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

Jenny Brodsky ◆ Assaf Sharon ◆ Yaron King
Shmuel Be'er ◆ Yitschak Shnoor

The study was commissioned by the Foundation for
the Benefit of Holocaust Victims in Israel
with the support of the Claims Conference

RR-553-09

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Jerusalem February 2010

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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 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.

Acknowledgments

It is our pleasant duty to thank all who helped us with this study. Firstly, we would like to express our profound appreciation to Wolf Zeev Factor, chairman of the Foundation for the Benefit of Holocaust Victims in Israel, for initiating the study and for making himself available for consultation at every stage. Special thanks to Dubby Arbel, former general manager of the Foundation, who was party to the initiative, for his contribution to the study design and his support, without which the study would not have been possible. For continuing support of the study and preparation of this report, we thank the incumbent general manager, Yehoshua De-Goffer.

We warmly thank Guy Afari, social worker and deputy director of the Foundation, and Yadi Dim, financial director and deputy director of the Foundation, for their constant cooperation, for giving of their time and experience, for their useful insights, for sharing their knowledge with us and for opening their databases to us, all of which was essential to the study. We thank Yigal Molad-Hayo, former comptroller of the Foundation, for his cooperation, and the entire Foundation staff, especially Israela Shvartzman, Rivka Nakache and Yan Sever, for their readiness to assist us and provide us with necessary information and for their helpful comments.

Many thanks to Ramsis Gera of the Research and Planning Division of the National Insurance Institute for his great help in furnishing data that we used in the study and to the Danel nursing agency, which helped us contact survivors who are not at present eligible for long-term care assistance.

We express our appreciation to the respondents, Holocaust survivors and their families, who opened their doors and hearts to us and allowed us to learn about their situation and their needs.

We are grateful to the social workers in institutions for the elderly and nursing homes for their readiness to share with us information on institution activity to meet the needs of survivors and the difficulties of their work. We would also like to thank the professionals who participated in the discussion group for their contribution to the understanding of the significance of the findings and their implications for policy and service development.

Thanks to all our colleagues on the staff of Myers-JDC-Brookdale Institute for their help in the course of our work, especially to Svetlana Chekhmir for her assistance in the preliminary stages of the analysis and data collection. We also thank Naomi Halsted for editing the report and Leslie Klineman for preparing it for publication.

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1. Background

The Foundation for the Benefit of Holocaust Victims in Israel (hereinafter, the Foundation) was established in 1994 by the Center of Holocaust Survivor Organizations in Israel together with the Claims Conference. Its aim is to improve the quality of life of survivors living in Israel.

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. In July 2003, the Institute submitted its report ***Holocaust Survivors in Israel: Current and Projected Needs for Home Nursing Care***, which was used by the Foundation to prepare responses to meet these needs (Brodsky et al., 2003).

The Foundation has now asked the Institute for an updated assessment of the needs for nursing care at home, in light of the changes in patterns of the survivors' utilization of services provided through the Community Long-Term Care Insurance Law (CLTCI Law) in general and in particular those provided by the Foundation. As well as providing additional hours to survivors eligible for support under the CLTCI Law, the Foundation offers services such as short-term convalescent nursing care, individual grants, emergency alarms and dental care. The Foundation is also seeking greater information about the status and needs of Holocaust survivors in order to consolidate policy, continue to develop responses to needs and establish priorities. The report has recently been published in Hebrew.

2. Study Goals

The study aimed to provide up-to-date information as to the size, characteristics, status and the social and health needs of the survivor population in Israel, so as to enable organizations to provide services for them.

Specifically, the study goals were:

1. To conduct a review of the literature on the long-term effects of the atrocities of the Holocaust, in order to obtain a better understanding of the special needs of survivors as they grow old
2. To revise the estimates and projections regarding the size of the survivor population in Israel
3. To revise the estimates and projections of the needs for nursing care at home among survivors
4. To study aspects of the survivors' status examined in the National Health Survey (NHS) including functioning, health problems, service usage, and mental and emotional problems
5. To examine the needs of survivors who are receiving assistance from the Foundation for the Benefit of Holocaust Victims and those of their families

6. To examine the needs of survivors eligible under the CLTCI Law who are not entitled to nursing care through the Foundation
7. To examine the needs of Holocaust survivors living in long-term care institutions through in-depth interviews with professionals at those institutions
8. To examine, with a focus group of professionals, directions for action to improve the provision of responses to survivors' unmet needs.

3. Study Methods

3.1 Sources of Information and Data Collection

The data in this report are based on a number of sources: (a) Population and mortality data from the Central Bureau of Statistics (CBS); (b) Data from the National Insurance Institute (NII) on persons eligible for benefits under the CLTCI Law; (c) The National Census of Long-Term Care Institution Residents conducted by the Myers-JDC-Brookdale Institute in 2000 (Beer, S., 2004); (d) The NHS 2003/2004; (e) A survey of Holocaust survivors receiving assistance from the Foundation for the Benefit of Holocaust Victims in Israel; (f) A survey of Holocaust survivors receiving services from nursing agencies who are not entitled to nursing assistance from the Foundation; (g) In-depth interviews with professionals at long-term care institutions; and (h) A discussion with key health and social service professionals.

Details about the population, sampling methods and a description of the sample from several of the sources of information now follow.

National Health Survey 2003/2004

The survey was initiated by the Ministry of Health and conducted by the CBS within the framework of the World Health Organization's international mental health survey. The survey examined the community-dwelling adult population (aged 21+) and focused on respondents' states of physical health and mental disorders, the economic burden on individuals and their families, behaviors that affect health, and the utilization of health services. Among the topics examined: demographic, social and economic characteristics; childhood and personal background; contacts and social status; self-perception of personal health; physical problems and long-term disabilities; functioning and symptoms experienced during the previous thirty days; disabilities due to morbidity; mental or emotional disorders, and so forth.

The survey collected data on the population living in the community – in other words, it did not include residents of any form of institution. Nor did it include immigrants who had been in Israel for less than six months or nomadic peoples not living in recognized localities (Bedouin tribes).

Almost 5,000 people were sampled for the survey and completed the questionnaire; of these, 1,100 were aged 60+.[1]

The interviews included questions that allowed the researchers to identify Holocaust survivors (similar to those asked in the 1997–1998 CBS survey of residents of Israel aged 60+, which made it possible to estimate the number of survivors and the extent of their needs at the time). Respondents were asked to state their country of birth and date of immigration to Israel and whether they had lived in Nazi-occupied countries or those subject to direct influence of the Nazi regime. Survivors were also asked whether they had been in a ghetto, in hiding or in a labor/ concentration/extermination camp during the Holocaust.

Survey of Holocaust Survivors Receiving Assistance from the Foundation for the Benefit of Holocaust Victims in Israel

Study population: 36,729 survivors who received assistance from the Foundation between June 2006 and June 2007

Sampling method and sample: Altogether 300 elderly people were sampled from the study population (simple random sampling). Survivors living in localities with fewer than 200 recipients of assistance were not sampled. It is therefore possible that the estimates provided in the survey are not representative Foundation beneficiaries who live in small localities to the same level of statistical certainty. Altogether, 183 elderly survivors were interviewed (i.e., 61% response rate). The main reasons for non-participation were the following: refusal (41 survivors), failure to locate the survivor (29 survivors) and death (26 survivors). In 39 cases (22%), a third party was interviewed about the survivors due to their physical or mental health condition.

In addition, 105 sons and daughters were interviewed about the elderly persons so we could learn about the type of assistance they give to their parents, the care burden upon them and their own needs for support services. The main reasons why survivors' children were not interviewed were: survivor had no children (20 cases); survivor refused to have his/her children interviewed (28 cases); and the survivor's children were living abroad (10 cases).

A comparison between the distribution of characteristics of the sample of respondents and those of the population from which the sample was taken showed that in both groups the distribution was similar regarding the main background characteristics (gender, family status and country of origin).

The data collection process began in October 2007 and ended in July 2008. Face-to-face interviews were conducted with the elderly in their homes using a structured questionnaire. When survivors' physical and/or mental health did not permit an interview, family members were

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[1] Further information about the survey population and the sampling method can be found on the websites of the Ministry of Health, www.health.gov.il (Hebrew only), and of the Central Bureau of Statistics http://www.cbs.gov.il/www/www/publications/briut_survey/social_survey_e.htm

interviewed about them. When possible, sons or daughters were also interviewed. Most of the survivors' children were interviewed by telephone, the remainder face to face. The interviewers were specially trained for their work.

Survey of Holocaust Survivors Receiving Services from Nursing Agencies Who Are Not Entitled to Nursing Assistance from the Foundation

To examine the needs of Holocaust survivors with limited functional ability who were not eligible for nursing assistance from the Foundation because their level of disability was below the required threshold, we decided to add to the study 50 survivors with limited ability who were entitled to a 91% disability pension and who received nursing services from one of the large agencies. Danel, an agency that consented to help us with the study, contacted clients who were Holocaust survivors eligible for a 91% disability pension and who lived in selected cities (Jerusalem, Tel Aviv, Haifa, Ashdod and Rishon Leziyyon) and asked if they would agree to participate in the study. Having obtained their consent, the company sent their names to the research team at the Myers-JDC-Brookdale Institute. The team sampled 50 respondents from the list and conducted face-to-face interviews with them using the same questionnaire as that used for survivors receiving assistance from the Foundation. These survivors are not necessarily representative of all Holocaust survivors eligible for a 91% disability pension under the CLTCI Law.

In-depth Interviews with Professionals at Long-Term Care Institutions

In order to ascertain the needs and difficulties experienced by survivors living in institutions, we conducted interviews with social workers and directors of social services at institutions for the elderly throughout Israel (public and private). The interviews included open questions about the admissions procedure of Holocaust survivors at the institution, the needs of survivors living in institutions, activities conducted for the survivors and their families, staff members' ways of coping with the survivors' needs and contacts with organizations that work with survivors. Eleven social workers were interviewed for the study.

Discussion with Key Health and Social Service Professionals

The study findings were presented to health and social service professionals who work with Holocaust survivors and a discussion was held on the significance of the findings with regard to the development of appropriate responses to survivors' needs. Among the members of the committee were representatives of the following organizations and institutions: the Service for the Elderly at the Ministry of Social Affairs and Social Services, the Jerusalem municipality, the Geriatric Division at the Ministry of Health, the NII, Amcha and ESHEL. The purpose of the meeting was to present the professionals with data from the survey and to hear their reactions to the survivors' needs as revealed in the study and ways of responding to them.

3.2 Method of Data Analysis

Since the quantitative data presented in this report are based on two sample surveys (the NHS and the survey of Holocaust survivors receiving assistance from the Foundation), a sampling error was calculated for each of the figures reported. Figures with high sampling errors may be unreliable. To draw attention to such situations, important data that have relative sampling errors[2] of between 25% and 40% are indicated by use of parentheses when they appear in tables and by footnotes when they appear in the text. Data with relative sampling errors greater than 40% are not presented in this report. The figures, sampling errors and the significance of the comparisons of the proportions among the groups were calculated using SPSS complex samples version 16.

4. Review of the Literature – Long-Term Effects of Exposure to the Atrocities of the Holocaust

In this section, we present selected findings from the extensive literature on the long-term effects of living through the atrocities of the Holocaust.

In the decades following World War II, countless studies on the subject were conducted. Most focused on the effects of the trauma on the survivors' mental health and other psychosocial aspects. The early studies were conducted on a clinical population and their goal was to study the effect of the Holocaust on mental disorders. Anxiety disorders, and particularly post-traumatic stress disorder (PTSD), were studied extensively. These studies found that Holocaust survivors were experiencing symptoms of PTSD, including re-experiencing the trauma, intrusive thoughts and nightmares, avoidance of Holocaust-related stimuli, and sleep disturbances (e.g., Joffe et al., 2003). Holocaust survivors were also found to have a greater number of symptoms of depression than control groups (e.g., Ron, 2002; Clarke, 2001). Over the years, several studies about emotional distress among survivors living in the community were conducted and this continued for many years after the end of the war. Almost all of these studies found that survivors exhibited higher levels of emotional distress than the control groups (Amir and Lev-Wisel, 2003; Shmotkin and Barilan, 2002).

Over time, some researchers came to believe that addressing the trauma of the Holocaust in psychopathological terms only did not reflect its complex, dynamic aspects in the survivors' lives (Shmotkin and Barilan, 2002). The findings support this approach. On the one hand, as noted, studies showed that Holocaust survivors exhibited high levels of psychiatric symptoms, emotional distress and other psychological difficulties (e.g., Carmil and Carel, 1986; Antonovsky et al., 1971). In contrast, other studies focusing on positive ways of coping with the post-Holocaust period and on survivors' achievements revealed that survivors living in the community did not suffer from severe psychological disorders and were in many ways no different from the control group (e.g., Leon et al., 1981; Harel et al., 1988). On the contrary, evidence was found that in certain areas, survivors showed a better ability to adapt and cope. Robinson et al. (1990), for example, whose study did not include a control group, found that despite the psychopathological damage, Holocaust survivors functioned well socially and at work. Another study (Carmil and Carel, 1986), which focused on a group of working survivors, found that they exhibited a higher level of emotional distress than the control group of immigrants who had not

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[2] A relative sampling error is a sampling error divided by the estimate.

spent the war years in Nazi-occupied territory. However, the study did not find a difference between the groups with regard to the sense of general satisfaction with life and psychosomatic complaints. In this spirit, Lomranz (1995) proposes studying the concept of post-traumatic stress reaction (PTSR), which expresses a more positive attitude to trauma and trauma research.

Studies examining methods of coping and adapting among survivors found that individuals varied in these areas. This prompted researchers to attempt to identify variables that could explain the variance. Kuch and Cox (1992), for example, found that survivors who had been in concentration camps were more frequently diagnosed with PTSD than those who had not been in concentration camps during the war. Shemesh et al. (2008) reported similar findings in their study. Additional variables were also found at the level of exposure to trauma: Extent of survivors' social activities and the social support they receive (Harel and Deimling, 1984, Harel et al., 1982); Perceptions of the Holocaust experience (e.g., Shmotkin and Barilan, 2002); Differences between men and women (e.g., Carmil and Carel, 1986; Landau and Litwin, 2000).

A few of the numerous studies describing survivors' mental health examined the Holocaust's effect on physical health as well. The literature review reveals evidence of a long-term impact on survivors' health in some areas. Other areas are still being studied. Yaari et al. (1999) found that Holocaust survivors reported a higher level of pain, a greater number of focuses of pain and a higher level of depression and they referred to medical services more frequently. Shmotkin and Barilan (2002) found a positive correlation between symptoms of mental morbidity and the number of health problems reported by survivors who said they felt a sense of continuation of the Holocaust experience. This correlation was found to be negative among survivors who avoided dealing with traumatic memories. Other researchers found disturbances in brain activity among survivors. These included an enlarged temporal lobe, explicit memory disorders and evidence of changes in neuro-endocrine activity (Golier et al., 2005; Yehuda et al., 2004, 2005). Stermer et al. (1991) studied gastrointestinal symptoms such as stomachache, bowel disorders and nausea that lasted at least five years. They found the frequency and duration of most of the symptoms studied were greater among survivors than among the control group of individuals who had not experienced the atrocities of the Holocaust.

A number of studies have recently been conducted on the possible effect of the Holocaust on the chances of contracting osteoporosis and its results. Marcus and Menczel (2007) found that the prevalence of osteoporosis was 1.4 times greater among female survivors than in the control group. Another study (Foldes et al., 2003) found a higher prevalence of fractured hips among men and women who had lived under the Nazi regime or in a Nazi-occupied country than among men and women of the same age and origin who had not experienced the Holocaust. The differences were more pronounced when survivors who had been in concentration or labor camps were compared with the control group.

Findings about other health issues, such as hypertension, cardiovascular morbidity and mortality are few and are not clear-cut. Most of what is known in these areas has been learned from other traumatic situations, such as released hostages/prisoners of war, prisoners, victims of torture and displaced persons (Ohry and Shasha, 2006).

Long-Term Effects of Holocaust Trauma on Survivors in Old Age

The population of Holocaust survivors living in Israel is part of the elderly population and most are in their 70s and 80s. Like most of their contemporaries, they have to cope with the challenges of the third-age, as described in the gerontology literature. It is important, therefore, to examine which effects on the mental and physical health of the aging population are due to the trauma of the Holocaust and which are due to their vulnerability and resistance.

There is evidence in the epidemiology and psychology literature that emotional distress and psychiatric syndromes may occur years after the trauma. Relative to the prevalence of psychiatric disorders, few studies have examined this aspect among survivors living in the community. Using data from the 2004 NHS, which used a composite international diagnostic interview to measure psychiatric disorders, Sharon et al. (2009) found a higher prevalence of anxiety disorders and symptoms of emotional distress among Holocaust survivors than the control group, after controlling for sociodemographic characteristics and exposure to recent traumatic events. Another study (Shmotkin, 2008) based on data from the Survey of Health, Aging and Retirement in Israel (SHARE Israel) found that the greater the exposure to traumatic events in the past – including the Holocaust – the greater the probability of depression during one's life. Aging Holocaust survivors also suffer from more sleep disorders and nightmares than the control group (e.g., Kahana et al., 2007; Sharon et al., 2009). Along with symptoms of emotional distress and sleep disorders – and perhaps as an intrinsic part of them – survivors frequently suffer from intrusive memories or from a cognitive process known as avoidance of memories (Letzter-Pouw, 2007). According to Letzter-Pouw, intrusive memories or avoidance of memories can be accompanied by behaviors that are disruptive to emotional and interpersonal functioning, e.g., a lack of quietness, over-alertness, concentration problems and emotional detachment in interpersonal relations.

One of the issues currently of interest for researchers is the effect of early traumas on the way people cope with stress in later life. In the past, it was argued that latent post-traumatic stress disorder could reappear during life crises or new traumatic events (Christenson et al., 1981). Survivors' vulnerability in response to later traumatic stress has been examined in several empirical studies. Evidence has been found that survivors exhibit stronger reactions when faced with stressful, life-threatening events such as war or illness (e.g., Rosenbloom, 1985). Peretz et al. (1994) compared symptoms of psychological distress among cancer patients who had survived the Holocaust with those of cancer patients who had not lived through the Holocaust. The findings revealed greater distress among the survivors than among those who had not experienced the trauma of the Holocaust. Studies focusing on stress reactions during war show that survivors whose homes were hit by Scud missiles during the Gulf War suffered greater distress than survivors whose homes were not hit and than people who had not experienced the Holocaust but whose homes were hit (Solomon and Prager, 1992). Kahana et al. (2007) conclude that when faced with old age and associated social loss, many survivors evidently re-live the experience of loss from the Holocaust period and sometimes feel alone and bereft of family.

In general, several situations that could increase survivors' vulnerability in their old age have been identified (Assael and Givon, 1948; Danieli, 1995): 1. Children leaving home or the death of close friends can bring back the losses experienced in the Holocaust; 2. Survivors may find themselves unable to work due to disability or illness and/or retirement; 3. An illness, routine examination at the doctor's and, above all, hospitalization can bring back the experiences of the Holocaust and can sometimes even lead to the delusion of being in a camp; 4. Some survivors experience the move into an old age home as a repetition of their experiences of deportation and imprisonment; 5. External stimuli – sometimes trivial, such as the loud barking of a dog – can stir up latent memories and lead to severe anxiety. These reactions can be heightened by remembrance days, war and reports of terrorist attacks.

In contrast to these findings, other studies show that most elderly survivors find constructive meaning in their lives. Although in general, survivors have a lower level of education, they are no different from comparative groups with regard to income, employment status or employment history (Kahana et al., 1989). Survivors also have stable marriages and close family relationships (Kahana et al., 2007). A case was recently documented in which the life experiences of a survivor confined to nursing care helped him to acquire a sense of control over his life, despite his poor functional ability (Winterstein, 2007).

The literature review also examines the functional, social and economic status of survivors and their needs in different areas of life. This type of information is essential, particularly for service providers and policymakers, but not enough data of this kind is available. One of the reasons for this is that prior to the 1997–1998 CBS survey of persons aged 60+ (see CBS website), there had been no comprehensive, representative study of the elderly population of Israel that made it possible to identify Holocaust survivors and study their needs. Myers-JDC-Brookdale Institute, which participated in the said survey, produced a summary of the main findings and presented them to policymakers. In the report prepared for policymakers in Israel, which was based on these data (Brodsky and DellaPergola, 2005), the researchers noted that in 2003, some 40% of the survivors in Israel were living below the poverty line or had an income of no more than 25% above the poverty line. Approximately 40% of the survivors reported that they had problems of physical or mental functioning and 30% experienced difficulties maintaining their homes (e.g., they had broken windows, the roof leaked when it rained or they needed repairs to the plumbing). The study also found a high percentage (75%) of economic hardship among survivors who had immigrated to Israel in or after 1990 from the former Soviet Union (FSU).

To conclude, the literature review reveals that Holocaust survivors experience physical and mental problems even when years have passed since the trauma, although there are differences in the level of problems and the way that they manifest themselves. Despite the difficulty assessing the impact of the Holocaust on the aging process among survivors, researchers believe that events that occur during this process are liable to reawaken latent traumatic responses. Only few researchers have made comprehensive, detailed studies of survivors' special needs with regard to services, medical care, social and psychological support, etc. One of the goals of the current study is to present a comprehensive picture of these needs.

5. Estimated Number of Holocaust Survivors in Israel, by Age Group, 2008–2025

Definition of the population: The data in the report are based on the definition of a Holocaust survivor as a person who lived in one of the countries occupied by or under the influence of the Nazi regime for any length of time between 1933 and 1945. The survivor population also includes those who were forced to leave their place of residence because of the Nazi regime.

Using this definition, the number of survivors living in the community in Israel when the NHS was conducted (May 2003 to April 2004) was estimated to be 274,300. This estimate served as the basis for our projections of the number of survivors in subsequent years up to and including 2025.

To estimate the size of the population of survivors from the time of the survey (2003/2004) through 2025, we used current mortality rates (average, 2004–2006) according to demographic cross-sections (population groups: Jews born in Europe/America, who have been in Israel many years; immigrants from the FSU who immigrated in or after 1990; Jews born in Africa; age cohort; and gender). We also included another population group – immigrants from the FSU who arrived in Israel from 2003–2008, i.e., after the NHS was conducted.

Since the NHS only covered persons living in the community, we calculated the number of survivors in institutions according to the rates found in the National Census of Long-Term Care Institution Residents conducted by the Institute in 2000 (Be'er, 2004). These figures were also obtained by demographic cross-sections (population groups: Jews born in Europe/America, who have been in Israel many years; immigrants from the FSU who immigrated in or after 1990; Jews born in Africa; age cohort; and gender). Tables 1 and 2 and figures 1 and 2 present the estimated number of Holocaust survivors and their age distribution for the years 2008–2025.

Table 1: Estimated Number of Holocaust Survivors Living in Israel, by Age, 2008–2025 (Thousands, End of Year)

Year	**Total**	69-65	74-70	79-75	84-80	89-85	90+
2008	**233.7**	17.5	60.2	50.4	55.7	40.2	9.7
2009	**220.6**	9.7	57.0	51.3	50.3	41.0	11.3
2010	**207.1**	5.6	50.7	48.8	50.5	35.8	15.8
2011	**194.1**	2.5	38.7	52.7	48.2	32.8	19.2
2012	**182.1**	0.7	27.5	53.2	44.8	35.9	20.1
2013	**169.5**	0.0	16.1	53.2	41.1	38.6	20.5
2014	**156.1**	0.0	8.9	50.3	41.6	33.8	21.5
2015	**143.9**	0.0	5.1	44.5	39.5	33.6	21.2
2016	**132.2**	0.0	2.3	33.9	42.9	31.5	21.5
2017	**120.9**	0.0	0.7	24.2	43.5	29.3	23.1
2018	**110.2**	0.0	0.0	14.1	43.8	27.9	24.4
2019	**99.6**	0.0	0.0	7.8	41.2	27.8	22.9
2020	**89.5**	0.0	0.0	4.4	36.2	26.2	22.6
2021	**80.5**	0.0	0.0	2.0	27.5	29.1	21.9
2022	**71.3**	0.0	0.0	0.6	19.7	29.4	21.6
2023	**62.9**	0.0	0.0	0.0	11.4	29.9	21.5
2024	**54.5**	0.0	0.0	0.0	6.3	27.3	20.9
2025	**46.9**	0.0	0.0	0.0	3.5	23.3	20.1

Table 2: Estimated Percentages of Holocaust Survivors Living in Israel, by Age, 2008–2025 (Percent, End of Year)

Year	**Total**	69-65	74-70	79-75	80+	84-80	89-85	90+
2008	**100.0**	7.5	25.8	21.6	45.2	23.8	17.2	4.1
2009	**100.0**	4.4	25.8	23.3	46.5	22.8	18.6	5.1
2010	**100.0**	2.7	24.5	23.5	49.3	24.4	17.3	7.6
2011	**100.0**	1.3	19.9	27.1	51.7	24.8	16.9	9.9
2012	**100.0**	0.4	15.1	29.2	55.3	24.6	19.7	11.0
2013	**100.0**	0.0	9.5	31.4	59.1	24.2	22.8	12.1
2014	**100.0**	0.0	5.7	32.2	62.1	26.6	21.7	13.8
2015	**100.0**	0.0	3.5	30.9	65.5	27.4	23.4	14.7
2016	**100.0**	0.0	1.7	25.7	72.6	32.5	23.9	16.2
2017	**100.0**	0.0	0.6	20.0	79.4	36.0	24.3	19.1
2018	**100.0**	0.0	0.0	12.8	87.2	39.8	25.3	22.2
2019	**100.0**	0.0	0.0	7.9	92.1	41.3	27.9	23.0
2020	**100.0**	0.0	0.0	4.9	95.1	40.5	29.3	25.3
2021	**100.0**	0.0	0.0	2.5	97.5	34.2	36.1	27.2
2022	**100.0**	0.0	0.0	0.9	99.1	27.6	41.3	30.3
2023	**100.0**	0.0	0.0	0.0	100.0	18.2	47.6	34.2
2024	**100.0**	0.0	0.0	0.0	100.0	11.6	50.1	38.3
2025	**100.0**	0.0	0.0	0.0	100.0	7.5	49.6	42.9

Figure 1: Estimated Number of Holocaust Survivors 2008–2025

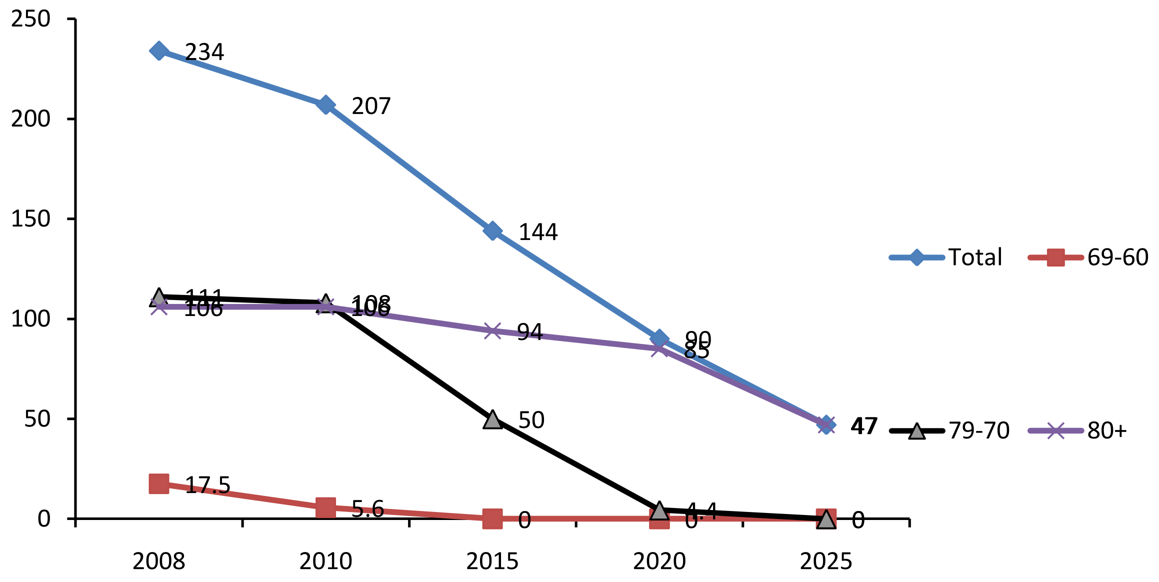
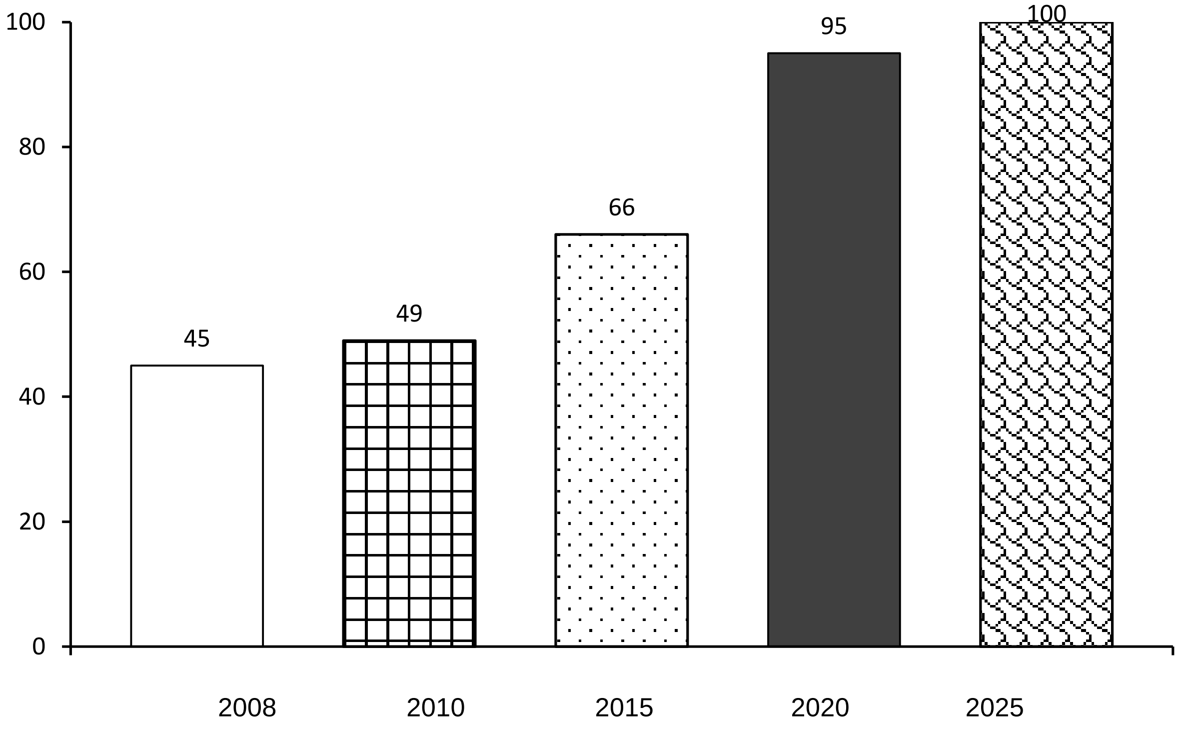


Figure 2: Estimated Percentage of Survivors Aged 80+, 2008–2025



It is estimated that there were 233,700 survivors living in Israel at the end of 2008. Their number is declining and it is assumed that there will be 143,900 in 2015 and 46,900 in 2025.

The survivor population is aging. At the end of 2008, approximately 7% were under the age of 70, while 45% were over 80. In 2010, only 3% will be below 70 and about half will be over 80. In 2015, two-thirds of the survivor population will be aged 80 and over (see Figure 2, above).

6. Holocaust Survivors Eligible for Services under the Community Long-Term Care Insurance Law and for Nursing Services from the Foundation for the Benefit of Holocaust Victims in Israel (2008–2025)

One of the main forms of assistance provided through the Foundation is a supplement to the long-term care benefit from the National Insurance Institute (NII) under the provisions of the CLTCI Law. The law, which has been in effect since 1988, provides services to elderly individuals with ADL limitations. Individuals eligible for long-term care benefits can choose the service they require from a service package that includes: homecare assistance (washing, dressing, eating and basic home making services such as preparing meals); care provided at daycare centers for the elderly; provision of disposable absorbent products; emergency alarms; and laundry services. The CLTCI Law provides services equivalent to 9.75, 16 or 18 hours of homecare assistance per week, depending on the elderly person's limitations. An individual who is dependent on assistance from another person for most ADL activities is entitled to 9.75 hours a week (91% of the benefit); a person who is very dependent indeed on assistance for most ADL activities most of the day is entitled to 16 hours (150%). Individuals who are entirely dependent on other person for all ADL activities throughout the day and those deemed to need constant supervision are entitled to a long-term care benefit equivalent to 18 hours of care a week (168%).

The Foundation provides additional assistance to Holocaust survivors who are eligible for 150% and 168% benefits. The assistance takes the form of up to 9 additional hours of assistance per week. This means that those eligible for assistance receive up to 27 hours of personal care a week (18 under the law and 9 from the Foundation).

In view of the increase in the number of applications for assistance in recent years and given that the survivors are aging, the Foundation staff needs to obtain estimates as to the number of survivors eligible for nursing care in order to determine policy and priorities and to make appropriate arrangements.

The number of survivors eligible for long-term care benefits was estimated by applying the utilization rate of the entire population of eligibles in Israel to the population of survivors living in the community, by age and gender. The specific rates at the end of 2007 were applied to the entire period of the projection (2008–2025). Importantly, the survey of persons aged 60+ in 1997–1998 found no differences in the patterns of service utilization between survivors and the general elderly population. We therefore decided to use the current national rates for the total population. These are reliable, up-to-date system data and when there is no difference in patterns of utilization, the national figures are preferred.

Table 3: Estimated Number of Holocaust Survivors in the Community and in Institutions, 2008-2025 (Thousands, End of Year)

Year	**Total Survivors**	Survivors in the Community	Survivors in Institutions	Percentage of Survivors in Institutions
2008	**233.7**	217.2	16.5	7
2009	**220.6**	204.0	16.6	8
2010	**207.1**	191.0	16.1	8
2011	**194.1**	178.2	15.9	8
2012	**182.1**	165.8	16.4	9
2013	**169.5**	153.2	16.3	10
2014	**156.1**	140.7	15.4	10
2015	**143.9**	129.0	15.0	10
2016	**132.2**	117.7	14.5	11
2017	**120.9**	106.9	14.0	12
2018	**110.2**	96.5	13.7	12
2019	**99.6**	86.5	13.1	13
2020	**89.5**	77.1	12.3	14
2021	**80.5**	68.4	12.0	15
2022	**71.3**	60.1	11.2	16
2023	**62.9**	52.2	10.8	17
2024	**54.5**	44.7	9.8	18
2025	**46.9**	38.1	8.8	19

Since the CLTCI Law applies to elderly persons living in the community, it is important when calculating the population estimates to distinguish between survivors living at home and those in long-term care institutions. The estimated number of survivors living in institutions was calculated using the institutionalization rates of those born in Europe/America found in the National Census of Long-Term Care Institution Residents conducted by the Myers-JDC-Brookdale Institute in 1999–2000 (Beer, S., 2004). We assume that these specific rates (by age and gender) will not change during the projection period.

As shown in Table 3, the percentage of survivors projected to be in long-term care institutions increases in time due to the aging of the population. According to the figures, 7% of the survivors were living in institutions at the end of 2008, while it is projected that in 2025, about one-fifth of all survivors will be institutions.

Since, as noted, the CLTCI Law provides services for elderly persons living in the community, the data below refer only to this group.

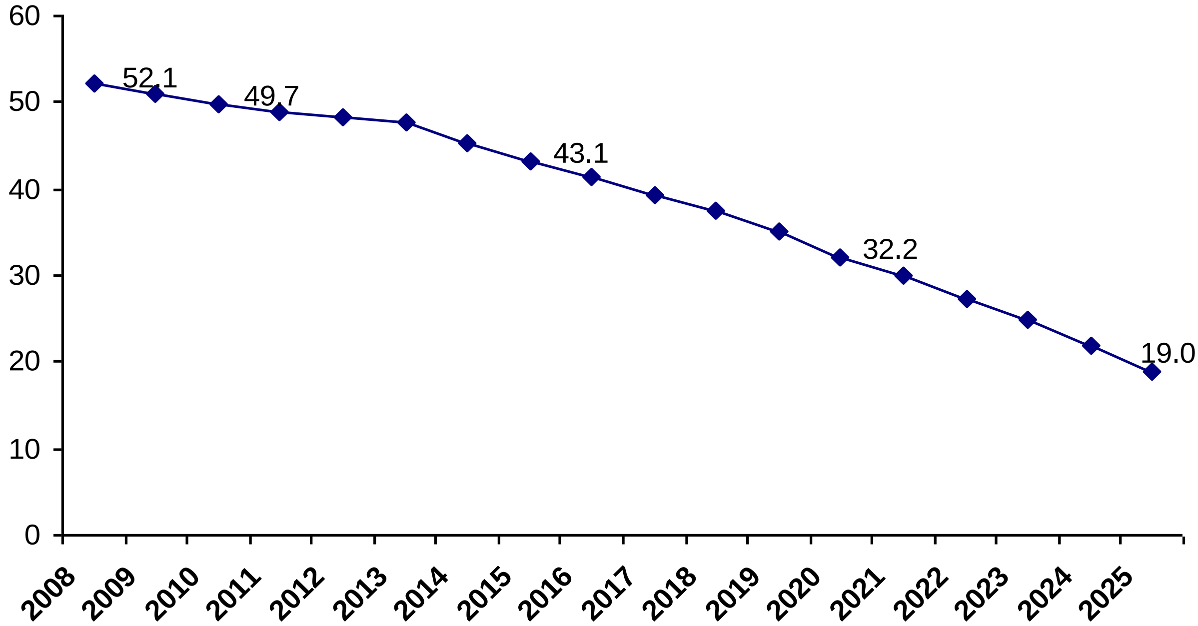
We first present the estimates of survivors eligible for services under the CLTCI Law in general (Table 4 and Figure 3). We then present the figures for those eligible for services under the law according to the level of benefit (Table 5).

Table 4: Estimated Number of Survivors Eligible under the Community Long-Term Care Insurance Law, 2008-2025 (Thousands, End of Year)*

Year	Survivors in the Community	Eligible under the Law	Percentage of Eligibles
2008	217.2	52.1	24
2009	204.0	51.0	25
2010	191.0	49.7	26
2011	178.2	48.8	27
2012	165.8	48.3	29
2013	153.2	47.8	31
2014	140.7	45.3	32
2015	129.0	43.1	33
2016	117.7	41.3	35
2017	106.9	39.4	37
2018	96.5	37.6	39
2019	86.5	35.0	40
2020	77.1	32.2	42
2021	68.4	29.9	44
2022	60.1	27.4	46
2023	52.2	24.9	48
2024	44.7	22.0	49
2025	38.1	19.0	50

*Important: All figures in the table regarding survivors eligible for long-term care benefits are subject to the current NII definition of the target population and eligibility criteria. Any changes in these will affect the figures.

Figure 3: Estimated Number of Survivors Eligible under the Community Long-Term Care Insurance Law, 2008-2025 (Thousands, End of Year)



At the end of 2008, the number of survivors entitled to services under the CLTCI Law was estimated to be 52,000 (about a quarter of the survivors living in the community). This number is expected to decline as from 2009 and it is projected to be 49,700 in 2010; 43,100 in 2015; 32,200 in 2020; and 19,000 in 2025. However, the percentage of survivors eligible under the law will constitute an increasing percentage of all survivors living in the community (and will reach 50% in 2025), because the survivor population is aging. These data reflect the entire population of survivors receiving services under the care law, not only those currently receiving assistance from the Foundation.

Table 5 presents the findings regarding the estimated number of survivors eligible by level of benefit. As noted, the CLTCI Law in Israel provides services to the population of elderly with disabilities and stipulates three levels of benefit: Partially dependent on the help of another (91%); largely dependent on the help of another (150%); and entirely dependent on the help of another (168%). The Foundation for the Benefit of Holocaust Victims in Israel provides additional hours of care for the latter two categories.

Some of those whose disabilities should entitle them to a high-level benefit nonetheless receive a reduced NII benefit because their income exceeds the eligibility threshold. The Foundation does not assist survivors whose income is equal to or greater than the average wage in Israel. Survivors whose income is more than 1.5 times greater than the average wage in Israel are not eligible for any services at all under the CLTCI Law

Table 5: Estimated Number of Survivors Eligible under the Community Long-Term Care Insurance Law, by Level of Benefit, 2008-2025 (Thousands, End of Year)

Year	Survivors in the Community	Eligible for 91% Benefit	Total Survivors Eligible for Benefit of 150% and 168%		Eligible for Benefit of 150%	Eligible for Benefit of 168%
			Thousands	Percent		
2008	217.2	28.9	23.1	11	13.4	9.8
2009	204.0	28.1	22.9	11	13.3	9.6
2010	191.0	27.3	22.3	12	12.9	9.4
2011	178.2	26.7	22.1	12	12.8	9.3
2012	165.8	26.1	22.2	13	12.9	9.3
2013	153.2	25.5	22.3	15	12.9	9.3
2014	140.7	24.2	21.1	15	12.3	8.9
2015	129.0	22.9	20.2	16	11.7	8.5
2016	117.7	21.8	19.5	17	11.3	8.2
2017	106.9	20.6	18.8	18	10.9	7.9
2018	96.5	19.4	18.2	19	10.6	7.6
2019	86.5	17.9	17.1	20	9.9	7.1
2020	77.1	16.3	15.8	21	9.2	6.6
2021	68.4	14.8	15.1	22	8.8	6.3
2022	60.1	13.3	14.1	23	8.2	5.8
2023	52.2	11.8	13.1	25	7.7	5.4
2024	44.7	10.2	11.8	26	6.9	4.8
2025	38.1	8.7	10.3	27	6.0	4.2

*Important: All figures in the table regarding the number of survivors eligible for benefits of 150% and 168% are subject to the current NII definition of the target population and eligibility criteria. Any changes in these will affect the figures.

Table 6 and Figure 4 show the estimated number of survivors eligible for full benefits from the NII, i.e., the population that is currently eligible for assistance from the Foundation – those entitled to services under the CLTCI Law at the level of 150% and 168%. The figure does not include survivors receiving a reduced benefit due to their relatively high income. At the end of 2008, altogether 21,600 survivors were entitled to a full benefit of 150% or 168% (10% of all survivors). The figure is expected to decline as from 2009 and is expected to be 20,900 in 2010, 18,900 in 2015, 14,800 in 2020 and in 2025, it is expected to be 9,600 (25% of all survivors in Israel).

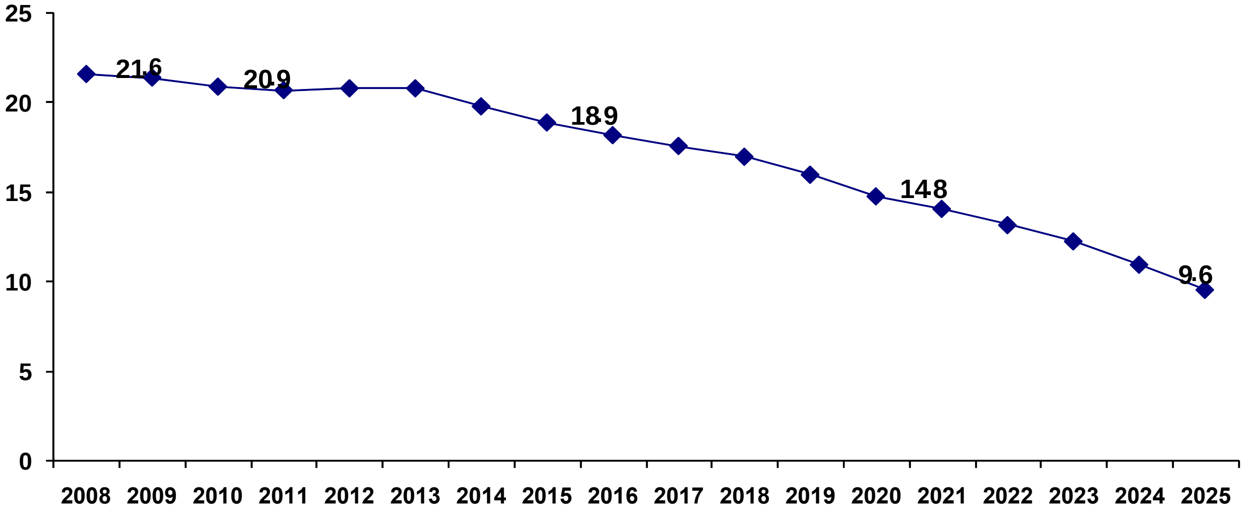
Table 6: Estimated Number of Survivors Eligible under the Community Long-Term Care Insurance Law, to Full Benefits of 150% and 168%,* 2008-2025 (Thousand, End of Year)**

Year	Survivors in the Community	Total Survivors Eligible for 150% or 168% Benefit		Eligible for 150% Benefit	Eligible for 168% Benefit
		Thousands	Percent		
2008	217.2	21.6	10	12.6	9.1
2009	204.0	21.4	11	12.5	9.0
2010	191.0	20.9	11	12.1	8.8
2011	178.2	20.7	12	12.0	8.7
2012	165.8	20.8	13	12.1	8.7
2013	153.2	20.8	14	12.1	8.7
2014	140.7	19.8	14	11.5	8.3
2015	129.0	18.9	15	11.0	7.9
2016	117.7	18.2	15	10.6	7.6
2017	106.9	17.6	16	10.2	7.3
2018	96.5	17.0	18	9.9	7.1
2019	86.5	16.0	18	9.3	6.6
2020	77.1	14.8	19	8.7	6.2
2021	68.4	14.1	21	8.3	5.9
2022	60.1	13.2	22	7.7	5.5
2023	52.2	12.3	24	7.2	5.1
2024	44.7	11.0	25	6.5	4.5
2025	38.1	9.6	25	5.7	4.0

* Does not include survivors eligible for reduced benefit due to high income

**Important: All figures in the table regarding the number of survivors eligible for assistance from the Foundation are subject to the current NII definition of the target population and eligibility criteria. Any changes in these will affect the figures.

Figure 4: Estimated Number of Survivors Eligible for a Full Benefit of 150% and 168% under the Community Long-Term Care Insurance Law, 2008-2025 (Thousands, End of Year)



Another way to predict the number of survivors eligible for assistance from the Foundation is to base the calculation on the current patterns of utilization of Foundation services, in other words, the proportion of survivors who actually utilize the Foundation's services out of all Holocaust survivors living in the community. Table 7 presents the projections based on current patterns of utilization. According to the Foundation's data, at the end of 2008, altogether 16,600 survivors were receiving assistance. The projections are based on the assumption that the current patterns of utilization by age and gender will continue in the future.

Table 7: Estimated Number of Survivors Eligible for Assistance from the Foundation for the Benefit of Holocaust Victims in Israel, by Patterns of Utilization at the End of 2008, 2008-2025 (Thousands, End of Year)

Year	Survivors in the Community	Eligibility by Patterns of Utilization, End of 2008	Percentage of Survivors Eligible out of Total Survivors in the Community
2008	217.2	16.6	8
2009	204.0	18.1	9
2010	191.0	18.9	10
2011	178.2	19.3	11
2012	165.8	19.5	12
2013	153.2	19.7	13
2014	140.7	18.8	13
2015	129.0	18.0	14
2016	117.7	17.3	15
2017	106.9	16.7	16
2018	96.5	16.1	17
2019	86.5	15.2	18
2020	77.1	14.1	18
2021	68.4	13.4	20
2022	60.1	12.5	21
2023	52.2	11.7	22
2024	44.7	10.5	23
2025	38.1	9.1	24

According to the patterns of utilization of the Foundation's services at the end of 2008, the number of survivors eligible to assistance from the Foundation is expected to peak at 19,700 in 2013. Approximately 18,000 survivors are projected to utilize the Foundation's service at the end of 2015 and some 14,000 at the end of 2020. The data show that the survivors who are actually receiving support from the Foundation are older than the general population of survivors who are in principle eligible for supplementary hours of assistance from the Foundation. Consequently, as this population ages, we can expect an increase in the general percentage of service users among those eligible.

7. Characteristics of Holocaust Survivors Living in Israel Today

The NHS conducted in 2003/2004 among a representative sample of the adult population in Israel included questions that made it possible to identify Holocaust survivors. Survey interviews were conducted with 412 survivors. This section presents findings in the following areas: Sociodemographic characteristics; physical, functional and mental state; patterns of health service utilization; social aspects. The survivors' characteristics were compared to a control group of respondents who did not live through the Holocaust and who were identified in the NHS population.[3] In light of their special needs, Section 7.8 focuses on survivors who immigrated to Israel from the FSU in or after 1990 (for details of the study population and the data collection process, see Section 3, Study Methods).

7.1 Personal Background during the Holocaust

As noted, the survey made it possible to identify members of the survey population who had survived the Holocaust and to ascertain information about their background during that period. The survey revealed that 23% of the survivors living in Israel at the time of the survey had spent part of the war in camps (concentration, extermination or labor camps), about 20% of them had been in hiding or in a ghetto, and the remainder (57%) had had to leave their homes during or prior to the Nazi occupation. Most of those who left their homes before the Nazi occupation belong to the population of former FSU immigrants. Two-thirds of the survivors were 18 or younger at the end of the war (slightly over 40% were 10 or younger). An examination of the survivors' childhoods revealed that 30% of those aged up to 16 lived with only one or neither of their biological parents.

7.2 Demographic Characteristics

Table 8 presents the demographic characteristics of the survivors and members of the control group. At the time of the survey, some two-thirds of the survivors were aged 70+ (compared with 50% of the control group, $p<0.001$). Fifty-eight percent of the survivors were women. Approximately 60% of the survivors were married and some 30%, widowed. Ninety-five percent of the survivors had children. Twenty-seven percent of the survivors lived alone and 44%, with their spouse/partner. The remainder lived in differently composed households (e.g., with a spouse and children). About 40% of the survivors had at least 13 years of education; 30% had a high-school education (10–12 years).

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[3] The control group comprised respondents aged 60+ who immigrated to Palestine from Europe or America before 1933 or who immigrated later but reported that they did not live in countries under the Nazi regime or countries under the direct influence of the Nazi regime and did not have to leave their homes because of the Nazi regime.

Table 8: Demographic Characteristics of Holocaust Survivors according to the 2004 National Health Survey (Percent)

	Total Survivors	Control Group
Gender		
Male	42	38
Female	58	62
Age		
60–69	34	50
70–79	43	31
80+	23	19
Family Status		
Married	61	58
Widowed	31	31
Divorced/Separated/Unmarried	8	11
Children		
None	5	6
1–2	70	61
3+	25	33
Household Composition		
Lives alone	27	25
Lives with spouse/partner	44	43
Other	29	32
Education (Years of Schooling)		
0–9	26	17
10–12	31	31
13+	43	50
Employment		
Earned a wage in previous week	11	18

7.3 State of Health

Most of the survey focused on the population's physical and functional status. It examined respondents' perception of their state of health and the incidence of health problems over the course of their lives and in recent times.

a. Perception of State of Health

Respondents were asked to grade their state of health (mental, physical and general health) and to state whether there had been any change in their state of health in the past year. Table 9, which presents the findings, reveals that altogether, 40% of the survivors perceived themselves to be in poor health. The percentage rises to around 50% among those aged 80+. When the distinction was made between mental and physical health, about half of the survivors reported poor physical health and about a quarter of them said their mental health was not good. With regard to changes in their state of health, 44% of the survivors reported that their health had deteriorated during the previous year.

Table 9: Perceived State of Health (Percent)

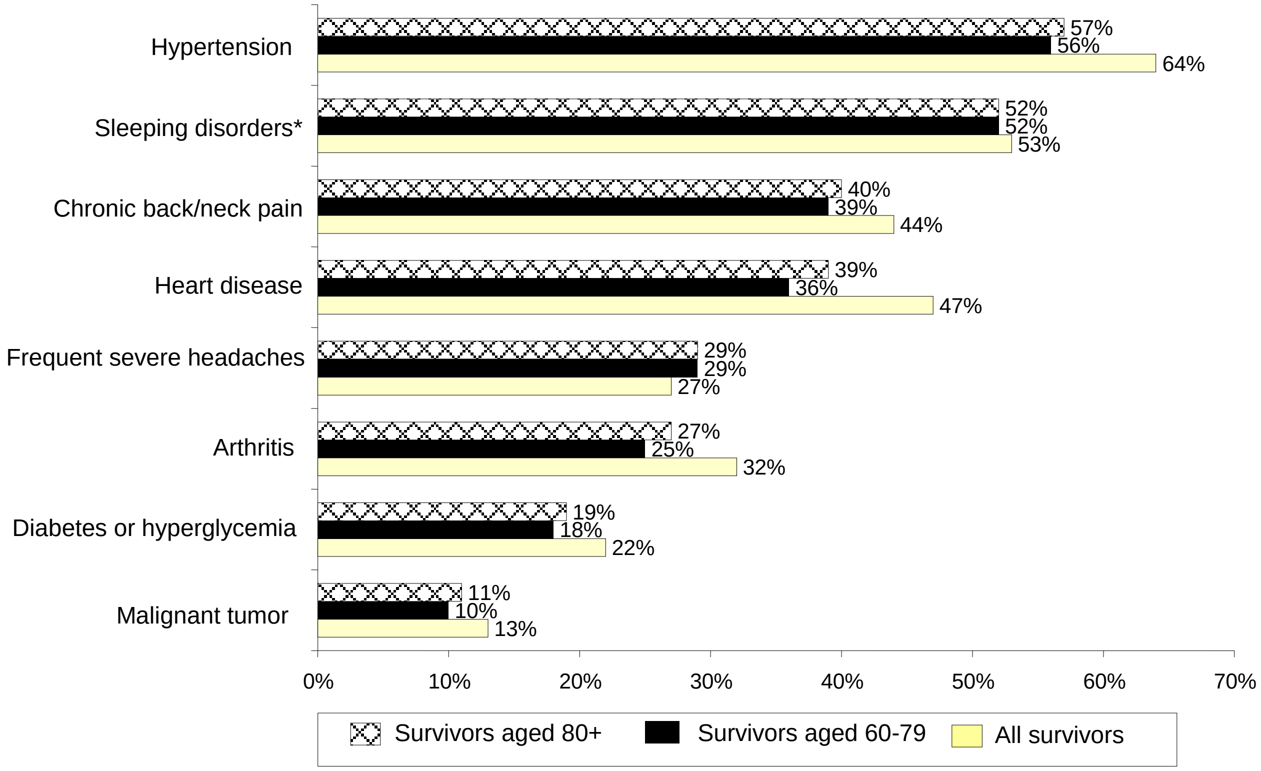
		Age	
	Total	60–79	80+
Physical health poor or very poor	**53**	49	64
Mental health poor or very poor	**24**	25	23
General health (physical and mental) poor or very poor	**39**	37	46
Deterioration in health during the previous year	**44**	43	51

b. Prevalence of Health Problems in the Course of the Survivors' Lives

Survey respondents were asked whether they had suffered various health problems in the course of their lives. They were also asked about chronic illnesses diagnosed by a physician at any time.

Figure 5 shows health problems prevalent among survivors and their distribution by age cohort (60–79 and 80+). The survivors' reports reveal the most prevalent problems to be: Hypertension (57%), heart disease (39%), chronic back and neck pain (40%) and arthritis (27%). As expected, the frequency of cardiovascular-related disease increases with age. For example, about a third of survivors aged 60–79 and about half of those aged 80+ suffered from heart disease.

Figure 5: Reported Health Problems in the Course of Life among Holocaust Survivors as a Whole and by Age Group (Percent)



* Data for previous year regarding one or more of the problems listed in the survey (difficulty falling asleep, difficulty remaining asleep, early waking).

In most of the health-related areas, there was no difference between the survivors and the control group identified in the NHS, with the exception of reported heart disease (39% vs. 28%, p<0.05) and difficulty falling asleep (36% vs. 25%, p<0.01), which were more prevalent among Holocaust survivors. Sleeping disorders are consistently documented in the literature on long-term effects of the Holocaust (e.g., Rosen et al., 1991).

With regard to illnesses diagnosed by a physician (e.g., heart disease, hypertension, asthma, etc.), the number of illnesses reported by each individual were added together. It was found that some 88% of survivors had at least one chronic illness, compared with 80% of those in the control group (p<0.05).

c. Health Problems Lasting Six Months or More

Respondents were asked to report health problems that had lasted six months or more. The most prominent among all survivors were: Problems connected to movement (34%); cardiorespiratory problems (30%); vision and hearing disorders (27%); and digestive and endocrinology problems (22%). As expected, the prevalence of these disorders increased with age (Table 10). There was no difference between the survivors and the control group in these areas of health.

Table 10: Reported Health Problems Suffered by Survivors in the Previous Six Months or More (Percent)

		Age	
Problem	**Total**	60–79	80+
Organs responsible for movement	**34**	30	48
Cardiorespiratory system	**30**	27	42
Vision or hearing	**27**	22	45
Digestive or endocrine systems	**22**	19	30
Genito-urinary or venereal disease	**15**	13	20
Cerebral-neurological system	**12**	11	14

7.4 Mental Well-Being and Mental Disorders in the Course of Life

The following are the survey's findings about the survivors' mental well-being and the prevalence of mental disorders.

a. Emotional Distress

The literature on Holocaust trauma shows the prevalence of emotional distress to be greater among survivors than control groups (e.g., Amir and Lev-Wisel, 2003). The NHS included the General Health Questionnaire (GHQ), which is designed to identify symptoms of emotional distress. The short version of the GHQ includes a series of 12 items relating to symptoms that have appeared in the previous 30 days. Among the areas addressed: Pleasure from daily life; problem-solving ability; general sense of depression, stress and self-confidence. The overall score for each individual is obtained by totaling the responses to the 12 items in the questionnaire. Scores range from 12 to 48. The higher the score is, the greater the level of emotional distress.

The average GHQ score of all survivors was 21.6. The survey also examined the prevalence of symptoms reported by survivors on the basis of the definition accepted in the literature on the community-dwelling population (e.g., Reijneveld and Schene, 1998). According to this definition, individuals who report problems in at least two items are categorized as persons suffering emotional distress. Some two-thirds of survivors suffer from certain emotional distress. This increases to three-quarters among survivors aged 80+.

b. Mental Disorders in the Course of Life

The literature on how the Holocaust affects mental disorders late in life has until now focused on clinical populations of survivors. The NHS made it possible, for the first time, to investigate the prevalence of mental disturbances among survivors living in the community. Respondents were asked about mental problems they had experienced during their lives and at specified times, e.g., outbursts of anger and loss of control; periods of sadness or depression; attacks of shortness of breath, dizziness, nausea or palpitations, etc.

Using the Diagnostic and Statistical Manual of Mental Disorders (DSM IV), each individual was diagnosed as suffering/not suffering from various forms of anxiety disorders (post-traumatic stress disorder [PTSD], generalized anxiety disorder [GAD] and agoraphobia) and mood disturbances (major depression and dystemia).

Due to the low percentages and the large sampling errors in most diagnoses, we only present a short list of diagnoses. The survey reveals that about 20% of the survivors had experienced, at some time, one or more forms of anxiety or depression (13% had suffered from various forms of anxiety and 12% from depression). Only a small percentage of survivors (about 2%) had been diagnosed with PTSD, although this figure must be viewed with caution due to a rather high sampling error.

7.5 Physical and Cognitive Functioning Difficulties and Impaired Mobility and Movement

The NHS included a series of questions about ADL functioning as well as cognitive difficulties and problems with mobility inside and outside of the home caused by physical and mental problems. Respondents were asked to note the level of difficulty on a scale of 1 (no difficulty at all) to 5 (very great difficulty). For the purposes of the current report, we report the rates for moderate to severe difficulty for two age groups: 60–79 and 80+. Most of the questions relate to the month preceding the survey (Table 11).

Slightly less than 10% of the survivors aged 60–79 were found to have difficulty washing and dressing themselves. A similar percentage noted it was hard to be home alone. As expected, these difficulties increase with age and were experienced by about a third of those in the 80+ age group.

Table 11: Reported Moderate to Severe Difficulty in Cognitive and Physical Functioning, Mobility and Movement as a Result of Physical or Mental Problems, by Age*(Percent)

		Age	
	Total	60–79	80+
Personal Care (ADL)			
Difficulty washing	**13**	7	33
Difficulty dressing	**12**	7	28
Difficulty being home alone	**10**	(4)	31
Mobility and Movement			
Difficulty standing for a long time	**27**	21	49
Difficulty moving around at home	**19**	13	41
Difficulty walking very far	**32**	26	53
Cognitive Functioning			
Difficulty concentrating for 10 minutes	**9**	8	12
Difficulty understanding what is going on around them	**4**	(4)	
Difficulty remembering to do important things	**7**	6	(8)
Difficulty learning anything new	**9**	8	(12)

*In previous 30 days

Figures in parenthesis: Relative sampling error of between 0.25 and 0.40.

With regard to mobility and movement, about a fifth of those aged 60–79 reported difficulty standing for a long time and about a quarter found it hard to walk very far: 13% of the survivors in this age group had difficulty moving around their home. As expected, these figures were higher among those aged 80+, reaching 40% and more. In order to ascertain the level of disability, respondents were asked if they were helped by another person when performing these activities. Twenty-six percent reported that they needed help to move around the house and 65% required assistance getting around outside of their home.

With regard to cognitive functioning, respondents were asked about the level of difficulty in concentration, comprehension, remembering and learning they had experienced in the previous month. Just under 10% reported some form of difficulty. The survey reveals that Holocaust survivors were not significantly different from the control group with regard to functioning.

7.6 Social Situation

The NHS included a series of questions aimed at sketching a general picture of the survivors' social networks. Survivors were asked about the frequency of contact with family members and friends, the extent to which they shared problems and worries with others, and their feeling of having someone to rely on in a crisis.

With regard to the frequency of contact with family and friends, most survivors (approximately 90%) were found to be in regular contact (several times a week) with members of the family who did not live with them; 70% were in weekly contact with friends. Similar percentages were found among survivors living alone and those living with spouses. Despite the frequent contact with family and friends, about half of the survivors said they did not discuss their problems with anyone other than their spouse or only did so infrequently. About a quarter felt unable to depend on family or friends in a crisis.

7.7 Utilization of Health Services and Health Expenditure

The NHS included a component on health service utilization and expenditure that included items about frequency of contact with community health services (e.g., visits to family physician and specialists) and hospitalization. Respondents were also asked about expenses incurred during the previous two weeks for medical services, including prescription and non-prescription drugs, medical equipment, dental care, private nursing, hospitalization, etc. The findings reveal that in the previous two weeks, some 40% of the survivors had seen their family physician and about a fifth had also visited a specialist. Of these, about 80% had gone to a health plan clinic.

About a fifth of the survivors reported that in the course of the previous year they had consulted a health professional or person from another field about a mental problem. In the previous two weeks, 62% of the survivors reported private expenditure on medical services. About 40% of the survivors had spent over NIS 50 on medical services. The main expenditure was on prescription and non-prescription drugs.

Accessibility of Medical Services

The NHS did not ask specifically about access to medical services. We therefore attempted to examine this indirectly by means of the percentage of respondents with limited movement or mobility who had not seen their family physician or a specialist for a given amount of time. Although these data do not specifically indicate difficulties of this nature, they may well infer such problems.

Table 12 shows that about half of the survivors who reported at least one problem of movement or mobility had not seen the family physician in the previous two weeks and 70% had not seen a specialist during that time. Among those without such problems, about two-thirds had not seen the family physician and 83% had not been to a specialist. This is apparently because people with restricted movement or mobility are generally less healthy and consequently visit physicians more frequently than those with no such difficulty.

Table 12: People with Moderate to Severe Disabilities in Movement and Mobility who had not Seen a Family Physician or Specialist in the Previous Two Weeks

	Had Not Seen Family Physician	Had Not Seen Specialist
No difficulties	64	83
Difficulty standing for a long time	48	72
Difficulty moving around at home	46	72
Difficulty walking very far	48	72
Needs assistance from another person or a cane	46	72
Has at least one difficulty	48	72

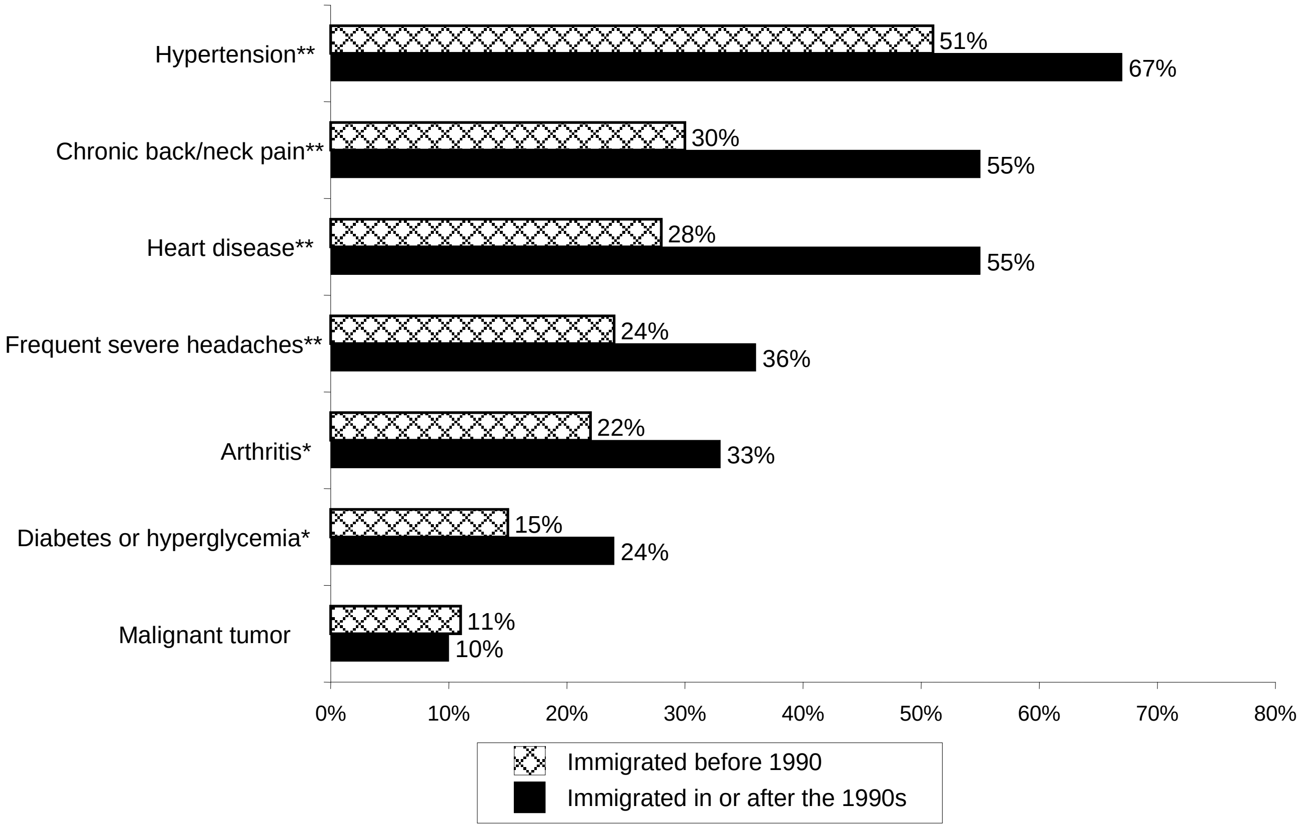
7.8 Characteristics of Survivors who have Immigrated since 1990

One of the study goals was to identify groups of Holocaust survivors at risk in order to help determine priorities to assist them. In this section, we present the findings about survivors who immigrated from the former Soviet Union in or after the 1990s. To establish the situation of new immigrant survivors, we present data on their demographic and health characteristics and compare them with those of survivors who arrived in Israel before the 1990s.

The NHS revealed that the recent immigrant survivors were somewhat younger than those who had arrived before the 1990s (42% were aged 60–69, compared with 32%, respectively) and more educated (some 60% had post-high-school education, compared with one-third of their counterparts). A lower percentage of new immigrants lived on their own – a fifth vs. a third – and a higher percentage of them lived with other family members (44% vs. 19%).

The survey findings indicate that recent immigrant survivors suffer from health problems more frequently than those who have been in Israel for a longer time (see Figure 6). For example, 67% of new immigrants had hypertension, compared with 51% of their counterparts ($p<0.01$). The disparity was found to be even greater in regard to heart disease (55% vs. 28%, $p<0.001$). The disparities between the groups increased with age (e.g., 81% of new immigrants aged 80+ had hypertension compared with 56% of their counterparts of the same age, $p<0.05$). Differences with regard to other health problems are presented in Figure 6.

Figure 6: Reported Health Problems in the Course of Life among New Immigrant Holocaust Survivors Compared to Survivors who Arrived Before the 1990s



The new immigrants perceived their state of health to be poor. The percentage of those who considered themselves to be in poor general health was almost twice that of survivors who had arrived in the country before the 1990s (54% vs. 29%, respectively; $p<0.001$). The differences appeared in the reports on physical health as well as mental health and were particularly striking among those aged 80+ (74% vs. 34%, respectively; $p<0.001$).

The immigrants' relatively poor health is reflected in their reports on functional difficulties (Table 13). The difficulties in the areas examined (ADL, mobility and cognitive functioning) are particularly evident among those aged 80+. For example, new immigrants of this age had greater difficulty than their counterparts in washing (62% vs. 19%, $p<0.001$), dressing (51% vs. 16%, $p<0.001$) and being home alone (58% vs. 18%, $p<0.001$). With regard to mobility and movement, new immigrants in this age group were found to have greater difficulty than their counterparts did in standing for a long time (71% vs. 38%, $p<0.01$), moving around the home (58% vs. 33%, $p<0.05$) and walking a great distance (74% vs. 43%, $p<0.01$).

According to the survey, the recent immigrants evidently had more mental health problems too. Analysis of the GHQ revealed that the emotional distress among new immigrants was significantly greater than among their counterparts (average of 23.9 vs. 20, $p<0.001$), even when controlling for the differences of age and education between the two populations. Based on the definitions of Reijneveld and Schene (1998), 76% of the immigrants suffered from emotional distress, compared with 59% of their counterparts (p<0.01).

Table 13: Reported Moderate to Severe Difficulty in Cognitive and Physical Functioning and in Mobility and Movement due to Physical or Mental Problems[1] (Percent)

	Survivors who Immigrated before 1990	Survivors who Immigrated in or after the 1990s
Difficulty washing**	9	19
Difficulty dressing*	9	17
Difficulty being home alone**	(6)	17
Difficulty standing for a long time	27	28
Difficulty moving around at home	17	23
Difficulty walking very far	31	34
Uses aids or appliances at home or outside the home[2]	12	19

[1] In previous 30 days [2] In previous 30 days or in general * p<0.05 ** p<0.01

Figures in parenthesis: Relative sampling error of between 0.25 and 0.40.

The survey reveals, in conclusion, that new immigrant survivors suffer from health and functioning problems to a greater extent than survivors who immigrated before 1990. Note that the prevalence of health and functioning problems among new immigrants who did not experience the Holocaust is also greater than among the general population of the same ages.

8. Findings from the Survey of Needs of Holocaust Survivors Receiving Assistance from the Foundation for the Benefit of Holocaust Victims in Israel

This section provides a comprehensive picture of the characteristics and needs of the population receiving assistance from the Foundation (hereinafter, the Foundation population or Foundation survivors) and includes data on the following areas: Sociodemographic characteristics, state of health and functioning, mental well-being and social situation, utilization of health and social services and long-term care, housing and financial situation, and unmet ADL needs. Subsection 8.8 focuses on various aspects of the relationship between the Foundation and survivors and/or their children. The information is based on face-to-face interviews conducted in the homes of 183 survivors and 105 children of survivors (for details of the study population and the data collection process, see Section 3, Study Methods).

8.1 Sociodemographic Characteristics of the Foundation Population

Table 14 summarizes the sociodemographic characteristics of the Foundation population. To characterize the population, we compared the figures obtained in this survey with those for the general survivor population from the 2004 NHS.

The survey found that the average age of the Foundation population was 80.4, with a range of ages from 67 to 97. The Foundation population was found to be older than the total survivor population in Israel: Sixty percent of them were 80+, compared with 43% of all Holocaust survivors living in the community.

Fifty-seven percent of the Foundation population immigrated to Israel prior to 1990 and 43% of them arrived from the former Soviet Union in or after that year. The percentages of recently arrived survivors and those who have been in Israel for longer were similar among the general population of Holocaust survivors in Israel. About a fifth of the Foundation respondents were widowed (compared with a third in the general survivor population) and most had lost their spouses at least six years previously. About half of the widows and widowers lived alone. A third of the survivors in the Foundation population lived alone compared with just over a quarter of all survivors living in the community. Half of those who did not live alone lived with a formal caregiver (most of them foreign workers) and a third lived with their children.

On average, survivors in the Foundation population were found to have 10 years of education; 66% had 0–12 years; and 34% had 13+ years (compared with 43% of all survivors living in Israel). Most of the survivors with a post-high-school education (13+ years), both in the Foundation population and in the general survivor population, were recent immigrants.

Table 14: Socioeconomic Characteristics of Holocaust Survivors Receiving Assistance from the Foundation and the General Survivor Population in Israel* (Percent)

	Foundation Population	General Survivor Population in the Community
N in the Population	**31,996**	**217,224****
N in the Sample	**183**	**412**
Gender**		
Male	34	40
Female	66	60
Age**		
60–69	(7)	8
70–79	34	49
80+	59	43
Family Status		
Married	40	61
Widowed	53	31
Divorced/Unmarried	(7)	8
Household Composition		
Lives alone	33	27
Lives with spouse/partner	28	44
Lives with formal caregiver	13	----
Lives with spouse/partner and formal caregiver	(8)	----
Other	18	29
Education (Years of Schooling)		
0–12	66	57
13+	34	43

*The data for the general survivor population are based on the National Health Survey
** 2008 data

Figures in parenthesis: Relative sampling error of between 0.25 and 0.40.

8.2 Functioning and Mobility of Survivors Receiving Foundation Assistance

The functioning of survivors receiving assistance from the Foundation was measured by their reported ability to perform ADLs (eating, washing, dressing, sitting down on a chair, getting up from a chair, getting into bed, personal care) and manage their home (shopping, preparing meals, domestic chores, laundry) (IADL). Another measure was their mobility in the home and outside of it and their ability to stay home alone. The respondents were asked whether it was hard for them to perform each of these activities, whether they needed help from someone else to perform them, or whether they were incapable of performing them at all. The findings were compared with the figures obtained for the total survivor population from the 2004 NHS.

ADL functioning was classified as follows:
1. Ability to perform all ADLs without difficulty
2. Difficulty performing at least one ADL, but no assistance required with any
3. Assistance required with 1–2 activities
4. Assistance required with 3–4 activities
5. Assistance required with 5 or more activities.

IADL functioning was classified as follows:
1. Ability to perform all activities independently, without difficulty
2. Partial disability – assistance required with at least one activity, but not disabled for all of them
3. Complete disability – unable to perform any of the activities without assistance.

The survey found that a quarter of the recipients of Foundation assistance were independent in ADL and 16% had difficulty with at least one activity although they did not require another person's help to perform it; 58% were unable to perform at least one activity (26% needed assistance with 1–2 activities; 10% with 3–4 activities; 22% with 5 or more activities). Table 15 presents the distribution of the Foundation population with regard to each ADL on the above disability scale. It shows that the areas in which the respondents most frequently needed assistance were washing (54%) and dressing (40%).

Table 15: Difficulties and Disabilities in ADL

Activity	**Total**	No Difficulty	Difficulty	Assistance Required
Eating	**100**	64	21	15
Washing	**100**	28	16	54
Dressing	**100**	37	23	40
Sitting down and getting up from chair	**100**	42	32	26
Getting in and out of bed	**100**	39	33	28
Personal care	**100**	56	20	24
Using the toilet	**100**	49	28	23

Only 7% of the Foundation population[4] were independent in all IADLs; 59% were partially disabled (needed assistance with at least one activity, but not all of them); 34% had disability with all IADL activities.
Approximately 80% were able to move around the home independently, 7% of them[5] needed assistance from another person and 9% were bedbound or wheelchair bound. With regard to mobility outside of the home (ability to walk a distance of 400 meters), we found that 43% of the respondents were independently mobile, 18% were helped by someone else and 40% were unable to walk a distance of 400 meters outside of the home.

As noted, another measure of disability is a person's ability to remain at home unattended. About half of the respondents reported that they were unable to remain at home alone throughout the day. When asked the reason for this, the main reasons given were: They needed care and assistance most of the time or could not do things without help (75%); fear of falling (46%); afraid of being home alone (33%).

A comparison with the findings regarding all Holocaust survivors living in Israel revealed that the Foundation population was much more disabled in ADL and IADL. This is not surprising, given their relatively greater age and the fact that a considerable number of recipients of Foundation support are survivors in need of additional nursing hours (Figure 7).

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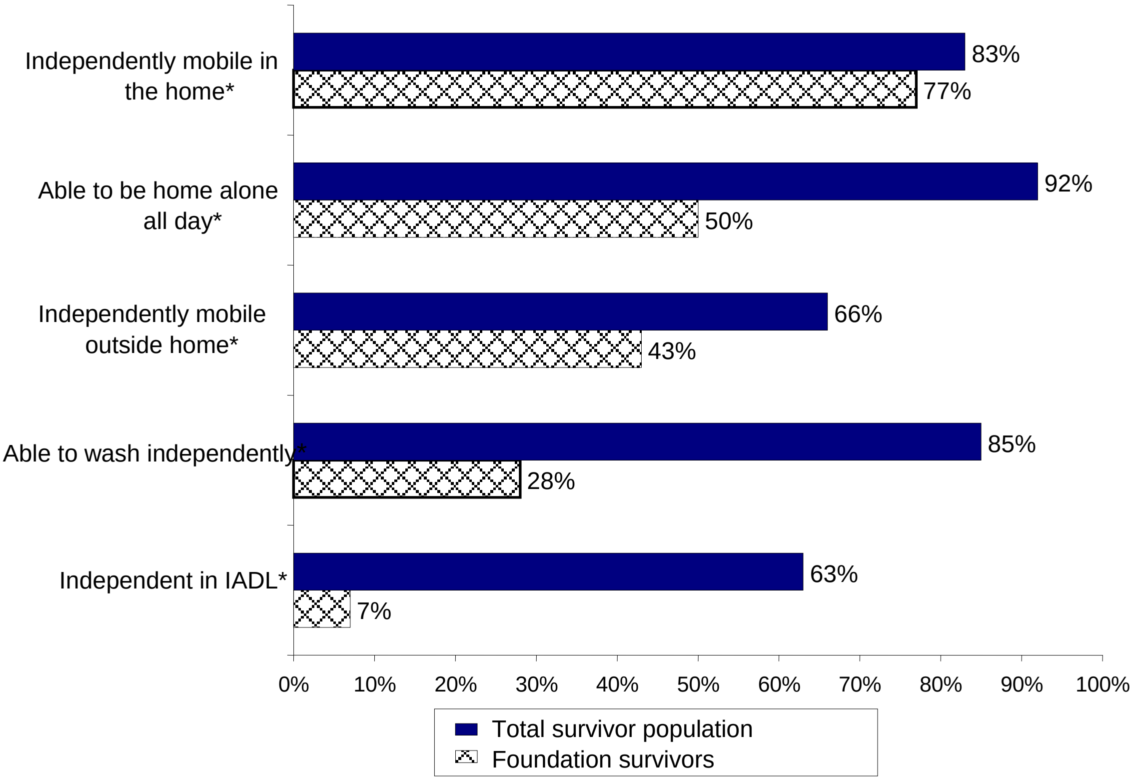
[4] Relative sampling error 0.25–0.40.

[5] Relative sampling error 0.25–0.40.

Figure 7: Percentage of Survivors Independent in ADL (Washing), IADL and Mobility Inside and Outside the Home among the Foundation Population, Compared with Total Holocaust Survivors (Based on 2004 NHS Figures)*



* Due to the differences between the response scales for these questions in each of the two surveys, the functional ability of the Foundation population was compared with the total survivor population in Israel only in regard to the percentage of independent individuals in each group.

8.3 State of Health

In order to ascertain the state of health of the Foundation survivors, we asked them to assess their state of health and to report their chronic illnesses and health problems. The findings were compared with those of the total survivor population in Israel from the 2004 NHS.

a. Self-Assessment of State of Health

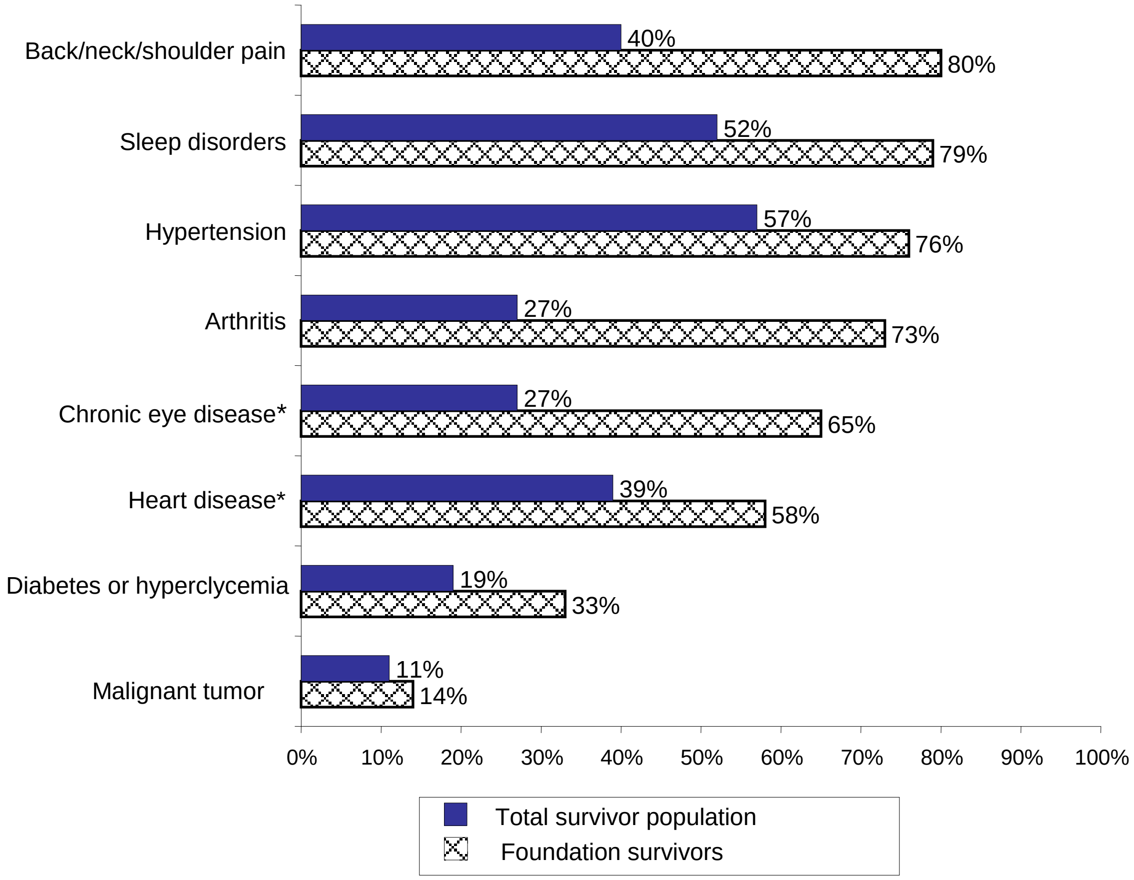
The findings revealed that most of the Foundation survivors (93%) perceived themselves to be in poor health, compared with 40% of the total survivor population in Israel, and about half of the survivors aged 80+. Some two-thirds of the Foundation population reported that their state of health had deteriorated in the course of the previous year (compared with 44% of the total survivor population in Israel).

b. Chronic Illnesses and Other Health Problems

To ascertain the extent of morbidity in the Foundation population, respondents were asked to note which of the health problems listed in the questionnaire they suffered or did not suffer from. The most prevalent were: Back, neck or shoulder pain (80%); hypertension (76%); arthritis or rheumatism (73%); chronic eye diseases (65%); heart disease (58%); chronic digestive disorders (53%); chronic urinary tract disorders or infections (47%); osteoporosis (44%); diabetes or hyperglycemia (33%). Fourteen percent had been diagnosed with cancer and 12% with Alzheimer's or dementia.

Figure 8 presents a comparison of selected health problems suffered by Foundation survivors and those of the general survivor population in Israel. It shows the percentages of chronic illnesses and health problems to be higher among Foundation survivors. Since they are older than the total survivor population and consequently suffer more from illness, we also compared the Foundation population with survivors in the general population who were aged 80+ (not shown in figure). Even when compared to survivors aged 80+, the health of Foundation survivors was significantly poorer in most of the selected areas. As noted, this is not surprising, given that an appreciable percentage of survivors who apply for Foundation assistance have limited functional ability and need additional hours of nursing care.

Figure 8: Comparison of Selected Health Problems among the Foundation Population and Total Holocaust Survivors in Israel (Percent)



*In the 2004 NHS survey, respondents were asked about eye and ear problems that had occurred in the previous six months.

c. Sleep Disorders

To learn about the Foundation population's sleep problems, respondents were asked whether they had problems such as waking several times in the night or difficulty falling asleep. Eighty percent were found to have sleeping disorders, compared with 52% of the total survivor population in Israel who had been asked whether they had had such problems in the previous year.

d. Hearing and Visual Impairment

Hearing and visual impairment can be detrimental to older people's ability to communicate with those around them and to perform ADLs. We asked the survivors about their hearing and visual ability. Approximately 90% of them said they wore eyeglasses. About half reported visual impairment (even when wearing their glasses), but 20% of them had not consulted a specialist. These were asked why they had not done so. The main reasons for not consulting a physician were that it was difficult to get to the clinic (about half) and was expensive (20%). Forty-two percent of the Foundation population reported that they had difficulty hearing. About half of them had not consulted a specialist, the main reasons being: They felt that it was not a problem (33%); they felt that in any case there would be no solution to the problem (30%); it was hard for them to get to the clinic (13%).

e. Chewing Difficulties

Eighty-nine percent of the Foundation population had false teeth and about half of them reported difficulties eating with them. Of the 11% without false teeth, 70% reported chewing difficulty. In other words, approximately half of the Foundation population had untreated chewing difficulties. The most common reasons given by the survivors for not seeking treatment were: The cost (43%); the assumption there was no solution to the problem (36%); and difficulty getting to the dentist/physician (14%).

8.4 Emotional State and Social Situation

In this section, we present data on the Foundation population in the following areas: Emotional well-being, sense of loneliness, meetings with family and friends, and recreation activities (Table 16).

Table 16: Emotional and Social Aspects of the Foundation Population (Percent)*

	Percent
Emotional Well-Being	
Unhappy most of the time	65
Dissatisfied with life	50
Feel life is empty and meaningless	46
Afraid that something is going to happen to them	39
Often feel lonely	39
Family and Social Network and Frequency of Going Out	
Phone contact with children at least once a week	93
Meet the children at least once a week	65
Would like to see the children more often	85
Meet friends at least once a month	60
Have a reliable person to turn to when in need	88
Dissatisfied with the way they spend their life	52
Get out of the house at least once a week	64
Go out for recreational purpose at least once a month	12
Would like to meet and talk to other Holocaust survivors	28

*These questions were not asked when the survivor was not interviewed directly and the questionnaire was administered to a family member.

a. Emotional Well-Being

In order to examine the frequency of emotional problems, the survivors were asked whether they suffered from depression. We also asked them about various expressions of depression and emotional well-being (e.g., sense of emptiness, satisfaction with life, etc.).

About half the survivors reported that they suffered from depression (about three-quarters of these were receiving treatment) and a similar proportion said that they had recently felt dissatisfied with life and a sense of emptiness.

One of the measures of an elderly person's emotional well-being is their sense of loneliness. About 40% of the Foundation survivors frequently felt lonely (Table 16). As expected, the percentage was higher among those living alone, about half of whom reported that they frequently felt lonely. The figures were over twice as high among women than among men (48% vs. 19%).

b. Extent of Social Network

The social network constitutes one of the survivors' main sources of instrumental help and emotional support. The current survey revealed that most survivors in the Foundation population had an informal social network. Most had children in Israel (86%); 70% of them had children in the same locality (of these, 22% had children living with them in their homes). Eighty percent of the elderly had grandchildren in Israel (60% of them have grandchildren in the same locality). Sixty percent of the survivors had other family members who did not live with them. Nevertheless, some survivors had no informal support network – 7% of the survivors[6] had no children or grandchildren (5%[7] had other family members in Israel and 2%[8] were all alone, with no relatives in Israel).

Table 16 provides data on the frequency that the survivors were in contact with family members and friends. Almost all those with children were in telephone contact with them at least once a week (93%) and 65% met children who did not live with them at least once a week. However, about a fifth of those with children in the country met with them less frequently (once a month or less). About 40% of the survivors with grandchildren in the country met them at least once a week and 17% met other family members at least once a month. When it came to friends and acquaintances, 60% of the Foundation survivors met with friends or neighbors at least once a week. Altogether, approximately 5% of the survivors did not meet anyone as often as once a week; all of them had a limited social network or were entirely on their own.

The fact that an individual has an informal social network does not mean that he or she does not feel lonely. As noted, a considerable proportion of the survivors often feel lonely.

Eighty-eight percent reported feeling there was someone to rely on when in need. A third reported that this was their spouse; half noted their children as their source of support; about 10% noted another relative.

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[6] Relative sampling error 0.25–0.40.

[7] Relative sampling error 0.25–0.40.

[8] Relative sampling error 0.25–0.40.

c. Frequency of Going Out and Engaging in Recreational Activities

We also examined how often survivors go out and the extent of their recreational activities. Approximately a third of the Foundation population went out infrequently (once or twice a month or even less). Among the ADL disabled, this rose to almost half of them. Those who reported that they did not go out every day or almost every day were asked why they did not go out more often. The main reasons given were: Health problems (78%) and insufficient assistance (28%). We also examined the percentage of elderly who went out for cultural or recreational activities. The data indicate that approximately 80% of the elderly in the Foundation population did not go to this type of activity at all, or did so extremely infrequently.

The most popular recreational activities among Foundation survivors were: Watching TV (92%), listening to the radio (72%), reading (61%) and physical exercise (34%). Approximately half of the elderly were not satisfied with the way they spent their time. About a third said they would like to engage in an additional recreational activity such as physical exercise, art or handicrafts.

d. Use of Social Services

As noted, a considerable percentage of the Foundation population, chiefly – but not exclusively – those with ADL disabilities, frequently felt lonely despite the wide social network surrounding them. Another aspect examined in the current survey was the extent that the elderly use social frameworks such as clubs and day centers for the elderly. We also examined the survivors' need for visits from volunteers, mainly in order to alleviate loneliness and to have someone to talk to.

The survey found that in the previous three months, 20% of the Foundation survivors had visited a social club (club for the elderly/pensioners or day center for the elderly). Approximately 60% of them were in the habit of going at least once a week. Thirty percent of those who had not been to a social club in the previous three months or who went infrequently (less than once a week) would like to go – or to go more often – to such a social framework. As expected, the main reason for not going more often was the person's state of health (74%). Other reasons: No such framework near the person's home (14%), difficulty finding a suitable framework (12%) and such places were expensive for the person (12%).

Only about 4%[9] of the respondents reported that a volunteer came to see them at home. However, about a fifth of all elderly persons receiving Foundation assistance would be interested in having such a volunteer visitor. The figure was slightly higher among elderly survivors with a disability in at least one ADL than among those with no disabilities in ADL (24% vs. 15%).

e. Talking about the Holocaust with Relatives and Other Survivors

The respondents were asked whether they ever discussed the Holocaust with their children and/or grandchildren and whether they would like to do so more. Eighty-eight percent had spoken about the Holocaust with their family. Thirty-five percent would like to talk more about it. The

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[9] Relative sampling error 0.25–0.40.

survivors were asked whether they would like to speak with other survivors more. Twenty-eight percent said they would like to (Table 16). When asked what stopped them from doing so, 56% of them reported that their state of health or the difficulty getting out of the house prevented them, 28% said they did not know people who had experienced the Holocaust, and 23% said it was hard to discuss the subject with others.

8.5 Utilization of Health and Paramedical Services

As noted, most members of the Foundation population are elderly individuals who suffer from chronic health problems and from declining functionality. It is therefore very important to learn about the patterns of health-service utilization among this population. In this section, we report our findings on the subject, including data on consultations with the family physician, the clinic nurse, and specialists in various areas; referral to complementary medicine and mental-health professionals; and visits to the emergency room and hospitalization. We also report on the survivors' expenditure on medical services.

a. Health Services in the Community

Table 17 presents data on appointments with health professionals. The table shows that in the previous year almost all Foundation survivors had seen their family physician and about 80% had consulted with a specialist. Approximately 10% of the survivors had needed a family physician in the previous year but did not see one, the main reasons being: The physician did not make the house call (even though he had been called), or it was hard to get to the doctor and hard to make an appointment. Very few individuals reported that they had needed a nurse and failed to see one. Approximately 20% reported that in the previous year they had needed to see a specialist but had not done so, the main reason being the difficulty getting to the see one (44%).

Table 17: Consultation with Health Professionals in Previous Year (Percent)

Physician/Service	Percent
Family physician	99
Clinic nurse	90
Specialist	80
Physical/occupational therapist	31
Dietician/nutritionist	24
Psychologist/psychiatrist	16

The survivors were also asked whether they had seen a dentist in the previous year. About one third responded in the affirmative.

Sixteen percent of the Foundation survivors had seen a psychologist or psychiatrist in the course of the year, 24% had met with a nutritionist or dietician and 31% had received physical or occupational therapy (Table 17).

b. Medical Check-Ups

The survey also examined the frequency of medical check-ups performed for the Foundation population. The survivors were asked when was the last time they had had their blood pressure checked and done urine and blood tests. The survey reveals that in the previous month, 78% had checked their blood pressure, about half of them had done blood tests and 42% had done urine tests.

c. Hospitalization

In the previous six months, about a third of the Foundation survivors had been hospitalized for at least 24 hours. During the same period, some 15% had gone to the emergency room and been discharged without admission.

d. Expenditure on Medical/Health Services

In our survey, we examined the survivors' expenditure on medical and health services that were not covered by their health insurance. Ninety percent of the survivors had incurred health or medical expenses in the previous month, the most frequent being for medication (77%). Thirty-six percent reported paying for taxis to get medical treatment. Among those who reported non-refunded expenses, the average expenditure on medication was NIS 302 per month. The average expenditure on taxis to receive medical treatment was NIS 183 per month (Table 18).

Table 18: Non-Refunded Expenditure on Medical/Health Services in Previous Month

	Average Monthly Expenditure	
	Percent	NIS
Medication	77	302
Taxi fares to receive medical treatment	36	183
Emergency medical care insurance	20	162
Absorbent products (diapers, pads, etc.)	19	221
Private caregiver	13	1,357
Medical equipment/aids/appliances	13	402
Private medicine	11	858
Special dietary products	9	843

e. Need for Medical or Orthopedic Equipment

The survivors were asked whether they needed orthopedic aids (e.g., walkers, canes or orthopedic shoes) or medical aids (eyeglasses, hearing aids, etc.). The following needs were reported: Eyeglasses (30%), hearing aid (14%), orthopedic shoes (10%), walker (8%), wheelchair (6%), special mattress (6%) and inhalers (6%).

8.6 Utilization of Social Services and Long-Term Care

Given the survivors' advanced aged and health problems, the survey examined their utilization of social services and long-term care, since elderly people with ADL disabilities belong to a population at risk that requires social services. The survey examined the following: Contact with a social worker, assistance provided from the formal community service system, including services provided under the CLTCI Law, domestic help and provision of cooked meals.

a. Contact with a Social Worker

Fifty-nine percent of the Foundation population had seen a social worker in the previous year (Table 19). As expected, the percentage was higher among survivors with ADL disabilities (about three-quarters of those with a disability in at least one ADL and 85% of those with a disability in all ADLs). The sense of loneliness was another factor examined in relation to their contact with a social worker. The percentage of survivors who frequently felt lonely and had contacted a social worker in the previous year was higher than that among survivors who felt lonely infrequently (62% vs. 47%).

Table 19: Receipt of Social Services and Long-Term Care among the Foundation Population (Percent)

	Percent
Contact with social worker in previous year	59
Caregiver provided to help with ADLs under the CLTCI Law	56
Utilization of a homemaking worker (to help with domestic chores such as cleaning and cooking)	20
Delivery of cooked meals	(2)

Figure in parenthesis: Relative sampling error of between 0.25 and 0.40.

The extent that the survivors were in contact with social workers was also examined in relation to background variables including housing arrangements. We found that 55% of survivors living alone reported that they had been in contact with a social worker in the previous year. A similar percentage was found among survivors living with a spouse. The figure rose to 70% among survivors living with a caregiver. Approximately 20% of the survivors who had not been in contact with a social worker in the previous year felt that they needed to be in touch with one.

b. Community Long-Term Care Insurance Law

In 1988, the NII began implementing the CLTCI Law, which entitles elderly persons with ADL disabilities to a benefit for services such as homecare, attendance at daycare centers and emergency alarms. One of the main areas of assistance provided through the Foundation is supplementary hours of care for those eligible under the CLTCI Law whose disability level entitles them to 16 or 18 hours of care per week (i.e., those who are entirely or very greatly dependent on assistance with ADL activities and are eligible for 150% or 168% benefits from the NII). In Chapter 6 of this report, we reported the percentage of survivors eligible for the CLTCI benefit and the percentage of those eligible for additional care hours through the Foundation. In this section, we also present data regarding their satisfaction with the care service and the agency that employs the caregivers as well as their unmet needs with regard to personal care.

Over half of the survivors receiving Foundation assistance (56%) had a caregiver to assist them with ADLs (Table 19); 40% of these had 24-hour care (in other words, altogether about a quarter of the Foundation survivors had round-the-clock care). The remainder received assistance on average 14.7 hours a week. Thirty-one percent initially received "pre-CLTCI assistance" (i.e., they had begun receiving the assistance before it had been approved by the NII). Approximately 5% of the survivors with a caregiver paid for the service privately.

The level of satisfaction with the service was altogether high (some 90% were very satisfied with the caregivers' service and with the agency providing it). A similar percentage of survivors felt they could contact the agency if they had problems with the caregiver. As another measure of satisfaction, we found that some 90% of the survivors who used the caregiver service preferred to continue receiving the service rather than to receive a cash benefit. About 10% reported that they were dissatisfied or not very satisfied with the service, the main reasons being that the caregivers did not do what they were meant to do or that they came at an inconvenient time. A few survivors complained about the caregivers' attitude to them.

In order to ascertain the survivors' unmet needs in this area, we asked them if they needed assistance or greater assistance in ADLs (washing, dressing, eating and mobility in the home). Altogether about a third of the Foundation survivors needed assistance or greater assistance than they were currently receiving in this area. On average, they needed an additional 11 hours per week. The survivors who reported that they had no assistance with ADL (44% of all survivors receiving Foundation assistance) were asked whether they needed help from a caregiver in these areas. About 10% of the Foundation survivors did not receive ADL assistance from a caregiver, but were in need of it.

c. Assistance with Domestic Chores and Delivery of Cooked Meals

Data were also collected on the extent of assistance provided with domestic chores and the survivors' needs in this area. Twenty percent of the Foundation population had someone to assist them with domestic chores (e.g., cleaning, laundry, cooking and shopping) (Table 19). This was provided on average 12.7 hours a month. Most of them paid for the service out of their own pocket. The survivors were asked whether they needed help, or greater help, with cleaning, preparing meals, laundry, shopping and errands. The area in which the Foundation population was in greatest need of assistance was with the cleaning (55%). Forty percent needed help with the shopping, 35% with errands, 33% with meal preparation and 30% with laundry. Approximately 2%[10] of the Foundation population had cooked meals delivered to their homes. Thirteen percent of the survivors who did not use this service said that they were in need of it.

8.7 Housing Conditions and Financial Situation

In this section, we report on measures of standard of living as reflected in the survivors' housing conditions, food security and their level of income.

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[10] Relative sampling error 0.25–0.40.

a. Housing Conditions

The survivors were asked whether they had difficulty heating their homes, insufficient hot water for bathing, problems with upkeep of their homes, or lacked items of furniture and electrical appliances or safety and security devices.

Approximately one-fifth of the Foundation survivors reported that their home was always or very often cold in winter. The main reason they gave was that heating was expensive for them. About a quarter of those who said it was cold reported that they had no heating equipment for the winter.

Most of the survivors (94%) did not report that they had insufficient hot water for a bath or shower. The main reason given by those who did report not having hot water every day or almost every day (6%) was the cost.

The survivors were asked about home maintenance problems. Twenty-three percent reported damp in the walls or ceiling, 17% reported problems with plumbing, 16% reported large cracks in the walls and 10% reported broken windows or shutters. A similar proportion noted that they lacked basic items of furniture such as a bed, chair or closet. With regard to electrical appliances, 13% of the Foundation survivors said they did not have a washing machine and 5%[11] had no television.

Half of the Foundation population had an emergency alarm or device connected to an emergency service. Among survivors with at least one ADL disability, 58% had buzzers (compared with 34% of those without difficulty with any ADL). Sixteen percent of the Foundation population reported that they needed a buzzer, but did not have one. When we asked why not, approximately 60% noted that it was too expensive for them and 35% said they did not know how to go about getting one.

With regard to safety and security devices in their homes, 86% had a high-security steel door ("Pladelet®"), 80% had a safety chain on the door, 41% had bars on all the windows and 56% had handles or support rails in the shower or bathtub.

b. Food Security

We asked the survivors about the quantity and diversity of food they consumed. About two-thirds of them reported that they had enough food of their choice. A quarter of them had enough food, but said it was not always of the kind they would like. The remainder (approximately 5%[12]) said that sometimes or often they did not have enough food. We asked those who did not have enough to eat and those who had enough food, but not always of the kind they would like (altogether about a third of the Foundation survivors) why this was so. Seventy-seven percent of them replied

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[11] Relative sampling error 0.25–0.40.

[12] Relative sampling error 0.25–0.40.

that they did not have enough money for food; 26% said that it had to do with health problems; 23% reported that it was hard for them to get to the supermarket or grocery store.

c. Income and Financial Situation

The monthly income from all sources of 63% of all the survivors who completed the questionnaires themselves (i.e., excluding those about whom a caregiver was interviewed) did not exceed NIS 3,500. The most common sources of income were: NII old-age pension (65%), NII old-age pension with income support (35%), pension from Germany (29%), monthly private pension (26%) and benefits from the Office for Rehabilitation of Holocaust Survivors (at the Ministry of Finance) (20%).

In order to ascertain their financial needs, the survivors were asked whether they were able to cover their monthly household expenses: 57% reported they were not able to do so. This was more prevalent among those with ADL disabilities (67% vs. 50%). Subjectively, most of the Foundation survivors (72%) felt that their financial situation was not good or even very bad.

8.8 Relationship with the Foundation for the Benefit of Holocaust Victims in Israel

This section of the report presents the reasons why survivors apply to the Foundation, their satisfaction with the service and the need for additional services currently not provided. Although this population benefits from the Foundation, about a fifth of the survivors themselves and about a quarter of their children reported that they were unfamiliar with the Foundation. Consequently, the data we present regarding application to the Foundation, satisfaction with the services and the need for services in additional areas, relate only to the survivors who reported that they were familiar with the Foundation.

a. Applications during Previous Year

Some 40% of the survivors or their children had contacted the Foundation in the course of the previous year (by telephone, in writing or by calling at the Foundation's offices). Fifty-five percent of the survivors and 36% of their children had not needed to contact the Foundation and therefore did not do so. Approximately 15% (28 survivors or their children) had requested assistance in the previous year but their request had not been granted.

Some 20% had needed assistance from the Foundation but they said that they had been unable to apply. The reasons given were: It was difficult to get to the offices or they had been unable to contact it; the respondents had insufficient knowledge about the services provided or about the person to whom they should apply.

b. Satisfaction with the Foundation

Altogether, over 70% of the survivors or their children were satisfied/very satisfied with the Foundation's handling of their case. Those who reported a low degree of satisfaction were asked in an open question to explain the reason. The most frequent responses were: The Foundation did not do enough in their opinion (40%); the Foundation did not approve their request (33%); the respondents were dissatisfied because of the bureaucracy (15%).

c. Services not Provided by the Foundation but Required by the Survivors

About half of the survivors reported that they did not require additional services. The remainder noted the following needs: Financial support (22%), assistance with medication and food (9%); dental care (8%).[13]

d. Need for Information about Services and Eligibility

The survivors and their children were asked whether there were any topics relating to the rights of Holocaust survivors or to the assistance provided to survivors about which they would like to have more information or explanation. About three-quarters of the survivors and a similar proportion of their children said they would like to receive more information. The areas most frequently reported were: General information about eligibility and services provided to survivors and information about financial help.

In addition, we asked them about their wish for information on specific topics. These were the topics most frequently noted: Writing a will (90%); old-age homes and/or sheltered housing (80%); completing and submitting forms (61%); ways of keeping healthy (51%); CLTCI Law (40%) and eligibility for discounts (30%).

8.9 Unmet Needs of the Foundation Population

To obtain as comprehensive a picture as possible about the unmet needs of the Foundation population, we included a series of closed questions about each of the areas of assistance and in addition, we asked open questions about the most crucially needed areas of assistance. In the previous sections, we reported that a third of the Foundation survivors required additional assistance with ADL and a similar proportion reported the need for assistance with IADL. Analysis of the response to the open question about the most crucial areas of assistance revealed that financial assistance (53%) and additional care hours (30%) were the areas with which the survivors needed by far the most assistance. Other areas reported were: Volunteer help (10%); medical aids such as eyeglasses, hearing aids and wheelchairs (9%); better living conditions (6%); dental care (4%).

8.10 Characteristics and Unmet Needs of Beneficiaries of the Community Long-Term Care Insurance Law among those Eligible and Ineligible for Additional Hours of Care from the Foundation

As noted, the findings reveal that over half of the Foundation survivors received care services through the CLTCI Law. This population can be divided into two subgroups: CLTCI Law beneficiaries who receive supplementary hours from the Foundation and CLTCI Law beneficiaries who do not. Since both subgroups are populations at risk, it is important to ascertain

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[13] Importantly, a considerable proportion of the survivors and their children who ought to have responded to the question did not do so (about a fifth of the survivors and over a quarter of the caregivers).

the needs of each of them. Seeking to obtain a broader picture about the characteristics and needs of survivors who receive benefits under the CLTCI Law but are ineligible for supplementary hours of care from the Foundation, we interviewed an additional group of 50 survivors who received the services of a care agency under the law but were not eligible for additional hours from the Foundation because they were only entitled to a low level benefit (91%) through the CLTCI Law. The findings are presented in Table 20.

Table 20: Characteristics and Needs of Beneficiaries of the Community Long-Term Care Insurance Law among those Eligible and Ineligible for Additional Hours of Care from the Foundation

	Foundation Population – Beneficiaries of CLTCI Law		
	Eligible* for Additional Care Hours from the Foundation	Ineligible for Additional Care Hours from the Foundation	Survivors Receiving Care Agency Services**
N	51	51	50
Housing arrangement			
Lives alone	14	35	54
Lives with formal caregiver (with or without other people	57	18	6
Social situation			
Often feels lonely	50	50	30
Goes out to do errands at least once a week	38	61	76
Assistance not received but essential			
Financial assistance	45	50	65
Additional care hours	24	44	39
Volunteer	18	8	10
Medical aids (eyeglasses, hearing aid, etc.)	11	6	10

*Eligibility according to Foundation data on the individuals who participated in the survey and not as reported by the respondent.

**This group was not randomly sampled from the agency's population and therefore it cannot be stated with a high degree of certainty that the respondents' responses do indeed represent the total population of survivors receiving care agency services.

Naturally, disability in ADL and IADL has an effect on the survivors' social situation and mental/emotional well-being. Indeed, those entitled to additional hours of care from the Foundation went out much less frequently (62% went out, at most, only a few times each month, compared with 40% of their counterparts) and met friends a few times a month or less frequently (65% vs. 48%). However, no difference in mental/emotional status was found between the two groups. In both, we found a picture of mental distress – about three-quarters of them reported dissatisfaction with their lives or felt their lives were empty (the data do not appear in the table).

About half of the survivors in both groups frequently felt lonely. However, there were almost twice as many reports of the need for a volunteer among those eligible for additional hours of care (18% vs. 8%).

As noted, the unmet needs of the study population were examined by means of a series of closed questions and an open question about the most vital areas of assistance. When asked in an open question about their ADL and IADL needs, about half of the survivors in each group reported that they needed more help with ADL and altogether over 40% reported that they needed more help with various aspects of IADL (cleaning, preparing meals, laundry, shopping and errands). Although no difference was found in most of these areas, the percentage of those needing assistance cleaning the house among survivors not receiving additional care hours from the Foundation reached 60%, compared with 40% among those receiving the assistance. Regarding areas of care not provided to the survivors despite being vital to them, it was found that the assistance most needed in both of the subgroups was financial (45% noted this among those eligible for additional hours; the percentage was similar among the other group). Another area frequently reported was additional care hours. This was particularly salient among the population of survivors not receiving additional hours (44% vs. 24%), indicating that despite the fact that these survivors were not eligible for additional care hours, they were in great need of it.

The survey of survivors receiving the services of a care agency (who are not eligible for the additional hours provided by the Foundation) reveals that their characteristics and unmet needs were similar to those of the Foundation survivors who did not receive additional care hours.

8.11 Care Burden on Children Caring for their Elderly Parents

Another way of examining unmet needs of survivors with functional disabilities is through the care burden on their children. In this section, we report on the sense of burden the children experience due to caring for their elderly parents. Initially, respondents were asked about the type and extent of assistance they provide. We then asked them to what extent they felt that the burden of caring for their parents affected different aspects of their lives (mentally, socially and health wise). We also sought to ascertain the general sense of burden caused by caring for their parents. Since it can be assumed that this depends on the parents' functional ability, we analyzed the various aspects of the burden only among children of parents with at least one ADL disability. With regard to this group, we found: 31% of the children assisted their parents in ADL activities and about three-quarters helped them with IADL activities. Most provided the assistance as and when required, rather than on a regular basis.

The findings reveal that caring for parents imposes a substantial emotional burden on the children, which may be expressed as follows: A sense of pressure stemming from caring for the parent and fulfilling family obligations (58%); lack of time for themselves (41%); a sense of tension and anger (over 25%); the feeling that their social life has been compromised (21%). Some 60% of the children were frustrated by the feeling that they could take better care of their parents and do more for them. The effects of caring for parents were also reflected in physical and health-related aspects of their lives. About a third felt that caring for the parents was physically very demanding and about a fifth felt that it had an adverse effect on their health. In the survey we also interviewed a group of children who themselves had ADL disabilities. We found that this group felt a particularly great sense of physical and mental burden. Since the group is very small, we cannot say with great certainty that these findings are representative. However, it can be surmised that when children themselves have ADL disabilities, they would feel a great or very great burden of caring for a parent with disabilities.

The burden of caring for parents also impinges on their children's working lives. Some two-thirds of the children reported that they had had to take time off work in the previous three months in order to care for their parents and three-quarters worked fewer hours for the same reason.

Altogether, 34% of the children who were looking after an elderly parent with disabilities felt that the general burden was heavy or very heavy, particularly those whose parents received care hours from the Foundation. About half the children of parents receiving additional care hours experienced a heavy burden compared with 15% of the children whose parents did not receive assistance. The same differences can be seen in both the emotional and physical burden.

9. Needs of Holocaust Survivors Living in Institutions as Revealed in Interviews with Professionals at the Institutions

In order to ascertain the needs and difficulties experienced by survivors living in institutions, we interviewed social workers and directors of social services at institutions for the elderly in various parts of the country (public, private and nonprofit). The interviews included open questions about the survivors' admission to the institution, the needs of survivors living in institutions, activities conducted for the survivors and their families, the way that staff members cope with the survivors' needs and contacts with organizations that work with survivors. We contacted staff at the following institutions: Hailpern old-age home in Ashkelon, Neve Simcha in Jerusalem, Rishon Leziyyon Geriatric Center, the Bulgarian old-age home in Rishon Leziyyon, Parents Home Beth Juliana in Herzliya, the comprehensive geriatric center in Petah Tikva, the Moses Elderly Citizens Home in Jerusalem, Lichtenstadter-Reut in Tel Aviv, the Gil Ad geriatric center at Tel Hashomer, the Mishan Neot Afeka home and the Mishan home in Ramat Aviv.

The interviews can be summarized as follows:

1. Institutionalized Holocaust survivors have ***two types of need:***

   a. ***Physical needs:*** Survivors with meager resources (e.g., those referred to the institution by the Ministry of Social Affairs) have difficulty covering expenses that are not included in the general fees paid to the institution, such as special medication, dental care, hearing aids, eyeglasses, upgraded wheelchair, absorbent products, transportation to and from medical care, and ambulance services. It was reported that some of these are funded by external agencies such as the Foundation for the Benefit of Holocaust Victims in Israel pursuant to the intervention of a social worker. However, as one of the respondents complained, this involves bureaucracy that may sometimes be lengthy.

b. ***Social needs**:* Respondents underlined the needs of residents with no friends or family and those whose relatives are either very old or disabled and are unable to come and visit, especially at the regular visiting times when visitors can listen and help relieve loneliness. This is particularly important for housebound survivors and those in need of nursing care, since they are not eligible under the CLTCI Law and are dependent on visits from volunteers.

2. ***Admission and placement of survivors:*** Every institution in which we conducted interviews endeavors to identify Holocaust survivors during the intake interview, which is conducted when the social casework file is opened for all new arrivals at the institution. In most cases, survivors are identified by cross-referencing the person's date of birth and background questions about the war years. In cases where the information is unobtainable due to the elderly person's cognitive status and the fact that he or she has no family, efforts are made to acquire it from external sources. One respondent noted that at her institution she runs a workshop on the tools that can be used to find and identify Holocaust survivors. Another respondent, from a different institution, told us that the intake interview gives the institution a preliminary idea of where the person spent the war years. She noted that the Holocaust issue is treated in greater depth at a later stage, as needed by each resident, to give new arrivals time to adjust to the changes involved in the transition to the institution. The interviews reveal that the institutions demonstrate great sensitivity when it comes to admitting Holocaust survivors and placing them in an appropriate unit at the institution and that they involve their social service professionals in these deliberations – in some cases, they are responsible for placement. For example, a respondent told us that a survivor who had recently arrived at the institution was transferred to a more sheltered department at the recommendation of the social worker. Another respondent noted that Holocaust survivors, particularly those with no family, sometimes ask for a room on their own and said that the institution is considerate of their request.

3. The interviews gave us the impression that all the institutions in which we conducted interviews are sensitive to survivors' needs. On an individual level, this was sometimes reflected in psychosocial therapy for those in need of it (e.g., psychological and social counseling through Amcha, psychiatric treatment, sensory stimulation treatment [Snoozeland], etc.). The social workers also do much to help the survivors exercise their rights and eligibility. At the system level, most of the institutions organize social activities and programs for the survivors, among them: Documenting the survivors' life stories, organizing evenings for survivors and their families, bringing together students and soldiers with survivors, conducting ceremonies at which the survivors can tell their stories and light memorial candles, screening films and presenting shows in Yiddish. One institution implemented a program in which children with behavioral disorders interacted with survivors at the institution. Another had set up a website to document family histories that could be used by schoolchildren when visiting the institution. Respondents at a third told us that they had an internal newspaper in which residents could express themselves. Several places reported that they had a network of volunteers from abroad, including young Christians from Germany, which had initially aroused negative feelings among the residents, but eventually led to warm relationships between volunteers and some of the residents, some of which continue even after the volunteers return home to Germany.

4. With regard to the way the staff members cope with the survivors' needs, we found that most places provide counseling or discussions for them in order to draw their attention to particularly sensitive areas. Some institutions have staff members who have been with them for a long time and are aware of certain issues and sometimes staff members themselves (e.g., nurses or physicians) point out behaviors that require special attention (e.g., nightmares, food hoarding, etc.). At some institutions, we were told that the staff receives periodic training on the subject. For example, one institution has developed a training program that focuses on aspects of caring for aging survivors. Another provides guidance for the staff at multidisciplinary staff meetings on particularly sensitive issues (e.g., food hoarding). One respondent reported that staff members at her institution had participated in courses at ESHEL on abuse and the mental well-being of survivors. After the course, they had implemented counseling on the subject at the institution.
5. The interviews reveal that in most of the institutions there is some degree of contact with organizations that care for Holocaust survivors, including Elah (the organization for survivors from the Netherlands), Amcha, the Foundation for the Benefit of Holocaust Victims in Israel, the Claims Conference, ESHEL, the Association of Israelis of Central European Origin, the Aviv organization, which acts for the rights of Holocaust survivors, etc.

10. Developing Services for Holocaust Survivors – Issues Raised in Discussion with Professionals

The study findings were presented to a committee of health and social service professionals who work with Holocaust survivors. The committee included representatives of the following organizations and institutions: the Service for the Elderly at the Ministry of Social Affairs and Social Services, the Jerusalem municipality, the Geriatric Division at the Ministry of Health, the National Insurance Institute, Amcha, and ESHEL. The goal of the meeting was to present the study findings to the professionals and to hear their comments on the survivors' needs and ways of responding to them. The main points discussed by the committee appear below.

The participants discussed several types of need: Instrumental needs (such as assistance with ADL and IADL), health needs and psychosocial needs. It was noted that most survivors do not suffer from mental illness, but that they experience certain events such as hospitalization and stress situations more severely, particularly in old age. Consequently, the regular services do not respond to their needs. The service system therefore has to consider their special needs. By way of example, a special program implemented by the Jerusalem municipality for elderly survivors was presented in the discussion. The professionals noted that locally based data could be helpful to them in planning services.

Another topic discussed in the committee was the needs of at-risk groups in the survivor population. There is a consensus among the professionals that needs are greatest among new immigrants, who account for about half of the survivor population. While some of them do have wide circles of social support, a large number of them have no family. It is important for service providers to understand the characteristics and needs of this group and to develop services accordingly. Another distinction that was made was between the survivors who receive a monthly stipend from whatever source and those who do not receive one, most of them refugees; and since most immigrated in the 1990s, they have greater needs.

Loneliness was another issue discussed at the meeting. Volunteers could help alleviate this problem and it is therefore worth considering additional efforts to recruit and mobilize more volunteers for this purpose. It is important that the volunteers speak the survivors' mother tongue and so that they can connect with their past and relieve their loneliness.

The professionals agree that because the survivors are aging, their needs are increasing and it is particularly important for the services to prepare for this process so that the survivors can continue to live in the community.

Bibliography

Hebrew Sources

Central Bureau of Statistics, www.cbs.gov.il

Ministry of Health, www.health.gov.il

Winterstein, T. 2007. "The Strength of the Story: Life Stories of Holocaust Survivors as a Coping Resource in Old Age." ***Gerontology*** 34(3):79-88.

Be'er, S. 2004. ***A National Census of Long-Term Care Institution Residents, 2000, and Trends in the Institutionalization Patterns of the Elderly, 1983–2000***. RR-429-04. Myers-JDC-Brookdale Institute, Jerusalem.

Central Bureau of Statistics, ***The National Health Survey 2003/2004***. CBS, Jerusalem.

Kahana, B.; Kahana, E.; Harel, Z.; King, C.; Seckin, G. 2007. "A Multidimensional Perception of the Adaptation of Trauma Survivors in Later Life: Focus on Elderly Holocaust Survivors." ***Gerontology*** 34(3):19-34.

Letzter-Pouw, S. 2007. "Intrusive Memories and Avoidance of Memories in the Process of Coping with the Holocaust: Critical Review of the Literature." ***Gerontology*** 34(3) 99-110.

Ohry, A. and Shasha, S.M. 2006. "Late Morbidity among Holocaust Survivors: Myth or Fact?" ***Harefuah*** 45(4).

Shmotkin, D. 2008. "Mental Health and Trauma among Elderly Israelis." ***Bitahon Sotziali*** 76:197-224.

English Sources

Amir, M.; and Lev-Wisel, R. 2003. "Time Does Not Heal All Wounds: Quality of Life and Psychological Distress of People who Survived the Holocaust as Children 55 Years Later." ***Journal of Trauma Stress*** 16:295-9.

Antonovsky, A.; Maoz, B.; Dowty, N.; and Wijsenbeek, B. 1971. "Twenty-Five Years Later: A Limited Study of the Sequelae of the Concentration Camp Experience." ***Social Psychiatry*** 6:186-193.

Assael, M.; and Givon, M. 1984. "The Aging Process in Holocaust Survivors in Israel." ***American Journal of Social Psychiatry*** 4(1):32-37.

Brodsky, J.; Be'er, S.; and Shnoor, Y. 2003. ***Holocaust Survivors in Israel: Current and Projected Needs for Home Nursing Care***. S-108-03. Myers-JDC-Brookdale Institute, Jerusalem.

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

Carmil, D.; and Carel, R. 1986. "Emotional Distress and Satisfaction in Life among Holocaust Survivors." ***Psychological Medicine*** 16:141-149.

Christenson, R.; Walker, J.; Ross, D.; and Maltbie, A. 1981. "Reactivation of Traumatic Conflicts." ***American Journal of Psychiatry*** 138:984-985.

Clarke, D.E. 2001. ***Holocaust Experience and Suicide Ideation in High-Risk Older Adults***. Dissertation. National Library of Canada, Ottawa.

Danieli, Y. 1995. "As Survivors Age: An Overview." Paper presented at the conference ***Even Unto Age: The Long Term Effects of Traumatic Experience***. Cambridge, Massachusetts.

Foldes, A.J.; Brodsky, J.; and Bentur, N. 2003. "Long Term Effects of Poor Environmental Conditions during Early Life: Increased Prevalence of Hip Fractures among Elderly Holocaust Survivors, 50 Years Later." ***Journal of Bone Mineral Research*** 18:S53-S53.

Golier, J.A.; Yehuda, R.; De Santi, S.; Segal, S.; Dolan, S.; and de Leon, M.J. 2005 "Absence of Hippocampal Volume Differences in Survivors of the Nazi Holocaust with and without Posttraumatic Stress Disorder." ***Psychiatry Research***. 139:53-64.

Harel, Z.; Kahana, B.; and Kahana, E. 1993. "Social Resources and the Mental Health of Aging Nazi Holocaust Survivors and Immigrants." In: ***International Handbook of Traumatic Stress Syndromes***. Wilson, J.P.; and Raphael, B. (eds.). Plenum, New York.

Harel, Z.; Kahana, B.; and Kahana, E. 1988. "Predictors of Psychological Well-Being among Holocaust Survivors and Immigrants in Israel." ***Journal of Traumatic Stress Studies*** 1:413-429.

Harel, Z.; and Deimling, G. 1984. "Social Resources and Mental Health: An Empirical Refinement." ***Journal of Gerontology*** 39:747-752.

Harel, Z.; Sollod, R.; and Bognar, B. 1982. "Predictors of Mental Health among Semi-rural Aged." ***Gerontologist*** 22:499-504.

Joffe, C.; Brodaty, H.; Luscombe, G.; and Ehrlich, F. 2003. "The Sydney Holocaust Study: Posttraumatic Stress Disorder and Other Psychosocial Morbidity in an Aged Community Sample." ***Journal of Traumatic Stress*** 16(1):39-47.

Kahana, B.; Harel, Z.; and Kahana, E. 1989. "Clinical and Gerontological Issues facing Survivors of the Nazi Holocaust." In: ***Healing Their Wounds: Psychotherapy With Holocaust Survivors and Their Families***. Marcus, P.; and Rosenberg, A. (eds.). Praeger, New York.

Kuch, K.; and Cox, B.J. 1992. "Symptoms of PTSD in 124 Survivors of the Holocaust." ***American Journal of Psychiatry*** 149:337-340.

Landau, R.; and Litwin, H. 2000. "The Effects of Extreme Early Stress in Very Old Age." ***Journal of Traumatic Stress*** 13(3):473-487.

Leon, G.R.; Butcher, J.N.; Kleinman, M.; Goldberg, A.; and Almagor, M. 1981. "Survivors of the Holocaust and their Children: Current Status and Adjustment." ***Journal of Personality and Social Psychology*** 41:503-516.

Lomranz, J. 1995. "Endurance and Living: Long-term Effects of the Holocaust." In: ***Extreme Stress and Communities: Impact and Intervention***. Hobfoll, S.; and De Vries, M. (eds.). Kluwer Academic Publishers, Boston.

Marcus, E.L.; and Menczel J. 2007. "Higher Prevalence of Osteoporosis among Female Holocaust Survivors." ***Osteoporosis International*** 18:1502-6.

Peretz, T.; Baider, L.; Ever-Hadani, P.; and DeNour, A. 1994. "Psychological Distress in Female Cancer Patients with Holocaust Experience." ***General Hospital Psychiatry*** 16(6):413-418.

Reijneveld, S.A.; and Schene, A.H. 1998. "Higher Prevalence of Mental Disorders in Socio-economically Deprived Urban Areas in the Netherlands: Community or Personal Disadvantage?" ***Journal of Epidemiology and Community Health*** 52:2-7.

Robinson, S.; Rapaport, J.; Durst, R.; Rapaport, M.; Rosca, P.; Metzer, S.; and Zilberman, L. 1990. "The Late Effects of Nazi Persecution among Elderly Holocaust Survivors." ***Acta Psychiatrica Scandinavica*** 82:311-315.

Ron, P. 2002. "Depression and Suicide among Community Elderly." ***Journal of Gerontological Social Work*** 38:53-71.

Rosen, J.; Reynolds, C.F. III; Yeager, A.L.; Houck, P.R.; and Hurwitz, L.F. 1991. "Sleep Disturbances in Survivors of the Nazi Holocaust. ***American Journal of Psychiatry*** 148:62-66.

Rosenbloom, M. 1985. "The Holocaust Survivor in Late Life." ***Journal of Gerontological Social Work*** 8:181-190.

Sharon, A.; Levav, I.; Brodsky, J.; Shemesh, A.A.; and Kohn, R. 2009. "A Community Study of Psychiatric Disorders and Other Health Dimensions among Holocaust Survivors Six Decades." ***British Journal of Psychiatry*** (in press).

Shemesh, A.A.; Kohn, R.; Radomislensky, I.; Brodsky, J.; and Levav, I. 2008. "Emotional Distress among Elderly Survivors of the Holocaust Living in the Community." ***Israel Journal of Psychiatry*** 45:230-238.

Shmotkin, D.; and Barilan, Y.M. 2002. "Expressions of Holocaust Experience and their Relationship to Mental Symptoms and Physical Morbidity among Holocaust Survivor Patients. ***Journal of Behavioral Medicine*** 25:115-134.

Shmotkin, D.; and Lomranz, J. 1998. "Subjective Well-Being among Holocaust Survivors: An Examination of Overlooked Differentiations." ***Journal of Personality and Social Psychology*** 75:141-155.

Solomon , Z.; and Prager, E. 1992. "Elderly Israeli Holocaust Survivors during the Persian Gulf War: A Study of Psychological Stress." ***The American Journal of Psychiatry*** 149:1707-1710.

Stermer, E.; Bar, H.; and Levy, N. 1991. "Chronic Functional Gastrointestinal Symptoms in Holocaust Survivors." ***American Journal of Gastroenterology*** 86(4):417-422.

Yaari , A.; Eiseberg, E.; Adker, R.; and Birkhan J. 1999. "Chronic Pain in Holocaust Survivors." ***Journal of Pain Symptom Management*** 17(3*)*:181-187.

Yehuda, R.; Golier, J.A.; and Kaufman, S. 2005. "Circadian Rhythm of Salivary Cortisol in Holocaust Survivors with and without PTSD." ***American Journal of Psychi*****atry** 162:998-1000.

Yehuda, R.; Golier, J.A.; Halligan, S.L.; and Harvey, P.D. 2004. "Learning and Memory in Holocaust Survivors with Posttraumatic Stress Disorder." ***Biological Psychiatry*** 55:291-295.