



The Project of Employing Health Integrators in the Regional Clusters: A Formative Evaluation

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Abstract

Background

A regional cluster is a voluntary union of local authorities designed to promote regional economic development and advance cooperation between neighboring authorities. The regional clusters initiative emerged, among other reasons, as a means to overcome gaps in the ability of local authorities in Israel to provide optimal services to their residents.

The Ministries of Health and the Interior wanted health promotion to be one of the domains that regional clusters deal with, and to develop a field of health promotion from a regional perspective. Accordingly, in October 2020, they jointly published a competitive tender for regional clusters to participate in a project for employing health integrators. The winning regional clusters received a budget for employing a regional health integrator and for initiating health-promoting programs and projects.

In response to the tender, the clusters were required to present a regional health strategy and a three-year plan detailing initiatives and activities to promote regional health, with emphasis on active aging and healthy nutrition. The tender emphasized criteria for selecting among the clusters' responses to the call, including taking advantage of economies of scale and seeking to reduce gaps, among other things by optimizing services and developing cluster-level management tools. All eleven clusters active at the time participated in the tender, of which seven were selected, and these hired regional health integrators.

The integrators' work is designed to lead to regionwide change in order to maximize the health of cluster residents and promote the concept of "health in all policies" in the ongoing activity of the cluster and its municipalities. They are expected to do so by developing a health-promoting ecosystem on the cluster level and implementing initiatives to improve the health of the cluster's residents, with emphasis on interventions adjusted to the local population's needs and preferences.

The project is accompanied by a wraparound program led by JDC-Elka together with the Ministries of the Interior and Health. The wraparound program provides support for the project's administrative mechanisms, accompanies the integrators' work on both a group and individual basis, identifies and promotes solutions for cross-cutting barriers arising from the field, and develops knowledge hubs. It also promotes modelling of the activities (i.e. creating replicable frameworks based on the successful approaches and lessons learned during the implementation of the project activities, so that these models can guide and inform similar future endeavors).

The Myers-JDC-Brookdale Institute was commissioned to conduct a formative evaluation of the project, addressing its objectives and compatibility between the objectives and the planned interventions, as well as assessing the project in its entirety as a test case for creating a new professional role on the regional cluster level.

Objectives

1. Examine the integrators' activities
2. Examine how the integrators perceive their role
3. Examine how the project is perceived in the regional clusters among cluster directors and other stakeholders

Methods

1. In-depth interviews with 40 participants: health integrators; the directors of clusters (both call winners and not); program partners from the Ministries of the Interior and Health and JDC-Elka; and other stakeholders from the Ministry of Health and academia familiar with the details of the program but not directly involved in its implementation.
2. Analysis of documents related to the initiation and implementation of the program.

Findings

The research findings indicate that in all the clusters, the integrators acted to build an ecosystem for health promotion by establishing steering committees, professional forums or roundtables. However, the clusters varied in the frequency of meetings, the number of participants in them, the extent of representation of all stakeholders in the area, and the type of outputs produced in them.

Our analysis of the integrators' activities shows that the first project period was devoted to learning and mapping and for activities designed to rally the municipalities in support of the program and creating an infrastructure for future collaborations. Subsequently, and throughout the program, there was an increase in the rate of activities designed to map the cluster's health needs and strengths, build a physical, digital and human infrastructure, and expand services. At the same time, there was a decrease in the rate of activities dedicated to health education and promotion. There was also an increase in the share of activities designed to impact the system, as opposed to the individual (from 45% to 58% of all activities), and a corresponding decrease in activities designed to affect individual behavior. An increase was also found in the rate of activities conducted from a regional, as opposed to municipal, perspective (from 45% to 77%).

The interviews indicate that the integrators speak the "regional language", which emphasizes the development of sustainable infrastructures, fostering connections and links between different actors in the area and across

diverse fields of activity within the cluster, and aims to reduce gaps. The approach described by the integrators aligns with the work practices in the clusters – strategic thinking and long-term planning, alongside “low-hanging-fruit” activities that generate value in the short term.

The emerging perception of the new role also emphasizes raising awareness of the need to promote health at the local level and the advantages inherent in doing so, recruiting the authorities to engage in this field, and training the people in the authorities to take health considerations into account in their routine work.

The findings indicate that employing the integrators in the clusters is seen as an essential move for promoting the health area on the cluster level. The creation of the new role has pushed the clusters and local authorities to focus on health, and many municipalities have appointed health coordinators of their own and appointed representatives to the cluster-level steering committees and forums. It was also found that despite the short time since the project had been initiated, early signs of change can be identified in the perceptions of municipal administrators regarding their role in maintaining and promoting residents’ health.

At the same time, we found that most of the activity examined was not planned from an outcomes-oriented perspective and was not accompanied by regular assessments of measurable objectives to evaluate the activities’ impact. It was also found that the ministries and other health stakeholders are not sufficiently aware of the existence and activities of the integrators and of the added value regional work can bring to the health area.

Recommendations

1. Add a module on the use of an outcomes-oriented perspective to the integrators’ supervision and training. We recommend promoting the use of the RE-AIM (reach, effectiveness, adoption, implementation, maintenance) model that ensures an outcomes-oriented framework already from the stage of planning the interventions of health-promotion programs. Each plan promoted as part of the project must specify measurable objectives and goals for each element.
2. Develop a set of measures and measurement instruments (surveys, information sources) that will enable the collection of data at T0, and help create a uniform language across the clusters, similarly to what is currently done in the project to employ nutritionists in the regional clusters.¹
3. Market the project among other departments in the Ministry of Health currently not engaged in it, as well as among other health stakeholders, to promote the networking of cluster and ministry functionaries.

¹ In January 2023, the Ministry of Health published another call for integrating nutritionists in six regional clusters.