programs for the aged in Israeli and American community centers (Table 1) reveals that the latter group has a longer tradition and operates with a considerably larger absolute membership base. The American centers reported a median annual participation rate ten times larger than that of their Israeli counterparts, partially reflecting the larger catchment areas in the U.S. Proportionately, however, twice as many of the Israeli participants attend programs on a regular basis. Israeli centers report a slightly higher proportion of men among their participants. Similar rates are reported for participation of the old-old - about a fifth of the participants in both countries are age 75 or older.

Center directors and senior staff were asked to rank the degree of age segregation of their programs for the elderly on a scale of one to ten, where a low score indicated a great degree of age integration and a high score reflected a greater degree of separation between facilities and activities for the aged and those for participants of other ages. Both the Israelis and the Americans reported a considerable degree of separation, the latter to a somewhat higher degree. When asked to prescribe the desired degree of age-integration for their centers, the two groups of respondents yielded almost identical ratings which reflected a nearly equal balance between multi-generational activities and age-specific services for the

Table 1: Longevity, Participation Rates, and Age Integration of Israeli and American Community Center Programs for the Aged

	Israel (N=60)		U.S.-Canada (N=7)	
	Average	Median	Average	Median
Years program has functioned	5.4	5	8.1	10
Total annual participation	280	150	1785	1500
Percentage of participants who:				
attend regularly	50	47	42	25
are men	33	31	22	20
are age 75 and over	23	20	28	20
Degree of program age segregation/integration[a]	7.0	-	8.4	-
Desired degree of program age segregation/integration[a]	5.4	-	5.8	-

[a] Rated by directors and senior staff on a scale of 1 to 10, where a score of one reflected age integration in all activities and services, a score of five reflected an equal balance between age-integrated and age-specific services for the elderly, and a score of ten reflected complete age segregation for all activities and programs for the aged.

elderly.

The strongest influence on programs in both countries was reported to be the coordinator of the program or department for the elderly (Table 2). Both groups also indicated that the executive director of the center and the elderly participants of the program had considerable influence in shaping the direction of the program. In Israel, the executive director was seen to be relatively more influential than the participants, while in America the opposite view was expressed.

The relatively greater influence of elderly participants in the American sample is further reflected in the fact that a council of the elderly operates in almost three-quarters of the centers (71.3 percent). The Israeli sample reported a council of the elderly in less than half the centers (43.3 percent). Assuming that influence is best expressed through organized action, the predominance of such self-governing groups of elderly in American Jewish community centers allows for greater influence in shaping program content.

An important difference arising from national context is evident in the reported degree of influence by the local welfare department and the municipalities in shaping program content. In Israel, these governmental bodies were judged to have moderate influence; in America, these same bodies were considered to be the least influential. The findings reflect the close interaction between community centers and statutory social services in Israel; in America, the community centers operate independently from government services.

Coordinators of programs for the elderly, cited in both countries as the most influential factor in shaping programs, were similar across the samples in their age and length of employment in the job,

Table 2: Factors that Influence the Structure and Content of Programs for the Aged[a]

Factors	Israel		U.S.-Canada	
	Average	Rank	Average	Rank
Program Coordinator	4.3	1	4.6	1
Community Center Director	3.9	2	3.3	3
Aged participants	3.6	3	4.0	2
Welfare Department	3.1	4	1.3	7
Municipality	2.9	5	1.3	7
Community Center Executive Board	2.3	6	2.3	4
Coordinators of other programs	2.2	7	1.4	6
Health services	1.7	8	1.5	5

[a] Influence was rated on a scale of one to five, where one represented no influence, three a moderate degree of influence, and five a great deal of influence.

but quite dissimilar in their educational background and conditions of employment. The median age of coordinators in Israel was 41 and 50 in America, although in both cases the ages ranged from mid-twenties to late fifties. The median length of employment in the job was four years for American coordinators and three years for the Israelis. A quarter of the latter group, however, had been employed for less than a year at the time of the survey.

The American coordinators reported a significantly higher level of educational training, with a median attainment level of a masters degree in social work and some gerontological training. Only a third of the coordinators of programs for the aged in Israeli community centers had academic degrees of any kind, the median being some amount of post-secondary schooling, usually in a teachers' training seminary. Moreover, two-thirds of the Israeli group were employed in half-time positions or less, while 85 percent of the American coordinators were employed full-time. All of the Americans (except for one, who was salaried by the area Federation) were salaried by the community center. Half the Israeli group, on the other hand, traced their salary source to agencies or funding schemes other than the community center: the welfare office, the municipality, the public housing company (AMIDAR) or Project Renewal.

The status of programs for the aged, relative to that of other age-based programs, was also rated by senior staff. More Americans than Israelis, proportionately, viewed their programs to be of lower status than other age-based programs in the community center (Table 3). Although this finding holds true for a minority of centers in both samples for most of the specific areas considered (i.e. space allocated, budget, and hours of operation), it is decisively expressed

Table 3: Percentage of Community Centers in Which Staff Perceived Programs for the Aged to be of Lower Status than Other Age-Based Programs, by Program Aspect

Program Aspects	Percentage of Staff	
	Israel	U.S.-Canada
Space allotted	15.0	33.3
Budget allocated	33.3	50.0
Hours of operation	28.3	33.3
Staffing	35.6	33.3
General evaluation	30.0	83.3

in the general evaluation. Eighty-three percent of the American programs for the elderly were considered by their coordinators, in general, to be of lower status than other age-based programs, while less than a third of the Israeli staff surveyed judged their programs to have lower status.

This subjective measure may suggest something about the overall resources that are available to community center programming. While it would seem that centers in the United States and Canada have greater resources than their Israeli counterparts, there is greater perceived imbalance in distribution of these resources to the aged. The Israeli community centers, on the other hand, with more limited resources, are perceived to distribute them more equitably among all participants.

A final point of comparison between the contexts of programs in Israel and America are the perceptions by community center staff of obstacles to the future development of programs and services for the elderly. Both the absolute scores and relative rankings of the obstacles mentioned indicate that lack of adequate financial resources was considered the most difficult problem in both countries (Table 4). Lack of response to the program by the elderly in the community was ranked second in difficulty in both study samples, although the Israeli respondents seemed to perceive this as somewhat more serious a problem. A major difference emerged regarding the question of trained staff. The Americans viewed the lack of trained staff to be among the least of their difficulties, as may be expected from the high level of training reported among coordinators. The Israelis identified the lack of appropriately trained staff as an obstacle of moderate difficulty, third in their ranking of obstacles to the future

Table 4: Obstacles to Future Program Development, as Perceived by Community Center Staff

	Israel		U.S.-Canada	
	Average Score[a]	Rank	Average Score	Rank
Lack of adequate financial resources	3.8	1	4.1	1
Lack of response to program among the aged	3.2	2	2.4	2
Lack of trained staff to work with the aged	3.0	3	1.6	5
Lack of information concerning needs of the local elderly	2.8	4	1.6	5
Lack of coordination between services at the local level	2.7	5	2.3	3
Lack of cooperation among community center staff	2.3	6	1.6	5
Lack of fit between existing program activity and social policy	2.1	7	2.0	4

[a] Rated on a scale of one to five, where a score of one indicated no difficulty, a score of three a moderate degree of difficulty, and a score of five a great deal of difficulty.

development of their programs for the aged.

In sum, programs for the aged in community centers in Israel differ from their American counterparts principally in that they serve smaller populations, employ workers with less gerontological training, and are more dependent upon other community services to maintain their programs. Similarities emerge, nevertheless, in terms of participant characteristics, in factors which shape program content, and in perceived obstacles to program expansion. Given these similarities and differences in context, what are the points of comparison and contrast between the programs themselves?

A Comparison of Program Content

Two methods of enquiry enabled us to trace the prime patterns of community center programming for the elderly. The first was to request directors and senior personnel to list the areas of need to which they think the programs best contribute. The second was to analyze program scope, based on an inventory of activities and services actually offered in each center. Together, these two areas of enquiry point to the dominant line of program development in community center programs for the aged.

When asked to list the specific areas (from a list of nine categories of need) in which their programs respond to the needs of the elderly, both American and Israeli community center personnel gave top ranking, on both absolute and relative scales, to providing cultural and social programs and responding to feelings of loneliness (Table 5). The other areas mentioned were somewhat similar in their absolute scores, but varied in their relative rankings. The second-ranked grouping of contributions by the Israelis was volunteering and

Table 5: Contribution of Programs for the Aged in Meeting the Needs of the Elderly, as Perceived by Community Center Staff

Program Aspects	Israel		U.S.-Canada	
	Average Score[a]	Rank	Average Score	Rank
Providing cultural and social programs	4.3	1	3.9	1
Responding to loneliness among the elderly	3.8	2	3.9	1
Organizing elderly on behalf of themselves	3.1	3	3.3	5
Organizing community to work for the elderly	3.1	3	2.4	7
Counseling on rights of elderly	3.0	5	2.7	6
Maintaining physical health of elderly	2.6	6	3.4	4
Organizing elderly to work in community	2.4	7	2.4	7
Improving mental health among elderly	2.1	8	3.7	3
Supplying paid employment opportunities	2.0	9	2.3	9

[a] Rated on a scale of one to five, where a score of one represented no contribution, three a moderate contribution, and five a great contribution.

community care activities; the Americans ranked their second greatest contribution as meeting health needs, both mental and physical. The greatest distinction between the two study samples with respect to specific need areas was, in fact, in the area of mental health; the Americans perceived their programs to have made a great contribution in improving the mental health of the elderly and the Israelis, a slight contribution only.

These differing contributions reflect, to some degree, the dissimilar views of the national samples with regard to health programming. The Israel Association of Community Centers has recently formulated guidelines that recommend limited involvement by community center programs for the aged in provision of health- related services, unless local health authorities (such as Kupat Holim clinics or family health stations) suggest such involvement, which they seldom do. The American Jewish community centers, with more inter-organizational autonomy, have chosen to become involved to a greater degree in health-related program services.

By dividing the list of nine need categories into three broad areas - social and recreational activity, community action and specialized services - we see that both sets of respondents considered their greatest contribution to be in the area of social and recreational programming. The Israelis ranked next their contribution in community action and, thirdly, in specialized services. The American respondents viewed these second and third rankings in reverse order.

In the second analysis, applied to program content, the three major groupings of programs - social and recreational activity, community action, and specialized services - were scaled as either

limited or comprehensive in scope. Scoring was based on the following criteria: the number of program participants, a rate of relative participation in each program or service area (which took into account the population of the catchment area), and the diversity of program content, as measured by differing activities or services. A profile of programming by scope of activity was then constructed on the basis of this inventory[2] (a more detailed discussion of the construction of the profile appears in the report of the Israeli study- Litwin, 1985).

The program areas of both countries that were judged to have reached comprehensive scope were compared (Table 6), and surprisingly, the distribution was almost identical. Half of each sample achieved comprehensive score in one of the three areas: in all but one of the community centers in Israel, and in all the American centers, this area was social and recreational activity. About 28 percent in each sample achieved comprehensive scope in two program areas. In Israel, these were, for the majority of centers, social and recreational activity and community action; the two American centers attaining wide scope in two areas were split, one reflecting the Israeli majority pattern and the other listing social and recreational activity and specialized services. A minority of programs in both samples achieved comprehensive scope in all three areas, and slightly fewer failed to achieve comprehensive scope in any of the programming areas (the detailed list of programming areas is presented in Table 6).

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2 The author thanks Danny Budowski for his assistance in developing the program profile.

Table 6: Number of Areas in Which Community Center Programs for the Aged have Achieved Comprehensive Scope[a]

Number of Areas in Which Centers Have Achieved Comprehensive Scope	Israel		U.S.-Canada	
	N	%	N	%
None	7	11.7	1	14.3
One	27	45.0	3	42.9
Two	17	28.3	2	28.6
Three	9	15.0	1	14.3
TOTAL	60	100.0	7	100.0

[a] The three areas measured were:

1. Social and Cultural Programming

   Open Recreational Activities: reading periodicals, listening to music, table games, birthday parties, other parties, Kabalat Shabbat, ethnic programs, film club.

   Structured Courses: arts and crafts, religion and tradition, education and knowledge, creativity, physical exercise.

   Special Activities: recreation camps, other camping, picnics, conventions, bazaars.

2. Community Action

   Elderly Working for Community: remedial teaching, road safety, grandparent in kindergarten, visits to other elderly, visits to the sick, assisting with army equipment, council of elderly, helping to run center programs.

   Community Volunteers for the Elderly: home repairs, visiting the sick, social house calls, aiding home-bound elderly, personal escorting, visiting elderly in old age institutions, distributing heating oil, helping elderly, club staff.

3. Specialized Services

   Medical Programs: preventive check-ups, psychogeriatrics, dental diagnosis and treatment, hearing diagnosis and treatment, physiotherapy, speech therapy, occupational therapy, chiropody.

   Sheltered Employment: in home, at community center, workshops, and other employment.

   Direct Aid: hot meals, laundry services, hairdresser, bussing, sheltered housing, housework.

   Counseling Aid: personal social services, group work, information and referral, police safety counseling.

Conclusions

Despite the various differences between community center programs for the aged in Israel and a sample of programs in America, the two groups share a dominant programmatic focus. Both reflect the centrality of social and cultural activity as a means of meeting the recreational and interactional needs of older adults. Community centers seem to have opted primarily for the model of social participation, as noted in the Introduction, in an effort to enhance the quality of life of their aging members.

A look at the programs in both samples reveals that models other than the recreation model, that is, a community action program of mutual voluntary aid or a program of specialized services, have been incorporated in less than half of the centers sponsoring programs for the elderly. Where these additional models have been instituted, furthermore, they tend to function alongside a social and cultural program base.

Since most Israeli and American community center programs for the aged have already achieved comprehensive scope in the participatory recreational area, the question before planners and programmers is whether to maintain the status quo or to expand into other areas of programming for the elderly, and if so, which ones. In addition, should increased inter-gernerational support through community action and volunteering be emphasized, or should centers develop specialized services in the manner of a social agency, or both?

A community action program requires considerable age-integrated contact. As the study revealed, multi-generational programming is currently limited, although staff in both samples expressed a desire to increase it. The Israelis seem to place greater emphasis than do

the Americans on developing community volunteer efforts for and by the elderly. Given the increasing numbers and needs of the elderly in the community, and the decreasing governmental support in financing social programs, centers in both settings should more seriously consider supporting informal, multi-generational programs.

While specialized services can be geared to meeting the needs of the functionally independent elderly, as well as to prevention, inclusion of this programming format would place greater emphasis on the frail and impaired than currently is the case. Can centers incorporate specialized services while maintaining activities for the functionally independent aged? Only about 15 percent of centers in both samples now offer the full range of recreational activity, volunteering, and specialized services. The notion of a continuum of activity and care which incorporates all programming modes for the elderly will require much more time to become a reality.

These questions need to be addressed by further experimentation with various modes of programming and their evaluation. As the number and proportion of elderly grow, the community center will be increasingly called upon to meet this population's expanding and changing needs. The resolution of the programmatic dilemmas brought to light in this study will increase the future capacity of community centers to relate in an effective manner to all the age groups they serve, including the very old.

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מרכזים קהילתיים וקשישים:
השוואה בין צפון אמריקה לישראל

דפי דיון

הווארד ליטווין

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גבעת-ג'וינט ת.ד. 13087, ירושלים 91130 J.D.C. HILL, P.O.B 13087, JERUSALEM 91130

המכון

הוא מכון ארצי למחקר, לניסוי ולחינוך בגרי נוסד
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מרכזים קהילתיים וקשישים: השוואה בין צפון אמריקה לישראל

הווארד ליטוין

ירושלים

יוני 1985

תקציר

תכניות ושירותים המיועדים לקשישים הינם ממפעליהם המרכזיים של מרכזים קהילתיים רבים, הן בישראל והן בצפון אמריקה. מחקר זה משווה את מבניהן ותוכנן של תוכניות מסוג זה במדגם של 60 מרכזים קהילתיים בישראל לעומת מדגם פיילוט של שבעה מרכזים בצפון אמריקה.

מעבר למודלים המקובלים של תכניות למרכזים קהילתיים, לפיהן קיימת הבחנה בין פעילויות המיועדות לקשישים המתפקדים היטב לבין שירותים חברתיים לקשישים מוגבלים, בודק מחקר זה שלושה מודלים של תכניות, המייצגים את התחומים הבאים:

1. פעילות חברתית ותרבותית, הנושאת אופי של בילוי זמן פנאי.
2. פעילות קהילתית, או תמיכה רב-דורית לא-פורמלית הניתנת ע"י מתנדבים מן הקהילה.
3. שרותים מיוחדים במתכונת של סוכנות סוציאלית.

תחילה נערכת השוואה בין המסגרת הכללית שבה פועלת כל אחת מן התכניות, ולאחר מכן נעשה ניתוח השוואתי בין התכנים של תכניות אלה, תוך שימוש באמות המידה שהוצגו לעיל.

נמצא שהשיעור היחסי של המשתתפים הקבועים בתכניות בישראל גבוה מזה שבצפון אמריקה. כמו כן נמצא כי המרכזים האמריקניים מעסיקים עובדים בעלי הכשרה גרונטולוגית ברמה גבוהה מזו של העובדים בישראל וכי הם עצמאיים יותר מבחינת הקשר עם שירותים ממשלתיים וקהילתיים מאשר המרכזים בישראל. בתחומים אחרים, לעומת זאת, נתגלה דמיון בין המדגמים. נמצא כי מקרב צוות המרכזים הקהילתיים בשני המדגמים, רכזי התכניות לקשישים הם בעלי ההשפעה הגדולה ביותר על עיצוב התכנית וכי בשתי הארצות נחשב המחסור באמצעים כספיים הולמים למכשול הגדול ביותר בפיתוח התכנית.

מן ההשוואה התכנית בין שני המדגמים עולה כי בשתי הארצות מתנהלת הפעילות התרבותית והחברתית בהיקף הרחב ביותר וכי זו נתפסת על ידי הצוותים כתרומה התרבותית החשובה ביותר למילוי צרכי הקשישים. היקף הפעילות

הקהילתית (כולל פרוייקטים התנדבותיים של עזרה לקשישים בקהילה) נמצא הן במדגם הישראלי והן במחצית המדגם האמריקני כשני בגודלו. הנשאלים במחצית השניה של המדגם האמריקני דרגו את התכניות המיוחדות, כגון תכניות של תעסוקה מוגנת ושירותי יעוץ, כשניות בגודלן. שירותי הבריאות התגלו כשכיחים הרבה יותר בקרב המרכזים הקהילתיים בצפון אמריקה מאשר בישראל, כפי הנראה עקב הבדלים באופי היחסים הארגוניים ביניהם לבין מוסדות הבריאות.

הממצאים שעלו במחקר על תכניות למתנדבים נבחנים במסגרת הדו"ח לאור מידת ההזדקקות ההולכת וגדלה ולאור הסתמנותם המתחזקת של קיצוצים תקציביים. אף כי נראה שבישראל מושם דגש חזק יותר על מאמצי התנדבות למען הקשישים בקהילה מאשר באמריקה, יצטרכו מפעילי התכניות בשתי הארצות גם יחד לשקול ביתר כובד ראש את תפקידו של הסקטור ההתנדבותי בפעילות למען הקשישים בעתיד.

תוכן העניינים

רשימת לוחות