



**Committee for the Evaluation of Public Health and Health System Management
Study Programs**

General Evaluation Report

October 2017

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Chapter 1: Background

Following the decision of the Council of Higher Education (CHE) to evaluate study programs in the field of Public Health and Health System Management. the Minister of Education, who serves ex officio as Chairperson of the CHE, appointed a Committee consisting of:

- [Prof. Gerald Kominski](#)- Professor of Health Policy and Management and Director of the UCLA Center for Health Policy Research, UCLA, USA; Committee Chair.
- [Prof. Joan R. Bloom](#)- Professor of the Graduate Division, Program in Health Policy and Management, School of Public Health, University of California, Berkeley, USA.
- [Prof. Joseph N.S. Eisenberg](#)- John G. Searle endowed Chair and Professor of Epidemiology in the School of Public Health, University of Michigan, USA.
- [Prof. Jack Zwanziger](#)- Professor of Health Policy and Administration, University of Illinois at Chicago, USA.
- [Prof. Joseph S. Pliskin](#)- Professor Emeritus, Department of Industrial Engineering and Management, and Department of Health Systems Management, Ben-Gurion University of the Negev, Israel.

Ms. Daniella Sandler and Ms. Inbal Haskell-Gordon served as the Coordinators of the Committee on behalf of the CHE.

Within the framework of its activity, the Committee was requested to:

1. Examine the self-evaluation reports, submitted by the institutions that provide study programs in Public Health and Health Management, and to conduct on-site visits at those institutions.
2. Submit to the CHE an individual report on each of the evaluated academic units and study programs, including the Committee's findings and recommendations.
3. Submit to the CHE a general report regarding the examined field of study within the Israeli system of higher education including recommendations for standards in the evaluated field of study.

The entire process was conducted in accordance with the CHE's Guidelines for Self-Evaluation (of September 2015).

Chapter 2: Committee Procedures

The Committee held its first meeting on May 7, 2017, during which it discussed fundamental issues concerning higher education in Israel, the quality assessment activity, as well as Electrical and Communication System Engineering Study programs in Israel.

In May 2017, the Committee held its visits of evaluation to seven institutions: Tel-Aviv University, Ariel University, Ben-Gurion University, University of Haifa, Academic College of Emek Yizreel, Bar-Ilan University and Hebrew University. During the visits, the Committee met with various stakeholders at the institutions, including management, faculty, staff, students and alumni.

The schedule of the visit is attached as **Appendix 2**.

Chapter 3: The State of Public Health and Health System Management Study

Programs in Israel

This Report relates to the situation current at the time of the visit to the institution, and does not take account of any subsequent changes. The Report records the conclusions reached by the Evaluation Committee based on the documentation provided by the institution, information gained through interviews, discussion and observation as well as other information available to the Committee.

Introduction:

During May 2017, the Evaluation Committee traveled to six universities and one college to assess their programs in public health (PH), which included health systems management (HSM) as well as other core PH programs such as epidemiology, community health, biostatistics, and environmental and occupational health. At two universities and one college, the only PH program was health systems management (HSM). Four of the five members of the site visit team are senior faculty at Schools of Public Health (SPH) in the U.S. As a result, our Committee was particularly interested in both the similarities and the contrasts between academic public health programs in Israel compared to the U.S. During the course of our site visits, we became aware of several important differences that led the committee to develop four recommendations for improving the field of academic public health in Israel; these are presented below.

The Committee also noted other important differences between Israel and the U.S. that seem entirely appropriate for Israel. For example, three programs have BA degrees in HSM. While the number of BA degree programs in public health have grown considerably during the past decade in the U.S., these programs are still widely viewed as preparing graduates only for entry-level positions. In contrast, the Committee learned that BA degrees in public health or HSM in Israel serve an important role as a terminal degree for two groups of health professionals: (1) working nurses and other allied health professionals who did not receive any prior academic degree; and (2) health professionals enhancing their qualifications to enter nursing programs. The Committee concluded that the BA degree programs serve an important function in providing additional training in

HSM to these practicing health professionals.

A related strength of Israeli academic programs observed by the Committee is that most of the programs are structured to accommodate working students. We learned during our site visits that the vast majority of students continue to work while enrolled in HSM and public health degree programs, and the programs recognize this by structuring classes on one or two days a week to minimize the amount of time students have to spend away from work. In the U.S., this type of compressed academic calendar is generally only available to students in special “executive style” or online degree programs designed specifically for fully-employed students. Although these programs are growing, they often have more limited course offerings and access to professors relative to programs offered to other degree students.

In general, the Committee found the fields of public health to be of excellent quality, with outstanding faculty, strong curricula, excellent students, and dedicated alumni working in a variety of settings relevant to the field. The academic programs of course vary in strengths and weaknesses, which are discussed in our individual program reports but every program meets academic standards (although one program is highly dependent on one full-time faculty member). Most excel in meeting their educational mission and goals.

This report addresses several overall recommendations that emerged from the Committee’s observations and discussions during the site visits. Specifically, the Committee has identified five areas for the Council on Higher Education to consider for improving public health and HSM education. We believe our recommendations are necessary to keep higher education in these fields at the highest level of quality and to prepare the next generation of graduates to meet the full spectrum of public health needs of Israel’s population.

Public Health Study in Israel:

RECOMMENDATION 1: Establish a working group to define the core elements of Public Health education for Israel. Based on this definition, define the core program requirements necessary for designation as a School of Public Health.

Education in the health professions generally is based on agreed upon standards that include essential elements for all individuals obtaining a degree in that field. For example, medical education in Israel requires training in the basic and clinical sciences for everyone graduating with the MD degree. Medical school graduates go on to specialize in various fields, but everyone has been required to take essentially the same core curriculum in the process of obtaining their MD degree; specifically, three pre-clinical years and three clinical years. Although medical schools may differ in their methods of teaching the core curriculum, and medical education itself is undergoing change, there is general agreement about the requirement content areas and skills necessary for all MDs (Schoenbaum et al., 2014; Reis et al., 2016).

The Committee observed and concluded that education in public health in Israel is lacking agreement on what the core areas of public health are and how, *and to what extent*, those core elements should be included in educational programs. For example, several programs seemed to have competing visions of public health as primarily based on exact sciences versus social sciences. The Committee's conclusion is based primarily on requirements in the U.S., where Schools of Public Health accredited by the Council on Education for Public Health (CEPH) must provide education in the five traditional core areas of public health: (1) biostatistics; (2) epidemiology; (3) environmental health; (4) health policy and management; and (5) social and behavioral sciences. Programs in public health can be accredited in the U.S. if they offer fewer than five core areas, but programs cannot become Schools without offering education in all five areas. The European Agency for Public Health Education Accreditation (APHEA) recognizes essentially the same five core areas.

The Committee recommends that this working group consist of the major

stakeholders in public health education, including representation from: (1) each of the seven programs in Public Health or Health Systems Management that were involved in our site visits; (2) the Ministry of Health; (3) the four HMOs responsible for medical care for Israel's population; and (4) at least one international public health accrediting agency (e.g., CEPH or APHEA). We also recommend that this working group establish subcommittees in each of the 5 core areas of public health to establish standards for education in each of these educational areas.

RECOMMENDATION 2: Establish the MPH degree as a professional degree, and revise the expectation for research (i.e., theses) in professional degree programs.

One important issue the Committee came to understand during its site visits is the relative balance in public health education between academic versus professional, practice oriented training. In general, the Committee found that programs in Israel tend to view the Masters of Public Health (MPH) degree as both an academic and a professional degree, depending on whether students complete a thesis. Although we understand that a Master's thesis is required for advancement to PhD programs, the Committee believes the MPH is better viewed as a professional degree, while the MS or MA should be used for students who choose the thesis option. The Committee believes that MPH graduates should have a professional identity comparable to other professional degrees, such as the MD and MBA. The Committee recognizes that MPH students may decide later in their career to pursue a PhD degree. Therefore, we recommend that the working group called for in Recommendation 1 should consider options that would permit MPH degree holders to pursue doctoral training. For example, one option is to broaden the definition of what constitutes a Master's thesis to include a practice-oriented or problem-solving thesis that would be required of MPH students that would satisfy the prerequisite of PhD programs in Public Health. Creating an MPH thesis option would also remove the incentive for programs to "encourage" students to select the MA option because more thesis students translates into higher funding from CHE.

The Committee understands that funding for higher education includes an

incentive for programs to increase the percentage of Masters students completing theses. In academic and basic and applied science fields, this incentive works to guarantee an adequate pool of future researchers and academic leaders. In professional fields, however, this incentive may be in conflict with the broader needs of the profession. Therefore, we encourage CHE to review its funding formula for professional fields of education, including public health, to recognize professional masters theses, which may differ from traditional academically oriented masters theses. Such a change would encourage faculty and students to work on masters theses that better serve the needs of the public health profession.

RECOMMENDATION 3: Learning Outcomes (LOs) should be developed for each course and curriculum to prevent gaps as well as overlaps in curriculum content within programs in Public Health and Health Systems Management. Learning Outcomes should be assessed for each student prior to their graduation from a Public Health or Health Systems Management program.

The Bologna Working Group on Qualifications developed “Learning Outcomes” (LOs) as a means of specifying faculty expectations for what a specific student should learn from a particular course and the curriculum as a whole for specific programs in Europe. Similar to the concept of Learning Outcomes, the Committee for Teaching and Learning in the United States uses the term “competencies” to inform program design and incorporation of evaluation activities. Currently, this occurs in the U.S. when a School or Program in Public Health is reviewed for reaccreditation by the Council for Education for Public Health (CEPH) every seven years or sooner.

In Israel, the Committee observed that most programs in Public Health and Health Systems Management have not fully embraced the Bologna Working Group on Qualifications concept of “Learning Outcomes.” Specifically, we observed that at most 3 of the 7 programs we reviewed had well-developed LOs for courses and their degree programs. These programs were likely to have either a Curriculum Committee or an individual faculty member responsible for evaluating new courses and periodically evaluating continuing courses for overlaps of content or gaps in content.

The Committee strongly recommends that all programs in Public Health and

Health Systems Management adopt processes for developing Learning Outcomes and regularly assessing the content of individual courses and the entire curriculum to ensure that courses and degree programs are providing students with the skills and knowledge necessary to be effective public health professionals. In addition, the Committee recommends that graduate level public health education also employ appropriate means for assessing Learning Outcomes. For example, we observed some programs relying on multiple choice exams because of large class sizes, and we believe strongly that graduate level education cannot be appropriately assessed using such exams, no matter how convenient they may be for instructors who have large lecture courses.

RECOMMENDATION 4: Establish minimum student/faculty ratios for programs in Public Health and Health Systems Management to ensure adequate faculty resources in every program.

The Committee struggled in its evaluation of the Public Health and Health Systems Management programs to determine if the programs had adequate faculty resources relative to student enrollment. In the U.S., student-to-faculty ratios are commonly used as a quality metric. Although the program self-evaluation reports included lists of full-time and part-time faculty, with their percentage of effort in the programs, we found it difficult to calculate accurate faculty full-time equivalents (FTEs) for most programs. This was in part due to changes that had taken place in programs between the submission of the self-evaluation report and the site visits in May 2017. But we all noted that more than a few full-time faculty were not full-time in the programs; they spent some portion of their time in other units at their institutions. We strongly urge CHE, through the working group we are calling for in Recommendation 1, to establish standards for student-to-faculty ratios for the BA, Masters, and PhD programs. Although not a perfect measure of resources, these ratios provide an easy-to-calculate and easy-to-comprehend measure of whether programs are understaffed.

The Committee also recommends that CHE establish a minimum number of full-time faculty for programs. This is necessary because, for example, a program could be built entirely from part-time faculty, and appear to have an adequate number of faculty

based on FTE counts (e.g., 30 faculty at 20% effort = 6 FTEs). But such a program with 6 FTEs would lack adequate full-time faculty to serve vital educational and programmatic activities. Professional educational programs require a balance between full-time and part-time faculty, and we recommend that CHE establish standards in the area for programs in public health, including health systems management. We also recommend that FTE counts be based on the percent effort each faculty member spends in the relevant program, rather than their percent effort overall at the institution.

RECOMMENDATION 5: Waive the requirement for postdoctoral experience overseas as a criteria for academic appointments.

The Committee understands that candidates for full-time tenure-track academic appointments in Israel are required to have international postdoctoral experience, generally in the U.S. or Europe. While we understand the importance of broadening one's perspective by studying abroad, this policy can result in loss of high-quality candidates, as well as gender and ethnic bias for those who can't easily leave Israel. This requirement may have been justified in an earlier era when there were fewer post-doctoral options within Israel, but the Committee believes there are currently a sufficient number of high-quality post-doctoral options available within Israel to meet the training requirements for future faculty in Israeli university public health programs. Therefore, the Committee recommends that the requirement for international postdoctoral experience be waived in the field of public health, allowing PhD graduates who have completed postdoctoral positions in Israel to apply for full-time tenure-track academic appointments.

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Signed by:

A handwritten signature in black ink, appearing to read "G. F. Kominski", is written over a horizontal line.

Prof. Gerald F. Kominski- CHAIR

Appendix 1: Letter of Appointment