Health Discrimination

The Right to Health of the Palestinian Arab Minority in Israel: A Status Report

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Introduction

The Right to Health is a Human Right

Since 2003, the Arab Association for Human Rights (HRA) has periodically published reports examining different aspects of the discrimination faced by Palestinian citizens of the State of Israel. In 2009, HRA has decided to focus on the right to health – an important factor that influences other human rights and shapes human dignity.

Economic and social rights form an important component of universal human rights. These rights, including the right to health, have not been well received by many governments with a capitalist orientation, which tend to see these issues as a manifestation of human needs rather than human rights. This reflects a tendency to avoid granting these rights an obligatory character and to free the state from the need to invest the resources required for their realization.

The right to health is enshrined in numerous international conventions and declarations. The first reference comes in Article 25(1) of the 1948 Universal Declaration of Human Rights: *"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."*

The commitment to this right was defined more substantively in the 1966 International Covenant on Economic, Social and Cultural Rights: *"The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health"* (Article 12(1)). The Committee on Economic, Social and Cultural rights established by the United Nations to monitor the implementation of this covenant later adopted a comment (General Comment 14) extending the meaning of the right to health beyond medical treatment for the sick. This comment specifies the conditions in which this right is maintained:

availability, sufficiency, quality, and accessibility – in terms of the absence of discrimination and in terms of physical and economic access for all:

"With respect to the right to health, equality of access to health care and health services has to be emphasized. States have a special obligation to provide those who do not have sufficient means with the necessary health insurance and health-care facilities, and to prevent any discrimination on internationally prohibited grounds in the provision of health care and health services, especially with respect to the core obligations of the right to health." (Para. 19)

The opening sentence of the National Health Insurance Law, enacted in Israel in 1994, states: *"National health insurance in accordance with this law shall be founded on the principles of justice, equality and mutual assistance."* It is now apparent that the enactment of this law has not succeeded in narrowing gaps in health between the Arab and Jewish populations. Indeed, in some parameters the gaps have widened still further (examples include infant mortality rate, life expectancy, morbidity and mortality, chronic diseases, cancer, etc.) Moreover, the subsequent legislative development of the law has eroded the social principles on which founded, such as the need to remove economic and cultural barriers that prevent optimum access to health services.

In the current report HRA presents several principles and findings that emphasize the scale and scope of the discrimination faced by the Palestinian Arab population in Israel. The following are some examples:

- There is a proven and close correlation between individual and collective health and socioeconomic status. Poverty, limited education, overcrowding, and unemployment all lead to an increase in rates of morbidity and mortality. The Arab population continues to be poorer than the Jewish population, with higher unemployment and lower education levels. Gaps in health remain.
- The Arab population is young – 42 percent of Arabs are under the age of fifteen. Accordingly, this population has a heightened need for health services intended for young people, such as family health centers.

- Arabs have lower levels of education: 35.3 percent did not attend high school. The proportion of Arabs in the workforce is low (54.9 percent in the 25-54 age range).
- Arabs are poorer than Jews: 61.3 percent of Arab families are below the poverty line. Government support rescues just ten percent of these families from poverty.
- Overcrowding is more prevalent in the Arab population – the average number of persons per room is 1.43 among Arab citizens and 0.84 among their Jewish peers.
- Life expectancy is lower among Arabs and the gap between Arabs and Jews has widened since 1996.
- Infant mortality rates among Arabs are twice those among Jews. The gap has existed since the establishment of the state and has grown over the years.
- The general mortality rate is higher among Arabs than among Jews.
- The main causes of death among Arabs are heart diseases, cancer, external injury, diabetes, and cerebrovascular diseases.
- A very rapid increase has been seen in the incidence of lung cancer and breast cancer among Arabs. Cancer is detected at an advanced stage and the disease appears at a younger age -both factors that reduce survival rates.
- The incidence of diabetes is higher among Arabs and the disease is less balanced, leading to complications.
- Arabs report more physical problems that cause them significant or very significant difficulties in everyday functioning. Arabs suffer more from chronic back pain, sleep disorders, psychological disorders, and arthritis.

These findings, and others presented in the report, illustrate the failure of Israeli governments to realize their obligations toward the Palestinian Arab population in Israel. This failure constitutes a gross violation of Israel's undertaking to implement international conventions regarding social, economic and cultural rights – documents that Israel ratified in 1966. These failings also violate official undertakings Israel assumed as part of its agreements with the European Union, in particular the association agreement and agreements in the European – Mediterranean Partnership.

Accordingly, the Arab Association for Human Rights urges Israel's international partners (and particularly the institutions of the European Union) to respect their obligation in accordance with these agreements and to act immediately in order to oblige the Israeli government to meet its part in these agreements, and to condition the development of political and economic relations on the full and egalitarian implementation of the existing agreements.

Mohammed Zeidan

Director, Arab Association for Human Rights (HRA)

General Profile

The Arab population of the State of Israel totals 1,431,700, constituting 20 percent of the population of the state as of the end of 2007 (including the Arab residents of East Jerusalem).

In 2007, 42 percent of the Arab population were under the age of fifteen, compared to 27 percent of the Jewish population. Just 3.4 percent of the Arab population were aged 65 and above, compared to 11.4 percent of the Jewish population.

The Arabs constitute 53.1 percent of the population of the Northern District; 23.9 percent of the Haifa District; 15.8 percent of the Southern District; 30.3 percent of the Jerusalem District; 8.1 percent of the Central District; and 1.5 percent of the Tel Aviv District.

(Central Bureau of Statistics, Israel Statistical Yearbook 2008)

Fertility

Total fertility refers to the average number of children a woman can be expected to have over the course of her life. Total fertility rates among Arab women have been falling consistently since 1960. Over the past four decades, the fertility rate has fallen to an average of 8 children to each Arab woman in 1960 to 3.6 children in 2007. Among Jewish women, the total fertility rate has fallen from an average of 3.6 in 1960 to 2.7 in 2007.

(Central Bureau of Statistics, Israel Statistical Yearbook 2008)

Total fertility by nationality, 1960, 2007

Year	Arabs	Jews
1960	8	3.6
2007	3.6	2.7

Education

It is widely accepted that there is a close correlation between education and health in individuals and in the population as a whole. Higher education levels are mirrored by lower rates of infectious disease, lower fertility rates among women, and lower rates of infant mortality and mortality in general.

Rates of study among Arabs have increased impressively since 1980 both in elementary and post-elementary education. However, very significant gaps remain between Arabs and Jews in terms of rates of study, particularly at the post-secondary and academic levels. Other gaps relate to levels of eligibility for high school matriculation certificates; school drop-out rates; overcrowding in classrooms; discrepancies in funding, and other aspects, in all of which education among Arabs lags behind education among the Jewish population.

Of Arabs above the age of fifteen, 35.3 percent did not study at high school – 6.2 percent did not attend school at all, while 29.2 percent attended (but did not necessarily complete) elementary school. By comparison, 12.9 percent of Jews did not study at high school.

Of Arabs above the age of fifteen, 6.3 percent undertook post-secondary studies, as compared to 14.3 percent of Jews; 12 percent of Arabs studied at an academic institution, compared to 30 percent of Jews.

(Central Bureau of Statistics, Israel Statistical Yearbook 2008)

Percent of people aged fifteen and above by the last type of school attended, 2007

	No studies	Elementary / junior-high	High school / religious school	Post-secondary	Academic institution
Arabs	6.2	29.2	45.4	6.3	12.8
Jews	1.8	11.1	31.9	14.8	30.0

(Central Bureau of Statistics, Israel Statistical Yearbook 2008)

In 2006/7, only 37.5 percent of Arab seventeen year olds secured a matriculation certificate, compared to 51.8 percent of Jews.

(Adva Center, Report on Eligibility for Matriculation Certificates by Locale, 2006-2007, September 2008)

Employment

According to figures from the Central Bureau of Statistics, the proportion of Arabs who were in the workforce in the 25-54 age group (the main period of work) in 2007 was 54.9 percent, compared to 82.7 percent among Jews. The gap is even greater among women: just 28 percent of Arab women were included in the workforce,

compared to 81.4 percent of Jewish women. Moreover, 45.4 percent of working Arab women are employed in part-time work, compared to 35.1 percent of Jewish working women. (Central Bureau of Statistics, 2008)

Of those registered in the civil workforce, 9.3 percent of Arabs are unemployed, compared to 5.8 percent of Jews.

Percent of the 25-54 age group active in the workforce by sex and nationality, 2007

	Arabs	Jews
Men	80.9%	84.1%
Women	28.0%	81.4%
Total	54.9%	82.7%

Percent of unemployed in the civil workforce, 25-54 age group, by sex and nationality, 2007

	Arabs	Jews
Men	8.4%	5.1%
Women	12.1%	6.4%
Total	9.3%	5.8%

Economic Conditions

In 2006/7, 61.3 percent of Arab families were below the poverty line, compared to 28.7 percent of Jewish families. The poverty gap between Jews and Arabs remains, and is even exacerbated, after assistance from government sources is taken into account. After including transfer payments and taxes (assistance from government sources), 54.8 percent of Arab families remain below the poverty line, compared to 15.2 percent of Jewish families. In other words, government assistance causes 47 percent of poor Jewish families not to remain poor, but achieves the same result for just 10.6 percent of poor Arab families. (National Insurance Institute, Poverty Indices and Gaps in Income, 2006/7)

Figures for 2006 from the Central Bureau of Statistics show that the majority of Arab locales (approximately 85 percent) are situated at the bottom of the socioeconomic scale.

A report published by the Galilee Society for Health Research and Services entitled *Arab Communities and Local Authorities in Israel, 2006*, reveals that the total income (standardized per capita) of Arab local authorities from government budgets is 25 percent the income of a Jewish authority from the same sources. This widens the gap in the quality of services provided to residents by Arab local authorities, in addition to the general erosion in the government budget for education and health. This situation has a particularly strong influence on weak and poorer populations, including women and the elderly.

Housing Density

Housing congestion is more common among the Arab population than among Jews. In 2007, the average number of persons per Arab household was 4.86, compared to 3.1 persons in a Jewish household. The average number of persons per room in the Arab population was 1.43, compared to 0.84 persons per room among the Jewish population. (CBS, Israel Statistical Yearbook, 2008)

Health Indices

Life expectancy, infant mortality rate, and the general mortality rate are considered indices that summarize the health situation of a given population and provide a basis for comparison of the health situation of different countries, and of different population groups within the same country. These indices are complemented by factors such as the individual's own evaluation of their state of health; reasons for morbidity and mortality; and risk-inducing or health-promoting behaviors, all of which are also indices indicating the state of health.

Life Expectancy

Life expectancy is the number of years a person may be expected to live (assuming that the mortality rates applying at the point of reference will remain static through his/her lifetime).

Life expectancy among Arabs has been lower than that among Jews since the establishment of Israel. Over the years, life expectancy has risen among both Arabs and Jews. **The gap in life expectancy between Arabs and Jews has risen since 1996**. Over a period of 11 years, the gap rose from 1.5 years among men and 3,1 years among women in 1996 to four years among both men and women in 2007.

Life expectancy in 1996 was 75.1 years for Arab men, compared to 76.6 years for Jewish men; and 77.2 years for Arab women, compared to 80.3 years for Jewish women.

In 2007, life expectancy among Arab men was 75.3 years, compared to 79.3 years among Jewish men; the rates for women were 78.8 years among Arabs and 82.9 years among Jews.

An international comparison of life expectancy in 2006, relating to the member countries of the Organization for Economic Cooperation and Development (OECD), showed that Jewish men came first among a list of thirty-three countries with a life expectancy of seventy-nine years, similar to the figure for Switzerland, Japan, Australia, and Sweden. By contrast, Arab men ranked in twenty-fourth place (74.6 years), among the countries with a lower life expectancy. Arab women similarly ranked in twenty-first place, while Jewish women ranked in eleventh place in the list.

(Central Bureau of Statistics, Israel Statistical Yearbook, 2008; World Health Organization Report, 2008)

Life expectancy, 2007, by sex and nationality

	Arabs	Jews
Men	75.3 years	79.3 years
Women	78.8 years	82.9 years

(Central Bureau of Statistics, Statistical Yearbook 2008)

Infant and Child Mortality

The infant mortality rate is an extremely important index for evaluating the health condition of different populations around the world or within the same country. The infant mortality rate is defined as the number of children who died before reaching the age of one year, out of each 1000 live births. **Since the establishment of the State of Israel, the infant mortality rate among Arabs has been almost twice that among the Jewish population**. The infant mortality rate has fallen among both populations over the years, but the gap has remained and even widened. In 2001, for example, the infant mortality rate among Arabs was twice as high as among Jews, while in 2007 it was 2.4 times higher. The infant mortality rate in 2007 was 7.2 deaths per 1000 live births among Arabs, as compared to three deaths per 1000 among Jews. In 2001, the respective figures were 7.8 among Arabs and 3.9 in the Jewish population. (Central Bureau of Statistics, Israel Statistical Yearbook 2008)

Infant mortality rate by nationality, 2001, 2007

Year	Arabs	Jews	Gap in mortality rate
2001	7.8	3.9	3.9
2007	7.2	3.0	4.2

A variance can also be seen in the infant mortality rate in different areas of Israel. The infant mortality rate in 2007 among Arabs in the south was 12.4 deaths per 1000 live births, compared to 6.3 among Arabs in the north, and 6.1 in the Haifa District.

In an international comparison of infant mortality rates for 2006, the Jewish population of Israel ranked first in the list of OECD nations with the lowest infant

mortality rate (2.9 deaths per 1000 live births). By contrast, the Arab population ranked twenty-fourth in the list. (Central Bureau of Statistics, Israel Statistical Yearbook 2008).
Among both Arab and Jewish infants, the two most common causes of death are congenital abnormalities and other perinatal causes. Among Arab infants, 38.6 percent of deaths are due to congenital anomalies, 30.6 percent are due to other perinatal causes, and 10.8 percent to crib death (sudden infant death). By contrast, among Jews 31.3 percent of deaths are due to congenital anomalies, 47.8 percent to other perinatal causes, and 5.5 percent to crib death (over the period 2001-2005). (Ministry of Health, Health in Israel 2005)

An analysis of the causes of death shows that although congenital anomalies are the leading cause of death among Arab infants, the main source of the gap between Jews and Arabs is not congenital anomalies. Factors that may explain the gap in infant mortality rates, at least in large part, include the low socioeconomic status of the Arab population, problems in the accessibility and availability of health services, and lower education levels among Arab mothers.

A gap is also seen in the mortality rates for children under the age of five and under: the mortality rate for children under the age of five in 2005 was 10.45 per 1000 births in the Arab population and 3.76 in the Jewish population. Thus the mortality rate for this age group among the Arabs is 2.78 times the rate in the Jewish population.
The mortality rate among children and youths aged ten to twenty-four from external causes and other factors is also higher among Arabs than among Jews. (Ministry of Health, Health in Israel 2005)

General Mortality

The gap between Arabs and Jews seen with regard to life expectancy is also evident in the case of the general age-adjusted mortality rate. The general mortality rate is higher among Arabs than among Jews. The age-adjusted mortality rate in 2006 was 6.9 deaths per 1000 among Arab men, compared to 4.9 per 1000 among Jewish men. Among Arab women the rate was 5.5 per 1000, compared to 3.4 among Jewish women. (Central Bureau of Statistics, Israel Statistical Yearbook 2008)

General mortality rate per 1000 persons, age-adjusted, 2006

	Arabs	Jews
Men	6.9	4.9
Women	5.5	3.4

(Central Bureau of Statistics, Israel Statistical Yearbook 2008)

An examination of 106 locales with a population of over 10,000 inhabitants over the period 1998 – 2002 showed that of the ten locales with the highest adjusted mortality rate, eight were Arab locales and only two were Jewish. (Central Bureau of Statistics, Health and Social Profile of Locales in Israel, 1998-2002, 2006)

Main Causes of Morbidity and Mortality

The leading causes of death in Israel are cancer, cardiovascular diseases, cerebrovascular diseases, and diabetes. Among Arabs (men and women), cardiovascular diseases are the first cause of death, followed by cancer. Among Jews cancer is the first cause of death, followed by cardiovascular diseases. The third most important cause of death among Arab women is diabetes, while among Arab men it is external injury (including traffic accidents). In the 5-24 age range, injuries and accidents are the first cause of death.

Cardiovascular Diseases

The mortality rate from heart diseases is higher among Arab men than among their Jewish peers. In the period 1998-2002, the age-adjusted mortality rate was 262.6 deaths per 100,000 among Arab men, compared to 220.7 among Jewish men. This gap is also seen among women: the mortality rate from heart diseases among Arab women was 223.6 per 100,000, compared to 142 among Jewish women.

The rate of cardiovascular disease among Jewish men and women has fallen consistently over the years, while among the Arab population the rate has fluctuated.

Mortality from heart diseases, 1998-2000, per 100,000

	Arabs	Jews
Men	262.6	220.7
Women	223.6	142

National surveys held in the 1990s show that among patients hospitalized with acute myocardial infarction, the Arab patients were typically younger, smoked more, were more likely to suffer from diabetes, and were more likely to be admitted for a first infarction by comparison to the Jewish patients. (National Disease Control Center, Ministry of Health, State of Health of the Arab Population in Israel, 2004, June 2005)

Cancer

Cancers constitute the second most frequent cause of death among Arabs and the commonest cause of death among Jews. While mortality from heart diseases is higher among Arabs than Jews, the reverse is the case with cancer. However, the general trend is to an increase in morbidity and mortality from cancer among Arabs, compared to a decrease among Jews. The commonest form of cancer is lung cancer among men and breast cancer among women.

Mortality from cancer, 1998-2000, per 100,000

	Arabs	Jews
Men	208	243.7
Women	120.5	199.1

(Adva Center and Physicians for Human Rights-Israel, Equality and Mutual Liability, Challenges facing the Public Health System in Israel, June 2007)

Breast cancer

Breast cancer is the most common form of malignant disease among both Arab and Jewish women. The disease is more common among Jewish women than Arabs. Among Arab women, breast cancer typically appears at an earlier age: in 2000-2002, 45.7 percent of Arab women who were diagnosed with breast cancer were aged fifty or under, compared to just 23.3 percent of Jewish women who were diagnosed with the disease. Since the 1980s an increase has been recorded in the incidence of breast cancer (new cases per one hundred 1000); the increase among Arab women has been

much steeper than among their Jewish peers. Over the period 1974-2004, the incidence of breast cancer among Arab women rose by 204 percent, from 14.1 cases per 100,000 women in 1979-1981 to 43 cases per 100,000 women in 2000-2004. The rate of incidence among Jewish women rose by forty-three percent over the same period (from 71.1 per 100,000 women in 1979-1981 to 102 in 2000-2004). The rapid increase in the incidence rate of breast cancer among Arab women is continuing – by 2006, the rate had reached fifty-five per 100,000 women. By contrast, the incidence rate among Jewish women fell to ninety-seven per 100,000.

(Tarabeia. J, Baron-Epel O., & et al., "A Comparison of Trends in Incidence and Mortality Rates of Breast Cancer, Incidence to Mortality Ratio and Stage at Diagnosis Between Arab and Jewish Women in Israel, 1979-2002", European Journal of Cancer Prevention, Vol. 16 No 1, 2007)

Incidence of breast cancer among women by nationality (adjusted to 100,000)

	Arab women	Jewish women
1979-1981	14.1	71.1
2000-2004	43	102
Change	+ 204%	+ 43.4%

As for mortality from breast cancer, **between 1980 and 1999 an increase of 47 percent was seen in the adjusted mortality rates from breast cancer among Arab women. Mortality figures from breast cancer among Jewish women were relatively stable over the same period.**

The mortality rate from breast cancer among Arab women is very similar to the incidence rate. This suggests that Arab women are diagnosed with the disease at a relatively advanced stage of the disease, reducing the chances of survival. This finding is connected to the relatively low compliance to mammography and other screening tests for the early detection of breast cancer among Arab women. Figures show that over the past two years, 70 percent of Jewish women aged 50-74 underwent mammography, while the analogous figure for Arab women in the same age group was just 47.6 percent. (Renrat, G. (2004), National Program for Early Discovery of Breast Cancer, Situation Report for 2004)

Lung cancer

Lung cancer is the most prevalent malignant disease among Arab men and constitutes the leading cause of death from cancer among men in Israel (Arab and Jewish).

Since 1990, the incidence of lung cancer per 100,000 men has been higher among Arabs than in the Jewish population. Between 1980 and 2004 the incidence rate of lung cancer rose by 38.4 percent among Arab men, but fell by seven percent among their Jewish peers. The incidence rate of lung cancer among Arab men in 1980-1984 was 26 per 100,000; this figure rose to 36 by 2000-2004. Among Jewish men, the incident rate fell from 28 to 26 cases per 100,000 over the same period. The incidence rate among Arab men is continuing to rise, reaching 41 cases per 100,000 by 2006, compared to 27 cases among Jewish men. **An increase has also been seen in the incidence of lung cancer among women: between 1980 and 2004 the incidence rate among Arab women rose by 66.6 percent** (from three cases per 100,000 in 1980-1984 to five cases in 2000-2004). The rate of increase among Jewish women was 33.3 percent (from 9 cases to 12 over the same period). **The upward trend among Arab women is continuing: in 2006 the incidence rate reached 6 per 100,000.**

Incidence rates for lung cancer among men, 1980-1984 and 2000-2004, by nationality (cases per 100,000)

	Arabs	Jews
1980-1984	26	28
2000-2004	36	26
Change	+ 38.4%	- 7%

Incidence rates for lung cancer among women, 1980-1984 and 2000-2004, by nationality (cases per 100,000)

	Arabs	Jews
1980-1984	3	9
2000-2004	5	12
Change	+ 66.6%	+ 33.3%

Mortality rates from lung cancer have also risen since the 1980s. **Between 1980 and 2004, mortality rates from lung cancer in the Arab population rose by 48.3 percent among men and 45.3 percent among women. By contrast, mortality rates among Jewish men and women were broadly stable.**

The mortality rate from lung cancer among Arab men rose from 28.6 per 100,000 in 1980 to 42.4 in 2004 (the figures for Jewish men were 27.6 and 28.3 cases, respectively).

The mortality rate from cancer among Arab women rose from 5.3 cases per 100,000 in 1980 to 7.7 in 2000 (the figures for Jewish women were 9.2 and 9.4 cases, respectively).

Diabetes

Diabetes ranks third in causes of death among Arab women, after heart diseases and cancer. Among Arab men, diabetes is the fourth most common cause of death, after heart diseases, cancer, and external injuries.

Diabetes is more prevalent among the Arab population than the Jewish population. In addition, the disease is typically less balanced among Arab patients, leading to a higher incidence of complications and impairment of everyday functioning. The age-adjusted prevalence of diabetes in the Arab population in the age range 25-64 (by self-reporting) is 8.3 percent, 1.5 times higher than the prevalence among Jews (5.7 percent). The percentage of individuals reporting diabetes among Arab men is 1.6 times higher than among their Jewish peers (9.4 percent and 5.7 percent, respectively). The prevalence among Arab women is 2.8 times higher than among their Jewish peers (13.5 percent and 4.9 percent, respectively). (Ministry of Health, National Disease Control Center, State of Health of the Arab Population in Israel 2004, June 2005)

Prevalence of diabetes (self-reported) by sex and nationality, 2003

	Arabs	Jews
Men	9.4%	5.7%
Women	13.5%	4.9%
Total	8.3%	5.7%

Accidents and Injuries

Injuries are the main cause of death among the younger age groups in both the Arab and the Jewish populations. The rate of injuries and accidents (including traffic accidents) and the mortality rate from these injuries are higher among Arabs than Jews in all age groups. In addition, the injuries among the Arab population are typically more severe than among Jews. (Bterem, Report on Child Injuries in Israel 2006)

Injuries are more common among males than females. In 2002, for example, 75.2 percent of Arabs sustaining injuries were male and 24.8 percent were female (a rate of three to one). Among Jews sustaining injuries, 60.1 were male and 39.9 percent female (a rate of 1.5 to one). The same pattern was seen in 2005. (National Center for Research into Trauma and Emergency Medicine, Report on Trauma Injuries in Israel 1998-2005. April 2007)

The mortality rate from injuries in the 0-17 age range in 2003 was 2.7 times higher among Arabs than among Jews (12.3 cases for 100,000 and 4.5 cases, respectively). (Bterem, Report on Child Injuries in Israel 2006)

In terms of the causes of injuries, figures from the National Center for Research into Trauma and Emergency Medicine show that in 2004 most of the injuries in the 0-4 age range among both Arabs and Jews were caused by falls. Falls accounted for 60.5 percent of injuries among Arabs, followed by burns (15.8 percent) and traffic accidents (12.6 percent). In older age groups, the two main causes of injuries among Arabs are falls and traffic accidents. The balance between these two causes varies in different age groups: in the 5-16 age group, 33.3 percent of injuries are due to falls and 30.5 percent to traffic accidents. In the 65+ age group, 82 percent of injuries are due to falls and twelve percent to traffic accidents. In the 17-44 age group, deliberate injuries (violence) account for 19 percent of injuries among Arabs.

The incidence of injury as the result of traffic accidents is higher among Arabs than their relative proportion in the population as a whole. In 2006, Arabs constituted 20 percent of the population of Israel, but accounted for 25 percent of injuries from traffic accidents and 28 percent of fatalities from traffic accidents. Of children killed in Israel in traffic accidents, 59 percent are Arabs. In 2006, 7.7 percent of injuries among Arabs were defined as severe, compared to 5.8 percent among Jews. (Central Bureau of Statistics, Report No. 1, Society in Israel, Jerusalem, October 2008)

Level of Functioning in the 65+ Age Group

The level of everyday functioning is a significant factor determining the health and functioning of individuals, families, and society in general. Functioning is measured according to the ADL (activities of daily living) index, which examines the following activities: Bathing, dressing, eating, sitting down and standing up from a chair, getting in and out of bed, and mobility in the home. In 2006, 19.6 percent of Arab men aged sixty-five and above had ADL disabilities (in at least one of the above-mentioned activities), compared to 11.2 percent of Jewish men. The level of disabilities among Arab women was even higher – 39.8 percent of Arab women aged sixty-five and above had ADL disabilities, compared to 18.2 percent of Jewish women. (JDC-Israel and Eshel, Senior Citizens in Israel – Statistical Yearbook 2007)

Self-Assessment of the State of Health

Self-assessment of the individual's state of health is an accepted and common tool used in population surveys in order to evaluate health status. Numerous studies have shown a close correlation between the self-assessment of health and the use of health services, and between self-assessment and mortality. The index is subjective and individual and is based on the question "What is your general state of health?" The possible answers are very good, good, not so good, and not good at all.

Figures from the Social Survey of the Central Bureau of Statistics for 2005 show that in each of the age groups, the percentage of respondents stating that their health was "not good" was higher among Arabs than among Jews. In the age groups up to sixty-four (20-44 and 45-64), the proportion of Arabs stating that their health is "not good" was twice that of Jews: 46.8 percent of Arabs reported a poor state of health, compared to 25.1 percent of Jews in the same age group. (Central Bureau of Statistics, Report No. 1, Society in Israel, Jerusalem, October 2008)

Proportion of persons aged 20+ reporting their health as "not good" ("not so good" and "not good at all"), by nationality and age, 2005

Age	Arabs	Jews
20-44	13.8%	6.7%
45-64	48.6%	25.1%
65+	82.2%	60.8%

A health survey undertaken in 2007 by the Galilee Society for Health Research and Services revealed that 10.6 percent of all Arabs in Israel suffer from chronic diseases. A national health survey in 2003/4 showed that Arabs are more likely than Jews to suffer from chronic back pain, arthritis, sleeping disorders, physical problems causing great or extreme difficulty in daily activities, and psychological disorders; they are also less likely to see a professional in order to treat psychological disorders. Conversely, Arabs are less likely than Jews to suffer from allergies and headaches. (Ministry of Health, National Health Survey 2003/4, June 2006)

Health-Endangering Behaviors

Smoking, overweight/obesity, and lack of physical activity are all known to be risk factors in various diseases, including diabetes, high blood pressure, and heart and vascular diseases. These three factors are all more prevalent among Arabs in Israel than among Jews.

Smoking

Smoking is the main avoidable risk factor behind morbidity and mortality.

The Minister of Health's report on smoking in Israel (2007-8) found that in 2006 39.8 percent of Arab men above the age of twenty smoked, as did 6.8 percent of Arab women (the figures for the Jewish population were 26.7 percent and 19.7 percent, respectively).

Smoking rates in the population by sex and nationality, 2006-7

	Arabs	Jews
Men	39.8%	26.7%
Women	6.8%	19.7%

(National Disease Control Center, Ministry of Health, Minister of Health's Report on Smoking in Israel 2007-8)

Between 1996 and 2006, the proportion of smokers fell among Arabs. In 1996, fifty percent of Arab men smoked, compared to 39.8 percent in 2006. Among Arab women the proportion of smokers fell from twelve percent to 6.8 percent over the same period.

A decrease in smoking was also seen among Jews. In 1996, 32 percent of Jewish men smoked; this fell to 24.5 percent by 2006. The figures for Jewish women for these years were 24.5 percent and 19.7 percent, respectively.

Among Arab men, smoking levels are high until the age of sixty-four and then fall; among Jewish men, smoking levels begin to fall from the age of forty-four. Among Arab women, the proportion of those smoking rises with age, reaching 16.7 percent in the 55-64 age range. Among Jewish women the level of smoking falls after the age of fifty-four.

Arab men who smoke do so more than Jewish smokers; the daily consumption of cigarettes is higher among Arabs than among Jews.

Daily consumption of cigarettes among male smokers by nationality, 2006-7

Number of cigarettes a day	Arabs	Jews
Less than 10	10.3%	29.3%
10-20	66.2%	55.2%
More than 20	23.5%	15.5%

Smoking among Youth – 6th, 8th, and 10th grades

In 2006-7, 12.6 percent of Arab boys reported that they smoke at least once a week, compared to 6.8 percent of Jewish boys. Among girls, 2.6 percent of Arab girls reported that they smoke at least once a week, compared to 4.1 percent of Jewish girls. Seven percent of Arab boys reported that they smoke at least once a day, compared to 4.3 percent of their Jewish peers; the figures for Arab and Jewish girls were 1.3 percent and 2.8 percent, respectively.

As for use of the hookah ("nargila" or hubble-bubble pipe): 19.9 percent of Arab boys and 5.4 percent of Arab girls reported using the pipe at least once a week, compared to 8.4 percent of Jewish boys and 3.2 percent of Jewish girls.

The proportion of youths using a hookah every day is also higher among Arabs than among Jews: nine percent of Arab boys smoke the hookah at least once a day, compared to 2.9 percent of Jewish boys. The figures for girls are 1.5 percent among

Arabs and 1.2 percent among Jews. (National Disease Control Center, Ministry of Health, Minister of Health's Report on Smoking in Israel 2007-8)

Overweight and Obesity

Proper nutrition and physical activity are key components in health. Conversely, poor nutrition and lack of physical activity are risk factors for numerous diseases, including overweight, obesity, cardiovascular diseases, diabetes, and other diseases. Obesity is measured using the BMI (body mass index), calculated as body weight in kilograms divided by square height in meters. A BMI of 25-30 is defined as overweight, while a BMI above 30 is considered obesity. Overweight and obesity are both harmful to health, but obesity poses a much greater risk.

Overweight and obesity are more common among Arabs than Jews, and more common among women than men. According to a national survey conducted by the Ministry of Health relating to 2003/4, 60.2 percent of Arab women aged 21 years and above are overweight, compared to 40.9 percent of Jewish women of the same age. Among women in this age range, 19.7 percent of Arab women are obese, compared to 14.7 percent among their Jewish peers. Obesity rates among men are 16.6 percent for Arabs and 13.5 percent for Jews (according to self-reporting). Among Arab women, obesity levels rise with age.

Rates of obesity (BMI = 30+) in 2003.4 by sex and nationality

	Arabs	Jews
Men	16.6%	13.5%
Women	19.7%	14.7%
Total	18.1%	14.1%

(Ministry of Health, National Health Survey 2003/4, June 2006)

Among Arabs, a trend can be seen to abandon the traditional diet, which was rich in vegetables and pulses, and adopt a diet rich in sugars and fats. (State of Health among the Arab Population in Israel – 2004, July 2005)

A survey showed that individuals living below the poverty line consumed substantially less meat, chicken, and fish, and less fruit and vegetables. These individuals consumed more bread and cereals relative to the population above the poverty line. The connection between these findings and the prevalence of obesity and

diabetes requires no explanation. (Epstein, L., Goldwag, L., Ismail, S., Greenstein, M, Rosen, B. (2006), Reducing Inequality and Injustice in Health in Israel: Toward a National Policy and Action Plan, Myers-JDC-Israel-Brookdale, DM-480-06)

Lack of Physical Activity

The proportion of Arabs who report that they engage regularly in physical activity (at least three times a week, for at least twenty minutes each time) is approximately half that among the Jewish population: 14.7 percent of Arabs reported physical activity, compared to 30.3 percent of Jews. (Ministry of Health, National Health Survey 2003-3, Jerusalem, June 2006)

The proportion of Arab women engaging in physical activity is extremely low compared to their Jewish peers and compared to Arab men: 12.6 percent of Arab women engage in physical activity, compared to 27.6 percent of Jewish women, 16.9 percent of Arab men, and 33.3 percent of Jewish men. The gap between Jews and Arabs in terms of physical activity rises with age among both men and women.
Among Arab and Jewish men, and among Jewish women, the proportion of those reporting physical activity is higher among non-smokers than among smokers.

Proportion of those engaged in physical activity by sex and nationality, 2003/4

Sex	Arabs	Jews
Men	16.9%	33.3%
Women	12.6%	27.6%
Total	14.7%	30.3%

(Ministry of Health, National Health Survey 2003/4, June 2006)