

HIV/AIDS Employment Roundtable
Friday, April 8, 2011
U.S. Department of Labor

Summary of Proceedings

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Background

On July 13, 2010, President Obama released the *National HIV/AIDS Strategy for the United States* – the nation’s first-ever comprehensive plan for responding to the serious and ongoing domestic HIV epidemic. This Strategy outlined priorities and specific action steps for responding to HIV/AIDS within the U.S., and a Presidential Memorandum issued that same day identified six lead Federal agencies responsible for implementing them. Reflecting the Strategy’s inclusive, holistic approach to addressing this complex issue, these agencies represent a broad spectrum of government functions.

Clearly, employment is a critical piece of a coordinated response to HIV/AIDS, and the U.S. Department of Labor (DOL) is pleased to be one of the Strategy’s lead implementing agencies. In support of DOL’s mission, Secretary of Labor Hilda L. Solis’s vision is *good jobs for everyone* – including people who are affected by HIV/AIDS. DOL shares employment-related responsibilities under the Strategy with other relevant agencies. DOL and other lead agencies submitted operational plans to the Office of National AIDS Policy (ONAP) in December 2010 outlining their intra- and inter-agency activities and initiatives.

On April 8, 2011, Secretary of Labor Hilda L. Solis and DOL’s Office of Disability Employment Policy (ODEP), under the leadership of Assistant Secretary Kathy Martinez, convened an *HIV/AIDS Employment Roundtable* to explore ideas for improving employment opportunities and outcomes and reducing stigma and discrimination for people living with HIV/AIDS. The themes of the discussion included: ensuring that individuals with HIV/AIDS have equal access to income supports, including employment and training; recognizing the HIV/AIDS community as part of the disability community; creating increased awareness of and linkages between existing resources; and educating employers and employees about the employment rights and legal protections for individuals with HIV/AIDS, including those provided under the Americans with Disabilities Act Amendments Act (ADAAA), Family and Medical Leave Act (FMLA), and the Rehabilitation Act of 1973.

Nearly 50 people from across the country participated in the event, representing a diverse cross-section of stakeholders including government agencies¹, service providers, employers, researchers, advocates, and members of the HIV/AIDS community (for a list of participants, see [Appendix A](#)). In addition to the rich dialogue that took place, the event itself was significant, marking the first time DOL/ODEP gathered thought leaders together to specifically focus on the intersecting issues of HIV/AIDS, disability and employment.

¹ Federal agency representation included the Departments of Education, Justice, Housing and Urban Development and Health and Human Services, the Equal Employment Opportunity Commission, the Federal Bureau of Prisons, the Social Security Administration, several agencies within the Department of Labor, as well as the White House. Representatives from the New York State Department of Health and the New York State Office of Mental Health were also present.

Panel Proceedings

Dr. Gabriela Lemus, Senior Advisor and Director of DOL's Office of Public Engagement, served as moderator throughout the event, introducing speakers and facilitating discussion following each panel. (For an agenda, see [Appendix B.](#))

Introductions

Brief summary: Three Administration officials welcomed participants and shared their vision for this issue in the context of their overall work.

Assistant Secretary Kathy Martinez welcomed participants and expressed appreciation for their commitment to this issue. She noted that the origin of the day's discussion goes back to the passage of the ADA in 1990, when the disability community vowed not to support any version of the law that did not address HIV/AIDS. Through her leadership of ODEP, she strives to carry on this spirit.

Secretary of Labor Hilda L. Solis then told participants that her vision of *good jobs for everyone* includes individuals living with HIV/AIDS and that she was looking forward to hearing recommendations for eliminating discrimination, particularly in relation to training and employment. She stressed that talking about this issue in some communities, such as communities of color, may present additional challenges due to cultural conventions, but that it's nevertheless essential to address it across all sectors of society. She added that the topic reignites her passion for the policy areas, such as health care access and equality, that first drove her to public service. She also thanked Assistant Secretary Martinez for her leadership and reinforced to participants that their experience and expertise would help set Federal policy to improve lives.

Director of the Office of National AIDS Policy and White House Senior Advisor on Disability Policy Jeffrey S. Crowley then thanked DOL for its leadership on this issue and provided participants with a broad overview of the National HIV/AIDS Strategy. He articulated the vision of the Strategy – to create a reality where in the U.S. new HIV infections are rare, and when they do occur, that all persons regardless of age, gender, race, ethnicity, sexual orientation, gender identity or socioeconomic circumstance have unfettered access to high-quality, life-extending care, free from stigma and discrimination. He described the Strategy's focus on a broad set of issues, including challenges meeting basic needs such as health care, which clearly ties into employment, as does reducing discrimination and stigma. He outlined the process that the six lead Federal agencies followed for submitting operational plans for implementing the Strategy, noting DOL's active engagement throughout the process.

Setting the Stage

Personal Stories and Key Issues

Brief summary: Three people living with HIV/AIDS shared their personal stories with a focus on their employment experiences.

April Watkins is a woman who was diagnosed HIV positive in 1991. Upon receiving her diagnosis, she felt that her life had ended, that she couldn't do "anything other than wait to die." A social worker referred her to an adult care center, where she and others with HIV participated in a variety of recreational activities and learned about their disease. Over time, she came to understand that she could, in fact, live with HIV and found herself compelled to do more for herself. She was exposed to a satellite program of the center through which people were taking computer classes and gaining occupational skills, but was told she did not qualify to participate in the program because the activities weren't Medicaid billable. She decided to fight for the right to those services and eventually succeeded in getting some vocational services despite lack of Medicaid funding, benefitting herself and many others in the ensuing years.

That was the beginning of April's career as a service provider; today, she is proud to be the Director of Workforce Development for Gay Men's Health Crisis (GHMC) in New York City. As a result of her job, she also learns from her clients' experiences. She described one client's experience as an example – this client consistently encountered barriers and lack of funding for services when he was healthy enough to work and motivated to do so, and he eventually gave up. Ironically, when he returned to her case load several years later, homeless and very ill, he was eligible for and in need of more services but was now in a position where he could no longer work. The main insight she has gleaned is that the various agencies and service providers involved in delivering services to people with HIV/AIDS need to speak to each other more effectively. Her organization has clients who have skills and want to work but can't due to system constraints and incompatible rules across service systems.

Mark Fischer is a 61-year-old resident of Washington, D.C., who, 10 years ago, after a 30-year career and having assumed a leadership position with a company he had spent 10 years growing, was forced out of his job. The company president didn't understand the impact of his health concerns and side-effects of his medications and had started questioning him about his inability to consistently work long hours. Mark was ultimately told he was no longer needed due to the fact that they were reorganizing the company. He reluctantly accepted their offer for a separation agreement in order to get three months of severance pay, after being told by friends at the Department of Justice (DOJ) and Equal Employment Opportunity Commission (EEOC) that it was unlikely that he had any recourse for his company's actions.

In the months following his dismissal, Mark's T cell count dropped significantly, and he was diagnosed with pneumocystis. He initially resisted applying for disability, but ultimately cashed in his retirement savings and sold his house while waiting for Social Security Disability Insurance (SSDI) benefits to come through. During those years, he

encountered continuous frustrations. He attempted to use Vocational Rehabilitation (VR), but it was geared toward people needing to build skills rather than those with substantial work experience. For the first time in his life, he needed help and didn't know where to go.

Although he has moved on, the experience and its after effects were painful; he lost his financial independence, his identity and his sense of purpose. Today, he works to help others with HIV/AIDS and offered the following suggestions based on his experiences:

- The definition of HIV/AIDS under the ADA's employment provisions is essential.
- Employers need resources regarding accommodations and best practices.
- People need access to timely mediation; legal action is cost prohibitive.
- VR services need to be appropriately targeted to specific people's needs.
- Job seekers need employment resources and assistance, including information about HIV/AIDS-friendly companies.

Margot Kirkland Isaac learned she was HIV positive in 1991. One day when her supervisor said she was concerned about her appearance and seemed genuinely concerned about her welfare, Margot disclosed her status. She subsequently lost her job. She then moved to Arizona, where she started working in social services. On the job, she witnessed a lot of discrimination on the part of her co-workers against people with HIV/AIDS who were referred from the county court. In 1996, she returned to Washington, D.C., but found similar attitudes and misconceptions; social workers did not want to work with HIV-positive people, and agencies did little to protect them.

Finally, in 2001, Margot started working for an HIV support services organization and for the first time felt she could be open about her status and needs in order to thrive on the job. Working for an organization that provides a "safe space" has been critical to her on many levels. She was recently diagnosed with another illness and feels that if she had worked for another organization she would have been fired. Her employer also supported her through an adoption. She feels that people who are HIV positive, like all people, especially those with disabilities, need to have safe, supportive workplace environments. She relayed that, "My story is not an exception, but unfortunately the rule when it comes to living with HIV. After years of working in the HIV community, I find that only the faces change, sadly not the stories."

Overview of National Working Positive Coalition Employment Needs Survey

Brief summary: One of the nation's foremost researchers in the area of HIV/AIDS and employment presented the findings of the National Working Positive Coalition Employment Needs Survey, including reflections on broader research findings and needs of individuals with HIV/AIDS.

Liza Conyers is an Associate Professor of Counselor Education and Rehabilitation Services at Pennsylvania State University whose research focuses on HIV and employment and other issues related to disability and career development. She is also the Chairperson of the Research Working Group of the National Working Positive Coalition (NWPC), an alliance of people with HIV/AIDS, service providers and researchers concerned about employment issues. In this role, she worked with NWPC to develop a National Employment Needs Survey.

The survey was funded by the National Institute on Disability and Rehabilitation Research (NIDRR) and the New York State Department of Health's AIDS Institute, and data collection took place between June 2008 and October 2009. The sample included 2,506 people with HIV/AIDS; participation was voluntary, but efforts were made to ensure demographic diversity. Major survey sections included: demographics, knowledge, use and satisfaction with VR services, workplace issues (for employed respondents), considering work issues (for unemployed respondents), and health status.

The survey's key findings, broadly categorized, are as follows. (For the full summary of findings, see [Appendix C](#)).

Implications of Sample Demographics on Employment and Health

- With careful guidance and coordinated services, many may be able to find or maintain employment that will improve their economic status and overall well-being. However, without this support, marginal or unhealthy work settings can pose a threat to an individual's health and increase negative public health outcomes.

Varied health status and income supports

- Employment helps to reduce reliance on a range of state and Federal programs. Of those who reported use of HIV services, only 24 percent were currently employed.
- The episodic nature of HIV/AIDS also poses challenges to how employment, services and income supports are balanced over the course of one's illness. Research indicates that for some, fear associated with uncertain health outcomes can be a barrier to seeking employment.
- HIV shares many characteristics with other chronic and episodic disabilities (e.g., psychiatric illness, cancer); there needs to be a coordinated effort to address shared challenges and policy issues that impact employment and health across these varied groups.

Lack of knowledge and underutilization of vocational supports and services

- It is critical to expand the link between Ryan White funded supportive services and Vocational Rehabilitation and Workforce Development services. Successful service models often include outreach efforts where vocational specialists provide at least initial information within the AIDS Service Organization (ASO) setting to help address this concern.
- Given that HIV/AIDS is often transmitted through sexual contact, which can increase stigma and discomfort for many, it is essential that service providers are trained and sensitive to the role that cultural factors and stigma can play in one's ability to engage in services.
- A variety of service options are needed, including the non-traditional support options such as micro-enterprising initiatives that are starting to emerge within the HIV/AIDS community.

Existence of evidence-based interventions

- The knowledge and expertise developed through projects funded by NIDRR and the National Institutes of Health (NIH) need to be integrated into current service systems, and further research needs to be done to establish evidence-based practices.

Issues specific to employed individuals

- Efforts to reduce HIV stigma are critical. Since many employers may not know the HIV status of their employees, employers should inform all employees of disability and HIV/AIDS resources, including providing links to resources to help people receive vocational counseling and avoid premature job termination. This may include providing flexible work options or options for part-time employment.

Employment-related health and prevention outcomes (for the summary of findings in this area, see [Appendix D](#)).

- It is important to assess the impact of employment transitions on health outcomes and behaviors associated with HIV/AIDS transmission. This data should be incorporated into research and program evaluations to ensure appropriate intervention and a better understanding of the factors associated with these outcomes.

Specific findings for unemployed participants

- Given that 25 to 30 percent of the respondents indicate that they are not able to work, work is not an option for all, and other income and services supports are critically needed.
- Vocational services are needed to help individuals who are able to work or unsure of their ability to work overcome employment barriers and increase their job skills.

Employment discrimination rarely reported

- More information and support needs to be provided regarding how to cope with and respond to employment discrimination.

Setting the Stage - Questions and Roundtable Discussion

The moderator noted that the overall themes she took away from the *Setting the Stage* panel were that there needed to be more options; discrimination must be confronted; and more education and research is needed. Follow-on discussion included:

- A participant asked Dr. Conyers if she had thoughts on why there is such low awareness of VR services within the HIV/AIDS community. She replied that it was due to a lack of funding as well as policies on how to direct funds. There has been a lack of funding for VR within the HIV/AIDS service system, she said, and people interpret this in different ways. Some think they are not supposed to be associated in any way with the VR system.
- A participant commented that he felt that one of the major challenges for the HIV/AIDS community is that it has separated itself. He feels it's time for the HIV/AIDS and disability communities to come together, since they are impacted by the same laws and face the same issues.
- Another participant said he agreed, noting that as a person who is HIV positive, he is proud to say that he is a person with a disability. But, he is surprised by how many people in the HIV/AIDS community are unaware of resources available to them under the larger disability umbrella, such as the Job Accommodation Network (JAN), ODEP and the One-Stop system.
- Assistant Secretary Martinez echoed those sentiments, adding that ODEP is spearheading many initiatives that benefit the HIV/AIDS community and working hard to weave the issue into its fabric.
- A participant shared information about Business Responds to AIDS, a public-private partnership that offers tools to help employers develop policies and handbooks. She also asked Dr. Conyers to explain how participants for the NWPC survey were recruited and how its data can be used. Dr. Conyers replied that participants were recruited through outreach to HIV/AIDS organizations and that participation was voluntary. Data was collected via both paper and the Internet, and the survey was available in both English and Spanish. She highlighted the limitations of having a voluntary sample and noted that due to the limited funds available a more structured stratified sampling approach nationwide was not possible. Researchers also worked closely with the New York State Department of Health, which provided funding to administer the majority of surveys in person and to recruit a more stratified sample within New York State. Consequently, there is an overrepresentation of New York residents in the sample that will be taken into account in more in-depth future analyses of the data. She also stressed the need for more research in this area that would allow for more sophisticated design. Dr. Conyers also noted the importance of considering structural and broader psychosocial issues when doing research in this area.

Recent HIV/AIDS Employment Initiatives Across Government, Nonprofits and the Private Sector

Part I

Brief summary: Several specific programs were described, including two state-run programs, one service provider program, one employer program and one integrated housing & employment program.

State Employment Project Examples

HIV and Employment State Interagency Pilot (Chuck Lobosco, Health Program Administrator for the New York State Department of Health)

This program is a collaborative effort between the New York State Department of Health, AIDS Institute; the New York State Department of Labor One Stop Employment Centers; the New York State Education Department's Office of Adult Career and Continuing Education Services - Vocational Rehabilitation; and select HIV/AIDS Community Based Organizations (CBOs). The program's goal is to develop a cost-neutral way to improve the health status and quality of life for New York State residents with HIV/AIDS who are able to work. Research supports the need for such an interagency project, which is based on the principles that the whole is greater than the sum of its parts, and that people living with HIV/AIDS can and should be able to pursue employment. It is premised on the belief that only through cross-system policies and collaborations can the impact of public health practices and existing resources be maximized. The program follows the public health intervention notion of employment as treatment – that employment can help prevent the spread of HIV and improve the quality of life for people living with HIV/AIDS.

Medicaid Infrastructure Grant (MIG) Project (John Allen, Special Assistant to the Commissioner, New York State Office of Mental Health)

This program is a joint venture among 12 agencies to dramatically improve the employment rate of people with disabilities. It started with the state *Olmstead* commission, which uncovered numerous stories of fragmented services, multiple referrals due to system silos, and stigma, especially related to employment.

The involved agencies came together and agreed that increasing integrated employment and access to employment supports would require coordination and collaboration. The main outcome was the creation of an integrated case management data system, adapted from the Department of Labor's One-Stop data system, in order to coordinate employment supports and track information across all agencies.

The goal is a "no wrong door" approach to employment services. Already, more employers are taking advantage of tax credits and more individuals are better able to use the Ticket to Work program; previously thousands went unclaimed because service

providers were not ready to or able to handle them. The hope is that the success of this program could serve as a model for use by other states.

*Service Provider Example: **Positive Resource Center** (Joe Ramirez-Forcier, Managing Director, Employment Services)*

The Positive Resource Center (PRC) started in San Francisco more than 24 years ago to assist people living with HIV/AIDS with comprehensive counseling for obtaining essential financial and medical benefits combined with a full spectrum of vocational rehabilitation and employment services. It uses a client-centered strength-based approach and flexible model. It offers accommodations and allows for drop-in clients and remains the only agency in San Francisco focused on providing employment and vocational services for people living with HIV/AIDS.

PRC's clients number 900 annually. In 2010, PRC's program produced 205 job placements, including 147 long-term placements, with more than half in benefitted positions. The average hourly rate per placement was \$20.29.

Many clients have a mature work history and are "work ready." About half of the clients have another diagnosis, including substance abuse and other mental health problems. Clients reflect the local area demographics of the HIV/AIDS epidemic, and as such, there is a high representation of people of color. All of the clients are low income or very low income, some with no income at all. Half of the clients are on SSI/SSDI. With a diverse clientele – including people of color, people released from jail or prison, immigrants and asylum grantees, gay men, monolingual Spanish speakers, women, transgender individuals, and those who have been marginally housed – cultural competency is key. The program also serves the "next generation" – those born with HIV/AIDS, many who have been adopted, are in foster homes, and/or who have lost their parents – youth who were never expected to live long enough to work. It also serves run-away youth. On the other end of the spectrum, it also serves seniors who did not expect to be alive during their older years.

PRC maintains a close working relationship (including vendor agreements and cooperative agreements) with the San Francisco District Office of the California Department of Rehabilitation (DOR), which has counselors with HIV/AIDS clients in their caseloads. In fact, in 2010, 10 percent of all of the District Office's placements were HIV-positive individuals. The program is also funded by the Workforce Investment Board (WIB) in San Francisco; however, PRC has discovered that its clients are either not using the One-Stop system or are not familiar with it, preferring instead to go directly to PRC.

Key lessons learned from the PRC's experiences are that even with effective collaboration, state funding cutbacks and an overwhelmed system has made it challenging to serve as the only agency focused on providing these services to this population. PRC made the following recommendations based on its experiences to improve employment for the HIV/AIDS community: form partnerships with CDC and SAMHSA, in order to tap into support services to make sure they have linkages to

support the right for people to return to work; encourage Department of Rehabilitation offices to reach out to the HIV/AIDS community and workforce development groups; recognize that cultural competency around disability is not necessarily the same thing as cultural competency around HIV/AIDS and do more ensure that broader disability service providers understand the unique needs of the HIV/AIDS community; and continue cross-departmental conversations through the Federal, state, and local levels.

*Employer Example: **Levi Strauss and Co. Employee HIV/AIDS Program** (Paurvi Bhatt, Senior Director, Strategic Health Initiatives)*

Levi Strauss and Co.'s involvement in HIV/AIDS goes back to 1982, at the start of the domestic epidemic. It was one of the first global companies to take action in the fight against HIV/AIDS. This was due both to the company's long history of fighting stigma and discrimination and the fact that it is headquartered in San Francisco, the epicenter of the U.S. epidemic. However, as the company became more global, its involvement from a workforce perspective needed to keep pace with the spread of HIV/AIDS to ensure the company was providing improved access to prevention, treatment and care for all of its employees and families worldwide.

Levi Strauss and Co. revitalized its effort in HIV/AIDS with employees through a Clinton Global Initiative commitment in 2006, and today ensures that all employees and their families have access to prevention, education, treatment and care. One challenge is that the company has employees in more than 40 locations around the world, each experiencing different epidemics and different forms of health care delivery. The company does not have doctors and nurses on its payroll in many locations, and relies on a network of providers, the public health system in each of these countries, and the health insurance industry. Most salient to the conversation is the concept of equity and making sure that the person in Turkey has the same opportunity to care and thrive in his/her career as the person in South Africa or the United States, for example.

The company also knows through multi-country survey efforts that approximately 30 percent of its workforce is concerned that they would not be promoted if they were found to be HIV positive. Only 40 percent know their status, and at least 40 percent need information on where to go to get the services and education they need. Addressing these points is essential and the company is working to ensure that its managers have the tools they need to build a supportive workplace, and employees have access to the information they need. For example, it is hosting workplace scenario-driven conversations between managers and employees to help them engage on HIV/AIDS issues, clarify the tools they have to work through issues, and learn more about how they can support one another. The company has released an animated story about HIV/AIDS in the workplace to help employees, teams and leaders understand the impact of the issue at work and how they can best support each other.

Key strategies Levi Strauss and Co. uses to demonstrate leadership is a worldwide HIV/AIDS workplace policy, employee benefits and employee engagement. For example, the company soon will launch its effort in the U.S. - a confidential phone line for referrals to local community services – but, finding the right partnerships in the U.S.

has been difficult. Thirty years ago there was a huge movement and urgency from which the business response took off, and the company is eager to be a part of revitalizing the workforce movement domestically.

More information about Levi Strauss and Co.'s work on HIV/ AIDS can be found at www.hiv aids.levi.com.

*Housing and Employment Intersection Example: **Chicago House and Social Service Agency** (Cheryl Potts, Employment Program Manager)*

The Chicago House provides housing and supportive services to HIV/ AIDS affected and at-risk families and individuals, many of whom are also impacted by poverty, homelessness, substance abuse and mental illness. It was created 25 years ago to provide housing and dignified end-of-life care. Over time, more and more people relied on its services to stay housed, and it recognized a need to support its clients to become more self-sustaining. From this, in 2004, the iFOUR employment program was born.

The iFour employment model, originally based on evidence from the supportive employment model, focuses on competitive employment, rapid job placement, integrating vocational and clinical treatment services, providing benefits counseling, and providing intensive post-employment support services to promote job retention and promotion. Services are integrated in order to better position people to not just obtain, but maintain employment. The program's mission is to increase individual income and independence, and it is the only program in the Midwest designed specifically to provide employment services for people with HIV/ AIDS. Overall, its clientele are of mature age and present with many barriers to employment, including lack of education, criminal records, a history of substance abuse, and unstable housing. Specifically, 70 percent of its clients are age 40 and older; 56 percent have a GED, high school diploma, or less; nearly 45 percent have a felony conviction; 50 percent have a history of addiction; 51 percent have a history of mental illness; and 71 percent at intake report that they are in nonpermanent supportive or subsidized housing or are homeless. Although sometimes criticized for being located in an affluent area, it is felt that this helps clients avoid negative environments and people from their past.

The program relies on career specialists who are all master's level social workers. They first conduct a psychosocial evaluation with each client, and then coordinate appropriate services between the client and various other clinical and supportive services, including the client's medical and mental health clinicians. They provide traditional vocational resources to transition the client into permanent employment. They have seen that as their clients gain and maintain employment there are positive implications on their health as well as their motivation to maintain their health.

Since its inception, the program has served over 630 unduplicated individuals with job readiness training, career counseling, job coaching, and a transitional jobs program. In 2010, the program served 210 clients, with a 51% employment rate and average wage of \$11.80 per hour, the living wage for Chicago. Of these, 44% achieved job retention of six months or more.

In 2007, Chicago House integrated its employment program with its housing programs through a Department of Housing and Urban Development's Housing Opportunities for People with AIDS program (HOPWA) grant program called "Gaining Ground." The Gaining Ground program seeks to stabilize housing and provide intensive case management services that address the issues of mental illness, substance abuse, and other compounding psychosocial issues and integrate the career specialist through employment readiness and placement services. It operates by providing individuals with three year rental subsidies to live in scattered site rentals throughout Chicago, with the hope that by the time the rental subsidy is up, individuals will be positioned to take over the lease and be free of subsidized housing. The Chicago House program has served 50 heads of household since 2007 – 55 percent of these individuals were homeless at intake and they have a 70 percent employment rate, with 100 percent making more than minimum wage. There is also a 90 percent housing retention rate for the individuals graduating from this program.

More information about Chicago House can be found at www.chicagohouse.org.

Part I - Questions and Roundtable Discussion

The moderator opened the room to participant questions and discussion, which included:

- A participant remarked that a major theme she perceives is that, unlike many years ago, people who are HIV positive are no longer "waiting to die" and thus it is critical that we figure out how to transition services. She noted that this includes talking about rights in this context, as there are policies and practices that are prohibiting and limiting people living with HIV/AIDS from working. She noted that economic opportunity and employment are not separate from prevention and care. She also remarked on the importance of peer-based programs, such as those used by the HIV/AIDS community at the epidemic's onset, which she noted were not adequately represented in agencies' operational plans despite being articulated as a priority in the National AIDS Strategy. Furthermore, she expressed concern over the disparities in income eligibility caps across the country, many of which restrict people living with HIV to consider reentering the workforce and still keep access to their medications.
- A participant with the Department of Housing and Urban Development (HUD) and previously the Department of Health and Human Services (HHS) said she was excited by the examples of integrating housing with supportive services and employment. She recognizes the intersection between housing and employment and shared information about a new capacity-building initiative through which 10 to 15 provider agencies will build and operate employee assistance programs (EAPs). She said HUD wants to build partnerships so as not to create another silo program and also wants to learn about ways to measure labor outcomes over time.
- A participant from EEOC commented that the main thing she heard from the panel is that it is imperative not only to increase access and awareness of services, but also

to focus on the kinds of services we are offering and hoping to develop (e.g., what kinds of services do people get when they go to VR or a One-Stop?). She also took away the importance of asking questions such as whether we are focusing on client preferences, whether we have high expectations for clients and get them quickly into real jobs that are appropriate given people's skills, and whether the services are coordinated to address the different aspects of people's lives. She concluded by suggesting the problem is not always how to get more money to do these services as often we have the money, but are just spending it in the wrong places or not in the best way.

- A participant with the National Gay and Lesbian Chamber of Commerce (NGLCC) said he wanted to reinforce the potential importance of entrepreneurship in the dialogue. He asked if there are data on people with HIV/AIDS who left the workforce, voluntarily or involuntarily, and became self-employed or started a business and whether there is enough education about this option within VR services. It was generally agreed upon that such data did not exist but might be useful. He added that the NGLCC had a lot of success integrating messaging from ODEP's Campaign for Disability Employment into its broader themes and could likely do the same around HIV/AIDS, raising awareness among its members across the nation.

Part II

Brief summary: Federal officials shared information on their agencies' initiatives relative to people living with HIV/AIDS.

Legal Rights and Discrimination in Employment-Related Settings: Laws and Regulations

Jennifer Mathis, Special Assistant to Commissioner Chai Feldblum, U.S. Equal Employment Opportunity Commission (EEOC)

The EEOC's final regulations to implement the ADA Amendments Act (ADAAA), which went into effect on March 25, 2011, have particular importance for people living with HIV/AIDS. Overall, these regulations and the law itself make it much easier for people with disabilities to establish that they are protected by the ADA. While some words are the same, the interpretation of what those words mean has changed. Passed in 2008, the ADAAA overturned several Supreme Court decisions that Congress believed had interpreted the definition of disability too narrowly, resulting in denial of protection for many with impairments such as cancer, diabetes or epilepsy. The regulations include examples of impairments that should easily be concluded to be disabilities, and these include HIV/AIDS. The regulations were changed to reflect the amendments to the law, and employers will now need to focus on whether they are discriminating—for example, whether they are failing to make reasonable accommodations and whether they have discriminatory hiring practices.

Allison Nichol, Special Council on Disability Resources, U.S. Department of Justice (DOJ)

DOJ's Civil Rights division enforces civil rights laws that prohibit discrimination in education, employment, credit, housing, public accommodations and facilities, voting, and certain Federally funded and conducted programs. These laws include the ADA and the Rehabilitation Act, which are handled by the Division's Disability Rights Section. DOJ feels the reworking of the definitions under the ADA is vitally important and applauds EEOC for its recent efforts.

From DOJ's perspective, the ADA is larger than employment; specific to the employment provisions, the DOJ does have jurisdiction over employer discrimination cases for state and local government employees, while EEOC has responsibility for private employer cases. What's most vexing for both agencies, though, and the HIV/AIDS and larger disability community is discrimination that falls short of employment discrimination—hidden discrimination that actually prevents people from being employed in the first place.

The recent case against Modern Hairstyling Institute, Inc. in Puerto Rico illustrates hidden discrimination. The case concerned a complaint by a woman that the school denied her enrollment based on her status as HIV positive, which she disclosed in response to questions during the application process. Under the terms of the agreement reached, the school offered enrollment to the complainant and will no longer ask applicants about their HIV/AIDS status, nor will they ever again un-enroll or bar someone based on their HIV/AIDS status. In addition, it will provide training to all employees about disability discrimination. However, the root of the problem in this case and others like it is state and local regulations, which may say you have to be free of infectious diseases to train for or work in certain occupations. Following the Modern Hairstyling case, the Attorney General sent a letter and a technical assistance document to all of his state counterparts encouraging them to look at their laws and regulations and cleanse them of such potential hidden discrimination.

Debra Carr, Director, Division of Policy, Planning, and Program Development, DOL/Office of Federal Contract Compliance Program (OFFCP)

OFFCP enforces, for the benefit of job seekers and wage earners, the contractual promise of affirmative action and equal employment opportunity required of those who do business with the Federal government. In other words, it works to ensure that tax dollars are not used to perpetuate discrimination. To do this, it enforces three laws:

- *Executive Order 11246, as amended* prohibits discrimination and requires affirmative action to ensure that all employment decisions are made without regard to race, color, religion, sex or national origin.
- *Section 503 of the Rehabilitation Act of 1973, as amended* prohibits discrimination and requires affirmative action in the employment of qualified individuals with disabilities.
- *The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended* prohibits discrimination against specified categories of veterans protected by the Act and

requires affirmative action in the employment of such veterans.

The one with the most relevance to the HIV/AIDS community is Section 503. In enforcing this law, OFCCP looks at Federal contractors and subcontractors to ensure they are not discriminating against individuals with disabilities and are taking their obligations seriously by developing affirmative action plans. It gathers analysis and looks for indicators of discrimination. OFCCP has an HIV/AIDS implementation plan that calls for agents to identify, prioritize and track complaints of HIV/AIDS discrimination.

Related to this, in July 2010, OFCCP issued an Advance Notice of Proposed Rulemaking (ANPRM) that would strengthen nondiscrimination and affirmative action obligations under Section 503. The ANPRM looked at how we can help employers increase their ability to provide employment opportunities in a very meaningful way to people with disabilities.

Part II - Questions and Roundtable Discussion

The moderator thanked panel participants for sharing updates on their agencies' initiatives and asked participants to quickly ask any questions they might have related to the various efforts presented. Follow-on discussion included:

- A participant noted that DOL also addresses disability discrimination through its Civil Rights Center (CRC). The CRC is responsible for ensuring nondiscrimination and equal opportunity for two main populations: DOL employees and job applicants; and the more than 39 million individuals served by the nation's One-Stop Career Center service delivery system (including the Job Corps program).
- A participant said he feels that tax incentives aren't appropriate as part of efforts to increase disability employment, that they send the wrong message. In contrast, he praised ODEP's Campaign for Disability Employment for reflecting positive messages about the talent and skills of people with disabilities.
- A participant expressed a desire for more leadership on this issue and its intersection with the Centers for Disease Control and Prevention (CDC) guidelines on health care workers.
- A participant said he felt that organizations covered under OFCCP's laws need more guidance and resources to understand their responsibilities and individuals need more information to understand their rights. Debra Carr responded with a brief overview of the OFCCP scheduling and enforcement process, but noted that it simply cannot know about every instance of discrimination; thus, if someone believes they are being discriminated against, they should call their regional OFCCP office or the national office.

Closing

Assistant Secretary Martinez closed the panel by thanking the event's organizers and participants for their work and enlightening discussion. She said she hopes the day marks the beginning of an ongoing dialogue between the HIV/AIDS and disability communities, remarking on her personal dedication to this issue that stems from her experience as a lesbian living in San Francisco in the 1980s who lost friends to HIV/AIDS.

Assistant Secretary Martinez said her goal is for ODEP to step up to the plate on this issue by broadening its scope and weaving it into all of its initiatives. A few specifically mentioned were:

- Flexible work arrangements, including telework, which ODEP is partnering with DOL's Women's Bureau to advance to expand access to the workplace for people with complex life demands, including people with disabilities
- OFCCP's efforts to strengthen Section 503 of the Rehabilitation Act;
- Disability Employment Initiative (DEI), which ODEP co-directs with the Employment and Training Administration (ETA) to expand the capacity of the One-Stop career center system to serve people with disabilities
- Add Us In, a grant program that aims to improve the capacity of minority-owned businesses to employ people with disabilities
- The Job Accommodation Network (JAN), one of ODEP's four technical assistance centers and a leading source of free and expert confidential guidance on workplace accommodations and disability employment issues for workers and employers

Finally, she mentioned Executive Order 13548, which aims to increase the employment of people with disabilities within the Federal workforce. She said the Federal government has committed to being a model employer of people with disabilities and noted that if any participants are interested in having their resume added to the database developed to support the initiative, they can send them directly to her.

Appendix A: Participant List

**HIV/AIDS Employment Roundtable
Friday, April 8, 2011
U.S. Department of Labor, Great Hall**

Participant List

- Toni Young, Founder and CEO, Community Education Group
- Allison Nichol, Special Council on Disability Resources, U.S. Department of Justice
- Anne Hirsh, Co-Director, Job Accommodation Network
- Anthony Jackson, Community Member
- April Watkins, Assistant Director of Workforce Development, GMHC (Gay Men's Health Crisis)
- Beirne Roose-Snyder, Staff Attorney, Center for HIV Law & Policy
- Brandon M. Macsata, Managing Partner, The Macsata-Kornegay Group, Inc.
- Charles Lobosco, Health Program Administrator, Office of Planning & Policy, New York State Department of Health, AIDS Institute
- Cheryl Potts, Employment Program Manager, Chicago House & Social Service Agency
- Christopher H. Bates, Senior Public Health Adviser, Office of the Assistant Secretary for Health, Health and Human Services
- Crosby Cromwell, Senior Manager - Constituent Relations, Walmart Stores, Inc.
- Curt Decker, Executive Director, National Disability Rights Network
- David W. Knight, Trial Attorney, Disability Rights Section, Civil Rights Division, U.S. Department of Justice
- Deb Russell, Manager, Outreach and Employee Services, Walgreen Co.
- Debra Carr, Director, Division of Policy, Planning and Program Development, Office of Federal Contractor Compliance Programs, U.S. Department of Labor
- DonaLee Breazzano, Administrator of the National Reentry Affairs Branch, Federal Bureau of Prisons
- Donna Hubbard McCree, Associate Director for Health Equity, Division of HIV/AIDS Prevention, National Center for HIV, Viral Hepatitis, STD and TB Prevention, Centers for Disease Control and Prevention
- Dylan Orr, Special Assistant, Office of Disability Employment Policy, U.S. Department of Labor
- Gabriela Lemus, Senior Advisor and Director, Office of Public Engagement, U.S. Department of Labor
- Greg Millet, Senior Scientist, Centers for Disease Control and Prevention
- Jeffrey S. Crowley, Director of National AIDS Policy, White House Senior Advisor on Disability Policy
- Jennifer Mathis, Special Assistant to Commissioner Chai Feldblum, Equal Employment Opportunity Commission
- Jennifer Sheehy, Director, Office of Policy and Planning, Office of Special Education and Rehabilitative Services, U.S. Department of Education

- Joe Ramirez-Forcier, Managing Director - Employment Services, Positive Resource Center
- John Allen, Special Assistant to the Commissioner, NY State Office of Mental Health
- John Merz, Executive Director, Connecticut AIDS Resource Coalition
- Justin Nelson, Co-Founder and President, National Gay & Lesbian Chamber of Commerce
- Kathy Martinez, Assistant Secretary, Office of Disability Employment Policy, U.S. Department of Labor
- Kimberly Jeffries Leonard, Chief Operating Officer, DC Department of Health
- Lauren Deigh, Community Planning and Development Specialist, Office of HIV/AIDS Housing, Department of Housing and Urban Development
- Liza Conyers, Associate Professor, Counselor Education, Counseling Psychology and Rehabilitation Services, Pennsylvania State University
- Lynnae Ruttledge, Commissioner, Rehabilitative Services Administration, Department of Education
- Margot Kirkland Isaac, CBA Programs Coordinator, National Association of People With AIDS (NAPWA)
- Marie Parker Strahan, (on detail from the Social Security Administration), Senior Advisor to the Assistant Secretary, Office of Disability Employment Policy, U.S. Department of Labor
- Mark Fischer, Community Member
- Mark Misrok, President, Board of Directors, National Working Positive Coalition
- Mark Putnam, Director of Consulting & TA, Building Changes (HUD HOPWA Technical Assistance Provider)
- Naina Khanna, Policy Director, U.S. Positive Women's Network/WORLD (Women Organized to Respond to Life-threatening Diseases)
- Nancy Leppink, Acting Administrator, Wage & Hour Division, U.S. Department of Labor
- Paurvi Bhatt, Senior Director, Strategic Health Initiatives, Employee HIV/AIDS Program, Levi Strauss and Co.
- Phil Tom, Director, Center for Faith-Based and Neighborhood Partnerships, U.S. Department of Labor
- Randee Ellen Chafkin, Senior Program Specialist for Disability Programs, Employment and Training Administration, U.S. Department of Labor
- Regina Bowden, Acting Deputy Associate Commissioner, Office of Employment Support Programs, Social Security Administration
- Sharon Watson, Director, Office of Participant Assistance, Employee Benefits Security Administration, U.S. Department of Labor
- Shawn Lang, Director of Public Policy, Connecticut AIDS Resource Coalition
- CAPT Sylvia Trent-Adams, Senior Advisor, HIV/AIDS Bureau, Health Resources and Services Administration
- William Spriggs, Assistant Secretary, Office of Policy, U.S. Department of Labor

Appendix B: Agenda

HIV/AIDS Employment Roundtable
Friday, April 8, 2011
U.S. Department of Labor, Great Hall

Agenda

- 12:30 p.m. – 1:00 p.m. **Arrival and Registration**
- 1:00 p.m. – 1:30 p.m. **Introductions**
- Introduction of Secretary of Labor
Kathy Martinez, Assistant Secretary, Office of Disability
Employment Policy, DOL
- Welcome and Recognition of Special Guests
Hilda L. Solis, U.S. Secretary of Labor
- Remarks on National HIV/ AIDS Strategy
Jeffrey Crowley, Director of National AIDS Policy and White
House Senior Advisor on Disability Policy
- Moderator for Program – Dr. Gabriela Lemus, Senior Advisor and
Director, Office of Public Engagement, DOL*
- 1:30 p.m. – 2:30 p.m. **Setting the Stage**
- Personal Stories and Key Issues
April Watkins, Mark Fischer,
Margot Kirkland Isaac, Brian Bond
- Overview of Research & Findings from National
Working Positive Survey
Liza Conyers, Associate Professor, Counselor Education,
Counseling Psychology and Rehabilitation Services, Penn Stat
University
- *Questions & Roundtable Discussion*
- 2:30 p.m. – 2:45 p.m. Break and Networking
- 2:45 p.m. – 4:20 p.m. Recent HIV/ AIDS Employment Initiatives across Government
Nonprofits, and the Private Sector

Part I (2.45 p.m. – 3.45 p.m.)

State Employment Project Examples (New York State)

HIV and Employment, State Interagency Pilot
Chuck Lobosco, Health Program
Administrator, NYS Department of Health

Medicaid Infrastructure Grant Project
John Allen, Special Assistant to the
Commissioner, NYS Office of Mental Health

Service Provider Example

Joe Ramirez-Forcier, Managing Director, Employment
Services, Positive Resource Center, San Francisco

Employer Side Example

Paurvi Bhatt, Senior Director, Strategic Health Initiatives,
Employee HIV/AIDS Program,
Levi Strauss and Co.

HIV Housing & Employment Intersection Example

Cheryl Potts, Employment Program Manager, Chicago House
& Social Service Agency

**Questions & Roundtable Discussion*

Part II (3.45 p.m. – 4.20 p.m.)

Workplace Flexibility and Current Disability

Employment Policy Initiatives
Kathy Martinez, Assistant Secretary, Office of Disability
Employment Policy, DOL

Legal Rights & Discrimination in Employment-Related
Settings: Relevant Laws and Initiatives

Jennifer Mathis, Special Assistant to Commissioner Chai
Feldblum, EEOC
Allison Nichol, Special Council on Disability Resources, DOJ
Debra Carr, Director, Division of Policy, Planning, and
Program Development, DOL's OFFCP

**Questions & Roundtable Discussion*

4:20 p.m. – 4:30 p.m.

Wrap up and Concluding Remarks

Appendix C: Overview of National Working Positive Coalition Employment Needs Survey

Presented by Liza Conyers, Penn State University

Thank you Secretary Solis for your invitation and to all present today for your interest and time. In addition to my role as a professor at Penn State University, I am also Chairperson of the Research Working Group of the National Working Positive Coalition (NWPC). The NWPC is a coalition of persons living with HIV/AIDS, service providers and researchers who are concerned about employment issues.

Today I was asked to share with you findings from a National Employment Needs Survey that was developed by the NWPC and funded by the National Institute on Disability and Rehabilitation Research and the New York State Department of Health, AIDS Institute. Given the time constraints, I will highlight some key findings that can help set the stage for our discussion today.

Implications of Sample Demographics on Employment and Health

The sample for the NWPC study included 2,506 people with HIV/AIDS. Although it was a volunteer sample, specific efforts were made to ensure that the sample represented the demographic diversity of the HIV/AIDS epidemic.

Age: mean age 46

Gender: 65% male, 34% female, 1% transgender

Race: 37% Black, 37% White, 18% Latino, 7% other

Sexual orientation: 48% heterosexual, 44% gay, 8% bisexual

Education: 38% high school graduate or less

Never use: email (25%), Internet (22%)

Homelessness (43%), incarceration (26%), drug abuse (38%),

Employment Status: 32% employed, 68% not working

53% receive less than \$15,000 per year

Reflecting on this sample and the overall population of individuals living with HIV/AIDS, it is apparent that many of these individuals are vulnerable to multiple forms of employment discrimination and restricted access to primarily minimum or low wage jobs, which may not offer employee benefits.

- With careful guidance and coordinated services many may be able to find or maintain employment that will improve their economic status and overall well-being. However, without this support, marginal or unhealthy work settings can

pose a threat to an individual's health and increase negative public health outcomes.

Varied Health Status and Income Supports

Despite advancements in HIV treatment, there is great diversity of health status among those affected. Furthermore, receiving a diagnosis of HIV/AIDS can have a tremendous impact on one's employment. For example, 63% of respondents reported that they were working at the time they were diagnosed. However, only 32% of the sample is currently employed.

From the study sample, 67% reported a diagnosis of HIV and 33% reported AIDS. 21% reported unstable health during the past 12 months and 15% expected their health to be unstable over the next 5 years. 90% reported additional health concerns beyond their HIV/AIDS diagnosis.

Health status has important implications for determining eligibility for vocational rehabilitation and important income supports. Of the current sample, 18% reported no use any income benefits or subsidies. Income supports that were used included: SSI, SSDI, housing subsidy and TANF.

- Employment helps to reduce reliance on a range of state and Federal programs. Of those who reported use of HIV services only 24% were currently employed.
- The episodic nature of HIV/AIDS also poses challenges to how employment, services and income supports are balanced over the course of one's illness. Research indicates that for some, fear associated with uncertain health outcomes can be a barrier to seeking employment.
- HIV shares many characteristics with other chronic and episodic disability (e.g., psychiatric illness, cancer) there needs to be a coordinated effort to address shared challenges and policy issues that impact employment and health across these varied groups.

Lack of Knowledge and Underutilization of Vocational Supports and Services

This survey revealed that PWHA have very limited knowledge of employment services and resources. Only 17% reported knowledge of the One Stop Workforce Centers and only 31% of the respondents were familiar with Vocational Rehabilitation. When we look at knowledge of SSDI work incentives, only 23% know about the Ticket to Work and Trial Work Period. Only 10% know about Extended Medicare. Overall, women respondents knew less about these incentives than the male respondents.

Although 45% of respondents reported a need for more information on employment resources and services, only 22% reported use of vocational rehabilitation and only 17% reported use of One Stop/Workforce Centers. One study found that people with HIV/AIDS 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).

HIV stigma is an important factor influencing use of vocational services. Research has found that some PLHA are only comfortable receiving services in HIV/AIDS settings, while others avoid any services that are clearly identified with HIV/AIDS (Conyers, 2004).

Findings from the NWPC survey also indicated that counselor characteristics were important for many. In particular, 100% of the gay respondents indicated that they would prefer to have a gay counselor and 100% of the women reported a preference for a female counselor.

- These findings suggest that it is critical to expand the link between Ryan White funded supportive services and Vocational Rehabilitation and Workforce Development services. Successful service models often include outreach efforts where vocational specialists provide at least initial information within the ASO setting to help address this concern.
- Given that HIV/AIDS is often transmitted through sexual contact, which can increase stigma and discomfort for many, it is essential that services providers are trained and sensitive to the role that cultural factors and stigma can play in one's ability to engage in services.
- A variety of service options are needed, including the support non-traditional options such as micro-enterprising initiatives that are starting to emerge within the HIV/AIDS community.

Evidence-based Interventions Exist

Despite the underutilization of vocational rehabilitation services, several research studies demonstrate that vocational services can be effective. I have provided citations for several of these studies at the end of this presentation. These interventions represent a range of approaches including vocational groups, prevocational services, applying models from psychiatric rehabilitation, individual counseling approaches and integrating programs within housing services. Despite their success, many of these interventions ended at the end of a grant cycle.

- The knowledge and expertise developed through projects funded by NIDRR and NIH need to be integrated into current service systems and further research needs to be done to establish evidence-based practices.

Issues Specific to Employed Individuals

Looking specifically at the employed respondents, only 63% work full-time (more than 34 hours/week). 26% of the respondents work part-time (15-34 hours per week) and 12% work less than 14 hours/week. Furthermore, 19% of the employed participants

earn less than \$15,000 per year, suggesting that many of them face economic challenges despite their work status.

Only 36% of respondents who did not work in an HIV field indicated that their employer knew their HIV status. This highlights the level of fear associated with disclosing one's HIV status at work or recognizing that there often is no need to disclose within a work setting. 42% of respondents reported that they did not request any job accommodations. Many people with HIV/AIDS may not need job accommodations. In light of the low disclosure rates, some may prefer to maintain their privacy rather than seek accommodation. The majority of accommodation requests were related to work place flexibility with 16% requesting a change in their work schedule and 9% requesting time to take medications.

Receiving reasonable job accommodations can reduce unnecessary loss of employment. Yet, only 28% of employed participants reported knowledge about reasonable accommodations.

- Efforts to reduce HIV stigma is critical. Since many employers may not know the HIV status of their employees, employers should inform all employees of disability and HIV/AIDS resources, including links to resources that can help people receive vocational counseling and avoid premature job termination. This may include providing flexible work options or options for part-time employment.

Employment-related Health & Prevention Outcomes

Employed participants who were unemployed prior to their current job were asked if health outcomes or behaviors associated with prevention increased, decreased or did not change since being employed. As you can see from the attached summary, for the majority, employment either had no impact or a positive impact on health and prevention outcomes.

Regarding health outcomes, 49% reported self-care increased since their current job and 40% reported no change. Only 10% reported self-care decreased. With respect to CD4 count, 46% reported an increase in CD4 count and 37% reported no change. 18% reported a decrease in CD4 count. Regarding medication adherence, 21% reported an increase and 71% reported no change. 8% reported a decrease in taking medications as prescribed.

With respect to behaviors associated with increased risk of HIV transmission, 35% reported that use of alcohol decreased since their current job and 63% reported no change. Only 2% reported an increase. We see a similar trend with drug use. 34% report a decrease in drug use and 63% report no change. Only 3% reported an increase. Regarding unprotected sex, 30% reported a decrease in unprotected sex, and 63% reported no change. Only 6% reported an increase. Finally we also asked about number of sex partners and found that 35% reported a decrease in number of sex partners and 61% reported no change. Only 4% reported an increase.

When unemployed participants were asked what they thought would happen regarding health and prevention outcomes, we note similar trends. This data is summarized on the attached sheet (see [Appendix D](#)).

- These findings suggest that it is important to assess the impact of employment transitions on health outcomes and behaviors associated with HIV AIDS transmission. This data should be incorporated into research and program evaluations to ensure appropriate intervention and a better understanding of the factors associated with these outcomes.

Specific Findings for Unemployed Participants

When the unemployed participants were asked if they were able to work, 43% of men and 38% of women said yes, 25% of men and 34% of women said no and 32% of men and 29% of women reported that they were not sure. These findings highlight that women may face more employment challenges than men and there may be a number of barriers leading to lack of employment other than one's health status.

Unemployed respondents reported three main motivations to work: increase income (87%), feel useful and productive (84%) and gain access to benefits (75%). However, about 17% to 28% of the sample reported concerns regarding the potential of loss of housing and income benefits, discrimination, losing health insurance, health deteriorating and others finding out their HIV status. Only 32% reported confidence in their ability to work. 34% indicated that they need job skills and only 27% agreed that their service providers were knowledgeable about employment.

- Given that 25-30% of the respondents indicate that they are not able to work, work is not an option for all and other income and services supports are critically needed.
- Vocational services are needed to help individuals who are able to work or unsure of their ability to work overcome employment barriers and increase their job skills.

Employment Discrimination Rarely Reported

Participants reported multiple types of discrimination. Of those who reported discrimination, only 3.5% reported to EEOC. 4.4% reported to Legal Aid, 7.7% reported to employer and 18.2 reported to friends or family. One study found that when charges of HIV discrimination were filed with the EEOC, they were more likely to be found to have merit after independent review than those based on other types of disability (Conyers et al. 2006).

- This finding suggests that more information and support needs to be provided regarding how to cope with and respond to employment discrimination.

Summary

In summary, I would like to thank Director Crowley, Secretary Solis, Assistant Secretary Martinez and Dylan Orr for their leadership in making this forum possible. Research findings underscore the critical role that employment plays in achieving the goals of the National HIV/AIDS Strategy. More research is needed to better understand some of the initial findings that I shared with you today.

I would like to thank all present for your interest and willingness to consider the role that your agency or program can play in further examining ways in which we can all work together to stem the HIV/AIDS epidemic and improve the health and well-being of individuals living with HIV/AIDS.

NWPC Research Working Group

I would like to take a moment to acknowledge members of the NWPC working group. The NWPC research working-group consists of researchers at major institutions across the country and are listed below.

Brent Braveman, M.D. Anderson Cancer Center
Adam Carrico, University of California San Francisco
Paul Datti, University of Scranton
Marie Hamilton, University of Illinois at Chicago
Kenneth Hergenrather, George Washington University
Dori Hutchinson, Boston University
Betty Kohlenberg, Kohlenberg and Associates
Lynn Koch, University of Arkansas
Charles Lobosco, New York State AIDS Institute
Esther Lok, Federation of Protestant Welfare Agencies
David Martin, University of California Los Angeles
Mark Misrok, President NWPC Board
Joe Ramierez-Forcier, Positive Resource Center
Lisa Razzano, University of Illinois at Chicago
April Watkins-Griffin, Gay Men's Health Crisis
Youngoh Jung, Syracuse University

Abbreviated List of References Related to Employment and HIV/AIDS

- Braveman, B. (2001). Development of a community-based return to work program for people living with AIDS. *Occupational Therapy in Health Care* 13(3-4):113-131.
- Brooks, R. A., Klosinski, L. (1999). Assisting persons living with HIV/AIDS to return to work: Programmatic steps for AIDS service organizations. *AIDS Education and Prevention*, 11(3):212-223.
- Burns, S. M., Young, L. R. & Maniss, S. (2006). Predictors of employment and disability among people living with HIV/AIDS. *Rehabilitation Psychology* 51, 127-134.

- Burns, S. M., Young, L. R. & Maniss, S. (2007). Factors associated with employment among Latinos living with HIV/AIDS. *Journal of Rehabilitation* 73, 29-37.
- Datti, P. & Conyers, L. M. (2010). Application of the Behavioral Model of Service Utilization to predicting factors associated with VR use among a sample of Latino men with HIV/AIDS in New York State. *Journal of Vocational Rehabilitation*, 33, 1-11.
- Ciasullo, E. C., & Escovitz, K. (2005). Positive futures: The need for paradigm shift in HIV/AIDS services. *Journal of Vocational Rehabilitation*, 22, 125-128.
- Conyers, L. M. (2010). Human Immunodeficiency Virus. In: J.H. Stone, M Blouin, editors. *International Encyclopedia of Rehabilitation*. Available online: <http://cirrie.buffalo.edu/encyclopedia/article.php?id=240&language=en>
- Conyers, L. M. & Datti, P. (2009). Unmet vocational rehabilitation needs of women with HIV. *Work: A Journal of Prevention, Assessment and Rehabilitation*, 31(3), 277-290.
- Conyers, L. M. (2008). HIV/AIDS and employment research: A need for an integrative approach. *The Counseling Psychologist*, 36, 108-117.
- Conyers, L. M. (2005). HIV/AIDS as an emergent disability: The response of vocational rehabilitation. *Journal of Vocational Rehabilitation*, 22, 67-73.
- Conyers, L. M. & Boomer, K. B., (2005). Factors associated with disclosure of HIV/AIDS to employers among individuals who use job accommodations and those who do not. *Journal of Vocational Rehabilitation*, 22, 189-198.
- Conyers, L. M., Boomer, K. B., & McMahan, B., T. (2005). Workplace discrimination and HIV/AIDS: The national EEOC ADA research project. *Work: A Journal of Prevention, Assessment and Rehabilitation*, (25), 37-48.
- Conyers, L. M. (2004). Expanding understanding of HIV/AIDS and employment: Perspectives from focus groups. *Rehabilitation Counseling Bulletin*, 48(1), 5-18.
- Conyers, L. M. (2004). The impact of vocational services and employment on people with HIV/AIDS. *Work: A Journal of Prevention, Assessment and Rehabilitation*, 23(3).
- Escovitz, K., & Donegan, K. (2005). Providing effective employment supports for persons living with HIV: The KEEP project. *Journal of Vocational Rehabilitation*, 22, 105-114.
- Fesko, S. L. (2001). Workplace experiences of individuals who are HIV+ and individuals with cancer. *Rehabilitation Counseling Bulletin* 45(1):2-11.
- Hergenrath, K. C., Rhodes, S. D. & Clark, G. (2004). Using a theory-based approach to identify factors facilitating the employment-seeking behavior of persons living with HIV/AIDS. *Journal of Rehabilitation* 70, 22-33.
- Hergenrath, K., Rhodes, S. D. & Clark, G. (2005). The Employment Perspectives Study: Identifying factors influencing job-seeking behavior of persons living with HIV/AIDS. *AIDS Education and Prevention* 17, 131-143.
- Hergenrath, K., Rhodes, S. D. & McDaniel, R. S. (2005). Correlates of job placement: Public rehabilitation counselors and consumers living with AIDS. *Rehabilitation Counseling Bulletin* 48, 157-167.
- Hergenrath, K. C., Rhodes, S. D. & Clark, G. (2006). Windows to work: Exploring employment-seeking behaviors of persons with HIV/AIDS through Photovoice. *AIDS Education and Prevention*, 18(3), 243-258.
- Hergenrath, K. & Rhodes, S. D. (2008). Consumers with HIV/AIDS: Application of Theory to Explore Beliefs Impacting Employment. *Journal of Rehabilitation*, 74:32-43.

- Jung, Y. (2010, April). Rates of access to the State/Federal Vocational Rehabilitation Program, service provision, successful closure, and reasons for closure for people living with HIV/AIDS. National Council on Rehabilitation Education, San Diego, CA.
- Jung, Y., & Bellini, J. (2011). Predictors of Employment Outcomes for Vocational Rehabilitation Consumers With HIV/AIDS: 2002-2007. *Rehabilitation Counseling Bulletin*, 54(3), 142-153.
- Maguire, C. P., McNally, C. J., Britton, P. J., Werth, J. L., & Borges, N. J. (2008). Challenges of work: Voices of persons with HIV disease. *The Counseling Psychologist*, 36, 42-89.
- Martin D. 1999. Working with HIV: Issues for people with HIV/AIDS contemplating workforce reentry. *Psychology and AIDS Exchange* 26(1): 3-4, 6-7.
- Martin, D., Brooks R. A., Ortiz D.J., Veniegas, R. C. (2003). Perceived employment barriers and their relation to workforce-entry intent among people with HIV/AIDS. *Journal of Occupational Health Psychology* 8(3):181-194.
- Martin D., Chernoff, R. A., Buitron M. (2005). Tailoring a vocational rehabilitation program to the needs of people with HIV/AIDS: The Harbor-UCLA experience. *Journal of Vocational Rehabilitation* 22,95-106.
- Paul-Ward, A., Braveman, B., Kielhofner, G., & Levin, M. (2005). Developing employment services for individuals with HIV/AIDS: Participatory action strategies at work. *Journal of Vocational Rehabilitation*, 22 , 85-93.
- Razzano, L., & Hamilton, M. H. (2005). Health-related barriers to employment among people with HIV/AIDS. *Journal of Vocational Rehabilitation*, 22, 179-188.
- Razzano, L., Hamilton, M. H. & Perloff, J. K. (2006). Work status, benefits, and financial resources among people with HIV/AIDS. *Work: A Journal of Prevention, Assessment and Rehabilitation*, (27), 235-245.
- Werth, J. L., Borges, N. J., McNally, C. J., Maguire, C. P., & Britton, P. J. (2008a). Integrating health and vocational psychology: HIV and employment. *The Counseling Psychologist*, 36, 8-15.
- Werth, J. L., Borges, N. J., McNally, C. J., Maguire, C. P., & Britton, P. J. (2008b). The intersection of work, health, diversity, and social justice: Helping people living with HIV disease. *The Counseling Psychologist*, 36, 16-41.

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Appendix D: Overview of National Working Positive Coalition Employment Needs Survey - Employment-Related Health and Prevention Outcomes

Presented by Liza Conyers, Penn State University

Impact of HIV/AIDS on Employment

Working when diagnosed (63%)

Currently working (32%)

Perceptions of Ability to Work Among Unemployed Sample: Are you able to work?

Yes:	Male (43%)	Female (38%)
Not sure:	Male (32%)	Female (29%)
No:	Male (25%)	Female (34%)

Since my current job (if previously not working)...

Self-Care:	Increased (49%)	Decreased (10%)	No Change (40%)
CD4 Count:	Increased (46%)	Decreased (18%)	No Change (37%)
Med Adherence:	Increased (21%)	Decreased (8%)	No Change (71%)
Alcohol Use:	Decreased (35%)	Increased (2%)	No Change (63%)
Drug Use:	Decreased (34%)	Increased (3%)	No Change (63%)
Unprotected Sex:	Decreased (30%)	Increased (6%)	No Change (63%)
# of Sex Partners:	Decreased (35%)	Increased (4%)	No Change (61%)

If I were to go to work, my

Self-care would:	Increase (42%)	Decrease (14%)	No Change (44%)
CD4 Count would:	Increase (36%)	Decrease (17%)	No Change (47%)
Med Adherence would:	Increase (24%)	Decrease (12%)	No Change (64%)
Alcohol Use would:	Decrease (31%)	Increase (3%)	No Change (66%)
Drug Use would:	Decrease (31%)	Increase (3%)	No Change (67%)
Unprotected Sex would:	Decrease (26%)	Increase (3%)	No Change (71%)
# of Sex Partners would:	Decrease (26%)	Increase (5%)	No Change (69%)