

Topic: **Health**

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## Disparities

- There are significant differences in the level of health of Jews and Arabs in Israel. They can be attributed to the following causes: lower socio-economic status of the Arab population, which is significantly and consistently, associated with poorer health;<sup>2</sup> substandard medical infrastructure; crowded living conditions; and cultural-behavioral differences in health-care consumption patterns.<sup>3</sup>
- Israel's Central Bureau of Statistics issued a report on the causes of death in Israel in 2008. It indicated that the general rate of preventable deaths among Arabs was 1.4 times higher than those of Jews. For example, deaths from heart disease, cerebrovascular diseases and respiratory diseases were 1.7 times higher among Arabs than Jews.<sup>4</sup>
- According to "Beterem", the National Center for Child Safety and Health, the rate of accidental deaths among Arab children in 2011 was 2.3 times higher than among their Jewish counterparts. The 2009 report indicated that each year, about 75 Arab youth die in accidents: more than two-thirds of them are victims of road accidents, 43% as pedestrians and 27% as vehicle passengers.<sup>5</sup>
- There are significant disparities in the level of healthcare infrastructure. In 2013, of the 122 Magen David Adom medical stations nationwide, 11 are located in Arab towns and village.<sup>6</sup>

## Life Expectancy

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<sup>1</sup> Compiled by Prof. Elie Rekhess, Associate Director, Crown Center for Jewish and Israel Studies, Northwestern University

<sup>2</sup> Varda Soskolne, Orly Manor and Nihaya Daoud, *Explanatory Pathways to Socioeconomic Inequalities in Health in the Arab Population in Israel* (The Israeli National Institute for Health Policy and Health Services Research, September 2007).

<sup>3</sup> Schwartz Michal, "Health and Arabs in Israel", *Challenge*, 105, September-October 2007; Jack Habib, *The Arab Population in Israel: Selected Educational, Economic, Health and Social Indicators* (Brookdale Institute, November 2008), pp. 8-10.

*The Sikkuy Report, 2006*, March 2007, pp. 48-53; *The Sikkuy Report, 2007*, June 2008, pp. 24-30.

*The Sikkuy Report, 2009*, December 2010, pp. 21-24.

<sup>4</sup> *Causes of Death in Israel – 2008*, Central Bureau of Statistics, August 17, 2010.

<sup>5</sup> *Jerusalem Post*, January 2, 2013; *Child Injuries in the Arab Society in Israel: 'Beterem-Safe Kids Israel'*, Publication No. 1078, May 2012 [in Hebrew]; *Jerusalem Post*, December 21, 2009.

<sup>6</sup> See: <http://www.mdais.com>.

**Life Expectancy by Gender and Population Group, 2011<sup>7</sup>**

Male		Female	
Arabs	Jews	Arabs	Jews
76.5	80.7	80.9	83.9

- Compared to the disparities discussed above, the health situation of Israeli Arabs has improved significantly in certain areas such as Life Expectancy (See table above).
- However, in the last two decades the difference between life expectancy of Arabs and Jews increased. The average difference between Jewish and Arab men increased from 1.4 years (in 1985-1989) to 4.2 years (in 2011), while the average difference between Jewish and Arab women increased from 2.3 years (in 1985-1989) to 3.0 years (in 2011).<sup>8</sup>
- One potential explanation for the phenomenon is that while both communities experienced advancements in healthcare infrastructure, the Jewish communities' improvements surpassed those of the Arab community.

**Infant Mortality**

- Infant mortality rates are conventionally used as an important indicator of health status with "Infant" defined as a newborn aged one year or less.
- The rate of infant mortality (per 1000 newborns) has declined dramatically in the Arab sector, from 60.0 in the 1950s to 8.12 in 1993, and 6.1 in 2011,<sup>9</sup> mostly because of greater access to medical services in the Arab sector, and the high standards of Israeli medicine in general.
- However, the differences between Jewish and Arab infant mortality rates remain high.

**Infant Mortality by Population Group and Religion (per 1000 newborns) – 2011<sup>10</sup>**

Jews	Arabs	Muslims	Christians	Druze	Bedouins
2.6	6.1	6.6	2.3	3.6	11.6

<sup>7</sup> CBS, *Statistical Abstract of Israel*, 2012, Table 3.24.

<sup>8</sup> *Ibid.*

Nurit Yaffe (editor), *The Arab Population in Israel*, Statisti-lite no. 102 (CBS, March 2010), p. 4, See:

[http://www.cbs.gov.il/www/statistical/arab\\_pop08e.pdf](http://www.cbs.gov.il/www/statistical/arab_pop08e.pdf).

<sup>9</sup> CBS, *Statistical Abstract of Israel*, 2012, table 3.2.

<sup>10</sup> *Ibid*, Tables 3.1, 3.2.

- Compared to the infant mortality rate among Jews, the rate among Arabs generally is more than twice as great and among Bedouin, more than three times as great.
- Prior to the 1960s, the main cause of infant mortality was infectious disease. Since then, the main cause has been congenital malformation (in Muslim and Druze communities, where consanguineous marriages are common) and pre-term birth (among Jews and Christians). In 2007, the rate of consanguineous marriages among Muslims was 40.0% and among Druze 28.4%.<sup>11</sup> According to a 2010 report, 44.1% of marriages in Southern Israel were of first-degree relatives, namely among Bedouins.<sup>12</sup>
- In 2005, 38.6% of infant mortality cases among Arab infants were caused by congenital malformation, while 30.4% were caused by pre-term birth.<sup>13</sup>
- A recent study, conducted among Israeli Arabs who marry their first cousin a rare syndrome that enlarges their skulls, twists their spines and ages their skin was identified for the first time.<sup>14</sup>

### **Disability**

- According to November 2008 figures, disability rates are much higher among Arab children, adults, and elderly than among Jews.<sup>15</sup> At the end of 2009, approximately 1.5 million people with moderate to severe disabilities lived in Israel. The percentage of disabled people within the Arab community was twice as high as in the Jewish community: 17.2% of adult Arab citizens suffered from severe disability, compared to 8.7% of adult Jewish citizens.
- The total number of adult Arabs in Israel with moderate or severe disabilities was 170,000. They represented 26% of all disabled people in the Arab population, a far higher percentage than the corresponding population among Jewish disabled people, at 17%.<sup>16</sup>
- In November 2009, the President of Israel, Shimon Peres laid the first cornerstone for an Arab village dedicated to Arabs with special needs in the Galilee, south of the city of Karmiel, was laid by the President of Israel, Shimon Peres. The village, named Alfanara, will be built next to Kishorit, a community for Jews with special needs.<sup>17</sup>

### **Diseases and Diagnostic Testing**

- Findings from the 2007-2010 Health Ministry National Health Survey indicate a 12.5% rate of diabetes in the Arab sector, compared to 7.7% for the Jewish population. The 2007-2010 National Health Survey showed differences in mammography testing by Jewish and Arab women. Only 57.8% of Arab women reported undergoing a mammography, as opposed to

<sup>11</sup> *The Palestinians in Israel: Socio-Economic Survey, 2007 – Main Findings* (Shefar'am: The Galilee Society – The Arab National Society for Health Research and Services, December 2008), pp. 285-286.

<sup>12</sup> *The Palestinians in Israel: Socio-Economic Survey, 2010 – Main Findings* (Shefar'am: The Galilee Society – The Arab National Society for Health Research and Services, May 2011). See: [http://www.rikaz.org/en/publication/SE3/summary\\_en.pdf](http://www.rikaz.org/en/publication/SE3/summary_en.pdf).

<sup>13</sup> Yona Amitai, *National Figures on Mortality Rates among Children and Infants under the Age of 5 – 2005* (Ministry of Health, Public Health Services, Department of Mother Child & Adolescent Health, Jerusalem, 20 December 2006), p. 6.[in Hebrew]

<sup>14</sup> *Jerusalem Post*, July 24, 2009.

<sup>15</sup> *Brookdale*, November 2008.

<sup>16</sup> Mustafa Shala'ta and Su'ad Diab, "Disabled Palestinians in Israel: Between Discrimination and Social Exclusion." *Adalah's Newsletter*, volume 67, December 2009.

<sup>17</sup> Sharon Roffe-Ophir, "Village for Arabs with special needs to be built in Galilee." [www.ynetnews.com](http://www.ynetnews.com), November 8, 2009.

74.9% of Jewish women. Similarly, the survey showed 50.1% of Jewish women undergo regular testing for cervical cancer, compared to only 16.2% of Arab women.<sup>18</sup>

- One explanation for the lack of prevention measures is culturally related. According to a 2004 research study, the fundamental barrier to prevention behavior was the traditional role of Arab woman in society. This role expressed itself in the desire to marry, have children, and commit wholeheartedly to the family. Some women fear that the possible diagnosis of breast cancer may lead to an inability to fulfill traditional female roles. The feedback mechanism inherent in this chain of events may be the cause of the low rates of compliance in performing early detection and mammography.<sup>19</sup>

### **Health-Related Behaviors**

- Smoking prevalence in the Arab population is significantly higher than that of the Jewish population: 24.9% compared to 19.8%, respectively. However, there is a significant difference when gender is factored in. While 41.4% of Arab males compared to 20.9% of Jewish males smoke, only 8.1% of Arab females smoke, compared to 12.0% of Jewish females.<sup>20</sup>

### **National Health Insurance Law**

- Despite these conspicuous differences, a study conducted in late 2009 reported that 85% of the Arabs in Israel said they were satisfied with the country's health services, compared to the general population rate of satisfaction at 69%.<sup>21</sup>
- An explanation for the Arab sector's satisfaction may be related to the National Health Insurance Law, in effect since January 1995. The law established the state's responsibility to provide health services for all residents of the country, Jews and Arabs alike, and stipulated that a standardized basket of medical services (including hospitalization) will be supplied by four comprehensive health-care organizations, at a relatively low fee collected by the National Insurance Institute. Prior to the enactment of this law, some 190,000 inhabitants, mostly Arabs, had no health insurance coverage at all.
- As a result of competition between health care providers, residents of outlying localities (including many Arab villages) were actively incorporated into the health systems. Clinics were established in relatively remote Arab villages, increasing access to primary health care.
- A survey conducted before and after the enactment of the law showed that by 1997 almost all Arab citizens (99.1 %) and most Jews (88.3%) had a regular family physician, a significant increase from 1995.<sup>22</sup>

<sup>18</sup> *Ha'aretz*, December 5, 2012.

<sup>19</sup> Orna Baron-Epel, Michal Granot, Siham Badarna and Shirley Avrami, "Perceptions of Breast Cancer among Arab Israeli Women." *Women & Health*, vol. 40, no. 2 (November 2004), pp. 101-116

<sup>20</sup> *Ha'aretz*, May 27, 2013.

<sup>21</sup> See: <http://www.nrg.co.il/online/29/ART2/082/422.html>.

<sup>22</sup> Mark Farfel and Dan Yuval, *Arabs' and Jews' Perceptions of Use of the Health System*, Brookdale, 1999.