

Addressing Employment Needs: Providing a Roadmap to Achieve Employment-Related National HIV/AIDS Strategy Goals

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Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Cite research findings related to the employment needs of PLHIV and the impact of employment as a social determinant of health
2. Address/explain individual and administrative barriers to developing and linking to employment services
3. Use a toolkit of resources, strategies and networks to facilitate successful linkage to employment services





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The Impact of Employment as a Social Determinant of Health: Research Findings Related to the Employment Needs of PLHIV

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National HIV/AIDS Strategy (NHAS): Updated to 2020

- Builds upon 2010 NHAS, which recommended inclusion of people living with HIV (PLHIV) in employment services for people with disabilities.
- Includes representative from the Department of Education, Office of Special Education and Rehabilitation Services on the NHAS Federal Interagency Workgroup.
- Incorporates employment as a key social determinant of health and emphasizes need for PLHIV to be linked to employment services.

Employment is Related to NHAS Goals

People living with HIV (PLHIV) face numerous social and economic barriers such as unemployment, job insecurity and lack of access to vocational services, that

- decrease their access to and retention in care and
- increase their vulnerability to suboptimal treatment adherence, clinical outcomes and quality of life [1-22].

HIV and (Un)Employment

- A diagnosis of HIV can have a devastating impact on the socioeconomic wellbeing of those impacted and often leads to significant job loss and/or decreased productivity (23, 24).
- Negative employment outcomes are more prevalent among racial and ethnic minorities, gender and sexual minorities, women, people who use drugs, older adults, and formerly incarcerated individuals, all of whom are disproportionately impacted by labor market exclusion and poverty (1-24).
- Lack of employment is associated with circumstances (e.g., homelessness, incarceration) and activities (e.g., sex work, illicit drug use) known to increase both the risk and prevalence of HIV infection and to create significant barriers to accessing both health and employment services for many (1-35).



Dynamic Interplay Stigma and Work

- Reduced stigma increases likelihood of using employment services, which can lead to increased access to care and reduced health risk behaviors (103).
- Both use of employment services and employment can reduce stigma among people with HIV and other disabilities.
 - Shift from sick role to work role (53)

Stigma, Disclosure and Work

- HIV stigma can reduce labor market access and unwillingness to disclose HIV status at work (36-41).
- Failure to disclose may limit legal protections from discrimination and preclude provision of workplace accommodations (42-45),
 - all of which can foster significant consequences for poor mental and physical health (46).
- PLHIV with a history of incarceration often face additional difficulties seeking employment due to legal issues, discrimination and gaps in employment history further complicating community integration (47-50).



Effective Services Exist

- Although effective employment services and models exist to address these complex challenges (51-67):
 - Few PLHIV and their service providers are aware of these services (23) and
 - Many services are not readily available due to unstable funding and policy barriers that limit linkage to or inclusion of these services for PLHIV (23).

Social Determinant of Health

- The World Health Organization Commission on Social Determinants of Health, identifies employment as an activity that provides
“financial security, social status, personal development, social relations, self-esteem, and protection from physical and psychosocial hazards” (68, p.72).
- This statement, along with the inclusion of employment services in the U.S. NHAS, is grounded in research findings indicating that employment is associated with:
better physical health, mental health, increased social functioning, better handling of life difficulties, better health management, higher quality of life and reduced mortality rates (1-5, 21, 23, 71-79).

The Benefits of Work

- Research has also identified ways through which employment contributes to positive outcomes for many PLHIV (e.g., increased income, feeling productive, contributing to society) (78, 81-87).
- Systematic literature reviews have found that employment and reemployment are associated with better physical and mental health outcomes among people with a variety of health statuses (78-82, 85-87).
- Research also suggests that employment transitions are associated with increases in health risk behaviors for those on a downward employment trajectory, while an upward employment trajectory is associated with positive health behaviors (88, 89).

Risks of Unstable Employment

- Unemployment or the lack of stable employment for PLHIV has been found to present increased risk for psychological problems such as anxiety, depression, suicidal ideation, and other psychiatric symptoms (5, 90-95).
- All of which are associated with lost to care, lack of medication adherence and poorer individual and public health outcomes.

Individual and Institutional Barriers: Considering Work

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GMHC

Two Public Faces of April

Not encouraged to
pursue employment.

Two Public Faces of April

Not encouraged to
pursue employment.

April Watkins, MPA

Director of
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Completed Masters Degree
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GMHC: Workforce Development Programs

RISE and MATCH

Vocational Development, Career Exploration, Goal Setting and Job Readiness Services

- Comprehensive vocational assessment and evaluation
- Transition benefits assessment and planning
- Comprehensive Individualized Career Plan
- Individualized case management counseling
- Financial coaching/budgeting
- Time management
- Workplace etiquette

Employment Counseling & Placement Assistance

- Weekly job readiness workshops (including resume writing, mock interviews and job search and job retention best practices)
- Interview opportunities
- Power Suited Initiative, free men's and women's business attire for job interviews
- Internship placement
- Job placement assistance
- Job retention services

RISE and MATCH Education and Job Training Components

Academic assessment and referral (TABE testing and TASC service provider referral)

- SUNY ATTAIN (Computer) Lab Training
- Microsoft Office Application Training and Certification

Resources, Strategies and Networks to Facilitate Successful Linkage of PLHIV to Employment Services

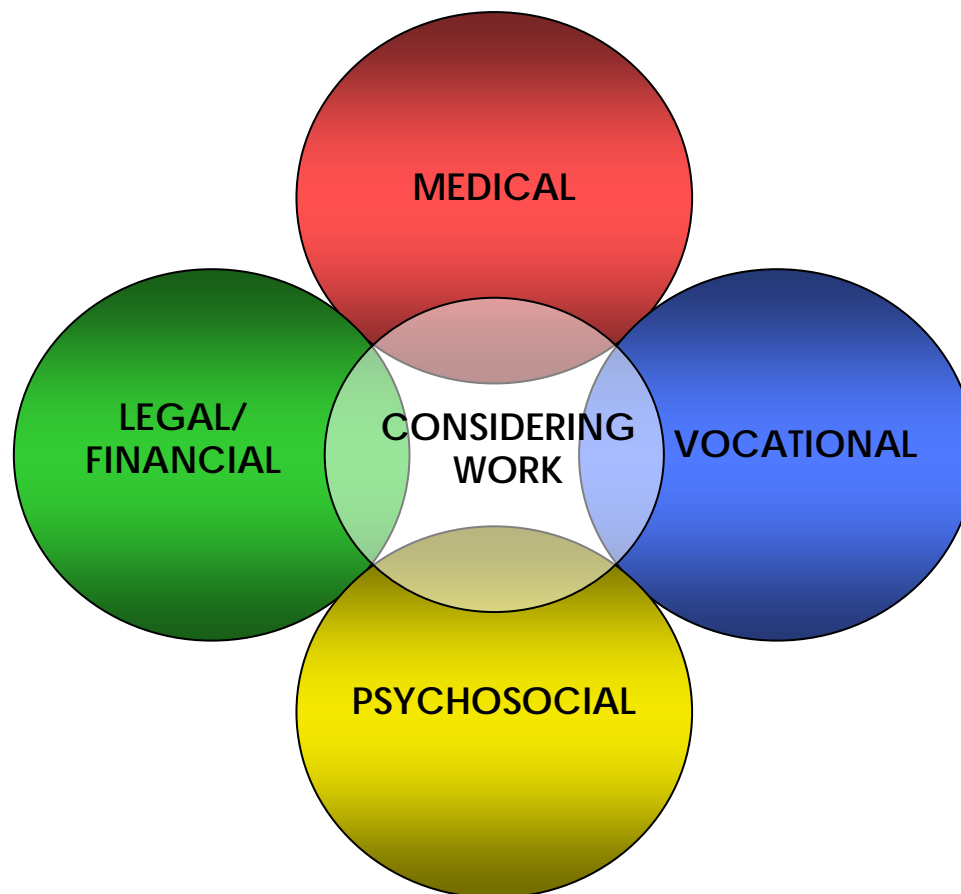
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Tools and Resources to Increase Access to Employment Opportunities for PLHIV

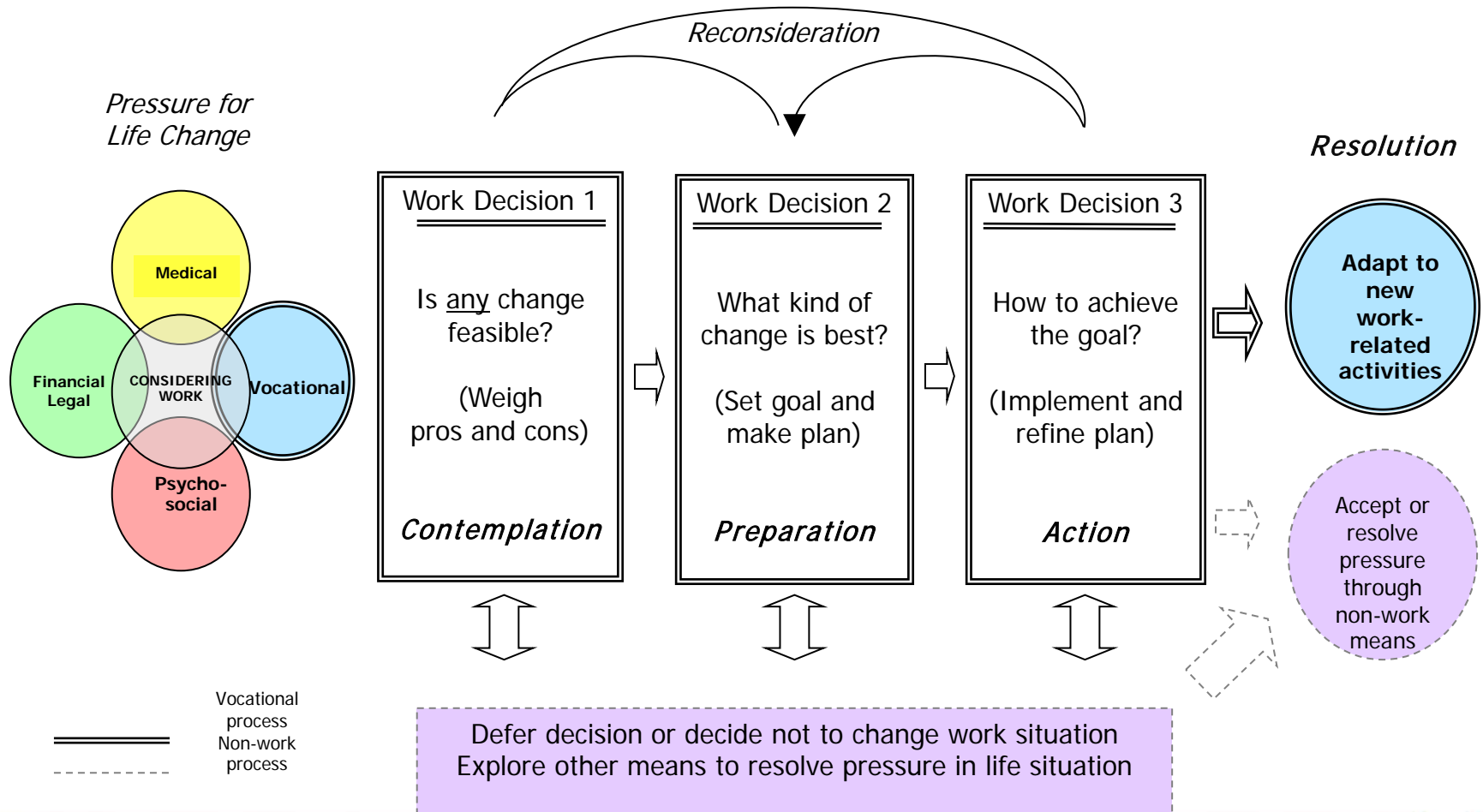
- Client-Focused Considering Work Model for PLHIV
- Initial Steps to Assess & Address Employment Needs
- Access to Benefits Information for PLHIV & Service Providers
- Coordinating Health & Public Workforce Services
- State Vocational Rehabilitation Agencies
- American Job Centers
- HIV Employment Initiatives
- Support for Going Further: Resources for Employment Programs
- Getting To Work – Curriculum for HIV & Housing Providers

Four Interrelated Factors for People Living with HIV Considering Work

(Goldblum, Kohlenberg 2005)



The Client-Centered Considering Work Model: Phases of Change are Non-Linear





Consideration of Four Interrelated Factors in Four Non-Linear Phases of Change

Client-Focused Considering Work Model for People Living with HIV/AIDS

Four interrelated factors or domains

- Medical
- Psychosocial
- Financial/Legal
- Vocational

Four non-linear phases of change

- Contemplation
- Preparation
- Action
- Resolution



Facilitate Well-Informed Decisions Considering Work

PHASE

- | | | |
|----|----------------------|---|
| 1. | Contemplation | Is any change feasible?
Consider pros & cons |
| 2. | Preparation | What kind of change is best?
Set a goal; make a plan |
| 3. | Action | How do I achieve the goal?
Implement & refine plan |
| 4. | Resolution | Has pressure to change resolved? (<i>either A or B</i>)
A) Resolve pressure through non-work means
B) Adjust to new work-related activities |

DECISIONS/ACTIVITIES

Initial Steps: Beginning to Assess and Address Employment Needs

- Incorporate ongoing assessment of individual needs for employment-related information, services or resources
 - Level 1: “Do you need help (information, services or resources) to get a job, return to work, keep your job, or change it? What do you need?”
 - Level 2: “Do you know about... (information, services and resources related to: benefits, legal rights and protections, training, education, VR, workforce development, self-employment/small business development)”
- Training for HIV client services staff, including case managers and peer advocates, to address clients’ employment needs by increasing
 - Basic understanding of vocational rehabilitation concepts, benefits information and legal rights and protections
 - Familiarity with employment-related services and resources in the community
 - Connect HIV client services staff with vocational rehabilitation and workforce development professionals

Access to Accurate Information: Work Earnings While Receiving Benefits

- Service providers and people living with HIV need adequate access to accurate information about work earnings-related policies for key programs including
 - SSI/SSDI
 - Medicaid, Medicare, ADAP and other health coverage, and
 - Housing supports (HOPWA, Section 8)
 - Earned Income Disregard
- Well-informed decision-making about working and transitions to employment depends on information accessibility
 - maintain or improve access to health care, housing and economic stability
- Service providers and people living with HIV need training
 - individual benefits advisement is needed by people living with HIV
 - education about community-level resources available for vocational training, education and employment services

The WIPA Program: Work Incentives Planning and Assistance

- The national WIPA Program, makes community-based benefits planning and information available to enable SSI and SSDI beneficiaries who are working, looking for work, or considering working to make informed choices about employment.
- The WIPA providers, Community Work Incentives Coordinators (CWICs), provide information regarding work incentives to help plan transitions to work with knowledge about the impact of work on financial and other benefits.
 - Find local WIPA projects: www.choosework.net
- A network of 95 WIPA projects provide services throughout every state, DC, American Samoa, Guam, Northern Mariana Islands, Puerto Rico.

Coordinating Health, Workforce Development and Vocational Rehabilitation Services

HIV service providers can develop a network of resources for linkage and referral through partnerships with

- State Vocational Rehabilitation Agencies
 - Local District Offices serving people with disabilities
 - Funded with matching state resources by the U.S. Department of Education
- American Job Centers
 - One-Stop Career Centers designed as community hubs of workforce development services and resources
 - Funded through the U.S. Department of Labor under the Workforce Innovation and Opportunity Act (2014)

State Vocational Rehabilitation (VR) Programs

Purpose of VR Programs:

To empower individuals with disabilities to maximize employment, achieve economic self-sufficiency and independence, and to realize full inclusion and integration into society.

To achieve this, VR can:

- Provide help with job searching (direct services and other resources including clothing, transportation, supplies, tools, etc.)
- Can provide funds for job specific training or education
- Can provide resources for/access to assistive technology
- Subcontract with other CBOs and other agencies to provide services to specialized populations (e.g. mental health, HIV)

Eligibility for Vocational Rehabilitation Services

To be eligible for VR services, an individual

1. Must be an individual with a disability
 1. A physical or mental impairment
 2. Resulting in a substantial barrier to employment
 3. Can benefit from services in terms of employment
2. Must require VR services to be employed

Presumption of Eligibility – if

1. Receiving SSI and/or SSDI, and
2. Intends to achieve employment, and
3. Is capable of achieving employment

VR services can be provided for part- or full-time job goals, and self-employment or small business development.

- Successful VR outcomes can include continuing current benefits

The VR Process

1. Determination of eligibility
 1. Assigned to a Vocational Rehabilitation Counselor (VRC)
 2. HIV service providers can help expedite this phase by helping prepare applicants, equipping them with needed documentation
2. Individualized assessment and career exploration
3. Joint planning with VRC, detailing information, services and resources needed to obtain identified employment goal
4. Finalize the Individualized Plan for Employment (IPE)

American Job Centers - Local One-Stop Career Centers

American Job Centers are local/regional hubs of workforce development services and resources:

- Do not have to disclose HIV status or have a disability
- Largely funded by the US Dept. of Labor – re-authorized in a law called the Workforce Innovation and Opportunity Act of 2014 (WIOA). It replaced the Workforce Investment Act (WIA)
- Nation-wide system developed to bring together local employment and training services that work with all people under one roof
- Resources provided include assessment, access to computers, employment databases, employers, job search training, support, and referrals

Examples of HIV Employment Programs

Examples of HIV service organizations with employment programs include:

- Action Wellness (ActionAIDS), Philadelphia
- Cascade AIDS Project, Portland
- Chicago House, Chicago
- Damien Center, Indianapolis
- GMHC, New York (Manhattan)
- Housing Works, New York (Brooklyn)
- Positive Resource Center, San Francisco

Examples:

Funding for HIV Employment Programs

Funding streams that can and do support HIV employment programs include:

- State Vocational Rehabilitation Agencies
 - Fund community-based organizations addressing targeted community vocational rehabilitation needs as Community Rehabilitation Providers (CRPs)
 - HIV service organizations are among current CRPs
- State Departments of Labor
- Regional/Local Workforce Development Boards
- City/County Offices of Community Development
- Ticket to Work (Social Security Administration)

Community Rehabilitation Programs (CRPs) for State Vocational Rehabilitation Agencies

- State vocational rehabilitation (VR) agencies contract with community-based agencies to provide population-specific or disability-specific services needed for Individual Plans for Employment (IPE) of VR participants.
- HIV service organizations can contract as CRPs with their state vocational rehabilitation agency through their local district office.
 - Contact the District Administrator

Online Training for HIV Service Providers



GETTING TO WORK

Developed by the U.S. Department of Labor, Office of Disability Employment Policy and the U.S. Department of Housing and Urban Development, Office of HIV/AIDS Housing.

www.AIDS.gov/gettingtowork

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Members of the NWPC Research Working Group

National Working Positive Coalition

The NWPC is a coalition of individuals living with HIV, service providers, researchers, employers and advocates who are committed to addressing key social and economic determinants of health by improving the financial and personal wellbeing of individuals living with or placed at greater risk for HIV.

We are a central resource for HIV and employment information, research and technical assistance for policymakers, educators and service providers.

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