

Aging During COVID-19

Covid-19 Effects on Older Adults
Aged 65+ in Israel

May 2020

Aging During COVID-19

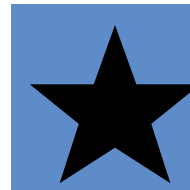
Survey Background – Mapping the Indicators of Successful Aging

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As part of JDC-Eshel and its government partners' strategic process for coping with the challenge of population aging, we aimed to create a data-based shared language that would:



View the older adult holistically
(cognitive reserve theory)



Bridge between Government Ministries,
players in the industry field, and
academics dealing with old age



Focus on prevention, not only treatment

Scope of Research Infrastructure for the Map of Indicators

FHS – 6G
USA
15,000 people
71 years

HRS
USA
29,000 older adults
29 years

NHATS
USA
8,000 older adults
8 years

CLSA
Canada
50,000 older adults
9 years

SHARE
OECD & Israel
140,000 older adults
15 years

91 academic articles, mostly published in the past 5 years

ELSA
England
11,500 older adults
17 years

TILDA
Ireland
8,500 older adults
10 years

HUNT
Norway
75,000 people
33 years

Mapping the Indicators of Successful Aging

Indicators of Successful Aging

Economic resilience

Unforeseen Expenses 

46% are unable to meet an expense of NIS 3,000 (\$850)

Meaning

Loneliness 

11.5% often feel very lonely

Health

Functionality 


21% have difficulty with ADL
36% have difficulty with IADL

Lifespan 

5.1 years in poor health

Predictive Metrics of Successful Aging

Economic Readiness

Income: Assets, savings, suitable employment 

Low financial literacy 
13.7/21 pts

Active Lifestyle



18% employment 

39% participate in social activities 


Networking 


Healthy Lifestyle

16.9% smoke /  49.1% 
1.9 l alcohol / good BMI

Exercise  Nutrition - 
60%/40% Mediterranean

Health Management

50% have low health literacy 

Compliance / persistence: 
• Rehabilitation
• Medication

Digital Literacy – predictive metric true for all indicator groups

Mapping the Indicators of Successful Aging

Additional Metrics

Economic Resilience

- Rate of older adult poverty
- Gini coefficient for household
- Ability to cope with unexpected expenses
- Ability to meet monthly expenses

Meaning

- Sense of meaning [in various life spheres]
- General satisfaction
- Sense of value

Health & Functionality

Functionality

- Deconditioning
- GALI
- Hearing
- Vision

Illness

- Rate of death from disease
- Rate of disease survival
- Prevalence of disease
- Self-perception of health

Additional Predictive Metrics

Economic Readiness

- Owning property
- Older adult stipend amount
- Possessing a will
- Insurance

Active Lifestyle

- Sense of having someone to rely on
- Satisfaction with relationships with family / neighbors
- Satisfaction with public transport in area of residence

Healthy Lifestyle

- Falling
- Stress
- Drastic weight change within 6 months
- Interrupted sleep

Health Management

- Taking medication
- Repeat hospitalizations
- Balanced diabetes
- Preliminary guidelines
- Keeping to a program [i.e. rehabilitation]

Survey Background – Metrics for Successful Aging

- At the onset of the COVID-19 crisis, JDC Eshel was asked to study and estimate its impact on the metrics for the successful aging of Israel's 65+ population
- Together with the ERI Research Institute we conducted a survey based on the mapped metrics, the results of which are presented here

Aging During COVID-19

Survey description:

- Goals
- Demographic data of interviewees
- Methodology

Research Goals

01

Mapping the difficulties characteristic of the older adult population in Israel in light of the COVID-19 crisis



02

Identifying profiles of older adults characterized by single / multi-dimensional decline



03

Mapping changes in older adult lifestyles due to COVID-19 that may affect their successful aging in future



04

Mapping solutions and support networks that can assist with coping



Survey of Israel's 65+ population

01

Participants:

Representative sample of Israel's 65+ population who do not require complex nursing or live in institutions; 765 respondents of which **704** were **included in the analysis**

02

Tools:

36-item questionnaire (in Hebrew, Arabic, and Russian) conducted via phone (60%) and internet (40%).

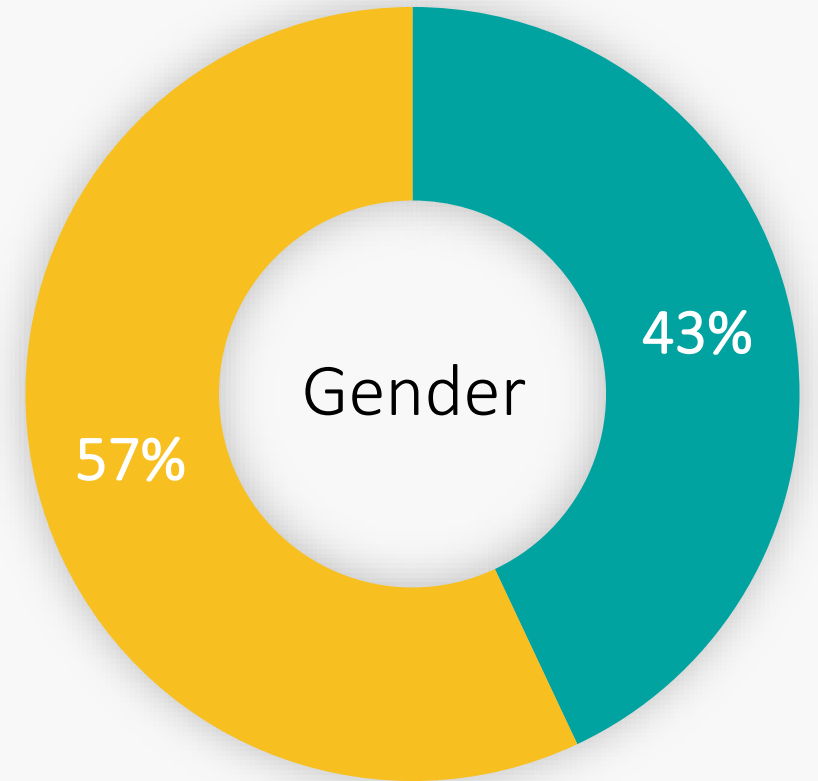
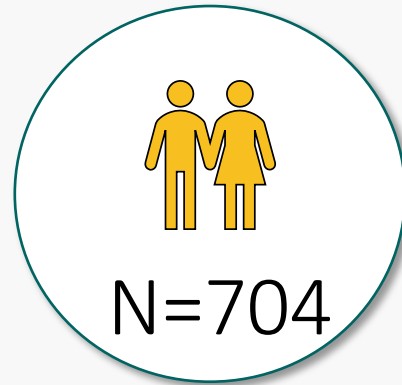
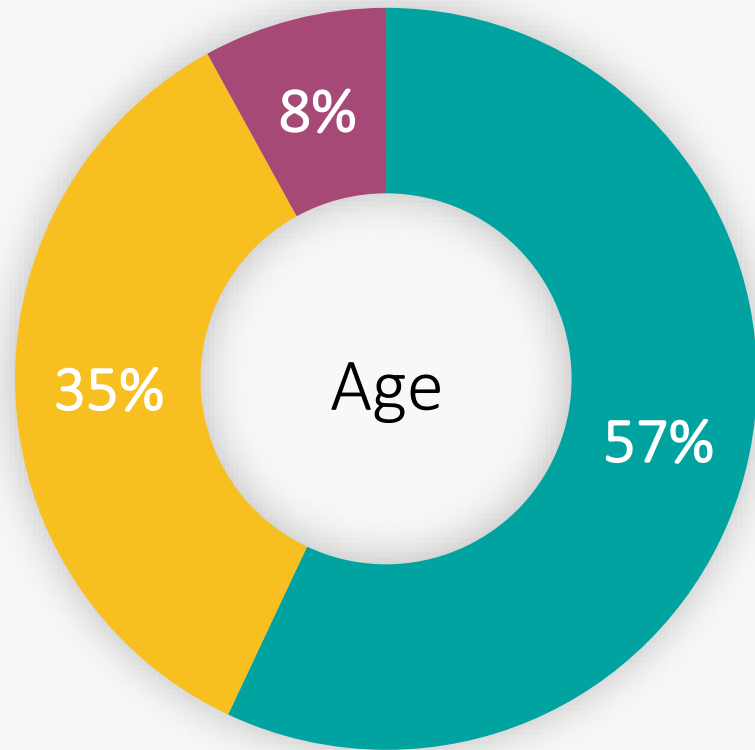
3.69% margin of error

03

Data collation period:

The period in which restrictions began to be lifted, **May 13 – 27, 2020**

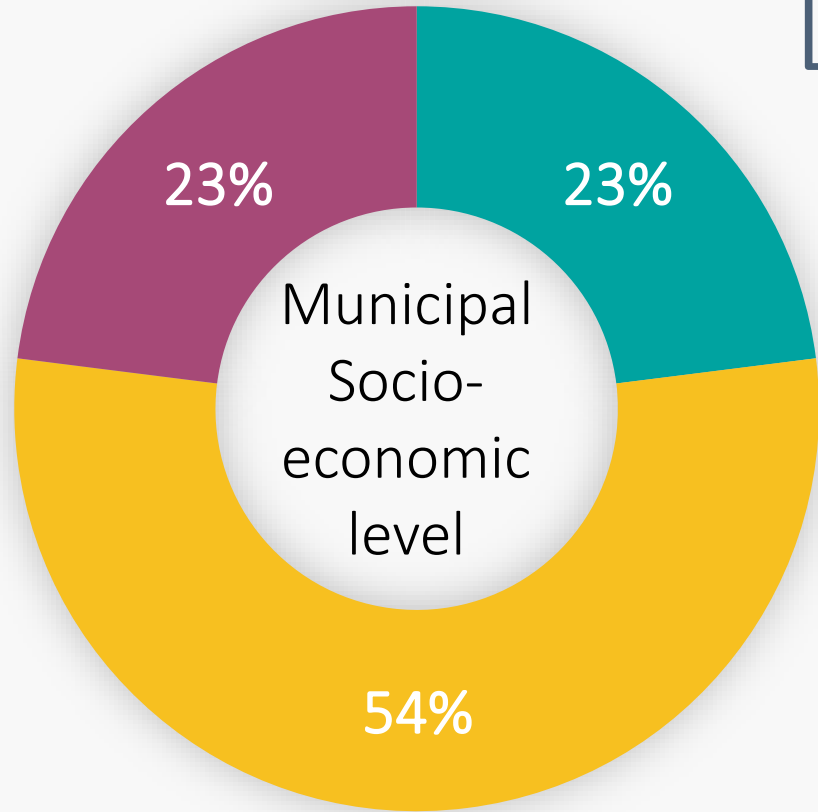
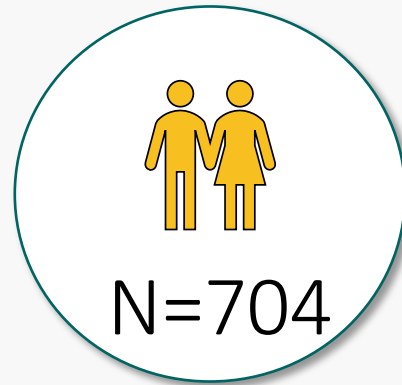
General Demographic Data



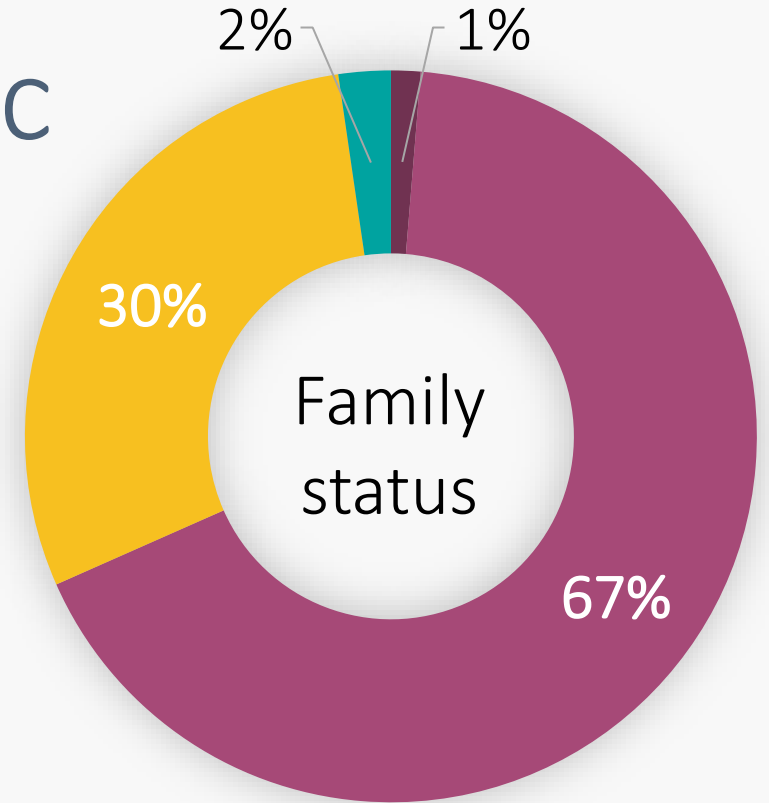
■ 64-74 ■ 75-84 ■ +84

■ Men ■ Women

General Demographic Data

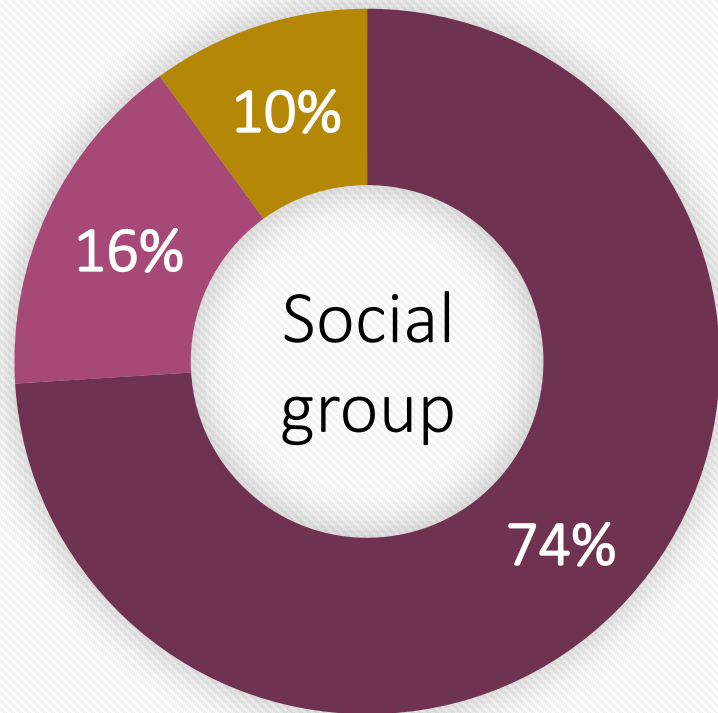


■ Level 1-4 ■ Level 5-7 ■ Level 8-10

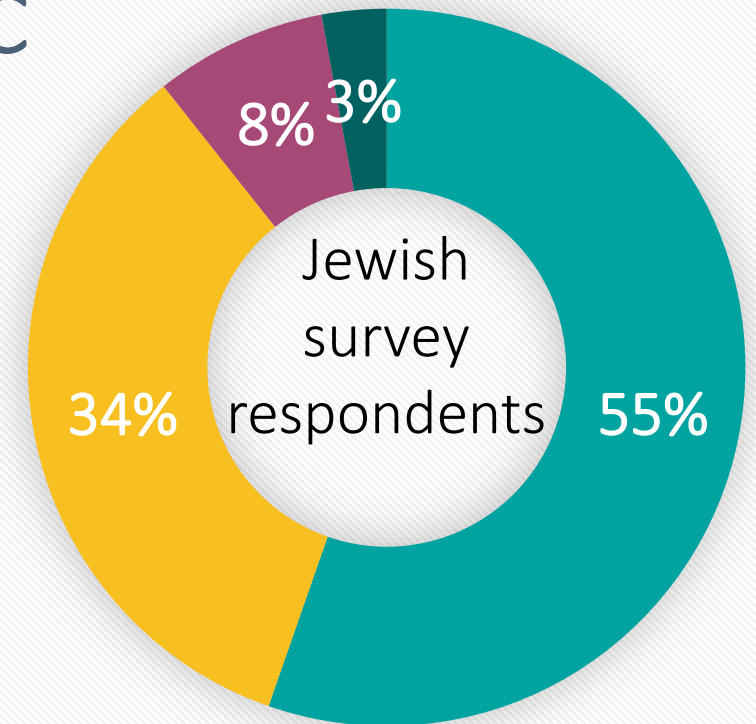
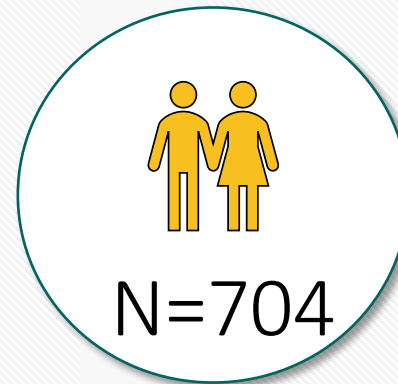


■ Living with a partner
■ Married
■ Separated / Divorced / Widowed
■ Single

General Demographic Data



- Older Jewish adult
- Immigrant from the FSU
- Arab sector



- Secular
- Traditional
- Religious
- Haredi

*Distribution of Jews by degree of religiosity, N=638

Methodology: Questionnaire Structure Adapted to Mapping Metrics

Indicators of successful aging

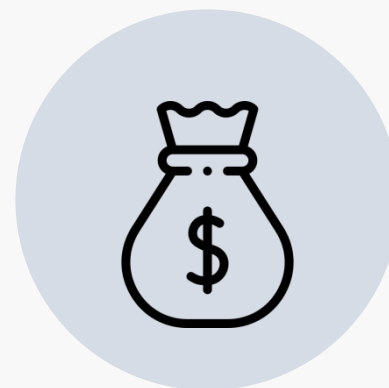
Health



Meaning



Financial Resilience



Every indicator was examined from two possible aspects:
1. Compared to a valid metric (CBS data)
2. Self-reported changes (positive or negative) due to COVID-19

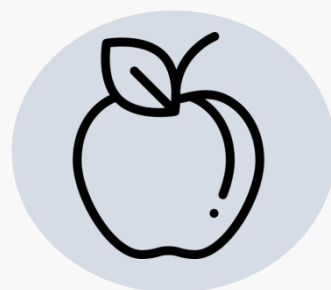
Predictive metrics of successful aging



Health management



Active lifestyle



Healthy lifestyle

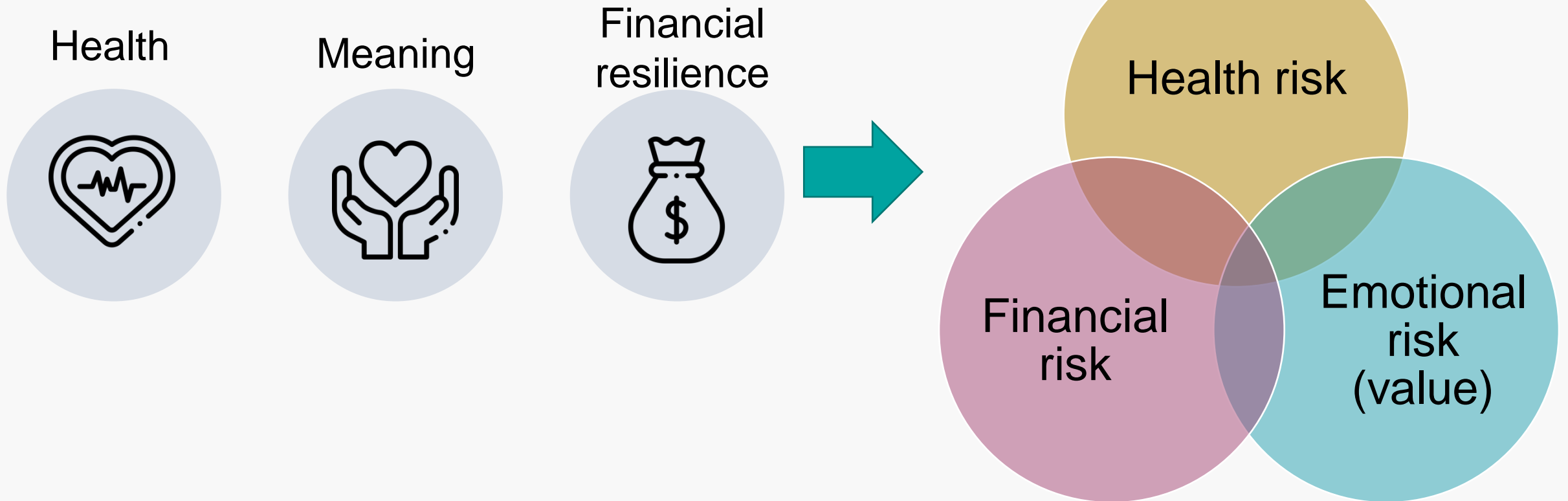


Digital literacy

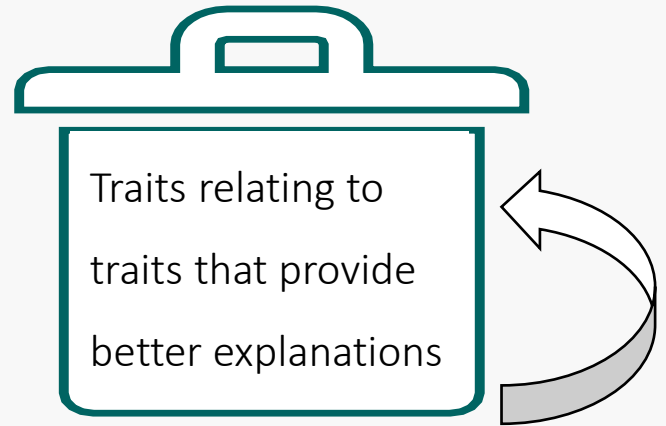
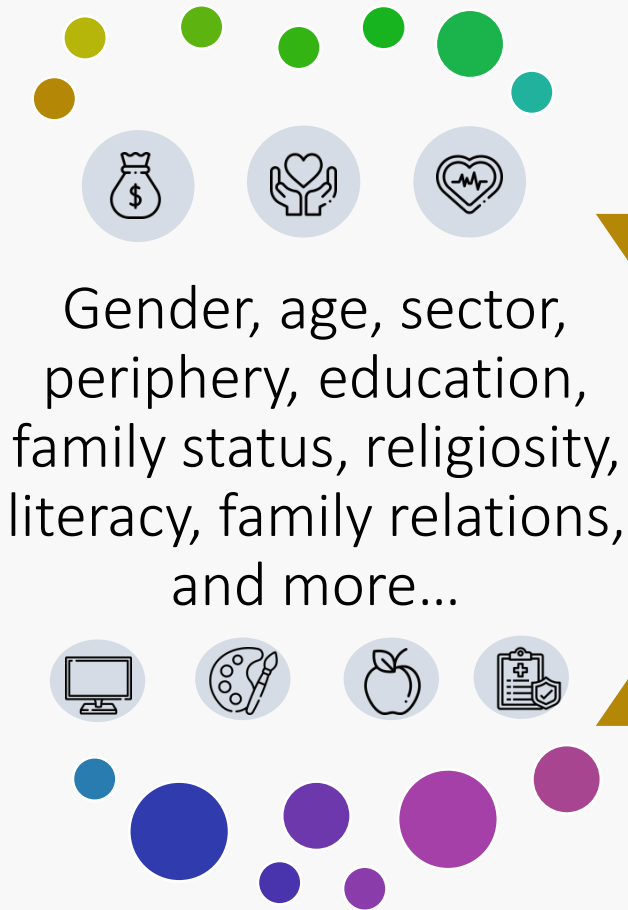
Methodology – Three Indices of Successful Aging

**Stage 1: What changes has COVID-19 wrought among older adults?
Impact on successful aging indicators**

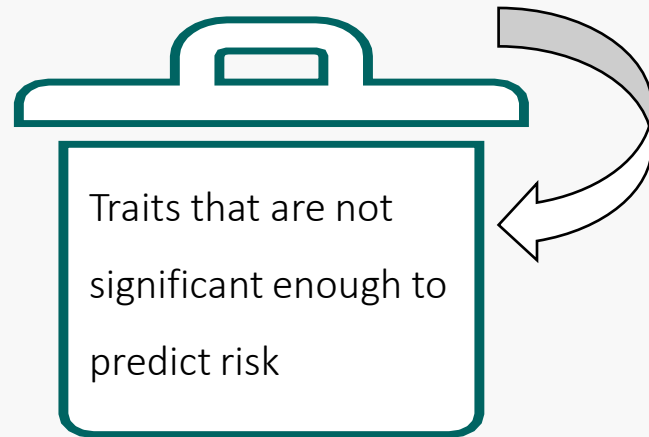
Stage 2: Traits of older adults in risk populations



Methodology – How could the traits of older adults at risk of decline during crisis be identified?



Which traits increase chances of belonging to a risk population?



*The correlation is not necessarily proof of causality

Aging during COVID-19

Findings



Impact of COVID-19 on the Aging of the 65+ Population & Mapping Risk Groups



Mapping of Metrics for Successful Aging (adapted for COVID-19)

Health



Meaning



Financial Resilience



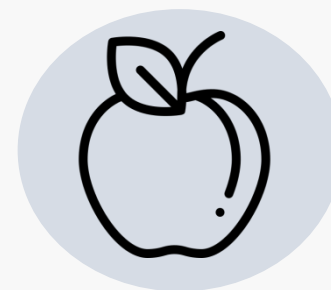
Predictive metrics of successful aging



Health
management



Active lifestyle



Healthy lifestyle

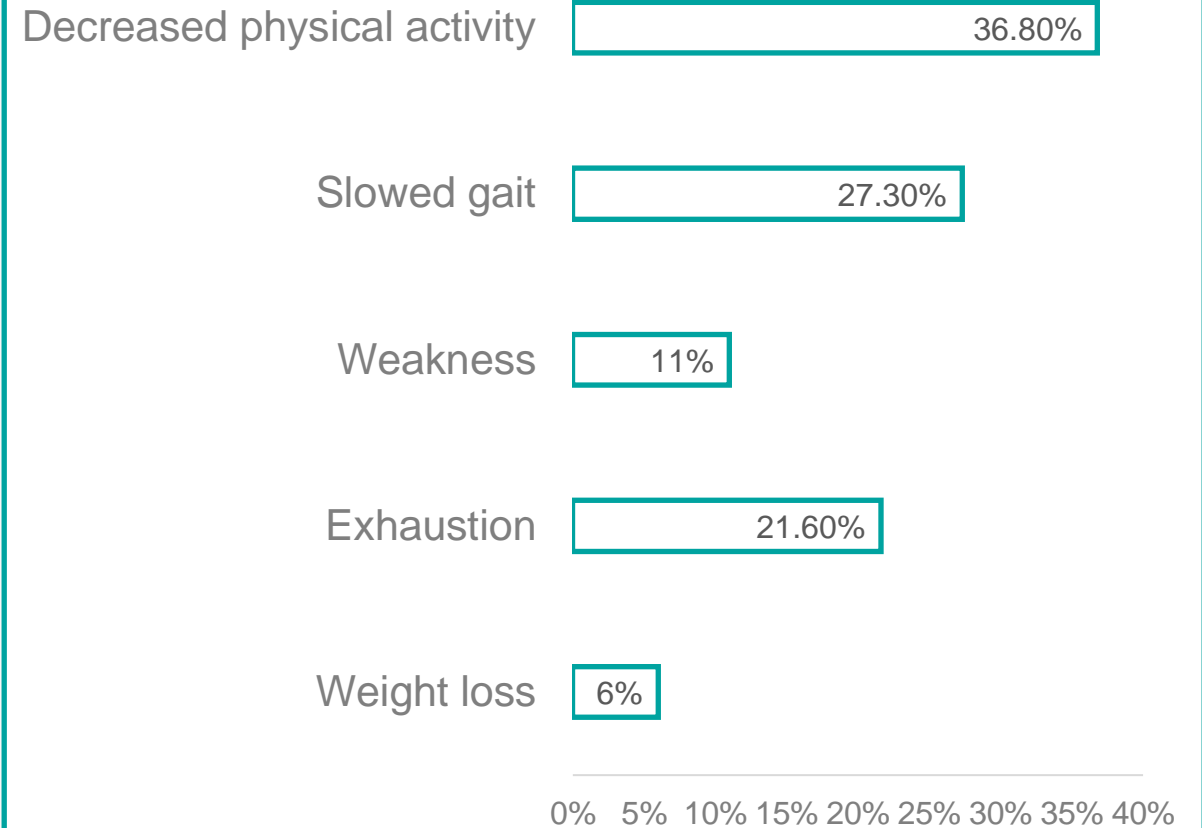


Digital literacy

Health Issues: Decline in Deconditioning Symptoms

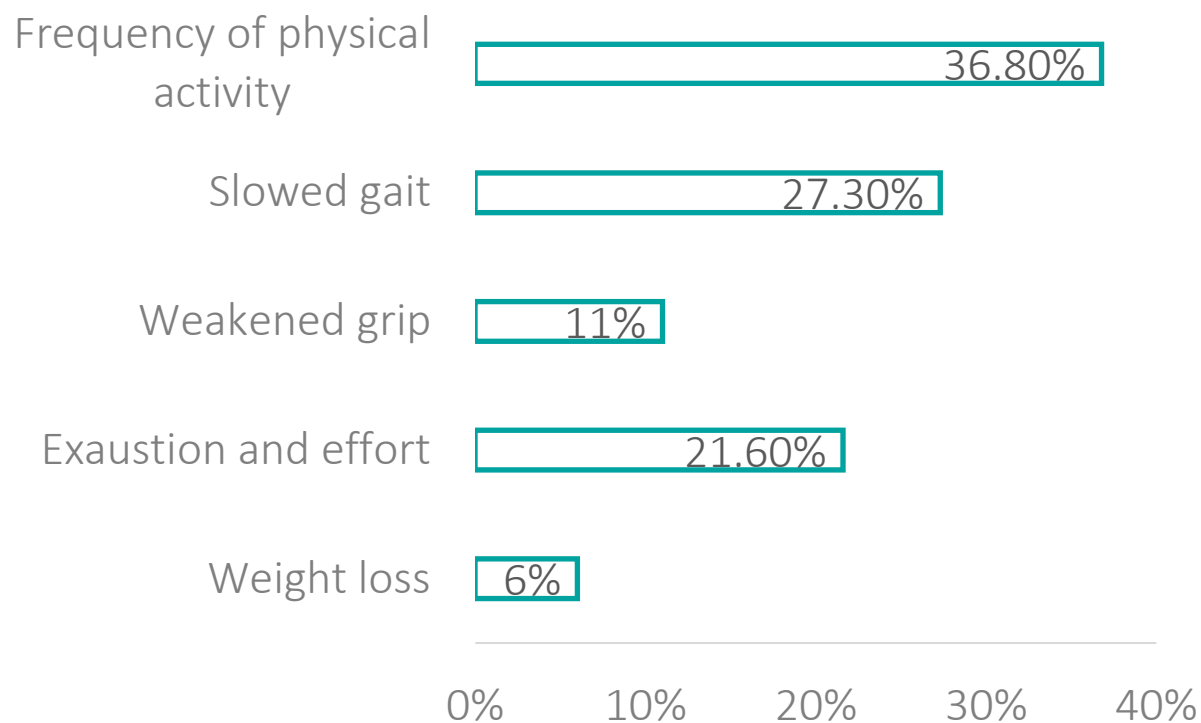
Bottom line: deconditioning indicators (mainly **weakness**) worsened among 51% of older adults, probably as a result of the limitations on physical activity

Which criteria of the Fried Frailty Index showed decline?

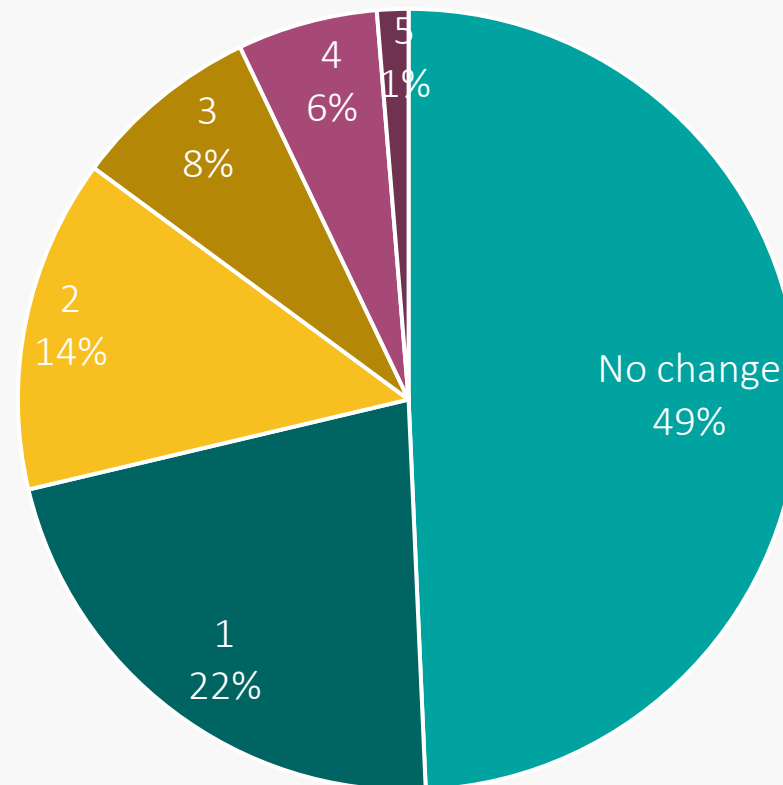


Health Issues: One in Two Older Adults Experienced Decline in Deconditioning Symptoms

In which of the Fried Frailty Index criteria was decline reported?



In how many of the five Fried Frailty Index criteria was decline reported?



Bottom line: among 51% there was a decline in deconditioning metrics (mainly those relating to **weakness**) probably as the result of the limitations on physical activity

Zoom In: Older Adults whose Health is Declining

30.3% (some 300,000 older adults*)
are experiencing declining health



Definition of declining health:

Older adults who report they feel a decline in at least one deconditioning indicator to the extent that it affects daily functioning

Traits that Predict* a Decline in Health?



1. Financial difficulty

Older adults who have difficulty meeting monthly expenses are at highest risk of health decline during a crisis



2. The Arab sector

Older adults in the Arab sector are at the highest risk of significant health decline, even if their financial situation is good. Also at high risk, to a lesser degree, is the FSU population.



3. Older than 85.3

Older adults are at especially high risk of health decline, however the likelihood increases significantly only above age 85 (there is no actual difference between 65 and 80)

* The correlation is not necessarily evidence of causality

Data Sample – Rates Of Decline in Health Among Different Groups

Older adults able to meet expenses

22%

Jewish sector

34%

Immigrants from the FSU

49%

Arab sector

Older adults unable to meet expenses

50%

50%

70%



Map of Metrics for Successful Aging (adapted for COVID-19)

Health



Meaning



Financial Resilience



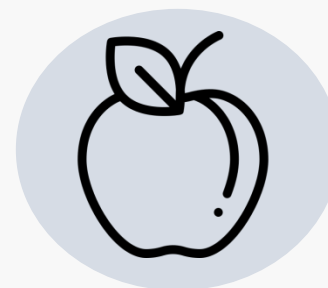
Predictive metrics of successful aging



Health management



Active lifestyle



Healthy lifestyle



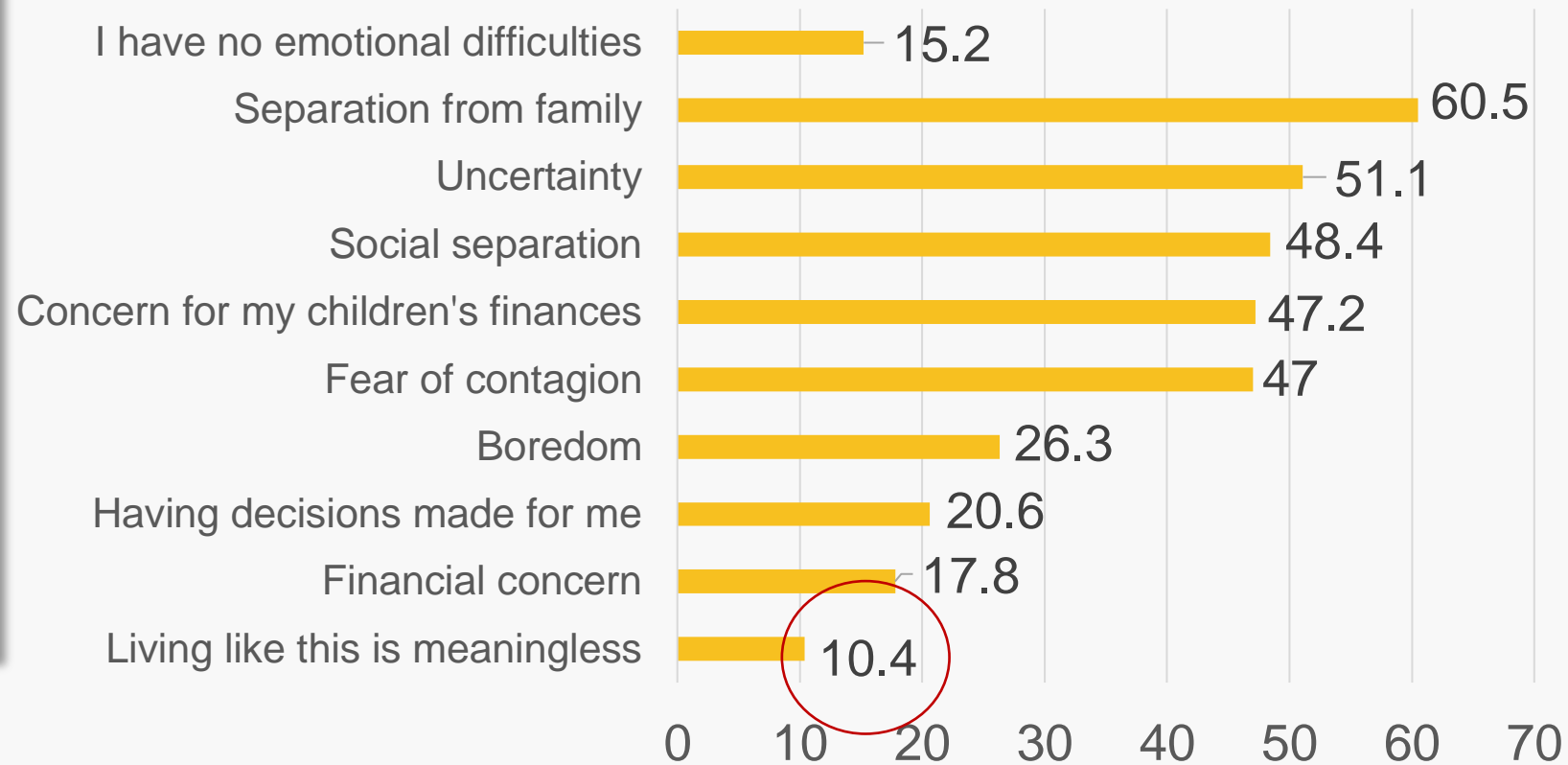
Digital literacy

Socio-Emotional Issues During COVID-19

'The emotional issues I am contending with during COVID-19' – identifying with statements (%)

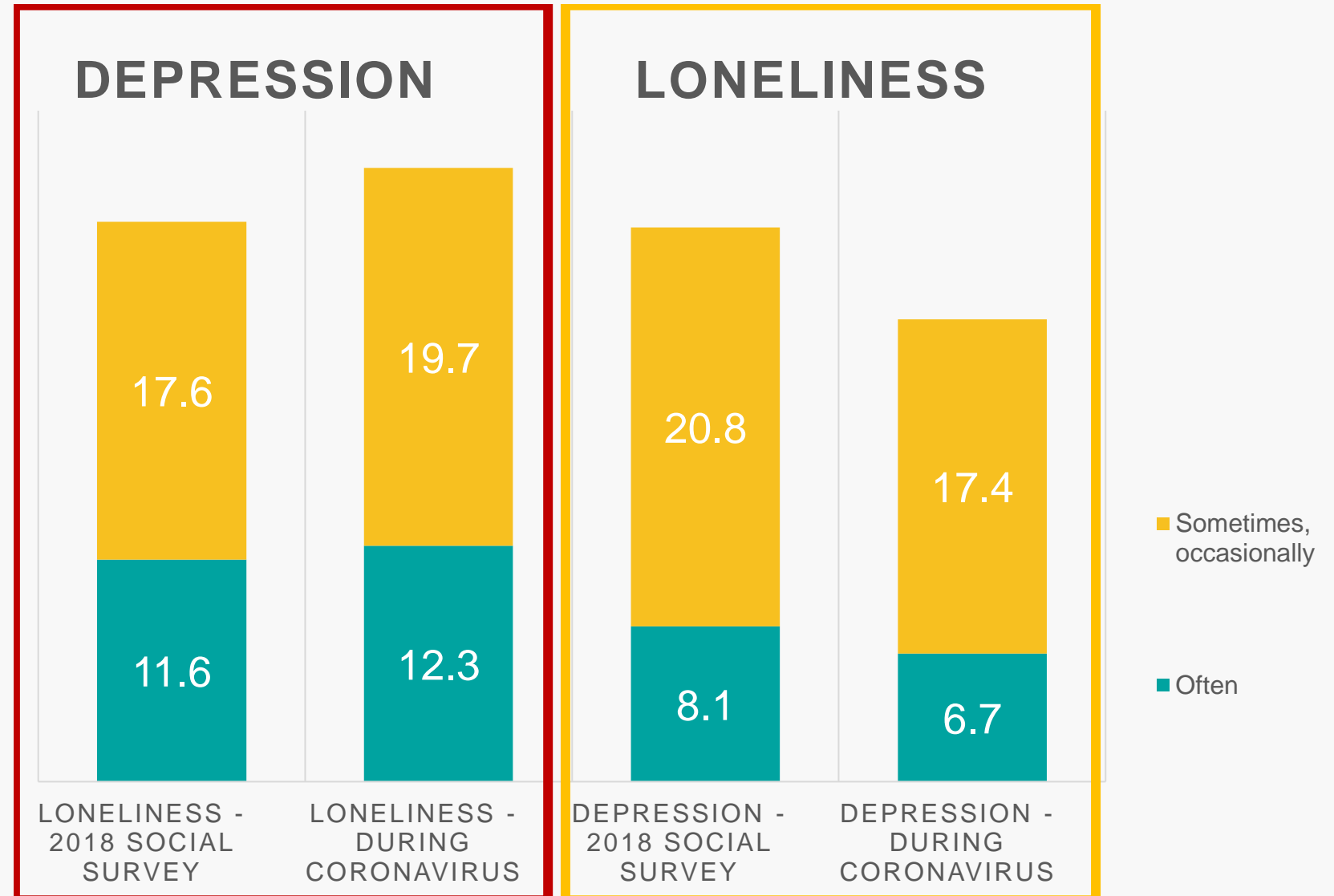
Bottom line: 85% of older adults are experiencing emotional issues related to:

- 1. Physical distance from support systems**
- 2. Concern / anxiety regarding the future, also for family members; uncertainty; and fear of contagion**



Socio-Emotional Issues: Loneliness and Depression During COVID-19

Bottom line: there has been no significant change in feelings of loneliness and depression since the onset of COVID-19. The findings are similar to the Civilian Resilience Survey conducted by the Central Bureau of Statistics, the National Insurance Institute, and the Prime Minister's Office in May 2020



Socio-Emotional Issues: Family and Friends

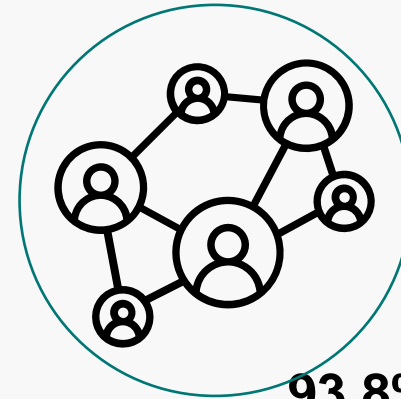
Bottom line: despite the enforced physical distance, the family network is a crucial stabilizing factor.

Other possible explanations for the stability is the study's timing:

- 1. Height of the crisis**
- 2. 'Misery loves company'**

Talk to family / friends:
Every day – 83.6%
Every week – 14.5%

48.9% talk to their families / friends more often than before
(5.7% report they spoke less)



80% are content or very content with the contact with their family

93.8% feel that if they were in crisis or distress they would have someone to count on

(As compared to 89% in the 2018 social survey)

Zoom-In: Older Adults in a Poor Emotional State

40.8% (some 400,000 older adults) are suffering from a poor emotional state



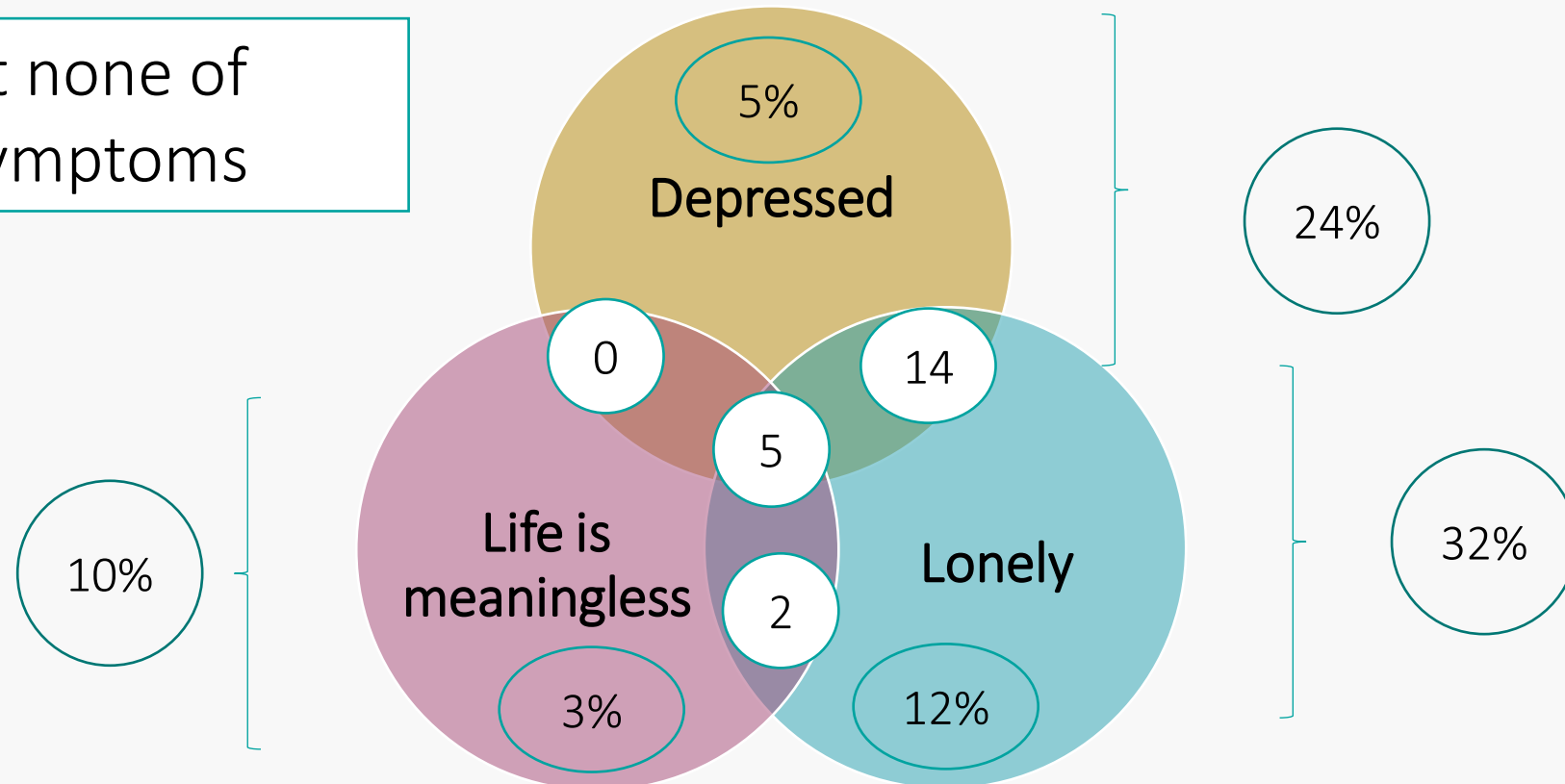
Definition of a poor emotional state:

Older adults who report feeling lonely and / or depressed and / or that 'in the current situation, life is meaningless'

Zoom-In: Older Adults in a Poor Emotional State

Older adults are defined as having a poor emotional state if they report feeling lonely **or** depressed **or** that life has no meaning **or several** of these symptoms during COVID-19 (a total of 40.8% of older adults are experiencing one or more of these symptoms during COVID-19)

59% felt none of these symptoms



Traits Predicting* a Poor Emotional State

1. **Deconditioned or pre-deconditioned**



Pre-deconditioning and deconditioning are the primary traits predicting a poor emotional state among older adults. 75% of deconditioned older adults are suffering from a poor emotional state during COVID-19, as compared to 46% of the pre-deconditioned and 23% of independent older adults.

2. **Financial issues**



Older adults who are having difficulty meeting expenses are at higher risk of suffering from a poor emotional state even if they function independently.

3. **Aged 74+**



Older adults who are at least 74 years old are at significantly greater risk of suffering from a poor emotional state as compared to young adults.

4. **Women**



Women are more likely to suffer from a poor emotional state than men. 47% of women are suffering from a poor emotional state, compared to 32% of men.

Data Sample – Rate of Older Adults in a Poor Emotional State Among Different Groups

Deconditioned older adults unable to meet expenses

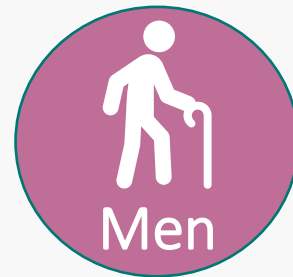
84%



Functionally independent older adults able to meet expenses

21%

67%



10%



Map of Metrics for Successful Aging (adapted for COVID-19)

Health



Meaning



Financial Resilience



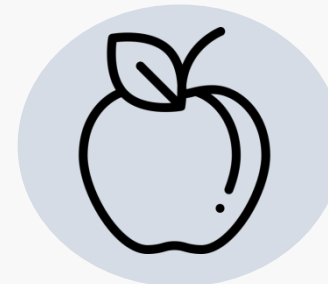
Predictive metrics of successful aging



Health management



Active lifestyle

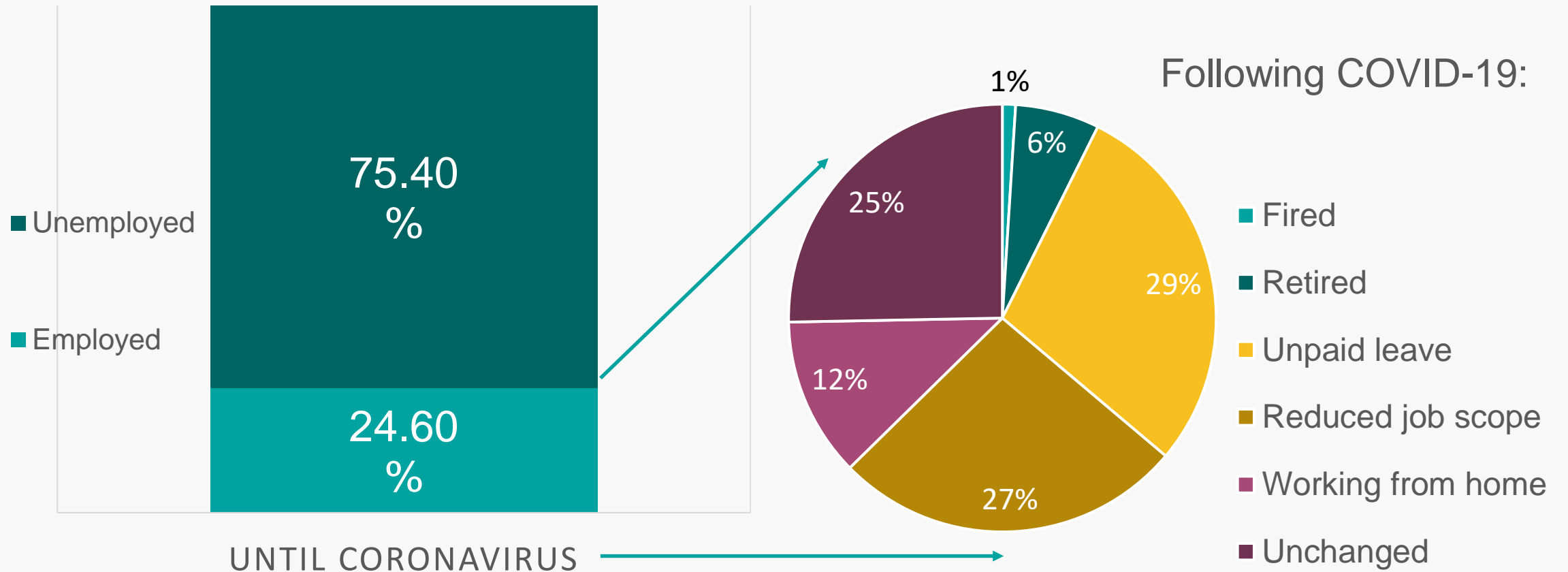


Healthy lifestyle



Digital literacy

Financial Issues: Impact on Employment in the Employed Population



Some 57% of working older adults are adversely affected by the crisis (some 16% of older adults). While less than a quarter of the job force was placed on unpaid leave, among working older adults this reached almost a third.

17% of those surveyed report a reduced ability to meet monthly expenses. Half are experiencing loss of income. 35% were adversely affected employment-wise.

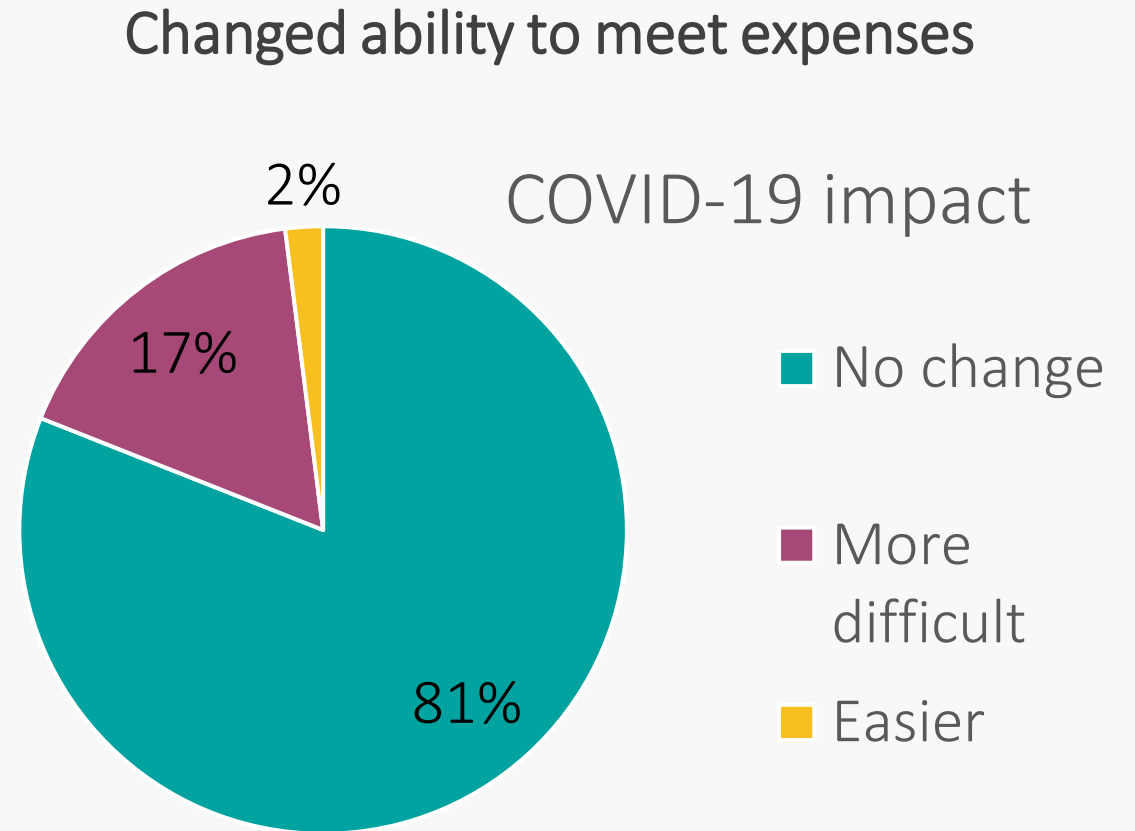
Financial Issues: Change in Ability to Meet Expenses

Bottom line: some 17% report financial decline in light of COVID-19

Financial decline is felt mainly among:

1. Those whose scope of employment is hurt
2. Lower socio-economic status

While most respondents report no change, this does not testify to their ability to meet expenses. It also does not testify to the ability of the lower socio-economic group to meet expenses



Zoom In: Older Adults who are Suffering Financial Decline

17.2% (some 170,000 older adults) are suffering financial decline



Definition of financial decline:

Older adults who report that their ability to meet monthly expenses has declined due to COVID-19

Traits Predicting* Financial Decline



1. Financial issues

Older adults who already had difficulty meeting monthly expenses ('floaters') are at the highest risk of financial decline during the crisis, whether or not they are working.



2. Impact on employment

Working older adults who were fired or whose employment was reduced due to the crisis, are at higher risk of financial decline, even if they were well-off before COVID-19.



3. The Arab sector

The likelihood of financial decline is especially high in the Arab sector, even among well-off members of this sector.

* The correlation is not necessarily evidence of causality

Data Sample – Rate of Financial Decline among Different Groups

Older adults able to meet expenses (who did not work before COVID-19)

3.4%

Jewish sector

Older adults unable to meet expenses (who did not work before COVID-19)

40%

23%

Arab sector

67%

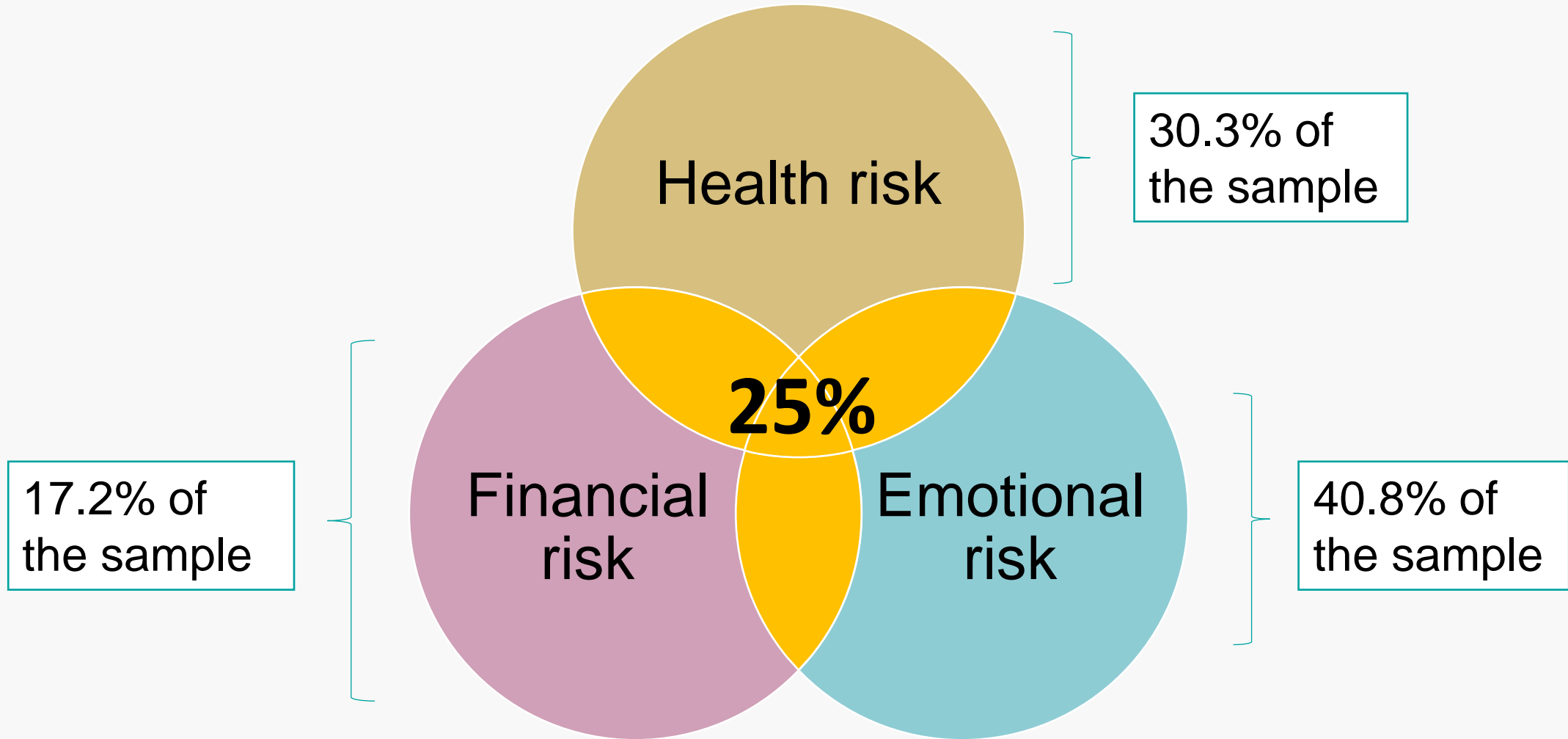




Zoom-In: Which Older Adults Experienced Multi-dimensional Decline During COVID-19?



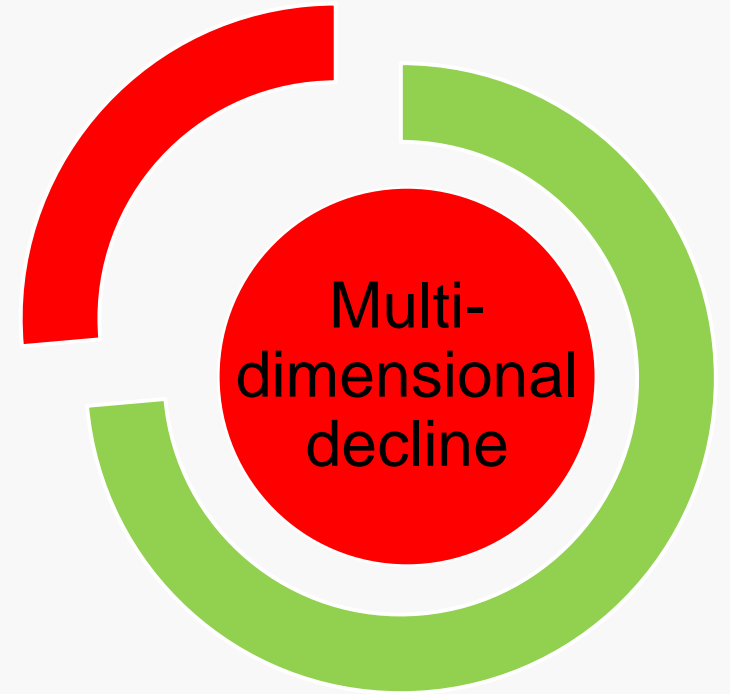
Older Adults at Risk of Decline During Crisis



Zoom-In: Older Adults Experiencing Multi-Dimensional Decline

25% (250,000 older adults) have been identified as suffering from multi-dimensional decline

Approximately one-third of these (8% of all older adults) are experiencing decline in **all three dimensions of decline**



Definition of multi-dimensional decline:

Older adults identified as suffering decline in two or more dimensions (health / emotional / financial)

Distress Signals: Prominent Traits

Specific groups are hurt by COVID-19 to an extent that affected necessities. The survey provided anecdotal testimony from these groups.

- Of the 425 telephone interviews conducted as part of the study, in 15 conversations (12 in Hebrew and 3 in Arabic, a total of 3.5% of the calls) the interviewees expressed great distress during the call to the extent of breaking down in tears and requesting help.
- Most reported a combination of issues, usually chronic diseases, financial distress, and emotional distress. Most requested financial aid (or help funding a caregiver) or technological aid.
- 12 of the 15 live alone (divorced / widowed) or with a partner who requires nursing.
- Only four of them have basic computer skills.
- The vast majority identify with feelings of loneliness and depression.

With the interviewees' permission, all requests for help were transferred to the relevant welfare entities.

Traits Predicting* Multi-Dimensional Decline



1. Deconditioned and pre-deconditioned

Functional deconditioning or pre-deconditioning is a major risk factor predicting multi-dimensional decline in a crisis.

69% of deconditioned older adults are experiencing decline in several indicators as opposed to 29% of the pre-deconditioned and only 5% of the independent.



2. Financial issues

Older adults who have difficulty meeting monthly expenses are at higher risk of multi-dimensional decline during a crisis, regardless of whether they are independent or functionally pre-deconditioned.

* The correlation is not necessarily evidence of causality

Data Sample – Rates of Multi-Dimensional Decline

Functionally independent older adults

3%



Pre-deconditioned older adults

22%

39%



58%





Lifestyle Changes Following COVID-19



Map of Metrics for Successful Aging (adapted for COVID-19)

Health



Meaning



Financial Resilience



Predictive metrics of successful aging



Health management



Active lifestyle



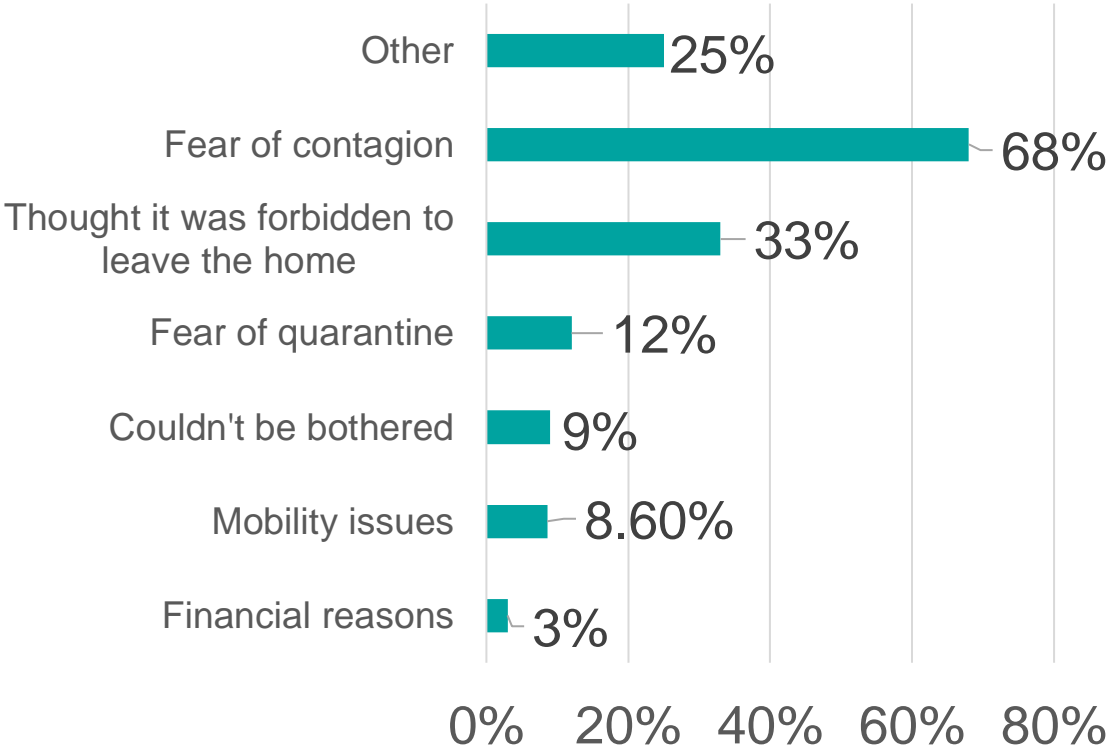
Healthy lifestyle



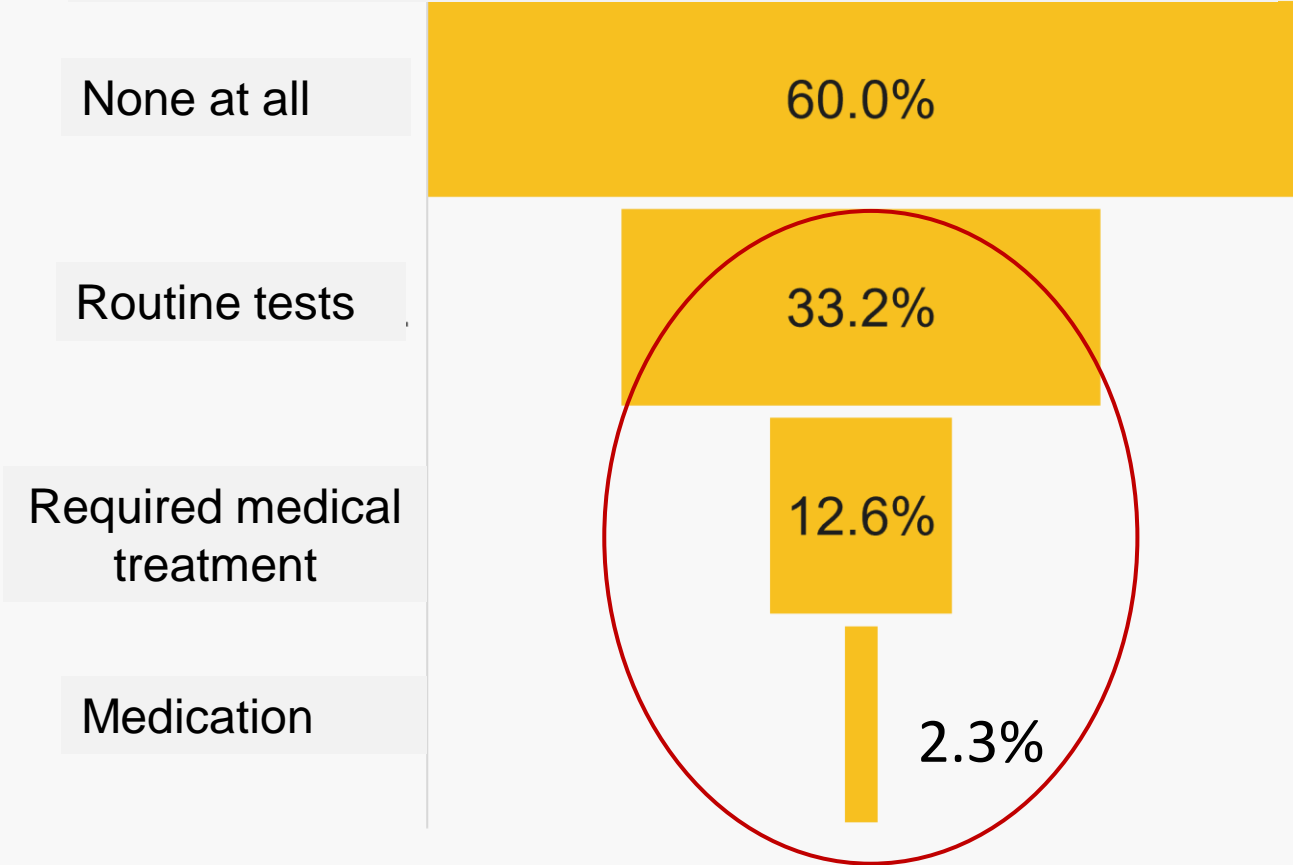
Digital literacy

Health Management: Waiving Health Treatments During COVID-19

Reasons for foregoing medical treatments



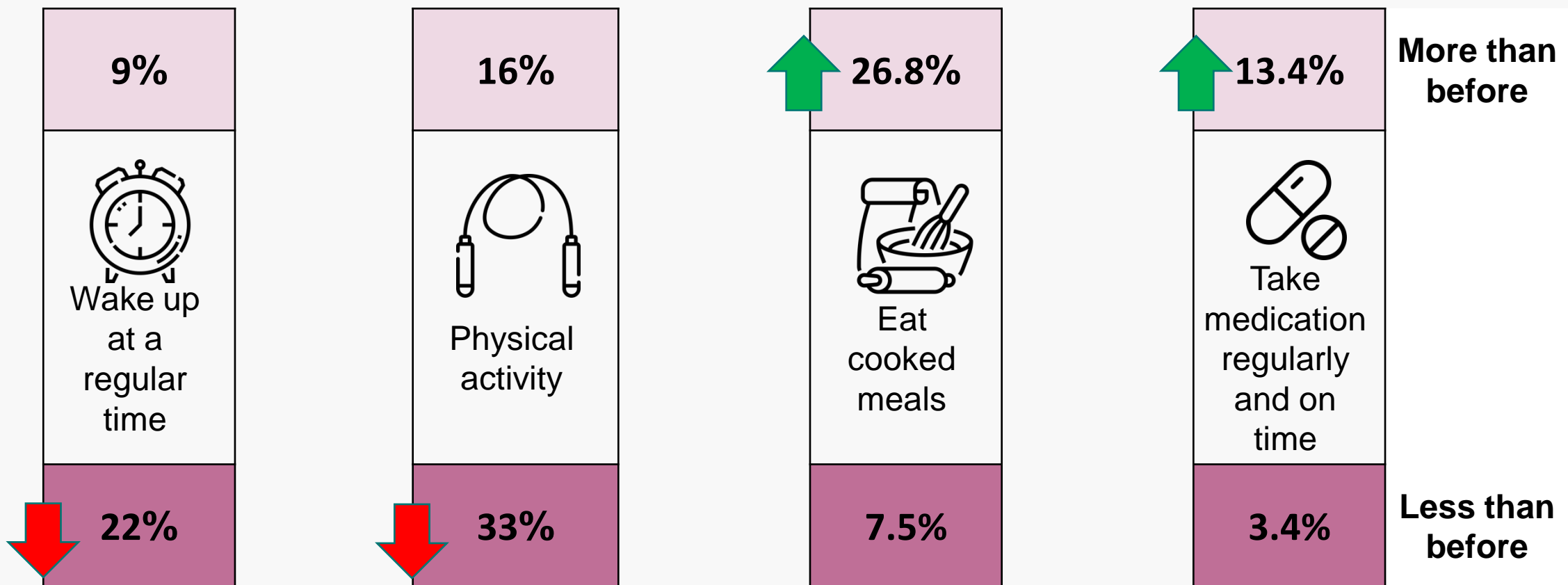
Have you waived medical treatments since COVID-19 restrictions began?



Bottom line: some 40% are waiving medical treatments; some 14% have waived a required medical treatment or medication

Healthy Lifestyle: Changes to a Healthy Lifestyle

Since the onset of the COVID-19 restrictions, which of the following do you do less than before, and which do you do more of? (self reporting)



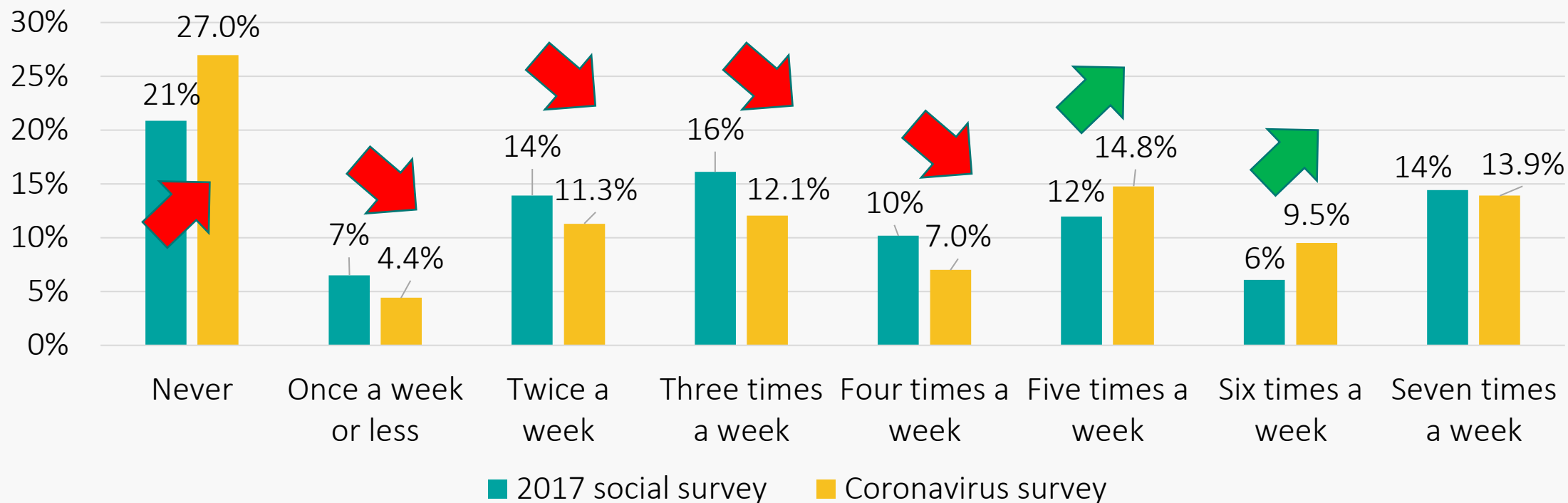
Bottom line - For some older adults, as a result of COVID-19 and forced isolation at home:

(1) The daily schedule is disrupted: Less physical activity, disrupted sleep habits (may indicate stress)

(2) The daily schedule is boosted: Regularly eat cooked meals, take medication regularly and on time

Healthy Lifestyle: Frequency of Physical Activity

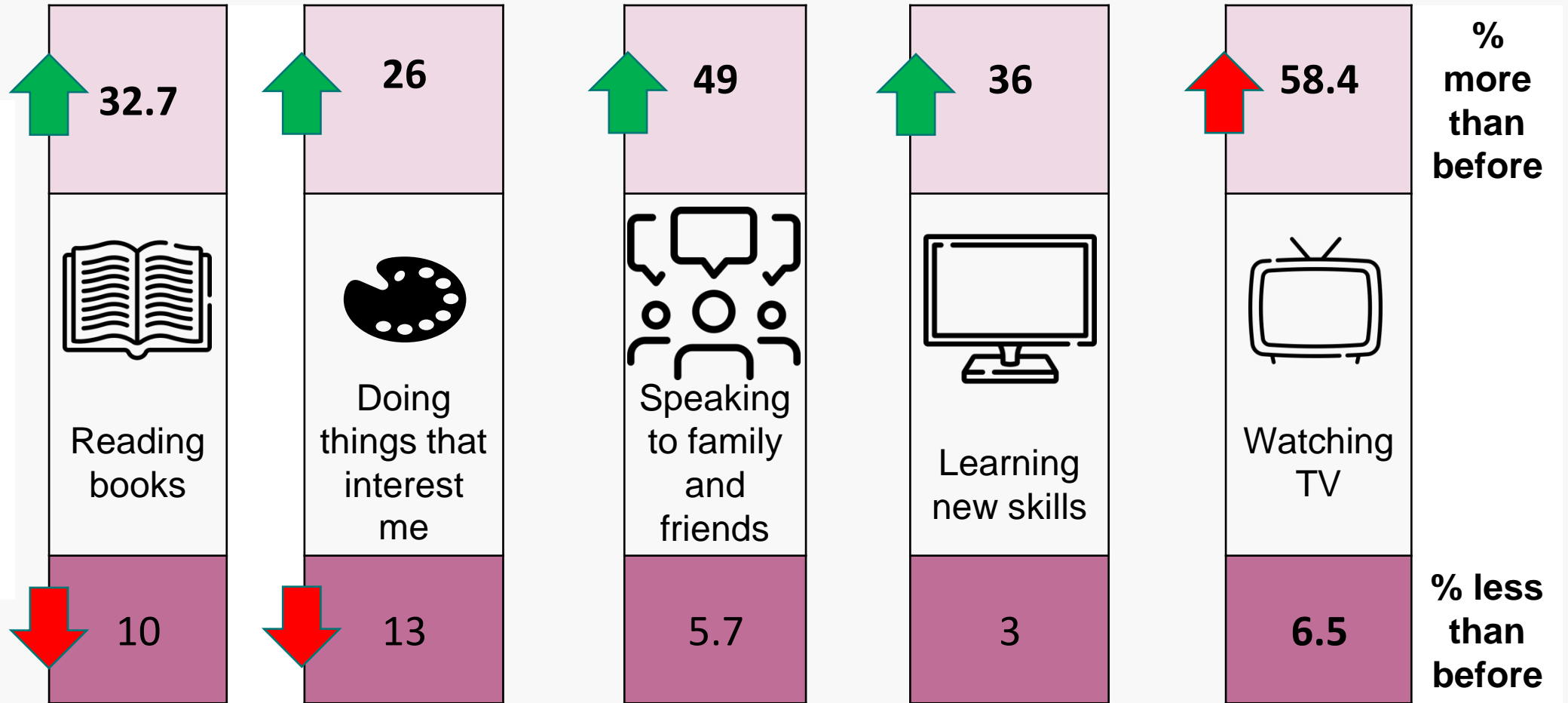
How many times a week do you engage in moderate physical activity?
COVID-19 vs Routine



There has been a significant increase in the number of older adults who do not engage in any physical activity

Active Lifestyle: Changes in Routine and Leisure Activities

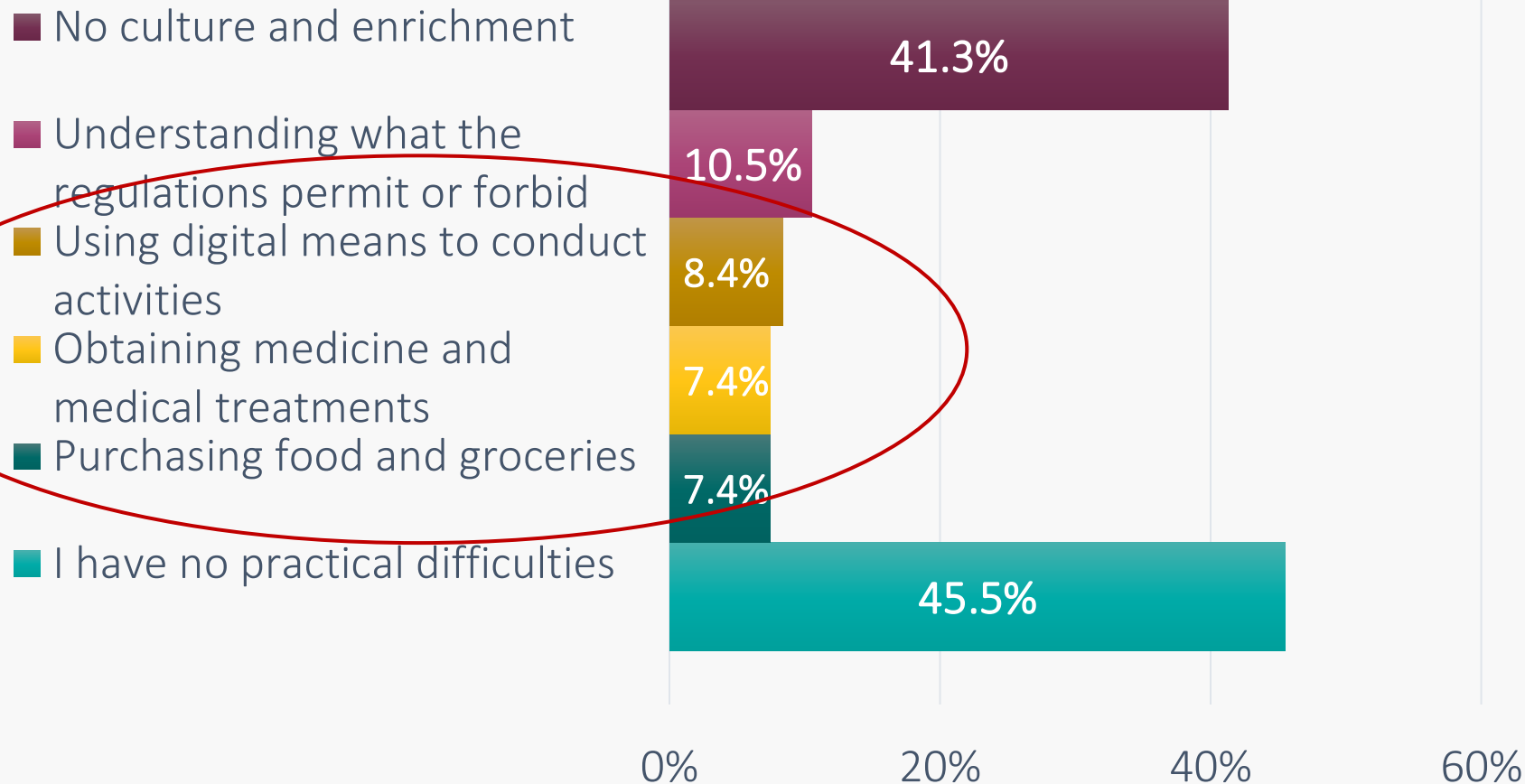
Since the onset of the COVID-19 restrictions, which of the following do you do less than before, and which do you do more? (self reporting)



Bottom line – it is clear that as a result of COVID-19 and the forced isolation at home, for some older adults **there was an increase in predictive metrics of successful aging**: such as being in touch with family, learning new skills, and significant leisure activities

Routine: Practical Difficulties During COVID-19

What practical issues are especially difficult for you during COVID-19?



Bottom line:

Despite almost half reporting no difficulties, there is a group in **significant distress**:

1. 7.4% report difficulties obtaining basic necessities (medical care / medication or purchasing food – do not fully overlap)

2. 8.4% report difficulties using digital means

Most older adults (41.3%) suffer from the lack of culture and enrichment

Digital Literacy

10.4 %

Do not have access to a smartphone / computer, or internet



16.1%

Cannot carry out any digital activity



75% can send text messages and surf the internet

67% can conduct a video call through WhatsApp or Zoom



Less than half can order products online. A little over half can pay bills or make a doctor's appointment online



Only 8% report difficulties in daily functioning due to their limited ability to use digital means.

In practice, over half the older adults have to find workaround solutions, possibly through family members who help with learning and / or accessibility.

Zoom-In: Which Older Adults are
able to Leverage the Crisis?



Zoom-In: Older Adults who Positively Leveraging the COVID-19 Period

29.4% (some 290,000 older adults) were identified as positively leveraging the COVID-19 period

Approximately half are able to positively leverage the crisis despite also experiencing decline



Defining positive leveraging:

Older adults who report increased frequency in at least three activities relating to a healthy, active, and meaningful lifestyle (reading books, talking to family / friends, physical activity, learning new technological skills, developing fields of interest)

Traits Predicting* Positive Leveraging of the COVID-19 Crisis



1. Digital literacy

Digital ability is an important predictor of the ability to utilize the crisis for enrichment. Very few older adults who are unable to employ digital communication and information are able to increase enriching activities during the crisis, as opposed to older adults who have some level – even basic – of digital literacy.



2. Independent functioning

Independent older adults are able to leverage the crisis for positive activity better than those who were pre-deconditioned or deconditioned.

However, **digital literacy – even basic – significantly increases the ability to leverage the crisis, even among those who are deconditioned or pre-deconditioned.**

Digital illiteracy greatly decreases the ability to leverage the crisis, even among independent older adults.

* The correlation is **not necessarily evidence** of causality

Data Sample – the Rate of Positive Leveraging of the Crisis

Older adults lacking digital skills

17.6%



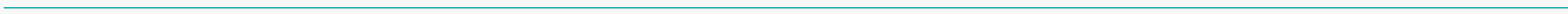
Older adults with digital skills

40%

6.8%



25%

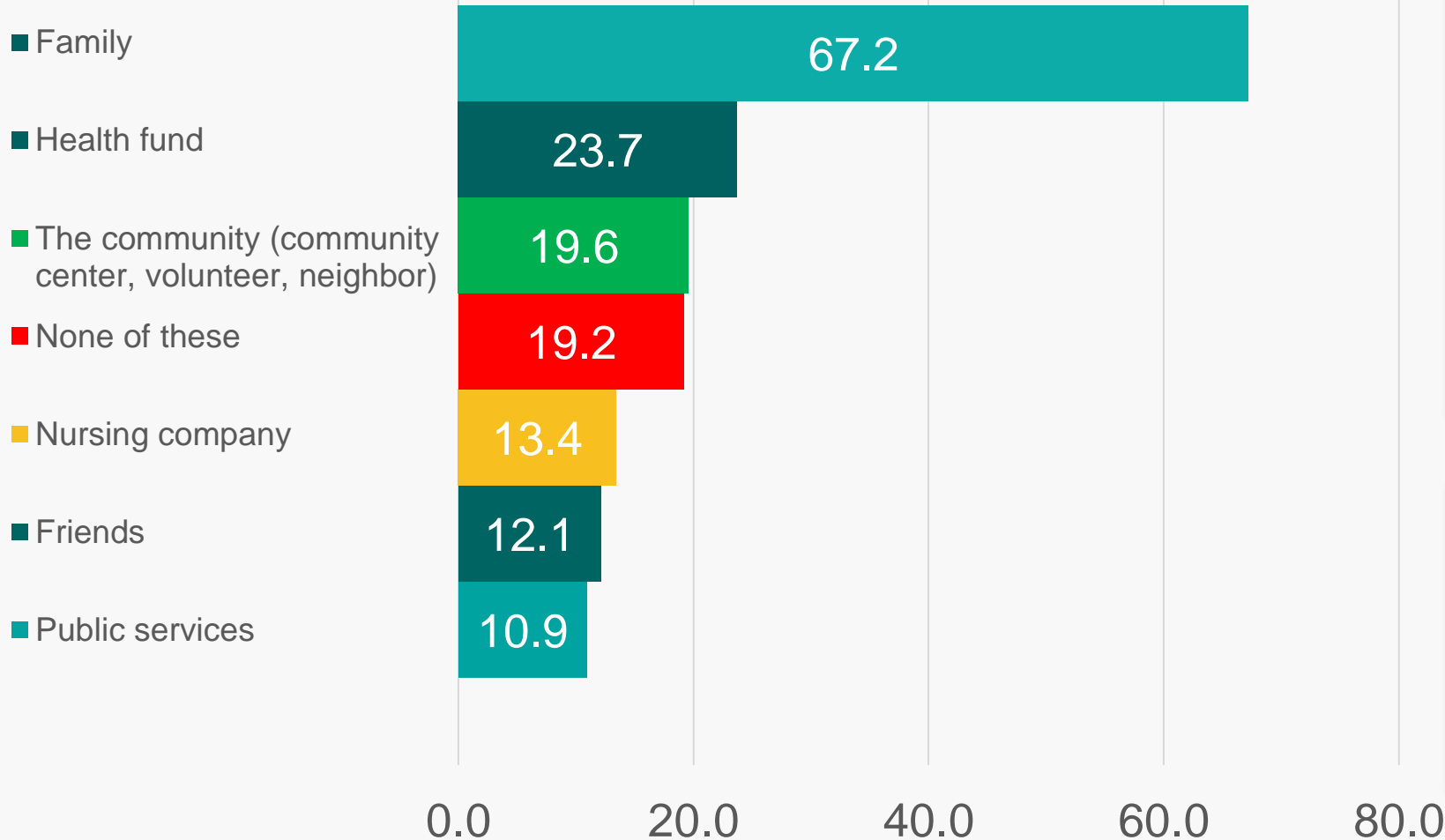


Old Age During COVID-19: Support Networks and Solutions



Support Networks and Significant Assistance During COVID-19

Who is helping you significantly during the COVID-19 period? (%)



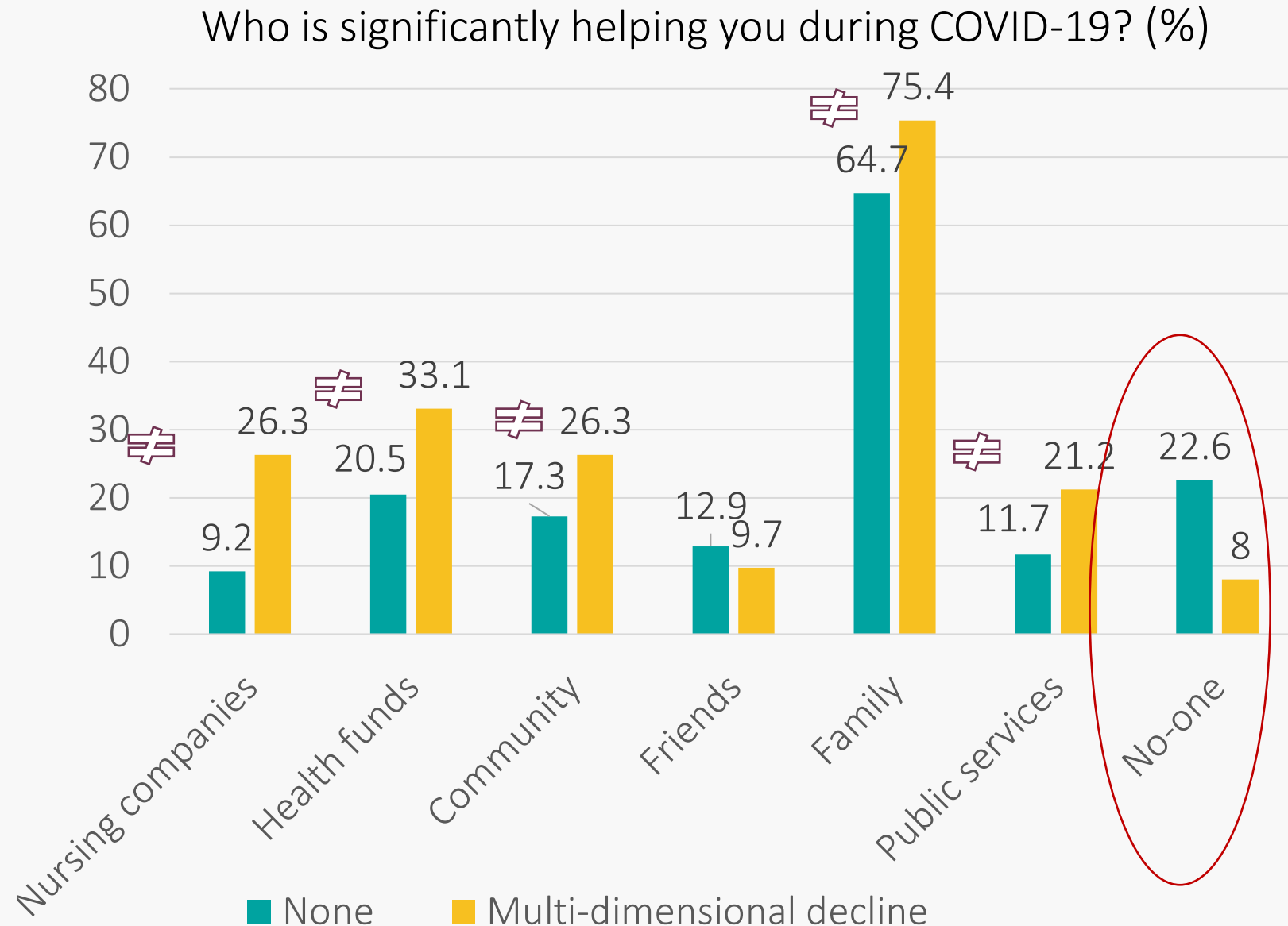
Bottom line:

1. Over 80% feel they have sources of support
2. The three most significant sources of support are: family, healthcare providers (HMOs), and the community
3. Of the 19% who are not assisted by anyone, over half report they have no significant issues.

Note: this is based on reports by older adults, who are not always able to identify who sent the person who provided the actual help (such as local welfare entities)

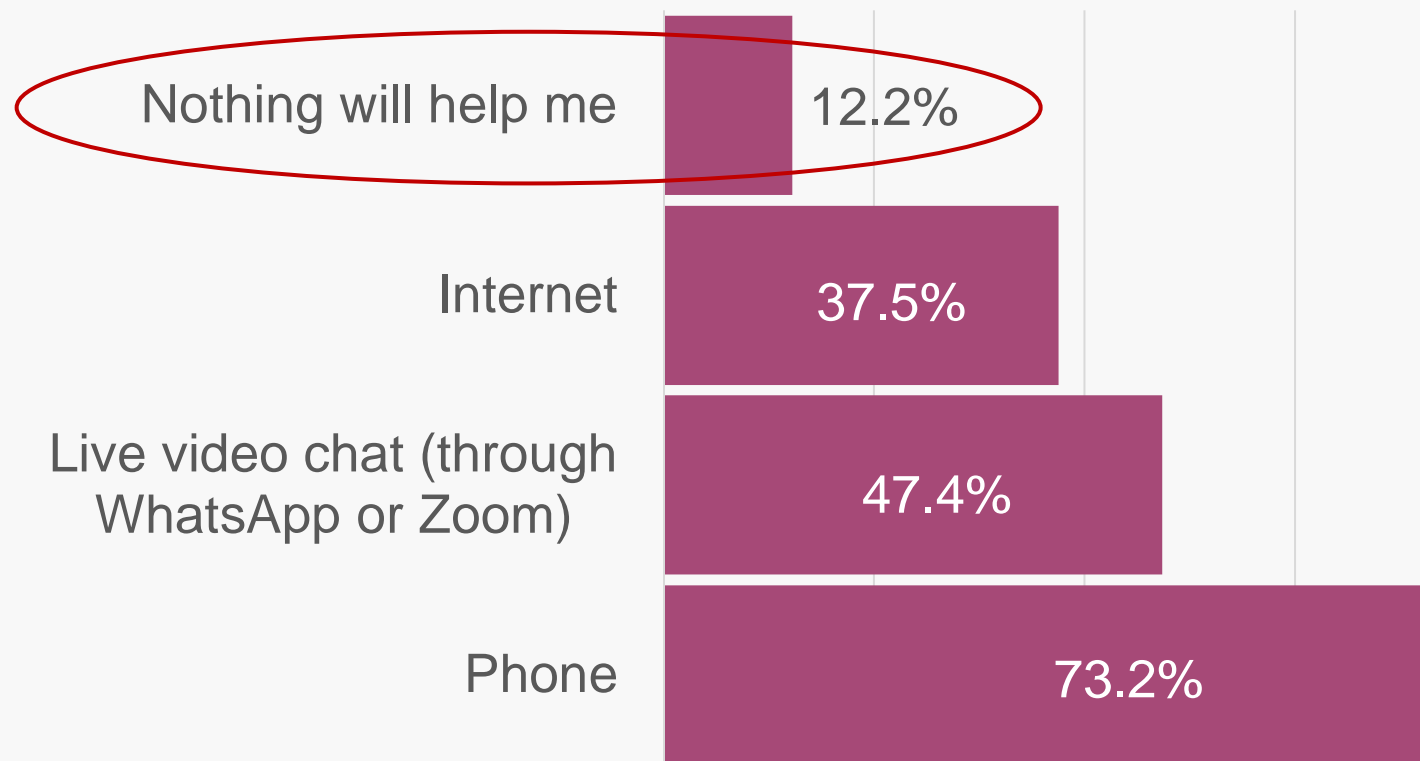
Support Networks Assisting Older Adults Experiencing Decline During COVID-19

- Most older adults who are experiencing decline (of any sort) during COVID-19 have received help from formal and informal support systems - more than those who did not decline.
- The types of support entities that are helping older adults experiencing decline are similar to the general population.
- On average, some 45% of older adults experiencing decline of any kind have met with professional caregivers during lockdown – twice as many as those who did not experience any decline.
- Despite the significant support by the support networks, about a tenth of the older adults who need support do not receive any support.



Desired Solutions for the Next Crisis

If you cannot receive face-to-face assistance, how would you prefer to receive assistance?



Bottom line:

Most older adults prefer communication channels that enable live conversation.

However, 12.2% report that without face-to-face assistance they cannot be helped.

Family Situation and Risk of Decline During Crisis: *Additional Findings*



No family

Research has shown that older adults with no family **does not predict greater risk of health, financial, or multi-dimensional decline during crisis**. A connection was found between having no family and a poor emotional state (as people without family are more likely to report feeling lonely). However, having no family is not a primary predicting factor for emotional decline among older adults.



Partners who require nursing

Research has shown that **older adults who have a partner that requires nursing are at significantly greater risk than others for decline of all kinds**. Almost half experienced multi-dimensional decline (twice as much as other older adults).

Having a partner who requires nursing does not in itself explain the increased risk of decline. It is more likely due to the impact on the family's financial or functional state. Regardless, this population is at significantly greater risk of decline during crisis.

Old Age During COVID-19: Summary of Main Findings



Core Findings

Health

51% report worsening of deconditioning metrics

Deconditioning symptoms: lack of activity, weakness, exhaustion.

Meaning

About one third are lonely and one quarter are depressed (same as before)

85% report emotional issues of some kind, mainly caused by physical separation and / or anxiety and concern regarding the future. The family support network serves as a crucial stabilizing element

Economic Resilience

17% are financially impaired

Mostly employees and low socio-economic status

Predictive Metrics of Successful Aging

Health Management

Some 33% waive routine medical exams

Some 14% waive medicine or medical treatments

Healthy Lifestyle

One third have **decreased** their exercise.

7.5% find it **difficult** to obtain food or medicine.

About one fifth exercise **more** than before, eat and take medication **more** regularly.

Active Lifestyle

41% find it difficult without leisure activities.

60% watch more TV.

About one third are leveraging the crisis for study, significant activity, reading and more.

Digital Literacy

10% have no internet access

16% cannot conduct any digital action

Only 8.5% report limitations, and probably find workarounds

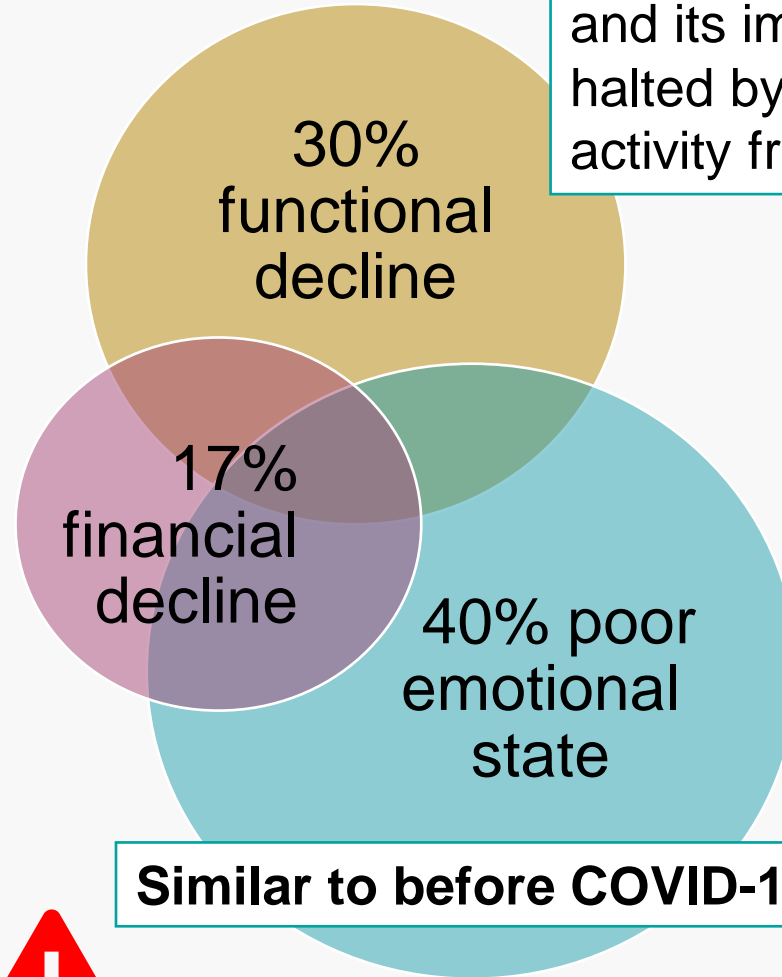
80% have a support network - mainly family and community (health service providers, community center, volunteers).
Most prefer human assistance by phone (73%) or video chat (47%).

The Older Adult Population the Day After COVID-19 and its Implications



Those financially hurt by the crisis are at very high risk (78%) of multi-dimensional decline and require holistic assistance, both material and emotional.

7% of older adults are finding it difficult to obtain basic necessities, such as food and medicine, during the COVID-19 crisis. Many of them are from the multi-dimensional decline group.

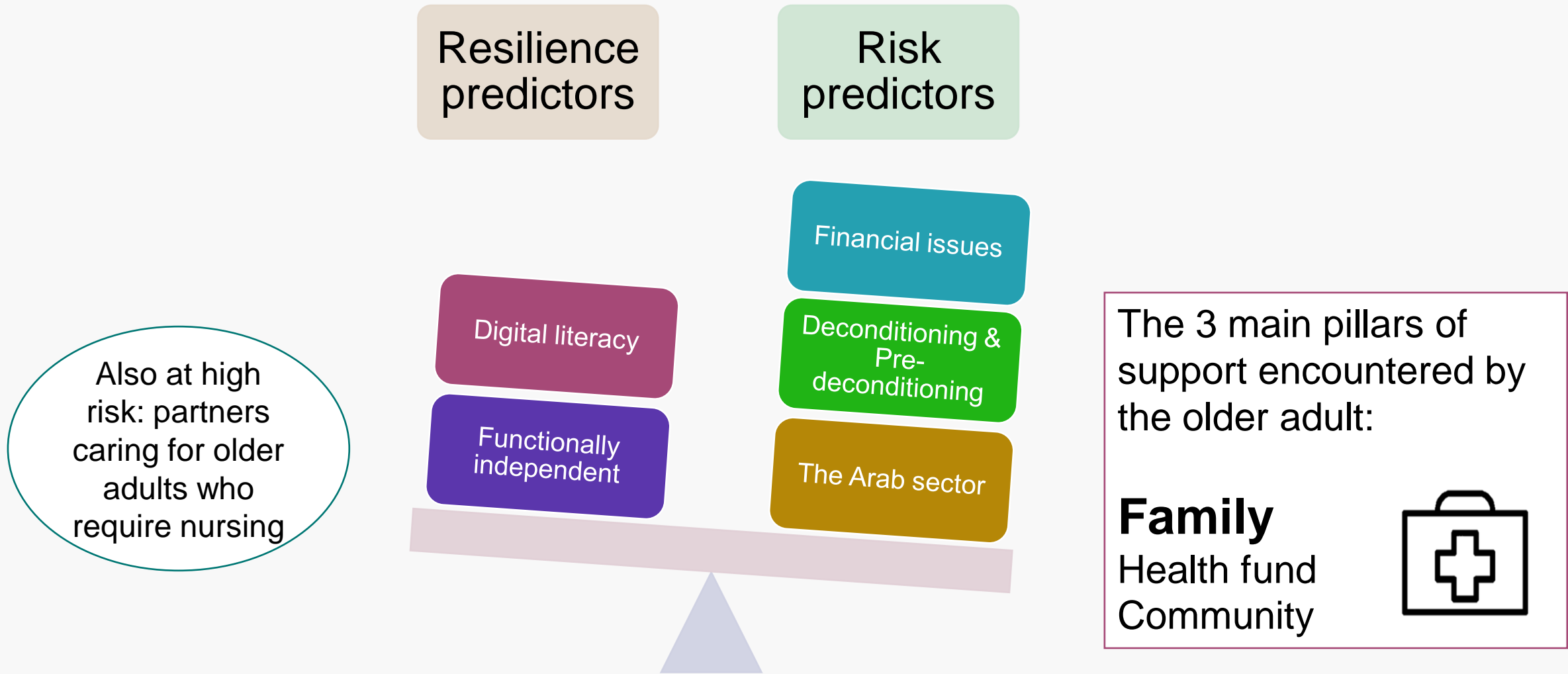


May increase deconditioning and its implications. Can be halted by offering physical activity frameworks.

40% of older adults waive medical tests and treatments – the system must complete these to prevent health repercussions



Who and What Should be Spotlighted to Prevent Decline during a Crisis?



Practical Conclusions

1. Identify and provide holistic assistance to older adults in **three-dimensional distress** – some 8%
2. Identify and assist older adults in **financial distress** – some 17%
3. Identify and assist older adults at risk who report that they have **no-one to turn to** – some 10%
4. Encourage participation and belonging to cope with the **high rates of loneliness and depression** – some 30%
5. Encourage sticking to **medical routine** – especially among risk groups
6. Support older adults in the **Arab sector**
7. Support **family caregivers** – especially those whose partners require nursing
8. Invest in **digital literacy**

Future Issues

1. Expand and fine-tune the questionnaire
2. Conduct a follow-up survey with survey participants
3. Conduct another representational survey in the future
4. Conduct a qualitative study to deepen understanding of the risk population and 'leverage' profiles
5. Examine data in comparison to the general population (according to the given metrics)

