

**Product Type:** Meeting and Conference Presentation

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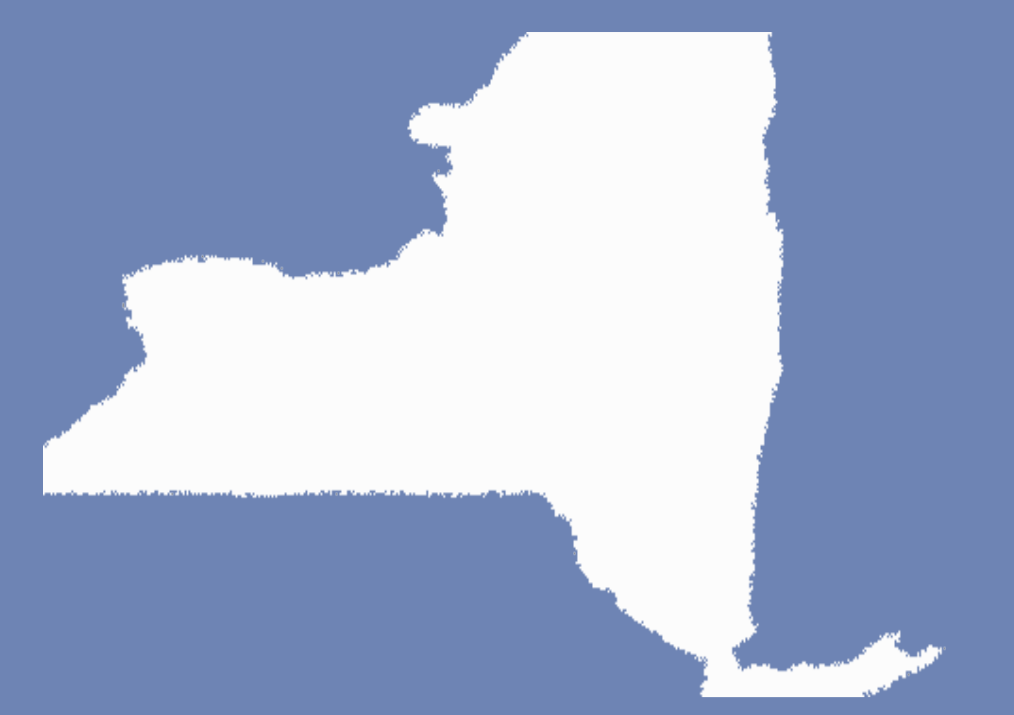
**Title of Presentation:** HIV/STD Program Integration: Findings From a Staff Survey

**Meeting:** 2012 National STD Prevention Conference

**Sponsor Organization:** Centers for Disease Control and Prevention

**Date:** March 12-15, 2012

**Location:** Minneapolis, Minnesota



## Background

Consistent with the CDC's Program Collaboration and Service Integration (PCSI) initiative, the New York State Department of Health (NYSDOH) integrated its HIV prevention and STD intervention programs in April 2010. A multi-phase evaluation is underway to assess this effort and the efficacy of the integrated Partner Services (PS) model. The focus of this study is on the staff impact of integrating HIV and STD field programs that carry out HIV/STD Partner Services and to comply with CDC recommendations to integrate service delivery at the client level.

Partner Services has been demonstrated as an effective public health strategy for combating HIV/AIDS and STDs, but historically, the New York State Department of Health (NYSDOH) provided separate partner services for its STD intervention and HIV prevention programs. STD intervention workers engaged in contact tracing and partner notification, while HIV prevention workers spent the majority of their time performing HIV tests in the field and clinic settings. As part of workforce development, HIV and STD personnel were cross-trained to increase comprehensive knowledge about HIV and STDs in order to provide more integrated care, counseling, and referrals at the client level.

The integrated model has redistributed the HIV- and STD-specific skills to all Partner Services workers, such that workers performing HIV-related tasks are able to offer STD risk reduction and prevention messages, and those performing STD-related tasks were now trained to offer HIV rapid field tests and prevention counseling.

Currently, after a year of cross training activities and skills building, integrated HIV/STD Partner Services are provided to 45 counties in New York (excluding NYC) by staff assigned to six regional offices throughout the state.

In conjunction with the State University of New York at Albany School of Public Health and the New York Public Health Practice-Based Research Network, the NYSDOH AIDS Institute and the Office of Public Health Practice received a grant from the Robert Wood Johnson Foundation in order to evaluate the efficacy, efficiency and acceptability of the integrated HIV/STD Partner Services Program.

## Objectives

As part of a multi-phase evaluation of the HIV/STD Partner Services, surveys were administered to integrated field staff in September 2011. The objectives were to assess qualitative factors related to integration, specifically:

- Staff confidence in carrying out their integrated job roles
- Job stress and satisfaction pre- and post-integration
- Job characteristics since integration
- Initial and current attitudes towards the integration process
- Perceived change in client service outcomes since integration occurred.

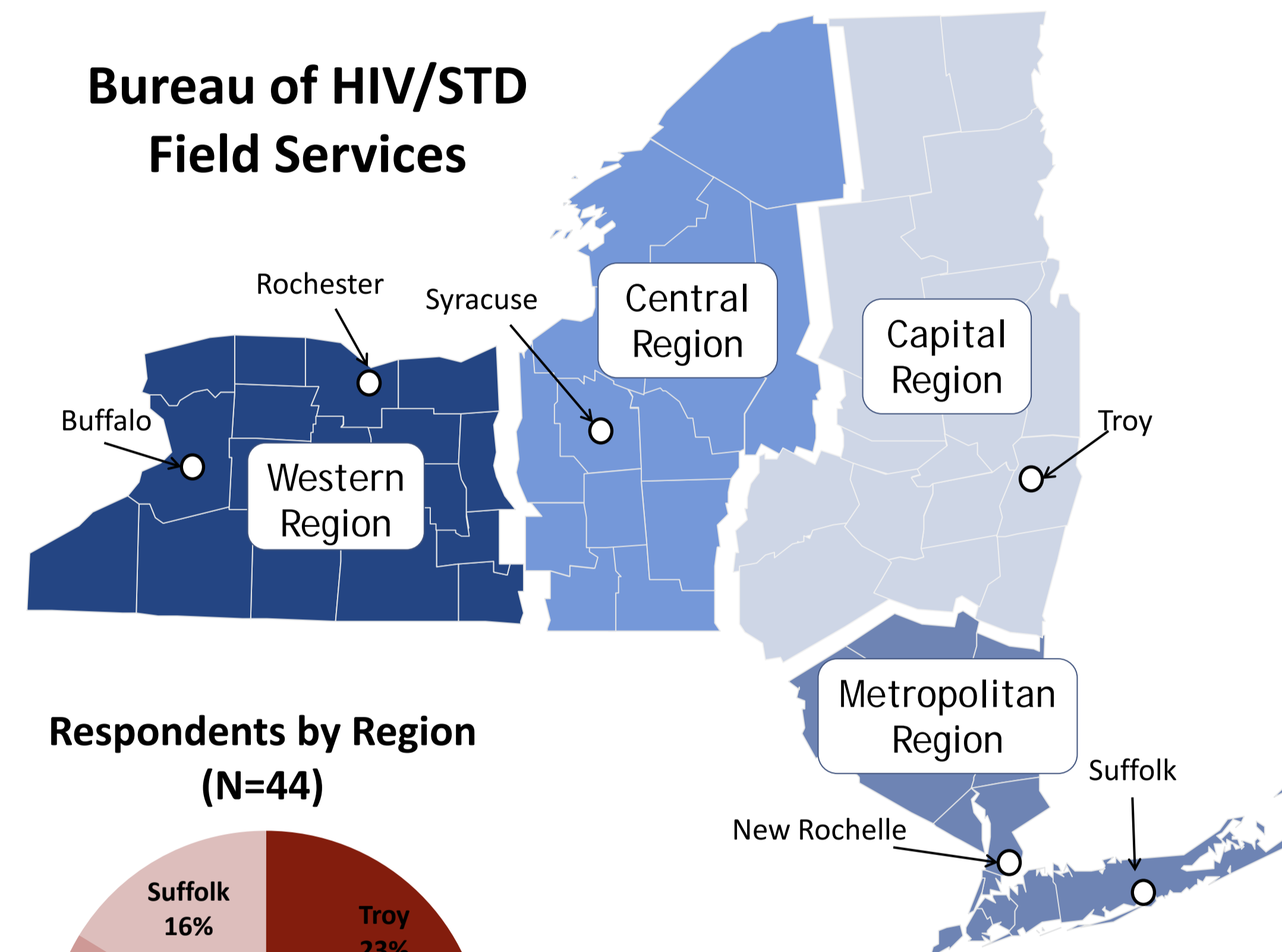
Results on staff confidence in performing HIV- and STD-specific job tasks are compared with job confidence surveys administered to staff in 2010, after initial cross-training occurred.

## Methods

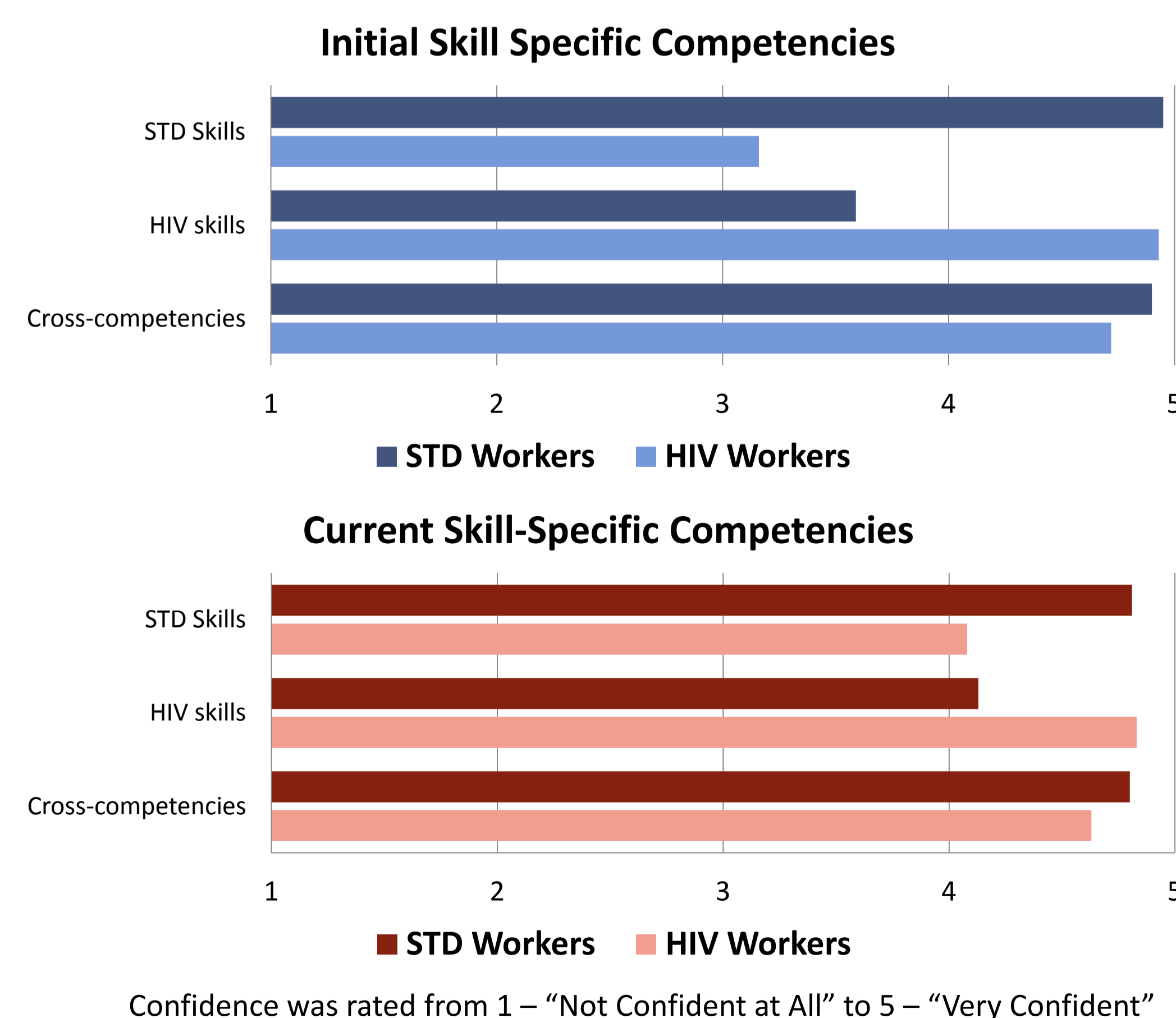
In collaboration with researchers from the State University of New York at Albany and the University of Kentucky, a staff survey was developed using psychometrically validated testing instruments. Job stress was evaluated with the 8-item Job in General Scale, and stress with the 15-item Stress in General Scale. Confidence in various skill-specific competencies were assessed, as well as attitude towards the integration process and staff perceptions of client service outcomes. The survey was administered via Survey Monkey to 52 cross-trained field staff.

Survey results were analyzed using SAS 9.2. Responses were evaluated for internal consistency, and paired t-tests were performed to assess significance of job stress and satisfaction variables before and after integration. Respondents were classified by job role and regional office location. Chi-square tests were performed to assess regional differences in opinion concerning the integration process, job characteristics, and perceived client service outcomes.

## Results



44/52 (85%) recipients responded to the survey. Worker confidence in skill-specific competencies was different immediately following training, but confidence has improved as workers have spent time in their integrated job roles.



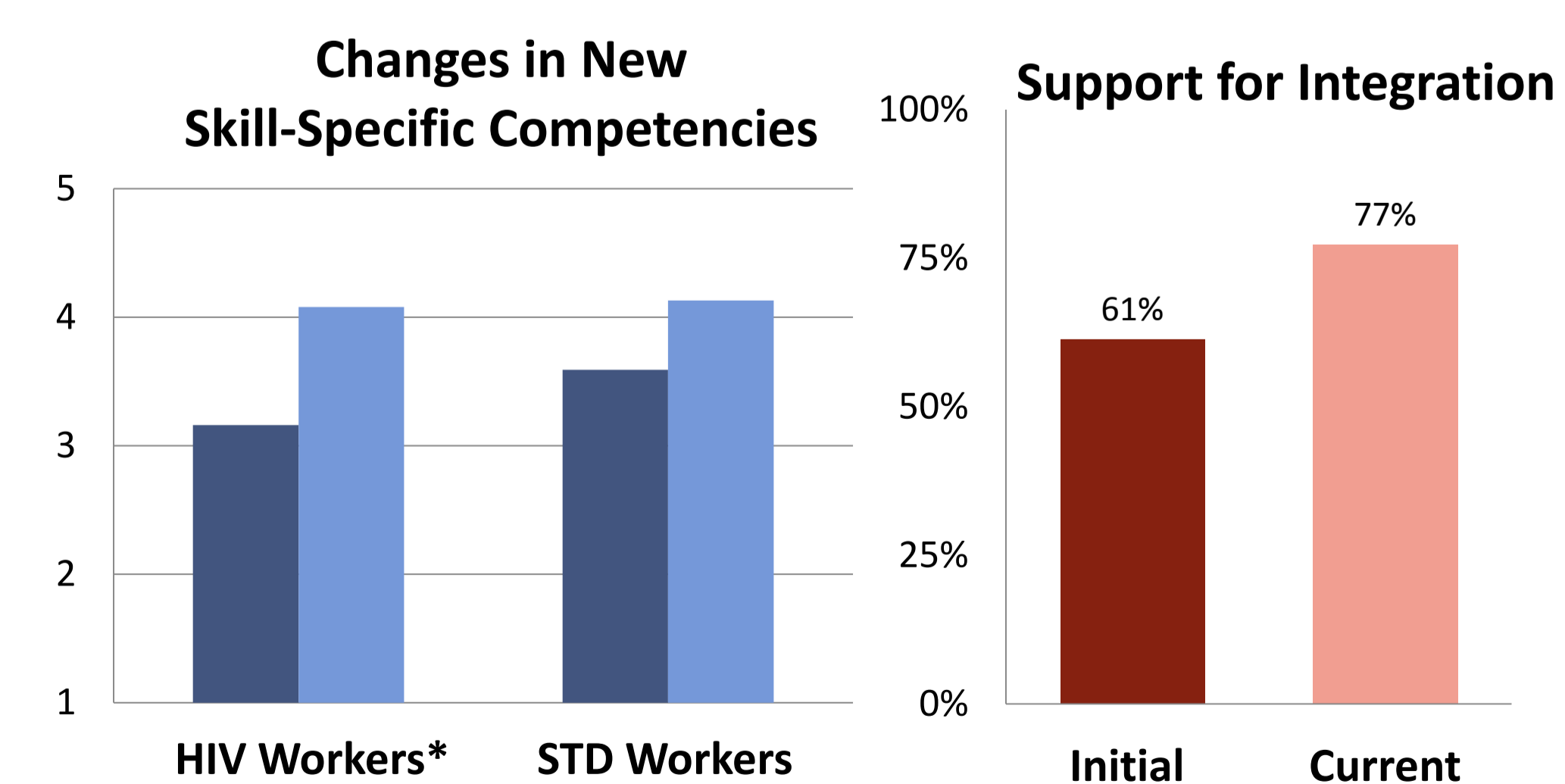
### Staff Job Satisfaction Indicators

	Before Integration*	After Integration*	Significance of change†
<b>Demanding</b>	50.0%	75.6%	P <.0247
<b>Pressured</b>	26.2%	61.0%	P <.0003
<b>Hectic</b>	40.5%	53.7%	P <.0326
<b>Calm</b>	39.0%	14.6%	P <.0035
<b>Relaxed</b>	40.0%	20.0%	P <.0213
<b>Many things stressful</b>	26.8%	57.5%	P <.0043
<b>Pushed</b>	19.5%	47.5%	P <.0098
<b>Irritating</b>	14.3%	35.0%	P <.0417
<b>Under control</b>	65.9%	27.5%	P <.0070
<b>Nerve-wracking</b>	7.5%	35.0%	P <.0012
<b>Hassled</b>	15.0%	36.6%	P <.0076
<b>Comfortable</b>	63.4%	29.3%	P <.0019
<b>More stressful than I'd like</b>	24.4%	51.2%	P <.0043
<b>Smooth running</b>	48.8%	22.0%	P <.0001
<b>Overwhelming</b>	12.2%	37.5%	P <.0003
<b>Average (Mean) Job Stress Change‡</b>	<b>1.13</b>	<b>0.84</b>	<b>P &lt;.0006</b> <b>P &lt;.0011‡</b>

\* Percentage of respondents who answered "Yes," that the word or phrase accurately described their job.  
† Significance values based on within-subjects T test  
‡ Based on change in mean satisfaction scores pre- and post-integration (Signed-rank test)  
§ Based on scores coded 0-1-2, with a higher score indicating LOWER job stress

Mean job satisfaction scores significantly decreased after integration (P <.02), and mean job stress scores significantly increased after integration (P <.001). Opinions on the integration process varied significantly between regional offices:

- 19/42 (45.2%) felt integration was not well managed in their office
- 17/43 (39.5%) felt staff morale was worse since integration



\* Indicates significant difference between average skill-specific scores (P <.01)

HIV program staff reported significantly increased confidence in STD-specific skills (P <.01). Support for integration has increased since initial announcement in April 2010.

## Conclusions

While staff reported lower job satisfaction and higher job stress, they also report improved confidence in their integrated job roles. The majority of staff support program integration, and would not elect to separate the programs.

In addition to improved job role confidence, workers reported better perceived client service outcomes (not presented here). In particular, staff in offices that had been integrated the longest reported improvement in specific client service areas such as number of at-risk individuals screened for HIV/STDs, number of individuals with disease participating in Partner Services, and quality of counseling and care services.

Evaluation of integrated HIV/STD staff revealed significant regional differences, which may be reflective of unique circumstances, management styles, and barriers to integration in each office. As part of the ongoing integration process, focus groups are being conducted with each regional office to further elucidate the impact of integration on program staff.

Understanding how different offices are affected by organizational changes can allow for early identification of potential barriers to transition. While this study focused on staff perceptions and beliefs about integration, upcoming research into measurable quantitative outcomes and economic impact of program integration are planned.

## Implications for Programs and Research

Despite widespread support for PCSI, there has been very little research into impact of service integration at the field services level. We found that integrating HIV and STD field services in NYS has produced some initial untoward consequences, pointing to the importance of workforce development as a key activity in the integration process.

There appear to be a lack of integrated training materials specific to HIV and STD field services work. There is also a lack of tools available to measure staff competencies in an integrated partner services role.

Finally, although this study found that staff perceived better client outcomes to be associated with an integrated service delivery model, this study did not systematically assess that outcome. Future research should examine the impact service integration is having on HIV and STD service delivery, including outcomes related to the timeliness, quality, and yield of case processing.

## Acknowledgements

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