HEALTH ABOVE ALL ?!

The importance of health as a priority among the Israeli public

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Background: All individuals are confronted with competing needs in many areas of their life and must prioritize them, since the resources available to confront and manage them are always limited. Decision-makers often assume that they know what the public's standpoints are, and see themselves as being capable to represent them. **Aim:** To examine the importance that the Israeli public

attributes to health, in relation to other areas of life, at the personal as well as at the national policy level. Method: A phone survey was conducted among a representative sample of the Israeli adult population (N=1,225). The following questions were posed to a randomly selected sub-group of ~600 subjects: ➤ The relative importance of health in personal life

- (a measure based on five dilemmas)
- The relative importance of health in social policy (to which area interviewees would grant an extra budget)

Health priority in personal life





Variables influencing tendency to prioritize health in personal life (Logistic Regression)							
	Model 1		Model 2				
	OR	95% CI	OR	95% CI			
Gender (reference : Men)							
Women	1.35	0.92-1.98	1.43	1.02-2.05			
Education (reference: Academic)							
Elementary & middle	2.07	1.5-4.09	1.95	1.05-3.63			
High school	0.99	0.66-1.52	1.03	0.70-1.51			
Population group (reference : Jews)							
Arabs	2.01	1.31-3.09	2.01	1.36-2.96			
Age-group (reference: 18-39 yrs old)							
40-64	0.78	0.51-1.19					
65+	0.85	0.45-1.62					
Income (reference : Average)							
Be low average	1.06	0.65-1.72					
Above average	1.03	0.60-1.75					

Health priority in national policy





Variables influencing the tendency							
to chose health as first priority							
(Logistic Regression)							
	Model 1		Model 2				
	OR	95% CI	OR	95% CI			
Employment status (reference:Salaried)							
Self-employed	2.04	1.05-3.96	1.83	0.96-3.48			
Unemployed	1.26		1.36	0.57-3.23			
Retired	1.64		1.76	0.98-3.15			
Housewife	2.24	1.22-4.11	2.53	1.42-4.52			
Private health i							
No	1.62	1.00-2.63	1.66	1.04-2.66			
Population grou							
Arabs	1.75	1.09-2.81	1.84	1.16-2.90			
Gender (reference							
Women	1.24	0.80-1.91					
Education (reference: Academic)							
High school	1.14	0.73-1.78					
Elementary & middle	1.68	0.83-3.40					
Income (reference: Above average)							
Average	1.55	0.87-2.76					
Below average	1.23	0.71-2.11					

Association between personal & national level priorities

Health priority in national policy by health priority in personal life

Percent choosing health as 1st priority at national policy



Personal life	National policy	
High priority	High priority	17.9%
High priority	Low priority	11.5%
Low priority	High priority	35.6%
Low priority	Low priority	35.0%

Results

- Only one-third of the population assigned high priority to health matters in personal life. Greater tendency to prioritize health among women, low educated and Arabs
- At the national level, the public rated health in second place after education. Greater tendency to chose health as first priority among Arabs, selfemployed and individuals with no private health insurance
- Only among half of the interviewees did the prioritizing of health at both levels match. When responses did not matched, the tendency was greater to prioritize health at the national level

Conclusions

- These findings indicate that the majority of the Israelis do not rank "health above all", as is often assumed
- Empirical evidence regarding the public's preferences should be part of the decision making process. Even if a decision that contradicts the public opinion is made, the public's information can be useful in planning the implementation strategy