

# **Ageing During Covid-19**

Survey of Covid-19's impact on the 65+ population in Israel

In collaboration with the ERI Institute

November 2020

Survey of Impact of Covid-19 Restrictions on the Indicators of Optimal Aging

Participants



Representative sample of Israel's 65+ populationWave 2: 642(Wave 1: 704)

40 (36) item questionnaire (in Hebrew, Arabic, and Russian) conducted via phone (60%) and internet (40%) by the Midgam Institute +/- 3.87% margin of error

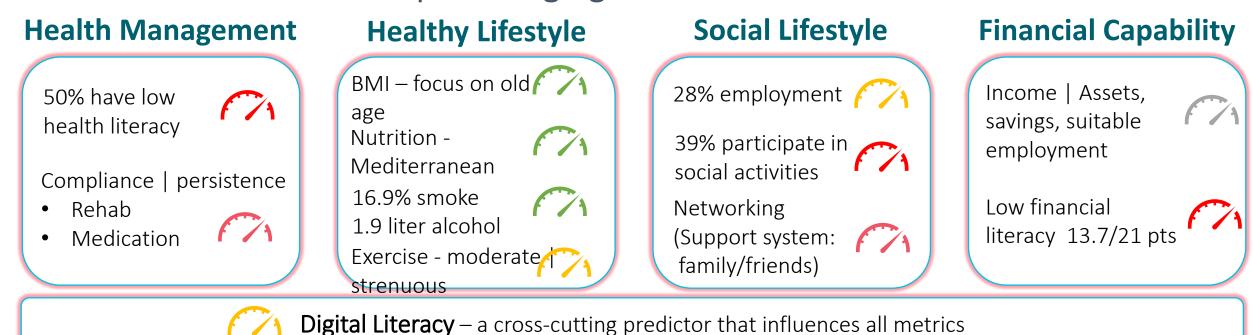


August 20 to September 7 (This was after an extended period without a lockdown. Restrictions on the previous (first) lockdown were partially lifted from May 13 – 27)

# **Indicators of Optimal Aging**

Неа	alth	Mea	aning	Economic R	esilience
Healthy Lifespan	Functionality	Loneliness 771	Quality of Life	Disposable	Ability to
% Years in Good Health Men: 56% (11.2 yrs)	17% - difficulty with ADL 33% - difficulty with IADL	28% feel lonely	36 pt. (12-48) in CASP	NIS 7,504 (\$2,300) [21% are <60% of	
Women: 47% (10.6 yrs)	,			this amount]	financially

### Predictive Indicators for Optimal Aging



# **Changes to the Optimal Aging Indicators**

## **Indicators of Optimal Aging**

#### Health

51% reported a deterioration of deconditioning indicators

No change despite the easing of restrictions may indicate the development of chronic deconditioning

#### Meaning

89% reported emotional difficulties of some kind Increased loneliness and depression. More people feel their mental state has suffered multi-dimensional decline, alongside erosion of their family support network

#### **Economic Resilience**

Approx. 20% were adversely affected financially

Employment was adversely affected for about half the working older adults (some 13% of all older adults)

## **Predictive Indicators for Optimal Aging**

#### **Health Management**

Fewer older adults waived medical consultations

25% have still not completed medical examinations / consultations – mainly for fear of infection

#### **Healthy Lifestyle**

Back to Routine : lifestyle habits have returned to pre-Covid-19 levels

#### **Social Lifestyle**

Steep decline in the rate of older adults who have leveraged the crisis towards enriching activities

Testifies to erosion of adaptability

#### **Financial Capability**

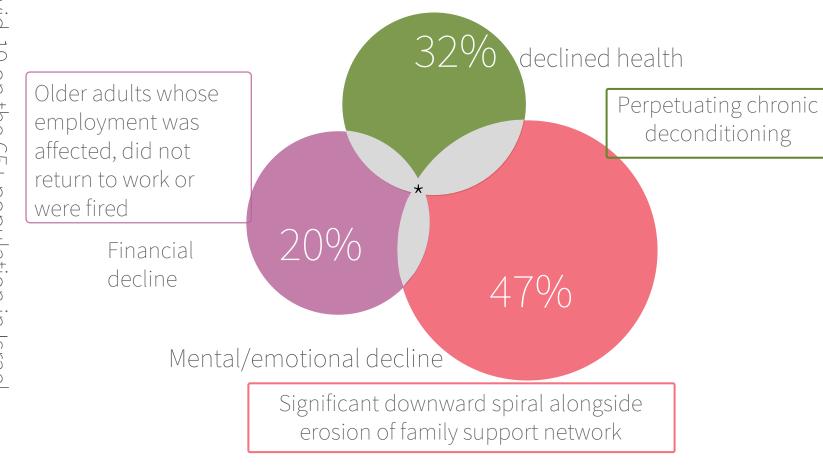
Figures similar to Wave 1

**Digital Literacy:** (1) 25% indicated that they did not receive meaningful support although 80% of these reported emotional / practical difficulty (2) There was a sharp decline in the willingness to receive "remote" assistance

# Changes among older adults who have experienced decline – risk groups

\* 29% experienced multi-dimensional decline (+)

Three of every four older adults who experienced a decline in health or finances, also experienced decline in other dimensions as well



39% Did not experience any significant deterioration during Covid-19

#### Research Rationale

# Stage 1 – Who to focus on? (Previous study)

Mapping risk / resilience groups and their predictive profile characteristics

### Stage 2 – What to focus on? (Present study)

Mapping behaviors that may contribute most effectively to reducing the spiral of decline (emphasis on functional and emotional decline)

**Stage 3 – How will this be done? (Future study)** How to translate resilience-promoting behaviors into effective intervention programs

# Behaviors promoting mental resilience

Face-to-face encounter with the wider community e.g. neighbors (not family & friends)
Significant leisure activity

Encounters with the community and participation in a significant leisure activity each reduce the risk of mental decline to the same extent. Combining the two behaviors is the most conducive to reducing mental decline.

skof	Significant leisure + encounter with the community	309	6		sk is 2.3 s lower
tal	Only significant leisure activity		44%		The risk is 1.6
ne	Only an encounter with the community		42%		times lower
	No resilience behaviors		6	9%	
	C	)%	20%	40%	60%

80%

# The Risk of Mental Decline

# Behaviors promoting functionality resilience

Face-to-face encounter with the wider community e.g. neighbors (not family & friends)
Frequency of weekly exercise (at least twice a week)

Exercise reduces the risk of functional decline more than only an encounter with the community yet combining the two yields a greater contribution than the value of each behavior on its own.

The Risk of	Encounter with the community and exercising at least twice a week	11% The ris	k is reduc	ed by 5.3	
Functional	Only exercising (at least twice a week)	26%	The risk	is reduced by	2.2
Decline	Only an encounter with the community	42%		The risk is rec	luced by 1.45
	No resilience behaviors		69%		
	0	)% 20%	40%	60%	80%

Impact of Covid-19 on the 65+ population in Israel

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Who and what should we shine the light on to minimize decline during crisis?

Resilience predictors

Digital literacy Financial difficulties Physical meeting with Deconditioning and the community pre-deconditioning Exercising at least twice a Arab sector week No family Significant leisure activity Over 75 Eroded and damaged ability to

adapt in all dimensions – functional, mental, and financial – is clear among older adults The three main assisting factors that the older adult encounters – family | HMOs | community – **are eroded and need support** 

Risk predictors

November 2020

### **Operative Conclusions**

2020



#### 01

Older adults in three-dimensional distress – some 8%



Carrying out effective physical activity at least twice a week

02

Support for older adults in the Arab sector

Older adults at high risk: financial distress, no family, deconditioned, aged 75+

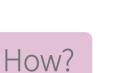


Strengthening community support of older adults and holding face-toface encounters

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Completing routine medical examinations





Supporting and strengthening family care networks and community support systems



Mapping effective interventions to encourage resilience-promoting behaviors and retain employment

Digital literacy



Promoting significant leisure activity



Developing tools to identify and locate risk populations, focusing on older adults in three-dimensional distress