

## **Abstract**

The purpose of the process of health promotion is to realize the complete health potential of every person, by assuring equal opportunities and equal resources for every individual. The process of health promotion focuses on the achievement of equality in the realm of health and its purpose is to reduce the gaps in the health situation between different groups in the population, which can be classified primarily according to age, gender, sector, and residential areas.

The main objective of this research is to examine whether there are differences in the health education of the elderly, with a distinction between the Jewish elderly and the Arab elderly in Israel. This research focused not only on the different areas of health education but also on the relationship of knowledge, attitudes, and behavior in areas of health education. In other words, the research attempted to show whether the elderly person who knows that a certain behavior contributes to his health and who even holds a positive attitude towards this behavior indeed behaves accordingly.

This research study shows that not only do the person's behaviors, such as smoking, nutrition, physical activity, social activity, intellectual activity, drug and alcohol use, influence his health but also different aspects, such as living conditions, social-mental factors, access to health services, institutional placement, and other factors influence the person's health.

The research presents different theories that address health education from different aspects. The integration theory addresses health education as an ongoing process that depends on different levels – environmental, social, organizational, and individual – and also focuses on three different spheres: health protection sphere, health education sphere, and prevention sphere. In addition, the prevention model is presented, addressing the improvement in the level of life with a minimum of illnesses and limitations, according to three different levels: primary prevention, secondary prevention, and tertiary prevention. Then, the radical model is presented, which in contrast to the previous two theories, addresses the health only on the social level and not on the individual level.

Psychological approaches in health education are also presented. The health belief model proposes to explain and predict the behavior that is attributed to health; in other words, it attempts to bring the person to be willing to act to change behavior related to his health. Two theories, the

theory of reasoned action and the theory of planned behavior, focus on the theoretical aspects related to the individual's motivation as a reason for the appearance of a certain behavior.

This research focuses on the elderly population. Therefore, it is necessary to remember that aging is, first and foremost, a social-cultural phenomenon. In other words, the process of aging is a product of culture and behavior.

The definition of an elderly person accepted around the world is a person who is aged 65 and above. However, it should be noted that this definition includes a very broad range of ages and as known, there is a strong relationship between age and a person's other characteristics and needs.

Israel is found among the developed countries where the life span, at birth, reaches very high levels, exceeding 76 years for men and nearly attaining 81 years for women. At these levels of the life span, both the infant mortality rates and the mortality rates of people between the age of one and 64 are necessarily low. Therefore, most of the mortality in these countries occurs at the elderly age. The decline in the mortality of old people is a new process from the historical perspective and it has most important implications in demographic, social, and economic terms. In the past, the decline of mortality was primarily among people at young ages and led to the increased youth of the population. In contrast, today the decline of mortality is primarily at the elderly age and leads to the aging of the population and to a manifest rise in the economic dependence of the elderly generations on the young generations. In the welfare states, this rise in dependence constitutes a heavy burden on the public.

Attention must be paid to the fact that health promotion is intended first and foremost to allow the elderly to remain independent and to avoid dependence, while maintaining quality of life and a reasonable level of activity, and to reduce as much as possible the impact of situations of illness on their functioning in all areas of life.

It must be remembered that the health situation of the elderly in Israel, their prevalent health practices, and their patterns of use of health services reflect the place of the groups to which they belong in Israeli society. As in society at large, among the elderly population too the level of health and health-related behavior are differentiated according to the elderly person's age, gender, ethnic origin, and religious affiliation.

Therefore, in the present research study the independent variable is nationality (Jewish/Arab). The dependent variables are the different areas of health education: nutrition, physical activity, smoking, drugs and alcohol, social activity, intellectual activity, psychological-mental state, immunizations, safety measures, institutional placement, calcium loss, muscle loss, falls, level of functioning at home, and level of functioning outside the home.

The present research is based on a questionnaire that consisted of 136 questions that divide into different topics. A total of 301 interviewees participated in the study: 130 Jewish subjects (43.19%) and 171 Arab subjects (56.81%). Most of the interviewed subjects, both among the Jewish subjects and among the Arab subjects, are women (58.46% and 53.8%, respectively). The average age in the entire sample is 72.57 years. The research posited eight hypotheses and the decisive majority of these hypotheses were confirmed.

According to the first research hypothesis, the nationality (Jewish/Arab) influences the knowledge on the topics of nutrition, physical activity, muscle loss, calcium loss, drugs and alcohol, intellectual activity, smoking, falls, social activity, immunizations, and mental state. This hypothesis was partially confirmed.

According to the second research hypothesis, the nationality (Jewish/Arab) influences the attitudes on the topics of drugs and alcohol, smoking, institutional placement, immunizations, and nutrition. This hypothesis was almost completely confirmed.

According to the third research hypothesis, the nationality (Jewish/Arab) influences the behavior in the topics of physical activity, taking calcium supplement, drugs and alcohol, social activity, intellectual activity, smoking, safety measures, immunizations, institutional placement, falls, level of functioning, and eating habits. This hypothesis, too, was almost completely confirmed.

According to the fourth research hypothesis, differences will be found between Jewish elderly and Arab elderly in the correlations between knowledge, attitudes, and behavior in the topics of nutrition, drugs and alcohol, smoking, and immunizations. This hypothesis was completely confirmed.

According to the fifth research hypothesis, differences will be found between Jewish elderly and Arab elderly in the relationship

between mental health and physical health. This hypothesis, too, was completely confirmed.

According to the sixth research hypothesis, the nationality (Jewish/Arab), attitudes, and knowledge predict healthy and balanced behavior. This hypothesis, too, was completely confirmed.

According to the seventh research hypothesis, the nationality (Jewish/Arab), attitudes, and knowledge predict a number of areas of the functioning of the elderly person in the home. This hypothesis, too, was completely confirmed.

According to the eighth research hypothesis, the nationality (Jewish/Arab), attitudes, and knowledge predict a number of areas of the functioning of the elderly person outside of the home. This hypothesis, too, was completely confirmed.

The uniqueness of the present research study lies in the fact that it examined both different aspects of health education, in the comparison between Jewish elderly and Arab elderly, and a systemic reference of the impacts of knowledge, attitudes, and behavior of different areas in health education, in the comparison between Jewish elderly and Arab elderly.

To conclude, it can be said that the individual's nationality considerably influences the different aspects in health education among the elderly.