

Florida's Jewish Elderly

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You shall rise before the aged and show deference to the old.

–Leviticus 19:32

Do not cast me off in old age;

When my strength fails me, do not forsake me!

–Psalms 71:9

Jewish tradition guides the American Jewish community in its attitude toward the elderly. But the attention paid by the Jewish community in Florida to its elderly¹ members is dictated as much by modern demographics as it is by ancient tradition.² While 17.6% of Florida's population are age 65 and over, about 55% of Florida's Jewish population are age 65 and over (Bureau of Economic and Business Research 1998).³

Almost 373,000 Jews age 65 and over live in the State, about 328,500 (87%) in one of the three South Florida Counties (Table 1). Broward and Palm Beach Counties, with about 125,000 and 150,000 Jewish elderly residents respectively, have the largest elderly Jewish communities, followed by Miami-Dade, with approximately 50,000 (Sheskin 1994b, 1996, 1997, 1999). Much smaller numbers live in Sarasota and Manatee Counties, Pinellas County (St. Petersburg /Clearwater), and the Orlando area (Sheskin 1993, 1994a, 2001a). About 25,000 live in the remainder of the state.

About half of Jewish elderly are age 75 and over, almost 90% who live in South Florida. The greatest number live in Broward, which has 77,000 Jewish elderly age 75 and over. Almost two-thirds of Jewish elderly in Broward are age 75 and over. About 34,000 Jewish elderly are age 85 and over. It also should be noted that while only about 5% of all Floridians are Jewish, their share of Florida's elderly is 13%.

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Table 1
Jewish Elderly Population in Florida

Community	Age 65 and Over	Age 75 and Over	Age 85 and Over
Miami-Dade County	51,000	24,000	7,000
Broward County	123,500	77,000	16,000
Palm Beach County	154,000	71,000	11,000
Total South Florida	328,500	172,000	34,000
Orlando ^a	2,800	900	100
Pinellas County	8,000	3,800	900
Sarasota-Manatee Counties	9,200	5,300	1,100
Other Counties ^b	25,000	12,000	2,000
Total Florida	373,500	194,000	38,100

^a Orange, Seminole, Osceola, and Volusia Counties

^b Estimates for named counties are based upon Jewish demographic studies by this author for local Jewish Federations Sheskin 1993, 1994a, 1994b, 1997, 1999, 2001a). Estimates for "Other Counties" are based upon interpolation.

This article has two purposes. First, while many issues that face elderly gentile Floridians also are faced by its Jewish elderly, social service providers, particularly those in areas of heavy Jewish concentration,¹ would be well served to be aware of some of the distinct characteristics of elderly Jews. Second, this article assesses the extent to which elderly Jews will become a "strain" on the State's public and private social service network. Demographic and geographic factors that contribute to increasing dependency among the Jewish elderly are first discussed, followed by a discussion of those factors that ameliorate this dependency. The evidence suggests that Jewish elderly will be much less of a burden on the social service network than other elderly groups.

Factors Contributing to Increasing the Dependency of Florida's Jewish Elderly

Imbalanced Age Distribution of the Jewish Community. Florida contains the most demographically imbalanced Jewish communities in the United States (Sheskin 2001b). About 15% of American

Jews are age 65 and over, compared to 66% in Palm Beach County, 63% in Sarasota-Manatee, 46% in Broward, 31% in Miami-Dade, and 28% in Pinellas (Sheskin 1992, 1994a, 1994b, 1997, 1999, 2001a). This demographic imbalance, created by an age-selective migration stream from the Northeast and Midwest to Florida, has a significant impact on the ability of the Jewish community to provide social services to its own members. That is, compared to other Jewish communities, most Florida Jewish communities have much higher "dependency" ratios. The dependency ratio refers to the ratio between those who are outside the normally productive age group compared to those who are within it. In the case of most of Florida's Jewish communities those in the unproductive age groups often greatly exceed those in the productive. This creates a situation where, at times, there may be a greater demand for Jewish charity than contributions.

"Home is elsewhere." Less than 1% of Florida's Jewish elderly were born in the state. The overwhelming majority in South Florida (75% in Broward County, for example) were born in the Northeast (Sheskin 1997). Although the percentage born in the Midwest is higher on Florida's West Coast, even here the majority were born in the Northeast. Add to this their relatively short period of residence in Florida it is not difficult to understand why so many never develop a deep attachment to their new community. As a group, Florida's Jewish elderly generally show a high level of philanthropic and civic activity (voter registration among Florida's elderly Jews is well over 95%) (Sheskin 2000). Unfortunately, particularly among Jewish "snowbirds" (those who spend less than eight months of each year in Florida), their philanthropy often is directed toward the northern communities they left. This reduces philanthropic dollars that might otherwise be available to social service agencies in Florida.

Geographic separation of the Jewish elderly from their adult children. One implication of this migration of elderly Jews from the North is that a large number of them are *now* living in different metropolitan areas than their children and grandchildren. In South Palm Beach County (Boca Raton and Delray Beach), for example, only 20% of the elderly have adult children living within a 90 minute drive (Sheskin 1996). Thus, many elderly Jews, while they may have long-time friends and relatives living in close proximity often lack adult children to assist them in times of medical, social, or other crises. This factor also contributes to many Jewish elderly leaving Florida upon the death of a spouse to live

closer to their children.

The old are getting older. While the maxim "the old are getting older" is true for all American elderly, it is especially true for Jewish elderly. As they age they place an increasing burden on the state's health care system. Tens of thousands of Jewish elderly moved into Florida from the North during the 1970s. Most of these migrants were in their sixties. By the beginning of the 21st century many had reached into their eighties. For example, in South Palm Beach County, the number of Jews age 80 and over increased from 2,700 to 14,000 between 1986 and 1995 (Sheskin 1996). The implications for those involved in assisted living facilities, home health care, medicine, and mortuary services are clear. Another important implication of the aging of the Jewish retirees is that some have outlived their retirement savings. Jewish Family Services often are called upon for assistance when this occurs.

Equally important is the growth the number of the "oldest old." within the Jewish population. The share of this group (75 years of age and older) within the Jewish population of both Broward and Palm Beach counties has become so great that, as a result of their high mortality, the total Jewish population has begun to stabilize. Jews continue to migrate to these counties, however, the number arriving barely replace those who have died. In 1990, 275,000 Jews lived in Broward County while in 1997 the number had fallen to 269,000. Although approximately 8,000 Jews entered Broward County each year during the 1990s, they were replacing those who had been lost to mortality and outmigration. It is doubtful if we will witness significant increases in the overall number of Jewish elderly in Florida in the foreseeable future. Rather, the cohort of new retirees will now begin to replace the cohort who retired to Florida 20 years ago and is now suffering from significant mortality (Sheskin 1997).

It also should be noted that the communities in which these retirees have settled have become increasingly more aged. Imagine a condominium development that opened in 1975 and filled with people in their middle sixties. By 1995, those who had survived would be in their middle eighties. As they begin to die or enter managed care facilities the houses they leave become difficult to sell. For obvious reasons most retirees in their sixties do not wish to move into a housing development where a large share of its occupants are in their eighties

More single persons live alone. Another characteristic of a retirement community is the large share of its residents who live

alone. For example, the 1980 US Census enumerated 10,598 people in Century Village, near West Palm Beach (a housing development which traditionally has been more than 90% Jewish). They lived in 7,654 housing units, with an average household size of 1.4 persons per unit. Ten-years later, when the 1990 US Census was levied, the number of households remained virtually the same, but the number of inhabitants declined by about 2,200. In that year the average household had fallen to 1.1 people (Sheskin 1994c). In Broward County, 35% of the 133,000 Jewish households contain only one person, the highest percentage of single person households of any Jewish community in the nation. Of these single households, 71% contain elderly women (Sheskin 1997). In total, about 33% of Jewish elderly in Broward County live alone, as do 30% in Miami-Dade County, and about 18% in Palm Beach County (Sheskin 1994b, 1996, 1997, 1999).

Note as well that this drop in household size implies a significant imbalance in the male/female ratio, since life expectancy among women is higher than that for men. In Dade County, for example, 12,000 elderly women live alone, compared to only 3,000 elderly men. 20% of males age 75 and older are currently widowed, compared to 53% of females (Sheskin 1994b). This makes it difficult for elderly women to find male companionship. It also helps to explain why the majority of nursing home residents are female.

Clearly, the elderly who live alone are the most likely to require social services, medical care, and institutionalization. As the elderly live longer, we can anticipate that the share of those who live alone will increase. Most will be female. Life expectancy among U.S. females is now seven years longer than among males. Among Jewish elderly Floridians, females comprise the vast majority of nursing home patients.

Limiting physical and mental health. Declining physical and mental health⁶ are serious problems within Florida's aged Jewish population. About 20%-25% of elderly Jewish households in Florida indicate that one or more household members has a limiting physical or mental condition; and about 10% of this group has a limiting condition that requires assistance on a daily basis. In Broward County, for example, 3%-5% of all elderly Jewish households have a person who needs help with one or more of the activities of daily living (dressing, getting around inside the home, bathing, taking care of one's appearance, using the bathroom, and eating). These high rates of limiting conditions, while well below that for the general US elderly population, in part might be related

to a selective migration from the North. The least hardy, those who no longer feel they can suffer another northern winter, might be the first to go south. This, in turn, could lead to them requiring more medical attention when they get to Florida than those who remained in the north. (Sheskin 1997).

Factors Ameliorating the Dependency Level of Florida's Jewish Elderly

Snow bird status. Florida's elderly Jewish population may be divided into three groups based upon the number of months spent in the state: full-year residents (8-12 months of the year in Florida), part-year residents or "snowbirds" (3-7 months), and "snowflakes" (less than 3 months). The snowflake population is not included in any of the statistics in this article, even though some evidence suggests that half of them own property within the state. About one-fourth of the elderly Jewish households in Palm Beach and Sarasota are snowbirds, as are 10%-15% in Miami-Dade County, Pinellas County, and Broward County (Sheskin 2000). While this group enjoys a much higher income and generally is in better health than elderly full-year residents, their ties to the local community are often more tenuous, a phenomenon earlier discussed.

Emotional attachment to other places implies less need for Florida assisted living facilities. Elderly Jews from the Northeast and Midwest, even after living years within Florida, when they go north to where they lived their productive lives, usually refer to the journey as "going home." This suggests a lack of identity with their Florida communities. For example, in 1995, \$31 million was contributed by Jews in Palm Beach County to Jewish Federation chapters outside of Florida, while \$28 million was donated to those within the state. Much lower percentages of the Jewish elderly respondents to surveys in Florida claim familiarity with their local Jewish social service agencies than do respondents to surveys completed in northern cities. Awareness of elderly programs offered by such agencies as Jewish Family Service is very low. The implication for assisted living facilities is that many Jewish elderly will choose (or their children will choose for them) to enter such facilities in the North and not in Florida.

A geographically clustered population. Particularly in South Florida and Sarasota, the elderly Jewish population is spatially highly concentrated. Most elderly Florida Jews live in planned

retirement communities in which they are the overwhelming majority. Even where they do not live in a planned community they commonly choose certain sections of the city in which they become concentrated. In Dade County, for example, 51% of the Jewish population claim to live in an area that is "all" or "almost all" Jewish; 76% claim to live in an area that is at least half Jewish (Sheskin 1982). In Broward and Palm Beach Counties, large numbers of Jews live in planned retirement communities such as Century Village, Hawaiian Gardens, King's Point, Palm Aire, and Wynmoor Village.⁵

An important factor that contributes to the success of these communities is that their original occupants invite friends and relatives down to visit them from their previous home. Many visitors are converted into permanent residents. In Sarasota, for example, half of the elderly households had close friends or relatives living in the area before they moved in (Sheskin 1992). Thus, informal social service networks, including "telephone reassurance services," "respite care," and "handyman services" develop among the residents. This support system lessens the need for government and religiously based social service programs. In those cases where such programs are needed, this pattern of elderly settlement simplifies the delivery of religious, social, cultural, and ethnic services to this population.

Despite a strong desire to live in communities in which they are the overwhelming majority, elderly Florida Jews have shown little enthusiasm for joining local synagogues. In fact, the share of South Florida elderly Jews who are members of local synagogues is among the lowest in the nation.⁶ One reason for this low rate of membership is that when one lives in a mostly Jewish community, the need to join a Jewish institution to develop Jewish friendships diminishes. Jewish social and cultural activities are often offered in condominium clubhouses.

Developers, to attract Jews to their developments, often have used strategies such as stressing that they were "close to synagogues," even if many who purchase homes never join. The reverse also has been used. In Delray Beach (Palm Beach County), a housing development was originally called "Christian Conference Center" to indicate that it wanted to attract Christians and not Jews.

This strong desire for ethnic homogeneity among elderly Jews who have moved to Florida has other implications. Most Jews show a strong preference toward Jewish assisted living facilities,

even if their own personal level of religiosity is not strong. Although most Jewish assisted living facilities offer only kosher food, as well as religious services, most elderly secular Jews seem to prefer them to those that are non-sectarian. Whereas they might accept a Christmas tree in a shopping mall, they do not want to see one in the lobby of their "home." They might not keep kosher, but they would prefer only turkey on Thanksgiving, and not ham. A final outcome of Jewish residential concentration is that the civic efforts which were so much a part of many of their lives up north often are transformed into community politics once they settle in Florida.

Economic status. An important factor contributing to Florida's Jewish elderly putting less of a strain on the social service network of the counties in which they live than the average elderly American is their greater financial resources. For example, in Broward County, the median elderly Jewish household income is \$36,500, compared to about \$18,000 for all elderly households (Sheskin 1997). This differential is related to two factors. First, American Jews in general, because of extraordinarily high levels of education, have incomes in excess of other Americans. Second, the migration of elderly Jews to Florida has been selective. Northern elderly Jews with higher incomes and savings are more likely to migrate to Florida than those with more modest resources. This is especially true of the part-year Jewish elderly residents ("snowbirds") who have much higher incomes than their full-year counterparts. An important implication of this is that, while the demand for services among Florida's Jewish elderly is likely to increase significantly in the coming years, many will have the means to pay for a significant portion of these services and not have to resort to welfare or charity.

In Broward and Palm Beach Counties, about 90% of elderly Jewish households own their own home, as do about 80% in Pinellas, Sarasota, and Dade Counties (Sheskin 1992, 1994a, 1994b, 1995, 1997, 1999). In many cases, their owners have paid off the mortgage. For example, in Sarasota about 55% of Jewish elderly homeowners have no mortgage on their property (Sheskin 1992). In West Palm Beach, this figure is over 60% (Sheskin 1987). This would suggest that, if they had to move to an assisted living facility, they could sell their home to at least cover part of the cost.

There is considerable variation within retirement communities in the value of homes, especially when households are disaggregated into the young old (age 65-74) and the old old (age 75 and

Table 2
Housing Value of Jewish Elderly Households in Florida
Median (% Valued Under \$50,000)

Community	Age 65-74	Age 75 and Over
Sarasota-Manatee Counties	\$240,500 (2%)	\$175,000 (2%)
Miami-Dade County	\$99,000 (14%)	\$66,000 (37%)
Palm Beach County	\$135,000 (9%)	\$86,000 (27%)
Orlando ^a	\$87,000 (11%)	\$77,000 (21%)
Pinellas County	\$85,000 (16%)	\$65,000 (35%)
Broward County	\$74,000 (27%)	\$57,000 (44%)

^a Orange, Seminole, Osceola, and Volusia Counties
 Source: See Table 1.

over) (Table 2). For those age 65-74, Sarasota-Manatee leads with a median house value of \$240,500, compared to only \$175,000 (27% less) for those age 75 and older. In Miami-Dade and Palm Beach counties the differences are 37% and 28% less, respectively. More importantly, in some counties many elderly Jews are living in homes valued less than \$50,000. This is especially true of the old old in all counties except Sarasota. Many of the owners of these modest homes, if they have to move to an assisted living facility and must sell to make the move, will have to find other funds besides the sale of the home to meet their increased living expenses.

It is obvious from the value of homes owned by elderly Jews that not all are financially well off, although most have more resources than do the average Florida elderly. This is especially true of those living in Miami-Dade County where one-quarter of Jewish household's 75 years of age and older are living on incomes of \$10,000 or less (Sheskin 1994b). Most of these older elderly Jews have been residents of the county for over 20 years. Many among them have largely exhausted their savings and must survive on modest retirement checks and social security. While there are elderly Jews throughout the state that find themselves in the same predicament, it is in Miami-Dade County where they are most numerous. It is here that Jewish welfare institutions must focus their attention, as well as those state agencies responsible for the welfare of the aged.

Conclusions

The following factors suggest that Florida's large elderly Jewish population will place some strain on the state's social service system:

Because Jewish communities in Florida have a very high percentage of elderly members, there are relatively few younger members of the community to whom one can appeal for funds to assist frail and vulnerable elderly residents.

Because many elderly are recent immigrants from the North, they maintain philanthropic connections with northern communities, reducing dollars that might otherwise be available to elderly service agencies in Florida.

Because many elderly are recent migrants from the North, they are geographically separated from their most "natural" support system, their adult children.

Jewish elderly, particularly because of higher incomes and consequent better medical care, are living longer. The "old old" population is increasing rapidly. Some are outliving their retirement "nest egg" and increasing numbers are single persons living alone. Persons age 80 and over who are living alone are most likely to tax the social service system.

Florida's climate has meant that the state has attracted many Jewish elderly who have some type of limiting health condition. Other factors may be seen to ameliorate the dependency level of Jewish elderly.

Many Jewish elderly are snowbirds, and much of this population is both relatively healthy and wealthy.

The emotional attachment that many elderly Jews feel to the North implies that they may well seek elderly institutional housing outside Florida.

Elderly Jews live in neighborhoods and housing developments with other elderly Jews in a geographically clustered fashion. Informal social service networks develop, lessening the need for public and private services. Such a geographic pattern also makes the provision of social services more efficient for both public and private providers.

Most importantly, a large share of Jewish elderly enjoy relatively high economic status and have a home to sell for capital if and when they need assisted living.

In sum, Jewish elderly form an important component of the elderly population of the state, particularly in a few coastal

counties in the southern part of the peninsula. While the demographic indicators above suggest that the social service needs of the elderly Jewish population are likely to increase, many, although not all, Jewish elderly will have the resources to pay for needed services. This is least true of those living in Miami-Dade County. Overall, however, it is clear that the Jewish elderly will tax Florida's social service system less than other elderly groups. Nonetheless, both public and private agencies (Jewish and non-Jewish) should heed the results discussed above and make certain that their "responses to an aging *Jewish Florida*" are demographically and geographically appropriate.

Notes

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²Unless otherwise specified, the term elderly is defined as age 65 and over.

³Note as well that while 12.4% of the US population are age 65 and over, such is the case for 17.2% of American Jews.

⁴The US Census does not collect data on the Jewish population. Thus, this paper relies on a series of demographic studies completed by this author for the Jewish Federations in Florida. See the bibliography.

⁵63% of the elderly in Palm Beach County are Jewish, as are 45% in Broward, and 18% in Miami-Dade.

⁶Only about 40 percent of elderly in Palm Beach and Dade Counties and about one-quarter in Broward County report membership in a synagogue. Synagogue membership in most major Jewish communities runs 35%-70%.

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