

# CORONAVIRUS (COVID-19) CRISIS

## Snapshot: Senior Citizens and the elderly population in Israel | 19.4.2020\*

\* The Report presents the current situation as deduced from the data currently available to us, specifically by JDC Israel. We welcome any further information that may be available to others.

**The challenge:** senior citizens in general, and those with background diseases in particular, have been identified as the single population most at risk from the Coronavirus. In Israel today there are approximately 1.1 million senior citizens, most of whom live in the community. Some have been impacted by the shutting down of day care services (regularly providing a warm meal, social life, nursing care, and more), the reduction in the number of available municipal social workers, and the reduced availability of public transportation. It is estimated that about 300,000 senior citizens living in the community are now in need of support due to the Coronavirus crisis. A minority of senior citizens are living in medical, nursing or geriatric institutions, and they too require urgent solutions due to the crisis. The solutions to be provided by the State, local authorities, the Home Front Command, Philanthropy and Civil Society organizations are currently in various stages of preparation and mobilization.



### Snapshot: Needs and Responses | Roundtable Subcommittee

At the subcommittee roundtable emphasis was given to the identification of needs by the social sector and coordination between governmental responses and those provided by the social sector, by way of collaboration. Five main groups of needs and responses were identified:



➤ **The need to develop mechanisms for integrating available solutions:** strengthening local authorities as mediators between the government and social organizations; enhancing coordination between the various responses offered by social organizations; increasing coordination between the Ministry of Health, Ministry of Welfare and Ministry for Senior Citizens (Ministry for Social Equality); training volunteers on personal protection, identifying vulnerabilities, providing information in different languages and different cultural orientations.



➤ **Identifying senior citizens' specific needs:** food and basic necessities, concern of deteriorated personal care and the need for enhanced medical and nursing care; remote medical care and home testing; fear of loneliness, increased frailty and emotional susceptibility; accessibility limitations to information and guidelines; insufficient digital literacy levels; limited accessibility to money and banks; fear of long-term functional deterioration.



➤ **Identifying the needs of the second circle:** Caretakers: sufficient supplies of protection gear and provision of suitable guidelines for its use; increased testing in institutions – for those suspected as infected and for staff members in particular; growing lack of nursing staff due to burnout and quarantine; support for domestic carers – providing nursing and other care, family members, guardians; enhancing volunteer programs due to burnout.



- **National infrastructures:** alternatives to public transport; essential information and guidelines to be issued in diverse languages and culturally diverse ways in the media.
- **A long term social isolation preparedness program** is essential for this population.

## Further actions and needs\*\*

- Most organizations have swiftly transferred their professional and social support mechanisms to call centers operated by workers and volunteers, including home hospice support. Lines are flooded with hundreds of daily calls, some of them recurring daily by the same callers, as a means for reducing anxiety and dissipating loneliness.
- Organizations are taking action in additional directions such as preparing crafts kits and distributing them among senior citizens in their homes and institutions, as well as to people with disabilities; preparation of protection masks and their distribution to geriatric institutions; distribution of food packages and cooked meals.
- Logistic organization for distribution of food packages and hot meals: on the supply side – procurement and preparation of the food in the absence of donations from restaurants which were closed down, and on the demand side – increased demand and the need to distribute food to homes instead of to institutions and daycare centers.
- Information made accessible in different languages and diverse cultural orientations.
- Accelerated development of further solutions including virtual self-management tools, apps for identifying functional deterioration and remote programs for geriatric rehabilitation.
- Urgent action is taken to protect the human rights and dignity of elderly populations: prevention of evacuation from geriatric institutions, prevention of physical confinement of the mentally frail and others in their rooms when unnecessary and without supervision, automatic extension of temporary eligibilities for nursing hours, conversion of nursing hours to monetary nursing pensions when needed, enforcement of equality in accessibility to ventilators and medical care.



**Urgently needed: Further funding for essential domestic needs, protective gear, covering private transportation costs in the absence of public transportation, training for carers and volunteers and enhancement of support call centers, payment of overtime for carers in the absence of sufficient staff.**

## Initial actions taken by philanthropic organizations

- The “VeShamarta” project – led by the National Initiatives Fund, Zionism 2000 and Shitufim – providing training, support and assistance for coping with the Coronavirus in geriatric institutions, to prevent the virus from spreading in these sensitive locations.
- Flexible aid to complement the Home Front Command’s operations – in addition to distributing food packages and medication to senior citizens, additional needs are provided as needed (charger for mobile phone, light bulbs, heaters and blankets, domestic repairs, and more) as well as kits for dissipating loneliness and for encouraging physical activity. These efforts are supported by JDC Israel, Russel Barrie Foundation, Schusterman Foundation, the Wohl Foundation, Jewish Federations and a variety of Business Corporations.
- Call for proposals by the National Insurance Institute Funds – for projects targeted towards populations at risk (submittal by 5 April 2020, with grants of approx. NIS 100,000).
- Funds and donors addressing current needs: JDC Israel, The International Fellowship of Christians and Jews, The Russell Berrie Foundation, The Schusterman Foundation, The Ted Arison Family Foundation, Gandyr Foundation, The Harry and Jeanette Weinberg Foundation and Jewish Federations.

\*\*Courtesy of The clinic for the rights of Holocaust survivors and the Elderly, JDC Israel, Click Association – Hod Hasharon, Life’s Door Non-Profit Organization, Leket Israel, Aviv for Holocaust Survivors, Eran – Emotional First Aid, Upper Galilee Hospice, S.A.H.I – Special Chessed Unit