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# **Between Two Worlds: Older Adults of Ethiopian Origin – Needs, Strengths, and Challenges**

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# Abstract

## Background

By the end of 2021, 10,650 older adults (aged 65+) of Ethiopian origin lived in Israel, representing 0.9% of all older adults and 6.5% of Jews of Ethiopian origin in the country (a population totaling some 160,000). Another 8,850 Jews of Ethiopian origin were aged 55-64. Although most of the older adults of Ethiopian origin have been living in Israel for at least thirty years, they are still facing difficulties in integrating into society and in utilizing health, welfare and leisure services provided to the general population. To understand the needs of older adults of Ethiopian origin and develop services tailored for them, representatives of the Ministry of Social Equality, Ministry of Aliyah and Integration, and JDC-Eshel commissioned the Myers-JDC-Brookdale Institute to conduct a needs assessment of older people of Ethiopian origin.

## Objectives

1. Characterize the situation of older adults of Ethiopian origin in various aspects (health and functioning, loneliness and meaning in their lives, housing, and employment)
2. Characterize and map their service consumption and identify barriers to the use of services and unmet needs
3. Examine potential solutions for overcoming the barriers and unmet needs

## Methods

Quantitative analysis of administrative data provided by the Ministry of Welfare and Social Affairs, which included information on services used by older adults of Ethiopian descent and a qualitative analysis informed by three sources: (1) Ten focus groups with a total of 70 professionals; (2) Eleven in-depth interviews with professionals; and (3) Two focus groups with older adults (aged 65+) of Ethiopian descent ( $N = 35$ ).

## Main Findings

The findings identified three main themes and one cross-cutting theme that described the characteristics of older adults of Ethiopian origin in the context of service use, unmet needs, and their integration in Israeli society. The first theme was *Aging in cultural transition: The interaction between older age and Aliyah (immigration)*: The aging process of Jews of Ethiopian descent is accompanied by difficulties in utilizing services due to language and cultural barriers and the lack of accessibility of the health and welfare systems.

The second theme was *Between tradition and modernity*: In the transition from a collectivist rural society to a Western urban society, the social structures typical of traditional societies have collapsed. The social structures that used to govern life in Ethiopia, of nuclear family/extended family/community, have become undermined in Israel. Since the identity of older adults of Ethiopian origin largely derives from these social structures, they feel that they do not belong and fail to orient themselves in the health and welfare systems. Moreover, while the community has certain strengths, including a tradition of a healthy lifestyle (in terms of nutrition and physical exercise) and broad traditional knowledge in the area of health, the older adults have health problems that were unknown in Ethiopia, such as diabetes and hypertension, and are not compliant with conventional medicine, including a refusal to diagnose certain health issues and diseases and receive Western medical treatments.

The third theme was *Between inclusion and integration and exclusion and separation*: This theme represents a continuum of approaches to developing services for older adults of Ethiopian origin against the background of the fundamental dilemma associated with cultural transition: between the development of separate services sensitive to traditions and integration into existing services.

Finally, the cross-cutting theme identified was *Between trust and mistrust in the service system and in the host society*: Following negative experiences with service providers, some of the older adults of Ethiopian origin have developed negative perceptions of the entire system, finding it difficult to trust. Moreover, traditional perspectives make it difficult for the community to trust anyone outside it. This leads to abstaining from using services and to dependence on family members to serve as facilitators in consuming services.

## **Recommendations**

The findings attest to the need for improving linguistic and cultural access to health, welfare, and leisure services. We recommend culturally sensitive practices to establish trust between older adults of Ethiopian origin and the service system, including leveraging the unique characteristics of the community by relying on its sociocultural assets. It is also important to acknowledge the role of family members and provide them with guidance and support.