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# Public Trust in the Health Care System in Israel in 2018

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# Abstract

## Background

Since Israel's National Health Insurance Law went into force in 1995, the Myers-JDC-Brookdale Institute has been surveying public perceptions of the quality of the services and performance of the health care system. A biennial telephone survey is conducted with the purpose of exploring to what extent the main goals of the law have been achieved, namely, improving health plans and increasing equality between various population groups.

Two questions regarding the public trust in the national health care system have been consistently posed in each round of the survey from 2012 on. In 2018, the survey was expanded to include questions designed to explore additional aspects of the public trust in the health care system and the main health care providers; this expansion was prompted by growing concerns that public trust in the national health care system has been on the decline in recent years. This paper is based on data collected in the 2018 survey, about a year and a half prior to the outbreak of the COVID-19 pandemic.

## Goal

The objective of the analysis was to assess the extent of public trust in the health system in 2018 (both overall and by population segment), with attention to several different aspects of public trust.

## Method

The survey was conducted by phone among a representative sample of the adult population of Israel from the age of 22 and up (3,500 respondents; response rate – 62%). 3,066 respondents answered the questions regarding public trust in the national health care system.

## Key Findings

- In 2018, most of the public believed that both the hospitals and health plans did their best to provide good care (80% and 69% correspondingly;  $p < 0.01$ ). At the same time, 84% of the public believed that you have to use connections to get good care.
- The majority of respondents (70%) believed that they would receive equal treatment regardless of gender, age, and religion in the country's hospitals and the comparable percentage for the health plans is even higher (87%).

- At the same time, only 50% of the respondents were confident or very confident that they would receive the best and most effective treatment for a serious illness.
- 47% of those with chronic illness and 61% of those who experienced mental distress in the previous year were confident that they would receive the best and most effective treatment for a serious illness (as compared with 56% of those with no chronic illness and 71% of those who did not experience mental distress).
- 31% of the women, 31% of those living below the poverty line, 25% of those with disabilities, and 25% of those who consider their health status as poor were **confident of their ability to cover treatment costs of a serious illness on their own** (as compared with 43% of the men, 38% of those living above the poverty line, 38% of those without disabilities, and 39% of those who consider their health status as good;  $p < 0.01$ ).
- Hospitalization in the previous two years, care coordination by a single physician or any other qualified health professional, and a high level of trust in the family doctor were associated with a relatively high level of trust in the health care system, in various aspects.
- Multivariate analysis shows that low levels of education and income were associated with a high level of trust in the health care system. However, when the local inequality variable (measuring income inequality, i.e., the extent to which income is unevenly distributed at the locality level) was taken into account along with other variables in the overall model, local inequality was found to be inversely related to the level of trust in the health care system, eliminating the effect of the respondent's levels of education and income.
- Judging by the trust levels measured in each round of the survey since 2012, trust in the health care system appears to have reached a relative low in 2014, gradually recovering in the following years, with the recovery phase longer than the declining trust phase.

## Conclusions and Recommendations for Action

The concept of “public trust in the national health care system” is multidimensional, with a considerable variance among the trust level dimensions. There are also considerable variations in the level of trust between various population groups. Interventions likely to increase trust include programs strengthening the family doctor-patient relationship, promoting care coordination by a single health professional (whether a physician, a nurse, or any other qualified health care provider), and reducing supplementary insurance costs for the low-income segment. In view of the COVID-19 pandemic, it would be highly advisable to explore the public trust in the ability of the national health care system to cope with emergency situations, in general, and with epidemics, in particular.