

# Impact of Employment on Persons Living with AIDS: Ways to Improve Their Success in Treatment & Care & in Vocational Rehabilitation & Employment Services

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# Learning Objectives

To be able to describe:

- two examples of interdisciplinary, cross systems collaboration;
- two strategies used to develop collaborative programs;
- two positive impacts of employment on on PLWHA; and
- two strategies to help PLWHA explore their potential for returning to work or entering the workforce for the first time.

# National Working Positive Coalition (NWPC)

## Who we are:

- Persons living with HIV/AIDS, service providers, educators and researchers in HIV and employment

## Mission

- Promote research, development and implementation of effective practices in employment services
- Coordinate sharing and dissemination of this information
- Advocate for work options and opportunities for people living with HIV/AIDS.

# Background on NYS Treatment Adherence Services

- NYS has provided funding to support HIV Treatment Adherence since 1997
- 2.2 million in State and Federal Funds currently supports 15 programs
- Approximately 2100 individual patients receive service annually

# Program Model

- Program Model integrates treatment adherence support with primary HIV care
- Services are co-located
- Services provided by a multidisciplinary team (provider, nurse, social worker/case manager, Tx Adherence counselor)
- Adherence and barriers to adherence are assessed quarterly

# Assesment of Patient Needs Impacting Adherence

- Mental Health
- Social Supports
- Substance Use, Including Alcohol
- Housing Status
- Medication Literacy
- Financial Supports, Including  
Employment Status

# Employment and Treatment Adherence Initiative

- While employment status is not currently a required field in the service reporting system used, some data on employment status has been collected on intakes and assessments.
- Approximately 22% of Treatment Adherence patients had some kind employment status data reported in 2010.
- However, data is incomplete as to type of status (e.g. working/not working) indicating need for further study and more specific data fields.

# Employment and Adherence

- Data from the 2008 NWPC/PSU study of vocational and employment service needs of PLWHA was presented at the NYS Treatment Adherence Programs Quality Learning Network Meeting and will be discussed in the next presentation.
- Participants from 15 funded NYS TA programs responded to the following discussion questions:
- Based on those findings, NYS recognizes the need to more closely examine the relationship between treatment adherence and employment.

# NYS Treatment Adherence Quality Learning Network Meeting

- Presentation on Employment, Unemployment and HIV/AIDS at 2/10/11 network meeting
- Results of NWPC/PSU survey presented
- Participants from 15 funded NYS TA programs responded to the following discussion questions:

- What percentage (estimate) of your treatment adherence patients work?
- Approximately 25% enrolled in TA programs are working in some way
- What has been your experience with patients who are working?
- Employed PLWHIV generally have improved adherence. Working has a positive effect on psychosocial issues

- Have patients reported, or have you observed, positive or negative outcomes among patients that work?
- Some increase in missed appointments
- Of your patients who are not working, have any reported the desire to work?
- Newly diagnosed patients have greater expectations of working
- Based on program data and these responses, NYS recognizes the need to more closely examine the relationship between treatment adherence and employment.

Michael Mugavero, MD, U. of AL, in the Oxford Journal, Clinical Infectious Diseases

- The article uses Mc Leroy's "socio-ecological perspective" to portray complex factors that impact health care systems and patient engagement in care and the need for cross-system policy to support integrated services such as employment.
- A key recommendation from the study is as follows:  
"It is imperative that HIV-infected patients are supported and encouraged to seek employment and productivity without risk of jeopardizing their health or access to medical treatment".

Dr. Elizabeth A. Mellin, Penn State University

A conceptual draft of an evidence-based model on interdisciplinary collaboration by Liz Mellin provides insight on complex cross systems, and the need to “unpack” inter-disciplinary work and how inter-disciplinary cost neutral practices may produce significant outcomes and demonstrate cost benefit.

I interpret “unpacking” as the need to learn more about one another and better understand what we do, and how (why) we function.

# Key Partners in the Development of a Cross Systems Interdisciplinary Project

Drs. Mugavero & Mellin's work underscores the need for better understanding/working relationships between the proverbial "siloes services" such as, but not limited to:

- Clinical Providers
- Vocational Rehabilitation Service System
- Workforce Development Services (One Stops)
- Community Based HIV Supportive Service Providers
- State Medicaid Management (1915 Waiver Policies)

# Key Features of a Cross Systems Interdisciplinary Project

- SHARED TRAINING
- CLIENT/CUSTOMER CRITERIA
- REFERAL ASSESSMENT PLANNING/FORMS
- UNIFORM, SHARED ASSESSMENT PROCESS
- SERVICE/INDIVIDUAL EMPLOYMENT PLAN OR ONE STOP REFERRALS
- REASSESSMENT PROCESS
- EVALUATION

# Connecting the Dots.....

Not sure why “dots” (above) are Square, but as I wrote this it occurred to me that it is quite fitting.....

Collaboration is all about fitting square pegs into round holes, and these are the challenges:

- siloed funding streams and “funder” requirements,
- vastly different policies/procedures often in conflict,
- different priorities and desired outcomes focus, and
- because of all of the above, what exists is unique and narrowly focused service systems/perspectives.

# So Why Beat Your Head Against the Proverial “Wall”??

You’re probably asking yourselves, “does this guy know what he is asking us to do...he has no idea what a PITA it is to work with \_\_\_\_\_!!

I’m sure you could all fill in the blank, right?? So why beat your head against the wall?

The answer, of course, is not simple. But potential benefits/outcomes for our patients/clients and communities is, to my way of thinking, unlimited.

So, why is this important?

- In the current environment with funding cuts we can no longer afford to work in isolation.
- In some states the integration of services, such as in NYS with the development of Health Homes, leaves no options. Isn't it better to act first?
- It is simply the right thing to do

Yesterday's lunch plenary was so inspiring.

Please, if you take nothing else away from this workshop, I hope you hear this message: we must figure out ways to work closely together if we are ever to be able to **END THE AIDS EPIDEMIC!**