Examining Inter- and Intra- Organizational Dynamics Supporting Task-shifting Opportunities in Community-based HIV and Sexual Health Services for GBM
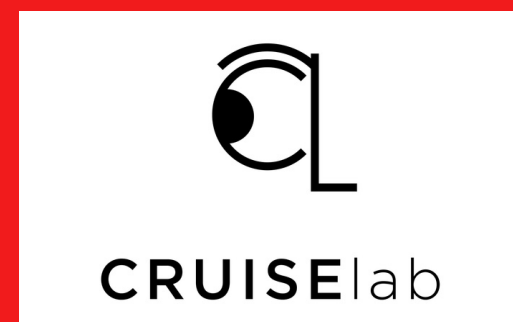
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Background

HIV rates within this group are among the highest in the country, and GBM often experience higher rates of mental health difficulties and substance use and misuse than the general population.

Two-spirit, gay, bisexual and other trans and cisgender men who have sex with men (GBM) in Canada continue to experience multiple barriers to achieving sexual, physical, and emotional well-being.
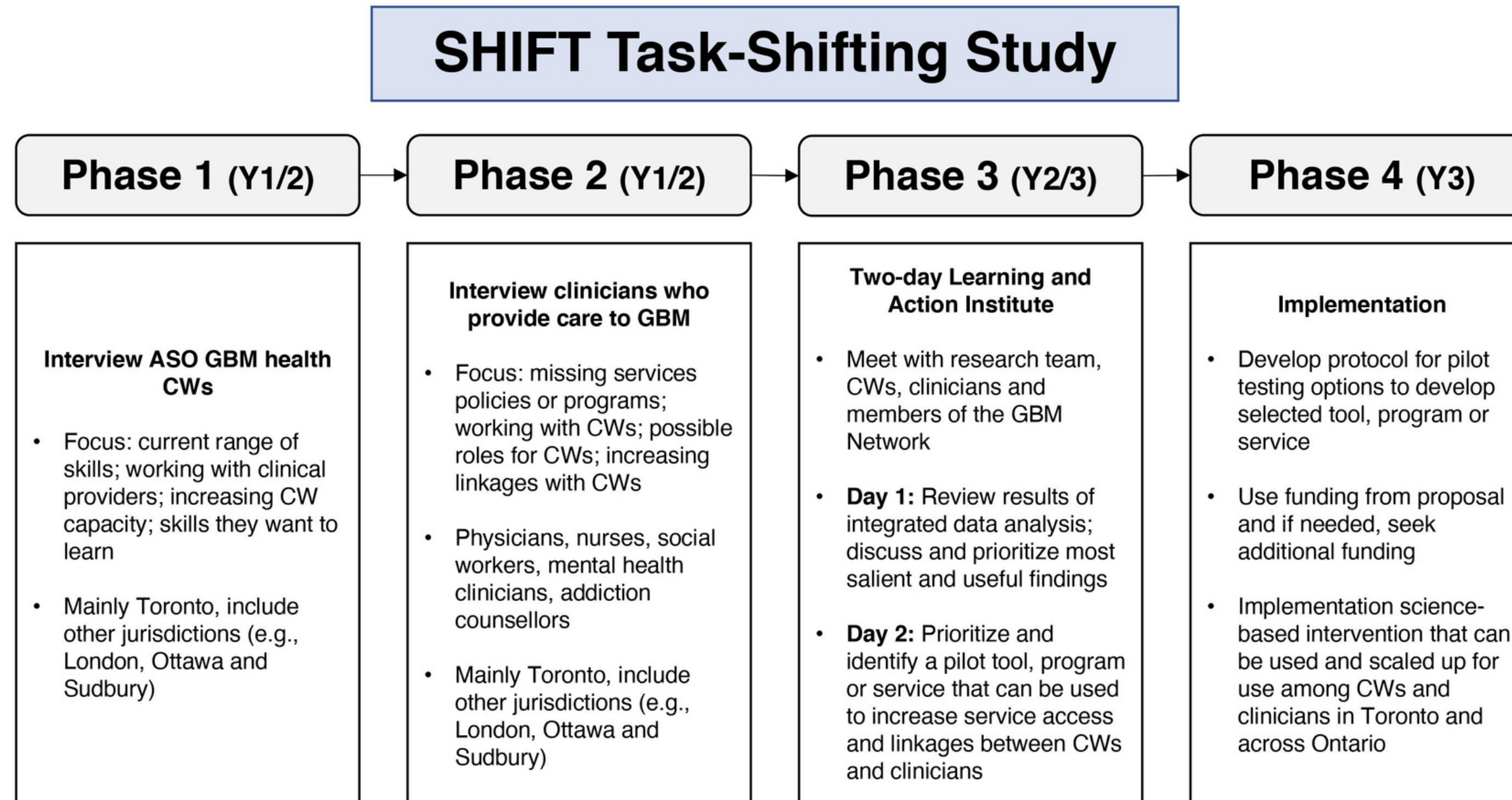
Community-based interventions, such as those provided by AIDS Service Organizations (ASOs), are vital to providing highly effective services for GBM, but often lack the requisite resources to provide pseudo-clinical services (e.g., PrEP, rapid HIV testing, or counselling) that are essential for responding to health inequities.

Addressing this issue, the following study examined the potential evidence-based role of task-shifting as a method of ensuring that community workers are empowered to provide a wide range of care, therefore reducing the burden on clinicians and increasing accessibility to essential sexual health and health services.

This analysis focused on inter- and intra- organizational needs and factors that serve as necessary supports for engagement in task-shifting activities within the context of community-based services for GBM.

Methods

Using community-based research approaches, a four-phase, multi-year implementation study was conducted, including interviews with 33 clinicians and community workers serving GBM in Toronto.

A thematic analysis of the interview data was conducted to identify organizational factors supporting task-shifting in community-based services.

SHIFT Task-Shifting Study

Phase 1 (Y1/2)	Phase 2 (Y1/2)	Phase 3 (Y2/3)	Phase 4 (Y3)
Interview ASO GBM health CWs	**Interview clinicians who provide care to GBM**	**Two-day Learning and Action Institute**	**Implementation**
• Focus: current range of skills; working with clinical providers; increasing CW capacity; skills they want to learn	• Focus: missing services policies or programs; working with CWs; possible roles for CWs; increasing linkages with CWs	• Meet with research team, CWs, clinicians and members of the GBM Network	• Develop protocol for pilot testing options to develop selected tool, program or service
• Mainly Toronto, include other jurisdictions (e.g., London, Ottawa and Sudbury)	• Physicians, nurses, social workers, mental health clinicians, addiction counsellors	• **Day 1:** Review results of integrated data analysis; discuss and prioritize most salient and useful findings	• Use funding from proposal and if needed, seek additional funding
	• Mainly Toronto, include other jurisdictions (e.g., London, Ottawa and Sudbury)	• **Day 2:** Prioritize and identify a pilot tool, program or service that can be used to increase service access and linkages between CWs and clinicians	• Implementation science-based intervention that can be used and scaled up for use among CWs and clinicians in Toronto and across Ontario

Findings

Intra (within) Org. Dynamics

Representation

Hiring workers who reflect community racial and sexual diversity; actively consulting community members in the development and implementation of interventions.

Resource Management

Ensuring fair compensation for community workers engaging in task-shifting; seeking alternative funding sources; expanding program space, staffing, and medical resources.

Role Management

Clearly defined roles for community workers; professional recognition of task-shifted activities; providing workload supports to reduce community worker burnout.

Service Environment

Inclusive LGBTQ+ space; shared physical space supporting inter-professional collaboration; service accessibility.

Training

Opportunities for practising and testing skills; ongoing training opportunities; promoting service and community learning.

Inter (between) Org. Dynamics

Awareness

Supporting GBM professional education initiatives; marketing & promotion of service (ex. social media); engagement in public awareness campaigns.

Organizational Network

Development of a centralized resource database & pathways for communication between organizations; identifying service redundancies & opportunities for recombination.

Partnerships

Seeking opportunities for mutual learning & knowledge sharing; developing intra-organizational trust; alignment of values.

Referrals

Creation of professionalized referral network; development of intra-organizational referral pathways; integrating service tracking capabilities.

Structure of Engagement

Providing adequate supervision; establishing firm role boundaries; standardizing task-shifted procedures; providing opportunities for mutual support & collaboration.

Discussion

1 ASOs may consider increasing opportunities to develop long-term, formalized partnerships with clinicians and representing organizations. This may be supported by aligning organizational missions and values while creating intentional opportunities for engagement between clinicians and community workers.

2 Organizations engaging in task-shifting would benefit from strategic resource management by engaging in diverse forms of resource and funding procurement (for example, by engaging with foundations and private donors).

3 Community workers engaging in task-shifting require wraparound support from organizations, including fair compensation, ongoing training, supervision, and effective workload management strategies, to avoid burnout as a result of additional responsibilities. Organizations may consider creating new positions designed specifically for task-shifting activities.

4 To increase access to task-shifted services, community workers must be reflective of community values as well as the racial and sexual diversity. Further, engagement in community awareness of task-shifted services is essential to improving access.