



23. Health inequality in Israel

Taken from the position paper of the Israeli Medical Association, published in February 2008

Inequality in health exists among different groups of the population in Israel and has expanded in recent years. The Israeli Medical Association recognizes the serious personal and socio-economic significance of inequality in health and health services, and sees as its obligation to warn against the grave consequences of allowing the existing situation to continue without immediate intervention.

The inequality is reflected, inter alia, in the following parameters:

- Life expectancy (3-4 fewer years of life expectancy in the peripheral areas of the south and north as compared to the center of the country; 4-5 more years in Jews than in non-Jews).
- General mortality rates related to the level of education (significantly higher in persons having fewer than 8 years of education than those having 13 or more years of education).
- Mortality rate in babies (in addition to the fact that the mortality rate in the non-Jewish population remains twice that for the Jewish population). The mortality rate in babies born to women with very low education is 4.6 times higher than that amongst those whose mothers have academic education. A few years ago the ratio was 3.5:1.

The situation is similar regarding morbidity. For example, the incidence of diabetes is significantly greater amongst those with low socio-economic status, and the disease is far less stable. Health practices, such as rates of smoking, are higher among blue color workers than among educated people.

We are also witness to a lower rate of response to early diagnostic tests that can save lives (breast cancer and colon cancer), which are performed at a lower rate in lower socio-economic populations and amongst those with a strong religious orientation.

In addition to the increasing differences in the state of health, significant differences also exist in the availability of and access to quality health services. For example, in peripheral regions in the north and the south there are fewer general beds per 1000 people and fewer beds and services for special situations (such as pediatric intensive care, urgent medicine stations, dialysis stations, etc.).

These constitute only a small part of the data that indicate inequality in health in Israel. These differences not only exist but are expanding, despite the principles of "justice, equality, and mutual aid" expressed in the State Health Insurance Law. Inequality in health



has social significance (harm to the social unity of population groups), moral significance (damage to the principle of equality and social justice) and economic significance (for the individual, the family, the health system, and Israeli society in general).

Without doubt, the increasing socio-economic gap in the country, which is especially reflected in differences between the periphery and the center, is the major cause of the development and expansion of health disparities. Consequently, changes to the existing socio-economic policy, together with a large investment in education, will lead to reduction of inequality in the health criteria. This material change lies outside the fields of responsibility of the health system. However, the health system, including all its elements, in close cooperation with other systems, and after receiving the required resources, has the readiness, capability, and responsibility to act and to bring about a reduction in health disparities.

In the light of the fact that the greatest significance of socio-economic inequality for citizens of the State is the differences in their state of health (including excessive mortality and morbidity), the Israeli Medical Association recognizes the urgent need to act in order to reduce the clinical differences, and takes upon itself to take an active part, together with other entities, in leading a process of change that will benefit all populations in the State.

Recommendations of the committee for courses of action to reduce health disparities

The State, including its institutions, and especially the Ministry of Health and the Ministry of Finance, must recognize the need to change priorities in order to reduce socio-economic inequality in general and inequality in health in particular. The decision makers must understand the grave health, moral, economic, and social significance for the individual and for the general public, of the existing situation. The State must recognize the vital need to invest efforts and means for reduction of the social, economic, and regional differences and thus reduce the inequality in health.

The health system, led by the Ministry of Health, has responsibility for confronting the health ramifications of socio-economic inequality and assuming a central role in initiating activities aimed at reducing the existing differences. This will be done by:

- a) Setting up a permanent organization (division) in the Ministry of Health, or alternatively, a separate national council (authority) for reduction of the inequality and injustice in health.

The first task of this organization will be to prepare a comprehensive multi-year program, with the formulation of specified milestones, defined in content and time, as well as the determination of the resources required to achieve these aims. The new organization shall be allocated resources required for ongoing survey of the existence of differences, formulation of priorities for their reduction, and supervision



of execution of the tasks. An annual summary shall be published of "inequality in health in Israel" that will review and estimate the changes in the extent of disparities and that will reflect the results of the interventions.

- b) Reduction of the differences in the physical infrastructures and in the availability, accessibility and quality of the health services between geographic regions (north, south and center) and also within large populations (the periphery of large cities) that constitute a significant barrier to the provision of quality egalitarian health services for various populations. For this purpose, positive discrimination is required in peripheral regions, with the aim of reducing the differences in infrastructures and services between the regions in the country as well as the differences in quantity and quality of the professional manpower.
- c) To achieve this aim, the new organization (section (a) above) must, together with the service providers, map the availability and accessibility of different population group, of all ages, to primary and secondary health services, general hospitalization, geriatric, mental, and rehabilitation services throughout the country. Priority in this process shall be given to inequality between settlements in the periphery and the center and to neighborhoods having a low socio-economic status within the large cities.
- d) Keys must be determined for the minimum services required for the size of the population, as well as differential keys for population groups with special health needs.
- e) Increasing the awareness of personnel in the health professions to the significance of inequality in health. These personnel bear responsibility for acting on two levels, in order to:
 - Recognize and locate the health risk of cultural-economic-social inequality, in order to prevent the resulting effects on health.
 - Allocate greater resources for the diagnosis and treatment of vulnerable groups in the population (such as stabilization of chronic illnesses) in order to reduce the health damage.
- f) Minimizing the economic barriers facing the population in order to receive health services:
 - Cancellation of copayments for preventative services (such as tipot halav fees, early diagnosis tests in the basket of services, immunization, dietary advice for chronic patients and overweight patients).
 - Cancellation or significant reduction of copayments for drugs, tests for chronic patients in illnesses such as diabetes, high blood pressure, chronic heart failure, malignant diseases.



- Cancellation or significant reduction of copayments for persons with special needs, such as disabled persons or holocaust survivors.
- Cancellation of copayments for drugs for children under 6 years of age.
- Alternatively, in the three previous sections the copayments shall be income dependent.
- Inclusion of dental treatment (to be decided upon by specialists) for children aged up to six years and for adults above 70 in the basket without copayments (or income dependent).
- Reduction of the cultural barrier, by matching the supply of the services to the cultural background of the various population groups.

Information

- In all the health services, the signs shall be in Hebrew, Arabic and English and in additional languages (for example Russian, Amharic) depending on the composition of the target population.
- All the explanatory material shall be supplied in Hebrew and Arabic and in additional languages (for example Russian, Amharic, English) depending on the target population.
- During preparation of the explanatory material (technical and health), the contents and means of distribution shall be adapted to the cultural background of the target population in coordination with persons from the said population group.
- Every health service shall provide a translation service in Hebrew, Arabic, Russian, and English by a person from the service staff who has received training in the subject of professional medical translation. If the target population is very small, action should be taken in accordance with the next section.
- Regarding other languages, phone translation with a recognized service shall be available. (If the need for another language is significant, the institution shall consider the possibility of training a worker within the institution.)
- In every service, data shall be collected regarding the language spoken and the education level of the population served, with the aim of locating persons/groups having special needs.
- The explanations for various population groups (especially weaker ones) shall match their cultural background, with the aim of supplying knowledge and skills, promoting healthy lifestyles such as avoiding/giving up smoking, avoiding obesity, correct diet, physical activity, prevention of childhood accidents, minimizing marriage to close relatives, and immunization.



Training of professionals

- a) Study of inequality in health (extent, gravity, the health and economic significance for the individual/ family/ health system/ society in Israel, reasons, the need for reduction and the means of doing so), and the furnishing of tools for cultural qualification in all the academic frameworks in the field of health (medicine, nursing, social work, administration, diet, physiotherapy, occupational therapy, etc.).
- b) Teaching the subject of inequality in health (extent, gravity, the health and economic significance for the individual/ family/ health system/ society in Israel, reasons, the need for reduction and the means of doing so), and the furnishing of tools for cultural qualification in all the medical specialties by planned participation during specialization. The subject shall be included in the stage A and B examinations in all the medical professions.
- c) Development and training during service for all members of the health professions working in the system about inequality in health (extent, gravity, the health and economic significance for the individual/ family/ health system/ society in Israel, reasons, the need for reduction and the means of doing so), and the furnishing of tools for cultural qualification.
- d) Appointment of a suitable professional who shall be responsible for the training programs during service and shall constitute an address and support for the professionals in every framework.

The periphery

It is clear from the data included in this document that inequality in health and in the accessibility and quality of the health services is significantly greater in the geographic periphery of the State of Israel. In addition, the starting point, from the socio-economic aspect, is worse in regions remote from the center.

More precisely, the combination of a poorer state of health, inferior health services, and a lower socio-economic status than in the center of the country, clearly leads to the conclusion that these areas are a priority and special and urgent attention must be paid to them.

The positive discrimination required must be reflected in:

- Reinforcement of service infrastructures (general beds, specialized units in hospitals).
- Release of slots for the development of essential services (such as pediatric intensive care) that are lacking in the periphery, as well as training of professional manpower to fill them. In addition to the infrastructures, quality professionals should be encouraged to move to the periphery and stay there.



The method of execution is both by means of a different distribution of the budgetary resources currently available to the health system and by preferential allocation to health services in the periphery.

General

- Reduction of disparities in health requires multi system attention, and especially cooperation in the field of health/ welfare/ the Ministry of Finance/ the Ministry of the Environment/ local government.
- The need to provide knowledge and skills to the entire population about health and illness from an early age in order to develop a person's responsibility for his health.
- Reduction of the inequality in health will be achieved by integrated planning of advancement, prevention, treatment, and rehabilitation activities.
- A policy of inequality reduction will guide the working of all health systems, health care organizations, and the hospitals.

As physicians in Israel, we constitute only one element of the entire system. The initiative of the Israeli Medical Association is likely to lead to the change required in other systems and thus lead to significant reduction of the inequality in health. The need therefore exists for the formulation of an overall policy on the subject that will lead to coordinated activities between the health system and other systems. The Israeli Medical Association will support and cooperate with the relevant functions to achieve an improvement to the health of the entire population and reduction of health inequalities in Israel.