Israel's National Center for Public Health—a Novel Conceptual Approach

AVI YACAR ELLENCWEIG, PhD, MBA

THE TRADITIONAL APPROACH to health is characterized by a strong belief that the best way to give care is to cure patients. In recent years economic as well as conceptual considerations have altered this traditional view, and a new perspective on the health of the people has emerged. Public health in the 1980s is not a single scientific field organized in a uniform fashion; it is rather a comprehensive mixture of objectives and activities, and its practitioners share a knowledge base that is complex, multidisciplinary, and interactive.

Those who adopt this perspective and attempt to put it into practice in the public health system of Israel, however, encounter two formidable obstacles. One is the lack of a national forum where public health issues can be debated by representatives of the major health and medical institutions. The forum should encompass the classic triad of health care providers, leaders of the health regulatory and supervisory agencies, and representatives of the academic institutions where health education and research take place.

Background

Surprisingly, such interaction is completely absent in the present Israeli scene, and it has occurred only once in the last 30 years. In the late 1960s the Minister of Health established a health council as a forum for the discussion of major health issues. Because the council had more than 100 members, it turned out to be a cumbersome and ineffectual body. Council membership was considered prestigious, but in terms of impact on decision making in the health sector, the council has been awarded little credit. An interesting example is the council's approach to a crucial issue in the Israeli health care system—the national health insurance program. Before a bill on the subject was presented to the Knesset in 1972, the council had devoted only two sessions to the subject. During the sessions, several opinions were expressed, but the forum did not come to any conclusions (*1*). The bill, which ultimately was not approved by the legislative body, had not been visibly influenced by the council's discussions.

The second obstacle to a modern public health approach is essentially conceptual; the Israeli health system has yet to adopt a common strategy for the long-term planning and training of members of the medical professions. Rather, the system is split by conflicting interests that reflect the duplication and the discontinuity of health services organized under many agencies.

In Israel, services for ambulatory patients are primarily provided through independent sick funds, resembling the health maintenance organizations in the United States. Hospitals are either government, sick

Dr. Ellencweig is a former advisor to the Minister of Health of Israel and director, Israel National Center for Public Health, P.O.B. 7175, Tel-Aviv 61071. He is also a research fellow, Department of Medical Ecology, Hebrew University Medical School, Jerusalem, and an associate clinical professor, University of Hawaii School of Public Health, Manoa.

Tearsheet requests to Dr. Ellencweig.

fund, or voluntary agency owned and operated. Maternal and child health services are provided by the national government's public health service, by some municipalities, and through the largest sick fund, the trade union's Kupat Holim (GSF). Psychiatric services are operated by the Ministry of Health (MOH), by Kupat Holim, and by voluntary agencies. Geriatric services are largely administered by the government, although a large number of private and voluntary care facilities exist. Social services are operated by municipalities, with funding and supervision supplied by the Ministry of Labor and Social Affairs.

Given this array of agencies and responsibilities, it seems essential to create a new framework in Israel within which the major institutions can seek a broad consensus on the future health needs of the population. Consensus should be sought on these main issues—(*a*) the health system's ability to readjust to the changing environment through skillful monitoring of and research in various aspects of the health system and (*b*) the system's capacity to educate health professionals at all levels and to conduct the health education of the general population.

Models in Other Countries

In Sweden there is a growing emphasis on research projects related to the forecasting of health care consumption; these studies are conducted by the National Institute of Planning and Rationalization of the Health and Welfare Services, SPRI (*2*). The institute makes wide use of task forces designated for different research initiatives; this method facilitates flexible arrangements in the intramural research framework, and it rationalizes organizational structures that are now dictated by research priorities. However, the SPRI is restricted; it acts solely as a consultant to the major policy-making organizations—the county councils of Sweden and the National Board of Health and Welfare.

The pluralistic health system in the United States takes a variety of approaches to the problem of unified decisionmaking. The official policy of the Department of Health and Human Services is to concentrate an appropriate portion of its activities in science on the solution of specific health problems and to the study of better ways to organize and finance the provision of health services (*3*).

The National Center for Health Services Research (NCHSR) has a major role in the promotion of health services research (HSR); it uses both extramural and intramural research and evaluation procedures. According to its program statement (*4*), the NCHSR has two principal responsibilities. The first one is to develop information that might be used by various decisionmakers in the health field. The second is to insure rapid dissemination of this information throughout the country.

Various critics have expressed doubts as to whether these objectives are fulfilled adequately. Williams (*5*) pointed out that the low funding levels available to HSR in comparison to funds used by biomedical researchers impede substantial investigations in the field.

De Freise and Seipp (*6*) pointed out that problem-focused interdisciplinary centers within the university (rather than the current departmentalization of knowledge) could become major vehicles in fully utilizing national capacity for health services research in the United States. These authors suggested that "an effective partnership must be restored between the federal agencies related to health and those universities where clusters of competent researchers are located."

The experience gained by the U.S. Center (NCHSR) and Sweden's SPRI and by similar organizations in other, developed countries indicates that setting up a central institution for the investigation and evaluation of the health services is essential. By definition, the focal point of such a national institution is the health system rather than the care of the individual.

Despite their many similarities, the SPRI has a notable advantage over the National Center for Health Services Research: SPRI is owned by the health care provider organizations—the county councils of Sweden and the National Board of Health and Welfare—so that an effective research-implementation-evaluation cycle is easily maintained. The status of the Center, on the other hand, reflects the U.S. scene where providers are far less committed to acting on the consequences of research on health services.

Exigencies in Israel

As one considers the implications of these models in the Israeli health arena, it should be kept in mind that the health system in this nation is presently dominated by two giants—the Ministry of Health and Kupat Holim. It seems clear, therefore, that the Israeli model of a central institution should involve the major players not only as shareholders, as is the case with the SPRI, but also as collaborators in extramural research and in the evaluative procedures. In view of the scarcity of the research potential, in terms of manpower and financial resources, available to the main providers—MOH and Kupat Holim—the model implies a deep involvement of the academic community, the country's natural reservoir of research talent.

An alternative model would be to depend solely upon extramural research performed by academic institutions, much like the health research centers in U.S. universities or in independent institutions like the RAND Corporation. Such a model requires, on the one hand, sizable and well organized human resources in health services research, and it implies that a recognized decisionmaking forum exists that would set clear priorities.

A third approach would be to divide research tasks between a permanent cadre of professionally trained civil servants who would constitute a government unit and extramural institutes or centers for health care policy that would act as clearinghouses and originators of ideas (*7*).

Alternatives 2 and 3 are to be rejected. One may easily conclude that, while independent, academically based research does not exist in Israel (although the human reservoir for this work may be those employed in academic institutions) other determinants make options 2 and 3 even less feasible. The leaders of GSF would never accept a policy of indirect participation in the decisionmaking process (as in options 2 and 3) or a so-called "responsibility without authority" mechanism. This reality precludes any possibility of creating a shareholders' decisionmaking forum or a government-operated policy analysis unit, as in 2 and 3.

The proposal to establish an Israeli National Center for Public Health (INCPH) is a comprehensive response to the problems that I have just outlined; it is an attempt to bridge the gap between various factions on the national scene in order to reach consensus on the long-term needs of the system and the development of its physical, financial, and human resources.

Organization

Two conditions should be met as prerequisites if the center is to be successful. One is that all major institutions in the field must be represented on the board. The second condition is that the Israeli National Center for Public Health should combine competent leaders and persons with sophisticated professional skills. The center's basic units should therefore be structured as follows:

Board of directors. The top executives of all participating organizations will serve personally on the board. This leadership forum will facilitate effective decisionmaking and also constitute a think tank for the health system. The board will be limited to no more than 20 members, an optimal size for its many tasks. Critics of similar bodies claim that they are subject to political pressures and therefore endanger the objectivity of the research outcomes and the stability of research institutions. Clearly such risks are real, but the alternative—a remote and ineffectual board—is worse.

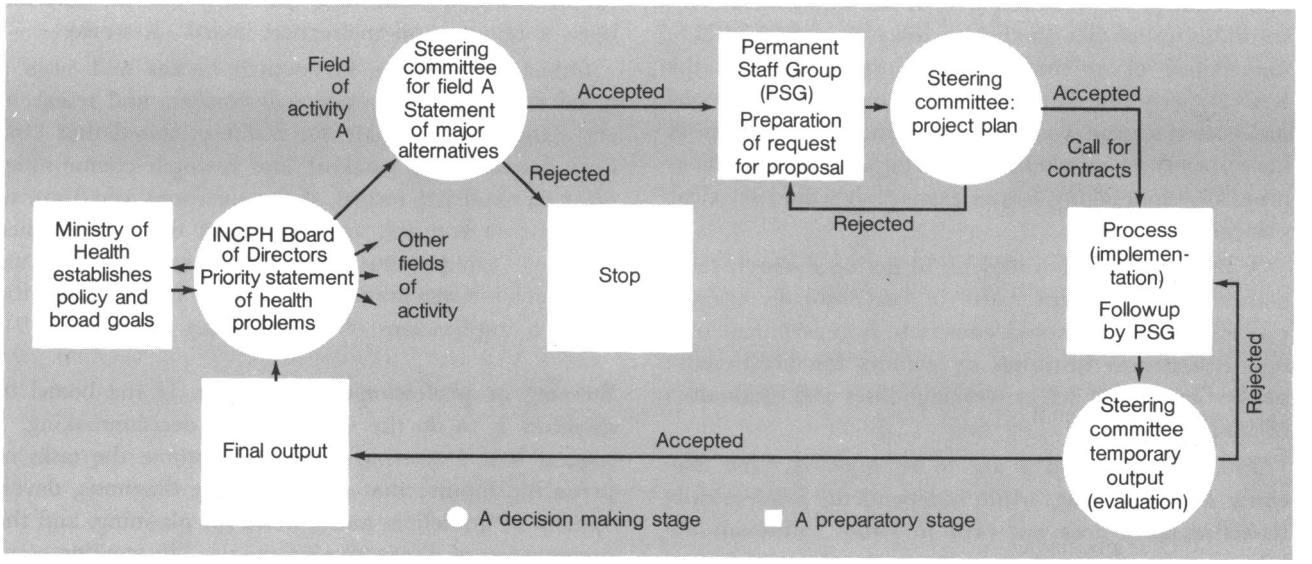
Other investigators favor such bodies and urge a closer relationship between policymakers and researchers. Banta and Bauman, for instance, stated that "the links between policymaking and research communities must be explicitly forged, if the questions asked are to be relevant and the answers found used" (*8*). Bice calls for "groups created within the social science associations for systematic review and comment upon the research implications of major policy programs" (*9*).

Steering or professional committees. If the board of directors is to do the wide-ranging decisionmaking, I suggest that a steering committee assume the tasks of preparing inputs; that is, community diagnosis, development of guidelines and criteria for planning, and the presentation of alternative proposals. The steering committee will probably need to establish several subcommittees, each chaired by a member of the board of directors, with representatives of affected groups and professional experts serving on them.

Permanent staff group (PSG). The permanent staff group consists of analysts who represent various disciplines—health administration, health economics, information systems, social sciences, and so forth—so that primary responsibility for implementation of the center's planning programs could be assigned. The chief coordinator of the permanent staff group is the "integrator" of the organization's functions. The integator's task requires a wide understanding of the health system's needs and an ability to coordinate different institutions (*10*). The PSG requires multidisciplinary and specially talented people. In general, the staff group will not be required to conduct the planning and implementation procedures. Instead, they will issue formal specifications for the programs approved by the board of directors and elaborated by the relevant steering committee or subcommittee. These specifications will take the form of "a request for proposals," a document that clearly identifies the nature of the problem and the objectives of the project.

The next step involves consideration by the INCPH steering committee of the submitted research proposals and its deciding to whom the project should be conveyed for implementation; each contractor (the government or a public agency or independent researcher) would periodically be observed by the permanent staff. The results of implementation are evaluated first by the PSG and presented afterwards to the steering committee for further directions or for initiating a new

The decision making process of the Israeli National Center for Public Health (INCPH)



decisionmaking procedure by the board of directors. The chart illustrates the decisionmaking process of the proposed Israeli National Center for Public Health.

Current Status

A number of practical measures have been taken in respect to the establishment of the INCPH.

1. Minister of Health Eliezar Shostak addressed the opening session of the joint Israeli-American symposium on regionalization of health services in Jerusalem in March 1981 and asserted that his ministry would consider INCPH as a major vehicle for the formulation of health policy in Israel.

2. A temporary board of directors has been appointed; it is made up of top executives of the government and Kupat Holim, deans and professors of health sciences, the military medical corps, and a health foundation.

3. A first national planning program on long-term health care needs has already been approved by the board. The program includes a partial listing of national priorities for research and development. Special emphasis is given to the planning needs of health manpower.

INCPH's Fields of Action

The INCPH fields of action which are discussed subsequently are clearly derived from the broad goals of the organization.

—research, planning, development, and evaluation of new strategies for the health services system.

—planning and guidance of comprehensive programs of training for the health professions and of health education for the general population (health education of the people is expected to emerge as a byproduct of the knowledge base required for the former task).

—involvement in international health activities including the planning and implementation of research, the development of cooperative projects, and the training of non-Israeli health manpower.

Research in the health services. Research in the organizational as well the economic aspects of health systems undoubtedly requires the close cooperation of academic planners and health care managers. Such an effort is relatively easy to achieve at the regional or local levels where coinciding interests usually can overcome conceptual and organizational barriers. An example of local cooperation are the community programs in Kiryat Hayovel. The area is a peripheral neighborhood of metropolitan Jerusalem where live about 20,000 people with relatively low incomes.

The community programs for the population include routine care as well as specialized plans for children's growth and development and for the prevention of heart and vascular diseases. All of the community programs rely on the medical academic staff of the Hadassah University Hospital in Ein-Karem (*11*).

A comprehensive effort to integrate services on a large regional scale has been initiated in Israel only in the northern Negev region (*12*). There a teaching hospital, several primary health care clinics in the Beer-Sheva catchment area, and a number of family

National priorities in health services research in three countries

Area of research	*Israel*	*United States*	*Canada*
The system of health services:			
Methods for the delivery of care in terms of effectiveness, efficiency, accessibility	+	+	+
Evaluation of performance and quality	+	+	+
Integration and regionalization	+		+
Assessment of new technologies		+	+
Manpower research and development	+	+	+
Financing the health services:			
Hospital cost containment	+	+	+
Physician reimbursement		+	
Health insurance and prepayment mechanisms		+	+
Health care subsystems:			
Long term care	+	+	
Emergency medical services		+	+
Ambulatory care	+	+	+
Community health teams	+		
Information systems:			
Standardization of data	+	+	+
Research in statistical methodology		+	+

SOURCES: Israel, references *13, 14,* United States, *3, 4, 16,* and Canada *15.*

health centers that give preventive care are incorporated in one program. The Negev model was planned as a response to a double challenge. Primarily, it endorses the integration of all regional health services into one inclusive system. Second, it fosters the merger of this comprehensive delivery system with an educational institution. The delivery system is used to educate health professionals under the auspices of the regional school of medicine. The aim is to produce a new generation of specialists more aware of the growing needs of their community.

Although almost 10 years have elapsed since the emergence of the Negev project, some obstacles have not been cleared. The main difficulty is the lack of a mechanism to coordinate the owners of the health institutions, the regional office of the Ministry of Health, the sick care funds, and the university. Full integration of services has not yet been achieved.

The relative success of the Negev model in producing community-minded health workers serves to underline the absence of any national effort to establish additional, comparable models. Such efforts might be conducted, in view of special conditions in the health sector, only under the aegis of the INCPH.

Health leaders are well aware that there are different approaches and preferences for long-range training initiatives in the health services so that setting priorities is necessary. It has thus been accepted that the guidelines to be followed by INCPH are those outlined in two well-documented reports that have been published recently. The Committee on Planning of Health Services Research in Israel has identified a list of priorities for research initiatives (*13*). This list parallels some earlier recommendations issued by the Davies Committee on the establishment of a health research administration (*14*).

The table lists the priority areas as noted by the Israeli documents in comparison with those indicated by the governments of Canada and the United States. The table is restricted to research initiatives that may be regarded as system or service oriented—biomedical research is excluded.

The priorities for Canada have been established according to the determinants of the Canadian government's policy objectives (*15*). Canadian policy stresses, in this respect, the crucial role of a health care efficiency strategy which emphasizes the balance among its major elements—cost, accessibility, and effectiveness.

The U.S. policy on health services research as formulated by the Department of Health and Human Services was summarized as follows: "to improve the quality of health care, prevent disease and contain health care costs, the health system requires, in addition to new knowledge developed at the fundamental level, the support of applied, problem-oriented health and health services research" (*16*). A detailed application of this principle is given elsewhere (*3*), and it is translated into the priority listings in the table. The priorities cited by the health planners and policy makers, as evidenced by the table, are strikingly similar.

Comprehensive programs of training. Israel has experienced an unusual pattern of academic development in public health. For years, the emphasis in medical and health education has been strictly confined to clinically oriented programs that prepare physicians and nurses. By the early 1970s the country had witnessed the establishment of 4 medical schools for a population of about 4 million, but only 1 academic program in public health at the Hadassah Medical School in Jerusalem. The statistics for 1977 are illustrative—283 students received their degrees in general medicine or dental medicine, but only 8 were graduated in public health (*17*).

Only recently has a conceptual change leading to a community-based approach been gradually introduced (*18,19*). The change is reflected by an outburst of new academic training programs in public health. Some of these are centered on the management of services and on health economics issues (Bar-Ilan and Haifa Uni-

versities), another one stresses the integration of different health disciplines through the comprehensive community approach (the Beer-Sheva University program), and the anticipated new training program of Tel-Aviv University is a response to the need for hospital administrators.

A similar process is occurring in nursing education where academization (through B.A. programs in medical schools) is a fast-growing process, thus forcing the medical schools to consider new alternatives to their current approaches.

Medical institutions have finally realized, in Israel and elsewhere, that a remarkable benefit arises from cooperative relationships with the community. There are new opportunities for evaluation of the utility and applicability of teaching programs and educational objectives and of the relevance of applied academic research, research strategies, and research priorities (*20*).

The crucial question is whether the health system of Israel can afford such a fast expansion which might prove too extreme in terms of costs and the scarcity of both faculty and student manpower resources.

The INCPH may evoke a new approach in education. It may enable the system to initiate new training curriculums adopted to modern, interdisciplinary perceptions of the health professions and accepted by the major components—the government, the providers, and the academic institutions. Further, the flow chart of decision making shows how INCPH puts up a barrier against the duplication of programs, wrong priorities, and poor quality training programs.

The INCPH role in training health professionals has two levels of priority. The first, reflecting current needs, is to establish various programs of continuing education of existing health personnel. The main goal is to reduce the gap between the partial and incomplete public health knowledge of most health officers of current advances in health fields. Issues in health administration, health economics, health information systems, and other domains of public health are reflective of that need. The second, and long-term, priority is to establish a national program based on a health manpower planning policy for the future education of health professionals. This program should be based on criteria reflecting the demographic patterns and the socioeconomic background within each community. The organizational mechanism proposed to accomplish this long-term priority is an integrative consortium-like arrangement, centered on the INCPH, that bridges national health problems and national resources. A separate steering committee is envisaged for each domain of public health—community medicine, health economics, health administration, and so forth. Each steering committee would consist of experts representing the academic community (including non-Israeli experts), the policymaking arena, and the health providers.

It is anticipated that the outcome of these interactions would lead to the establishment of comprehensive training programs operated through INCPH but under the supervision of academic institutions. In concept and organization, these proposals represent a departure from traditional schools of public health that are tied to individual academic institutions.

International role. An additional role for the INCPH is suggested by the history of changes in the health status of the Israeli population. The national health system finds itself in a most unusual situation. Since the founding of the state in 1948 a heavy burden had been imposed on the health services because of the absorption of a large number of destitute immigrants from many countries. In the 3 years from 1948 to 1951 they increased to outnumber the settled population by a ratio of 2 to 1. The immigrants had severe health problems—a high prevalence of communicable diseases, a high level of infant mortality, and extremely poor sanitary conditions in the crowded transition camps (*21*). Thus, the major achievement of the Israeli health system is the resolution of these early difficulties, which led to an improved health status for the whole population. The current health indicators of the Israeli people are typical of those of a developed society.

This remarkable transition can provoke wide interest in countries where the prevailing health status of the population resembles conditions in Israel about 30 years ago. In fact, the one existing international training program, an MPH course at the school of public health in Jerusalem, has been extremely successful in terms of enrollment and student satisfaction.

Obviously, the establishment of the INCPH can encourage many activities by combining national resources and expertise. It should be pointed out, however, that INCPH's role is limited to the further education of public health leaders of developing countries. It will not encompass technical assistance or support for the establishment of national networks of health services.

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SYNOPSIS

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Adoption of the new perspective of public health as a comprehensive and multidisciplinary mixture of objectives and activities requires a novel approach to the planning and the evaluation of health programs and to the training of health personnel.

The implication of this process for the Israeli health arena suggests the establishment of a national center for public health. The cornerstones of the Israel National Center for Public Health (INCPH) consist of the classic triad: health care providers, leaders of regulatory agencies, and representatives of the academic institutions.

The INCPH basic units would be structured by a top executive board of directors, by steering or professional committees whose main objectives are to develop criteria and guidelines and the evaluation of projects, and by a permanent staff group to maintain primary responsibility for the implementation of the center's programs.

A number of practical steps have been taken in respect to the establishment of the center. The suggested mode of operation encompasses a variety of mechanisms to promote research in and planning or evaluation of health services and a nationwide effort to coordinate health manpower education by combining expertise and knowledge of all the nation's teaching institutions. International activity consisting of the education of health professionals from developing countries is also envisaged.