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Research and Information Center

Linguistic and Cultural Accessibility of Healthcare Services—

Implementation of Ministry of Health Director General's Circular 7/11

Submitted to the Committee for Immigration, Absorption and Diaspora Affairs

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Abstract

- Israel is a multicultural country that is home to population groups that speak many languages. Besides Hebrew, about a fifth of the Israeli population speaks Arabic, and there are large groups of immigrants that speak many different languages as their mother tongue among them Russian, French, English, Amharic, and Portuguese. The linguistic disparity, along with other difficulties related to immigrating to Israel, could lead to disparities in health and consumption of health services between different groups within Israeli society.
- **One of the tools for addressing these disparities is ensuring the linguistic accessibility and cultural adaptation of healthcare services to the various groups living in Israel. In 2011, the Director General of the Ministry of Health issued Circular No. 7/11, entitled "Linguistic Accessibility and Cultural Adaptation in Healthcare System"** (hereinafter: "Director General Circular"), which states that the healthcare system must take into account different groups in Israeli society when providing medical treatment and information. The circular addresses linguistic accessibility and cultural adaptation of **various types of services** including medical treatment; access to information about rights, preventive medicine, and stages of illness; preparation of written administrative material in several languages; translation of websites, and more. **This raises the question of whether the languages in which various healthcare services are made accessible should be pre-defined on a nationwide basis or, instead, tailored to the needs of the immigrants in different locations throughout the country and to waves of immigration from new countries.**
- **The Director General Circular does not allocate any dedicated resources for implementation; as a rule, the responsibility for funding the steps necessary for implementing the provisions of the circular rests on the different healthcare organizations (including hospitals, health funds, emergency services, public health bureaus).** Some of the actions required by the circular involve high costs, for example, hiring translators and intercultural mediators, personnel training, translation of websites, translation of informed consent agreements and administrative material, translation of pamphlets, and the preparation of translated and culturally sensitive signage.

- **The Ministry of Health does not examine the implementation of the accessibility provisions in an integrative manner; thus, though the Director-General Circular was supposed to be carried out fully in 2013, a centralized, dedicated examination of implementation has not yet been performed.** In the meantime, oversight of some of the aspects specified in the Director-General Circular have been included in the routine oversight the Ministry of Health conducts in hospitals and health funds, though not in geriatric and nursing homes. According to the Ministry of Health, it intends to perform a dedicated examination of this field in 2018.
- **To date, the various entities in the healthcare system have not pooled their resources towards implementing the accessibility provisions.** Thus, different health institutions budget the same actions simultaneously, for example – translating forms and information material in the field of health – despite the fact that pooling their resources could have spared some of the costs of implementing the Director-General Circular.
- **The different healthcare organizations differ in the ways they take to achieve linguistic accessibility and cultural adaptation, and the Director-General Circular is therefore implemented inconsistently across the various organizations.** *Inter alia*, there is no consistency in the use of services to translate telephone services, forms, and websites translation as described below:
  - The Ministry of Health operates a telephone hotline for translation services, but it is not active 24/7 and is not used by all healthcare institutions.
  - Not all the informed consent agreements have been translated into all the languages required by the Director-General Circular.
  - Administrative forms, such as those for payment and joining supplementary insurance, are not available in all the healthcare institutions in the four languages required by the Director-General Circular.
  - In most cases, the health funds' websites are translated only in part, and a considerable portion of the information that has been translated is of a marketing nature.
  - Some hospitals' websites have been translated into three languages as per the requirement in the Director-General Circular, but others do not meet this requirement.
- **According to information provided to the Knesset Research and Information Center by the Ministry of Health, it appears that only a**

minority of health system employees have undergone cultural competency training. Furthermore, though the curriculum for some healthcare professions includes relevant training, we do not have data on the number of students who have attended such training. Another means of making health services more accessible is employing health professionals who are themselves members of the populations to whom the services are to be made accessible, but practitioners from relevant countries of origin do not exist in every healthcare profession. In this context, we make specific note that in **the field of mental health— in which linguistic and cultural accessibility and treatment in the patient's mother tongue hold great importance—**there are **significant accessibility disparities for Ethiopian immigrants.** The healthcare system **has no Amharic-speaking psychiatrists and only two psychologists who speak the language.** This shortage is particularly noteworthy in light of the high rate of Ethiopian patients admitted to psychiatric hospitals (2.9% of patients—twice the rate of Ethiopian immigrants in the population).

- **Linguistic accessibility and cultural adaptation <u>in emergency medical services</u> can have a significant effect on saving lives.** The two main emergency organizations in Israel—Magen David Adom (MDA) and United Hatzalah—operate emergency service hotlines that offer a response in several languages, but United Hatzalah does not offer a response in Amharic and the response in Russian is not immediate. Furthermore, during emergencies and in the absence of any other alternative, the two organizations must rely on interpretation by the patients' family members or random bystanders.

This document was prepared per the request of MK Dr. Avraham Neguise, Chair of the Committee for Immigration, Absorption and Diaspora Affairs, in advance of a discussion on linguistic accessibility and cultural adaptation in the Israeli health system. In this document, we will review the status of the implementation of the 2011 Director General Circular "Linguistic Accessibility and Cultural Adaptation in the Healthcare System" in hospitals, the four health funds (Clalit, Maccabi, Leumit, and Meuhedet), and Israel's main emergency medical services—Magen David Adom (hereinafter: "MDA") and United Hatzalah.

1. The need for linguistic accessibility and cultural adaptation

Israel is a country with a multicultural society comprised of veteran Israelis and immigrants as well as groups with unique characteristics, such as Arabs and the ultra-Orthodox. The groups' unique characteristics and the languages they speak can cause various sorts of disparities, including in the healthcare field. Linguistic accessibility and cultural adaptation can minimize the effect of these disparities on the quality of medical treatment provided to Israeli residents of all groups. Note that communication between the healthcare provider and the patient can significantly affect treatment. Information that the patient provides the healthcare practitioner is important to diagnosis, and information provided by the healthcare professional to the patient (for example, explanation of the proposed treatment and follow-up as well as instructions for a healthy lifestyle) is crucial to the treatment's success. Furthermore, in some fields—including mental health (which includes psychology and psychiatry) and speech therapy—successful treatment depends extremely heavily on communication between the healthcare provider and the patient.

Some health problems are more prevalent among immigrants, and some problems occur or worsen in the wake of immigration to Israel. Immigrants from different countries have a different burden of morbidity depending on their country of origin. Thus, according to the Ministry of Health, immigrants from African countries come to Israel with higher rates of infectious diseases, and immigrants from the former Soviet Union are at higher risk of contracting cancerous diseases.[1] Furthermore, dietary changes following the move from one country to another can have an effect on immigrants' health. By way of example, we cite the changes in

[1] Miri Cohen, Senior Director of Emergency Services and First Aid, 31 August 2017, sent via email by Idit Nadav, Office of the Director General of the Ministry of Health, 3 October 2017. [Hebrew].

health metrics among older immigrants from Ethiopia in the period following their arrival in Israel, as recently reviewed by the Health Disparities Information Center (a center jointly run by the Ministry of Health and the Gertner Institute). Health measures that have changed for the worse and that can be linked to dietary changes include increased body weight, levels of blood lipids, diabetes, and high blood pressure. Additionally, Ethiopian immigrants have shown increased rates of allergy and asthma as well as tooth decay. The aforementioned review also addresses **mental health** problems and indicates that stress among immigrants can raise the rate of suicide (not necessarily right around the time of immigration).[2] In this context, we note that about a third of all the people who committed suicide in Israel in the past decade were immigrants; in 2009–2011, the suicide rate among immigrants from the former Soviet Union and men who emigrated from Ethiopia was higher compared to non-immigrant Jewish men.[3]

In addition to their different health characteristics, immigrants face various types of healthcare difficulties including:

- **Language difficulties** are particularly prominent among recent immigrants as well as older immigrants, who usually struggle more with learning a new language.[4]
- **Cultural difficulties are found mostly among immigrants who come from non-Western countries, where there might be a different perception of sickness.**[5]
- **A different perception of the need for preventive medicine and the embrace of a healthy lifestyle.** One example relates to the field of gynecology among Ethiopian women; while the rate of Ethiopian women who take birth control pills is

[2] Michal Benderly and Ofra Kalter-Leibovici, *Adult Health Among Ethiopian Immigrants in Israel—Information Review*, the Cardiovascular Epidemiology Unit at the Gertner Institute for Epidemiology and Health Policy Research and the Ministry of Health, January 2017. [Hebrew].

[3] The suicide rate among male Ethiopian immigrants ages 15–24 was 6.9 times higher than among veteran residents, and among immigrants from the FSU—2.4 times higher. In 2011–2013, 4–6% of all suicides in Israel were Ethiopian immigrants—higher than their percentage of the population. In the 25–44 age cohort, the suicide rate among immigrants from the FSU was 2.3 times higher—and. among Ethiopian immigrants,5.5 times higher—than among veteran residents . The data are taken from a presentation shown by the National Council for Suicide Prevention , during a session of the Immigration, Absorption and Diaspora Affairs Committee on "Reviewing Programs for the Prevention of Suicide among New Immigrants—Marking World Suicide Prevention Day," 21 November 2017. [Hebrew]. Accessed on March 3rd, 2019.

[4] Ibid.; Yishai Kom, Chief Social Worker and Head of Reducing Healthcare Disparities, Meuhedet Health Services, letter sent via email on 4 September 2017. [Hebrew].

[5] Miri Cohen, Senior Director of Emergency Services and First Aid, 31 August 2017, sent via email by Idit Nadav, Office of the Director General of the Ministry of Health, 3 October 2017; Margalit Shilo, Head of the Health Promotion Office, Leumit Health Services, 2 October 2017, sent via email by Ronit Friedman, Manager of the Office of the Director General, Ministry of Health 3 October 2017.

relatively low,[6] their rate of pregnancy termination is significantly higher than among longtime residents.[7] It is possible that the treatment of immigrants from non-Western countries requires a reinforced array of preventive medical services.[8]

- **Disparities in knowledge among immigrants.** Immigrants' lack of familiarity with the structure of Israel's healthcare system and the method of paying for healthcare services, combined with a lack of awareness of their rights, might lead to suboptimal utilization—and even underuse—of health services.[9]

2. Regulation of Linguistic Accessibility and Cultural Adaptation in the Israeli Healthcare System

Israel has no legislation that explicitly regulates linguistic accessibility and cultural adaptation of the healthcare system for different population groups. However, there is legislation that sets forth principles which might affect various aspects of accessibility. **The Patient's Rights Law, 5756-1996** (hereinafter: "Patient's Rights Law") states, *inter alia*, that a patient has the right to give **informed consent** to medical treatment **while the healthcare professional is required to provide the patient with information in a manner he or she can understand.** Moreover, the patient is not to be given medical treatment unless he or she has given informed consent. **In order to obtain informed consent, the healthcare professional is to provide patients with medical information reasonably necessary to enable them to decide whether to agree to the proposed treatment or not.**[10] As to the need for linguistic accessibility, note that a bill was recently proposed to amend the Patient's Rights Law (hereinafter: "Patient's Rights Law

[6] Ministry of Health, "Women's Health Council Report," in: Councils for Health, *Report of Annual Activity*, December 2016, pp 75–80. [Hebrew]

[7] In 2013, the rate of pregnancy termination approvals given to Ethiopian immigrants was **4.5 times** higher than the rate of approvals given to longtime residents (i.e., both Jewish and non-Jewish, not including immigrants), and the rate of approvals given to immigrants from the FSU was 1.7 times higher than the rate of approvals given to longtime residents. The amount of pregnancy termination approvals among Ethiopian immigrants remained high and steady for ten the years between 2003 and 2013. Ministry of Health, "Lawful Pregnancy Terminations, 1990–2014," accessed December 2017 [Hebrew]. These rates were calculated by the Ministry of Health based on information from the Central Bureau of Statistics.

[8] Yishai Kom, Chief Social Worker and Head of Reducing Healthcare Disparities, Meuhedet Health Services, letter sent via email on 4 September 2017.

[9] For example, health funds are institutions that are not familiar to immigrants from France and the United States, while all immigrants are unfamiliar with "Tipat Halav" well-baby clinics as they are unique to Israel. Miri Cohen, Director of Rescue and First Aid, 31 August 2017, sent via email by Idit Nadav, Office of the Director General of the Ministry of Health, 3 October 2017.

[10] The law states that this medical information must include the diagnosis, the course of the disease, and the chances of recovery; a description of the nature, process, goal, expected benefits and chances of the proposed treatment; the chances and risks involved in the proposed treatment, including side effects, pain and discomfort; the chances and risks of alternative medical treatments—or of the lack of any medical treatment; and if a treatment is of an innovative nature. Patient's Rights Law, 5756—1996, Chapter 4: Informed Consent to Medical Treatment, §13 [Hebrew].

(Amendment—Right to Appoint a Medical Translator), 5777-2017"); according to this proposal, if the patient does not speak Hebrew, the hospital must appoint a professional medical translator who speaks the patient's language—Arabic, Russian or Amharic—and provide this service free of charge. **This proposal was recently rejected by the Ministerial Committee for Legislation.**[11]

Another aspect is the patient's right to privacy and confidentiality, which is enshrined in the Patient's Rights Law and the National Health Insurance Law, 5754-1994 (hereinafter: "National Health Insurance Law")**.**[12] As will be shown below, at times, the solutions used by different entities within the healthcare system do not necessarily comply with these principles.

The 2011 Director-General Circular[13]

In 2011, the Ministry of Health issued the **Director General Circular entitled "Linguistic Accessibility and Cultural Adaptation in Healthcare System"** (hereinafter: "Director General's Circular").[14] The circular recognized that the religious, cultural, and linguistic heterogeneity of Israeli society could have an effect on different aspects of the health system, including the perception of sickness and illness, healthful behavior, habits of healthcare service usage, morbidity patterns, and various indices of health. **The Director General's Circular set the following goals for the healthcare system: improve the cultural and linguistic adaptation of the healthcare system for all citizens, create standards for linguistic accessibility and cultural adaptation in services provided by healthcare organizations, and reduce healthcare disparities between different social groups.**

To achieve these goals, the circular set forth the following instructions:

- Insured members and patients must be provided with **written administrative material** (e.g., the right to receive health services, location of clinics and opening hours, visiting hours in inpatient wards, payment methods, etc.) in four languages: Hebrew, Arabic, Russian, and English.

[11] It was proposed that the medical translator would be an employee of the medical institute and bound by all the duties of a medical practitioner, including confidentiality. Patient's Rights Bill (Amendment—Right to Appoint a Medical Translator), 5777-2017 [Hebrew], proposed by MK Joumah Azbarga and rejected by the Ministerial Committee for Legislation on 22 October 2017. Similar proposals were introduced in the 19th and 20th Knessets by former Knesset Member Basel Ghattas.

[12] National Health Insurance Law, 5764-1994, §3, Patient's Rights Law, 5756–1996. [Hebrew]

[13] Director General's Circular No. 7/11, *Linguistic Accessibility and Cultural Adaptation in the Health System*, 3 February 2011 [Hebrew].

[14] Ibid.

- **Various measures should be used to ensure the patient understands everything related to the medical treatment that he or she is receiving or is about to receive.** These measures include translated written material, translation services via telephone hotline, mediators who speak the language, and interpreters.
- **Forms that require the patient's signature,** such as informed consent forms, inpatient admission forms, or payment forms, must be available in four languages: Hebrew, Arabic, Russian, and English.
- **A Public Inquiries Unit** must provide a phone response in Hebrew, Arabic, Russian, Amharic, and English within a reasonable timeframe, and in no more than 24 hours.
- **Telephone service centers** in public health institutions, which allow patients to schedule appointments and provide medical information and information about patients' rights, are required to do so in five languages: Hebrew, Arabic, Russian, English, and Amharic. **In addition, the telephone hotlines for emergency medical services must provide immediate response in these languages.**[15]
- The **websites** of healthcare organizations and institutions must be available in Arabic, Russian, and English; vital information about basic rights and core services as well as contact information must be provided in these languages. **Note that the term "core services" is not explained in the circular.**
- **Signage** in health institutions should be in Hebrew, Arabic, and English to the extent possible (as described in the circular).
- Information about health promotion, preventive medicine, domestic violence, and more, must be published in the following languages: Hebrew, Arabic, Russian, and English. The material must be culturally adapted and tailored to the institution's target audience.
- According to the circular, hospitals and clinics should **train medical staff** and administrative personnel in cultural adaptation, and they should employ members of **"linguistic and cultural minorities**."
- Health organizations must **act to promote health among religiously or culturally differentiated groups,** particularly in areas where they have a low rate of treatment or engage in health-endangering behavior. Among other things,

[15] The Director General's Circular refers to these services as "emergency medical services" and we refer to them by this term in this document. In the Police Ordinance [New Version], 5731-1971 [Hebrew], MDA is one of the bodies referred to as "rescue agencies."

the circular recommended collaborating with the local (religious or social) leadership when running intervention programs.

- The circular recommends **mapping the target audience** for health organizations on different levels—from the overall organization down to each site where services are provided.
- According to the circular, funds should be **invested in the study of morbidity,** the use of health services, the behavioral patterns, and the special needs of the various cultural groups represented by the patients in healthcare organizations. This information can be used to adapt the services as well as the activities to promote the health of the population.

Examination reveals a lack of uniformity regarding the target languages required by the circular for information and professional material. While some of the services are to be offered in five languages (for example, service centers and public information units), other services are not required in all of the languages. For example, the circular does not require signage in Russian and Amharic, and forms that require the patient's signature must be translated into Russian but not into Amharic.

This raises the question of whether to predetermine the languages in which the various services offered by the healthcare system are to be made accessible. Instead, perhaps the choice of languages should be adapted to the emerging needs in different places in Israel and in accordance with waves of immigration from other countries. For example, waves of immigration from France and South America could raise the need for translation into French, Spanish, and Portuguese.[16]

Note that the circular did not provide a collected list of the organizations to which it applies. Nonetheless, the types of organizations are mentioned in different contexts throughout the circular: health funds, hospitals, emergency medical services, first aid services, inpatient care systems, preventive care services, health bureaus, and "other healthcare service providers."[17]

As for the budgeting of linguistic accessibility and cultural adaptation, the Director General Circular states that "the ministry considers these goals to be

[16] As per the response from Ido Harari, Director of Communications and Government Relations, Maccabi Healthcare Services, email, 18 September 2017.

[17] Director General's Circular No. 7/11, 3 February 2011, Linguistic Accessibility and Cultural Adaptation in the Health System.

part of the core responsibility, which, by definition, is not contingent on additional funding."[18] This indicates that the various health organizations are to implement the circular's requirements using internal resources.

In addition to the requirements set forth in the circular, linguistic and cultural accessibility for certain immigrant populations has been defined and budgeted under several government resolutions:

Government Resolution No. 609 of October 2015 on Government Policy for the Promotion of Optimal Integration of Ethiopian Immigrants in Israeli Society—Plans by the Ministry of Education, Ministry of Social Affairs and Social Services, and Ministry of Health and an Implementation and Monitoring Team: The government has allocated NIS 19.6 million (a third of this sum comes from the Health Ministry's budget and the rest from the Ministry of Finance), evenly distributed throughout 2016–2019, to add 12 mediator positions in clinics, promote health in the community, make the information and the ability to realize one's rights accessible, public relations, and cultural competency training for medical staff.[19]

Government Resolution No. 2446 of February 2015 on Operating a Special Program for 2015 to Encourage Immigration and the Optimal Absorption of Immigrants from France, Belgium, and Ukraine: The resolution allocated the Health Ministry an additional budget of NIS 1 million to make information about healthcare accessible **in French.** The resolution also stated that accessible information for Russian-speakers (i.e., the relevant language for immigrants from Ukraine) already exists in the healthcare system, as some one million of them have already been integrated into Israeli society.[20]

Note that neither of the aforementioned government resolutions specified which healthcare organizations should receive the funding.

[18] Ibid, p. 2.

[19] Government Resolution No. 609 of the 34th Government, "Government Policy for the Promotion of Optimal Integration of Ethiopian Immigrants in Israeli Society—Plans by the Ministry of Education, Ministry of Social Affairs and Social Services, and Ministry of Health and an Implementation and Monitoring Team," 29 October 2015.

[20] Government Resolution No. 2446 of the 33rd Government, "Operating a Special Program for 2015 to Encourage Immigration and the Optimal Absorption of Immigrants from France, Belgium, and Ukraine," dated 15 February 2015.

3. State of linguistic and cultural accessibility prior to the entry into force of the Director-General Circular

As mentioned above, the Director General's Circular was published in 2011, but **it was to be implemented in full beginning in 2013.** In March 2016, the Smokler Center for Health Policy Research published a study entitled "Cultural Competence of General Hospitals in Israel,"[21] which reviewed the cultural and linguistic accessibility of 35 general hospitals in Israel (out of the 39 that existed at the time) and is based on observations and interviews. The study indicates that the level of cultural competence in hospitals was not high around the time of the circular's entry into force.[22] Furthermore, the level of cultural competence at the time was inconsistent: **government hospitals were the most culturally competent, followed by public hospitals, while private hospitals received the lowest grade possible on the cultural competence index.**[23] A review that focused specifically on signage in various languages found that **only some 22% of the hospital signs that were inspected were met the requirements of the Director General's Circular** (i.e., signage in Hebrew, Arabic, and English). The study also found that **emergency medicine centers (i.e., emergency rooms) were less linguistically accessible.**

Note that the report by the Smokler Center for Health Policy Research examined only **some** of the requirements of the Director General's Circular of the health system; for example, it did not review the situation in health funds and emergency services or the websites of agencies within the healthcare system, written materials, etc.

4. Current State of Implementation of the Director General's Circular

In order to examine the current state of the implementation of the Director General's Circular within the health system, the Knesset Research and Information Center approached the Ministry of Health, health funds, and two providers of emergency

[21] Irit Elroy, Michal Schuster, Ido Elmakias, *Research Report: Cultural Competence of General Hospitals in Israel*, Myers-JDC-Brookdale, Smokler Center for Health Policy Research, March 2016.

[22] A cultural competence index was developed for the study; the average total score for all hospitals using this index was 2.2 on a scale of 0–4, a relatively medium-low average. Ibid.

[23] Hospitals that completed the JCI certification process (Joint Commission International, a patient safety standards organization) were more culturally competent than others. Ibid.

medical services (MDA and United Hatzalah) with questions on the subject. Some of the answers provided by the Ministry of Health did not refer specifically to the status of implementation in the **various health organizations but rather to the status of the healthcare system in general.** This chapter will therefore present information from the Ministry of Health that is **relevant to both hospitals and health funds;** detailed information about how each health fund implements the circular will be provided separately in Chapter 5.

4.1. Means of linguistic accessibility and cultural adaptation currently implemented

As mentioned above, the response by the Ministry of Health details measures taken by the healthcare system; these relate mostly to hospitals and health funds alike, and they can also be implemented in other entities within the healthcare system. These measures will be presented below: Some are in use during medical treatment and are intended to assist the provider-patient relationship and some are intended to provide online and telephone assistance (primarily to provide information). Unless noted otherwise, the source of this information is the response by the Ministry of Health to the query by the Knesset Research and Information Center.[24]

Methods used during medical treatment

- **Employing staff members who themselves belong to the relevant population groups requiring accessibility assistance .** Note that this approach has several advantages: These staff members are proficient in the fields of medicine and healthcare, and they are familiar with the medical confidentiality obligations that apply to members of a medical staff. At the same time, they are fluent in the patients' language and can relate appropriately to their cultural world. However, not all medical fields and allied health professions in Israel have sufficient staffing representing the various target populations to whom treatment must be made accessible. **Note in this context that various entities mentioned certain difficulties for immigrants in recognizing their professional qualifications and, thereby, in their integration into the health system in these fields.**[25]

[24] Miri Cohen, Senior Director of Emergency Services and First Aid, 31 August 2017, sent via email by Idit Nadav, Office of the Director General of the Ministry of Health, 3 October 2017.

[25] In this regard, there are mental health professions that are accepted in some countries but are not recognized in Israel. For example, there are therapeutic professions in the mental health field that are customary in the United States—counseling

- **Medical translation call center—**The call center was founded in 2013 by the Ministry of Health and employs translators who have undergone professional training in medical translation. The Ministry of Health advertises this service through posters and pamphlets. The service center provides translation services into five languages: Arabic, Russian, Amharic, Tigrinya, and French. Note that **the call center provides only partial service, both in terms of the operating hours and days and the healthcare institutions that make use of it.**

According to the response from the Ministry of Health, **the center is not active around the clock every day of the week;** it provides service Sundays to Thursdays from 8 a.m.–7 p.m. and on Fridays until 1 p.m. Hence, **the center is not open at night and from Friday afternoon until Sunday morning. This raises the question of whether the partial availability of the service is in line with the fact that patients need medical treatment at nights, on Saturdays, and on holidays.**

Regarding the institutions that use the call center: The service is provided free of charge to all governmental healthcare institutions, including hospitals (general, psychiatric, and geriatric), health bureaus, and well-baby clinics (Tipat Halav). According to the response from the Ministry of Health, in addition to these institutions, **two health funds (Meuhedet and Maccabi) also acquire interpreting services from the Ministry of Health interpreting center.** The center's services are also offered **for a fee to a small number** of public, non-governmental hospitals—Hadassah, Assuta, and Shaare Zedek.[26] The Ministry of Health has not provided us with any information about the acquisition of interpreting services by non-public hospitals.

The ministry reported that the service center receives over 650,000 calls every year and it operates at a cost of NIS 1.4 million a year. In addition to the Health Ministry's call center, there are private companies that offer a similar service, including in languages that the Health Ministry's service center does not provide. The ministry stated in its response that the cost of this service is relatively high

psychology and couples and family psychology. While in the United States these professions are taught for advanced degrees, there is no official parallel training in Israel. As a result, the Ministry of Health does not recognize immigrants who practiced these professions in the United States as psychologists; therefore, in Israel, they can at most practice their profession as "therapists." Statement by Dr. Alyson Aviv, clinical psychologist from Get Help Israel, in the discussion of the Committee for Immigration, Absorption and Diaspora Affairs entitled Unique Issues in the Absorption of English-Speaking Immigrants, 13 December 2017. Record No. 258.

[26] Miri Cohen, Director of Rescue and First Aid, Ministry of Health, email, 28 November 2017.

but has not provided any information about the institutions that use it or the extent to which it is used.

- **Cultural mediators—**Employees who are charged with bridging cultural disparities between patients and healthcare providers. As of this writing, most mediators employed in the health system focus on assisting Ethiopian immigrants while some provide aid to the Bedouin population (for example, in Tipat Halav clinics in the south of Israel. **Note that as of this writing, there is still no official description for the mediators' position, and the Ministry of Health is currently drafting a procedure that will include this job description and set professional standards.**[27]

As of this writing, the health organizations are in the midst of filling the new positions and in February 2018, the Ministry of Health opened a cultural mediators course for the Ethiopian sector with some 30 participants.[28] Government Resolution No. 609, which allocated NIS 8 million to fill **12 mediator jobs in HMOs and hospitals,** is noteworthy.[29] According to the response by the Ministry of Health to the Knesset Research and Information Center, the budget for the mediators is NIS 7.6 million for 2016–2019 (NIS 1.9 million a year on average).[30]

Translating during treatment is sometimes performed with the help of the patient's family members. Note in this context that the Director General's Circular states that using a family member as a translator is to be avoided to the extent possible unless done at the explicit wishes of the patient and at his or her own initiative.[31] Nonetheless, according to the response from the Ministry of Health, **in practice**, patients' family members still help with translation, but this has diminished in recent years.

- **Informed consent forms—**As mentioned above, the requirement to receive informed consent to medical procedures from the patient is set forth in the Patient's Rights Law. According to the response by the Ministry of Health to the Knesset Research and Information Center's question, as a rule, the health system relies on

[27] A review of the procedure by professionals within the health system is scheduled for February 2018; after the review is complete, the ministry intends to publicize it for public comment. Dr. Emma Averbuch, Coordinator—Reducing Health Inequalities , Ministry of Health, email, 29 January 2018.

[28] Dr. Emma Averbuch, Coordinator—Reducing Health Inequalities , Ministry of Health, phone call, 3 March 2018.

[29] Government Decision 609 of the 34th Government, "Government Policy to Promote the Optimal Integration of Ethiopian Immigrants in Israeli Society: Plans by The Ministry of Education, Ministry of Social Affairs and Social Services, and Ministry of Health and the Implementation and Monitoring Team," 29 October 2015 [Hebrew].

[30] Miri Cohen, Senior Director of Emergency Services and First Aid, 31 August 2017. Sent via email by Idit Nadav of the Office of the Director General of the Ministry of Health, 3 October 2017.

[31] Director-General Circular No. 7/11, 3 February 2011, Linguistic Accessibility and Cultural Adaptation in the Health System.

translated forms found on the Israel Medical Association (IMA) website.[32] A review of the IMA's consent form database shows that there are 163 informed consent forms in Hebrew, **some of which are translated into the three languages required by the Director-General Circular:** Arabic (131 of the forms), English (127 of the forms) and Russian (126 of the forms). The IMA website has no forms translated to other languages. **Therefore, in order to comply with the Director-General Circular instructions, it is necessary to complete the translation of these forms into the three stated languages.** Moreover, this raises the question of whether there is a need to translate the forms into other languages, as Israel also takes in immigrants from countries where the spoken language is neither Russian nor English.[33] The Ministry of Health added on this matter that there are health organizations—primarily hospitals—that have translated informed consent forms at their own initiative and even pointed to the lack of consistency among the forms used by the different institutions.[34] In this regard, the Ministry of Health also stated that an attempt was made in the past to pool resources and translate forms used by inpatient institutions in an organized manner, but that attempt failed.[35]

Information in Print, Online, and by Telephone

- **Linguistic accessibility on websites**—The website of the Ministry of Health is translated to Hebrew, Russian, English, Arabic, French, and Spanish. Our review of the ministry's website indicates that the homepage is translated as are the content of the links to which it redirects. However, one of the pages on the Ministry of Health websites, titled "**all about health," is a complex page that presents detailed information about patients' rights in the healthcare system (as well as comparative information about rights in different health funds), and it still has not been translated. At the time we received the Health Ministry's response, this page was being translated into Arabic and Russian.**[36] In preparing this

[32] Miri Cohen, Senior Director of Emergency Services and First Aid, 31 August 2017. Sent via email by Idit Nadav of the Office of the Director General of the Ministry of Health, 3 October 2017.

[33] IMA, Informed Consent Forms Search, accessed 11 December 2017. Accessed: March 3rd, 2019.

[34] Miri Cohen, Senior Director of Emergency Services and First Aid, 31 August 2017. Sent via email by Idit Nadav of the Office of the Director General of the Ministry of Health, 3 October 2017.

[35] Ibid.

[36] According to the Ministry of Health's response, thus far, some 700 entries about rights in the healthcare system have been translated into Arabic and a small number into Russian. Miri Cohen, Senior Director of Emergency Services and First Aid, 31 August 2017. Sent via email by Idit Nadav of the Office of the Director General of the Ministry of Health, 3 October 2017.

The Ministry of Health, All About Health website, entry: 11 December 2017. The website has information about rights in the health system as well as comparative information about the rights of insured members in the different HMOs, in the following fields: pediatrics, pregnancy and childbirth, diabetes, cancer, heart, critical illnesses, the elderly, rehabilitation, dentistry and

document, we did not conduct an in-depth examination of the websites of every healthcare institution in Israel, but a sample of some of the websites of general hospitals has shown that while some comply with the requirements of the Director General's Circular requirements (as mentioned above—translation into Hebrew, Russian, English, and Arabic) others do not. Hospitals whose websites meet the requirements of the Director General's Circular include Rambam (Haifa), Galilee Medical Center (Nahariya), Poria (Tiberias), Hadassah (Jerusalem), and Shaare Zedek (Jerusalem).[37] Hospitals whose website does **not** meet the circular's requirements: Bnai Zion (Haifa)—translated into English and Arabic but not into Russian; Rabin Medical Center (Beilinson and Hasharon hospitals)—translated into Russian and English but not into Arabic; Wolfson (Holon)—translated into Arabic and Hebrew, but not into Russian; Soroka (Beer Sheva)—translated into English but not into Russian or Arabic, despite the fact that this hospital serves the Bedouin population in the south of Israel; Yoseftal (Eilat)—is not translated into any language and is only available in Hebrew.[38] Note that Hadassah's website is also translated into Romanian, perhaps to encourage medical tourism.[39] Another noteworthy website belongs to Laniado in Netanya, which is translated into English and French, probably in an attempt to adapt the website to the immigrant population living in the area.[40] Chapter 5 elaborates on the linguistic accessibility of the health funds' websites.

- **"Health Voice" is the Health Ministry's call center,** which provides information to the public on a variety of issues the ministry addresses, including: licensing of medical professionals, licensing of pharmaceuticals and cosmetics, food products, medical and nursing equipment and devices, long-term nursing care, vaccination clinics, the National Health Insurance Law and patients' rights. **The service is**

mental health; the website is also divided into sections such as accessories, tests, vaccinations, treatments, medical food, surgeries, evacuation and transportation, preventive medicine and drugs. The site even provides information about rights baskets sorted by medical conditions such as oncologic patients, chronic patients, blindness and visual impairments, pregnancy and childbirth and cerebral palsy. The website also gathers information from other official sources, such as Income Tax Authority, Ministry of Defense, and the National Insurance Institute, and even refers users to the relevant legislation.

[37] Rambam Health Care Campus website; Galilee Medical Center website; Poria Medical Center website; Hadassah Medical Center website; Shaare Zedek Medical Center website, accessed 29 January 2018 [links are to Hebrew websites].

[38] Bnai Zion Medical Center website; Rabin Medical Center (Beilinson and Hasharon hospitals) website; Wolfson Medical Center website; Soroka Medical Center website; Yoseftal Medical Center website, accessed 29 January 2018 [links are to Hebrew websites].

[39] Hadassah Medical Center website, accessed 29 January 2018 [link is to Hebrew website].

[40] Laniado Medical Center website, accessed 29 January 2018 [link is to Hebrew website]. Immigrants from France make up some 6% of Netanya's population and some 20% of immigrants in the city. This rate was calculated based on data in the file sent by Shalom Ben Yeshaya, Director of Information Systems, Ministry of Aliyah and Integration, 19 October 2017.

provided in Hebrew, Arabic, Russian, English, French, and Amharic.[41] Note that the Health Voice **website** has a contact form that allows users to contact the website, but **the form only supports Hebrew and English.**[42]

- The Ministry of Health believes that "since the circular came into effect there has been a revolution in the quantity and quality of information available to patients in [foreign] languages," *inter alia*, due to the translation of booklets about rights and medical conditions. However, the ministry **does not have consolidated information about the material available to patients in different languages.**[43] We might therefore ask **whether the Ministry of Health has to take intensive steps to translate material that is pertinent to all of the health funds' insured members.**

4.2. Oversight of the Implementation of Linguistic Accessibility and Cultural Adaptation in Healthcare Institutions

Section 4c of the Director-General Circular stated that "implementation of accessibility according to the circular's principles will be reviewed under audits performed by the Ministry of Health **in the various organizations.** The Ministry of Health recommends internal audits of this matter, as well."[44]

To date, the Ministry of Health has not performed a dedicated audit of the implementation of the Director General's Circular from an integrated perspective, and as of this writing, it has no summary of the status of implementation in the healthcare system. However, the ministry stated that it is reviewing **some** aspects of these issues as part of the routine audits it performs in health funds and hospitals, and the results are published on the ministry's website.[45] The aspects examined in this context are the accessibility and adaptation of signage, administrative information, and healthcare information pamphlets. A random sample of some of the audit reports regarding the health funds and hospitals indicates that, as stated in the Health Ministry's response, **some of the requirements** in the

[41] Ministry of Health, Health Voice website, accessed 11 December 2017.

[42] Ministry of Health, Health Voice contact page, accessed 11 December 2017.

[43] Miri Cohen, Senior Director of Emergency Services and First Aid, 31 August 2017. Sent via email by Idit Nadav of the Office of the Director General of the Ministry of Health, 3 October 2017.

[44] Emphasis added. Director General's Circular No. 7/11, 3 February 2011, Linguistic Accessibility and Cultural Adaptation in the Health System, Section 4c.

[45] Miri Cohen, Senior Director of Emergency Services and First Aid, 31 August 2017. Sent via email by Idit Nadav of the Office of the Director General of the Ministry of Health, 3 October 2017.

Director General's Circular have been taken into account. As far as the state of implementation, some institutions were noteworthy in this regard, while some of the other institutions had room for improvement.[46] However, **review of a random sample of the audit reports of institutions for long-term geriatric care for nursing patients and the mentally frail revealed no reference to aspects of linguistic accessibility and cultural adaptation.[47] It is likely that elderly and mentally frail immigrants will face particular difficulty in adapting to an institution with no linguistic accessibility.**

As part of the Health Ministry's summary audit of the health system, it prepares an **annual report on "Inequality in Healthcare and Addressing It."** The report published in November 2017 specifies several measures taken by the health system that year to reduce inequality in general, and in the fields of linguistic accessibility and cultural adaptation in particular. Measures noted in the report include distribution of an audit questionnaire to all of the hospitals, which addressed the implementation of their cultural competence duties in accordance with the Director General's Circular; the questionnaire included a series of questions about accessibility, with a special emphasis on adaptation for recent immigrants.[48] Note that **the questionnaire distributed to the hospitals constitutes only a partial implementation of the oversight requirement indicated in the Director General's Circular, according to which service must be made accessible and adapted throughout the healthcare system—which includes other significant institutions such as health funds, public health services (some of which are under the responsibility of local authorities), and emergency medical services.**

According to the Health Ministry's response, **a dedicated audit regarding cultural competence is currently being carried out at hospitals and health funds. This audit is supposed to encompass general, psychiatric, and geriatric hospitals as well as health-fund clinics; the ministry did not state whether the audit will be carried out in all health institutions. Future audits are planned for other organizations—health bureaus and emergency medical clinics. The audit**

[46] Ministry of Health, Oversight Reports, accessed 11 December 2017 [Hebrew].

[47] Ministry of Health, Findings of Oversight Reports on Long-Term Geriatric Care for Nursing Patients and the Mentally Frail, accessed 11 December 2017 [Hebrew].

[48] Ministry of Health, Director of Strategic and Economic Planning, *Inequality in Healthcare and Addressing It*, November 2017. Pages 151-152.

findings are to be published over the course of 2018.[49] The ministry also stated that this oversight is supposed to provide a response to the requirements under the Director General's Circular as well as those under Government Resolution No. 609 regarding the integration of Ethiopian immigrants.[50]

4.3. Cultural Adaptation Training

The Ministry of Health Director General's Circular **recommended** having **all** healthcare personnel take cultural adaptation training courses, and particularly staff members who deal with treating population groups from different social backgrounds. The circular further stated that the directors of health organizations must appoint a member of the senior management to take charge of this matter. This person's duties will include implementing the organization's policy in the field, responding to problems that arise during ongoing work, coordinating activities for the promotion of health among linguistic and cultural minorities, and coordinating employee training.[51]

The Health Ministry's response to the query by the Knesset Research and Information Center included information about several types of cultural adaptation training being carried out in the healthcare system as specified below:[52]

- The Ministry of Health (in collaboration with MSR—Israel Center for Medical Simulation) has developed **a dedicated training kit for multi-cultural care**, which includes a theory-based introduction, video tutorials, complementary lesson plans, and written materials. According to the ministry's response, some 100 instructors have been trained to use this kit to date, and they conduct training in hospitals, health funds, and health bureaus. The ministry stated that, so far, thousands of employees of the healthcare system have been trained, but it did not provide any exact numbers. This kit is also used by institutions that provide training in the healthcare professions (medical schools, nursing schools, etc.); to date, the members of more than 40

[49] Miri Cohen, Director of Rescue and First Aid, 31 August 2017. Sent via email by Idit Nadav of the Ministry of Health Director-General's chamber, 3 October 2017.

[50] Government Decision 609 of the 34th Government. Among the activities that the Government decided on and funded, those that fall under the Ministry of Health include making Ethiopian immigrants aware of information and their rights as well as cultural competence training for members of the medical staff.

[51] Director General's Circular No. 7/11, 3 February 2011, Linguistic Accessibility and Cultural Adaptation in the Health System. Section 3.3.

[52] Miri Cohen, Director of Rescue and First Aid, 31 August 2017. Sent via email by Idit Nadav of the Ministry of Health Director-General's chamber, 3 October 2017.

academic teaching faculties have been trained, and they use the kit in their classes.

- As of this writing, the Ministry of Health is preparing a **software-based training plan,** for individuals to learn this subject on their own. Although the ministry anticipated that the educational software would be ready for use by various healthcare professionals and other functionaries starting in late 2017, we were informed in late January 2018 that the **software is still in development.**[53]
- **Two courses were held for cultural accessibility directors in hospitals, health funds and health bureaus** in which some 40 directors were trained; they also received information about inequality in healthcare, with a particular emphasis on cultural and linguistic disparities. Furthermore, the ministry stated that nursing schools have appointed "inequality supervisors" and that the Maccabi and Meuhedet health funds have "cultural accessibility trustees" or teams that promote the issue; it was not clear whether these staff members received training for these roles.[54] Note that the number of health organizations in Israel far exceeds 40, so even if there are such supervisors in other health institutions, they would likely not have received any training.[55] In addition to inpatient facilities, the health system includes the health funds (across all their branches), public health institutions, and emergency medical services. This leads to the conclusion **that only a small fraction of the healthcare institutions in Israel have personnel trained in cultural adaptation.**
- In February 2018, a **mediator course** opened as part of the efforts to implement the aforementioned government resolution to integrate Ethiopian immigrants into Israel society; it has some 30 participants.[56]
- The Ministry of Health stated that some of the hospitals are preparing **medical interpreting courses** for their personnel, particularly into Arabic and Russian.

[53] Dr. Emma Averbuch, Coordinator—Reducing Health Inequalities, Ministry of Health, phone call, 3 March 2018.

[54] Ibid.

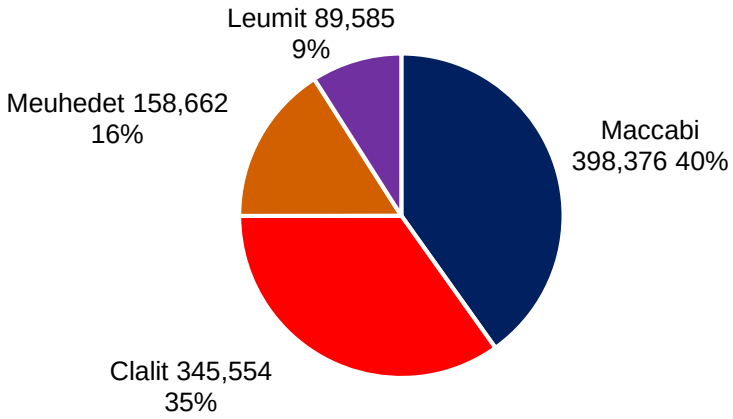
[55] According to a report published by the Ministry of Health in 2016, Israel had 354 inpatient facilities in 2015: 44 general inpatient institutions, 12 mental health institutions, 296 institutions for long-term conditions (of which some 125 are public institutions and the rest are private), and two rehabilitation centers. Ministry of Health, Medical Technology and Infrastructures Administration, *Inpatient Institutions and Day Care Units in Israel, 2015. Part 1: Hospitalization Trends, 2016* [Hebrew].

[56] Dr. Emma Averbuch, Coordinator—Reducing Health Inequalities, Ministry of Health, phone call, 29 January 2018.

5. Implementation of the Director General's Circular in Health Funds

Since 1994, all residents of Israel have been covered by national health insurance, in accordance with the National Health Insurance Law.[57] According to this law, health funds are required to provide all of their insureds with all the medical services to which they are eligible by law. Chart 1 below presents National Insurance Institute data about the insured members of the health funds **who immigrated to Israel from 1990 and onwards.**[58]

Chart 1. Insured Members of Health Funds who Immigrated to Israel from 1990 Onwards, 2017 data[59]



The data on this chart show that in late 2017, the health funds had 992,178 insured members who immigrated to Israel from 1990 onwards. Among these insured members, 40% were insured in Maccabi, 35% in Clalit, 16% in Meuhedet and 9% in Leumit.

The Knesset Research and Information Center sent questions to the four health funds regarding the implementation of the Director General's Circular. It should be noted first of all that a review of the situation in the various health funds indicates that most of the requirements mandated by the Director-General Circular **have not been implemented fully or uniformly among the health funds.** This might be due to

[57] National Health Insurance Law, 5754-1994.

[58] Refaela Cohen, Research and Planning Administration, National Insurance Institute, email, 4 February 2018.

[59] Ibid. Percentages represent the distribution of immigrants among health funds.

insufficient monitoring of the health funds by the Ministry of Health in this area and to the lack of a dedicated budget for implementing the Director General's Circular. Another possible reason is the fact that the **Director General's Circular failed to define which core services require accessibility in different languages.** For example, the health funds' translated websites present information in different languages but not services for insured members such as scheduling appointments, online medical consultation, follow-up with prescriptions, and summaries of examinations by consulting physicians.

The health funds use external resources—for example, the Health Ministry's telephone interpreting center and informed consent forms on the IMA website—for some of these areas, and in these fields, the status of implementation is more consistent. The health funds' detailed responses are as follows.

5.1. Clalit Health Services[60]

According to data from the National Insurance Institute, Clalit Health Services is the largest health fund in Israel; it insures 52.2% of the country's population, including some 35% of immigrants who arrived from 1990 and onwards—some 345,000 immigrant insured members, which comprise 7.7% of the health fund's insured members.[61] **Clalit has a high number of Arab insured members—nearly 1.3 million, who constitute some 30% of all insured members (and some 71% of Israeli Arabs insured in all health funds).**[62]

According to Clalit's response to the Knesset Research and Information Center, **medical treatment is made linguistically accessible using telephone interpreting services and with the help of staff members who speak various languages.** The health fund's response also stated that **Ethiopian immigrants are treated in Clalit's facilities that have a cultural mediator or a staff member who speaks Amharic or Tigrinya. The health fund's response did not specify how many clinics offer these services and whether these were only primary care clinics or also specialized clinics, but according to the information in Chapter**

[60] Prof. Diane Levin, Department of Education and Health Promotion and Head of Linguistic Accessibility and Cultural Adaptation, Clalit Health Services, letter dated 11 September 2017, sent via email, 11 September 2017; letter dated 1 November 2017, sent via email, 23 November 2017.

[61] Refaela Cohen, Research and Planning Administration, National Insurance Institute, email, 4 February 2018.

[62] Ibid.

4 above, there is still a disparity in the employment of mediators in the relevant clinics.

As for **making information accessible** to patients, in its response, the health fund lists the measures it has taken to date:

- **Telephone service center** (including nurse call center)—provides service in English, Russian, Arabic, and Amharic. According to the health fund's response, all of Clalit's institutions and service centers provide service in Amharic/Tigrinya via the telephone interpreting service and/or cultural mediators. According to Clalit's response, services will soon be available in more languages—Russian, Arabic and French—via telephone interpreting.
- **The health fund's website**—Our review of the Clalit website indicates that the health fund's website in Hebrew provides full administrative information, including, *inter alia*, the location of medical clinics, physicians and pharmacies; reception days and hours; and vast information on promoting health and preventive medicine. Most of the information also exists on the health fund's website in Arabic. However, this type of information **is not displayed** on the health fund's websites in other languages (English, French, Spanish, and Portuguese) where **information is minimal and appears to be directed at attracting new members and marketing supplementary insurance.**[63]

  The health fund's website also provides online services such as scheduling appointments, sending requests to the general practitioner, online medical consultation, the ability to track prescribed and acquired drug prescriptions, and summaries of examinations by consulting physicians. **These services are only offered in Hebrew.**

  According to the health fund's response, these websites are in the process of being updated, and they expect to expand the website to Arabic, English, and Russian, with priority given to issues of insured members' rights.[64]
- Written administrative material: According to the health fund's response, some of Clalit's institutions prepared printed information in different languages, but no details were provided.

[63] Clalit Website,accessed 14 January 2018.

[64] Prof. Diane Levin, Department of Education and Health Promotion and Head of Linguistic Accessibility and Cultural Adaptation, Clalit Health Services, letter dated 11 September, sent via email, 11 September 2017.

- Public Inquiries Units—Service is accessible by phone in Hebrew, English, Arabic, and Russian.
- Signage in healthcare facilities—The health fund's clinics and hospitals contain signage "in relevant languages according to need and availability with **an emphasis on signage in Arabic.**" According to the health fund's response, the language on signs is determined according to the needs of the community's residents and the patients who visit the clinic.
- Forms requiring a patient signature—Clalit uses forms translated by the IMA.
- Information about the promotion of health and preventive medicine—The health fund prepared more 250 brochures and pamphlets about different health and medical issues and adapted them culturally and linguistically for Arabic and Russian speakers as well as for the ultra-Orthodox population. Whether all of the brochures were adapted to all population groups was not stated. These brochures are distributed in some of Clalit's institutions, as needed. Furthermore, the health fund provided information about unique programs such as a smoking cessation hotline in Arabic, English, Russian, and Amharic, which is also made accessible to the ultra-Orthodox public; smoking cessation workshops in Arabic and Russian (also made accessible to the ultra-Orthodox public); healthy lifestyle and diabetes self-management workshops in Arabic, Russian and Amharic; and support groups for balancing diabetes, which are held in accordance with culturally specific norms, for example, in advance of Ramadan.[65]

Training medical staff in Clalit

Clalit stated that select representatives from Clalit institutions have undergone training developed and run by the Ministry of Health via the Center for Medical Simulation (MSR);[66] training is performed during staff meetings or special staff training sessions. The health fund intends to continue with training in 2018. **The health fund has not provided any data** about the participants in this training.

[65] Ibid.

[66] The Center for Medical Simulation developed a training day based on simulations, in which participants practice challenging situations that take place at hospitals between healthcare providers and patients, or their family members. Center for Medical Simulation, accessed 14 September 2017.

5.2. Maccabi Healthcare Services[67]

According to the National Insurance Institute data presented in Chart 1, some 398,000 of the immigrants who arrived in Israel from 1990 onwards (40% of the insured who immigrated to Israel during this period) are currently insured by Maccabi; this group constitutes 18% of the health fund's members.[68] Furthermore, according to the National Insurance Institute data, **some 53.9% of immigrants who arrived in Israel in 2016 joined Maccabi** (while Maccabi members make up 27.3% of the total population), and Maccabi is currently the health fund with the highest number of immigrants and new immigrants.[69]

Maccabi responded to our question, stating that **the linguistic accessibility and cultural adaptation of services are achieved by employing workers who speak languages such as Arabic, Russian, French, and Amharic as well as by making use of the Health Ministry's telephone service center in these languages.** According to the health fund's data, the service center receives some 800–900 queries from Maccabi every month.[70]

The health fund runs groups for promoting health in Arabic and Russian as well as groups adapted to the ultra-Orthodox community. Lectures on various subjects are offered to Bedouins in the Negev and to Russian speakers in several of the health fund's branches, as needed.[71]

The health fund provided the following information regarding the accessibility of administrative and medical information and the translation of forms:

- **Orientation at health fund branches**—Signage is made available in Arabic and Russian.
- **Public inquiries**—Public inquiries may be made in writing via the website **only in Hebrew**; queries made via fax are received in Hebrew, English, Russian, and Arabic. Public inquiries by phone are taken by Maccabi's telephone service centers, which, as noted above, operate in Arabic, English, Russian, and French.

[67] Ido Harari, Director of Communications and Government Relations, Maccabi Healthcare Services, email, 18 September 2017 and 28 December 2017.

[68] Refaela Cohen, Research and Planning Administration, National Insurance Institute, email, 4 February 2018.

[69] Refaela Cohen and Haia Rabin, Research and Planning Administration, National Insurance Institute, *Health Fund Memberships, 2016*, Table 6 [Hebrew].

[70] Ido Harari, Director of Communications and Government Relations, Maccabi Healthcare Services, email, 18 September and 28 December 2017.

[71] Groups include, smoking cessation, diabetes, and women's health. Ibid.

- **Informed consent**—According to Maccabi's response, the informed consent forms used by the health fund are translated into Hebrew, Arabic, English, and Russian. Furthermore, the health fund's website includes an "informed consent" page, which can only be accessed after entering personal information and a Maccabi medical procedure code. The page provides with information prepared by the health fund in five languages (Hebrew, English, Arabic, Russian, and Amharic) for patients about to undergo a medical procedure about the procedure they are about to undergo, in accessible language and using simple wording.[72]
- **Administrative and informational material**—During the past three years, the health fund has produced more than 40 brochures translated into Arabic, Russian, and English. These brochures address the following fields, among others: nursing, medicine, physiotherapy, occupational therapy, nutrition, welfare, and health promotion. According to the health fund's response, these brochures join others that were produced in the past, before the Director General's Circular was written.
- **Online service stations** provide service and information for health fund members in Hebrew, Arabic, Russian, English, and French. The stations provide the following information and services, *inter alia*: lab test and x-ray results, payment vouchers, administrative services, and printouts of orders and prescriptions.
- **Maccabi's website**[73]—Our review indicates that the website has minimal English translation, which appears to emphasize attracting new members and marketing supplementary insurance. **The website has not been translated into other languages—not even into Arabic, which is an official language in Israel that is spoken by some 20% of the population. As this document was being written, the health fund added the option of using Google Translate to translate the text on the screen into 50 different languages, including all of the languages referenced by the Director General's Circular as well as other languages spoken by immigrants in Israel.** Though numerous entities around the world use Google Translate to translate websites, they also issue a disclaimer about the quality, accuracy, and reliability of the translation.[74] Furthermore, this

[72] Maccabi website, Informed Consent, accessed 15 January 2018 [Hebrew].

[73] Maccabi website, accessed 9 January 2018.

[74] See, for example, the disclaimer on US Department of Homeland Security, Study in the States, accessed 9 January 2018.

provides only a partial solution, as Google Translate only applies to information presented online and not to actions that can be performed via the website.

- As for **cultural accessibility,** Maccabi gave the example of a culturally sensitive solution for the ultra-Orthodox community—people with "kosher" phones are sent voice messages instead of text messages (which their phones do not support).[75] The health fund's response did not provide information about culturally adapted solutions for Arabs or immigrants.
- **The health fund's newsletter,** *Maccabiton*, is translated into Russian, English, and Arabic.

Medical Staff Training in Maccabi[76]

According to Maccabi's response, in 2015 and 2016, 530 employees underwent cultural competency training—280 in 2015 and some 250 in 2016. Moreover, 20 of the health fund's employees were trained as "cultural competence leaders" and five of them serve as cultural competence instructors for other employees. Every year, two seminar days are held for the group of cultural competence leaders. As a special service for members who are Ethiopian immigrants, the health fund employs mediators for the Amharic-speaking population in relevant branches of the health fund.

5.3. Leumit Health Services[77]

According to Leumit's response, linguistic accessibility and cultural adaptation are achieved through physicians and administrative personnel who speak various languages and with the help of Amharic- and Tigrinya-speaking mediators in branches where there are older insured members from Ethiopia. According to the health fund's response, this latter population has particular difficulty with Hebrew and with understanding its rights and the treatments received.

The health fund provided the following information regarding medical services, the accessibility of information, and the translation of forms:

[75] Ido Harari, Director of Communications and Government Relations, Maccabi Healthcare Services, email, 18 September 2017 and 28 December 2017.

[76] See previous reference.

[77] Margalit Shilo, Head of the Health Promotion Office, Leumit Health Services, 2 October 2017, sent via email by Ronit Friedman, Manager of the Office of the Director General, Ministry of Health 3 October 2017.

- **The telephone service centers** provide assistance in Hebrew, Arabic, Russian, English, and Amharic.
- **Public inquiries units** provide full service in Hebrew, Russian, and English. Service in Arabic and Amharic is provided via interpreting services.
- **Most of the forms** are translated into Arabic, English, and Russian.
- According to the response from the health fund, **the decision of which languages** appear in administrative material and on signage in buildings is made for each clinic separately based on the languages used by the patients who frequent the clinic. We have received no information about any uniform criteria for deciding into which languages the administrative information will be translated.
- Informative material regarding health and preventive medicine—are distributed in Hebrew, Arabic, and Russian.[78]
- **The health fund's website—full information only appears on the Hebrew-language website.** According to the health fund's response, a **full** translation of the website to Arabic is currently being concluded. In addition, **parts** of the website have been translated into English, French, and Russian.

Medical staff training in Leumit[79]

For approximately three years, the health fund has held cultural competence workshops for the medical staff (doctors, nurses, allied health professionals, and pharmacists) and the administrative staff. These workshops last eight hours. As of this writing, 210 doctors, 120 administrative workers, 70 pharmacists, 190 customer relations representatives and 80 allied health professionals have been trained.

5.4. Meuhedet Health Services

According to Meuhedet's response, linguistic accessibility and cultural adaptation during "face to face" treatment are achieved in two main ways: **by employing professionals who speak various languages and hail from different cultures and by using telephone interpreting services** in Arabic, Russian, Amharic, French, and Tigrinya. The health fund's response stated that in 2016, an average of some 137 interpreting calls were made a month, and in 2017 the use of this service expanded to an average of some 146 calls a month. We emphasize that **these two**

[78] Among other things, informative material were prepared for: fecal occult blood testing, vaccinations, smoking cessation workshops, mammography, and the rights of the oncologic patient. Ibid.

[79] Ibid.

main tools are used even when the treatment is highly sensitive to language and culture, for example, treatment in mental health settings or speech therapy.[80]

The health fund provided the following information regarding medical services, the accessibility of information, and the translation of forms:

- **The health fund's telephone service center** provides assistance in Hebrew, Arabic, Russian, English, and French. This center is used for scheduling appointments, receiving information, resolving insurance issues, and referrals to activities that promote health. **The center does not provide service in Amharic, as required by the Director General's Circular.**
- According to the health fund's response, its website is available in Hebrew, Arabic, English, Russian, and French. However, our review of the website has shown that **information in English, Russian, and French (and even Spanish, a language not mentioned in the health fund's response) is only partial and mostly addresses how to join the health fund, basic information on insurance, and a few articles about health.** However, the information in Arabic is parallel to the information in Hebrew.
- **Public inquiries units** provide telephone service in Hebrew; if necessary, they are aided by the Health Ministry's telephone interpreting service center or by professionals who speak various languages.
- **Medical forms,** such as consent forms for receiving treatment, exist in Arabic, Russian, and English, as required by the Director General's Circular.
- **Administrative forms,** such as those to establish a standing bank order, are translated into Arabic, English, and Amharic, but not into Russian. Forms for enrolling in or canceling additional health services are translated into Arabic, English, and Russian, but not into Amharic. **Apparently, therefore, there is no consistency in the languages into which the forms are translated.**
- According to the health fund's response, **administrative information** such as brochures about the details of additional health service policies, pamphlets about services offered at the clinic, clinic operating hours and translators' hours, information on digital screens, and signage in clinics are presented **in**

[80] In 2015, Meuhedet performed intra-organizational marketing activities to institutionalize the use of the service center. As a result, use of the service grew from an average of 35 calls per month to some 120 calls per month. Meuhedet's periodic report, "Meuhedet's Steps to Reduce Healthcare Disparities in 2015," October 2015, sent by Yishai Kom, chief social worker and head of reducing health disparities, Kupat Holim Meuhedet, email on 4 and 7 September 2017.

languages relevant to the clinic. For example, the Netanya clinic serves an elderly population of immigrants from the former Soviet Union as well as young families who immigrated from France. However, the health fund noted that **it is difficult to map the immigrants' needs in the absence of a database of insured members' countries of origin**.

- Informational material regarding health and preventive medicine issues is translated to Arabic and Russian.[81]
- The health fund runs a project to make medical service accessible to elderly Russian speakers using a mobile geriatric clinic, which is operated by a Russian-speaking multi-professional team that consists of a doctor, nurse and social worker who travel from the geriatric clinic in Ashkelon to Kiryat Gat. The health fund also runs a project through which some 900 members of Bnei Menashe, immigrants from Northern India who have been absorbed in the north of Israel, received medical treatment together to reduce healthcare disparities.[82]

Medical staff training in Meuhedet[83]

Meuhedet runs a cultural competency training program. Table 1 below includes data on the number of staff members trained in 2015 and 2016.

Table 1. Number of Meuhedet Staff Members Trained in Cultural Competence, 2015–2016

Year	Daylong training	Short training (1.5 hours)	Total
2015	248	665	913
2016	227	297	524
Total	**475**	**962**	**1,437**

Table 1 indicates that in 2015–2016, Meuhedet trained 1,437 staff members for cultural competence—about two-thirds (962 employees) underwent a short 90–

[81] The pamphlets translated to Arabic and Russian deal with the following issues: oncology, the elderly population, diabetes, women's health, child development, mental health.

[82] Yishai Kom, chief social worker and head of reducing health disparities, Kupat Holim Meuhedet, email on 4 and 7 September 2017.

[83] In 2014, cultural competency training was held among some 250 Meuhedet staff members, including family medicine interns, physiotherapy institute administrations, home care units and social workers. Meuhedet's periodic report, "Meuhedet's activities for reducing health disparities in 2014," October 2014, sent by Yishai Kom, Chief Social Worker and Head of Reducing Healthcare Disparities, Kupat Holim Meuhedet, email, 4 September 2017.

minute training session, while the rest (475 employees) underwent daylong training. The training sessions continued in 2017.

6. Linguistic accessibility and cultural adaptation of select fields

The following section provides a special discussion of two fields in which the need for accurate communication between the healthcare provider and the patient—which extends to an understanding of cultural context or to language—is particularly acute: mental health and speech therapy.

Mental health

Some immigrants arrive in Israel suffering from a mental health problem while for some immigrants, the move between countries—which requires them to face language barriers, employment challenges, and financial difficulties—creates new problems or exacerbates existing ones. Treatment for these issues, which is often provided by psychiatrists or psychologists, is especially sensitive to cultural and linguistic differences. **Mental and emotional treatment in the patient's first language is extremely important, as a person's mother tongue is the tool for optimal self-expression and communication.**

According to the Health Ministry's estimation, approximately a third of all psychiatrists in the mental health system are immigrants who speak various languages including Russian, Spanish, French, and English.[84] These doctors also have a cultural background suitable for treating immigrants from these countries. In this regard, note that there are no Amharic-speaking psychiatrists and only two Amharic-speaking psychologists in the Israeli healthcare system. This shortage is particularly noteworthy in light of the high percentage of Ethiopian immigrants among patients in psychiatric hospitals—2.9%—twice their percentage in the general population.[85]

Besides employing professionals who are immigrants themselves, relevant professionals who are not immigrants can also be trained to treat the various immigrant populations. According to the Health Ministry's response to the query by the Knesset Research and Information Center, the following training courses have

[84] Miri Cohen, Senior Director of Emergency Services and First Aid, 31 August 2017, sent via email by Idit Nadav, Office of the Director General of the Ministry of Health, 3 October 2017.

[85] In 2017, 494 Ethiopian patients were admitted to psychiatric hospitalization, out of 16,894 inpatients of the general population. Response by Minister of Health Rabbi Yaakov Litzman to a parliamentary question by MK Ilan Gilon, 10 January 2018.

recently been provided for psychiatrists and other staff members (nurses, psychologists, and social workers) employed in the public healthcare system:[86]

- Ministry of Health training session entitled "Addressing Multi-cultural Complexities in Mental Health" held at Tel Aviv University Medical School as part of its continuing medical education courses.
- Two training courses were held in 2017 on "Equality of Mental Health Service for Culturally Different Populations." These courses were conducted by the Department of Mental Health and the Israel Psychotrauma Center.

The Ministry of Health provided no data on the number of participants in these training sessions.

In 2015, the mental health insurance reform took effect, which transferred responsibility of the matter from the government to the health funds. The Ministry of Health stated that the health funds are assisted by mediation and interpreting services in order to make mental health services linguistically accessible and culturally adapted.[87]

Clalit's response to the question from the Knesset Research and Information Center indicates that efforts are made to provide healthcare professionals who speak patients' languages—particularly Hebrew, Arabic, English, Amharic, and Russian—**depending on availability.**[88] **Leumit** stated that in cases where the health fund is unable to offer patients assistance in their language, they are referred to the Health Ministry's mental health clinics.[89] **Meuhedet** stated that mental health personnel (as well as speech therapists, see below) are no different from other healthcare professionals and that these practitioners also make use of the telephone interpreting service center and staff members who do speak various languages.[90] **Maccabi** did not respond to our question about mental health.

[86] See previous reference.

[87] Under the Mental Health Insurance Reform, responsibility for this service has been transferred from government agencies to the health funds. Miri Cohen, Senior Director of Emergency Services and First Aid, 31 August 2017, sent via email by Idit Nadav, Office of the Director General of the Ministry of Health, 3 October 2017.

[88] Prof. Diane Levin, Department of Education and Health Promotion and Head of Linguistic Accessibility and Cultural Adaptation, Clalit Health Services, letter dated 1 November 2017, sent via email, 23 November 2017.

[89] Margalit Shilo, Head of the Health Promotion Office, Leumit Health Services, 2 October 2017, sent via email, 6 November 2017.

[90] Yishai Kom, Chief Social Worker and Head of Reducing Healthcare Disparities, Kupat Holim Meuhedet, email of 19 September 2017.

Speech-language therapy

Speech-language therapy is an allied health profession for treating and rehabilitating patients who suffer from a variety of difficulties and disabilities in the field of communication, including hearing, language, and speech. Because this profession focuses on communication and because the words in different languages are pronounced in different ways, professional treatment should address each language differently.[91]

The Health Ministry's response to the question by the Knesset Research and Information Center stated that **many Arab speech therapists work in the health system but that there are not enough Amharic-speaking professionals. Speech therapy services to Amharic speakers is provided through the Health Ministry's telephone interpreting service center or through help from family members.**[92]

Furthermore, the Ministry of Health stated the **Yiddish-speaking ultra-Orthodox population suffers from a linguistic and cultural gap** in this field**.** In order to close this gap, two training courses were opened in Israel for speech therapists from the ultra-Orthodox community; at least 50 people graduate this course every year. The ministry further stated that linguistic adaptation in speech therapy has been reviewed under the Health Ministry audits but did not provide a summary of the information found during these audits.[93]

The Ministry added that the importance of the linguistic accessibility and cultural adaptation of services is emphasized during the training of new professionals and that Hadassah College has a master's-level program in speech therapy intended for bilingual children, which focuses on cultural differences in treatment.[94]

7. Linguistic accessibility and cultural adaptation among emergency medical services

As aforementioned, the Director General's Circular stipulated that the obligation to develop an organizational infrastructure for ongoing support of cultural adaptation and for drafting an intra-organization policy on this matter also applies to emergency

[91] Ministry of Health, Licensing in the Medical and Healthcare Professions, accessed 14 December 2017 [Hebrew].

[92] Miri Cohen, Senior Director of Emergency Services and First Aid, 31 August 2017, sent via email by Idit Nadav, Office of the Director General of the Ministry of Health, 3 October 2017.

[93] Ibid.

[94] Ibid.

services. *Inter alia*, the circular dictates that emergency services' telephone hotlines must provide an immediate response in Hebrew, Arabic, Russian, English and Amharic.[95] Furthermore, the emergency services must be prepared to have interpreting services available if they are necessary during medical treatment. [96]

Note that linguistic accessibility and cultural adaptation play a significant role in emergency services—not only for basic communication between the healthcare provider and the patient, as in all medical fields, but also for **saving lives**. Take, for example, the case of a person who calls emergency services for urgent medical treatment and the dispatcher instructs him on the phone how he can take steps for first aid even **before** the medical staff arrives. Of course, even **after the emergency care providers arrive,** optimal communication between healthcare provider and patient is needed to obtain information from the patient and deciding on treatment.

In order to examine the status of linguistic accessibility and cultural adaptation in Israel's emergency medical services, we contacted Magen David Adom (MDA) and United Hatzalah.

7.1. Magen David Adom (MDA)[97]

MDA's response indicates that the organization operates nine regional emergency centers nationwide and one national center, which oversees and supports the regional organizations' work, reviews their operations, and provides medical advice to MDA's motorcycle, ambulance, and mobile intensive care unit teams. All the service centers are connected to one another by a telephone network and a command and control system. All the service center employees have medical training, and their job includes instructing callers how to perform life-saving actions until the medical team arrives. According to MDA's response, the service centers are operated in Hebrew, English, Russian, Arabic and Amharic—as required by the Director General's Circular. The integration of staff members who speak different languages is tested three times a day and all service centers are updated with this information. In the case of an emergency call in a foreign language, a conference call

[95] Emphasis in original. Director General's Circular No. 7/11, 3 February 2011, Linguistic Accessibility and Cultural Adaptation in the Health System.

[96] Ibid.

[97] Adv. Oren Blustein, acting MDA Director General, letter dated 17 September 2017, sent via email by Shira Hovav, Head of the MDA Director General's Office, 18 September 2017.

is conducted between the caller, the dispatcher, and/or a medical staff member who speaks the language.

To make its service centers more accessible, MDA developed a **smartphone application** (My MDA) that allows callers to have written conversations (chats) with a dispatcher in the following languages: Hebrew, Arabic, Russian, Amharic, English, and French. Callers type their query in one of the six aforementioned languages, the query is immediately translated into Hebrew, the dispatcher types a response in Hebrew, and the system automatically translates it into the caller's language.[98] The automatic translation is based on the Google Translate interface.[99]

Additionally, the app enables a live feed of photos and video. Note that this app also makes the service more accessible to people with hearing and speech impairments.[100]

In response to our question about the accessibility of treatment in the field, MDA stated that its teams are composed of people from diverse backgrounds, and they therefore rarely run into linguistic difficulties. However, when necessary, the field teams are aided by people who speak various languages in the aforementioned regional service centers or by family members or other people who are at the scene and can serve as translators.[101] As mentioned above, the Director General Circular expresses **reservations about having a patient's family member serve as a translator.**[102]

As for cultural accessibility, MDA stated that in light of differences between cultures when it comes to coping with loss, this subject is studied in a workshop during the training for the organization's medics and paramedics. The content of this workshop is currently being updated.[103]

According to MDA's response, the organization's public inquiries supervisor and collection service center provide service in Hebrew, English, Arabic, Russian, and

[98] Adv. Oren Blustein, acting MDA Director General, letter dated 17 September 2017, sent via email by Shira Hovav, Head of the MDA Director General's Office, 18 September 2017.

[99] Ido Rosenblat, Chief Information Officer, MDA, email, 8 February 2018.

[100] Adv. Oren Blustein, acting MDA Director General, letter dated 17 September 2017, sent via email by Shira Hovav, Head of the MDA Director General's Office, 18 September 2017. The app enables automatic location of the caller based on the phone's location, advance entry of medical information, and more. My MDA App.,accessed 24 September 2017.

[101] Adv. Oren Blustein, acting MDA Director General, letter dated 17 September 2017, sent via email by Shira Hovav, Head of the MDA Director General's Office, 18 September 2017.

[102] Director General's Circular No. 7/11, 3 February 2011, Linguistic Accessibility and Cultural Adaptation in the Health System.

[103] Adv. Oren Blustein, acting MDA Director General, letter dated 17 September 2017, sent via email by Shira Hovav, Head of the MDA Director General's Office, 18 September 2017.

Amharic. Queries in other languages receive a response within 24 hours. Information about patients' rights, such as payment of fees and emergency evacuation by ambulance, are also available in these languages.

In its response, MDA emphasized that it has faced no difficulties or barriers implementing the Director General's Circular and that, in fact, it had made its service accessible before the Director General's Circular was published. According to MDA's response, no caller was left untreated due to language or cultural barriers.[104]

7.2. United Hatzalah[105]

According to the response from United Hatzalah, the organization provides full, round-the-clock response to calls in the following languages: **Hebrew, English, Arabic, French, and Yiddish.** Furthermore, the call center can respond in **Russian (which is one of the languages required by the Director-General Circular) and Spanish via conference call with on-call dispatchers** who speak these languages. According to the organization's response, the service center **has faced difficulties in providing a response to calls in Amharic** due to a shortage of dispatchers who speak the language, and one of the organization's goals is to increase the number of Amharic-speaking dispatchers and volunteers.[106]

As for linguistic accessibility and cultural adaptation of **treatment in the field,** the organization's response noted that the healthcare provider and the patient may not necessarily speak the same language. The organization noted that granting primacy to language considerations is not consistent with **United Hatzalah's operating model,** which is based on deploying some 3,500 volunteers and **arriving at the sick or injured patient as quickly as possible** (according to data from United Hatzalah, within three minutes, on average). This model requires the organization to locate the volunteers who are closest to the caller's location, and **the closest volunteer cannot always be one who is fluent in the relevant language or is culturally adapted to the patient.** However, the vast majority of volunteers speak Hebrew and English and some are fluent in Arabic, Russian, and Yiddish. In case the use of another language is required in the field, the volunteer at the scene will call the United Hatzalah call

[104] Ibid.

[105] Shabi Rapaport, United Hatzalah Government Relations Director, letters dated 9 August and 10 August 2017.

[106] For this purpose, the organization needs funds for advertising, informative campaigns and training courses. We note that United Hatzalah has been recognized by the Ministry of Health as an official emergency organization, and it operates a network of some 3,500 volunteers.

center and a dispatcher who speaks the patient's language will assist with interpreting. As with MDA, United Hatzalah makes use of family members and other people in the vicinity for the purposes of translation.[107]

8. Summary: Reviewing Implementation of the Director General's Circular in the Healthcare System

The following is a summary of the gaps and difficulties that arose from the comments by the various organizations contacted by the Knesset Research and Information Center (which include the Ministry of Health, the four health funds, and emergency medical services) and some of the people interviewed as part of the research conducted by the Smokler Center for Health Policy Research: [108]

- **Budget gaps**[109]**—**As previously noted, the Director General's Circular did not allocate a budget for implementing its provisions, and each of the healthcare organizations is required to implement it using internal resources. All of the organizations we contacted noted that the lack of funding has compromised implementation of the Director General's Circular. This can be seen in the following areas:
  - **A shortage of resources** needed to implement the circular, such as the number of documents—including informed consent forms and payment forms—that have undergone professional medical translation, the adaptation of signage in health institutions, databases that enable locating unique immigrant groups that are served by certain health institutions, research information that could be used as the basis for decision-making and the promotion of intervention and prevention programs, the extent of service given by telephone interpreting hotlines.
  - **A shortage of personnel and training sessions,** including a shortage of professional medical translators, cultural mediators, and professionals who promote cultural competence in organizations (cultural competence leaders are

[107] See previous reference. Director General's Circular No. 7/11, 3 February 2011, Linguistic Accessibility and Cultural Adaptation in the Health System.

[108] Irit Elroy, Michal Schuster, Ido Elmakias, *Research Report: Cultural Competence of General Hospitals in Israel*, Myers-JDC-Brookdale, Smokler Center for Health Policy Research, March 2016.

[109] Ibid; Ido Harari, Director of Communications and Government Relations, Maccabi Healthcare Services, email, 18 September 2017 and 28 December 2017; Prof. Diane Levin, Department of Education and Health Promotion and Head of Linguistic Accessibility and Cultural Adaptation, Clalit Health Services, letter dated 11 September, sent via email, 11 September 2017; Margalit Shilo, Head of the Health Promotion Office, Leumit Health Services, 2 October 2017, sent via email, 6 November 2017; Yishai Kom, Chief Social Worker and Head of Reducing Healthcare Disparities, Kupat Holim Meuhedet, letter sent via email, 4 September 2017.

only employed by a small portion of healthcare institutions while some employ staff members untrained for the task) as well as a delay in the development of software for individual learning.

- **A shortage of medical personnel who are themselves members of the populations for which services need to be made accessible and who can provide linguistically and culturally adapted treatment. This shortage** may be the result of a combination of the following factors -
  - The percentage of health professionals among immigrants from different countries.
  - The recognition by the Health Ministry of immigrants' diplomas in various healthcare professions; this issue is often on the agenda of the Knesset Committee for Immigration, Absorption and Diaspora Affairs.
  - Encouragement and support for immigrants from various countries of origin to undertake training for various health professions.
- **The Ministry of Health does not have an integrated view of the implementation of the Director General's Circular; as of this writing, it does not have any reports devoted to audits of this issue.**[110] The lack of an integrated perspective gains expression, *inter alia*, in the absence of a pool of resources from the various healthcare organizations, which may result in waste when several organizations duplicate similar tasks.[111]
- The circular dictates that **various services should be offered in predetermined languages,** but this determination may not necessarily suit the target population of each of the healthcare organizations, the geographic location of these institutions, or waves of immigration from countries not mentioned in the circular.[112]

[110] Miri Cohen, Senior Director of Emergency Services and First Aid, 31 August 2017, sent via email by Idit Nadav, Office of the Director General of the Ministry of Health, 3 October 2017.

[111] Irit Elroy, Michal Schuster, Ido Elmakias, *Research Report: Cultural Competence of General Hospitals in Israel*, Myers-JDC-Brookdale, Smokler Center for Health Policy Research, March 2016.

[112] Ibid.