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National Jewish Population Survey 2000-01



The American
Jewish
Elderly

Miriam Rieger
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INTRODUCTION

BETWEEN 1990 AND 2000-01, THE MEDIAN AGE OF THE

AMERICAN JEWISH POPULATION ROSE FROM 37 TO 42, while that of the general American population increased from 33 to 35 years of age. In that same period of time, the proportion of elderly Jews increased from 17% to 19% of the Jewish population, in contrast to a decrease in the proportion of the elderly in the total U.S. population from 13% to 12%. These basic demographic facts demonstrate that the Jewish population as a whole is growing older and that American Jews are older than Americans generally. In addition, the ranks of the Jewish elderly will swell even more in 2010, when the first members of the baby boom generation reach age 65.

The aging of the Jewish population over the past ten years, and the projected increase in both the proportion and number of Jewish elderly in the near future, will create new opportunities and challenges for the Jewish communal system, as well as for many Jewish families. These demographic trends also underscore the need to examine today's elderly Jewish population, as a first step in understanding Jewish seniors' social and economic characteristics and Jewish connections, and as a basis for communal planning and policy making moving forward.

Using data from the 2000-01 National Jewish Population Survey, this report compares the elderly Jewish population in the United States today with the rest of the adult Jewish population age 18-64. The elderly population itself is divided into two groups: (1) the young elderly, representing the section of the population between ages 65 and 74, and (2) the old elderly, representing those age 75 and older. The report will first provide an estimate of the size of the American Jewish population and various age groups within it. It will then concentrate on the demography of elderly Jews, specifically comparing the demographic characteristics of the young and old Jewish elderly and other Jewish adults. Attention will also be devoted to the social and economic status of

the elderly, along with their Jewish connections and affiliations. Finally, the report concludes with a brief discussion of the implications of the findings for policy making and planning in the Jewish communal system, including the benefits and challenges that may be encountered as the Jewish population continues to age.

POPULATION ESTIMATES

NJPS data are weighted to provide estimates of the composition of the Jewish population and Jewish households¹ according to specific characteristics. Table 1 presents weighted estimates and proportions of the Jewish population by four age groups.² The total Jewish population in the United States is estimated at 5.2 million people, though ages are known for just over 5 million of them.³ There are just over 4 million Jewish adults, among whom 956,000 are elderly. The table shows that the elderly population is split fairly evenly between the two elderly age groups: there are an estimated 487,000 young elderly Jews (representing 10% of the total Jewish population and 12% of all Jewish adults), and 469,000 old elderly Jews (representing 9% of the total Jewish population and 12% of all Jewish adults). The remaining Jewish population is divided between 966,000 children (representing 19% of the total Jewish population) and 3,087,000 adults age 18-64 (representing 62% of the total Jewish population and 76% of all Jewish adults).

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1. A Jewish household is defined as a household with at least one Jewish adult.
 2. Weighted population estimates are rounded to the nearest thousand and percentages are weighted to the nearest full percent.
 3. Ages for slightly less than 200,000 Jews are unknown for two reasons. First, the ages of 160 respondents and other Jewish household members in the NJPS data file – representing an estimated 81,000 Jews when the data are weighted – are not known because respondents did not provide the information to survey interviewers. Second, approximately 100,000 adult Jews are estimated to live in institutional settings such as nursing homes, the military and prisons, but they were not sampled for NJPS.

TABLE I.

Estimates of elderly Jewish population.

	Population estimates	% of All Jews	% of Adult Jews
Children (age 0-17)	966,000	19	–
Adults	4,043,000	81	100
Age 18-64	3,087,000	62	76
Elderly (total age 65 and over)	956,000	19	24
Age 65-74	487,000	10	12
Age 75 and over	469,000	9	12
Total	5,008,000 ¹	100	–

¹Does not include an estimated 100,000 Jews living in institutional settings not sampled for NJPS, or approximately 81,000 people whose age is unknown due to respondents not supplying the information to survey interviewers.

DEMOGRAPHIC PROFILE OF THE ELDERLY

THIS SECTION OF THE REPORT COMPARES A RANGE OF DEMOGRAPHIC CHARACTERISTICS of the two Jewish elderly populations with other Jewish adults. The characteristics include gender, regional distribution, marital status, education, employment status, occupation among employed individuals, household income, household composition and structure, length of time in current residence, and immigrant status. Table 2 (pp. 8-10) presents the profiles of each age group.

Examining gender first, the table shows that while there are more women than men in each age group, the proportion of women is slightly greater among the young and old elderly groups than among other adults, a reflection of the longer life expectancies of women.

Similarities and differences exist in the regional distribution of the age groups. Within each age group – old elderly, young elderly and others –

METHODOLOGICAL NOTE

The National Jewish Population Survey 2000-01 is a nationally representative survey of the Jewish population living in the U.S. The survey was administered to a random sample of approximately 4500 Jews. Interviewing for NJPS took place from August 21, 2000 to August 30, 2001 and was conducted by telephone. The sample of telephone numbers called was selected by a computer through a Random Digit Dialing (RDD) procedure, thus permitting access to both listed and unlisted numbers in all 50 states and the District of Columbia. The margin of error when the entire sample is used for analysis is +/- 2%. The margin of error for subsamples is larger.

The NJPS questionnaire included over 300 questions on a wide variety of topics, including household characteristics, demographic subjects, health and social service needs, economic characteristics, and Jewish background, behavior and attitudes.

The NJPS questionnaire was divided into long-form and short-form versions. The long-form version was administered to respondents whose responses to selected early questions indicated stronger Jewish connections; these respondents represent 4.3 million Jews, or over 80% of all U.S. Jews. The short-form version, which omitted many questions on Jewish topics and social services, was given to respondents whose answers on the same selected early questions indicated Jewish connections that are not as strong; they represent an additional 800,000 Jews.

The most important implication of this design decision is related to findings on Jewish connections. Descriptions of Jewish involvement and identity that are restricted to the more engaged part of the Jewish population (4.3 million Jews) would, in many cases, be somewhat less strong if they had been collected from all respondents representing the entire Jewish population.

In this report, questions that were asked of respondents representing the more engaged segment of the Jewish population (4.3 million Jews) are indicated by footnotes in Tables 3 and 4.

For further methodological information, see the Methodological Appendix in *The National Jewish Population Survey 2000-01: Strength, Challenge and Diversity in the American Jewish Population*, A United Jewish Communities Report (available at www.ujc.org/njps.)

more Jews live in the Northeast than in any other single region.⁴ However, proportionally more non-elderly than elderly live in the Northeast, Midwest and West, while proportionally more elderly than non-elderly live in the South, due to the well-known migration of elderly to that region, especially to Florida.

Marital status is an important factor contributing to the support and independence of the elderly. Most elderly Jews are married, with a higher percentage of young elderly married than old elderly. A significant potential cause of social isolation is widowhood, which characterizes a third of the old elderly and a fifth of the young elderly, but very few other adults. In turn, few elderly Jews are divorced or separated and even fewer have never been married.

Education is another area that illustrates differences between the age groups. Relative to Jewish adults age 25-64,⁵ more elderly have only a high school education or below. Approximately the same proportion of each age group received some college education, while adults 25-64 are slightly more likely to have earned a college degree. Looking at graduate schooling, the young elderly are almost twice as likely as the old elderly to have a graduate degree, and other Jewish adults are still more likely to have finished a graduate-level program.

Looking at employment status, about a fifth of the young elderly and just 7% of the old elderly hold either full- or part-time positions. Not surprisingly, most elderly are retired. Fewer than 10% of both the young and old elderly report that they are unable to work due to a disability.

For the elderly, data on the types of jobs held by those who are currently employed should be interpreted cautiously due to the small number of elderly respondents still working. Nonetheless, the data are consistent with occupational mobility among Jews over time. For example, while the

4. NJPS uses the U.S. Census Bureau's regional division of the country. The country's four regions are the Northeast, South, Midwest and West.

5. Education data for the non-elderly are restricted to those age 25-64 because many 18-24 year-olds are still in the process of completing their education.

TABLE 2.

Demographic profiles of elderly and other adults.

	% Old Elderly (age 75+)	% Young Elderly (age 65-74)	% Other Adults (age 18-64)
Gender			
Men	46	46	48
Women	54	54	52
Total	100	100	100
Region			
Northeast	36	39	42
Midwest	11	10	13
South	33	33	21
West	20	18	25
Total	100	100	101 ¹
Marital status			
Married	58	69	56
Divorced/separated	5	9	11
Widowed	34	19	2
Single/never married	3	3	31
Total	100	100	100
Education²			
High school or below	34	30	17
Some college	25	22	24
College degree	28	26	32
Graduate degree	13	22	27
Total	100	100	100
Employment status			
Employed full-time	4	11	60
Employed part-time	3	10	16
Retired	85	67	5
Homemaker	2	2	5
Student	0	0	7
Unemployed	0	2	5
Disabled and unable to work	6	8	3
Total	100	100	101

	% Old Elderly (age 75+)	% Young Elderly (age 65-74)	% Other Adults (age 18-64)
Occupation (among employed)			
Management/executive	6	8	13
Business/financial	2	8	7
Professional/technical	32	40	42
Service/sales/office or administrative support	42	32	27
Foremen/skilled and unskilled workers	8	7	5
All others	11	6	6
Total	101	101	100
Annual household income			
Less than \$25,000	42	32	15
\$25,000 to \$49,999	31	33	21
\$50,000 to \$99,999	22	22	34
\$100,000 to \$149,999	3	7	17
\$150,000 or more	2	7	12
Total	100	101	99
Household composition			
Non-elderly single, no children in household	—	—	18
Non-married partner, no children in household	1	1	5
Non-elderly married couple, no children in household	—	—	20
Single parent with child(ren) 0-17	1	1	10
Married couple with child(ren) 0-17	0	1	27
Adult(s) and adult children (no children 0-17)	6	6	10
Elderly married couple, no children in household	52	60	2
Elderly single, no children in household	39	28	—
All others	2	2	7
Total	101	99	99
Length of time at current residence			
4 years or less	24	27	48
5-9 years	16	19	17
10-19 years	19	15	18
20+ years	41	38	14
Always lived here	0	1	4
Total	100	100	101

TABLE 2. (continued)

Demographic profiles of elderly and other adults.

	% Old Elderly (age 75+)	% Young Elderly (age 65-74)	% Other Adults (age 18-64)
Immigrant status			
Immigrants from former Soviet Union, 1980+	6	10	5
Immigrants from other countries, 1980+	1	2	4
U.S. born and immigrants pre-1980	93	89	92
Total	100	101	101

¹ Totals may not sum to 100% due to rounding.

² Education data for the non-elderly are restricted to those age 25-64 because many 18-24 year olds are still in the process of completing their education.

elderly and other Jewish adults fall mostly within two categories – professional/technical and service/sales/office or administrative support – proportionally more non-elderly than elderly hold professional/technical jobs. Proportionally more adults 18-64 than elderly are also in management/executive positions, another indication of occupational mobility among Jews over time. Small proportions of all three groups comprise each of the remaining job categories.

As measured by household income,⁶ economic vulnerability is more common in the elderly population than among other adults, and more common among the old elderly than among the young elderly. When compared to other Jewish adults, the young elderly are more than twice as likely to have a household income below \$25,000 and the old elderly are almost three times as likely to fall into this level of household income.

6. The NJPS interviewer stated: “For statistical purposes only, please stop me when I mention the category that includes your household’s total income, before taxes, in 1999.” The interviewer then read up to 11 categories, starting with “less than \$15,000” and ending with “\$500,000 or more.” For a full listing of the income categories, go to www.ujc.org/njps to view the NJPS questionnaire (see question 305).

Additionally, about a third of both elderly age groups report a household income between \$25,000 and \$49,999, still proportionally more than among other adults. In contrast, just under a quarter of the elderly fall into the category of \$50,000 to \$99,999, proportionally fewer than other adults. At the high end of the income scale, 14% of the young elderly and 5% of the old elderly report household income of \$100,000 or more per year, proportions that are again lower than among adults 18-64.⁷

Turning to household composition, the table clearly shows that while the overwhelming majority of elderly live in households without children, more young elderly households are comprised of a married couple and more old elderly households are comprised of a single adult. The higher percentage of old elderly who are widowed no doubt explains this higher incidence of living alone.

In terms of length of time at current residence, a significant minority of elderly have lived at their current residence for twenty or more years, and over half have lived in their current residence for 10 years or more, reflecting a strong pattern of residential stability. In contrast, the elderly are much less likely than other adults to have lived in their present residence for four years or less.

Lastly, looking at immigration status, there is little variation across the three age groups. Large majorities of each group were either born in the U.S. or came to this country before 1980. However, one important difference does emerge among the immigrants who have arrived since 1980: more than 80% of all elderly immigrants are from the former Soviet Union (FSU), compared to just over half of immigrants age 18-64. The high proportion of elderly immigrants from the FSU reflects the fact that much of the movement of Jews from the FSU to the U.S. involved full families moving together or was designed to reunite families that had been separated by earlier migration, often of younger family members.

7. For a more detailed examination of economic vulnerability, see *Economic Vulnerability in the American Jewish Population*, Report 5 in the United Jewish Communities Report Series on the National Jewish Population Survey 2000-01, available at www.ujc.org/njpsreports.

TABLE 3.Health and social service needs of elderly and other adults.¹**HEALTH AND SOCIAL SERVICE NEEDS**

THIS SECTION OF THE REPORT FOCUSES ON THE HEALTH AND SOCIAL SERVICE NEEDS OF ELDERLY JEWS AND THOSE WHO LIVE IN THEIR HOUSEHOLDS. Table 3 provides comparisons of old elderly, young elderly, and adults 18-64 across a range of health and social service indicators. It is important to note that all questions in this section, except general health assessment, were asked only of more Jewishly-connected respondents, representing approximately 80% of the Jewish population (see Methodological Note, p. 6).

Not surprisingly, the elderly report poorer health than other adults. In a general assessment of their health, more than half of the elderly report their health is either excellent or good, but the old elderly and young elderly are, respectively, three and a half and two and a half times more likely than other adults to report their health is either fair or poor. In addition, more than a quarter of elderly Jews – 24% of the young elderly and 29% of the old elderly – report that they or someone else in their household has a health condition that limits education, employment or daily activities, twice the rate of adults age 18-64.

Among those who report someone in the household with a health condition, the frequency with which these health conditions require assistance or supervision varies little across the age groups. The data show that close to half of the elderly require assistance or supervision daily, just slightly higher than other adults. Moderate levels of assistance – about once a week – are somewhat more typical of adults 18-64 than the elderly. In all groups, more than a third say they require assistance or supervision less than once per week.

The elderly and other adults tend to pay for assistance and supervision related to health conditions in different ways. Most elderly, above 60% in total, pay for assistance through government funded programs such as Medicare, compared to under 40% of other adults. Among the young elderly, the next most common sources of payment are personal health

	% Old Elderly (age 75+)	% Young Elderly (age 65-74)	% Other Adults (age 18-64)
Health assessment			
Excellent	13	24	51
Good	45	47	38
Fair	30	21	9
Poor	12	8	3
Total	100	100	101 ²
Someone in household has health condition that limits education, employment or daily activities			
	29	24	12
Frequency health condition requires assistance or supervision			
Daily	46	47	41
Several times a week	11	11	11
About once a week	7	4	11
Less than once a week	36	38	36
Total	100	100	99
Primary financial source for supervision/assistance			
Government funded program such as Medicare	60	69	38
Personal health insurance	10	12	33
A local social service agency	1	0	4
Personal savings	17	5	10
Help from family members	10	13	10
Someone else	2	1	5
Total	100	100	100
Social service needs			
Home health care ³	20	11	18
Nursing home care ³	8	4	8
Physically challenged person in household	10	5	4
English as a second language	6	14	23
Financial assistance	5	5	6
Mentally disabled person in household ⁴	1	1	3
Any other personal/family problem	6	4	6

TABLE 3. (continued)Health and social service needs of elderly and other adults.¹

	% Old Elderly (age 75+)	% Young Elderly (age 65-74)	% Other Adults (age 18-64)
Agency help received for social service needs			
Home health care ³	57	58	51
Nursing home care ³	52	48	21
Physically challenged person in household	51	61	44
Financial assistance	25	47	55
Mentally disabled person in household ⁴	1	1	48
Any other personal/family problem	10	44	38

¹ All data in this table, except health assessments, are restricted to respondents representing the more Jewishly-connected population of 4.3 million Jews.

² Totals may not sum to 100% due to rounding.

³ Asked of respondents in households with someone age 65 or over.

⁴ Asked of respondents in households with two or more people.

insurance and help from family members, while among the old elderly it is personal savings. Compared to both elderly groups, adults 18-64 are three times more likely to use personal health insurance to cover the costs of assistance.

NJPS respondents were asked a series of targeted questions whether they or someone else in their households could have used help for specific social service needs, regardless of whether they received the help or even contacted an agency about the need. Consistent with the data on health, the old elderly are twice as likely as the young elderly to report that they or someone else could use help with home health care, nursing home care, and with a physically challenged person in the household. In fact, these health-related items are the most commonly mentioned service needs among the old elderly. However, among those who conducted the NJPS interview in Russian (an option made available to Russian speakers), proportionally more young than old elderly reported a need for

instruction in English as a second language, and even higher proportions of other adults did so. There is little variation across the groups in terms of needs related to financial assistance, mentally disabled persons in the household, and other personal/family problems.

Among those who identified a social service need, follow-up questions were asked to determine if they had received help from an agency. Half or more of old and young elderly who needed services related to health – home health care, nursing home care and help for a physically challenged person – report receiving such help. In contrast, the young elderly were almost two times more likely than the old elderly to receive agency help for financial assistance and more than four times as likely to receive agency help for other personal/family problems. In these two cases, the old elderly were also significantly less likely to access help than were adults age 18-64.

JEWISH CONNECTIONS

THE JEWISH CONNECTIONS OF THE ELDERLY ARE A VALUABLE RESOURCE for the Jewish community, with many elderly remaining actively engaged in communal organizations and programs. Table 4 presents information on the Jewish ties of the elderly in comparison to other adults. All findings in this section – except contributions to non-Federation charities, religious service attendance and intermarriage – refer to the more Jewishly-connected respondents who represent approximately 80% of the adult Jewish population (see Methodological Note, p. 6).

The elderly are at least as likely and often more likely to be formally affiliated with the Jewish community through organizational memberships. About 45% of each age group belongs to synagogues, while proportionally more elderly, both young and old, belong to JCCs and other Jewish organizations.

Philanthropic behavior also reveals the relative strength of the elderly compared to other adults. Specifically, more than half of the old elderly

TABLE 4.

Jewish connections of elderly and other adults.

	% Old Elderly (age 75+)	% Young Elderly (age 65-74)	% Other Adults (age 18-64)
Communal affiliations and participation¹			
Synagogue member	43	44	47
JCC member	30	29	18
Other Jewish organization member	48	38	23
Made contribution to Jewish Federation¹	53	42	24
Made contribution to a Jewish charity excluding Jewish Federations	51	44	39
Religious service attendance			
None	35	33	28
Special occasions less than 3 times	8	10	10
High Holidays only	18	18	14
A few times (3-9)	13	14	20
About one time per month	6	7	10
More than one time per month	21	18	18
Total	101 ²	100	100
Participated in adult Jewish education program¹	23	21	25
Volunteered for Jewish organization¹	18	22	25
Intermarriage			
In-married	86	83	60
Conversionary in-married	0	1	4
Intermarried	15	15	36
Total	101	99	100
Proportion of closest friends who are Jewish			
All	14	10	7
Most	38	40	21
About half	18	19	19
Some	20	26	41
None	11	5	12
Total	101	100	100

	% Old Elderly (age 75+)	% Young Elderly (age 65-74)	% Other Adults (age 18-64)
Current denominational identification¹			
Orthodox	7	9	11
Conservative	37	28	24
Reform	31	35	35
Reconstructionist	1	1	2
Just Jewish	19	21	20
Other Jewish	1	2	2
No denomination/secular	5	4	5
Total	101	100	99
Denomination of synagogue (synagogue members only)			
Orthodox	15	19	24
Conservative	45	41	30
Reform	33	32	39
Reconstructionist	2	1	3
Other	6	8	5
Total	101	101	101

¹ Indicates findings are restricted to respondents representing the more Jewishly-connected population of 4.3 million Jews.

² Totals may not sum to 100% due to rounding.

contributed to Jewish Federation campaigns in the year before the survey. The young elderly are not far behind, with over four in ten making contributions to Federation. In contrast, just under a quarter of other Jewish adults donated money to Federation campaigns. Looking at monetary contributions to other Jewish charities (excluding Federation), the old elderly once again lead the way with just over half contributing, followed by 44% of the young elderly and 39% of other adults.

On other measures of communal participation, the elderly are similar to other adults. For example, little difference exists between the elderly and other Jewish adults in terms of religious service attendance in the year before their NJPS interview. About one-third of all adults in each age group report that they did not attend religious services. Progressing along the scale of attendance, relatively few attended only on special occasions or less than three times. The elderly are slightly more likely to have attended on the High Holidays only, in contrast with other Jewish adults who are more likely to have attended a few times (3-9). Slightly fewer elderly attended about one time per month compared to other adults, and about the same proportions attended more than once a month.

Moreover, the elderly are as likely as other Jewish adults to participate in adult Jewish education. While a quarter of Jewish adults age 18-64 reported attending adult Jewish education classes or adult Jewish learning in the year prior to the survey, both the young and old elderly followed closely behind, reporting 21% and 23% respectively.

Volunteering for a Jewish organization is another avenue for engagement in the Jewish community. About a fifth of all elderly – 18% of old elderly and 22% of young elderly – reported that they volunteered for a Jewish organization in the year prior to being interviewed for NJPS, just slightly below the proportion of other adults.

Turning to Jewish social networks, the table indicates that the social networks of the elderly are particularly strong. Intermarriage presents a significant difference between the elderly and other Jewish adults. For currently married Jews, the rate of intermarriage among the elderly is less

than one-half the intermarriage rate among other adults. This of course reflects the burgeoning incidence of intermarriage starting in the 1970s, and most elderly Jews were married before this time.

The strength of elderly Jewish social networks is also reflected in the proportion of their closest friends who are Jewish. Half of both elderly age groups report that most or all of their friends are Jewish. In sharp contrast, more than half of other Jewish adults report that only some or none of their closest friends are Jewish.

Lastly, Table 4 presents data on two forms of connections with Jewish religious denominations. Respondents were asked whether they consider themselves Orthodox, Conservative, Reform, Reconstructionist, just Jewish or something else. Most Jews consider themselves either Conservative or Reform, with the old elderly slightly more likely than the other groups to call themselves Conservative and slightly less likely to say they are Reform. About one in five members of each group identify themselves as “just Jewish,” and about one in ten of each group consider themselves Orthodox, though there is a small increase in the proportion that say they are Orthodox as age declines.

Synagogue members were also asked the denomination of their synagogue. Here, too, most synagogue members belong to either a Reform or Conservative congregation, with the elderly more likely to belong to Conservative synagogues and other adults more likely to belong to Reform synagogues. As with personal identification, connections to Orthodoxy rise as age declines. Fifteen percent of the old elderly say their synagogue is Orthodox, compared to nearly a quarter of adults 18-64.

CONCLUSION

THIS REPORT HAS DOCUMENTED THE AGING OF THE AMERICAN JEWISH POPULATION, provided descriptions of the elderly's demographic characteristics, health conditions and social service needs, and examined the elderly's connections to Jewish life, communal institutions and programs.

The growing number and proportion of elderly Jews present both challenges and opportunities to the communal system. On the one hand, the data show that Jewish seniors play a vital role in the Jewish community. As the preceding section noted, proportionally more elderly Jews than other Jewish adults contribute to both Federations and other Jewish causes, belong to JCCs and other Jewish organizations, and have strong Jewish social networks. The elderly are similarly engaged as other adults with respect to religious service attendance, volunteerism for Jewish organizations, and participation in adult Jewish education. It is clear that many Jewish seniors continue to bring their energy, talents and resources to the Jewish community, and with life expectancy increasing, the Jewish community will likely continue to benefit from the engagement and participation of older American Jews.

Simultaneously, while the elderly provide enormous benefits to the Jewish community, it is important to understand the policy and planning challenges that an aging population presents to the communal system. As noted earlier, the proportion of elderly Jews since 1990 has risen from 17% to 19%. The number and proportion of elderly in the Jewish population will almost certainly rise further as the first members of the baby boom generation reach age 65 and as life expectancy continues to increase.

Crucially, the elderly report poorer health and are more likely to face health conditions that limit activities compared to other adults. The data show that poor health and health conditions are even more common among the old elderly than the young elderly, which suggests that the elderly population should not be viewed as a monolithic group but rather as (at least) two distinct sub-populations with different levels of health-related needs. The findings on health in conjunction with the rising proportion of elderly in the Jewish population strongly suggest that the

future will bring an increased demand on the continuum of care for health and social services associated with the elderly.⁸

NJPS findings highlight other important issues facing elderly Jews. As this report noted, 39% of the old elderly and 29% of the young elderly live alone, and for them the risk of social isolation is heightened. In response, the communal system can provide services that create opportunities for socializing, such as friendly visits, transportation to various locations and venues, and social programs. In a more positive vein, this report also noted that many elderly Jews have lived in their residences for an extended period of time. UJC and Federation efforts to establish and continue supporting community-based Naturally Occurring Retirement Communities (NORC's) are a direct result of the desire of many elderly Jews to remain where they are as they age.

Economic vulnerability is also a concern for many elderly Jews, with the rate of low income elevated among seniors. Communal responses to this situation might include increased attention to long-standing initiatives such as subsidized housing and congregate meal programs, as well as scholarships for communal affiliation.

Moving beyond the needs of the elderly themselves, the family caregivers of elderly Jews also require attention. Caregiving in itself is frequently a challenging endeavor, and caregivers often require financial, emotional and spiritual support. The needs of caregivers, which are likely to increase as the proportion of elderly rises, are a growing challenge to the communal system and will increasingly require communal initiatives that offer support.

8. "Continuum of care" refers to a comprehensive, client-oriented system of services for the elderly and a cluster of coordinating mechanisms (e.g., community planning, case management, and unified administrative structures). Services may include aid that allows the elderly to stay in their homes (home health care and homemaker services), transportation services, adult day care, Meals-on-Wheels and nutrition programs, respite care, assisted living and skilled nursing care, and acute medical and end-of-life care. Once clients access the system, they can move from one level of care to the next as their needs change.



111 Eighth Avenue, Suite 11E, New York, NY 10011

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