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## Holocaust Survivors in Israel: Population Estimates, Demographic, Health and Social Characteristics, and Needs

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## Related Myers-JDC-Brookdale Institute Publications

Brodsky, J.; Be'er, S.; Shnoor, Y. 2003. ***Holocaust Survivors in Israel: Current and Projected Needs for Home Nursing Care.*** S-107-03 (Hebrew) S-108-03 (English).

Brodsky, J.; DellaPergola, S. 2005. ***Health Problems and Socioeconomic Neediness among Jewish Shoah Survivors in Israel*** (Myers-JDC-Brookdale Institute website).

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## **Executive Summary**

The Foundation for the Benefit of Holocaust Victims in Israel was established in 1994 to improve the quality of life of survivors living in Israel. As well as providing additional hours of nursing care at home to survivors eligible for support under the Community Long-term Care Insurance Law (CLTCI Law), the Foundation offers services such as short-term convalescent nursing care, individual grants, emergency alarms and dental care.

In light of the increase in the number of applicants seeking assistance in recent years and of the aging of the survivor population in Israel, the Foundation asked the Myers-JDC-Brookdale Institute for assistance in assessing needs for the coming years.

The chief goals of this report were to present updated estimates and projections for the overall population of Holocaust survivors living in Israel, to provide as comprehensive a picture as possible of the characteristics and needs of the Holocaust survivors and sub-groups at risk among them and to ascertain the needs of Holocaust survivors living in institutions. In order to arrive at the findings in the report, a number of sources of information were used, including: the National Health Survey (NHS) of the Central Bureau of Statistics (CBS) for 2003/2004; a survey of needs among the population of the Foundation for the Benefit of Holocaust Victims in Israel (hereinafter, the Foundation); a survey of Holocaust survivors eligible for a 91% benefit under the CLTCI Law and ineligible for nursing services from the Foundation; data from the National Census of Long-Term Care Institution Residents for 2000; interviews with professionals at long-term care institutions; and a discussion forum with senior professionals caring for the elderly in general, and of survivors in particular.

### **Survivor Population Estimates and Eligibility for Nursing Care**

At the end of 2008, there were some 233,700 Holocaust survivors in Israel. The number of survivors is decreasing and the projection for 2015 is 143,900 survivors and for 2025, approximately 46,900 survivors.

The survivor population is aging: at the end of 2008, some 7% were under the age of 70 and 45% were over the age of 80; in 2010, only 3% will be under the age of 70 and about half will be over the age of 80; in 2015, two-thirds of the survivor population will be 80+.

The estimate of survivors eligible for services under the CLTCI Law was some 52,000 at the end of 2008 (about a quarter of the survivor population living in the community). From 2009, the figures are expected to drop: in 2010, there will be 49,700 eligible survivors, in 2015 – 43,100, in 2020 – 32,200 and in 2025 – 19,000.

Despite the declining number of Holocaust survivors, the magnitude of their needs is decreasing far more slowly, since the population is aging and its needs, therefore, are growing. For example, while the projections indicate that the number of survivors will decline by 38% between the end

of 2008 and the end of 2015, the percentage of survivors eligible for benefits under the CLTCI Law will decline by only 17%.

Under Israel's CLTCI Law, services are provided for the general population of elders with impaired functioning according to three levels of benefits: elders partially dependent on the help of another (91%), elders largely dependent on the help of another (150%), and elders entirely dependent on the help of another (168%). The Foundation subsidizes additional hours of care for survivors belonging to the latter two groups.

Some survivors eligible for the higher benefits due to disability receive a reduced service benefit from the National Insurance Institute (NII) since their income is above the eligibility threshold. The Foundation does not help survivors receiving a reduced NII benefit due to their relatively high income, which is equivalent or greater than the average wage in Israel. Survivors whose income is 1.5 times greater than the average salary are not at all eligible for services under the CLTCI Law.

At the end of 2008, the estimated number of survivors eligible for full benefits of 150% and 168% was 21,600 (10% of the survivor population). From 2009, the figures are expected to drop to 20,900 in 2010, 18,900 in 2015, 14,800 in 2020 and 9,600 (25% of the survivor population) in 2025.

Another way of projecting eligibility for Foundation assistance is based on the current patterns of survivors' utilization of Foundation services; i.e., the actual number of users of Foundation services out of the overall number of survivors living in the community.

Based on the patterns of utilization of Foundation services, at the end of 2008, 16,000 survivors were receiving assistance with nursing care at home. The estimated number of eligible survivors in the future is expected to reach 19,700 in 2013; some 18,000 will use Foundation services at the end of 2015 and about 14,000 at the end of 2020. The data revealed that survivors actually receiving Foundation assistance today are older than the overall survivors who, in principle, are eligible for such assistance. Consequently, as this population ages, the general percentage of users of Foundation services out of all those eligible is expected to rise.

## **Characteristics of Health and Functioning of the Survivor Population**

The NHS revealed that survivors living in Israel today suffer from a high prevalence of cardiovascular problems and chronic skeletal pain. These problems are increasingly prevalent among the 80+ age group. Subjectively, about half of the Holocaust survivors perceive their health as poor. In most areas of health, survivors do not differ from their peers in the general population except in reports of cardiovascular problems, insomnia and severe headaches, which are more common among survivors. The latter two are described consistently in the literature on the long-term repercussions of the atrocities of the Holocaust (e.g., Rosen et al., 1991).

The NHS made it possible to investigate for the first time the prevalence of mental disorders among the survivor population living in the community. The survey did not find a significant difference between survivors and the comparison group (defined more broadly below in the section on research methods) with respect to the prevalence of anxiety and depression disorders. However, a study based on NHS data found that if potentially traumatic events since the end of World War II (e.g., wars in Israel) are neutralized, survivors do suffer from a higher prevalence of anxiety disorders and emotional distress than the comparison group (Sharon et al., 2009). One of the mechanisms suggested by the investigators to explain the impact of the Holocaust on elderly survivors is the reawakening of latent feelings by current events such as Remembrance Day ceremonies, visits to concentration camps, or war (e.g., the Gulf War). The authors claim too that the tendency in old age to review one's life retrospectively may also reawaken repressed feelings of deprivation, loss and persecution.

The NHS made it possible to examine at-risk groups within the survivor population. The study found that survivors who immigrated from the former Soviet Union (FSU) in the 1990s suffer from a higher prevalence of health problems than do survivors who immigrated before 1990. The differences between the two groups are even more pronounced with regard to independently performing activities of daily living (ADL), such as washing or getting dressed. Hence, similarly to the situation in the general population, the new immigrants among the survivors constitute a risk group with regard to health and functioning.

### **Characteristics and Needs of Survivors Receiving Assistance from the Foundation for the Benefit of Holocaust Victims in Israel**

The NHS was not designed to examine the needs of any particularly group (e.g., Holocaust survivors) and its findings about their needs are therefore limited. The survey of needs among the Foundation population, however, did yield a comprehensive picture. The survey examined the condition and unmet needs of survivors at three levels: needs related to their state of health/functioning; needs related to their social situation and social support network; and needs related to aspects of standard of living, such as living conditions.

The characteristics of the Foundation population were examined in comparison with those of the general survivor population. Compared with the general survivor population living in Israel, survivors assisted by the Foundation were found to suffer from poorer health and be more restricted in ADL. This is a direct consequence of their greater age and the fact that applicants seeking Foundation assistance do so precisely because of their limitations: a high percentage of them have difficulty leaving home for errands or shopping. The survey also indicates that though the survivors had a supportive social network, reflected in frequent contact with family and friends, a large percentage of them (about 40%) felt very lonely. Moreover, about half felt depressed, dissatisfied with life and had a sense of emptiness. When describing their social situation, most survivors reported that they went out for cultural activities or entertainment infrequently.

These findings may indicate that the survivors' social networks respond chiefly to instrumental needs (such as help in IADL and ADL), and less to social needs. Certainly, some of the needs that found expression in the survey were social: about a fifth of the survivors were interested in having a volunteer visit them and about a third were interested in regularly attending a social framework such as a daycare center for the elderly. In the case of some survivors, the survey also indicated that financial problems adversely affected their standard of living. About 20% of the survivors receiving Foundation assistance suffered from cold in winter (due to financial constraints or lack of home heating equipment), and about a quarter reported that they had sufficient food but not always of the kind that they would like. About 5% reported suffering from insufficient food.

In addition to the funded extra hours of care, eligible survivors may receive Foundation assistance in other areas, such as grants to purchase medical and orthopedic equipment or to install an emergency button. The survey found that survivors receiving Foundation assistance felt a great need for support in other areas as well: financial assistance (50%), a caregiver or additional hours of care for help with washing, dressing and eating (30%).

One of the goals of the survey was to identify needs of Holocaust survivors receiving benefits under the CLTCI Law but not eligible for additional hours of care from the Foundation. One of the most prominent needs of this population is additional hours with a caregiver (44%). This figure indicates that even though the population does not meet the criteria for additional hours, a significant proportion express a need for them.

As part of the survey, we sought to ascertain the needs of children of survivors. To obtain a picture of their needs and of the burden imposed on them by caring for a parent with impaired functioning, we interviewed one of each survivor's children. The survey revealed that among the children of parents who are dependent on personal care, this care imposes a considerable emotional and physical burden on them, especially on those who themselves suffer from impaired functioning. In all, about a third of the children felt that the general burden imposed on them was heavy, especially among those supporting very functionally disabled parents who receive additional hours of care.

## **Holocaust Survivors in Institutions**

The focus of current study was on survivors living in the community. To examine the needs of survivors living in institutional frameworks, we interviewed social workers in long-term care institutions. The interviews revealed that institutions were paying increasing attention to the special needs of survivors. According to the social workers, in order to improve the response to the needs of institutionalized survivors who are alone, greater effort should be made in the sphere of social support. Social workers also reported that the processes of applying for special support such as dental care, hearing aids and eyeglasses should be simplified and that the eligibility for benefits under the long-term care law should be checked.

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In conclusion, the findings of this report shed light on the current and future needs of Israel's Holocaust survivors as a whole, and on those in the at-risk sub-groups among them. In light of the expected growth in the 80+ age group among the survivor population, their needs will rise concomitantly. We believe that the picture emerging on the needs of the Foundation population, especially as regards the 80+ age group, can serve decision-makers and service planners as a vital source of information to understand the future needs of the aging population of Holocaust survivors. This will help to provide a response to the expected needs of Holocaust survivors and enable them to cope with old age with dignity.

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