



Examining the Role of Employment Supports in Implementation of the National HIV/AIDS Strategy

U.S. Conference on AIDS

Positive Futures Preconference Institute

November 9, 2011

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Objectives

- Report descriptive findings regarding employment needs from national survey of people with HIV/AIDS
 - Explore the relationship between use of VR &
 - Access to services
 - Reduction in health risk behaviors
 - Highlight findings regarding knowledge and use of workforce development and vocational rehabilitation 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 (ASO) system as people need less services.
 - ❑ Employment is often only income support for many.
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Role of Employment Supports in NHAS

- Consider ways to increase supports for employers to hire and maintain employment of PWHA, and how to integrate PWHA in employment initiatives for people with disabilities.
 - Consider ways to help PWHA access income supports, including job skills and employment.
 - Workforce development (WD) and vocational rehabilitation (VR) professionals play a critical role in achieving these goals and are an important resource for HIV/AIDS service organizations and PWHA
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National Working Positive Coalition Vocational Training and Employment Needs Survey (Conyers, 2008)

- Survey research methods identified vocational development and employment needs of 2506 individuals with HIV/AIDS
 - Volunteer participants recruited in collaboration with local and national ASO across country
 - Internet and paper & pencil formats provided
 - Available in English and Spanish
 - Funded by NIDRR & NYS AIDS Institute
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Sample Reflects Diversity of HIV/AIDS

Sample 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%)
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Varied Levels of Health & Employment Support Needs

- 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
 - Reflects wide variability in health status among PWHA
 - Some may not meet functional limitation eligibility requirements for state VR services and would likely need assistance from workforce development centers or other vocational rehabilitation programs
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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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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%



Employment Discrimination Rarely Reported

- Participants reported multiple types of discrimination
 - HIV, race, sexual orientation, age, gender, incarceration, disability
 - 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
 - Only 44% of participants reported no discrimination
 - 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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Use of VR and Access to Care

- Use VR – compared to no VR use
 - 4% more in medical care
 - 26% more in drug and alcohol treatment
 - 16% more in mental health counseling
 - 13% more in case management services

 - 22% more had SSI/DI benefits counseling
 - 28% more use of services to help keep a job
 - 31% more used One Stop Career Services
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Findings for Employed Respondents

- 63% work full-time
 - 26% work part-time
 - 12% work less than 12 hours per week
 - 19% earn less than \$15,000 per year
 - Only 36% of employers knew the HIV status of those who do not work for AIDS Service Organizations
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Health Risk Behaviors

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

	Increased/ No Change	Decreased
■ Self-care	89%	11%
■ Alcohol use	2%	98%
■ Drug use	3%	97%
■ Unprotected sex	3%	93%

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
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Results for Unemployed Respondents

■ Motivation to work

- Increase income 87%
- Feel useful & productive 84%
- Gain access to benefits 75%

■ *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%

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		

Limitations of Study and Future Research

- Volunteer sample
 - May not represent all of those with HIV/AIDS
 - No measurement of individuals under 18
 - Survey research design
 - Not able to determine impact of services
 - Rely on self-report – need data from medical records
 - Need more research utilizing experimental design
 - Early stages of HIV and employment research
 - Need to further identify and refine key variables and develop better measures to assess health and prevention outcomes
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Conceptual Model Of Use of VR

- Based upon Andersen's Model of Health Care Utilization
 - Identified 3 factors associated with use of vocational rehabilitation services
 - Job confidence
 - Health perceptions
 - HIV-related stigma
 - Examined the relationship between VR use and
 - Reduction in health risk behaviors
 - Access to services
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Initial Findings Testing Model

- Stigma completely mediates the effect of job confidence and health perceptions on VR use
 - The less people feel stigma at having HIV, the more likely they are to use VR services
 - Use of VR and feeling more healthy reduces health risk behaviors
 - Use of VR and low HIV-related stigma increases # services used
 - High job confidence and positive health perception reduces number of services used
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Recommendations

- Need to establish regional/local networks
 - Work collaboratively to increase job skills and combat stigma
 - Ensure expertise specifically related to HIV represented within vocational rehabilitation and workforce development systems
 - Need to include employment status and supports in HIV-related health and prevention research
 - Examine policies that limit vocational participation
 - Complexity of employment incentives
 - Lack of access/understanding of employment supports
 - Limited post placement services
 - Eligibility criteria for programs (e.g., VR)
 - Ability for Ryan White Grantees to link with VR services
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Need to Achieve a More Coordinated Response to NHAS

- Increase the coordination of HIV programs and employment services across the Federal government and between federal agencies and state, territorial, tribal, and local governments.
 - Develop improved mechanisms to monitor, evaluate and report on progress toward achieving National HIV/AIDS strategy goals.
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Acknowledgements

- AIDS Institute of New York State
- National Institute of Disability & Rehabilitation Research (NIDRR)
- Maricela Carrera
- PSU Research Team
- Eda Valero-Figueira
- Brendan Galivan
- Heather Homan
- Mark Misrok, President NWPC
- NWPC Research Working Group



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Predisposing Variables

- Age
 - Increasing age by 1 year increases odds of using VR by 2%
 - Gender
 - Men are 44% more likely to use VR than women
 - Race
 - African Americans more likely to use VR than Caucasians, Latinos or Other
 - Unemployed at time of diagnosis
 - Those unemployed at time of diagnosis are 41% more likely to use VR services than those employed at time of diagnosis
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Job Confidence

- Controlling for Predisposing Factors
 - Job confidence has a significant effect on VR use
 - Increasing job confidence increases the odds of using VR
 - Controlling for Predisposing Factors and Stigma
 - Job confidence has an **insignificant** effect on VR use
 - Stigma completely mediates the effect of job confidence
 - The less people feel stigma at having HIV, the more likely they are to use VR services.
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Health Perceptions

- Controlling for Predisposing Factors
 - Health perception has a significant effect on VR use
 - Those with greater sense of good health are more likely to use VR
 - Controlling for Predisposing Factors and Stigma
 - Health perception has an **insignificant** effect on VR use
 - Stigma completely mediates the effect of health perception
 - The less people feel stigma at having HIV, the more likely they are to use VR services.
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Health-Risk Outcomes

- How do job confidence, HIV stigma, health perception and the use of VR services effect health-risk behaviors?
 - Neither job confidence nor stigma have a direct effect on health-risk behavior
 - Feeling more healthy reduces health-risk behaviors
 - Use VR services reduced health-risk behaviors
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Access to Care outcomes

- Those who use VR services access a higher number of services (4.5 vs 3.4 services for those w/o VR, p-value <0.0001)
- Having no stigma associated with HIV has a positive correlation with number of services accessed (p-value <0.0001)
- Having confidence in job ability has a negative correlation with number of services accessed (p-value 0.0007)
- Having positive health perspective has a negative correlation with number of services accessed (p-value 0.0144)



