

Changing Roles of DIS: A National Perspective

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Overview

- History of disease intervention services
- Future direction of DIS workforce in a changing public health and health care environment- 2017 and beyond
- DIS Certification Project

Core Public Health Functions

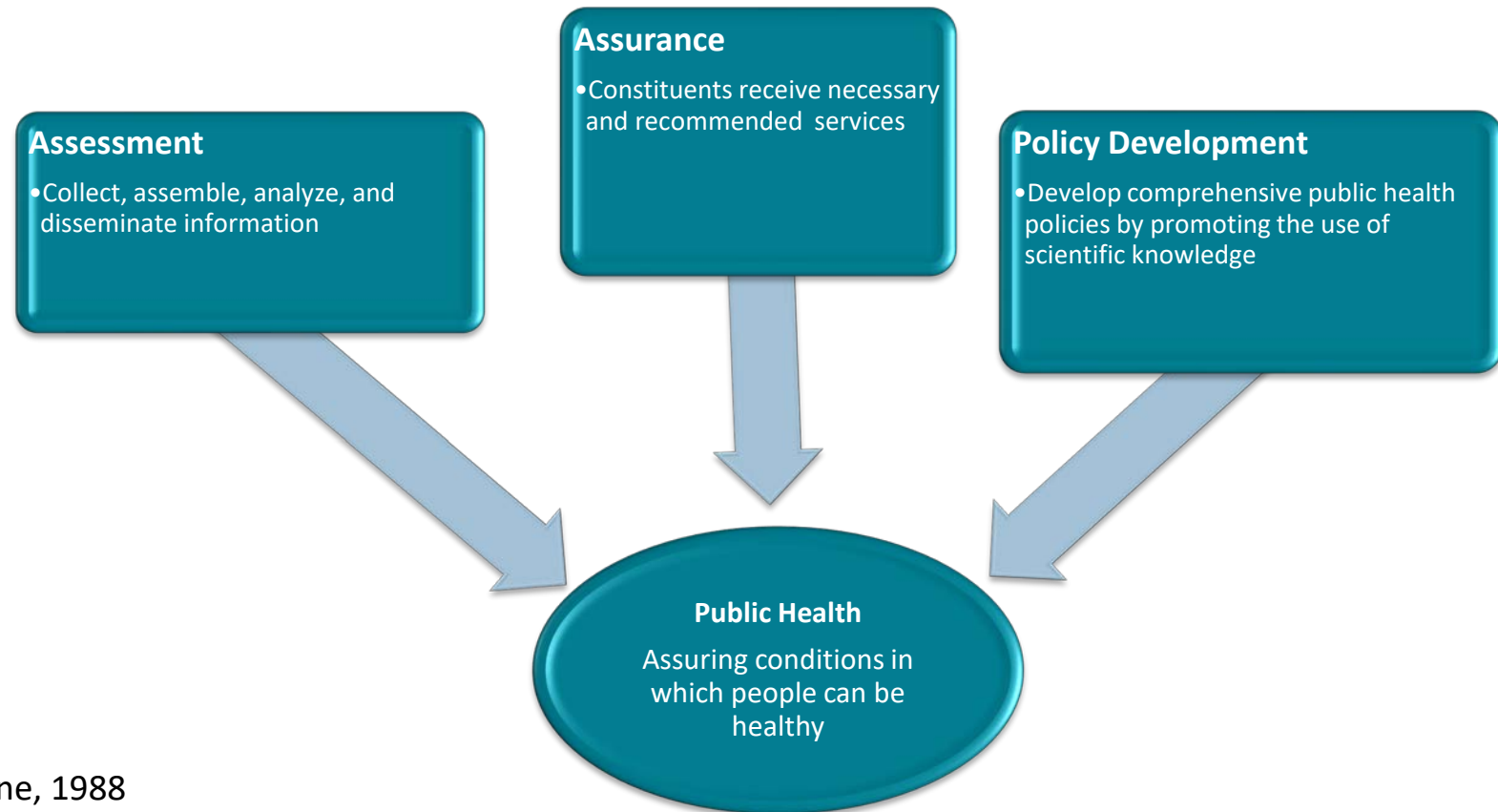
- Governmental public health
- Three core functions
 - Assessment
 - Assurance
 - Policy Development



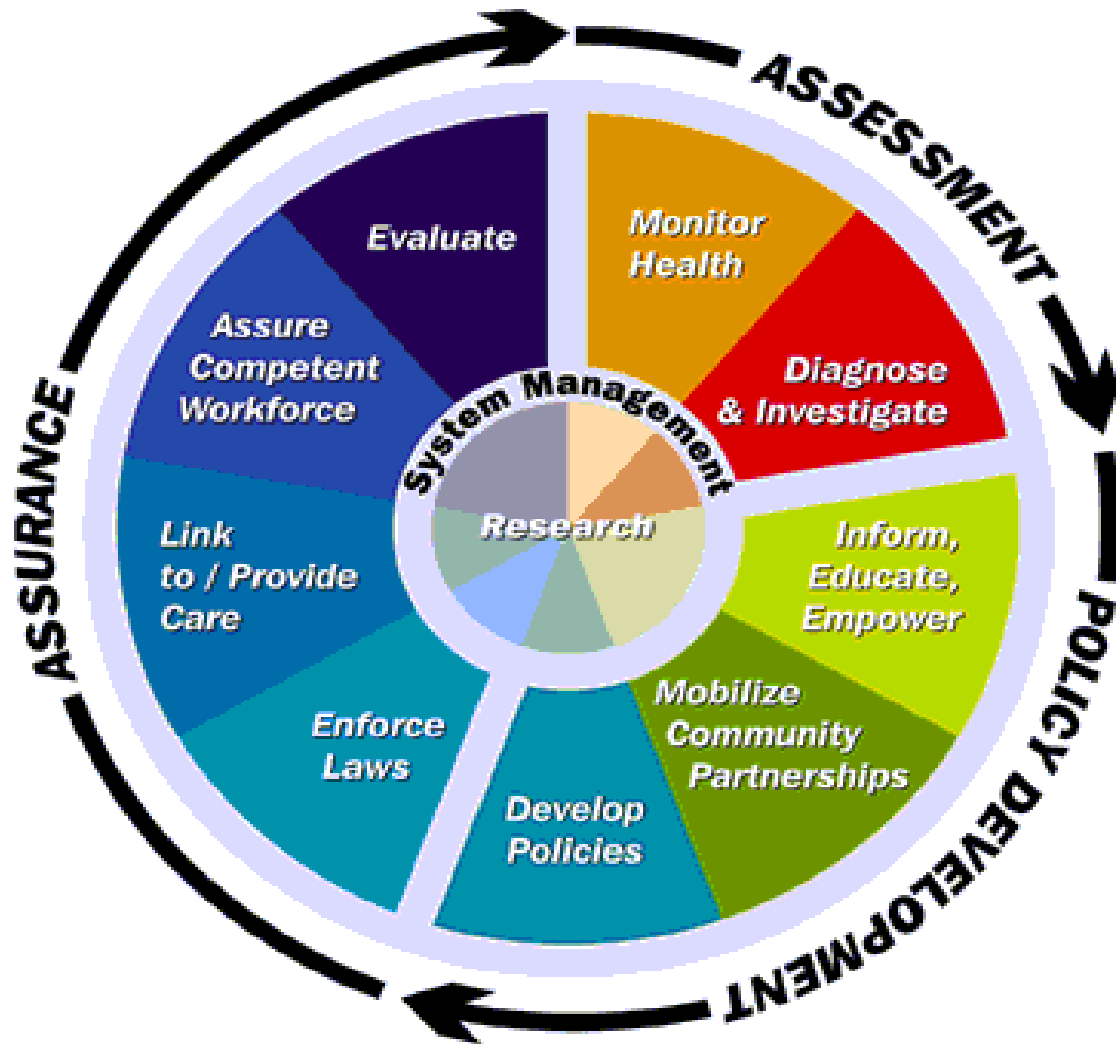
The Future of Public Health, Institute of Medicine, 1988

The Future of Public's Health in the 21st Century, Institute of Medicine, 2002

Public health –“assuring conditions in which people can be healthy”



Core Functions & Essential Services for Public Health



1. **Assessment** – Determine community strengths and identify current and emerging threats to the community’s health through regular and systemic review of health indicators with public health system partners.

2. **Policy Development** – Establish a community health improvement plan and action steps with public health system partners to promote and protect the health of the community through formal and informal policies, programs, guidelines, environmental changes, and programs and services.

3. **Assurance** – Address current and emerging community health needs and threats through governmental leadership and action with public health system partners. Take necessary and reasonable action through direct services, regulations, and enforcement. Evaluate the improvement plan and actions and provide feedback to the community.

Disease Intervention within the Ten Core Functions of Public Health

INVESTIGATING HEALTH PROBLEMS IN THE COMMUNITY	<ul style="list-style-type: none">• STD case investigations• Contact tracing• Outbreak response, including immediate, ground-level community engagement and contact tracing• Collection of surveillance, epidemiologic, and community assessment data
LINKING PEOPLE TO SERVICES	<ul style="list-style-type: none">• Linkages to comprehensive STD prevention (screening, testing, treatment, expedited partner therapy, vaccination, condoms)• Linkages to STD-related HIV prevention (testing, care, PrEP, PEP)• Linkages to safety net services for co-occurring conditions (primary health care, behavioral health, intimate partner violence, substance use disorders, family planning, prenatal care)
INFORMING, EDUCATING & EMPOWERING PEOPLE ABOUT HEALTH ISSUES	<ul style="list-style-type: none">• Counseling individuals with STDs and their social and sexual contacts• Health education of community groups• Public health detailing
MOBILIZING COMMUNITY PARTNERSHIPS	<ul style="list-style-type: none">• Community outreach, testing, education, and distribution of materials• Identifying and engaging vulnerable communities and populations
ASSURING A COMPETENT WORKFORCE	<ul style="list-style-type: none">• Workforce enhancement of DIS, field supervisors, field operations managers, and others supporting disease intervention efforts• Mentoring, supervision and performance management of DIS workforce• DIS certification

History of DIS workforce in a changing public health and health care environment- 2013



**Question posed at the ASTHO
Infectious Disease Integration of
Public Health & Primary Care
Meeting
December 10, 2012**

- What should the STD prevention landscape look like in 2013 and beyond?

Future Role of STD Prevention Programs

- Less direct service delivery if those services can be provided by the health care delivery system
- More investment in assessment, assurance and policy development to ensure quality and scale up of STD prevention services are provided by the health care delivery system
- Monitor access to health care and identify STD prevention safety net needs
- Foster public/private partnerships
- Develop better STD prevention program impact metrics
- Enhance public health workforce capacity

Future Role of DIS

- Need to expand scope of work and skills beyond STD field investigation
 - More efficient and innovative partner services
 - High intensity behavioral counseling
 - HIV, TB, and viral hepatitis cross training
- More involvement in linkage to care
 - Expand relationships with clinical providers
 - Patient navigators and bridge workers
- More involvement in supporting assessment and quality assurance activities
- More involvement in surveillance activities

Disease Intervention Specialist (DIS) Certification Project

DIS Certification Project

- What is certification?
 - A voluntary process by which an organization grants a time-limited recognition to an individual or unit after verifying that he or she has met standardized criteria.
 - It is **not** licensure
- Goal of the DIS Certification Project:
 - To formalize the role of DIS in STD, HIV, TB, other communicable disease and emergency preparedness as a prerequisite for billing

DIS Certification Project

- Purpose of certification:
 - to standardize and validate the knowledge, skills, and abilities of DIS
 - communication, counseling, case management, disease and outbreak investigation, linkage to and retention in care, provider and community engagement
 - drive the standardization and improvement of training
 - increase the quality and consistency of service delivery
 - increase recognition of the skills and abilities of DIS

DIS Certification- It's Not Just a Piece of Paper

A Major Undertaking, Complex Industry Standards, Legal Implications

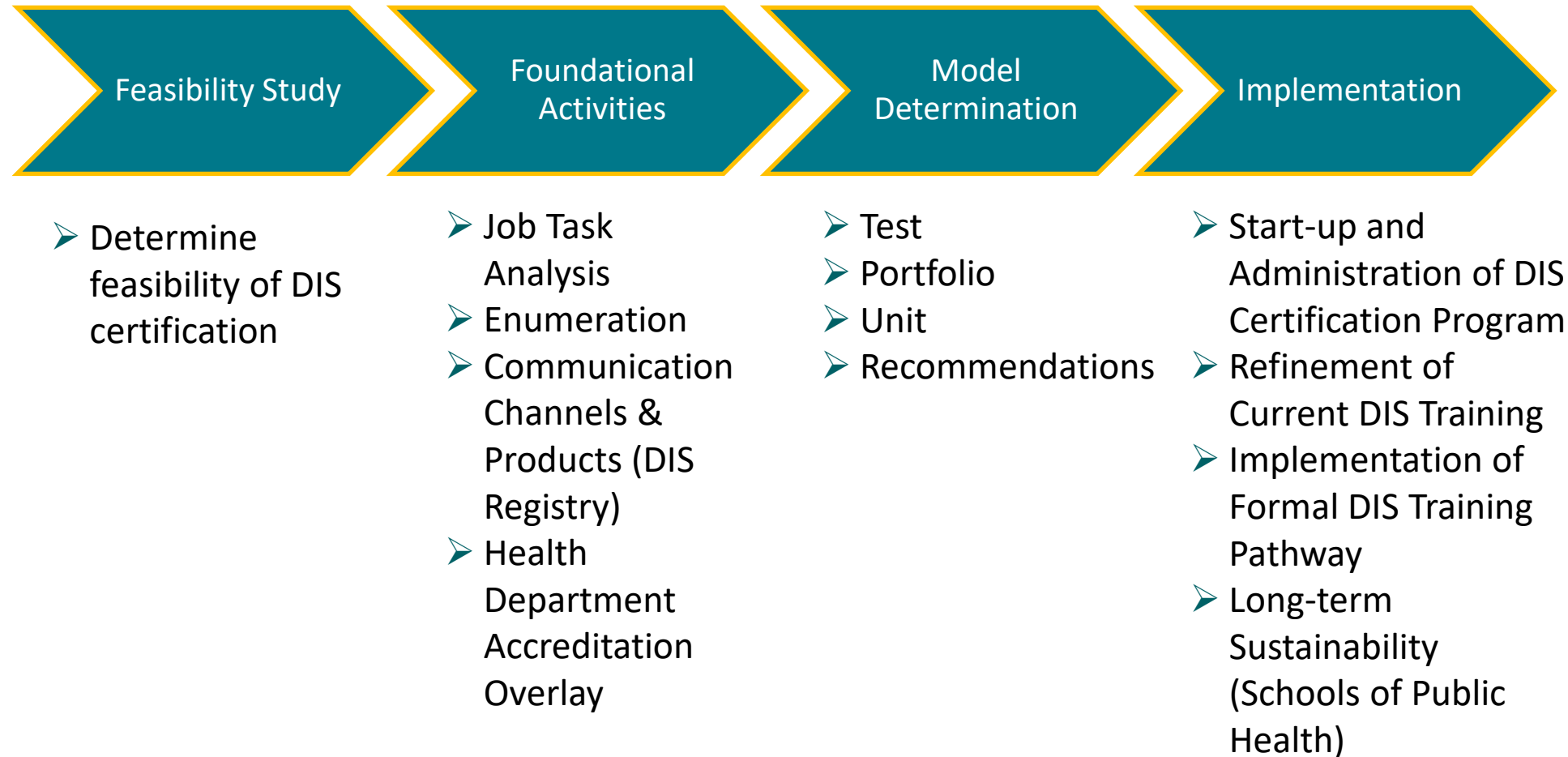
All accredited certification programs must...

- Follow industry standards and legally defensible methodologies (e.g., JTA)
- Comply with national accreditation standards for certifying bodies
- Assure fair assessment (i.e., test questions and exams are psychometrically sound)
- Ensure equal access to testing and training
- OMB and other regulations (ADA, trademark, copyright and certification mark legal issues) had to be considered

Acknowledgements

- Public Health Accreditation Board (PHAB)
- Division of HIV/AIDS Prevention (DHAP)
- Division of TB Elimination (DTBE)
- Subject matter experts, PHAB's National Advisory Committee, and other national, state and local stakeholders in DIS work
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Coalition of STD Directors (NCSD)
- National TB Controllers Association (NTBCA)
- PSI Services, LLC
- Seacrest Company, LLC
- American Nurses Credentialing Center (ANCC)

DIS Certification Project Overview



DIS Job Task Analysis (JTA)

- Goal: Clarify the DIS job role and establish the necessary and important requirements that ensure that DIS have the requisite knowledge needed for quality practice
- Template lays the foundation for certification
- Results used to inform training and other planning

DIS Job Task Analysis Results (2016)

- Obtained 494 survey responses using active outreach through state HIV, STD, and TB directors
- All survey respondents indicated that the tasks and knowledge statements sufficiently covered the necessary content for a test
 - 56 of the 57 (98.25%) task statements drafted by the job analysis task force were rated by a sample of 495 practitioners as sufficiently important to retain in the final test specifications
 - 102 of the 103 (99.01%) knowledge statements drafted by the task force were rated by a sample of 495 practitioners as sufficiently important to retain in the final test specifications

DIS Job Task Analysis Results – Key Task Domains

- Planning and preparation for case and field work (includes data to care)
- Investigation activities
- Client encounters and interviewing
- Surveillance support activities
- Case analysis
- Clinical support and client linkage services
- Testing and treatment in the field services
- Outbreak response and emergency preparedness
- Health system collaboration and care quality improvement (includes public health detailing)

DIS JTA Results – Key Task Domains & Sample Task Statements

■ Planning and Preparation for Case and Field Work

- Navigation of web-based “people search engines”
- Navigation of Electronic Medical Records
- Navigation/record search in multiple CD surveillance systems

■ Investigation Activities

- Situational awareness
- Community safety
- Technology assisted investigation (e.g. text msg, e-partner notification)

■ Client Encounters and Interviewing

- Establish confidential setting for client communication
- Cultural Humility
- Motivational interviewing
- Harm reduction
- Successful engagement of vulnerable populations

■ Surveillance Support Activities

- Enhanced surveillance data collection
- Chart abstraction

■ Case Analysis

- Orientation to sexual social network analysis – relationship to sexual/needle sharing/social partner elicitation
- Understanding of value of risk factor & venue identification to inform targeted interventions
- Identification of missed opportunities or gaps (e.g. missed syphilis screening for prenatal woman, missed opportunity for PrEP in HIV negative syphilis case)

DIS JTA Results – Key Task Domains & Sample Task Statements

- **Clinical Support and Client Linkage Services**
 - Client navigation techniques (e.g. PrEP & LTC)
 - Case management & incentives/enablers supports (e.g. TB)
- **Testing and Treatment in the Field Services**
 - Collect & transport specimens(e.g., venipuncture, sputum, urine)
 - Administer offsite testing and deliver results (e.g., PPD/TST, HIV, syphilis)
- **Outbreak Response and Emergency Preparedness**
 - Incident Command System Training
 - Introduction to Public Health Preparedness and Emergency Response
 - Local involvement in Emergency Preparedness and Response activities: tabletop training exercises and practice drills
 - Understanding of value of molecular data to identify and prioritize outbreak response activities (e.g. TB molecular cluster investigations)
- **Health System Collaboration and Care Quality Improvement**
 - Public health detailing or provider engagement
 - Contribute to program and health department quality improvement activities

DIS Job Task Analysis Training Gaps

Cross Cutting Training Needs---'Soft Skills' Essential for Success

- Ethical and professional conduct
- Active listening
- Open communication
- Critical thinking
- Negotiating skills
- Conflict management and resolution
- Cultural Humility
- Emotional Intelligence
- Flexibility and Adaptability
- Protect Confidentiality

Enumeration Results (2016)

- 2,211 estimated STD, HIV, and TB non-licensed DIS positions
 - 1,661 STD/HIV DIS positions (1,404 filled)
 - Over the past 5 years, 403 HIV/STD DIS were hired (not distinguishing between new and vacant positions) and 778 vacated their position
 - 550 TB DIS (excludes nurses)
- 402 STD/HIV DIS supervisor positions
- Individuals regardless of their employment category and funding source(s) including filled and unfilled positions
- Excluded: community health workers, epidemiologists, and public health nurses and Federal assignees (e.g.; PHAs and PHAPs)

Model Comparisons

- Three models were reviewed based on:
 - Potential to address the intended outcomes of DIS certification
 - Their development and ongoing administrative and maintenance costs
 - Their overall validity and reliability
- Potential Certification Models
 - Test-based model
 - Portfolio review model
 - Unit-based model

DIS Certification Program: Implementation Recommendations

- Implement a test-based certification model
- Develop DIS accreditation standards as part of health department accreditation
- Select an organization eligible for certification accreditation to manage the DIS national certification program
- Consider unit-based model for health departments in addition to individual test-based certification
- Address training gaps and needs
- Address sustainability

DIS Certification Program: Sustainability

- Crosswalk between DIS JTA and Public Health Curricula *
 - 75% Alignment with Bachelors Schools of Public Health Curricula
 - 55% of job tasks & 40% of knowledge competencies
 - 9 knowledge competencies are unique to DIS & require OTJ training
- *An accredited public health academic program, grounded in CEPH competencies, could address multiple components of DIS educational preparation*

* William A. Mase, Andrew R. Hansen, Stacy W. Smallwood et al. Disease Intervention Specialist Education for the Future: An Analysis of Public Health Curricula, *Public Health Reports* 2018, Vol. 133(6) 738-748.

Reflections on the NNDITCs (formally DISTCs)

The NNDITCs

- Resources limited:
 - Be efficient and effective to develop DIS skills by:
 - De-emphasizing old less efficient models (e.g.; field investigation and visual case analysis)
 - Embracing new innovative models (e.g.; social media investigation, network analysis, client-initiated PS and ECHO/telehealth training)
 - Generate revenue-based, sustainable strategies
 - Payor structure needs to be established
- Goal is to generate the next generation DIS workforce to include the following outcomes through trainings and capacity building

The NNDITC Strategies and Activities

- Update Passport to Partner Services training
- Develop new courses related to: Investigation & Outbreak Response, Linkage to /Retention in HIV Care; Public health detailing; Use of surveillance and PH data for disease intervention services including molecular surveillance, partner services and linkage to care activities
- Develop a mentoring structure for use by state and local health departments to work with participants post training to enhance skills and abilities of DIS/partner services provider staff
- Develop, implement and maintain a plan to ensure that training staff have current DIS/other partner service provider experience

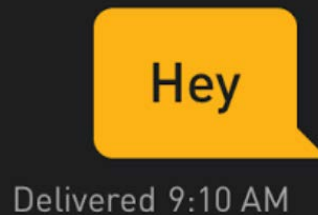
Future direction of DIS workforce in a changing public health and health care environment- 2020

Future Role of DIS

- Need to expand scope of disease intervention work and skills beyond STD field investigation
 - More efficient, high impact and innovative disease investigation and interventions- e.g. use of social media, network analysis including molecular epidemiology, client-initiated PS, express visits and telehealth
 - HIV, TB, and viral hepatitis cross training
- More involvement in linkage to care, follow-up and reporting
 - Expand relationships with clinical providers via public health detailing
 - Collaborate with CHOW, patient navigators and bridge workers
- More involvement in supporting surveillance and outbreak response activities, disease intervention program evaluation and using data for public health action
- Communication in terms understood by health care providers
- Training content driven by DIS certification

Modern DIS

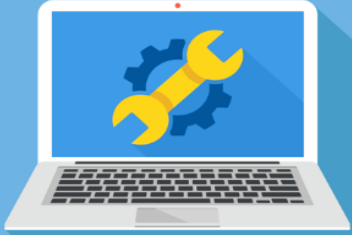
- Technology changes → geosocial networking apps and sexual networks
- Focus on linkage for co-occurring conditions
 - holistic patient care
- Support surveillance and outbreak activities
- Innovation in disease intervention
 - Internet Partner Services and home testing
 - Field testing and treatment
 - Public health detailing



The Toolkit and Resources for Technology-based Partner Services

- [Click here](#) to view the toolkit and resources


Getting Started



The toolkit serves as a general resource for health departments, community-based organizations, and others on how to use the internet and other technologies to trace and contact persons potentially exposed to STDs including HIV.

[Begin](#)

App Simulator



WELCOME!

To an online introduction of the use of mobile apps for partner services.


Users will learn about the many shared features common to today's popular social and sexual networking apps, which can help in the location and notification of someone who has been exposed to an infectious disease.

[SIGN UP](#) [LOGIN](#)

Quick exercises designed to familiarize staff with the basics of mobile apps and how they can be used by DIS for partner services.

[See for yourself](#)


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Discussion Board

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- NYS ICCR Desk - Remote Status**
Announcement by Salvatore Curroci • Mar 21 — Hello all. Due to the current COVID-19 situation in New York State, we have all been asked to work remotely.
- Sexually transmitted shigella**
Rebecca Soranton • Mar 19 — Hi all. We are in the very early stages of a collaboration with our food team regarding expanded surveillance for sexually transmitted shigella.
- Modifying HIV SAS Code for Syphilis**
Question by Julia Hanson Perez • Mar 19 — In HIV surveillance, CDC's HCSB provided us with code to conduct time-space analyses to monitor for regions.
- IPS Toolkit - Updated link to CDC Webpage**
Dayne Collins • Mar 19 — Colleagues, The link to the IPS toolkit on CDC's webpage provided in the November post from Frank Stone, which was shared again earlier.
- IL Remote Work Status**
Marge Smith • Mar 19 — Hello. Due to the current Covid-19 situation in Illinois, the Illinois STD Section has been asked to remote work from home. We will continue to provide services as needed.
- Phone Interviews**
Greta Anshantz • Mar 18 — Hey all, Does anyone have a protocol for disclosing HIV status over the phone and doing partner services interviews for HIV over the phone?

Share examples of protocols, scripts or policies of how you use digital media.

[Request to be Added](#)

DITC Regions

REGION 1

Health Research Inc/
NYS Department of Health
Albany, NY

REGION 2

Health Care Education and Training Inc
Indianapolis, IN

REGION 3

Denver Health and Hospital Authority
Denver, CO

REGION 4

The Regents of the University of California,
San Francisco
San Francisco, CA

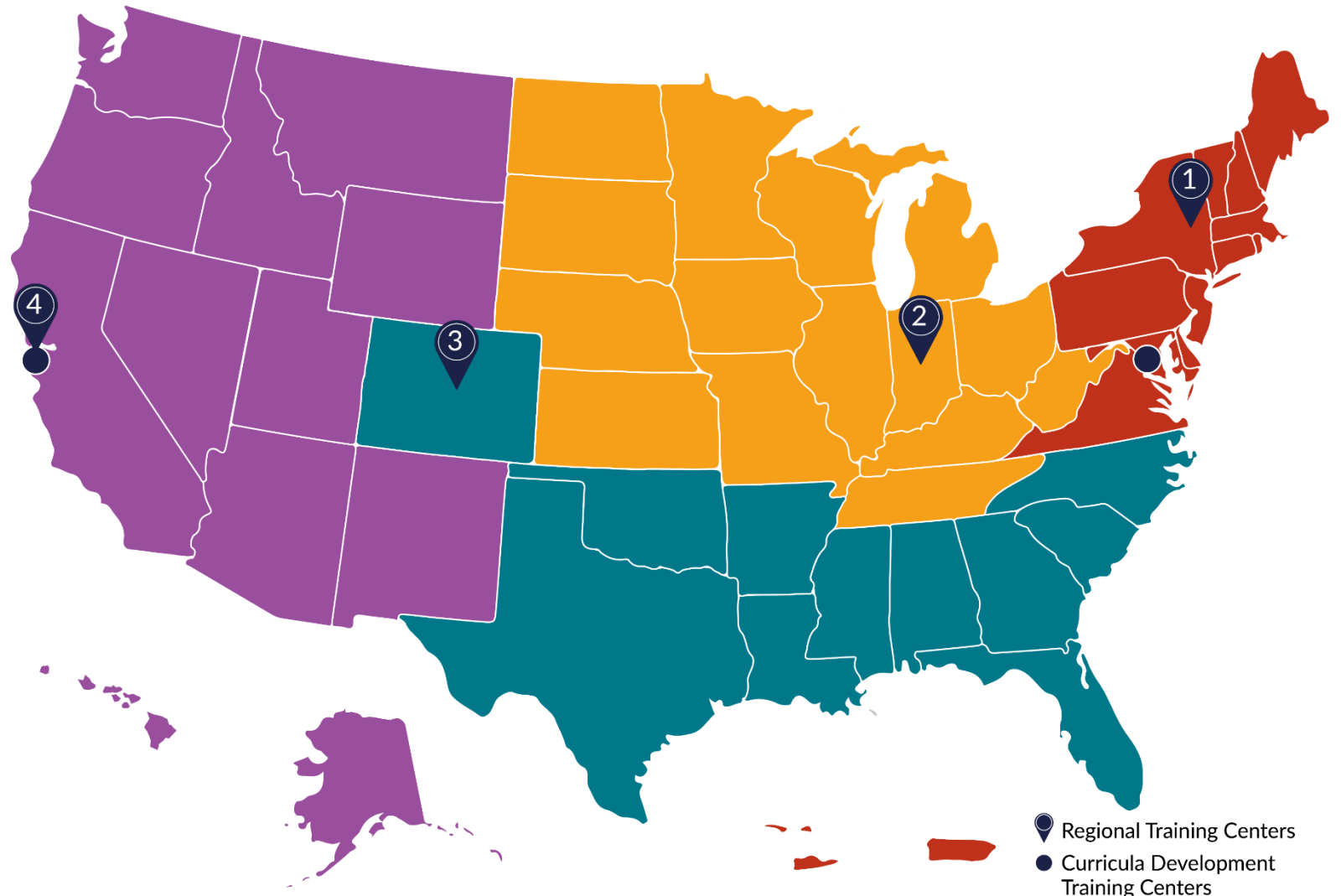
CURRICULA DEVELOPMENT TRAINING CENTERS

National Coalition of STD Directors
(NCSD), Washington, DC

Track A Online Curricula Development
Training Center

The Regents of the University of California,
San Francisco, San Francisco, CA

Track B Instructor-led Curricula
Development Training Center



Thank you



**Questions?
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