Assessing Organizational and Network Change for a Linkage to Care Intervention in Louisiana

Maulsby[1], C., Chrestman[2], S., Brewer[2], R., Kinsky[3], S., & Holtgrave[1], D.

From the [1]Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; [2]Louisiana Public Health Institute, New Orleans, Louisiana; [3]AIDS United, Washington, DC.

Background

Interagency collaboration has been defined as "mutual beneficial and well-defined relationships entered into by two or more organizations to achieve a common goal" (Mattessich, Murray-Close, & Monsey, 2001). Theory suggests that the overarching aim of interagency collaborations is improved efficiency and performance through the exchange of resources, knowledge, and social capital (Parmigiani & Rivera-Santos, 2011). Benefits of collaboration include decreases in duplication of efforts, increases in power and legitimacy, rationalization of resources, and provision of superior services (Jones, Thomas, & Rudd, 2004; Lippitt & Van Til, 1981; Parmigiani & Rivera-Santos, 2011).

Positive Charge (PC) is a multi-site evidence-based linkage to care initiative in the United States which is supported by AIDS United. In Louisiana, PC involves ten partner organizations that work together to link individuals to care in New Orleans, Baton Rouge, Shreveport, and Lake Charles.

This study aimed to describe the effect of PC on interagency collaboration in Louisiana. There are two primary outputs of this study: a) a network graphic that describes the array of PC Louisiana partners and how they work together to link individuals to care and b) a sociogram of the Louisiana PC network that includes measures of degree and density.

Methods

To create the network graphics, evaluation and program staff from Louisiana Public Health Institute (LPHI), Louisiana PC's lead agency, participated in an interactive exercise where they were asked to identify: the various steps that constituted linkage to care for their sites; all PC partner organizations; the role or function of each partner organization played in linkage to care; and non-PC organizations that were critical to the implementation of the project and their role. The lead agencies then used this information to make network graphics at an evaluation convening of PC lead organizations in November of 2010. These draft network graphics were shared with Louisiana PC partner organizations, up-dated accordingly, and finalized. To create the sociograms, an on-line survey was used to obtain retrospective and current network data on relationships between organizations. Two individuals from each organization were surveyed, one individual at the administrative level and one individual at the service delivery level. Individuals were asked "Does your organization collaborate with [insert name of organization] in the implementation of PC" and "In the six months before PC, did your organization work with any of the following organizations to link PLWH into HIV care and treatment?" Data were recoded in SAS and then analyzed in UCINET and Netdraw. We calculated network density, total number of ties, and average degree. The case study was completed approximately one year after the start of program implementation.

Results

The Louisiana PC network is comprised of ten partner organization that include, the Office of Public Health, STD/HIV Program, three LSU Public Hospital clinics, four community based organizations, one county jail and public health institute (Figure 1).
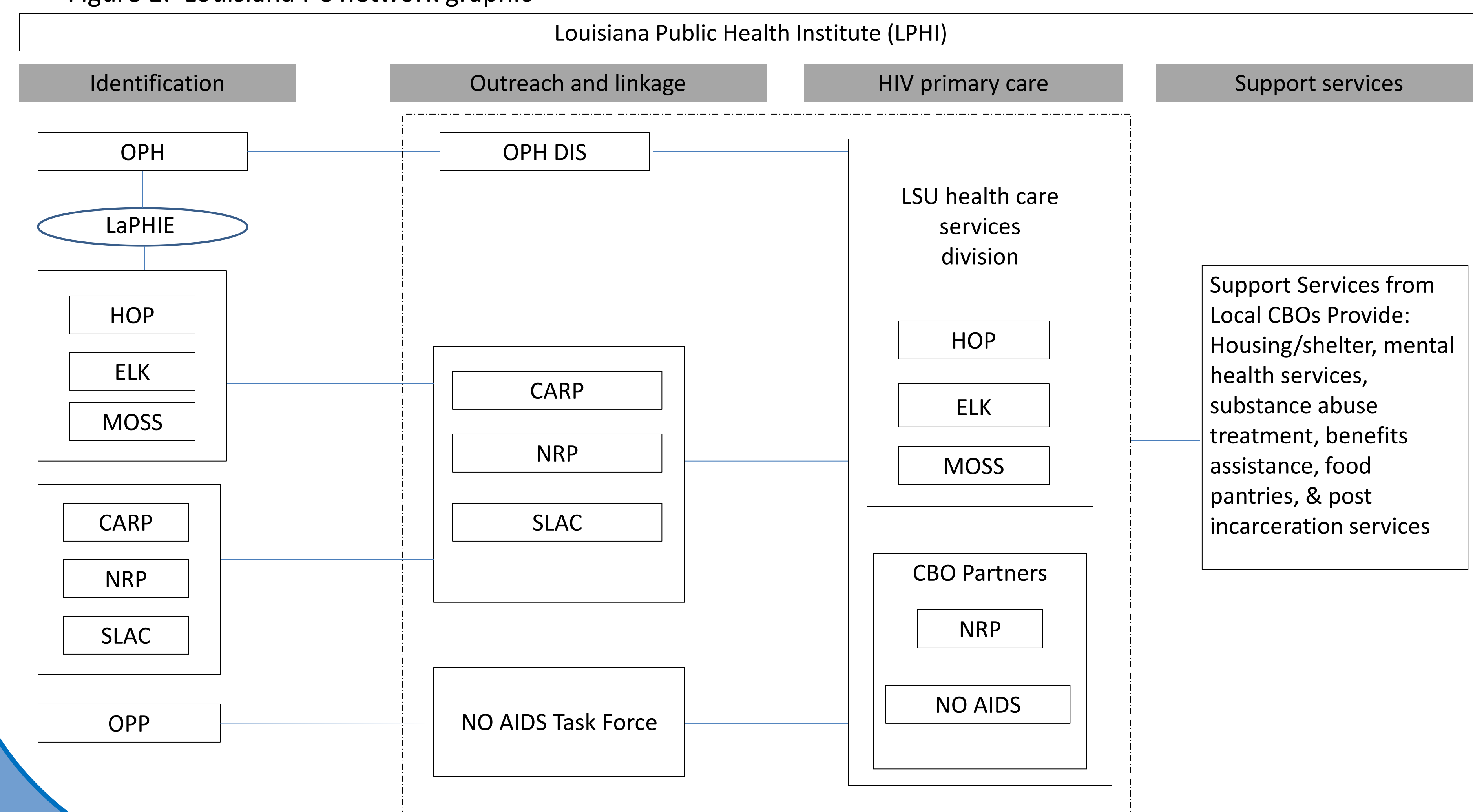
Figure 1: Louisiana PC network graphic

Figure 1 represents the Louisiana PC network. Organizations are represented by white boxes. Gray boxes indicate the role each organization plays in the linkage to care continuum. As represented by the long rectangular box at the top of the page, the LPHI is the lead agency for PC in Louisiana and oversees and coordinates PC linkage to care activities. The Louisiana PC project employs three linkage to care strategies: DIS, health navigators and a pre-post release manager. Reading from the top left, the Office of Public Health (OPH), STD/HIV Program works with OPH DIS officers to identify individuals who are in need of linkage to care services. The DIS officer works primarily with PLWH identified through OPH STD clinics, OPH public testing sites, and the Louisiana Public Health Information Exchange Network (LaPHIE). LaPHIE is a bidirectional public health information exchange between the office of Public Health and the LSU Health Care Services Division hospitals. These participants are then linked to primary care either within the LSU public health system or are linked to care at a CBO that provides HIV primary care.

Health navigators from three community based organizations work with LSU health care providers in New Orleans, Baton Rouge and Lake Charles to identify PLWH who are out of care. As shown in the network graphic, in New Orleans a health navigator from N'R Peace works with HIV Outreach Patient Program (HOP); in Baton Rouge a health navigator from Capitol Area Re-entry Program (CARP) works at Earl K. Long (ELK) and in Lake Charles a health navigator from Southwest Louisiana AIDS Council (SLAC) works with Moss Medical Center (MOSS). These health navigators also rely on the LaPHIE exchange to identify out of care patients as represented by the line linking LaPHIE to LSU public hospital. Health navigators link their clients to primary care services either within the LSU public hospital system or to primary care services provided by their CBO.

Third, a pre/post release case manager from NO/AIDS Task Force works with the Orleans Parish Prison (OPP) in New Orleans to link former inmates to HIV medical services after release. The pre/post release case manager links clients to the primary care service provider that is most appropriate for the individual.

The large dotted box represents the variety of support services that play a critical role in linkage to primary care and retention in care. PC DIS officers, health navigators, and the pre/post release case manager link clients to support services throughout the program, both before and after linkage to primary care.

Figure 2: Sociogram of Louisiana partners during and before PC
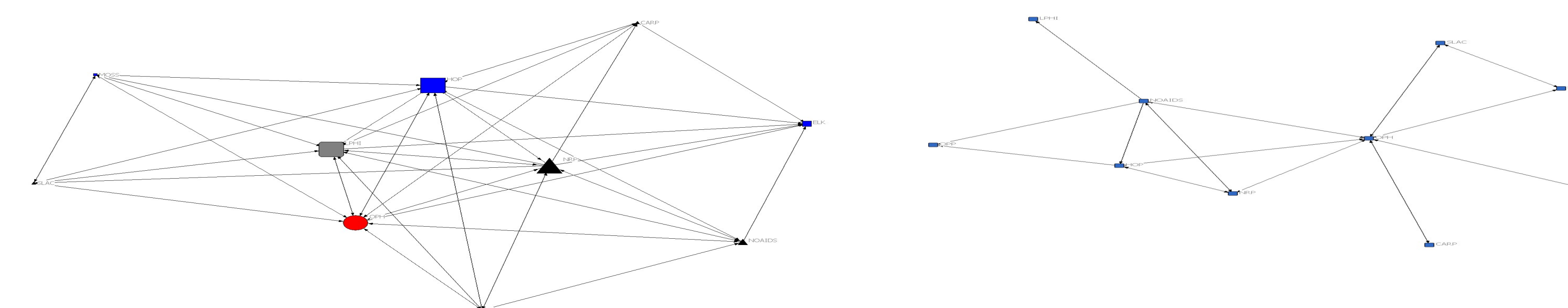
The figure on the left is a sociogram of the PC linkage to care network in Louisiana. Each node represents an organization. The size of the node is indicative of the node degree, or the number of organizations the organization is linked to within the network. Node shape is indicative of organizational type. Blue squares are LSU public hospitals, black triangles are community based organizations, health departments are red circles, and gray boxes represent an 'other' category. The Louisiana PC network has a density of .62, includes a total of 56 ties and the average degree between nodes is 5.6. In addition to gathering data about the current relationships between Louisiana PC partners, we also asked each site if they had worked with their PC partners to link PLWH to care in the six months prior to the start of the project. This allows us to compare the linkage to care networks before and after the start of the PC. The figure on the right is a depiction of partnerships before the start of PC. This network has a density of .27, a total number of 24 ties and an average degree of 2.4. This network is less dense, includes fewer ties, and has a smaller average degree compared to the PC network.

Conclusion

The organizations that make up the Louisiana PC network have developed a highly interconnected network of HIV organizations. The network is dense and includes strong ties with HIV care organizations, governmental public health organizations, and community-based organizations.

References
Mattessich, P., Murray-Close, M., & Monsey, B. (2001). Collaboration: What makes it work (2nd ed.). St. Paul, MN: Amherst H. Wilder Foundation.
Parmigiani, A., & Rivera-Santos, M. (2011). Clearing a path through the forest: A meta-review of interorganizational relationships. Journal of Management, 37, 1108-1136.
Jones, N., Thomas, P., & Rudd, L. (2004). Collaborating for mental health services in Wales: A process evaluation. Public Administration, 82, 109-121.
Lippitt, R., & Van Til, J. (1981). Can we achieve a collaborative community? Issues, imperatives, potentials. . Journal of Voluntary Action Research, 10, 7-17.