



Complaints Submitted to the Ombudsman's Office of the Ministry of Health by Members of the Arab Population in Israel During the Years 2020–2023: Characteristics, Barriers, and Solutions

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Abstract

Background

The Ombudsman's office is a body intended to assist the public in exercising their rights according to the National Health Insurance Law of 1994. Complaints can be submitted both online and in person, in Hebrew and Arabic. However, despite the inclusive nature of the service, the Ombudsman's office suspected that there was a low rate of submission of complaints among the Arab population and it approached the Myers-JDC-Brookdale Institute to conduct a study on the matter.

Objectives

1. To calculate the proportion of complaints submitted to the Ombudsman by members of the Arab population out of the total number of complaints processed during the years 2020–2023
2. To characterize the complainants from the Arab population and the complaints submitted by them, and compare them to the Jewish population
3. To examine the attitudes among complainants from the Arab population regarding the submission of complaints
4. To identify barriers to the submission of complaints to the Ombudsman, based on the perceptions of complainants from the Arab population
5. To identify measures that could make the Ombudsman's services more accessible to the Arab population, based on information received from complainants

Methodology

1. Analysis of data files from the Ombudsman's database
2. An online and telephone survey among Arabs who filed complaints with the Ombudsman during 2020–23
3. A focus group and two personal interviews with complainants from the Arab population

Main Findings

Between 2020 and 2023, only 3.1% of the complaints were submitted by Arab citizens, a rate substantially lower than the proportion of Arabs in Israel's population (21.1% as of 2022) and even below the Ombudsman's estimate prior to the research (5%).

Compared to Jewish complainants, Arab complainants consisted of higher proportions of men, residents of northern Israel, residents of communities with lower socioeconomic status, and members of the Clalit Health Services HMO. Several differences were observed between complaints submitted by Arabs and those submitted by Jews, primarily with regard to the subject of the complaint. A higher proportion of Arab complaints related to surgical procedures, particularly requests to select their service provider (surgeon or hospital). Regarding complaint outcomes, a lower proportion of complaints by Arabs were deemed justified (31.8% as compared to 37.4% among Jews), and a higher proportion were closed without a decision (38.7% as compared to 33.7% among Jews), partly due to insufficient information in the complaint itself.

A Propensity Score Matching (PSM) analysis was conducted to determine whether the differences stemmed from group affiliation (Jewish or Arab) or from other factors. The analysis matched Jews and Arabs based on gender, HMO membership, socioeconomic cluster, and the peripherality index of their residential area. The findings indicate that most of the observed differences, including the difference in complaint outcomes, cannot be attributed to being a member of the Arab population but rather were attributable to the background characteristics of the Arab complainants, which were also shared by Jews from similar backgrounds. The sole exception was the higher rate of surgery-related complaints, which was unique to Arab complainants.

Significant gaps were found in complaint characteristics and outcomes across various subgroups of the Arab population. Complainants from lower socioeconomic deciles (1–3) faced greater difficulties in the complaint submission process, with a higher proportion of their complaints being dismissed due to insufficient information (7.5% vs 4.2% in deciles 4–10). Additionally, there was an underrepresentation of complainants from southern Israel (3%) relative to their share in the Arab population (15%). Most respondents to the survey reported linguistic challenges (91.3%), emotional difficulties (86.0%), social barriers (81.7%), and technological challenges (78.3%) during the complaint submission process. According to the survey and interview findings, the main barriers to submitting complaints among the Arab population include: Lack of awareness of patient rights and of the existence of the Commission; bureaucratic and digital barriers, stemming from the perception that the process is complex and relies heavily on online submission; linguistic barriers due to the belief that complaints must

be submitted in Hebrew and in writing; cultural norms discouraging an individual from fighting for his rights; a high level of trust in the decision of medical professionals; and systemic barriers, such as distrust in government institutions and the belief that the effort required to submit a complaint would be in vain.

Recommendations

The recommendations of the study focus on raising awareness of the possibility of filing a complaint, making the process simpler and more accessible, supporting the complainants in the submission process, and implementing trust-building measures.