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THE SMOKLER CENTER FOR HEALTH POLICY RESEARCH

Project for the Advancement of Women's Health in Israel (ISHA) – Evaluation of the Program to Develop Women's Lay Leadership

Summary Report

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RESEARCH REPORT

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This report was prepared as part of the evaluation of the ISHA program to promote women's health in Israel, which is a joint program of the Jewish Community Federation of Cleveland and the Jewish Agency for Israel. ISHA is a unique multi-organizational international program that brings together and trains primary care physicians, lay leaders, women's health advocates, academics, and researchers in partnership with major organizations to significantly advance women's health in Israel.

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Executive Summary

Over the past decade, the subject of women's health in Israel has attracted a great deal of interest. The cumulative evidence from various studies has made members of the profession increasingly aware that women's healthcare and the promotion of women's health are not receiving appropriate attention in Israel. In 2001, the ISHA project was developed jointly by the Jewish Community Federation of Cleveland, the Jewish Agency for Israel, and the Myers-JDC-Brookdale Institute, with the aim of promoting women's health in Israel.

The ISHA project is made up of several programs to promote women's health that are implemented for doctors, women, and members of the general public. One of them is a unique program to develop lay leadership in the community in the field of women's health.

The Women's Lay Leadership Program

The main goal of the program, which was initiated in 2001, was to train women to promote women's health in their own communities. To achieve this goal, the training provided participants with knowledge about women's health and the tools to develop and implement projects in the community. The assumption was that the knowledge and skills acquired by the participants during the course would enable them to become actively involved in women's health in their communities, to promote awareness of the subject, and to initiate and implement projects.

The lay leadership development program is similar to programs described in the literature on training lay health activists that aim to empower these "natural helpers" by providing information and tools on health matters, such as mammogram exams (Earp et al., 1995).

The program is based on a model of community development and the development of local leadership in the community (lay leaders). According to this model, in order to promote a particular issue in the community, the program must meet the needs of the population, in terms of both content and modes of action. Hence, choosing the participants from within the community has an added benefit: During their training as lay leaders, much can be learned from them about the needs, perceptions, beliefs and values of the population and the factors that can facilitate or hinder the achievement of the desired health objectives can be identified. This provides a better basis for developing and fine-tuning a program that is suited to the needs of the target population.

Between 2001 and 2004, two cycles of the program were conducted and a total of 28 groups (of approximately 500 women) underwent the training. There were 17 groups in the first cycle (288 women), which was implemented under the guidance of two entities: The Israel Association of Community Centers (which trained 14 groups) was chosen because it has a widespread infrastructure[1] for operating community-based programs and developing lay leaders in many

[1] This unique infrastructure has several aspects, including a national-level headquarters, a country-wide distribution that allows for broad activity and inter-regional cooperation, pre-existing physical and professional infrastructures at the local level and possibilities for inter-center learning and inter-cultural activities. As an established organization, the IACC also has the ability to allocate small amounts of money to support projects initiated by volunteers.

areas. The Ben-Gurion University of the Negev's Center for Women's Health Studies and Promotion (which trained 3 groups) was chosen because it has academic expertise in women's health and in action-research. The second cycle of the program encompassed 11 groups (202 women) and was implemented under the auspices of the Israel Association of Community Centers.

During the first two years of the program (2001–2003), the participants in the first cycle took part in a theoretical course followed by practical training on how to implement projects in the community. The theoretical course, which lasted roughly a year and comprised 19 sessions of about three hours each that were held no more than once a week, was designed to impart information about women's health and provide the participants with knowledge and tools for working in the community. During the second part of the program, the participants underwent practical training, in which they gained experience in applying the knowledge and tools acquired in the theoretical course to the planning and implementation of projects to promote women's health in the community. During the third stage, which lasted throughout 2004, the women's groups operated in their own community centers, with backup and instruction provided by the group's local coordinator acting on behalf of the community center. As part of the IACC's strategy to empower the participants and impart a sense of being part of the national/regional level activity, it held regional and national conferences that allowed the women to meet, share their experiences and attend professional lectures. The third stage was implemented in the Israel Association of Community Centers only because they alone had the necessary infrastructure to support continued activities by the groups.

Note that the program implementers took on a serious challenge by attempting to work with groups of women from all over Israel, including women of different cultures, women from vulnerable population groups (such as immigrants, Arabs and low-income women) who usually do not constitute a target group of leadership development.

Evaluation of the Program

The Jewish Community Federation of Cleveland and the Jewish Agency asked the Myers-JDC-Brookdale Institute to assist in developing the model of the ISHA project and to conduct a formative and summative evaluation of the various programs implemented in the framework of the project.

The evaluation comprised three main stages: evaluation of the program's theoretical component, evaluation of the practical training component, and follow-up to evaluate the women's activity after the course. The evaluation of these three components of the lay leadership development program was conducted between 2001 and 2005.

The formative evaluation was conducted at the stage of planning and recruiting the participants and during various stages of its operation: at the beginning and end of the course and at the stage of implementing the community projects. A summative evaluation was also conducted at the end of each cycle of the program.

For the evaluation, we utilized quantitative and qualitative tools: closed questionnaires, in-depth interviews, and various reporting forms. The evaluation program and tools were formulated on the basis of the existing international literature on personal empowerment and community empowerment and we also reviewed articles and evaluation studies of programs based on a similar model. These articles and studies have been summarized in an extensive literature review that we prepared and published on the topic of community leadership development for health promotion (Elroy and Gross, 2003).

The report presents the main findings from the first cycle regarding the contributions and outcomes of the theoretical course (e.g., knowledge of women's health, self-efficacy, and motivation) and satisfaction with the course. A summary of activities of the first cycle of lay leaders is also presented. Tables summarizing the evaluation of the theoretical course of the second cycle are presented in Appendix II (in Hebrew). We decided to emphasize the findings of the first cycle in this report for two main reasons. Firstly, the first cycle was more extensively evaluated, with the evaluation including also the projects that the women implemented in the community, which were not included in the evaluation of the second cycle. Secondly, since the findings of the two cycles were very similar, we decided, in order to avoid repetition, not to present the full findings of the second cycle. The few significant differences between the two cycles will be noted briefly at the end of the findings section.

Findings

The findings served as formative feedback for improving the program while it was still being implemented, in preparation for the second cycle. The findings also served as a basis for a more extensive examination of the model for developing groups of lay leaders promoting women's health in the community.

Evaluation of the Course

The findings indicate that a large percentage of the women (83%) expressed great satisfaction with the course. Overall the women were very satisfied with most aspects of the course, such as how the meetings were conducted (92%) and the curriculum on women's health (83%). Seventy three percent of the women felt that the course met their expectation. Further, 93% said that they would recommend the course to other women.

Most of the women (84%) completed the course with a high level of motivation to promote the health of women in their community. Eighty two percent noted that the course contributed to their knowledge of women's health. Examination of their knowledge levels before and after the course indicates that the course did, in fact, enhance their knowledge in this area to a great extent.

Nearly all the women reported that the course contributed significantly to their awareness of the importance of promoting women's health in the community (92%) and to their wish to be active and promote this cause (90%). Over 80% reported that the course contributed to their sense of efficacy to initiate and execute projects that promote women's health in their communities

About two thirds of the participants felt that the course had contributed significantly in terms of both knowledge and practical tools (70% and 65%, respectively), although fewer women indicated a significant contribution in these topics compared to the course's contribution in imparting academic knowledge and raising awareness.

As noted, the program was implemented among a variety of populations in localities of diverse characteristics, which presented an additional challenge to the program. It was, for example, implemented among the Arab population in the north and in the south (the Bedouin population), which are populations with less experience and tradition of voluntarism and community activity, particularly among women. Nevertheless, we found that even among the Arab participants, the vast majority (76%) expressed high satisfaction with the course. This rate was slightly lower than the rate among the Jewish women (86%), but the difference is not statistically significant. A significant difference was found between Jewish and Arab women with regard to whether the course met their expectations (78% versus 63%, respectively). There was also an improvement in knowledge among the Arab women (from 4.2 to 5.8 in the knowledge test) although the improvement was less marked than among the Jewish women (where the improvement was from 5.2 to 7.3). Among the Arab women, 92% said that they would recommend the course to other women, a similar percentage to the rate of Jewish women (94%).

With regard to most specific aspects of the course, the Arab women were significantly less satisfied than the Jewish women, although their levels of satisfaction were still high. Similarly, in matters related to conveying knowledge about women's health and imparting tools (for identifying needs, community work and team work), they ranked the course's contribution as high, yet significantly lower than the Jewish women.

As noted, the findings from the second cycle were similar to those from the first cycle, in most areas. In the second cycle we found that the course had a greater contribution to the sense of efficacy of working as a team, motivation, working in the community and initiating and carrying our community projects. Further, the findings show that the course improved the women's self efficacy (i.e., between their situation prior to the course and following the course), an issue which was not examined in the first cycle (where self efficacy was not measured prior to the course).

Evaluation of the Post-course Activities

In all the groups that participated in the first cycle of the course, post-course activities were conducted during 2004, with the support of the community centers, to promote women's health in the community. For the most part, the selection of the topics and types of activities resulted from needs that had been identified and an ongoing process of learning the community's needs. Some of the groups were more active and implemented a greater range of activities during the year, but all the groups were active to some extent. The types of activities included:

- A series of lectures on women's health issues for the women in the community. The topics were determined in response to requests by the public and included mental health topics
- Activities to develop awareness of domestic violence (plays, lectures)

- Establishing and organizing walking groups
- Health evenings/fairs (health food, equipment and clothing, alternative treatments, lectures)
- Fun days – social activities for women in the community
- Establishing a women's club (the Enosh club for the emotionally disturbed)

Factors that Helped or Hindered Continued Activity in the Community

The program produced a corps of women working to promote women's health in their communities. In most of the community centers that participated in the program, the lay leadership activity has become an established activity. During the two years of the program, the dropout rate for participants in both cycles was around 20%, a low percentage considering the length of the courses. Even during the period of community projects, a considerable number of women from the original group had remained, ensuring its continuity, and they have been joined over the years by other women. This is a group of women who have, over time, developed and professionalized in their endeavors on behalf of women's health in the community and, according to the program facilitators' reports, a group that was active in 2007 is promoting health and other issues in the community. Over the years in which the training program was implemented, the volunteers' endeavors expanded into additional areas in some of the localities and they took on assignments that were not necessarily connected with women's health.

The multiyear monitoring of the program made it possible to identify which of the many principles mentioned in the literature were particularly important for this program's success and which should be given particular attention when implementing similar programs in the future. These included:

- ***Selecting the screening criteria for participants and the manner of their recruitment*** – We recommend examining the availability of the candidates, their motivation to contribute to the community, their ability to work in a team, and their self-efficacy in regard to acting independently in the community.
- ***Strengthening the connection between theory and practice in the participants' training*** – The training process must combine theoretical learning and practical application of the theory, i.e., initiating and implementing a project in the community. Such experience will enable the participants to apply the theoretical material they have learned and to understand how it relates to implementing a project in the community.
- ***Providing an organizational structure for implementing the program*** – The women cannot act in a vacuum. They need a framework (as was provided by the community centers – both on the local and national level) in which they can meet and receive technical and administrative support (telephone, fax) or any other assistance they require in order to work in the community. Such an infrastructure also gives them a feeling of belonging to an enabling and supportive system.
- ***Ensuring cultural adaptation of the program to various target publics*** – From the planning of the program through the way in which it is implemented, it is important to maintain cultural sensitivity to the needs of the participating populations. Adaptations of the program

must take into account differences in language, knowledge, values, customs, health-related beliefs, and so forth.

- ***Preserving the leadership – the women's need to continue activities in the community –*** The women's perseverance as activists in the community is not a given. It is important to provide a response to several particular needs of these women, such as professional supervision and guidance, recognition in the community, etc., in order to keep them as activists. A strong infrastructure, as was available in the community centers, enables this.

Beyond these specific points, we found that the strategy employed by the ISHA project of implementing the program through the IACC was particularly successful. This strategy enabled implementation by a national widespread, established organization, with knowledge and experience in developing community leadership. Because of the size and broad distribution, the volunteers felt that they were part of "something big". In addition, the community centers contributed to the success of the project by utilizing existing infra-structures, employing local coordinators and allocating money to the projects. Finally, the national conferences initiated by the community centers gave the volunteers the feeling of being part of a large and important country-wide project and also provided an opportunity for shared learning and inter-cultural exchange.

We also identified several factors that could hinder the successful implementation of the program:

- ***The difficulty of finding sources of funding for the activities*** – In order for the women to be able to raise the necessary resources for activities in the community, they must be equipped with the requisite skills and knowledge.
- ***Contending with local politics*** – It is important to recognize the explicit and implicit dynamics among key people in the community and among organizations in the community. It is vital to involve all these entities in the program and to maintain neutrality in order to obtain recognition.
- ***The burnout of the lay leaders over time*** – In programs that require a relatively lengthy training and the nature of the activity is such that participants need to "take a deep breath" in order to see the value of the endeavor, it is inevitable that the leadership will have to cope with burnout. As noted, it is vital for these women to be given the necessary support in order to contend with the fallout from this burnout.

Contribution of the Evaluation to Date

Over the past five years, the evaluation findings have been used in various ways. The findings from the formative evaluation of the first cycle were used to improve the program while it was being implemented and later served as the basis for planning the second cycle of the program for lay leaders, such as strengthening the connection between the theoretical studies and the practicum and adapting the course to suit women of diverse populations and cultures.. The summative evaluation of the two program cycles now serves as the basis for implementing additional lay leadership development programs, based on the model of a health counselor from the community. Indeed, in recent years the Jewish Community Federation of Cleveland and the

Jewish Agency for Israel, along with additional Jewish Federations, have supported a variety of similar programs, with particular attention to peripheral regions and various vulnerable sub-populations.

In addition, the principles brought up in the evaluation of the program are likely to be beneficial and to serve as guidelines for the planning and implementation of a wide range of this type of community development program for lay leadership in health or other areas.