Aging During Covid-19

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

In collaboration with the ERI Institute

| July 2021 |

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

July 2021

01 Participants

Representative sample of Israel's 65+ population
Third wave: 706   (First wave: 704, Second wave: 642)

02 Tools

40 (36) item questionnaire (in Hebrew, Arabic, and Russian) conducted via phone [some 70%] and internet [some 30%] by the Midgam Institute
+/- 3.7% margin of error

03 Data collation period

The period following the vaccination campaign and the lifting of restrictions: June 1 – 14, 2021
(Covid-19 "routine" period: August 20 to September 7, 2020)
(Restrictions were partially lifted during May 13 – 27)

Indicators of Optimal Aging

JDC Israel Eshel
Touching Lives, Transforming Communities

Indicators of Optimal Aging

Health

Healthy Lifespan

% Years in Good Health

Men: 56% (11.2 yrs)

Women: 47% (10.6 yrs)

Functionality

17% - difficulty with ADL

33% - difficulty with IADL

Meaning

Loneliness

28% feel lonely

Quality of Life

36 pt. (12-48) in CASP

Economic Resilience

Disposable Income

NIS 7,504 ($2,300)

[21% are <60% of this amount]

Ability to Cope

40% struggle to cope financially

Predictive Indicators for Optimal Aging

Health Management

50% have low health literacy

Compliance | persistence
- Rehab
- Medication

Healthy Lifestyle

BMI – focus on old age

Nutrition – Mediterranean*

16.9% smoke
1.9 liter alcohol

Exercise - moderate | strenuous

Active Lifestyle

28% employment

39% participate in social activities

Networking
(Support system: family/friends)

Economic Readiness

Income | Assets, savings, suitable employment

Low financial literacy 13.7/21 pts

Digital Literacy – a cross-cutting predictor that influences all metrics

Changes among older adults who have experienced decline – risk groups

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

* 22% 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

Two thirds of older adults whose employment was affected did not return to work full-time or were fired

Declined health

30%
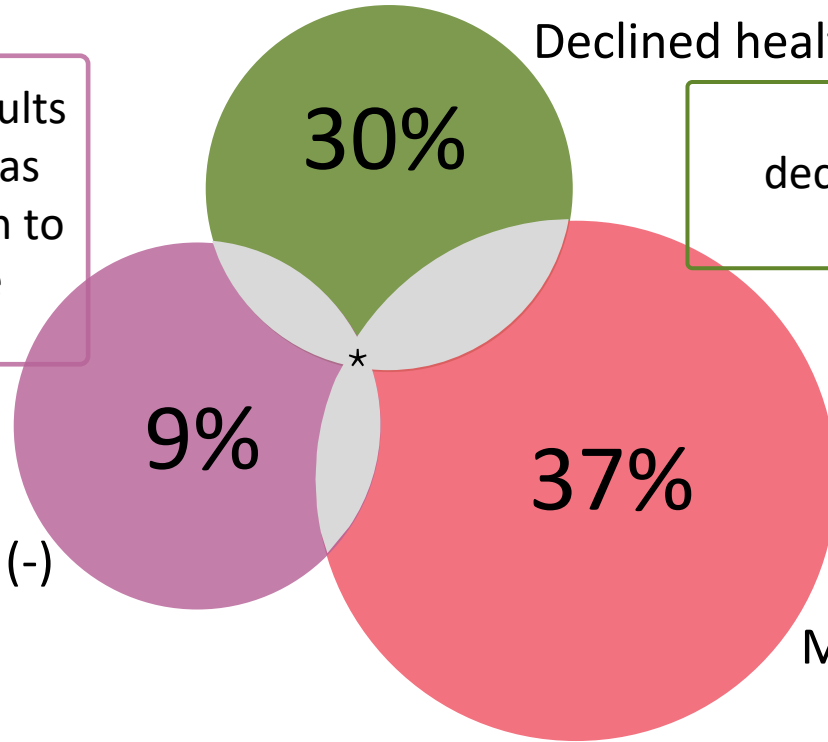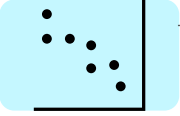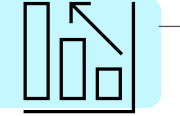
Fixed deconditioning trend

9%

Financial decline (-)

*

37%

Mental / emotional decline (-)

Significant improvement (10 percentage points) – return to pre-Covid-19 figures

49%
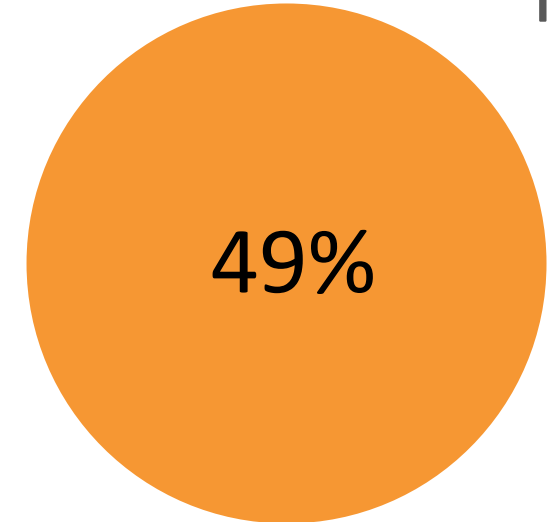
Did not experience any significant decline during Covid-19

Summary of Trends in the Three Surveys

01   Partial return to pre-Covid-19 metrics can be clearly seen

02   Not everyone has closed the gap – especially regarding financial impact

03   Increased gaps between older adults who displayed resilience and weakened groups

Research Rationale

Stage 1 – Who to focus on? (First wave)
Mapping risk / resilience groups and their predictive profile characteristics

Stage 2 – What to focus on? (Second wave)
Mapping behaviors that may contribute most effectively to reducing the spiral of decline (focusing on functional and emotional decline)

Stage 3 – How to make help accessible? (Third wave)
Mapping the factors the older adults turn to for assistance (by type of assistance)

Who and what should we shine the light on to minimize decline during crisis?
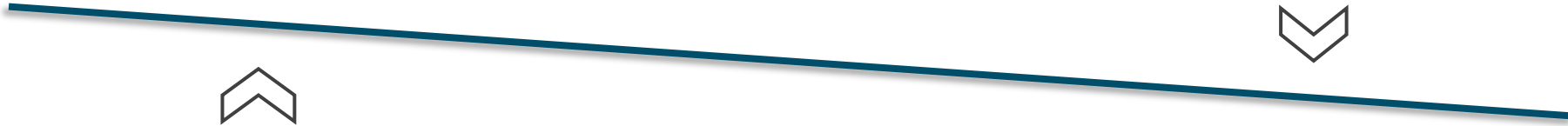
Impact of Covid-19 on the 65+ population in Israel

Resilience predictors

- Digital literacy
- Physical encounters in the community
- Exercising at least twice a week
- Significant leisure activity

Risk predictors

- Financial difficulties
- Deconditioning and pre-deconditioning
- Arab sector
- No family
- Over 74

Who do Older Adults Turn to for Help?

Impact of Covid-19 on the 65+ population in Israel
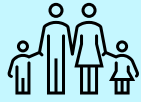
ⓘ Information ♡ Emotional 🪙 Financial 🧍 Medical / functional

Three main support factors were identified, beyond welfare and nursing factors in the community:

Family and friends

The health funds

The community, especially neighbors

And yet,

approximately one-fifth of older adults feel there is no-one to help them if they are in financial distress or need information

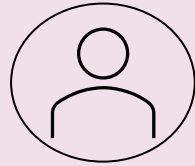# Older Adult Characteristics Based on Support Network Types

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

July 2021

- (i) Information
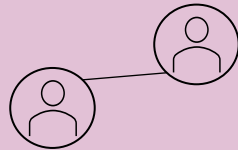- ♡ Emotional
- 🪙 Financial
- Medical / functioning

No network
- Children abroad
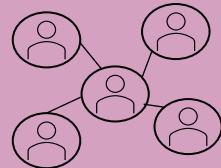- Minority groups (Arab sector, traditional, religious, Ultra-Orthodox), adults aged 74+
- At increased risk of loneliness and multi-faceted decline

Single-faceted network
- "Deconditioned" financial state (not poor)
- Age 74+
- Main support factor – family (especially FSU immigrants*)

Multi-faceted network
- Varied support network – family+
- Stable financial state, resilient
- Aged 64 to 75

In depth look at 2 unique <u>multi-faceted</u> support factors

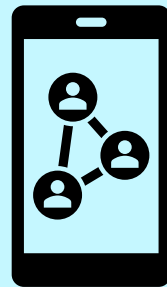(i) Information

♡ Emotional

Financial

Medical / functioning

Health funds ((36% of older adults)
- Belong to the Jewish sector (not Arab sector)
- Aged 65 to 74
- Financially stable (able to meet monthly expenses)
- Men
- No emotional decline during Covid-19

Social media (some 10% of older adults)
- Employed – both before and during Covid-19 (from home)
- Digitally literate
- Secular

Operative Conclusions – Summary of Three Surveys

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

Who?

01

Older adults in three-dimensional distress – some 4%

02

Older adults in the Arab sector

03

Older adults at high risk: financial distress, no family (including children abroad), deconditioned, aged 74+

What?

Strengthening community support of older adults and conducting face-to-face encounters

Promoting significant leisure activities

Carrying out effective physical activity at least twice a week

Digital literacy

Completing routine medical examinations

How?

Especially supporting **family members** of older adults who are FSU immigrants, from the Arab sector, and middle class or lower

Develop and **integrate tools in the community and among neighbors** to identify older adults at risk

Utilizing the **health funds** as a connection to social services – especially in the Jewish sector (men)

Leverage **social media** as a readily available source of information and to mediate support for older adults