Ira M. Sheskin

Changing Jewish Communities 58, 15 July 2010, 4 Av 5770

Elderly Jews: An Increasing Priority for the American Jewish Community?

● The American Jewish community is rapidly aging. The absolute number of elderly Jews more than doubled from 1957 to 2000, reaching more than a million persons. Data are presented on Jewish elderly from both the 2000–01 National Jewish Population Survey and local Jewish community studies that are useful to Jewish community planners in prioritizing services for the Jewish elderly in an environment of both increasing numbers of elderly and increasing needs in other areas of Jewish communal concern.

● The extent to which elderly needs should be prioritized varies among different Jewish communities depending somewhat on the percentage and number of elderly in each community. The percentage of Jews who are elderly varies from 5 percent to 62 percent depending on the community.

● Most needs for elderly services, such as home health care and nursing home care, are being met — outside the Jewish community. Active, Jewishly-involved Jews are *not* more likely to receive such services under Jewish auspices, although most Jews show a *preference* for Jewish senior housing. While many elderly Jews are of low income and frail, the vast majority of elderly Jews are neither poor nor rich.

● Data from both national and local studies suggest that most American Jewish communities need to carefully consider elderly needs when planning for the future, but need to balance these needs against needs in other areas.

The American Jewish community is rapidly aging. A survey by the United States Census Bureau estimated 503,000 elderly Jews (age 65 or over) in the United States in 1957.[1] According to the three National Jewish Population Surveys (NJPS), the number of elderly Jews increased to 670,000 in 1971,[2] 989,600 in 1990,[3] and 1,072,000 in 2000.[4] Thus, the absolute number of elderly Jews more than doubled from 1957 to 2000. The percentage of Jews who are age 65 or over

increased from 10 percent in 1957 to 11 percent in 1971, 17 percent in 1990, and 19 percent in 2000. The 19 percent[5] compares to 13 percent of all Americans as of 2008[6] and 10 percent of Israelis as of 2008.[7]

A number of studies in the 1980s had predicted this significant increase in the percentage of elderly Jews.[8] The increase has been attributable to low rates of Jewish fertility, high levels of assimilation among younger Jews, and increasing life spans. While these trends are expected to continue, both the number and the percentage of American Jews who are elderly should increase over the next 15 years for a more important reason.

The "baby boomers," the large age cohort born between 1946 and 1964, will, in 2011, begin to reach the traditional retirement age of 65.[9] For the general population, this increase and its impact have been widely recognized, but have not been fully planned for in much of the country.[10] The number of American elderly is expected to double to 71.5 million in the next 20 years with the percentage of Americans who are age 65 or over increasing to about 20 percent. For elderly Jews, the increase will almost certainly be even more pronounced, as data from NJPS 2000–01 suggest that in 2010, about 16 percent of persons in American Jewish households will be age 55–64 compared to 9 percent in 2000. (For all Americans, the percentage age 55–64 has increased to 11 percent in 2008 from 9 percent in 2000.)

This situation has clear implications for the American Jewish community, particularly agencies such as Jewish Family Service and Jewish nursing homes that plan for the social service needs of the community, especially for households of limited income. This increase in elderly implies that political lobbying by the Jewish community in Washington should rightfully emphasize elderly needs.

Should the provision of services to the elderly Jews indeed be an increasing priority for American Jewish communities? Certainly, Jewish tradition suggests that such should be the case:

> Do not cast me off in old age; when my strength fails me, do not forsake me. (Psalms 71:9)
>
> You shall rise before the aged and show deference to the old. (Leviticus 19:32)

But the ultimate issue is the need to balance these biblical injunctions with:

> And thou shalt teach them diligently to thy children. (Deuteronomy 6:7)

That is, the American Jewish community, despite the increase in elderly Jews, will need to plan carefully so that providing for elderly needs is balanced with meeting needs in the area of Jewish continuity. Since the publication of the 1990 NJPS, Jewish communities have been striving to identify resources – both monetary and human – to deal with the issue of Jewish continuity, of instilling

a Jewish identity in American Jewish youth. As the community ages, pressure will be exerted to increase resources aimed at meeting elderly needs. This issue is further complicated by the fact that elderly needs and Jewish continuity issues compete with other mandates of the Jewish community such as community relations, combating anti-Semitism, providing social services to the nonelderly, supporting Israel, providing for Jews in the former Soviet Union, and so on.

An argument might be made that social service programs and Jewish continuity programs can be combined and in doing so, one can eliminate viewing the two categories of programming as competitive. But Jewish continuity programming is not really aimed at the elderly. When one combines a health program aimed at young adults at a Jewish Community Center with an educational program also aimed at young adults, the combination does accomplish two goals. When one combines nursing home care with a Jewish folksinger over lunch for the residents, little is accomplished for Jewish continuity.

Many Jewish communities have spent many millions of dollars building Jewish nursing homes and hundreds of thousands of dollars maintaining these facilities. While much of the money for programs such as congregate meals and adult day care may come to Jewish Family Service from government or United Way sources, significant Jewish community resources are still being spent both directly and indirectly on these services.

Data, then, will be presented here that can assist Jewish communities in making these difficult funding decisions. This includes data about elderly Jews from local Jewish community studies and from NJPS 2000–01. These data will shed light on the question concerning the priority of providing services to elderly Jews.

The Need to Plan for the Elderly Varies by Community

The extent to which elderly needs will be a priority will vary for different local Jewish communities. Table 1[11] shows that the percentage of persons age 65 or over in Jewish households – which includes non-Jews living in Jewish households – in more than 50 American Jewish communities varies from 5 percent in Howard County (Maryland) to 62 percent in South Palm Beach (Florida). Of the top ten communities, seven are Florida retirement communities.[12] The remaining communities are Palm Springs, a California retirement community, Atlantic County, New Jersey (which includes Atlantic City), a traditional elderly retirement community in the Northeast, and Middlesex County, New Jersey, whose southern section is 72 percent elderly (making all of Middlesex County 36 percent elderly) and resembles a Florida retirement community.

Note that some northern communities, such as Detroit (24 percent), Rhode Island (23 percent), and Hartford (23 percent) are aging communities, whereas Columbus (8 percent), Washington (DC) (10 percent), and Harrisburg (13 percent)

are not. This illustrates that not all communities in a given area of the country are alike.

The data in Table 1 also reflect the fact that a good percentage of Jews are retiring outside the communities in which they raised their families.[13] Significant migration of elderly Jews has occurred from the Northeast and Midwest to Florida and other southern and western communities. Thus, although the percentage of elderly in the Jewish community has almost doubled since the 1950s, the impact has been felt disproportionately in some communities.

An important implication of the migration of elderly Jews is that many elderly find themselves without an adult child living in their destination community ("local adult child"). For example, in South Palm Beach, Broward, West Palm Beach, and Sarasota, about 20 percent or less of households in which the respondent is age 75 or over have a local adult child.[14] While not all adult children have the financial means, or the time, or the inclination to help, the absence of an adult child is important because of the care that such a child *can* provide during times of an economic or health crisis or at the time of the death of a spouse. When thousands of miles separate families, local governmental, private, and Jewish agencies find they need to step in more frequently to provide services.[15]

Of the 53 communities shown in Table 1, 32 have completed Jewish demographic studies at two points in time over the past three decades. Of these, 14 show increasing percentages of elderly. For example, the percentage of elderly in Lehigh Valley (Pennsylvania) increased from 12 percent in 1977 to 23 percent in 2008 and the percentage of elderly in New York increased from 14 percent in 1981 to 18 percent in 2002. Seven communities showed decreasing percentages of elderly. For example, St. Paul decreased from 21 percent elderly in 1981 to 16 percent elderly in 2004, and Miami decreased from 36 percent elderly in 1982 to 30 percent elderly in 2004. Eleven communities, including Denver, Washington (DC), San Francisco, Atlanta, and St. Louis, showed little if any change in the percentage of elderly.

Some communities, such as Detroit and Washington (DC), exhibit an age distribution suggesting that a significant increase in elderly will occur in the next two decades. Again, this emphasizes that planning for the elderly, which is accomplished at the level of the local Jewish community, needs to vary from community to community, and within communities, from place to place because the current number and percentage of elderly and the future number and percentage of elderly vary from place to place.

Also, the extent to which the elderly are in need of help due to health issues varies significantly from community to community. Among 35 Jewish communities, the percentage of elderly single persons living alone who have a long-term disability[16] varies from 9–16 percent in Westport (Connecticut), Orlando, Charlotte, and York (Pennsylvania) to 36–39 percent in Cincinnati, Minneapolis, Martin-St. Lucie (Florida), St. Paul, and Lehigh Valley (Pennsylvania).

The elderly should probably be a higher priority in some communities, such

as the Florida communities, Atlantic County, and Middlesex County, than in such places as Charlotte, Washington (DC), and Atlanta. Thus, Jewish agencies with a specific mandate to serve the elderly are found in the Florida communities. But, while Washington has a very low *percentage* of elderly, they have a large *number* of elderly and, as mentioned above will have an increasing number of elderly in the future. Thus, Washington does have a Jewish agency with a specific elderly mandate (the Jewish Council on Aging).

Almost every community that commissions a local Jewish community study does so because they want to know, in part, what percentage of their community is elderly. For example, a 2010 local Jewish community study currently in progress has, as one of its primary missions, to assess whether this community can continue to support a Jewish nursing home and a Jewish assisted living facility. Doubtless, if the community has a high percentage of elderly, proponents of these relatively expensive elderly services will cite that fact in their case for continued support to these elderly programs.

One could argue that the Jewish community needs to provide for the Jewish elderly regardless of whether they are a large or a small percentage of the population and regardless of whether there is a large or small absolute number of elderly. That is, the *number* of elderly is an important finding of each local Jewish community study. Each elderly service, be it a nursing home or elderly day care, has a *threshold* number of users. If a community has only a few thousand Jewish elderly within a reasonable distance of a potential site for, say, elderly day care, it is unlikely that the number of Jewish elderly who will need this service will meet that threshold. Being aware of these facts has an important policy implication, namely, that if elderly day care is to be offered, it will need to be nonsectarian.

Thus, the fact remains that the extent to which elderly services is a priority does depend on the percentage and the number of elderly Jews in a community. Indeed, when these figures are high, agencies that serve the elderly are the first to cite them.

A Brief National Profile of Elderly Jews

While it is argued above that planning for the elderly is, and should be, effected at the community level, it is nevertheless instructive to examine some of the major findings of NJPS 2000–01.

First, elderly Jews are less likely to live in the Northeast and the West than are nonelderly Jews and much more likely to live in the South, particularly in Florida. In fact, 33 percent of elderly Jews live in the South, compared to 21 percent of all American Jews. This disparity is a result of the migration of the elderly to southern retirement centers, particularly in Florida.

Second, 64 percent of elderly Jews are married, 7 percent are divorced, 27 percent are widowed, and 3 percent are never-married. One-third of elderly Jews

live alone. Forty-five percent have a college degree and only 14 percent work full-time or part-time.[17] Almost one of five elderly households earns less than $15,000 and only 5 percent earn $100,000 or over. Nine percent live below federal poverty levels.[18]

Third, more than one-third of elderly Jews say their health is fair or poor. Fifteen percent of elderly households needed in-home health care in the past year and 6 percent needed nursing home care.

Fourth, 44 percent of elderly Jewish households belong to a synagogue, compared to 47 percent of nonelderly Jewish households. But 29 percent of elderly households belong to a Jewish Community Center and 43 percent belong to another Jewish organization (such as B'nai B'rith or Hadassah), compared to 18 percent and 23 percent, respectively, of nonelderly households. Twenty percent of elderly volunteered for a Jewish organization in the past year, compared to 25 percent of the nonelderly.

Fifth, 8 percent of elderly Jews identify as Orthodox, compared to 11 percent of the nonelderly; 32 percent identify as Conservative, compared to 24 percent of the nonelderly; 33 percent identify as Reform, compared to 35 percent of the nonelderly; and 26 percent identify as Just Jewish, compared to 27 percent of the nonelderly. Thus, the elderly are *slightly* less likely to be Orthodox, more likely to be Conservative, and about as likely to be Reform and Just Jewish as the nonelderly.

Finally, only 15 percent of Jewish elderly married couples are intermarried, compared to 36 percent of the nonelderly. Forty-eight percent donated to a Jewish Federation in the past year compared to 43 percent of the nonelderly, while only 43 percent donated to other Jewish charities (not federations), compared to 47 percent of the nonelderly.

Thus, NJPS 2000–01 identifies an elderly Jewish population that is concentrated in the South (Florida), may well live alone, is of relatively low income with significant health problems, and is *somewhat* more Jewishly connected than the nonelderly.

The Decade 2000 Data Set

The 21 local Jewish community studies completed by this author since 2000 (Atlantic County [New Jersey], Bergen County [New Jersey], Detroit, Hartford, Jacksonville, Las Vegas, Lehigh Valley [Pennsylvania], Miami, Middlesex [New Jersey], Minneapolis, Portland [Maine], Rhode Island, San Antonio, Sarasota, South Palm Beach, St. Paul, Tidewater [Virginia], Tucson, Washington [DC], West Palm Beach, and Westport) each consisted of telephone surveys of between 421 and 1,808 Jewish households. All surveys included in total, or in part, a random digit dialing (RDD) component, considered to produce the most accurate data.

These 21 local Jewish community studies were combined into one data file, called the Decade 2000 Data Set. While the 18,967 interviews in the Decade 2000 Data Set are not a random sample of all American Jewish households, they are a random sample of the 535,850 American Jewish households in the 21 communities. An advantage of this data set is that 8,820 of the 18,967 households interviewed contain a person age 65 or over (representing 245,500 households with one or more elderly persons), facilitating analyses not possible with any other existing data set of American Jews.

The Need for Social Services in the Elderly Jewish Population

Almost all local Jewish community studies in the Decade 2000 Data Set asked about the need for the following seven social services in the year preceding each of the 21 surveys (Table 2):

1. Help in coordinating services for an elderly or disabled person
2. In-home health care for the elderly
3. Senior transportation
4. Nursing home care for the elderly
5. Adult day care for the elderly
6. Home-delivered meals for the elderly
7. An assisted living facility for the elderly

In 18 Jewish communities – including some that are not part of the Decade 2000 Data Set – 8–18 percent of all Jewish households needed help in coordinating services for an elderly or disabled person in the year preceding each survey. In about 30 Jewish communities, 6–19 percent of all households with elderly persons needed in-home health care in the year preceding each survey, 3–23 percent needed senior transportation, 1–10 percent needed nursing home care, 0–4 percent needed adult day care, and 0–8 percent needed home-delivered meals. In 11 Jewish communities, 1–4 percent needed an assisted living facility in the year preceding each survey. The range of results for each service again emphasizes the need to plan for the elderly at the community level, not the national level.

For each of these seven services, households who needed each service in the year preceding each survey were asked if they had received the service. If they received the service, they were asked if they had received the service through the Jewish community. So, for example, for home-delivered meals, the series of questions were:

In the past year, did your household need home-delivered meals?
IF YES: Did your household get home-delivered meals?
IF YES: Were the meals arranged by a Jewish community agency?

This facilitates subdividing the need for each service into three categories (Table 2):

1. The percentage who needed a service but did not receive that service
2. The percentage who needed a service and received the service under Jewish auspices (*Jewish help* in Table 2)
3. The percentage who needed a service and received the service under other auspices (*other help* in Table 2)

A major advantage of the Decade 2000 Data Set over any other existing data set is that the large sample size facilitates analyses that are not possible when examining most local Jewish community studies.

For example, in Bergen County (New Jersey), for home-delivered meals, of the 310 households with an elderly person (of a total sample size of 1,003 households in the study), 301 had no need for home-delivered meals, 3 needed home-delivered meals but did not receive meals, 4 received meals under Jewish auspices, and 2 received meals under other auspices. Given these small numbers, the only reliable conclusion that can be reached for Bergen County is that the vast majority of elderly households do not need home-delivered meals.

For all 21 communities in the Decade 2000 Data Set, 8,174 elderly households were queried about home-delivered meals, of whom 7,998 households (98 percent) had no need, 33 needed home-delivered meals but did not receive meals, 76 received meals under Jewish auspices, and 67 received meals under other auspices. Because the sample sizes are now sufficient, two additional measures about need are possible:

1. Percentage receiving help. The percentage of households who needed a particular social service in the year preceding each survey, who received the services either under Jewish or other auspices (Table 2).
2. Jewish market share. The *Jewish market share* is defined as the percentage of households receiving a service who received that service under Jewish auspices.

The following conclusions can be reached for the seven social services listed in Table 2:

1. In-home health care (14 percent), help in coordinating services for an elderly or disabled person (12 percent), and senior transportation (8 percent) were much more in demand than were the other four services: nursing home care (3 percent), adult day care (2 percent), home-delivered meals (2 percent), and assisted living (1 percent).
2. The majority of households who needed each service did receive that

service, ranging from 68 percent for adult day care to 93 percent for nursing home care and 94 percent for in-home health care.

3. Home-delivered meals were much more likely to be arranged by a Jewish community agency (50 percent Jewish market share) than help in coordinating services for an elderly or disabled person (29 percent), nursing home care (18 percent), senior transportation (13 percent), assisted living (10 percent), in-home health care (8 percent), and adult day care (7 percent).

Profile of Users of Jewish and Other In-Home Health Care (Table 3)

Space does not permit presenting a profile of users of all seven social services, so to illustrate the general pattern, only the results for the need for in-home health care in the year preceding each survey will be discussed. The question addressed here is whether those who are more involved in the Jewish community are more likely to receive in-home health care from a Jewish agency, usually Jewish Family Service.

Overall, based on the Decade 2000 Data Set, 8 percent of households with elderly persons who received in-home health care received it under Jewish auspices (the *Jewish market share*). The Jewish market share is 9 percent for synagogue member households, compared to 8 percent for synagogue nonmember households; 12 percent for Jewish Community Center member households, compared to 8 percent for Jewish Community Center nonmember households; and 9 percent for Jewish organization member (such as B'nai B'rith and Hadassah) households, compared to 7 percent for Jewish organization nonmember households.

The Jewish market share is 11 percent for Orthodox households, 12 percent for Conservative households, 6 percent for Reform households, and 7 percent for Just Jewish households. Finally, the Jewish market share is 9 percent for households who donated to the Jewish Federation in the year preceding each survey, with no meaningful variation by level of donation, compared to 7 percent of households who did not donate. Thus, Jews who are involved in the Jewish community appear, *at best*, to be only marginally more likely to avail themselves of Jewish services.

Preference for Jewish Senior Housing

Jewish respondents age 40 and over in the Decade 2000 Data Set were asked: "Everything else being equal, if you needed senior housing or a nursing home for an elderly relative, would you very much prefer Jewish-sponsored housing, somewhat prefer, have no preference, or rather not use Jewish-sponsored housing?"[19] Fifty-six percent would very much prefer Jewish-sponsored housing;

23 percent, somewhat prefer; 20 percent would have no preference; and 2 percent would rather not use Jewish-sponsored housing. Note that these expressed preferences are not realized in actual behavior as evidenced by the results in Table 2 for nursing homes and assisted living facilities.

Social Service Agencies Serving Elderly Jews

Jewish social service agencies developed in twentieth-century American Jewish communities at a time when governmental and privately-provided social services were either nonexistent or of poor quality. These agencies developed at a time when many Jews were immigrants, kosher food was essential for many, many Jews were considerably more religiously observant, and Jews were more comfortable communicating in Yiddish. Today, almost every Jewish community, large and small, has a Jewish Family Service agency.

Some communities, such as West Palm Beach (Senior Services Agency), Rhode Island (Jewish Seniors Agency), and Washington (DC) (Jewish Council for the Aging) maintain agencies specifically for planning and providing services to elderly Jews. Numerous Jewish nursing homes, Jewish independent living facilities, and Jewish assisted living facilities exist around the United States, although many serve a mostly non-Jewish clientele.[20] Hebrew Free Loan continues to operate throughout the country. Some Jewish Vocational Service agencies have been merged into Jewish Family Service agencies or have disappeared all together, but some continue to operate as independent agencies. Jewish hospitals have closed around the country and others are Jewish in name only. The Hebrew Immigrant Aid Society has changed its mission as Jewish immigration to the United States has lessened. These social service agencies have long received significant portions of their funding from Jewish Federations.

An interesting question is: if all these agencies did not exist, would we create them today?

Two Images of Elderly Jews

Two images of elderly Jews exist: one that plays on the concept that the elderly are a needy population; the other on the idea that the elderly are a significant market for luxury goods.[21]

The image of the elderly as poor, frail, and vulnerable is one that has been used by the Jewish community in the fundraising efforts of Jewish social service agencies. In Miami, for example, fundraising campaigns for many years emphasized the Federation’s home-delivered meals and congregate meals programs for the elderly and many campaign advertisements featured pictures of needy, elderly Jews.

In fact, in 21 American Jewish communities, when donors who gave $100 or over to Jewish Federations or other Jewish charities in the year preceding each survey were queried about their reasons for donating to Jewish organizations, providing social services for elderly Jews was invariably among the top reasons provided.[22] Thus, the Jewish public has bought into the argument that the elderly are a group that deserves priority. A 2006 issue of the *Journal of Jewish Communal Service* (Addressing the Quality of Aging in the Jewish Community) shows the continuing concern with elderly Jews.

Yet, another image of elderly Jews can be seen through the business community's recognition that the elderly have significant levels of disposable income. A perusal of any recent issue of *AARP — The Magazine* shows advertisements clearly aimed at elderly persons who have money for luxury goods.[23]

While the national data about elderly Jews from NJPS 2000–01 tend to support the former image, the extent to which each image of elderly Jews is applicable varies geographically. Many elderly Jews in New York and Minneapolis-St. Paul, for example, fit the image of elderly Jews as poor, frail, and vulnerable. Many elderly Jews in South Palm Beach and West Palm Beach, on the other hand, fit the image recognized by the business community. Of course, the majority of elderly Jews are neither very poor nor very rich.

A methodological issue should be mentioned here: telephone surveys almost certainly underestimate the number of frail and vulnerable elderly. Such persons are simply much less likely to remain on the telephone to be interviewed than are the well elderly.[24] Also, neither NJPS 2000–01 nor the local Jewish community studies interview persons living in nursing homes who do not have their own private telephone number. Thus, it is likely that the number of frail and vulnerable elderly is somewhat higher than shown by both NJPS 2000–01 and the local Jewish community studies.

Conclusions

From this brief review of data on Jewish elderly from NJPS 2000–01 and the local Jewish community studies, the major question that arises is: to what extent should services to elderly Jews be prioritized in the American Jewish community?

At first glance, Jewish communities might be tempted to think that because the number of elderly Jews has been increasing and is expected to increase even further as the baby boomers retire, elderly services need to become an increasing priority in the American Jewish community. In fact, advocates for the elderly in the Jewish community have already started to make this argument.

But should Jewish Federation allocation committees and other Jewish community agencies increase funding for social service agencies that serve the elderly? How do the data in this paper contribute to the arguments for and against giving greater priority to elderly services?

The data presented above show that the extent to which elderly Jews should be a significant priority varies geographically. For communities in Florida, particularly given the absence of adult children living locally, providing elderly services is, and will remain, an important priority. Even within South Florida, however, differences exist by geographic area in the extent to which the elderly are in need of assistance.[25]

Data from NJPS 2000–01 show that significant numbers of elderly Jews have limited incomes, live alone, and are in fair or poor health. NJPS 2000–01 also shows the elderly to have somewhat greater connections to the Jewish community than the nonelderly, which suggests that they might prefer obtaining services through the Jewish community.

But is the provision of social services, particularly social services to the elderly, the most efficacious use of limited Jewish community funds? Four arguments can be proffered to support the careful consideration of funding priorities.

First, governmental and private agencies exist today that provide reasonable levels of service to the elderly, unlike in the era when many Jewish social service agencies were created.

Second, the vast majority of elderly Jews who need social services are currently being served at no cost to the Jewish community through governmental and private for-profit and nonprofit agencies. Even elderly Jews with strong Jewish connections, who are synagogue members or who give significant donations to a Jewish Federation, are not using Jewish social services and are no more likely to partake of Jewish social services than elderly Jews who are not involved in the Jewish community (with the exception of home-delivered meals).

Third, the new baby-boomer retirees will be different from the generation that came before.[26] Very few will be foreign born. They will retire with more money. Many will continue to work in some capacity even into retirement. They will live longer, but they will live longer in better health. Many studies show that the prevalence of disability in the elderly population has been decreasing.[27]

Fourth, and perhaps most important, other priorities have come to the forefront in the past two decades related to issues of Jewish continuity that suggest that Jewish educational programs, both formal and informal, need additional funding. Funding for Jewish overnight camps and for Jewish day schools is not something that the U.S. government will provide; providing in-home health care and nursing home care is.

Thus, the major conclusion is that most American Jewish communities need to carefully consider elderly needs when planning for the future, but need to balance these needs against needs in other areas. They should not automatically assume that because the number of elderly is increasing, needs will be greater. Put simply, Jewish Federations will need to weigh the fact that the resources needed to pay for one Jewish nursing home bed for which the patient cannot afford to pay can send three children to Jewish day school. “Do not cast me off in old age;

when my strength fails me, do not forsake me" needs to be properly balanced with "And thou shalt teach them diligently to thy children."

Ira M. Sheskin, PhD, is director of the Jewish Demography Project of the Sue and Leonard Miller Center for Contemporary Judaic Studies at the University of Miami and professor of geography and regional studies at the same institution. Dr. Sheskin has completed 41 local Jewish community studies for Jewish Federations throughout the United States.

Table 1
Age 65 or over
Community Comparisons

Community	Year	%
Base: Persons in Jewish Households		
S. Palm Beach	2005	62%
W. Palm Beach	2005	57%
Sarasota	2001	53%
Martin-St. Lucie	1999	48%
Palm Springs	1998	48%
Broward	1997	46%
Middlesex (NJ)	2008	36%
Atlantic County	2004	34%
Miami	2004	30%
St. Petersburg	1994	28%
Las Vegas	2005	26%
San Antonio	2007	24%
Detroit	2005	24%
Lehigh Valley	2007	23%
Rhode Island	2002	23%
Tucson	2002	23%
Hartford	2000	23%
Jacksonville	2002	20%
Phoenix	2002	20%
Rochester	1999	20%
Milwaukee	1996	20%
Cincinnati	2008	19%
Monmouth	1997	19%
Minneapolis	2004	18%
New York	2002	18%
Pittsburgh	2002	18%
Bergen	2001	18%
Philadelphia	2009	17%

Community	Year	%
Baltimore	1999	17%
Portland (ME)	2007	16%
St. Paul	2004	16%
York	1999	16%
St. Louis	1995	16%
San Diego	2003	15%
Chicago	2000	15%
Essex-Morris	1998	15%
Wilmington	1995	15%
Westport	2000	14%
San Francisco	2004	13%
Harrisburg	1994	13%
Richmond	1994	13%
Denver	2007	12%
Tidewater	2001	12%
Orlando	1993	12%
Atlanta	2006	11%
Washington (DC)	2003	10%
Charlotte	1997	9%
Columbus	2001	8%
Howard County	1999	5%
Base: Jews in Jewish Households		
Los Angeles	1997	21%
Buffalo	1995	20%
Cleveland	1996	19%
Seattle	2000	11%

Table 2
Need for Selected Social Services in the Past Year

	Needed Help						
Social Service	**Total Who Needed Help**	**Received Jewish Help**	**Received Other Help**	**No Help Received**	**Did Not Need Help**	**% Receiving Help**	**Jewish Market Share**
Base: Jewish Households							
Help in Coordinating Services for an Elderly or Disabled Person	11.6%	2.9%	7.2%	1.5%	88.4%	87.1%	28.7%
Base: Jewish Households with Elderly Persons							
In-Home Health Care	14.1%	1.1%	12.2%	0.8%	85.9%	94.3%	8.3%
Senior Transportation	8.4%	0.8%	5.6%	2.0%	91.6%	76.2%	12.5%
Nursing Home Care	3.0%	0.5%	2.3%	0.2%	97.0%	93.3%	17.9%
Adult Day Care	2.2%	0.1%	1.4%	0.7%	97.8%	68.2%	6.7%
Home-Delivered Meals	2.0%	0.8%	0.8%	0.4%	98.0%	80.0%	50.0%
Assisted Living Facility	1.4%	0.1%	0.9%	0.4%	98.6%	71.4%	10.0%

Source: Author, from the Decade 2000 Data Set.

Table 3
Percentage of Households Receiving In-Home Health Care in the Year Preceding Each Survey Who Received In-Home Health Care under Jewish Auspices (Jewish Market Share)

Base: Jewish Households with Elderly Persons	
Population Subgroup	**Percentage**
All	8.3%
Member	8.7%
Nonmember	7.7%
Jewish Community Center Membership	
Member	12.3%
Nonmember	7.6%
Jewish Organization Membership	
Member	9.0%
Nonmember	7.3%
Jewish Identification	
Orthodox	11.0%
Conservative	11.7%
Reform	5.6%
Just Jewish	6.8%
Donated to Jewish Federation in the Year Preceding Each Survey	
Nothing	7.1%
Donated to Federation	9.1%
Under $100	10.9%
$100–$500	6.7%
$500 or over	8.5%

Notes

1. United States Bureau of the Census (1958), "Religion Reported by the Civilian Population of the United States: March 1957," *Current Population Reports*, Series P20, No. 79. This was the last time the United States Census asked about religion, due to separation of church and state.
2. Sidney Goldstein (1971), "American Jewry, 1970: A Demographic Profile," *American Jewish Year Book* (New York: American Jewish Committee and the Jewish Publication Society), Vol. 71: 3–88.
3. Barry A. Kosmin et al. (1991), *Highlights of the CJF 1990 National Jewish Population Survey* (New York: Council of Jewish Federations).
4. Laurence Kotler-Berkowitz et al. (2003), *The National Jewish Population Survey 2000–01: Strength, Challenge, and Diversity in the American Jewish Population* (New York: United Jewish Communities).
5. Note that while 19 percent of American Jews are elderly, only 16 percent of *persons in Jewish households are elderly*. (A Jewish household is defined as a household containing one or more self-defined Jews. Few non-Jews in Jewish households are age 65 or over. Thus, the elderly are a lower percentage of persons in Jewish households than they are of Jews.)
6. http://quickfacts.census.gov/qfd/states/00000.html (accessed on 6 June 2010).
7. Central Bureau of Statistics (2009), *Statistical Abstract of Israel 2009,* Table 2.10. For a comparison of American and Israeli elderly, see Ira M. Sheskin, Pnina Zadka, and Henry Green (1990), "A Comparative Profile of Jewish Elderly in South Florida and Israel," *Contemporary Jewry*, Vol. 11, No. 2: 93–119.
8. See, e.g., E. Kahana and B. Kahana (1984), "Jews," in E. B. Palmore, ed., *Handbook of the Aged in the United States* (Westport, CT, and London: Greenwood Press); U. O. Schmelz (1984), *Aging of World Jewry*, Jewish Population Studies, No. 15 (Jerusalem: The Hebrew University of Jerusalem); B. Warach (1985), "The Status of the Jewish Elderly in the United States," paper presented at the International Conference of Jewish Communal Service, Jerusalem; Ira Rosenwaike (1986), "The American Jewish Elderly in Transition," *Journal of Jewish Communal Service*, Vol. 62: 283–291; Ira Rosenwaike (1989), "The Geographic Distribution of America's Jewish Elderly," in Uziel O. Schmelz and Sergio DellaPergola, eds., *Population Studies*, No. 25, *Papers in Jewry Demography, 1989* (Jerusalem: Avraham Harman Institute of Contemporary Jewry, the Hebrew University of Jerusalem, 1993), 154–164, www.bjpa.org.
9. Christine L. Himes (2002), "Elderly Americans," *Population Bulletin,* Vol. 56, No. 4 (Washington, DC: Population Reference Bureau).
10. See, e.g., National Association of Area Agencies on Aging (2008), *The Maturing of America: Getting Communities on Track for an Aging Population.*
11. Ira M. Sheskin and Arnold Dashefsky (2010), "Jewish Population of the United States, 2009–10," North American Jewish Data Bank and the Jewish Federations of North America. For a full description of local Jewish community studies, see Ira M. Sheskin (2009), "Local Jewish Community Studies as Planning Tools for the American Jewish Community," *Jewish Political Studies Review*, Vol. 21, Nos. 1–2: 107–35.
12. For a discussion of the impact of elderly Jews on the social service network in Florida, see Ira M. Sheskin, "Florida's Jewish Elderly," *Florida Geographer*, 32 (2001): 74–85.
13. Ira M. Sheskin, "The Changing Spatial Distribution of American Jews," in Harold Brodsky, ed., *Land and Community: Geography in Jewish Studies* (Bethesda: University Press of Maryland, 1997), 185–221.

14. Ira M. Sheskin (2009), *The Jewish Community Study of Middlesex County* (South River, NJ: Jewish Federation of Greater Middlesex County), 10–50 to 10–51.
15. Henry A. Cohen (1990), "A Model for Helping Family Members Provide Services for Frail Elderly Relatives in Distant Cities," *Contemporary Jewry,* Vol. 11, No. 2: 67–76.
16. The question asked to define "long-term disability" is: "Do you have any kind of physical, mental, or other health condition that has lasted for 6 months or more, which would limit or prevent employment, educational opportunities, or daily activities?"
17. For comparisons with other countries, see Population Reference Bureau (June 2008), "Older Workers and Retirement," *Today's Research on Aging*, No. 12.
18. For comparisons with all elderly in the United States in 2000, see Yvonne J. Gist and Lisa I. Hetzel (2004), *We the People: Aging in the United States*, *Census 2000 Special Reports* (Washington, DC: US Census Bureau).
19. For respondents age 65 and over, the words "for an elderly relative" are omitted from the question.
20. Zev Harel (1990), "Ethnicity and Aging: Implications for the Jewish Community," *Contemporary Jewry,* Vol. 11, No. 2: 77–91.
21. See Kenneth Kaplan, Ira M. Sheskin, and Charles Longino, Jr. (1989), "Conflicting Images of Elderly Jews: The Larger Picture," *Aging and Judaism*, Vol. 4, No. 2: 119–29.
22. The list of reasons for donating to Jewish organizations included: providing social services for the Jewish elderly, supporting the people of Israel, combating anti-Semitism, providing Jewish education for children, helping Jews overseas who are in distress, providing individual and family counseling for Jews, supporting educational trips to Israel, and providing social, recreational, and cultural activities for Jews.
23. This is the magazine of the American Association of Retired Persons (AARP) and is the largest-circulation magazine in the world with 24.5 million subscribers: www.magazine.org/CONSUMER_MARKETING/CIRC_TRENDS.
24. Almost all of the more than 40 local Jewish community studies completed by this author were not done using a professional market research firm. Instead, local community members (almost all of whom were Jewish) were hired and trained. This was done in part to try and ensure that the elderly are properly represented, as these interviewers could "relate" to elderly respondents in a way that the interviewers hired by market research firms might not.
25. Ira M. Sheskin (2006), *The Jewish Community Study of South Palm Beach County* (Boca Raton, FL: Jewish Federation of South Palm Beach County).
26. For a discussion of expected differences that baby-boomer retirees will exhibit, see Emily Brandon (16 February 2010), "10 Ways Baby Boomers Will Reinvent Retirement," *US News and World Report*, www.usnews.com/money/retirement/articles/2010/02/16 (accessed on 17 June 2010.) For a discussion of Jewish baby boomers and retirement, see David M. Alcott (2010), *Baby Boomers, Public Service, and Minority Communities: A Case Study of the Jewish Community of the United States* (New York: NYU Wanger, Research Center for Leadership in Action).
27. Population Reference Bureau (September 2007), "Trends in Disability at Older Ages,"*Today's Research on Aging*, No. 7.