The Foundation’s early leaders knew that JHF would add something unique to Pittsburgh’s rich landscape of Jewish communal institutions beyond its annual contribution, through the Jewish Federation of Greater Pittsburgh, to the five health-related agencies in the Jewish community (the Jewish Association on Aging, Jewish Community Center of Greater Pittsburgh, Jewish Family & Children’s Service of Pittsburgh, Jewish Residential Services, and Riverview Towers). JHF’s annual contribution currently stands at $900,000.

To honor its commitment to meeting the health-related needs of the Jewish community and define pathways for taking action, JHF leaders launched the Healthy Jewish Community Project (HJCP) in 1994. As JHF President and CEO Karen Wolk Feinstein, PhD, explains it, “Funders typically rely on information from staff, experts or research professionals for guidance on what to fund. With the HJCP, we chose to let the community – in its broadest sense – suggest communal needs.”

More than 80 volunteers ensured that the HJCP stayed true to its mission. A Health Commission, co-chaired by Professor Barbara Shore, PhD (z”l), and gerontologist Fred Rubin, MD, oversaw the project and made final recommendations to the Foundation on how it could address community health needs.

We had a shared vision, with the Foundation staff, that ‘health’ needed to be broadly defined, be based on hard data about the community, and be grounded in Jewish values about healing and ‘tikkun olam.’

- Fred Rubin, MD

Four committees provided additional support. Chana (Joanne) Perelman chaired the Outreach Committee to seek broad community participation. Davis Bobrow, PhD, and Davida Fromm, PhD, chaired the Research Committee, bringing together renowned statisticians, researchers, and epidemiologists to make sure that the project’s design and methodology was sound. Roslyn Rosenblatt moderated the Jewish Values Committee to provide ethical and moral guidance on Jewish communal responsibility for health service provision. Finally, a Jewish Communal Service Advisory Committee, chaired by Ruth Schachter, the Federation’s board chair, provided the project with the guidance of experienced professionals.

Through 16 different focus groups, face-to-face interviews with 100 health professionals and 16 school and congregational rabbis, and a telephone survey of 1,178 households, the Foundation heard the concerns, opinions, and experiences of the frail and the poor; the Orthodox, Conservative, Reform, and unaffiliated; young and old. The result was broad-based input about the major health concerns facing Pittsburgh’s Jewish community.

The issues around which the community expressed vulnerability moved well beyond medical care to encompass caregiving, social isolation, behavioral health, and financial stress.

For example, JHF learned that a quarter of Jewish households needed help for an elderly relative, and that isolation was a serious issue. One in five people over 65 reported that they would not have help from family, friends, or neighbors if they were sick. Families with special needs children shared the challenge of getting the help their children needed. About 15 percent of households reported having at least one member who had experienced a behavioral health problem, and one in ten households qualified for at least partial food stamps benefits.

The findings shaped JHF’s grantmaking agenda for years to come. In partnership with Jewish communal organizations, JHF embarked on major efforts to improve care for seniors and their caregivers, to address the special needs of the Jewish poor, to provide better support to families with special needs children, and to embrace behavioral health as central to overall health.