



Myers JDC
Brookdale

Obesity and Diabetes among the Arab Population in Israel: Prevalence, Lifestyle and Usage of Healthcare Services

Nura Abdel-Rahman Michal Laron

Editor: Sigal Ashkenazi

English translation (Abstract): David Simmer

Arabic translation (Abstract): Jalal Hasan

Graphic design: Anat Perko Toledano

The study was commissioned by the Ministry of Health and funded with its assistance

Myers JDC Brookdale Institute

P.O.B. 3886, Jerusalem 9103702, Israel

Tel: 02-6557400

brookdale.jdc.org.il/en | brook@jdc.org

Jerusalem | February 2023

Abstract

Background

Demographic and socioeconomic characteristics, alongside lifestyle and the characteristics of healthcare services (quality, availability and accessibility) have an impact on individual health. For many years, there have existed documented health disparities between Jews and Arabs, and they are reflected in a variety of outcomes and illnesses. The disparities are especially pronounced in obesity and diabetes. Based on Government Resolution 550 (The Economic Program to Reduce Gaps in Arab Society by 2026), the Ministry of Health is promoting a program to improve the health situation of the Arab population. It has requested that the Myers-JDC-Brookdale Institute carry out an up-to-date and comprehensive evaluation of the health status of the Arab population regarding overweight, obesity and diabetes.

Goals of the Research

1. To present the existing information on overweight, obesity and diabetes among the Arab population according to three categories: (a) morbidity and mortality; (b) healthy lifestyle habits; and (c) usage of healthcare services.
2. To identify gaps in the data needed in order to carry out a comprehensive and up-to-date evaluation of the morbidity situation and to achieve an understanding of the situation that will facilitate efficient planning for the future.

Methodology

A review and synthesis of information published on the topic during the period 2017–2022 including government reports (Ministry of Health, Central Bureau of Statistics, etc.) and scientific articles in three languages (Hebrew, Arabic and English).

Findings

In 2015, the incidence of type I diabetes in the 0–17 age group was similar among Jews and Arabs (14 per 100,000 population); however, there have been no data published from 2016 until 2022.

Obesity and type II diabetes are major problems in the Arab population. Already in childhood it is more common than among Jews. The differences between Jews and Arabs are particularly large in the 45+ age group and among women, as reflected in the following statistics:

- 89% of Arab women aged 45–64 are overweight or obese as opposed to 53% of Jewish women.
- About 50% of Arabs aged 65+ have diabetes as opposed to 30% of Jews in the same age group.
- The diabetes mortality rate is higher among Arabs than among Jews. In 2019, it was almost three times higher.
- Low food security (difficulty in buying enough nutritious food) is more common among Arabs than among Jews. For example, 29% of Arab women aged 45–64 suffer from low food security as opposed to 8% of Jewish women and the picture is similar for men.
- Arabs engage less in physical activity and are less careful about their diet than Jews, and here again the greatest differences are observed in the 45+ age group.
- The proportion of those receiving nutritional advice (according to self-reported evidence) is lower among Arabs than among Jews (20% vs 36%).
- Studies have shown that the quality of diabetes care received by Arabs is lower than that received by Jews.

With regard to the study's second objective, we found that there is a lack of up-to-date information according to segment of the population (Jews and Arabs) in the following areas:

- Trends in obesity and overweight over time.
- The proportion of individuals engaging in physical activity (such as visits to the gym and fitness classes and participation in physical education in school) by age group.
- The use of healthcare services to treat overweight, obesity and diabetes (use of weight loss drugs, participation in weight loss workshops, testing to identify diabetes and monitoring the treatment of diabetes and its complications).
- The prevalence of overweight and obesity among youth.
- The prevalence of type I diabetes in the 0–17 age group according to segment of the population during the period 2016–2022.

Conclusion

Arabs in Israel, primarily women and the 45+ age group, experience relatively high rates of overweight, obesity and type II diabetes. The data show that Arabs are less careful about maintaining healthy lifestyle habits, such as physical activity and diet, in order to maintain a normal weight or to lose weight. Furthermore, the treatment of overweight, obesity and type II diabetes received by Arabs is apparently of lower quality than that received by Jews.

Recommendations

In view of the findings, efforts should be made to lower the level of obesity and diabetes among Arabs and narrow the gaps between Jews and Arabs in healthy lifestyle habits, quality of treatment and use of healthcare services. Following are policy recommendations with regard to the Arab population:

1. Efforts should be made already in childhood to reduce the rate of obesity and type II diabetes and to encourage healthy eating habits.
2. When designing an intervention program, emphasis should be placed on higher risk groups (the 45+ age group and women) in efforts to prevent obesity and diabetes.
3. Healthy nutrition (such as whole grain bread) should be made more accessible and affordable for everyone.
4. Physical activity should be encouraged by investing in the relevant infrastructure in Arab towns, such as public parks and sports facilities, and sports teams should be subsidized.
5. Intervention programs to prevent obesity and diabetes should be adapted to both socioeconomic and cultural characteristics. It would be worthwhile considering the involvement of clergy and opinion makers to encourage behavioral-cultural change.
6. Resources should be invested in routine screening for early detection of type II diabetes.
7. Further study should be devoted to explaining the high morbidity levels in certain cities.
8. The gaps in data revealed by the findings should be addressed using information from health plans, gyms, schools, etc.