



Rehabilitation and Mobility Devices: Unexercised Eligibility

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Editor (Hebrew): Revital Aviv Matok

English translation (Abstract): Hanni Manor

Graphic design: Efrat Speaker

The study was commissioned by the National Unit for Rehabilitation and Mobility Devices, the Directorate of Medical Technologies, Informatics & Research, at the Ministry of Health and funded with its assistance.

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Jerusalem | August 2022

Abstract

Background

Assistive technology is any technology designed to allow people with disabilities safe and independent access to participation in key areas of life, e.g., education, employment, and leisure. Rehabilitation and mobility devices are a type of assistive technology with a major role in improving the quality of life of people with disabilities and promoting their participation in society. However, notwithstanding the many advantages of assistive technology, its potential is not always fully realized, in Israel or in other countries, due to various access barriers that prevent its use by people with disabilities. There are both personal and environmental barriers to the use of assistive technology; some are related to the devices and others, to the provision and professional intervention process. The State of Israel seeks to promote the accessibility of rehabilitation and mobility devices for people with disabilities by government funding of the devices, and this, through the National Unit for Rehabilitation and Mobility Devices at the Ministry of Health (hereinafter: the Unit). In recent years, the Unit has been trying to cope with the problem of unexercised eligibility, that is, the failure to exercise eligibility for rehabilitation and mobility devices by people whose application to the Ministry of Health for the device was approved. The Unit thus commissioned the Myers-JDC-Brookdale Institute to conduct a study focused on the population of eligible applicants who fail to exercise their eligibility (labeled hereinafter: the non-exercising population), which accounts for more than 35% of those eligible for rehabilitation and mobility devices, according to the Unit estimates.

Goals

The goals of this study were: to characterize the non-exercising population; to examine the reasons for unexercised eligibility for rehabilitation and mobility devices; and to evaluate the eligibility approval process for rehabilitation and mobility devices.

Method

The study used both qualitative and quantitative research methods. The qualitative research included interviews with 39 officials and professionals in charge of processing the applications for rehabilitation and mobility devices, approving the applications, and providing the devices. Most of the interviews were conducted from June to November 2018. The quantitative research included a telephone survey among the non-exercising population,

conducted from April to June 2021. The survey was based on a stratified sample of 461, of which 236 responded to the survey (a response rate of 51%).

Key Findings

The main reasons for unexercised eligibility for rehabilitation and mobility devices approved by the Unit, as indicated by the survey, were: **incompatibility of the approved device** (37%, most of whom reported incompatibility of the device characteristics and preference for another model); **unawareness of the approval of eligibility** (23%, for the most part, eligible applicants under the age of 17 and eligible applicants who are not native Hebrew speakers); **difficulties in exercising the eligibility** (20%, most of whom reportedly did not know what to do in order to exercise the eligibility); and **possession of a device purchased or acquired from another source or in another way** (11%, most of whom received the device from the Yad Sarah Association or bought it independently). The high percentage of **deceased** in the non-exercising population, who were not considered in the sample, should also be noted – 27% of the non-exercising population, according to the lists provided by the Unit, and an additional 1% of the sample, as found during the data collection for the survey. Difficulties in exercising the eligibility and the high percentage of deceased in the non-exercising population were also cited as the main reasons for unexercised eligibility by the interviewed officials and professionals.

60% of the non-exercising population reportedly had another device in use at the time of filing an application with the Unit – in most cases, a device received from the Yad Sarah Association or from the Unit several years earlier. As to the need for the device, 86% of the respondents said that they were still in need of the device at the time the survey was conducted.

As to the application process, the survey indicated that in most cases, the referrer was a physician (54%). 87% of the non-exercising population were reportedly contacted by the recommender. Only 69% of the respondents contacted by the recommender reportedly felt involved in the selection of the device. Issues related to the difficulty in recommending a device compatible with the applicant's preferences were also mentioned by the interviewed officials and professionals. In this context, the latter specifically noted the limitations of the procedure that sets criteria for eligibility. The interviewed officials and professionals further noted the difficulties involved in regularly updating the applicants and their family members on the application status as well as the long processing time of the applications.

Summary and Key Recommendations

Many of the access barriers to assistive technology reported in the literature were also found in the present study. Barriers related to the device (e.g., the technical characteristics of the device, the applicant's preference for another model, operation difficulties, etc.) as well as personal barriers (evident especially among eligible applicants in the older and younger age groups and among eligible applicants who are not native Hebrew speakers) were indicated by the study findings. At the same time, environmental barriers (e.g., the lack of a support network) were not found to be significant in the present study.

The significant barriers indicated by the study findings are related to the provision and professional intervention process and include: difficulties in the assessment and selection of a suitable device by the recommenders (and the perceived failure to involve the eligible applicant and his family members in the selection process), the failure to update and maintain contact with the eligible applicant on a regular basis, bureaucratic difficulties in exercising the eligibility, and the duration and complexity of the eligibility approval process and the exercising of eligibility.

The key recommendations for improving the services provided by the Unit and reducing cases of unexercised eligibility are detailed below:

- Improve the device assessment and selection process (while enhancing the involvement of the eligible applicant and his family members in the process).
- Improve the ongoing contact with the eligible applicant and the eligibility approval notification procedure.
- Simplify and streamline the eligibility approval process and the exercising of eligibility (and offer assistance and guidance through the application and eligibility exercising process, as required).
- Reduce application processing times (and develop a streamlined procedure for recurrent applications).
- Offer a wider and more flexible range of devices.