Social Work Faculty Scholarship

Social Work

2016

Transdisciplinary Health Teams in Brazil's United Health System

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Recommended Citation

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Introduction

- Integration of social services (i.e., civil registration, community mobilization) with disease prevention services (for e.g. HIV prevention services) has been recommended as a key strategy by practitioners, policy makers and researchers to solve the multifactorial determinants of chronic diseases faced by minority groups.

- Despite efforts to increase service integration in the past 50 years, there is limited evidence on effective approaches to integrating myriad services.

- Brazil's Unified Health System (SUS) is comprised of transdisciplinary teams of providers including: community health workers (CHWs), nurses, and physicians who are mandated to integrate services and is therefore a model for studying integration.

- Based on a sample of 262 health and social service providers, this study aims to identify the effect of individual factors, job characteristics, and organizational factors, on service integration among Brazil's Family Health Strategy (ESF) teams.

Theoretical Framework

Methods

- Cross sectional data were collected from 168 CHWs, 62 nurses, and 32 physicians in Mesquita and Santa Luzia, Brazil.

- Service integration was measured by combining three services: HIV prevention, community mobilization, and civil registration.

- A Structural Equation Model (SEM) was fit to identify key individual, organizational, and job characteristic variables that predict service integration.

- Individual factors: Providers' confidence, knowledge and skills, familiarity with the community, perseverance, and perceived efficacy of the ESF team.

- Job characteristics: Transdisciplinary collaboration, providers' autonomy in making decisions, ability to use a set of diverse skills; and ability to integrate patient-input.

- Organizational factors: Working conditions and availability of resources.

Results

Sample Characteristics

- Staff Category: CHWs (64%), Nurses (24%), Physicians (12%)

- Gender composition: 214 females (82%) ;48 males (18%).

- Race:123 Multiracial (46%); 82 White (31%); 54 (21%) Black.

- Mean age was 34 (SD =10); ranging from 20-70 years.

Findings

- SEM Findings demonstrated that the following predictors influenced service integration:

- *Demographics & Job Context*: Female providers, providers who had greater years of ESF experience, and providers who had a commute of 0-10 minutes to work were more likely to integrate services.

- *Individual factors*: Providers who had greater confidence, perseverance, knowledge and skills (such as knowing how to ask appropriate questions about health, prognosis, collateral effects of medication; and having the tools to make an
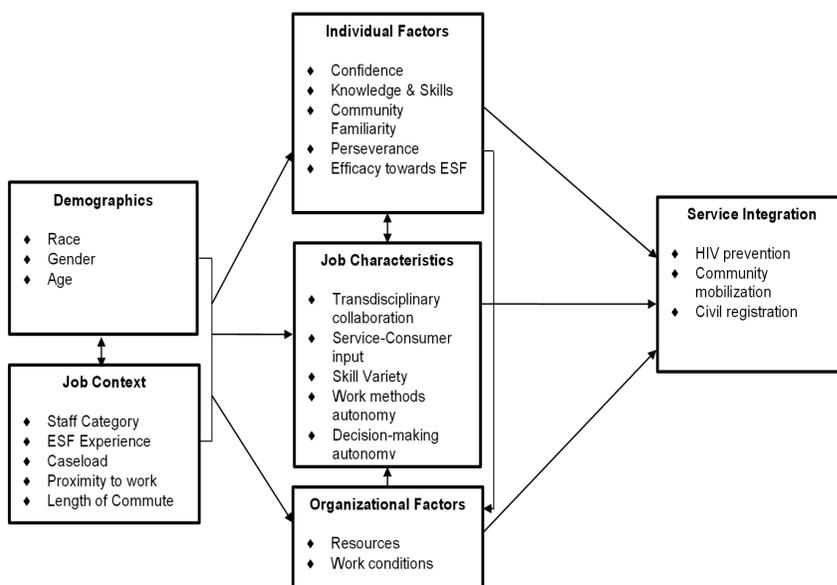
Findings Continued

assessment, and evaluate outcomes) were likely to integrate services.

- *Job Characteristics*: Providers who used a number of skills to offer services were likely to integrate services. Providers who were granted the autonomy to make decisions on the spot and tailor their work based on the information they gathered from consumers and research were less likely to integrate services.

- *Organizational Factors*: No organizational factors influenced service integration.

Conclusions

- This study articulates a framework to understand effective approaches to integrating social services with disease prevention approaches.

- Greater levels of perseverance, confidence, knowledge and skills, and years of experiences can be considered as offsetting the negative impact of organizational factors, such as the lack of medical equipment.

- Based on the findings, provider trainings worldwide should incorporate simulation-based activities that enhance providers knowledge and skills, perseverance, and ability to use a variety of skills to integrate different services.

- The findings also propose that greater supervision is required for social and health providers to integrate different services, and therefore there should be a joint appointment by the two sectors for a supervisor.

- The authors propose that researchers going forward should test the framework with different providers (medical specialists, social work) offering various health (mental health, diabetes, cancer, TB, malaria, cardiovascular care) and social services (child support, nutrition, housing, substance abuse) across different national health systems.

Acknowledgements