
Increasing understanding of the factors influencing access to and utilization of services among Jewish individuals and families living in poverty in the St. Louis area

A report to the Jewish Federation of St. Louis
October, 2018

Elizabeth A. Baker, PhD, MPH
Keon L. Gilbert, DrPH, MA, MPA

Executive Summary

In-depth individual interviews and surveys were conducted with service providers (19) and individuals/families in the Jewish Community who have used services (10).

Providers indicated that the four factors that may influence consumers' use of services are cost, stigma, family obligations and transportation. They also indicated that that food, mental health and child-care services were the most utilized services. Elder care services were among those that were the least utilized.

Services that providers indicated were the most well-funded were continuing education, food and mental health services. Housing repair, substance use, and housing access were identified as the least well-funded. Providers also indicated that while all services could benefit from additional funding and resource allocation, food, elder care, child care, employment, and mental health services were most in need of additional funding.

Of the services we asked providers about, employment, childcare, housing repair, mental health, food and health care services were mentioned as being among the greatest needs. Some providers also indicated that there were some other needs that could be addressed for youth such as orthodontics, music, art, dance, and sports.

The average age of consumers who completed the questionnaire was 53, with a range of ages between 42 and 73. Fifty percent of participants described themselves as "unable to make ends meet," and the remaining half of participants described their household financial situation as "just managing to make ends meet." The participants were primarily female (87.5%). In terms of education, the majority of participants had an Associate degree or some college experience (66.67%). The majority of participants were reform (62.5%) with all other "denominations" being represented by 12.5% of respondents (orthodox, conservative, non-denominational and "Just Jewish"). The majority (75%) of participants indicated that being Jewish was very or somewhat important to them. While this sample does not represent the complete diversity of the Jewish population experiencing poverty in the St. Louis area, the qualitative and quantitative data provided does suggest some consistent concerns and present some compelling opportunities for improving services to enhance access and utilization.

Fifty percent or more of consumers indicated that the following were always, often, or sometimes a factor influencing utilization of services: cost, stigma, agency is Jewish affiliated, health status and transportation. When asked about how likely they were to use a variety of services, over a third of the consumers indicated that they were very likely to use the following: housing repair, employment, continuing education, mental health, food and health care. It should be noted that the need for some services may have been different in our sample than the overall population in need because of a variety of factors such as age distribution or children in the household.

The qualitative interviews with both providers and consumers identified a number of factors that were identified as influencing access to and utilization of services at the individual, social/cultural, organizational, interorganizational and environmental/contextual levels.

In terms of individual level factors those interviewed indicated that there is a lack of information about services provided and the eligibility requirements for using the services. They also indicated that there was a great deal of bureaucracy in accessing services. Respondents also indicated that consumers often do

not want to share personal information. There were concerns raised about stigma imposed by structures and individuals and embarrassment regarding use of services as well as fear about what happens if their use of services is discovered by others. There were concerns raised about stigma that they identified as being created by the structures of accessing care not only a function of individual beliefs.

In terms of social/cultural factors, concerns were expressed that some providers may not be sensitive to the unique needs of Jewish families and some articulated a lack of understanding of the different needs among denominations within the Jewish community. Those interviewed also expressed concerns that participating in Jewish communal life is expensive, putting families in a position where they need to request assistance but do not meet most eligibility requirements for services. It was also noted that the importance of the religious affiliation of the service agency or specific provider varies considerably and to a large extent depends on the types of services needed. In other words, religious affiliation is likely to matter more for things like food and mental health, and less for things like housing and car repair.

In terms of organizational factors, those interviewed voiced concerns about unclear criteria for utilization of services, as well as bureaucracy and restrictions on how resources can be used. Those interviewed also pointed to concerns about insufficient services, inconvenient hours of service, limited locations and service models. There were also concerns that the services provided within the Jewish community are inferior. In part, this was attributed to staff turnover, and staff not knowing about services within their own agencies.

In terms of interorganizational factors, those interviewed noted that Jewish agencies often don't refer individuals or families to each other. This was identified as being in part due to the fact that they are unaware of what other organizations offer. They also noted the significant problems caused by interagency silos. In particular those interviewed voiced the need for interagency agreements to ease the use of services, and the sharing of case information to reduce the burden on families. They also highlighted the need for Jewish and non-Jewish agencies to create ways to share information about services and work more collaboratively.

In considering contextual factors, the one issue that was noted repeatedly was challenges with transportation. Those interviewed also noted that there is a general need for additional services, particularly mental health services, home improvement, and necessities beyond food (e.g., toilet paper, toothpaste).

Based on our findings, there is not one single best approach for improving services to Jewish individuals and families living in poverty in the St. Louis area. Rather the most important changes may be different depending on the circumstance, the individual, and their denomination. However, both providers and consumers had some key, and consistent, recommendations. Some of these recommendations are the direct extension of challenges that were highlighted (e.g., people don't know about services), while others are strategies identified by those interviewed (e.g., tell people in the community about services through print media, social media, or in person). More specifically, the data suggest that in order to improve access to and utilization of services the Federation needs to 1) improve marketing/communication to increase awareness of and information about services, 2) establish formal networks and collaboration among service providers, 3) create opportunities for providing on-going, confidential feedback on how to improve services, and 4) create alternative service provision models.



Table of Contents

Background	Page 5
Putting the experience of poverty within St. Louis into a local and national context	Page 6
Factors influencing access to and utilization of services	Page 10
Opportunities for action and reflection	Page 19
Appendix: Survey instruments	Page 22



Background

One of the Jewish Federation's greatest priorities is to build a human service safety net to identify, monitor, and care for the most vulnerable and isolated members of the Jewish community. In 2014 the Federation conducted a study that found that poverty and hunger in the Jewish community was higher than anticipated, with 26% of the Jewish community in the St. Louis area considered poor or near poor. The study also found several barriers to service utilization among this population. Their subsequent Poverty Summit in February of 2016 found that there were many gaps to services including:

- Lack of knowledge about benefits and resources as well as access challenges – individuals do not know what programs are available from the Jewish, public and secular organizations, and may need assistance completing complicated application processes.
- Multiple points of entry with little coordination – there is no common information, intake, and referral system to access available resources. People in need have to seek assistance separately from numerous organizations, each with differing requirements and application requirements.
- Need for vocational retraining and other employment programs – individuals, especially Baby Boomers, have lost jobs or businesses and need help to identify and pursue alternate career paths.
- Perceived stigma of asking for help – individuals in the Jewish community are not used to asking for help and feel embarrassed or ashamed, especially if they consider themselves to be donors to charitable causes and not recipients of help.

This report presents the findings from a study that built on these initial findings. The study was conducted in the fall of 2016 and winter of 2017 and sought to:

- situate the experience of poverty within St. Louis into a local and national context,
- enhance understanding of factors influencing access to and utilization of services, and
- develop suggestions for specific changes to improve the services offered to Jewish individuals and families living in poverty in the St. Louis area.

Situating the experience of poverty within St. Louis into a local and national context

Methods

In order to describe poverty in the Jewish community, both locally and nationally, we reviewed data from the Berman Jewish Databank (a project of the Jewish Federations of North America, <http://www.jewishdatabank.org>), published reports,¹ and had discussions with Jewish Federations in other cities. Below we provide information on the demographic and geographic distribution of the Jewish poor. We synthesize the findings from local, STL based assessments with assessments conducted by other Jewish organizations including those in Chicago, IL; Cincinnati, OH; Cleveland, OH; and New York, NY.

Results

Based on data from Berman Jewish Databank the number of Jews in Missouri declined from 1971 (84,325) to 2015 (64,275) (<http://www.jewishdatabank.org>), with St. Louis being the only urban area in Missouri with more than 40,000 Jews (54,000).² For comparison sake it is worth noting the size of the Jewish population in each of the comparison communities (defined as Jewish Population of the Jewish Federation Service area or Combined Statistical Area depending on data available in 2015): Chicago, IL 291,800; Cincinnati, OH; Cleveland, OH 85,653 ; and New York, NY 1,538,000³.

¹ Jewish Policy & Action Research. 2014 St Louis Jewish Community Study.

2014 St Louis Jewish Community Study. Human Services: Poverty, Hunger, Social Services and Seniors. Presented April 20,2015.

Jewish Federation of St Louis. Poverty Summit Notes. February 10, 2016

Ukeles, JB (2012) A tale of four cities: Learning about Jewish Community. Presentation presented at the 2012 General Assembly in Baltimore, MD.

² Ira M. Sheskin and Arnold Dashefsky. "Jewish Population in the United States, 2015," in Arnold Dashefsky and Ira M. Sheskin. (Editors) The American Jewish Year Book, 2015, Volume 115 (2015) (Dordrecht: Springer) pp. 163-260.

³ Ira M. Sheskin and Arnold Dashefsky. "Jewish Population in the United States, 2015," in Arnold Dashefsky and Ira M. Sheskin. (Editors) The American Jewish Year Book, 2015, Volume 115 (2015) (Dordrecht: Springer) pp. 163-260.

As is evident in Tables 1-3, below, the surveys conducted in each of these cities used somewhat different sampling methods (e.g., random digit dialing versus sampling based on last name), and defined the variables in their survey somewhat differently (e.g., 100% federal poverty versus 150% federal poverty). In spite of this, there are some useful comparisons. For example, in all communities there are a number of individuals/families who are just managing and/or living in or near poverty. In St. Louis, 24% of those interviewed identified as just managing or unable to make ends meet in comparison to, 22% in Cincinnati, 35% in Chicago 41% in Cleveland and 42% in NY (See Table 2). St. Louis has 8% of Jewish households living below 150% of poverty, while Chicago has 7%, Cleveland 12% and NY 19%. ⁴ If one looks at near poor Jewish households, St. Louis has 18% of households being defined as near poor (150%-250% of FPL) where as Chicago has 4%, Cleveland has 7% (defined as 150%-200% FPL) and New York has 10% (150%-250% FPL).

As can be seen in Table 3, the Saint Louis Jewish community and the Saint Louis County Caucasian population appear to be more similar in terms of age and income than either Caucasians in the city or African Americans in either the city or county.

In St. Louis, as in other cities across the US, Jewish families living at or near poverty have found themselves seeking a number of different kinds of assistance. Within St. Louis, 25% of the Jewish poor and 28% of the near poor have identified themselves as being food insecure (cutting the size of their meals or skipping meals because there was not enough money for food).⁵ Thirty-six percent of Jewish households in St. Louis have sought assistance for at least one other kind of service (depression, housing, finances, disability, etc.).

These challenges in making ends meet act also as a significant barrier to participating Jewish life. Those with lower incomes were more likely to report that cost prevented them from attending Jewish camps, synagogues, and the JCC in St. Louis. The studies conducted in Baltimore, Chicago and Cleveland found similar results.⁶

⁴ Ukeles, JB (2012) A tale of four cities: Learning about Jewish Community. Presentation presented at the 2012 General Assembly in Baltimore, MD.

⁵ Jewish Policy & Action Research. 2014 St Louis Jewish Community Study.

⁶ Ukeles, JB (2012) A tale of four cities: Learning about Jewish Community. Presentation presented at the 2012 General Assembly in Baltimore, MD.

Jewish Policy & Action Research. 2014 St. Louis Jewish Community Study.

Table 1: Survey sample sizes, by sampling method and city

	Year	RDD*	DJN	List	Total
Saint Louis	2014	216	30	757	1,003
Chicago	2010	152	204	1,637	1,993
Cincinnati	2008	228	0	684	912
Cleveland	2011	114	36	894	1,044
New York City	2011	3,377	451	2,165	5,993

- RDD: random digit dialing; DJN: distinctive Jewish name

Table 2: Demographic information across 5 cities

	Saint Louis (2014)	Chicago (2010)	Cincinnati (2008)	Cleveland (2011)	New York (2011)
# Jewish households	32,900	148,100	12,500	38,300	694,000
# persons in Jewish households (incl. non-Jewish)	89,300	381,900	33,000	98,300	1,769,000
# persons ≥65 years in Jewish households (% total)	15,806 (17.7%)	67,978 (17.8%)	6,100 (18.5%)	17,400 (17.7%)	354,000 (20.0%)
# children 0-5 years being raised Jewish (% total)	2,000 (2.2%)	19,842 (5.2%)	1,360 (4.1%)	4,200 (4.3%)	107,274 (6.1%)
Median household income, all Jewish households	\$73,000	\$89,000	\$97,000	\$73,000	\$70,000
Median household income, Jewish households ≥65 years	\$57,000	\$66,000	\$83,000	\$53,000	\$51,000
% households below FPL	N/A	N/A	N/A	N/A	10.90%
% households reporting "just managing" or "cannot make ends meet"	24%	35%	22%	41%	42%
% respondents reporting "fair" or "poor" health	18%	16%	13%	17%	25%

Table 3: Comparison of Communities within St. Louis										
	Individuals living in Jewish household	Total population			Caucasian population			African-American population		
		Total	County	City	Total	County	City	Total	County	City
Population size	89,300	1,319,047	1,003,362	315,685	842,439	697,037	145,402	383,962	236,786	147,176
% male	N/A	47.7%	47.4%	48.5%	48.5%	48.1%	50.5%	44.7%	44.1%	45.7%
% < 5 years	5.3%*	6.0%	5.8%	6.7%	5.0%	4.9%	5.5%	7.1%	6.9%	7.3%
% ≥ 65 years	17.7%	15.6%	16.8%	11.6%	17.7%	18.9%	12.2%	11.5%	11.5%	11.7%
% ≥ 85 years	6.0%	2.3%	2.6%	1.5%	3.1%	3.3%	1.8%	1.4%	1.3%	1.6%
% below 150% FPL	8%	23.0	18.1	38.7	N/A	N/A	N/A	N/A	N/A	N/A
% below 100% FPL	N/A	14.8%	10.9%	27.1%	8.0%	6.6%	15.1	28.5%	22.4%	38.1%

Note: Comparison between the Saint Louis Jewish community and the Saint Louis County Caucasian population may be most meaningful. These populations are highlighted in red. These data are from the 2015 American Communities Survey. Denominators may vary by survey question.

* There are 17,600 children in Jewish households. 4,700 are ages 0-4.

** Because of data limitations, this information is presented as a range. The data indicate that at least 1.9% of Jewish St. Louis households live below 100% FPL according to 2014 cut-points. The poverty status of an additional 4.7% of Jewish St. Louis households may fall into this category.

Factors influencing access to and utilization of services

Methods

In-depth individual interviews were conducted with service providers from Jewish social service as well as secular social service agencies (19) and individuals/families in the Jewish Community who have used services (consumers) (12). Those interviewed were also asked to complete a quantitative survey. It should be noted that we found a somewhat fluid boundary between these two categories of individuals, with some providers having used services in the past, and some consumers having been providers in the past.

Survey

Two questionnaires were developed. The questionnaire for providers was intended to capture the breadth of services provided, the populations being served, current sources of funding, gaps in funding of services, and any additional needs that are currently not being met by the service agency that responded or within the Jewish Community at large. The questionnaire for consumers was intended to capture the factors influencing utilization of services, services that consumers were likely to utilize, and some basic demographics in order to describe the characteristics of the sample obtained.

Individual interviews:

In-depth qualitative interviews were conducted to ascertain provider and consumer impressions of facilitators and barriers to services, how people in need find out about services, how services might be better delivered, gaps in services, and suggestions for improving service access and utilization. Individuals were contacted based on information provided by the Jewish Federation. In addition, snow-ball sampling was used, with individuals interviewed providing the names of others they thought would be particularly helpful to contact to learn about their perspectives on these issues.

The interviews were audio taped and transcribed verbatim. The transcripts were coded by an initial coder based on the general questions asked and reviewed by one or more additional coders. These initial codes were further categorized as belonging at the individual, social/cultural, organizational, interorganizational and contextual levels.

Survey Results

We prepared two survey instruments, one for the providers and one for the consumers of services. Items were similar to survey questions used by other Jewish Federations within the US and were selected and/or modified with input and feedback from the Jewish Federation Saint Louis staff to ensure survey items were appropriate for the St. Louis context (see appendix for questionnaires).

Service Providers

Service providers indicated that they provide the following services:

Early Childhood Education	Camping (Day and Resident)	Cultural and Educational Programs
Social Services (Individual and Group)	Adult Day Center	Food Services (Pantry, Seniors, Families, Meal Delivery)
Fitness and Wellness	Youth and Family Programs	Religious/Spiritual
Social Justice	Community Service	Community Building/Organizing
Counseling, Assessment, Testing	Psychiatry	Financial Assistance
Child Abuse Prevention	Chaplaincy	

Providers indicated that from their experiences the four factors that may influence consumers' use of services most are cost, stigma, family obligations and transportation. They also indicated that that food, mental health and child-care services were the most utilized services.

Services that providers indicated were the most well-funded were continuing education, food and mental health services. Housing repair, substance use, and housing access were identified as the least well-funded. Providers also indicated that while all services could benefit from additional funding and resource allocation, food, elder care, child care, employment, and mental health services were most in need of additional funding.

Of the services we asked providers about, employment, childcare, housing repair, mental health, food and health care services were mentioned as being among the greatest needs. Some providers also indicated that youth had additional needs such as orthodontics, music, art, dance, and sports.

Consumers

The average age of consumers who completed the questionnaire was 53, with a range of ages between 42 and 73. Fifty percent of participants described themselves as "unable to make ends meet," and the remaining half of participants described their household financial situation as "just managing to make ends meet." The participants were primarily female (87.5%). In terms of education, the majority of participants had an Associate degree or some college experience (66.67%). The majority of participants

were reform (62.5%) with other “denominations” being represented at 12.5% of respondents each (orthodox, conservative, non-denominational and “Just Jewish”). The majority (75%) of participants indicated that being Jewish was very or somewhat important to them. While this sample does not represent the complete diversity of the Jewish population experiencing poverty in the St. Louis area, the qualitative and quantitative data provided does suggest some consistent concerns and present some compelling opportunities for improving services to enhance access and utilization.

Fifty percent or more respondents indicated that the following were always, often, or sometimes a factor influencing utilization of services: cost, stigma, agency is Jewish affiliated, health status and transportation (see Table 4).

Table 4: Factors influencing utilization of services

<p>Cost: 55.56% stated that this was always or often a factor; 11.11% stated this is sometimes a factor; and 33.33% stated this is never a factor</p>	<p>Stigma: 11.11% stated that this was always or often a factor; 66.67% stated this is sometimes a factor; and 11.11% stated this is never a factor</p>	<p>Communication difficulties with providers: 11.11% stated that this was always or often a factor; 22.22% stated this is sometimes a factor; and 11.11% stated this is rarely a factor; and 33.33% stated this is never a factor</p>
<p>Cultural or religious sensitivity: 44.44% stated that this was always or often a factor; 44.44% stated this is never a factor</p>	<p>Agency is Jewish affiliated: 11.11% stated that this was always or often a factor; 55.56% stated this is sometimes a factor; and 33.33% stated this is never a factor</p>	<p>Job obligations: 33.33% stated that this was always or often a factor; 11.11% stated this is sometimes a factor; 11.11% stated this is rarely a factor; and 44.44% stated this is never a factor</p>
<p>Family obligations: 22.22% stated that this was always or often a factor; 11.11% stated this is sometimes a factor; and 66.67% stated this is never a factor</p>	<p>Transportation: 44.44% stated this is sometimes a factor; 11.11% stated this is rarely a factor; and 44.44% stated this is never a factor</p>	<p>Health status: 33.33% stated that this was always or often a factor; 55.56% stated this is sometimes a factor; and 11.11% stated this is never a factor</p>

When asked about how likely they were to use a variety of services, over a third of the respondents indicated that they were very likely to use the following: housing repair, employment, continuing education, mental health, food and health care (See Table 5). It should be noted that the need for some services may have been different in our sample than the overall population in need because of a variety of factors such as age distribution or children in the household.

Table 5: Service utilization

<p>Child care: 66.67% responded that they not likely to use these services; 22.22% responded that they are somewhat likely to use these services; and 11.11% responded that they are very likely to use these services.</p>	<p>Services for children and adults with special needs: 66.67% responded that they not likely to use these services; 22.22% responded that they are somewhat likely to use these services; and 11.11% responded that they are very likely to use these services.</p>	<p>Elder care: 88.89% responded that they not likely to use these services; and 11.11%.</p>	<p>Housing repair: 33.33% responded that they not likely to use these services; and 66.67% responded that they are very likely to use these services.</p>
<p>Housing access: 66.67% responded that they not likely to use these services; 11.11% responded that they are somewhat likely to use these services; and 22.22% responded that they are very likely to use these services.</p>	<p>Employment: 22.22% responded that they not likely to use these services; 33.33% responded that they are somewhat likely to use these services; and 44.44% responded that they are very likely to use these services.</p>	<p>Continuing education: 22.22% responded that they not likely to use these services; 44.44% responded that they are somewhat likely to use these services; and 33.33% responded that they are very likely to use these services.</p>	<p>Substance use: 88.89% responded that they not likely to use these services; and 11.11% responded that they are very likely to use these services.</p>
<p>Mental health: 33.33% responded that they not likely to use these services; 22.22% responded that they are somewhat likely to use these services; and 44.44% responded that they are very likely to use these services.</p>	<p>Food: 11.11% responded that they not likely to use these services; 22.22% responded that they are somewhat likely to use these services; and 66.67% responded that they are very likely to use these services.</p>	<p>Healthcare: 22.22% responded that they not likely to use these services; 22.22% responded that they are somewhat likely to use these services; and 55.56% responded that they are very likely to use these services.</p>	

Qualitative Interview Results

Summary:

The provider and consumer interviews identified a number of factors that influence access to and utilization of services at the individual, social/cultural, organizational, interorganizational and contextual levels. These are summarized here across provider and consumer interviews. The next section provides more specific information from the provider and consumer interviews separately.

In terms of individual level factors those interviewed indicated that there is a lack of information about services provided and the eligibility requirements for using the services. They also indicated that there was a great deal of bureaucracy in accessing services. Respondents also indicated that consumers often do not want to share personal information in part due to embarrassment regarding use of services and in part due to fear about what happens if their use of services is discovered by others. There were concerns raised about stigma that they identified as being created by the structures of accessing care not only a function of individual beliefs.

In terms of social/cultural factors, concerns were expressed that some providers may not be sensitive to the unique needs of Jewish families and some articulated a lack of understanding of the different needs among denominations within the Jewish community. Those interviewed also expressed concerns that participating in Jewish communal life is expensive, putting families in a position where they need to request assistance but do not meet most federal eligibility requirements for services. It was also noted that the importance of the religious affiliation of the service agency or specific provider varies considerably and to a large extent depends on the types of services needed. In other words, religious affiliation is likely to matter more for things like food and mental health, and less for things like housing and car repair.

In terms of organizational factors, those interviewed voiced concerns about unclear criteria for utilization of services, as well as bureaucracy and restrictions on how resources can be used. Those interviewed also pointed to concerns about insufficient services, inconvenient hours of service, and limited locations and service models. There were also concerns that the services provided within the Jewish community are inferior. In part, this was attributed to staff turnover, and as a result staff not knowing about services within their own agencies.

In terms of interorganizational factors, those interviewed noted that Jewish agencies often don't refer individuals or families to each other. This was identified as being in part due to the fact that they are unaware of what other organizations offer. They also noted the significant problems caused by interagency silos. Those interviewed voiced the need for interagency agreements to ease the use of services, and the sharing of case information to reduce the burden on families. They also highlighted the need for Jewish and non-Jewish agencies to create ways to share information about services and work more collaboratively.

In considering contextual factors, the one issue that was noted repeatedly was challenges with transportation. Those interviewed also noted that there is a general need for additional services, particularly mental health services, home improvement, and necessities beyond food (e.g., toilet paper, toothpaste).

Barriers to access and utilization of services

Providers

Individual barriers

The providers interviewed identified a number of individual level factors that influence access to and utilization of services. One of the most important factors identified is that people in the community don't know about the services available. Even when people do know about services, providers indicated that the individuals and families may not know if they are eligible.

Another barrier identified by service providers is that to access services often requires on-line or automated phone services that many in the community, particularly the elderly, are not comfortable using. Providers also felt that consumers of services may not want to disclose information that is required to access services.

Providers indicated that some individuals and families do not access or utilize services because they do not self-identify as being in need of services, aren't motivated to use services, or are anxious about going to unknown places. Providers also had experiences with individuals and families who have had concerns that acknowledging their problems and using services lessens their dignity. They felt that some consumers may feel embarrassed about the stigma assigned to them if others find out about their needs. They also had experiences that suggested that consumers have concerns about the impact on their businesses if people in the community were to discover they have fallen on difficult times.

Social /Cultural barriers

Providers identified some important, potentially unique, social and cultural barriers to Jewish families and individuals accessing and utilizing services. As stated by one provider there is a question as to whether or not the different manifestation of issues within the Jewish community warrants a unique set of reflective tools or even criteria for services. For example, does a young person experiencing mental health challenges need a Jewish counselor so that the response to the issues can be consistent with the teaching within the Jewish traditions? Similarly, what if families have sufficient resources to meet what might secularly be defined as basic needs, but they do not have sufficient resources to allow their participation in Jewish communal life, should they be eligible for services?

When asked about referrals, providers indicated that they make referrals to either Jewish or secular agencies based on what they think the individual consumer is going to be comfortable with using, and in St. Louis "comfort" may be related to geographic location as much as religious affiliation. Providers noted that their decision on where to refer individuals also has to do with the individual and/or family preference regarding seeking care within the Jewish community. Some individuals and families clearly prefer to stay within the Jewish community, others price shop, and still others prefer not to be served within the Jewish community.

Other providers noted that some parts of the Orthodox community do not see it as a question of the difference between the Jewish Federation related services and secular or other religious denomination services. They see that the Orthodox community has a unique way that they need to be served and that even the Federation often does not serve or represent them.

Organizational barriers

Providers identified a number of barriers within their own organizations that impact access to and utilization of services including unclear eligibility criteria, too much bureaucracy to access services, and restrictions and rules that limit access. Another concern voiced by providers is that staff turnover is very high at some of the organizations within the community. People voiced frustration over losing quality staff to serve the community. Those interviewed also noted that this has led to some negative experiences using services and a perception that the staff who stay working at these agencies are of inferior quality.

Providers also voiced a concern that the agencies in the community have insufficient resources to meet the needs in the community. This was in part articulated as insufficient funding for existing resources and in part a concern that the services needed are not available. Service providers acknowledged that there are many more people who could use the services than are currently using them. This was in part attributed to things like service hours being inconvenient and in part to people not knowing that services are available or people who do not have the capacity to ask for help.

Providers also noted that there are a number of different vulnerable populations in the area – those who are the most vulnerable and unable to seek help, those vulnerable and able to request assistance, and those who seek assistance but may not really have the same kinds of needs. It may well be that each is best served through different agencies or approaches.

Interorganizational barriers

Providers noted that there are several challenges to working across organizations that take away from serving the community in the best way possible. For example, agencies often don't refer to or receive referrals from other Jewish agencies. This was attributed at least in part to not knowing what services each other offer. Providers also indicated that when referrals are provided there is often insufficient information shared between agencies, placing an additional burden on individuals and families. Providers reported that there are interagency silos and barriers to working together, and that there should be ways to streamline interagency services to better serve the community.

Contextual Barriers

Providers noted some contextual factors that serve as barriers to individuals and families seeking services. Most notably, providers mentioned that there are "terrible" public transportation options.

Consumers

Individual barriers

Service consumers identified a number of similar barriers as those identified by service providers. For instance, they noted that for some it is not easy to ask for help. Consumers also voiced a tension between experiencing external stigma and internal embarrassment associated with asking for help, yet most indicated that from their experience it is acceptable in the community to ask for help. In fact, some stated that in their minds the reality is that everyone needs some sort of help at some point in their lives.

Another barrier consumers identified was that many individuals do not know what services are available. Some stated that this lack of awareness is because of the way the Federation and associated agencies share information about services.

Social/cultural barriers

When asked if accessing and utilizing services might be influenced by whether or not the agency is Jewish, secular or hosted by a different religious group the overall take home message was "it depends." For some there is a general sense of "yes it is important" or "no it is not important" that the individual be Jewish or the agency be part of the Jewish community. For others, there are some services where religious and cultural "fit" make a difference (e.g., food) but other services where "fit" is not an issue (e.g., housing, clothing, car repair). For still others, particularly some elements of the Orthodox community, even services provided within Jewish agencies are often not seen as fitting community needs. Some articulated that the Orthodox community does not always expect, or necessarily want, these services to be provided by the Federation. Rather they see these needs as being more

appropriately addressed by the synagogue and congregants of that synagogue. Some consumers had some concerns with the notion that Jewish individuals and families should be taken care of by their own and should take care of their own, as for them it reflected concerns about insularity.

Organizational barriers

Service consumers identified a number of organizational barriers to accessing and utilizing services including inconvenient service hours, eligibility requirements, application processes, and the lack of flexible service models. They also noted that there seem to be more people in need than resources available to serve them.

Consumers also noted that people don't know about services so they don't even call to obtain them. Others noted that when they have called learn about services the staff at the agencies didn't know about services offered in their own agency. Consumers emphasized that the services needed goes beyond food to health care, mental health care/counseling, home repair, utilities, furniture, clothes, domestic violence, senior services, tutoring for school, consolidating debt, jobs, loans, case management, etc.

Facilitators to access and utilization of services

Providers

Individual level facilitators

When providers were asked about the kinds of thing that facilitate individuals and families accessing services, first and foremost they indicated that it is important to ensure that they know that they are not the only ones who have their needs. Consumers need to be interacted with in ways that help to preserve dignity and ensure that they understand that they are not being judged. Several providers stated that these messages should be highlighted not only for those using services but also when marketing services.

Social/Cultural facilitators

Providers noted that it is important to build relationships with individuals and families so that they know that it is acceptable to come to them when help is needed.

Organizational facilitators

Providers offered some suggestions that would help individuals and families to access services. In particular, they emphasized increasing referrals by informing advocates and enhancing advertising. They also noted, however, that already the requests for services exceed what they can provide, so additional funding and fund raising are important.

Providers also highlighted that there are things that can be done to reduce the burden of the bureaucracy associated with trying to access care, such as assisting with completing and submitting forms and enhancing interagency sharing of information.

Providers encouraged more flexibility with how and where services are provided, in other words the creation of alternative service models. For some this meant going to individuals homes to provide services. Others suggested providing food or clothing at synagogues or schools.

Consumers

Facilitators to access and utilization of services

When service consumers were asked about that facilitates individuals and families accessing and utilizing services they, like the providers, highlighted the importance of emphasizing that that everyone needs help. Some also noted that they go to their Rabbi to get assistance.

Opportunities for action and reflection

Opportunities for action

Based on our findings, there is not one single best approach for improving services to Jewish individuals and families living in poverty in the St. Louis area. Rather the most important changes may be different depending on the circumstance, the individual, and their denomination. However, both providers and consumers had some key, and consistent, recommendations. Some of these recommendations are the direct extension of challenges that were highlighted (e.g., people don't know about services), while others are strategies identified by those interviewed (e.g., tell people in the community about services through print media, social media, or in person). More specifically, the data suggest that in order to improve access to and utilization of services the Federation needs to 1) improve marketing/communication to increase awareness of and information about services, 2) establish formal networks and collaboration among service providers, 3) create opportunities for providing on-going, confidential feedback on how to improve services, and 4) create alternative service provision models.

Marketing/communication to increase awareness of and information about services

Providers and consumers emphasized the need for increasing the amount and variety of information about services. Specific suggestions included written or print information through the Jewish Light or bulletin board postings, social media/Facebook, and emails through various list serves. It was suggested that these be distributed in ways that directly reach service providers and potential consumers, as well as to those who interact with potential consumers either because of their formal roles in the community (e.g., Rabbis and Cantors) or more informally through electronic media (Facebook, blogs or other social media) or in person social groups.

Creation of networks and collaboration among service providers

Both providers and consumers echoed what they saw as the potential benefits of enhancing collaboration and networking among service providers. The recommendations included developing better ways to share information both about consumers and services provided by the agencies; enhancing case management and/or referrals; and co-locating services (food pantry to synagogue, social services at food pantry). These suggestions call upon the agencies funded by the Federation and those that operate outside of this funding to work together to move along what some have called a continuum of collaboration:

- *unlinked* – do not work together at all,
- *networking* – share information only,
- *coordinating* – mutual referral and complimentary organizational action planning,
- *cooperating* – share resources and have a written agreement to formalize collective action, or
- *collaborating* – joint action that mutually benefits each organization and often involves sharing risks, responsibility, and rewards.⁷

This is consistent with what other Jewish Federations have found in their work to better understand how to address poverty in their communities. For example, in Cleveland, OH the Jewish Federation conducted a similar study to this one and as a result initiated a round table of all agencies that work with

⁷ Himmelman, A. T. Definitions, decision-making models, roles, and collaboration process Guide.

Minneapolis. Himmelman Consulting; 2002

individuals and families in distress. The group meets on a regular basis to learn about what each is doing and how they can best help each other to accomplish their objectives.

Opportunities for on-going, confidential opportunities for providing feedback on how to improve services

Based on the responses from providers and consumers it appears that there is minimal opportunity for consumers and staff of agencies to identify what they think is going well and what could be improved in service provision. Building this in on a regular basis will “normalize” the process of requesting feedback and provide valuable information on what changes can and need to be made to better serve the community.

Alternative service provision models

Those interviewed also encouraged the Federation to consider the creation of alternative service provision models. Some of this was seen as enhancing case management services provided within the Jewish community while others encouraged the use of more secular services such as the United Way 211 line. Those interviewed also envisioned broader types of changes such as agencies going to individual’s homes, or providing multiple services at single agencies. Still others articulated the importance of working within the formal and informal structures of temples and synagogues to either provide professional services at the temple/synagogue itself or to train congregation members about services, or what others have called lay navigator or advocate programs.

Opportunities for reflection

We are they: Our findings indicate that consumers and providers pointed to similar factors facilitating and getting in the way of accessing and utilizing services. This may be in part because some of the providers we spoke with had needed to use Federation services at some point in their lives, and some of the consumers actually worked with the Federation or other/affiliated social services at some point in their lives. While some consumers mentioned that there is a stigma associated with using services among those we spoke to (obviously a limited sample) they saw much of the stigma and shame being exacerbated by external perspectives of the agencies serving them. The consumer perspective was that everyone needs help now and then. Some consumers indicated that they experience service providers and structures as “labeling” them as people who live in poverty rather than people currently in need of services.

We obtained a biased perspective: It is inevitable that we will miss some perspectives, particularly the perspectives of those in most dire straits. The most vulnerable are unlikely to be in a place or comfortable to speak with us and reflect on their experiences because they are in the midst of their most difficult times. It was evident, however, that the biased perspective we obtained was not just due to this. The bias of the information we obtained was exacerbated by agency providers having concerns about connecting us with their consumers. For the most part agency providers expressed this as a function of their concern about confidentiality. However, it also highlights that most agencies do not have an on-going, confidential means of enabling consumers to provide feedback and suggestions on how to improve services. It is important to help agencies identify strategies that can be employed to ensure confidentiality.

Definitions of “basic needs” differ: It is important to take into account that some families have the money for what the secular community might call the basics, but what is considered the basics for

participating in Jewish life (specific summer camps, visits to Israel) is more expensive. What this means in practice is that while families may self-identify as needing assistance and may ask for help they may be turned away because they do not meet federal criteria for obtaining services. It is also worth noting that several have questioned if the federal poverty is the best metric for understanding need. Some have suggested that a basic living measure (the amount that households would have to earn to cover their basic expenses) is a better metric.⁸

What are the implications of “we take care of our own?”: We heard this phrase several times over the course of our interviews with both providers and consumers. In part, this was described as a function of history; that the broader secular community has not historically provided the Jewish community with services. On the other hand, some members of the Jewish community noted the importance of “taking care of our own” because secular services might be offered in ways that are not culturally sensitive. This might be anything from having a provider who wears a mini skirt, to someone handling food improperly, to not understanding cultural norms. One of the challenges voiced by consumers and providers as facing the Jewish community in Saint Louis is to what extent should the Jewish community be providing unique services versus utilizing broader community services? Given the Jewish community is a heterogeneous, not homogenous, community, if there are separate services to whom should they be geared? To add even more complexity other asked about the extent to which the Jewish community should provide for others who do not share the Jewish faith and culture?

⁸ <https://www.stl.unitedway.org/2017/04/united-way-releases-new-basic-living-measure-region/>

Appendix: Survey Instruments

Jewish Federation Service Provider Survey

Start of Block: Default Question Block

Q1 What is the name of your agency?

Q2 What is your role in the agency?

Q3 What is the mission/goal of your agency?

Q4 What services does your agency provide?

Q5 How often do the following influence utilization of services by Jewish individuals and families living in poverty?

	Always/Often (1)	Sometimes (2)	Rarely (3)	Never (4)	Don't Know (5)
Cost (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stigma (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication difficulty with provider (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural or religious sensitivity (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency is Jewish affiliated (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Obligations (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family obligations (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Status (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify and indicate level of influence) (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6 Below please indicate which services your organization/agency provides. Which would you say is well-utilized versus underutilized by Jewish individuals and families living in poverty?

	Don't Provide (1)	Yes Provide (2)	Well Utilized (3)	Under Utilized (4)
Child Care (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder Care (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Repair (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Access (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing Education (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please Specify (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please Specify (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 In terms of funding, how well funded are each of the services you provide?

	Don't Provide (1)	Well Funded (2)	Insufficiently Funded (3)	Not Funded (4)
Child Care (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder Care (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Repair (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Access (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing Education (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please Specify and indicate level of funding. (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please Specify and indicate level of funding. (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8 To what extent do Jewish individuals and families living in poverty have an unmet need for the following services?

	A great need (1)	Moderate Need (2)	No Need (3)
Child Care (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder Care (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Repair (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Access (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing Education (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School supplies (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please Specify and indicate level of need. (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9 In terms of funding, how well funded are each of the services in the community, regardless of whether you provide these services?

	Well Funded (1)	Insufficiently Funded (2)	Not Funded (3)
Child Care (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder Care (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Repair (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Access (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing Education (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please Specify and indicate how well funded. (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please Specify and indicate how well funded. (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10 Which of the following groups are served by your agency? Please Check all that apply.

- Children (Ages 0-18) (1)
- Adults (Ages 19-64) (2)
- Elderly (Ages 64 and up) (3)
- Families (4)
- Individual Families Living in Poverty (5)
- Unemployed (6)
- Individuals with Illness or Disabilities (7)
- Caregivers (8)
- Males (9)
- Females (10)

Q11 Is there anything else that you think would be helpful for us to know in order to better address the needs of Jewish individuals and families living in poverty?

Jewish Federation Study with Jewish Community Members/Consumers

Start of Block: Default Question Block

Start of Block: Default Question Block

Q1 How often do the following influence utilization of services by you and/or other members of the Jewish Community?

	Always/Often (1)	Sometimes (2)	Rarely (3)	Never (4)	Don't Know (5)
Cost (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stigma (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication difficulty with provider (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural or religious sensitivity (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agency is Jewish affiliated (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Obligations (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family obligations (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Status (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2 How likely are you or your family to use the services below if they were available?

	Not at all likely (1)	Somewhat likely (2)	Very likely (3)	Don't Know (4)
Child Care (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for children/adults with special needs (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elder Care (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Repair (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Access (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuing Education (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Care (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: Please Specify (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: Please Specify (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3 What is your age?

Q7 Which of the statements best describes your household's financial situation?

- Cannot make ends meet (1)
- Just managing to make ends meet (2)
- Have enough money (3)
- Have some extra money (4)
- Well-off (5)

Q9 Please indicate your marital status.

- Married (1)
- Living with a partner (2)
- Single never married (3)
- Divorced (4)
- Separated (5)
- Widowed (6)

Q10 What is your gender?

- Male (1)
 - Female (2)
 - Transgender/Transsexual (3)
-

Q11 What is the highest level of education you have attained?

- High school diploma or less (1)
 - GED (2)
 - Associates Degree (some college, non-B.S.N. nursing degrees) (3)
 - Bachelors (includes Nursing B.S.N.) (4)
 - Bachelors plus some graduate work (5)
 - Masters Degree, Masters Level (6)
 - Ph.D., Ed.D., other Doctorate (7)
 - J.D., L.L.M., J.S.D. (Lawyer) (8)
 - M.D., O.D., D.D.S. (Physician, Osteopath, Dentist) (9)
-

Q14 What is the zip code of your permanent residence?

Q12 What is your denomination, if any?

- Orthodox (1)
 - Conservative (2)
 - Reform (3)
 - Reconstructionist (4)
 - No denomination--Just Jewish (5)
 - Other, Please Specify (6) _____
-

Q13 At this time, how important is being Jewish in your life?
Is it..

- Very important (1)
- Somewhat important (2)
- Not very important (3)
- Not at all important (4)

End of Block: Default Question Block
