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Key Findings from a National Survey of Mothers Regarding Preventive Health Services for Children in the "Tipat Halav" Framework

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RESEARCH REPORT

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Executive Summary

Preventive maternal and child health services are cornerstones of Israel's efforts to ensure population health. At present, the main provider of these services is the Ministry of Health, with the health plans and the municipalities of Jerusalem and Tel Aviv also playing important roles in service provision, and providing care to a considerable sector of the population.

In 2004, the Government of Israel decided to carry out a pilot in which, in selected localities, the responsibility for preventive maternal and child health services would be transferred from the Ministry of Health and municipalities to the health plans. At the request of the Ministries of Health and Finance, the Myers-JDC-Brookdale Institute is carrying out a multi-dimensional evaluation of the planned pilot.

As part of that evaluation, a national phone survey of mothers was carried out in early 2006. The objective of the survey was to assess, on the eve of the pilot, consumer perspectives on the level of service and the extent to which selected service standards were being met at the national level. In addition, the survey sought to assess differences among various population groups and providers. Moreover, the survey examined the extent to which the localities which had been chosen to participate in the pilot (Elad, Modiin and Tel Aviv) provided a good basis for learning and comparisons.

The pilot was frozen in February 2007. Nonetheless, the survey findings may contribute significantly to the planning and development of the preventive services in the future, irrespective of who provides them.

The study sample included both a representative national sample and an enhanced sample from the pilot localities. A total of 2,575 mothers were interviewed, and the response rate was 74%. Most non-response was due to difficulties in finding telephone numbers and there were few refusals. The observations were weighted to ensure proper representation of the general population.

The study found that a very high percentage of the mothers report that their infants received the basic core services: immunizations and developmental tests. At the same time, the study found a number of service dimensions which are in need of improvement, such as home visits, counseling and conversations on certain topics, as well as continuity of care.

The findings also indicate that the system has succeeded in providing a service that is equitable across income and population groups. Even among low-income and Arab mothers the percentage receiving the core basic services (immunizations and developmental tests) is very high. With regard to some of the other services examined in the study, these groups even received more services than the general population, apparently in response to their greater level of need. Similarly, low-income and Arab mothers expressed higher levels of satisfaction than did other mothers. On the other hand, there are several areas (such as positioning the baby on its back and participation in group counseling) in which these vulnerable populations are at a disadvantage.

There were no significant differences in the rates of immunizations and developmental tests between infants cared for by the Ministry of Health and those cared for by the health plans. With regard to other dimensions of service examined in the survey, there were some in which the Ministry of Health had an advantage (such as home visits) and others in which the health plans had an advantage (such as satisfaction and continuity of care). The differences between the service providers were greater among high-income respondents than among low-income respondents.

As emphasized by the project steering committee, performance differences among service providers could be due not only to differences in the identity of the provider and the service model, but also to differences in the level of resources invested in the different models. Several Ministry of Health professionals have claimed that in recent years there have been substantial cutbacks in the Ministry's Public Health Service (including a 15% reduction in the number of nurses), and that this has reduced the level of the preventive services provided by the Ministry.

Finally, the study found that the pilot localities constitute a sound basis for learning and comparison, but with certain limitations. With regard to most socio-demographic characteristics (age, education, income, etc.) there is substantial variation among the pilot localities, and the distribution of these variables for the pilot localities as a group are similar to the distribution for the national sample which is being used as control groups in the evaluation. However, there were very few Arab mothers in the pilot localities, as no Arab localities are included among them.

In the next stage of the project, data will be collected on a number of important topics which, by their nature, could not be examined through a survey (such as staffing levels and the extent of community-level activities) and the quality of their information systems. These topics will be examined through analyses of existing administrative data and in-depth interviews of the relevant managers.

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