
Review of Recent HIV/AIDS Employment Research: Implications for the One Stop System

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National Working Positive Coalition Vocational Training and Employment Needs Survey (NWPC-VTENS)

- Survey research methods identified vocational development and employment needs of 2506 individuals with HIV/AIDS
 - Instrument development
 - Revision of 2004 survey
 - Focus groups different regions of country
 - Review of literature
 - Expert panel and pilot testing
 - Funded by NIDRR & NYS AIDS Institute
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Sample Reflects Diversity of HIV/AIDS

- Some Demographics:
 - Mean age: 46 years
 - Gender: 65% male, 34% female, 1% transgender
 - Race: 37% black, 37% white, 18% Latino, 7% other
 - Sexual Orientation: 48% straight, 44% gay, 8% bisexual
 - Employment Status: 32% employed, 68% not working
 - Education: 38% high school graduate or less
 - Never use: email (25%), Internet (22%)
 - Population vulnerable to employment discrimination, minimum/low wage jobs with no benefits and less stable work that could lead to a loss of income supports, housing subsidies, or health insurance without careful guidance.
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Varied Levels of Health & Eligibility

- Health Status
 - 67% HIV; 33% AIDS
 - 90% reported additional health concerns
 - 21% unstable health during past 12 months
 - 15% expect health to be unstable over 5 years
 - Some may not meet functional limitation eligibility requirements for state vocational rehabilitation services
 - Many will not qualify for any disability benefits
 - Many concerned about implications of unstable health and ability to maintain work over time
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Use of Income Supports & Services

- Income:
 - 53% receive less than \$15,000 per year
 - 18% do not use any income benefits or subsidies
 - Types of income benefits reported:
 - SSI, SSDI, housing subsidy, TANF, state disability
 - Employment helps to reduce reliance on federal programs
 - Improving employment outcomes will require coordinated efforts across federal and state agencies.
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Limited Knowledge of Existing Resources

	<u>Male</u>	<u>Female</u>
■ Vocational Rehabilitation	31%	27%
■ One Stops/Workforce Development	16%	18%
■ Work Incentives		
□ Ticket to Work	23%	22%
□ Trial Work Period	23%	13%
□ Extended Medicare	11%	8%
■ Americans with Disabilities Act	47%	35%
□ Reasonable Accommodations	21%	13%
■ Family and Medical Leave Act	31%	26%

Underutilization of Vocational Services

- While 45% of participants reported a need for more information on employment resources and services,
 - Only 22% reported use of vocational rehabilitation
 - Only 17% reported use of One Stop/Workforce
 - Unemployed PLHA are 4-6 times less likely to access VR services, receive VR services and achieve an employment outcome than the overall population of people with disabilities (Jung, 2010).
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One Stop Service Use

- About 17% received One Stop Services. Of those:
 - 69% male, 31% female
 - 74% people of color, 26% white
 - 20% Latino, 80% non-Latino
 - 50% straight, 41% gay, and 9% bisexual
 - 15% less than HS, 24% HS degree, 62% more than HS
 - 58% income less than \$10,000
 - Only 6% under 30 – implications for Job Corps?
- 72% (307) of those who received One Stop Services are not currently working and 28% (118) are currently working.

Accommodations

- Use of Job Accommodations
 - 16% Change in work schedule
 - 9% Allow time for medications
 - 6% Change in job duties
 - 5% Allow to be close to bathroom
 - 3% Reassign to another position
 - 42% None – have not requested any
 - Only 28% of employed survey respondents knew about reasonable accommodations
 - Only 22% of those who used One Stops knew about reasonable accommodations
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Employment Discrimination Rarely Reported

- Participants reported multiple types of discrimination
 - HIV, Race, Sexual Orientation, Age, Gender, Incarceration, Disability
 - Only 44% of participants reported no discrimination
 - Of those who reported discrimination
 - 3.5% reported to EEOC
 - 4.4% reported to legal aid
 - 7.7% reported to employer
 - 18.2 reported to friends or family
 - Charges of HIV discrimination filed with EEOC are more likely to be found to have merit after independent review than those based on other types of disability (Conyers et al. 2005)
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Health & Prevention Outcomes

Since my current job, my... (if previously unemployed)

	Male	Female
■ Self-care increased	45%	58%
■ CD-4 count increased	46%	45%
■ Med Adherence increased	16%	31%
■ Alcohol use decreased	34%	39%
■ Drug use decreased	34%	35%
■ Unprotected sex decreased	29%	33%
■ # of sex partners decreased	34%	37%

Unemployment...

- Unemployment is associated with positive health and prevention outcomes for many and negative outcomes for a substantial minority
 - Reflects episodic nature of HIV/AIDS for many
 - Suggests need for intervention at points of work transition
 - Many unemployed respondents anticipate that employment would lead to improved health and reduced risk factors associated with HIV prevention
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Unemployed: Ability to Work?

	<u>Men</u>	<u>Women</u>
■ Varied perceptions - work ability		
□ Able to work	43%	38%
□ Not sure if could work	32%	29%
□ Not able to work	25%	34%
■ Need to understand and reduce barriers to work that prevent those who are able to work from being employed		

Positive Outcome Expectations

If I go to work... (Percent Agree)

	<u>Men</u>	<u>Women</u>
■ My outlook will improve	63%	61%
■ My mental health will improve	50%	46%

Negative Outcome Expectations/Barriers

If I go to work... (Percent Agree)

	<u>Men</u>	<u>Women</u>
■ I will lose my disability income benefits	46%	42%
■ I will face discrimination	34%	30%
■ I will not have health insurance	32%	32%
■ Others will find out I have HIV	30%	24%
■ My housing will be at risk	26%	26%
■ I need help to develop my job skills	54%	56%
■ No employment services in my area	57%	64%

Evidence-based Programs - HIV

- Making A Plan (MAP) Program (Kohlenberg & Watts, 2003)
 - Project KEEP (Escovitz & Donegan, 2005)
 - UCLA-Harborview study (Martin, Chernoff, & Buitron, 2005)
 - Photovoice Study (Hergenrather, Rhodes, & Clark, 2006)
 - ❑ Despite success, these programs were not continued after grants ended and expertise has not been integrated into existing services
 - Lack of HIV Specialty within VR and One Stop Services
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As Health Outcomes for PWHA Improve, Employment Is Essential

- ❑ Improves quality of life, health and economic well being of many.
 - ❑ Reduces overburdened AIDS Service Organization system as people need less services.
 - ❑ Employment is often only income support for many.
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Recommendations

- Federal taskforce on employment of individuals with chronic and episodic disability
 - Ensure expertise specifically related to HIV represented within VR and One Stop systems
 - Examine policies that limit vocational participation
 - Complexity of employment incentives
 - Lack of access/understanding of work incentives
 - Examine outcome measures
 - Post Placement services
 - Eligibility criteria for programs (e.g., VR)
 - Ability for Ryan White Grantees to link with VR services
 - Establish regional/local networks
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Measurable Outcomes

- Number of cross-discipline training institutes
 - Pre- and post- assessment of knowledge
 - Employment outcomes
 - Need multiple measures beyond placement
 - Impact of work on health
 - Length of time employed
 - Integrate broader public health outcomes
 - Medication adherence
 - Mental and physical health
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Limitations and Future Research

- Initial descriptive findings
 - Need more sophisticated analysis to account for missing data and confounding influences
 - Volunteer sample
 - May not represent all of those with HIV/AIDS
 - More in-depth analysis will help to better understand factors that lead to different outcomes
 - Ongoing findings will be posted on NWPC webpage:
workingpositive.net
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