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Use and Barriers to the Use of Remote Health Services among the Arab Population in Israel

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Abstract

Background

Digital health is a broad term that encompasses a variety of services provided by the healthcare system using technological platforms. In this study, we focus on telehealth services, defined as “the provision of health care remotely by means of a variety of telecommunication tools, including telephones, smartphones, and mobile wireless devices, with or without video connection”.¹ Global and Israeli studies indicate low usage rates of telehealth services by minority populations. Owing to this phenomenon, the Israeli Ministry of Health commissioned the Myers-JDC-Brookdale Institute to study the use of telehealth services by the Arab population in Israel.

Objectives

Examine the characteristics of telehealth service usage, the users’ characteristics, as well as the barriers to such usage among the Arab population in Israel.

Method

Review of the global and Israeli literature and a telephone survey to examine telehealth service usage characteristics and barriers thereto among 501 respondents aged 18 and above from the Arab population in Israel (excluding Arabs from East Jerusalem and Bedouins from unrecognized villages in the Negev). The survey was conducted in late October 2020, with a sample representative of the adult Arab population according to four variables: age, district, religion, and gender.

Results

Internet access and usage. Eighty-seven percent of the participants used the internet on a daily basis; almost all owned a smartphone (96%) and had continuous access to the internet (93%). The main platforms accessed were social media and search engines. Far fewer respondents used advanced online services, such as payments, e-commerce, and visiting the health plan’s website.

¹ Dorsey, E. R., & Topol, E. J. (2016). State of telehealth. *New England Journal of Medicine*, 375(2), 154-161, 154.

Telehealth service usage. The most commonly used telehealth service channel is the phone call: two-thirds of the respondents reported that they called a familiar healthcare provider over the past year, for themselves or family members. Online telehealth services – appointment making, reviewing personal information, and corresponding with a familiar healthcare provider – were used by more than a third (43, 37, and 34 percent, respectively). Video conferences with a known carer, ordering medications and conversations with an unfamiliar carer were rarely used (8, 14, and 17 percent, respectively).

Telehealth service user characteristics. We used logistic regression to examine the effects of the following variables on the likelihood of using telehealth services: gender, age, education, district, health plan, housing arrangement, religion, and health status. We found that sociodemographic characteristics predicted the use of telehealth services, and that their effects varied across services. In the case of telephone conversation with a healthcare provider, it was found that women and residents of the Northern District were more likely to use the service than were men and residents of the Central, Tel Aviv, and Jerusalem districts. In the case of correspondence with a familiar physician, it was found that people with higher education were more likely to use the service than were people without higher education. Finally, with regard to procedural services (appointment making and/or reviewing personal information and/or ordering medication) it was found that Christians, those with higher education, residents of the Haifa and Southern Districts and women were more frequent users than were Muslims, people without higher education, residents of the Northern District and men.

Barriers to telehealth service usage. In response to a hypothetical scenario regarding the usage of telehealth services, more than 50% of respondents declared that they saw no reason to avoid using the service – 75% regarding correspondence with a familiar doctor, 63% regarding video conversation with a familiar doctor and 51% regarding a video conversation with an unknown doctor. The main barrier preventing the respondents from using telehealth services was lack of awareness. This barrier was particularly significant when it came to new services, such as medicine deliveries (27%). Additional barriers included the inability to perform a physical check in a video conversation (21%); lack of privacy required for a video conversation (11%); fear that the healthcare providers would not devote enough attention when corresponding with them (11%); and difficulty in written expression in either Arabic or Hebrew when corresponding (6%). In addition, only a third (38%) of respondents had a username and password for their health plan website, a fact which in itself acts as a barrier to using the services offered to patients on the website and application.

Discussion and Recommendations

Most respondents have no fundamental objection to using telehealth services, and indeed, most of them have used at least one of the services examined over the past year. It was found that telephone calls were less formal and more accessible than other services, hence their importance – they enable remote access to healthcare service providers for the entire population, without socioeconomic or cultural differences.

When it comes to most services, the groups that tend to use them least are precisely the groups that require them more than others and could therefore have reaped particular benefits from them – including parents to small children, older adults and the ill. Correlated with literacy, higher education increases the likelihood of using telehealth services (other than telephone calls). Finally, Christians' higher likelihood of using these services compared to Muslims points to differences within the Arab population and the need to account for its inner social composition.

The diversity within the Arab population, particularly the low usage rates of Muslims compared to Christians, may require cultural calibration and adaptation of telehealth services. Adaptation is also required for those interested in holding the medical meeting in the presence of a family member, and conversely, for those who require privacy. Finally, note that referring patients to telehealth services, recommending their usage, and providing guidance and technical support by family members and healthcare providers may heighten the awareness of these services and increase their usage by the Arab population.