A Message from the Head of the School of Public Health
– Prof. Shira Zelber-Sagi

The new academic year has started with a sign of development and regeneration.

Firstly, we moved to the new Faculty of Social Welfare and Health Sciences building. Our new home has plenty of room for everyone, sitting area, eco-friendly kitchen and breathtaking views.

Secondly, we opened the new Biostatistics program (MPH) that focuses on applied biostatistics. The program will accept the first class in the fall 2020 and will include thesis and no thesis tracks. Students will acquire knowledge in advanced statistics, designed to serve present-day demands, including machine learning and big data analysis.

The program will also encourage research in the Biostatistics filed. The head of the program, Dr. Goldstein, is an investigator with a unique background in Biostatistics and Psychology. Dr. Goldstein expertise is in pain research, in which he uses his Biostatistics knowledge to develop pain research in a way that promote public health.

Thirdly, I entered my role as Head of the School of Public Health and replaced Professor Orna Baron-Epel after completing her 5-year term. This is a great opportunity to thank Professor Baron-Epel for years of leading and promoting the school forward into great accomplishments. Her work and vision have shaped the school of public health and left an impressive impact for many years to come.
I am excited to enter the role after completing 8 years as the Head of Nutrition, Health and Behavior program. Thanks to the wonderful teamwork we have built over the years, I am certain that the school will continue to grow and to develop.

My research interests are in nutrition, physical activity and the relationships with chronic diseases in general and, more specifically, with Non-alcoholic Fatty Liver disease. I have been active for many years in committees aimed to promote healthy nutrition in Israel, as well as in Israeli and European Public Health committees aimed to promote liver health. Among my contributions in these committees are publications of nutritional guidelines in illness, position papers in health policies in Israel and Europe and health recommendations in Fatty Liver disease. I believe that nutritional and healthy lifestyle information should be accessible and un-biased. We, the public health experts, as well as the state and society, are responsible for creating the environment that will support healthy lifestyle choices.

Former Head of School of Public Health, Orna Baro-Epel, with Faculty Dean, Prof. Faisal Azaiza and Administrative Director, Ms. Racheli Belifante Afoota.

Head of School of Public Health, Shira Zelber-Sagi, with Faculty Dean, Prof. Faisal Azaiza and Administrative Director, Ms. Racheli Belifante Afoota.
**Fourthly**, in 2019 the Haifa District Health Office became affiliated to the Faculty of Social Welfare and Health Sciences, after years of academic and research collaborations. The aims of the affiliation are to enable students and faculty members paths to gain knowledge and experience of policies of the Ministry of Health, implementation of policies and gain practical research experience related to Israeli population-based data (e.g. Infectious Diseases). The first *Faculty of Social Welfare and Health Sciences and Ministry of Health, Haifa unit* conference: "From knowledge to practice: when theory meet realty" will take place on the 5th on March 2020. Everyone is invited!

A few updates for the 2019-2020 academic year. This year, 134 new students joined our school. Among them, 17 new students from 12 different countries started our international program. Israeli students are welcome into the program as well. This is also a good opportunity to take classes in the English language. Courses are open to all students and there are several courses during the summer break. To date, the school has 24 doctoral students, 8 doctoral students completed their work in the past year and, until now 6 new students have applied to the doctoral program.

We have new courses at the school: *Short-term nutritional and behavioral treatment skills* by Dr. Sharon Nahmani in the Nutrition, Health and Behavior program, *Theories of family and family therapy* in *multigenerational* aspects by Prof. Michal Shamai, a world-class expect in this field and several courses by Dr. Pavel Goldstein.

We are proud of our honors students who have shown significant contribution to public health. This year, the rewards for cum laude doctoral student were given to Dr. Rola Hamood and Dr. Halaf Kridin (See the photo below). Dr. Rola Hamood wrote her dissertation on Adverse Health-Related Outcomes of Treatment in an Israeli Cohort of Breast Cancer Survivors, supervised by Prof. Lital Keinan-Boker, and Dr. Halaf Kridin wrote his dissertation on Pemphigus in Israel: Epidemiology, Mortality, Hematological Biomarkers, and association with autoimmune and neuropsychiatric comorbidities, supervised by Prof. Shira Zelber-Sagi, Prof. Reuven Bergman and Prof. Arnon D. Cohen.

I wish everyone a wonderful and productive year. The school’s staff wishes all the students a year of growth, achievement and enjoyment.
Awarding outstanding Ph.D. dissertation to Rola Hamood, PhD and Khalaf Kridin, PhD. In the photo (from left to right): Prof. Manfred Green, Prof. Shira Zelber-Sagi, Prof. Orna Baron-Epel, Khalaf Kridin, PhD, Galit Weinstein, PhD and Rola Hamood, PhD.
Senior individuals in the health system in Israel attended a conference held by the Health Systems Management and Administration program at the School of Public Health last June, which dealt with the issue of “management tools for change in rigid systems.” Miss Sigal Regev, CEO of Meuhedet Health Management Organization delivered the opening remarks of the conference and discussed management as a profession and stated that “people want to be meaningful and relevant, including the secretary, cleaner, pharmacist, and nurse.” “An organization is people in your immediate environment,” “proper management is to train, to teach the workers,” “usually people manage to complete 20% of the work plans. We must invest 20% of each day in the management of items that must be completed according to the work plan, to invest in tomorrow, to advance and implement the work plan.” “The work must be reasonable, relevant, and place-appropriate.” Later, Professor Yoram Weiss, manager of Hadassah Ein Kerem Medical Center, talked about how administrative changes saved the hospital from bankruptcy.

Several people also talked about their experience in managing rigid systems, including Professor Faisal Azaiza, Dean of the Faculty of Welfare and Health Sciences at the University of Haifa, Professor Gil Ziv from the Rambam Medical Center. Mr. Reuven Kaplan presented on the angle of medical hi-tech. Representatives from the School of Public Health who hold a range of senior positions in the health system in Israel, Professor Lital Keinan-Boker, manager of the Israeli Center for Disease Control (ICDC), Dr. Shmuel Kelong from Meuchdet Health Management Organization, and Mr. Carmel Harish, a student finishing his studies in Health System Administration, presented on reforms he implemented in the area of mental health pharmaceuticals.
As public health experts and health promoters, we are constantly working to develop new intervention methods aimed at changing behaviors and improving health. Such interventions must be cost-effective. That is, the financial efforts and resources that are invested in the implantation of a new program must be worthwhile. Establishing new intervention without an in-depth evaluation is not in line with public health principles of evidence-based medicine. Our public responsibility is to strive for a healthy social and physical environment, while making sure that the changes we encourage are indeed promoting health.

For this reason, the Center for Evaluation of Health Promotion Interventions was established. Our expertise is in evaluating health promotion interventions run by organizations, such as healthcare services, government ministries and nonprofit organizations.

As an example of our work, I will present the evaluation of Maccabi Healthcare Services program “Call to read” or in its American version “Reach out and Read”.

The “Call to read” intervention was conducted a few years ago. In the intervention, pediatricians and "Tipat Halav" nurses counseled parents of infants, mainly mothers, on the importance of reading books to their small children from a young age and handed out a book suitable for the child’s age. The program took place in Maccabi’s "Tipot Halav" and in 70 pediatric clinics nationwide. Our goal was to assess the program’s success and effectiveness among parents of infants in their first year, by examining the change in the parent’s knowledge, perception and behaviors, following participation in the “Call read” program regarding reading to infants.

This evaluation study included three groups:
1) mothers of infants in their first-year of life, receiving care at the Maccabi “Tipot Halav” around the country (intervention group);
2) mothers of infants in their first-year (control group) receiving care from the ”Tipot Halav” run by the Ministry of Health;
3) nurses and pediatrics working at clinics in which the intervention program was implemented.
The evaluation of the intervention program included phone interviews with the mothers, who received care at the 20 "Tipot Halav" clinics, before and after the intervention. For the control group, mothers who were received their child’s care at 8 clinics run by the Ministry of Health were sampled and interviewed. These Ministry of Health centers were not part of the "Call to read" intervention. Overall, 167 mothers were included in the evaluation program, from them 80 mothers from low to medium socioeconomic areas and 87 from high socioeconomic areas.

In addition, in-depth phone interviews with 10 "Tipat Halav" nurses and 10 pediatricians from the clinics that took part in the intervention were performed by researchers from the University of Haifa.

**Result of evaluation**

We found that participating in the program, as well as socioeconomic status was associated with the extent to which mothers read books to their infants. Following the intervention, mothers of lower socioeconomic status (1\textsuperscript{st}-3\textsuperscript{rd} decile) were reading more books than mothers of medium (4\textsuperscript{th}-6\textsuperscript{th} decile) or high (7\textsuperscript{th}-10\textsuperscript{th} decile) socioeconomic status. That is, the intervention was more successful among vulnerable populations. This is a highly important finding in evaluation of an intervention program.

The results of the qualitative study showed that the nurses identify with the "call to read" goals, in both personal and professional aspects. Additionally, they acknowledge the importance of the intervention for development of cognitive ability, language skills and the bond between parents and children. The nurses felt that they are the most appropriate person for applying the intervention since they have trust and close relationships with parents.

Similar to the nurses, pediatricians also acknowledge the importance of reading books to infants by parents and its positive effect on child development and parent-child relationship. Therefore, they felt that the intervention program can play a role in increasing parents’ awareness of the importance of reading books to their children, and even for prevention of future problems.

The pediatricians and nurses reported high and positive response rates of mothers to take part in the intervention and emphasized the need to execute the intervention in vulnerable populations. Additionally, they proposed ways to overcome challenges in the program implementation, including increasing the number and variety of books delivered to parents.
To conclude, we found that the intervention "Call to read" was effective for achievement of its goal and therefore recommend expending the intervention to other "Tipot Halay" centers across Israel, especially in areas of lower socioeconomic status. In addition, we recommend including a larger number of books to be given out during the intervention.
When I was 4 years old my grandma looked at me and concluded: “this guy will become a professor”. So up to date, I don’t know whether that was my own decision regarding my future profession or I’m just trying to appease my grandma through all these years...

I’m practicing mindfulness meditation and my kids help me in the development of mindfulness skills by increasing the challenge level. Did you try to meditate when someone sits, jumps and piss on you?

In my professional journey, I try to connect things that thought to be unconnected. In other words, I’m doing multidisciplinary research. Did you hear about the relationship between ice cream consumption and murder rate? This time someone was ahead of me…

I was searching for my postdoc position with google maps to find a place with great hiking opportunities. Isn’t that the most important?

I have completed all my academic degrees at the University of Haifa: BA in Psychology and Statistics, Master in Biostatistics and PhD in Neuroscience. During my PhD studies, I was exposed to the field of pain research that is still overflowed with endless debates about basic questions: how we measure pain? What causes pain? How we treat pain?

From the research perspective, that was a great opportunity to contribute to the field. Thus, completing my PhD I found myself for 2.5 years in one of the best labs for pain research worldwide, located in Boulder, Colorado. There I was exposed to the opioid crisis - where opioid misuse results in 112 deaths/day only in the US. That was partly a result of an unsuccessful attempt to help 30% of the population who live with pain, chronic pain. Chronic pain’s unremitting presence can lead to a variety of mental health issues, depression above all, which often intensifies pain. Such a sad picture motivated me to focus almost all my research on the problem of chronic pain.
Despite the immense body of research dedicated to the investigation of pain, studies generally measure pain expression unidimensionally, isolating the sufferer from any relevant social contexts. However, pain is a complex phenomenon, and therefore the research of it requires new integrative perspectives. I am thrilled to establish CPPH lab (Chronic Pain and Public Health laboratory) at the School of Public Health, University of Haifa, directing my research towards understanding the interaction between biological, psychological, and social mechanisms that underlie pain perception. Here is a short description of my recent projects: 

**Painometry.** One of the main challenges to treat chronic pain is an absence of objective ways to quantify pain. Self-reported pain is a reliable but simplistic measure of the complex pain experience and it does not inform about brain mechanisms and pathophysiology of pain.

We propose a wearable system, named Painometry, which objectively quantifies user’s pain perception based on multiple physiological and neural signals, including novel sweep impedance profiling (SIP) sensor, developed by our group. Painometry, a multimodality sensing system, can accurately quantify 3 levels of pain with 89.5% accuracy.

**Mobile platform for chronic pain.** In addition, we are developing a unique mobile platform that 1) allows patients to record and track interactions between pain, emotion, and bodily experiences; 2) delivers information about these experiences to clinicians in order to personalize prevention and treatment; 3) provides insurance companies with feedback about the status and health trajectories of patient populations. The application allows patients to report their experiences in an effortless and engaging way, and also captures patterns of speech and facial expressions, which deliver a readout of patients’ emotional and pain behaviors.
**PainStory.science**: pain detection based on facial expressions, voice, and language content. The main goals of the PainStory project are 1) to reduce the stigma associated with chronic pain conditions; 2) to increase general awareness about pain; 3) to create better measurements of pain than the traditional 1-10 scale commonly used in clinics. We have developed a digital platform, PainStory.science, that allows people with chronic pain to share their pain-related stories to develop a patient-centered understanding of what pain is, and what helps. Applying machine learning algorithms we are developing an automatic online pain detector based on chronic pain patients’ facial expressions, voice characteristics, and language content. Latter this pain detectors will be converted to artificial intelligence tools in order to help clinicians and patients to classify their pain levels. **A PhD student is wanted!**

**Psychoeducation.** Pain is very confusing: it feels in our body but produced by our brain. I realized that psychoeducation helps people better understand chronic pain conditions and some cases even to treat it by changing their perception and attitudes regarding their pain condition. Collaborating with pain therapists and life coaches we are developing educational materials about pain production, diagnosis, and treatment.

In this initiative, we integrated the knowledge about chronic pain based on medical, public health and neuroscience research. **A PhD student is wanted!**

**Psychotherapy for chronic pain.** In addition, I’m promoting a novel psychotherapeutic approach for chronic pain that demonstrated a unique efficacy in our recent study. Our pain clinicians Dr. Howard Schubiner and Dr. Yoni Ashar run certified workshops for clinicians or psychotherapists who are interested in treating chronic pain. We are organizing the same workshop in Israel in December 2020. Please, ping me if you are interested!

**Pain chronification.** How is pain progressing into persistent pain? How we can prevent it? Early intervention plays an important role in preventing pain chronification and, as key influencers in the management of patients with acute pain. I’m analyzing the followup data of people with acute pain to understand better the risk factors of pain chronification.
My research is essential for more than pure knowledge. Ultimately, it is driven by the need to integrate between the academy and the industry. Providing data science consultations for medical device companies, academic researchers from multiple fields and doctors helped us to acquire a "common ground" between academic investigators, business representatives, and healthcare providers. When all parties see the advantage of combining the industrial drive to ‘get things done’ with the academic urge to ‘understand how it works’, the final outcomes improve significantly.

Finally, I’m intrigued to announce a new MPH track in Biostatistics at the School of Public Health that will be led by me starting the Fall of 2020. The track will be based on a novel program with the main focus on the application of computational methods designed for the analysis of health-related data. As a goal, we are planning to assist in the growth of a new generation of bio-data scientists that will get expertise in the implementation of traditional biostatistician methods and the novel data science approaches.
On a personal note: How the idea for this research came about

A few years ago, in a correspondence with my colleague, Prof. Arvind Singhal, one of the leading researchers in the world in my field, health communication, we were talking about the difficulty of our research: that we study human behavior in order to motivate people to change their health behavior, but it is really hard to change behavior because it is comprised of so many psychological, sociological, cultural and environmental factors. As researchers, we often run into walls and barriers to understanding the complexity of the research problem. This is especially true in organizational cultures that think behavior can be changed simply by telling people that there are guidelines and they have to apply them. But that is not really how the world works!

While we were talking, Prof. Singhal invited me to a workshop of researchers from all over the world on a unique approach called Positive Deviance (PD). I had heard of the approach and it picqued my curiosity, so I went to Oxford University, and there, at the workshop, I got inspired. The workshop was not about evidence-based research, randomized controlled trials, statistics or control groups. It was about positive behaviors of human beings. I came back to Israel with new insights from this approach, with which few people in this country were familiar. I organized a workshop with students from the school of public health, to which we invited professional from a range of fields: health promotion, administration and management, social work, and art therapy. After the workshop I thought it would be a good idea to begin applying the approach in an area that seemed to be far from it, namely preventing Hospital Acquired Infections (HAI’s).
The phenomenon of nosocomial infections acquired in hospitals in Israel and around the world is considered one of the most critical and studied problems in public health. But despite the accumulated knowledge and implementation of diverse strategies, compliance with infection-preventing actions remains low, infection rates are high, and there is still a gap between recommendations and implementation on the ground. The literature on the prevention of HAIs shows many attempts to disseminate and accommodate the hygiene guidelines currently given to hospital staff. Paradoxically, the health organizations’ guidelines are in many cases incompatible with what happens on the ground. Sometimes medical personnel have only a passing knowledge of the existing guidelines. Furthermore, the guidelines do not always cover all of the situations on the care continuum medical personnel encounter in their daily practice. To bridge that gap I initiated a study with research students Ricki Cohen and Adva Mir Halabi, with the consultation of Dr. Mina Zemach and Prof. Arvind Singhal, with the Hadassah, Bnei Zion and Rambam hospitals. It was an innovative behavioral-social research project based on the Positive Deviance (PD) approach to prevent HAIs in Israel. The study was funded by the Isreal National Institute for Health Police Research.

What is the Positive Deviance Approach?

The basic assumption of the PD approach is that in every community there are individuals who behave in an exceptionally positive way. These people find a way to solve problems more effectively than their colleagues, using the same resources. They are “deviants” because their behavior is not within the norm; and they are positive, because they have found effective and successful ways to solve the problem without additional resources.

The project objectives

(1) To identify, map and classify unique infection prevention practices of individual PD staff members in specific areas and sectors in three hospitals: Hadassah Ein Kerem, Bnei Zion and Rambam, and through them to find solutions for “gray areas;”

(2) To estimate and validate the proposed PD practices using the infection control units;

(3) To disseminate and integrate the PD practices among hospital staff;

(4) To check the impact of the PD practices on behavior change of hospital staff to maintain infection prevention rules;

(5) To check the impact of the PD practices on the reduction of HAI rates from durable bacteria and central line-associated bloodstream infection (CLABSI).
Methodology

Using mixed research methods, we mapped the practices and documented them. Assessment of the effectiveness of the PD practices of behavior change to maintain infection control rules and the reduction of HAI rates were undertaken using qualitative instruments in a quasi-experiment with control groups (Category B2). Results from five different time points are compared, from preintervention through postintervention. At Hadassah Hospital two intensive care units, internal and general departments participated, and they served as their own controls (unique hospital units). At Bnei Zion and Rambam hospitals two internal and two orthopedic departments participated, served as the controls for each other.

Results

132 personal interviews, observations and videos were made with staff members from different sectors in the hospitals. They yielded 50 unique practices that do not exist in the accepted HAI prevention guidelines. These practices target different situations on the care continuum and include: taking and sending blood samples, inserting a catheter into a central bloodline, washing patients, sterilizing personal equipment, changing bandages, respiratory section, sterilizing stethoscopes, mixing IV drugs, the order of removing protective gear, restocking medical equipment and so on. The initial results of the project were published in four articles in scientific journals2-5.

Conclusions

The unique PD approach identifies creative solutions by hospital staff based on existing resources, and can overcome barriers and motivate the entire staff to cooperate. Staff from HAI prevention units in all three hospitals who participated in the study can use this approach in order to create across-the-board change in other departments, while sharing and disseminating the knowledge and PD practices between the different hospitals.

Epilogue

This research project was selected as an outstanding project by the Health Ministry Directorate and the National Infection Control and Antibiotic Resistance Center, at the conference “Innovation and Initiatives in Infection Control” in Ramat Gan in November, 2019.
References


Cannabis use among elderly: the effect on brain health
-Galit Weinstein, PhD and Sharon Sznitman, PhD.

In recent years, changes in cannabis policy has increased use of medical cannabis in the general population, including the elderly. In fact, about a quarter of medical cannabis patients in Israel are above 66 years of age and almost half of them are between 41-65 years of age. Yet, most of the research regarding the health effect of cannabis use has been done in youth and therefore, the health outcomes in elderly are still unknown to a large degree.

Cognitive decline, which in some cases may lead to dementia, is a major health concern related to aging. In the young population research has shown that cannabis use can cause long-term cognitive dysfunction, even beyond the immediate impact of cannabis use. However, effects of cannabis may be different in older populations due to brain differences. Additionally, as demonstrated in in-vivo and animal studies, cannabis can have beneficial effects.

Dr. Galit Weinstein and Dr. Sharon Sznitman from the School of Public Health along with Dr Simon Vulsoms, the director of the Pain clinic at Rambam Medical Center, have studied the relationship between medical cannabis use and cognitive function in elderly people. A total of 63 medical cannabis chronic pain patients and 62 non-cannabis chronic pain patients were enrolled into the study. Participants completed a computerized cognitive test named Cogstate, which examined several cognition aspects, including memory, attention and motor-skills.

In this study, no significant difference was found between the cognitive function of medical cannabis patients and non-medical cannabis patients. These results imply that, among elderly patients, medical cannabis may not cause cognitive decline. However, additional studies, with longer follow up and larger sample sizes, are warranted to determine the cognitive outcomes associated with different doses, frequencies and types of medical cannabis. A better understanding of the effect of cannabis on brain health will lead to a better clinical care plan, medical recommendation and cognitive decline prevention in elderly with high risk.
Non-alcoholic fatty liver disease (NAFLD) is the most common liver disease in the world and the leading cause for chronic liver disease. The prevalence of NAFLD is about 30% of the general population. NAFLD is characterized by the accumulation of fat in the liver that induces inflammatory response and may lead to the more advanced stage of the disease named non-alcoholic steatohepatitis (NASH), and the formation of liver fibrosis up to liver cirrhosis. The treatment of NAFLD focuses on lifestyle modification. The dietary research mainly focuses in macronutrient role in NAFLD etiology, and little is known about micronutrient role. There is limited evidence on the benefit of dietary intake of antioxidants. The major antioxidants studies in human health are vitamin E (fat soluble) and vitamin C (water soluble).

The aim of this study was to test the association between dietary vitamins E and C intake and NAFLD, NASH and fibrosis markers.

This was a cross-sectional analysis of NAFLD-lifestyle screening study. NAFLD was evaluated by abdominal ultrasonography. NASH and fibrosis non-invasive markers were measured by commercially available tests (NASH-test and FibroTest, Biopredictive France). Nutritional intake was measured by food frequency questionnaire (FFQ). High intake of vitamins was defined as consumption above the sample upper tertile per 1000 Kcal or above consumption the nutritional recommendations (15 mg/day for vitamin E and above 75 mg / day for women and 90 mg / day for men regard to vitamin C). A total of 789 subjects were included (52.6% men, age 58.83±6.58 years). Adjusting for age, gender, BMI, dietary and lifestyle factors, the upper tertile of vitamin E intake per 1000 Kcal was associated with lower odds of NASH (OR= 0.64, 0.43-0.94, P= 0.024). There was also an inverse association between reaching the recommended vitamin E intake and NASH (OR= 0.48, 0.30-0.77, P= 0.002).
The upper tertile of vitamin C intake per 1000 Kcal was associated with lower odds of NAFLD and NASH (OR = 0.68, 0.47-0.99, P= 0.045; OR= 0.57, 0.38-0.84, P= 0.004; respectively). None of the vitamins was associated with fibrosis markers. The present study highlights the importance of proper intake of vitamins in a healthy, balanced diet. Vitamin E can be found mainly in nuts, vegetable oils and green leaves and vitamin C is found mainly in vegetables like cabbage and tomato or fruits like melon, strawberry and citrus fruits. In addition, the study shows that higher vitamin E and C intake may be protective from NAFLD related liver damage.
The Role of Non-Medical Factors in Doctors' Decision-Making Process in Pediatric Telemedicine Setting - a Mixed Methods Study
- Motti Haimi, MD

Background
Although the complex process of medical decision making was traditionally considered a matter of symptoms, signs, and probabilities - many reports suggested that it is in fact prone to medically extraneous influences, or "non-medical" factors.

Aim
We wanted to investigate the possible role of non-medical factors in doctors' decision-making process in telemedicine setting.

Methods
The study included interviews with 15 physicians who work in a pediatric telemedicine service. We conducted qualitative interviews, in which the physicians were mainly asked about the role of non-medical factors in their decisions.

Their responses to three clinical scenarios were also analyzed. In an additional quantitative section, a random sample of 339 parent-physician consultations, held during 2014-2017, were analyzed retrospectively.

Various non-medical factors were identified with respect to their possible effect on the primary health care decision [Emergency Department (ED) referral or not], secondary health care decisions (cases not referred to ED), and also on the accuracy of diagnosis, and "reasonability" of the decisions.

Findings
Various non-medical factors were found to influence the physicians' decisions in all 3 sections of the study: factors related to the child, the parent, the physician, the interaction between the doctor and parents (making shared decisions), the shift, and demographic considerations.
**Conclusions**

The findings clearly show that non-medical factors are important and taken into consideration in the decision-making process of the physicians, not only at the "regular" encounter, but also in the telemedicine setting.

These non-medical factors have an impact not only on the primary decision (and sub-decisions), but also on the ability to achieve an accurate diagnosis (as shown in the qualitative section), and getting to the "reasonable" or appropriate treatment-decision.
Publications:


Publications:


Prof. Orna Baron-Epel (continue)

Recent and active Grants:

Baron- Epel, O. Evaluation of nutritional intervention at Mikve Israel. Funded by Ministry of Health.

Baron-Epel, O., & Key, C. Characterization of the factors that influence using online services and their impact on the control of diabetes. Funded by The National Institute for Health Policy Research.

Baron-Epel, O., Obid, S., Bord, S., & Kabaya, D. Development of interventions to prevent brucellosis via community participations. Funded by Ministry of Agriculture.

Baron-Epel, O., & Tesker, R. Participation in a net ball league increases social capital and promotes health and wellbeing- MamaNet. Funded by MOST.


Dr. Nili Borochov-Greenberg

Publications:


Recent and active Grants:

Prof. Rafael Carel

Publications:


Dr. Yaron Denekamp

**Publications:**


---

Dr. Jonathan Dubnov

**Publications:**


Dr. Roni Elran-Barak

Publications:


Recent and active Grants:


Elran-Barak, R. Providing mental support to people with physical or mental illness: The role of online health communities. Funded by The Israel National Institute for Health Policy Research.
Prof. Ronit Endevelt

Publications:


Prof. Anat Gesser-Edelsburg

**Publications:**


Prof. Anat Gesser-Edelsburg (continue)

Recent and active Grants:


Gesser-Edelsburg, A. Locating positive behaviors by the Positive Deviance Approach at the Bedouin Society in the Negev, to Promote a safe world to the Israeli Bedouin Children. Funded by Beterem - Safe Kids Israel.


Gesser-Edelsburg, A., Negev, M. Mesch, G., & Miron-Shatz, T. Earthquake preparedness experiment for developing strategies to motivate the Israeli public’s Seismic adjustment behavior. Funded by State of Israel, Ministry of Science and Technology (MOST).

Dr. Pavel Goldstein

Publications:


*Equal contribution*
Prof. Manfred Green

Publications:


Recent and active Grants:


Green, M. S. (PI). Supplementary health insurance literacy. Funded by Israel Institute for Health Policy Research.
Publications:


Prof. Lital Keinan-Boker (continue)

Publications (continue):


Recent and active Grants:

Berman, T., (PI) & Keinan-Boker, L. Biomonitoring in Israel. Funded by Environment and Health Fund (EHF).


Prof. Yael Latzer

Publications:


Recent and active Grants:

Prof. Diane Levin-Zamir

Publications:


Levin-Zamir, D., Leung, A. Digital Health *Encyclopedia of Gerontology and Population Aging.* (Accepted)


Recent and active Grants:

Prof. Shai Linn

Publications:


Dr. Maya Negev

Publications:


Recent and active Grants:


Dr. Maya Negev (continue)

Recent and Grants (continue):


Negev, M., & Nouman, H. (Co-PI). Involvement of street-level-bureaucrats in designing emergency policy in in Arab towns. Funded by Research Committee, Faculty of Social Welfare and Health Sciences, University of Haifa.

Dr. Maya Peled-Raz

Publications:

Prof. Shmuel Rishpon

Publications:


Dr. Rana Shibli

Publications:

Prof. Kerem Shuval

Publications:


Recent and Grants (continue):

Dr. Sharon Sznitman

Publications:


**Dr. Sharon Sznitman**

**Recent and active Grants:**

**Sznitman, S., & Greene, T. (Co-PI).** Sleep, cannabis and emotional regulation. Funded by Faculty of Social Welfare and Health Sciences.

**Sznitman, S. & Lewis, N. (Co-PI).** Developing and testing media campaign messages to reduce the risk of cannabis-impaired driving. Funded by Israeli Insurance Funds.

Negev, M (PI), Kafzan, H. (PI), Zarfati, M. (PI), **Sznitman, S., (co-investigator)** Identifying perceptions and barriers to the implementation of telepsychiatry among decision makers, physicians and patients in mental health services in Israel, for the purpose of formulating strategic and logistical planning recommendations. Funded by The Israeli National Institute for Health Policy Research.

**Sznitman, S., & Greene, T. (Co-PI).** Sleep, cannabis and emotional regulation. Funded by Faculty of Social Welfare and Health Sciences.

**Sznitman, S. & Lewis, N. (Co-PI).** Developing and testing media campaign messages to reduce the risk of cannabis-impaired driving. Funded by Israeli Insurance Funds.
Dr. Galit Weinstein

Publications:


Publications:


Policy statement of the European Association for the Study of Liver Disease (EASL). Obesity is feeding the rise in Non-Alcoholic Fatty Liver Disease (NAFLD) across Europe. 2019.


Published (continue):


Recent and active Grants:

Zelber Sagi, S., Ben- Assuli, O., & Shenhar- Tsarfaty (Co- PIs). Prediction of fatty liver and fibrosis by advanced data mining. Funded by National institute for health policy research.