

Professor and Chair of Graduate School of Social Work Policy Sequence Pursues AIDS-Related Research in South Africa

Dr. Jennifer Zelnick, who joined the Graduate School of Social Work as an associate professor and chair of the school's social work policy sequence last July, has done research in South Africa for over a decade on the rampant spread of HIV/AIDS and drug-resistant TB among health care workers.

She is continuing to pursue that research here at Touro, with the college providing a grant to fund her next research trip to South Africa this summer.

"I'm really excited to have joined Touro College," Dr. Zelnick said. "I think it's a great place to pursue these interests because of the excellent and growing Graduate School of Social Work and the college's many health science-related programs. My work is interdisciplinary. It involves health and social issues and the overlap between them...One of the things I'm really happy about is that Touro has agreed to support my work in South Africa."

Dr. Zelnick, who will also continue to pursue research at Touro on the dangers facing clinical social workers in the United States, was hired by the Graduate School of Social Work to strengthen and lead the part of the MSW program that deals with public policy and advocacy. "It's the part of social work where students come to understand the policies in many social areas that affect the clients they serve and the role that social workers can play in helping to craft or develop policy," she



Dr. Jennifer Zelnick teaching Graduate School of Social Work class

said. "One of the things that MSW graduates from Touro can get involved with is becoming policy leaders or advocates. They can even work on legislative initiatives for politicians."

Dean Steven Huberman, Ph.D., described Dr. Zelnick as the "right academic to lead this effort" due to her vast experience in community organization and policy analysis. "The Touro Graduate School of Social Work is committed to helping those most at risk in New York City—the homeless, victims of abuse and bullying, and returning veterans with combat injuries. Our social work policy sequence will lobby government and the private sector. We will train our students to be passionate advocates for those

most vulnerable in our midst."

Last June, at the 5th South African AIDS Conference in Durban, under the auspices of Touro, Dr. Zelnick collaborated on a poster presentation entitled, "Health Care Workers' Perspectives on N95 Mask Usage in the Context of XDR-TB," which presented qualitative data on why South African health care workers often fail to use respirator masks that can protect them from exposure to drug-resistant TB.

The HIV epidemic in South Africa has sparked a severe TB outbreak because in-

dividuals with compromised immune systems are more susceptible to contracting TB. According to the poster presentation, co-authored by Dr. Zelnick, health care workers are five to six times more likely to contract multi- and extensively drug-resistant TB (MDR-TB and XDR-TB) than the general population because of occupational exposure.

"In general, the policy that protects nurses from XDR-TB is that they are given these N95 masks," Dr. Zelnick said. "What we found from talking to nurses is they didn't necessarily have the information about why they needed to wear the masks, how to wear the masks, or how much the masks would protect them. The nurses were not playing an active role in

safeguarding their own health. We found that in some cases there were poor infection control programs in hospitals and in some cases nurses were not trained properly. There was an overall feeling of disempowerment and the nurses didn't feel supported or recognized by their workplaces."

The poster presentation was based on findings from a series of 12 focus

groups comprised of 58 health care workers at six hospitals in KwaZulu-Natal Province, which has one of the highest rates of HIV infection in South Africa. In 2006, at a rural hospital in Tegula Ferry, KwaZulu-Natal, an outbreak of XDR-TB killed 52 of the 53 people who had contracted the disease. Dr. Zelnick collaborated on the research and the poster presentation with a group of physicians and policymakers from the Albert Einstein College of Medicine, the Medical Research Council (MRC) of South Africa, HEARD (Health Economics and HIV/AIDS Research Division), the University of KwaZulu-Natal, and CAPRISA (Center for the Aids Programme of Research in South Africa).

"I'm really excited to have joined Touro College. I think it's a great place to pursue these interests because of the excellent and growing Graduate School of Social Work and the college's many health science-related programs."

— Dr. Jennifer Zelnick

"Interventions are required to increase N95 mask usage amongst HCWs (health

The poster features a central red box with white text: "Health Care Worker's Perspectives on N95 Mask Usage in the Context of XDR-TB". Above this box are logos for HEARD (Health Economics and HIV/AIDS Research Division), University of KwaZulu-Natal (INYUVESI YAKWAZULU-NATALI), and CAPRISA. To the right are logos for Albert Einstein College of Medicine of Yeshiva University, Touro College, and the Medical Research Council (MRC) of South Africa. Below the title box, the authors are listed: Andrew Gibbs, Dr. Jenn Zelnick, Marian Lovelady, Dr. Max O'Donnell, and Dr. Neel Prasad. The poster is divided into three sections: "Issue", "Methods", and a photo of a healthcare worker wearing an N95 respirator.

Issue

In South Africa Health Care Workers (HCWs) are 5-6 times more likely to contract multi and extensively drug-resistant TB (MDR-TB and XDR-TB) than the general population, because of occupational exposure.¹ While infection control is managed at multiple levels (administrative, environmental, and personal respiratory protection), for HCWs the N95 mask offers personal protection that is highly effective, if used correctly and in conjunction with other infection control measures. Yet despite N95 masks being a key tool for HCWs to manage their risk of exposure, data suggests that HCWs remain disproportionately at risk of MDR-TB and XDR-TB and a key contributory factor is lack of use of N95 masks.

Methods

We undertook 12 focus group discussions in hospitals in KwaZulu-Natal, comprising 58 HCWs. Hospitals ranged from those designated to provide care and support for patients living with DR-TB through to District hospitals, which occasionally saw patients with DR-TB. We analysed the data using thematic analysis

N95 respirator

Dr. Zelnick's poster presentation at South African AIDS Conference in Durban, South Africa

care workers)," according to the poster presentation. "At a basic level HCWs need to receive basic information and training about N95 masks, including fit testing. However, for N95 mask usage to increase, training needs to allow HCWs to engage in discussions about N95 masks, MDR-TB and XDR-TB and the wider hospital contexts. Such discussions, as we have seen in HIV/AIDS prevention, allow people to integrate their knowledge of N95 masks and MDR-TB and XDR-TB into their everyday practices and ethic of care."

Dr. Zelnick and her research collaborators have written a paper on the topic entitled "Occupational Risks for Extensively Drug-Resistant Tuberculosis (XDR-TB) Among Health Care Workers in South Africa: A Focus Group Study of Perspectives on Workplace Safety, Infection Control and Drug-Resistant Tuberculosis" that is currently under review.

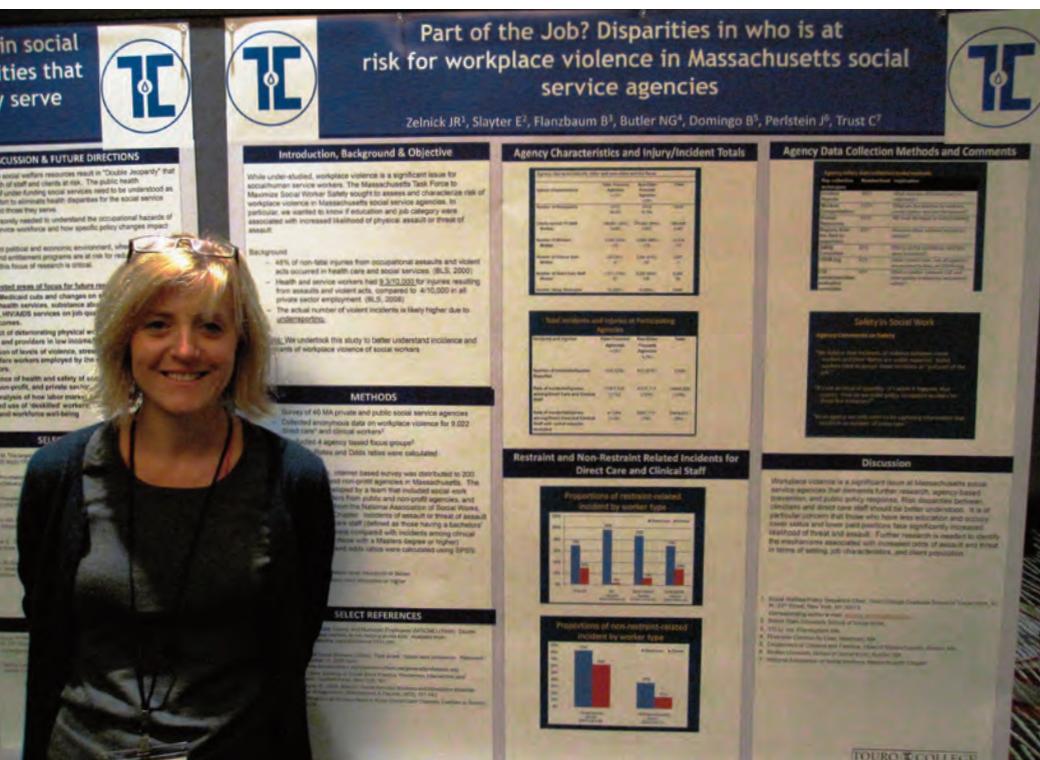
This summer in South Africa, Dr. Zelnick plans to participate in a series of workshops with her research partners to convey to hospitals, nurses and policymakers their findings on the use of N95 masks to prevent the spread of TB. "Based on the fact that the findings showed that there needed to be more awareness among nurses about their role in infection control and more understanding in the health care setting about the

barriers nurses face in protecting themselves and what hospitals have to do differently, we plan to present our findings to strengthen infection control programs," Dr. Zelnick said. She and her research collaborators are also seeking to arrange a stakeholder conference on the issue with South African health care policy makers, researchers and institutions.

"The School of Social Work understands the impact of globalization on our daily lives," said Dr. Huberman. "Professor Zelnick's research in South Africa is precisely the kind of work we need to support. We help our students put America's social problems in a global perspective."

Prior to joining Touro, Dr. Zelnick served as an adjunct professor in the Silberman School of Social Work at Hunter College for a year and a faculty member for the School of Social Work at Salem State University in Massachusetts for three years. While at Salem State University, Dr. Zelnick expanded her research into safety for social service workers after a social worker at the university who also served as a field instructor for social work graduate student interns was murdered during a client home visit.

"I became active with a group called the Massachusetts Task Force for Maximizing Social Worker Safety," Dr. Zelnick said. "The social worker that was



Dr. Zelnick with poster presentation at Eliminating Health and Safety Disparities at Work Conference in Chicago

murdered...was one of my student's supervisors, someone who we all knew well and was an integral part of our community. It made us take a step back and think about the occupational risks social workers face. The literature, though there is not enough of it, describes stress and violence as the two primary hazards that social workers face."

Dr. Zelnick and her research partners on the task force—social work academics from Salem State University and Boston University, leadership from the Massachusetts chapter of the National Association of Social Workers, and representatives from public and non-profit agencies—conducted an anonymous Internet survey on workplace violence at 40 Massachusetts social service agencies and concurrently led two focus groups.

"Forty agencies responded to an anonymous, Internet survey, reporting 1,049 incidents of physical/verbal assault among 9,022 workers, including master's level clinicians (n=2,627) and direct care workers (n=6,395)," an article abstract summarizing the findings said. "Direct care workers faced increased odds of assault and threat compared to clinicians.

Most agencies collected data through incident reports and workers compensation claims, but far fewer used safety committees that involved the workforce in safety planning. Participants were concerned about underreporting and that assaults were seen as 'part of the job.'

"Further research is needed to understand the risk disparities between direct care workers and clinicians, and to assess occupationally generated health disparities among those employed in social services. Agency-wide strategies to create a culture of safety in social services can benefit staff, clients and communities by improving the environment we all share," the article abstract said. The article manuscript has been submitted to the journal, *Health & Social Work*.

Dr. Zelnick and her research partners also presented their findings at the American Public Health Association Conference held in Washington D.C. in November and the Eliminating Health and Safety Disparities at Work Conference, sponsored by the National Institute of Occupational Safety and Health, held in Chicago in September.

At Touro, Dr. Zelnick plans to expand

this area of research. In December, she was selected to receive a Faculty Research Fund Award through Touro's Office of Sponsored Programs (OSP) to conduct a pilot study exploring job characteristics, work organization, and occupational health and safety issues in social service settings.

"I'm looking at developing research and partnerships to explore health and safety concerns for social workers in New York City," she said. "If we want to provide quality health and social services we need to make sure that our workforce has decent working conditions and a voice in the workplace...Our students also work in the field and we need to understand safety and occupational risks to prepare them for their careers and the work environments they're going out to practice in. I look forward to building collaborations at Touro College around this topic."

Dr. Zelnick said she is also hoping to collaborate with social service agencies and other stakeholders in New York so that social workers can have some impact on how public policy decisions are being made about city and state budget cuts precipitated by the economic crisis. "It's important to remember these are not just economic questions. We're talking about quality of care and the quality of jobs. It's important to understand what people on the front lines of providing health and social services have to say about how policy decisions are affecting their work. If people are being laid off and services are being cut, there are health and safety ramifications."

Dr. Zelnick's interest in the field of health care worker safety began shortly after she earned her master's in social work from the University of Pittsburgh when she worked as a community and labor organizer for the Federation of Nurses and Health Professionals (now known as AFT Healthcare), a labor union for health care workers that is a division of the American Federation of Teachers.

"At the time, during the 1990s, there was a lot of restructuring and downsizing happening at hospitals and what this meant was that they were increasing the number of patients nurses had to care for

and at the same time the patients were much sicker,” Dr. Zelnick explained. “Hospitals weren’t admitting people who were less sick because of new insurance restrictions. Many nurses were for the first time seeking the help of labor unions because they saw a threat to patient care.

“I realized that these changes to the working conditions of nurses affected both the nurses and their patients and I got interested in how creating good quality jobs for health care professionals was important to providing quality care for patients,” she added. “That led me to seek a doctorate in work environment policy from the University of Massachusetts-Lowell so I could study how working conditions for health and human services workers affected patient care and the well-being of the work force.”

In 2001, during her doctorate studies, Dr. Zelnick traveled to South Africa and began the HIV/AIDS-related research that would become a focal point of her academic career. She was initially there for a year-and-a-half, researching the provincial AIDS policy in KwaZulu-Natal Province, and then returned in 2003 to do her dissertation field work at three provincial hospitals in KwaZulu-Natal on the risk that nurses face of contracting HIV/AIDS through needle stick injuries.

She initially traveled to South Africa

with her husband—a physician who at the time was a medical student at Tufts University also interested in studying HIV/AIDS. “When we went to South Africa in 2001, they were having this exploding HIV/AIDS epidemic. We were interested in the problems they were having with this disease but we were also interested in the political changes in South Africa and how the post-apartheid government might be shaping social services to help the population. Here was a country that had the opportunity to remake its policies and institutions to serve a historically marginalized population.”

When Dr. Zelnick returned to South Africa in 2003, she worked with the Treatment Action Campaign, an activist group that was fighting to bring antiretroviral treatments to South Africa at a time when the adult population infected with HIV was estimated to be as high as 29 percent and the HIV-infected hospital patient population was believed to be approaching 80 percent, posing an enormous risk for South African nurses.

“These antiretrovirals, which allowed people to live with HIV and AIDS, only became available in South Africa in the fall of 2003, largely through the activities of the Treatment Action Campaign. I worked with them in terms of bringing my perspective and work into the organ-

izing they were doing. What they were advocating for was a social response to the AIDS epidemic in South Africa, where the primary root of transmission is heterosexual activity.”

“It’s important to understand what people on the front lines of providing health and social services have to say about how policy decisions are affecting their work. If people are being laid off and services are being cut, there are health and safety ramifications.”

— Dr. Jennifer Zelnick

In the summer of 2008, Dr. Zelnick returned to South Africa, where she gave an oral presentation of a paper she co-wrote with Hunter College Professor of Social Work Mimi Abramovitz at the International Association of Schools of Social Work Conference in Durban. The paper, entitled “Double Jeopardy: The Impact of Neoliberalism on Care Workers in the United States and South Africa,” was published in the *International Journal of Health Services* (Int J Health Serv. 2010;40(1):97-117). She also spent that summer further developing the research project on nurses and XDR-TB.

Despite her seemingly divergent research projects in South Africa and the United States, Dr. Zelnick sees a very distinct link between the two.

“Health care workers and social workers both face the risks and hazards associated with caregiving work. In addition, they often share the feeling that they are not recognized or paid well and that sometimes their work environments are not very safe,” Dr. Zelnick said.

“The link between them is that in both cases the quality of services we’re providing to the community depends on the health and well-being of the providers. We need to be supporting that work through funding it properly but also by making sure the workplace is a healthy, sustainable place.”



Rural hospital tuberculosis ward, KwaZulu-Natal, South Africa