



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

Vocational Needs and Intervention Models for People Living with HIV: Research Findings and Recommendations

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- NWPC is a coalition of people living with HIV, service providers, researchers, employers and advocates who are committed to addressing key social and economic determinants of health by strengthening responses to employment needs of individuals living with or at greater vulnerability to HIV.
- We are a central resource for HIV and employment information, research, capacity building and technical assistance for policymakers, educators and service providers.

www.workingpositive.org

Outline



- Overview of the Considering Work Model
- Common Threads
- NWPC Employment Needs Survey Findings
- Exploration of Employment Among Black Gay and Bisexual Men Living with HIV
- Conclusions

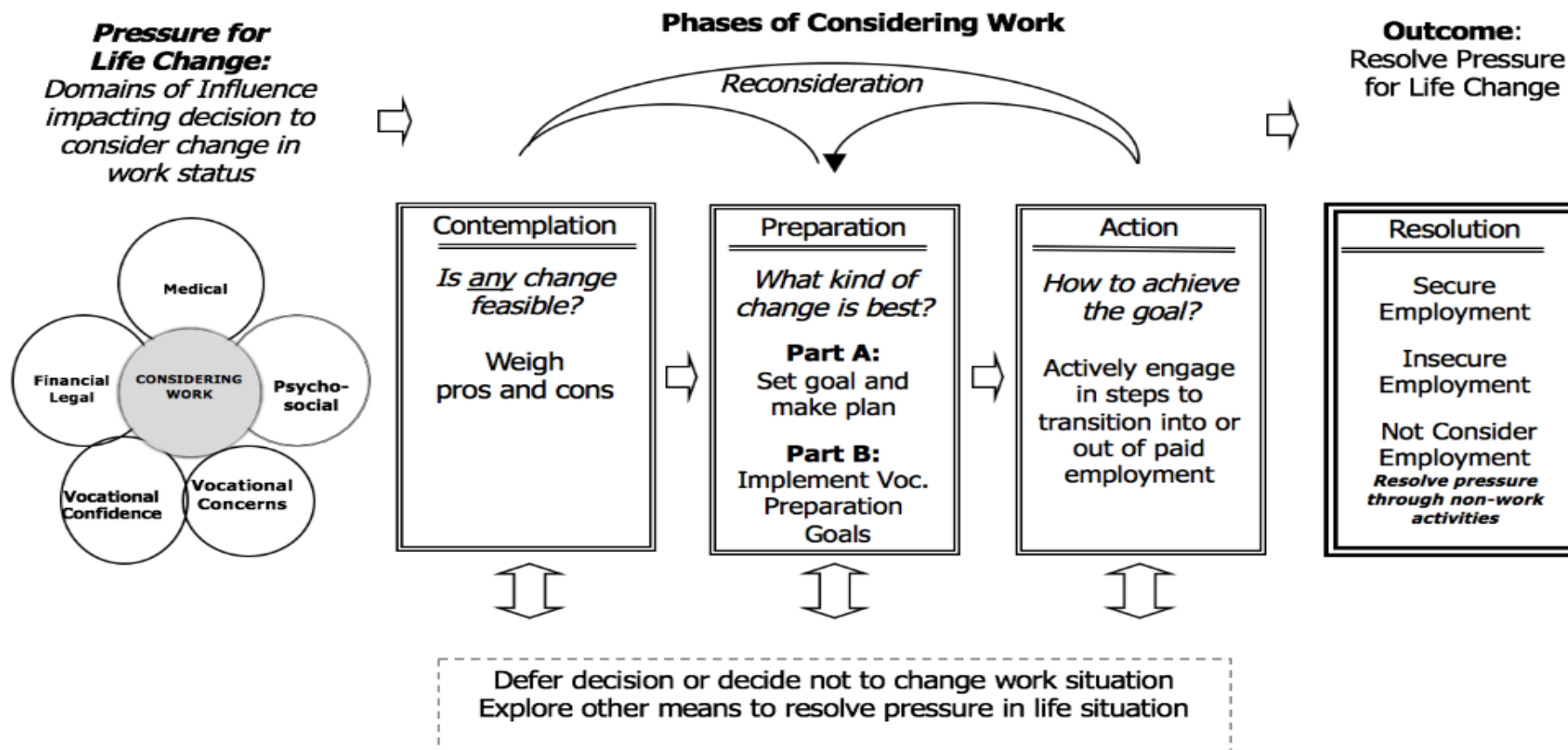
Client-focused Considering Work Model Development

- One of the most challenging questions faced by individuals with HIV is how and when to make critical decisions regarding employment.
- The CFCWM provides clear structure to help individuals assess vocational needs and to make informed decisions.
- The initial model, developed by Goldblum and Kohlenberg in 2005, was developed to specifically address PLWH. It was revised by Conyers in 2018 to address all individuals with emergent or episodic disability.
- The CFCWM is based upon a comprehensive review of vocational rehabilitation literature and theories of behavior change. It has been empirically validated through several research studies.



Client-Focused Considering Work Model Overview

Figure 1: Client-Focused Considering Work Model for People with Emerging or Episodic Illnesses



Empirical Support for the Client-Focused Considering Work Model



- *Making A Plan (MAP)* - 8 Week Vocational Intervention Group
 - Reduced vocational concerns.
 - Decreased feelings about being unprepared or hesitant about going to work.
 - Progress toward vocational goals.
- Validation Study
 - Broad support for the model – factor loadings on each domain of influence
 - Vocational factor had two sub factors: vocational concerns and vocational confidence.
 - Domains of influence are inter-related, noted by both direct and indirect paths among the domains of influence in the validation study.

Application of Client-Focused Considering Work Model

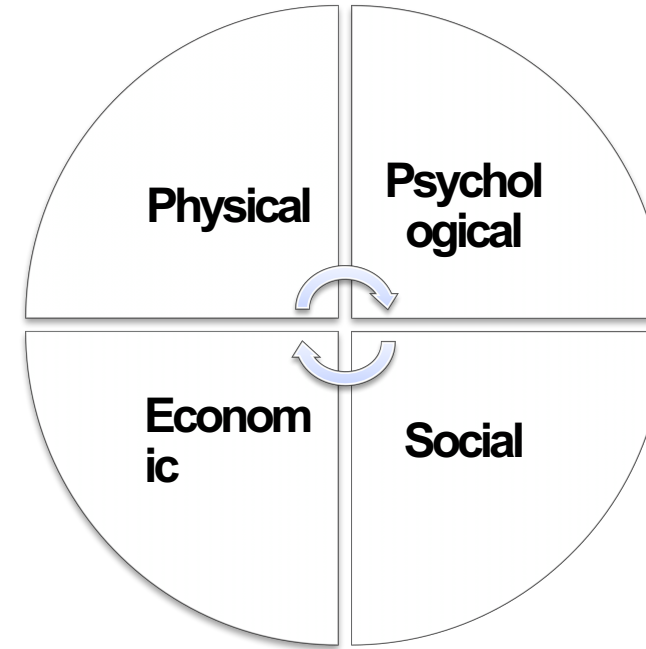


- *Getting to Work: An Online Training Curriculum for HIV/AIDS Service Providers and Housing Providers* (US Department of Housing and Urban Development HUD, 2017).
- *Foundations for Living*, an integrated employment and housing intervention for PLWH (Chiu, Conyers, & Jang, 2015)
- Program evaluation of *Common Threads*, an integrated HIV prevention and vocational development intervention for African American women living with HIV (Chang, Conyers, & Johnson, 2016)
- Development of the NWPC Vocational Development and Employment Needs Survey

What is Common Threads?



“Common Threads is a peer-led HIV training that addresses social determinants of health as an integrated prevention, trauma-informed and vocational development training.” *[copied and pasted mission statement]*



Trauma-Informed Intersectional Model of Vocational Rehabilitation

How Does It Work?

Phase I: Repair

Storytelling:

Narrative approach to reflect and re-examine life history stemming from social determinants of health

Phase II: Restore

Microenterprise:

Economic intervention to increase financial stability and self-sufficiency

Phase III: Reclaim

Civic Engagement:

Increase participation on community services, representation on decision making bodies, consultation and employment



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NWPC Vocational Development & Employment Needs Survey Initial Findings

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NWPC Employment Needs and Vocational Development Survey



- Cross-sectional survey designed by NWPC members.
- Target population: Adults living with HIV.
- Recruitment email sent to HIV network listservs and HIV service organizations in various states in the U.S.
- Ongoing data collection; current dataset was collected 2018-19.
- Participants completed the 30-40 minutes online survey.
- Incentives: \$15 e-gift card.

Survey Participants (N=490)



Variable	Category	Frequency (n)	Percent (%)
Race	Black	223	51.62
	White	129	29.86
	Other	80	18.52
Ethnicity	Latinx	193	45.09
	Non Latinx	235	54.91
Gender identity	Male	257	59.08
	Female	172	39.54
	Transgender	6	1.38
Education	HS diploma or less	101	23.38
	2 yrs or less college	250	57.87
	BA or more	81	18.75

Missing values are not included in the table.

Survey Participants (N=450)



Variable	Category	Frequency (n)	Percent (%)
Sexual orientation	Heterosexual	218	50
	Gay/Lesbian	163	37.39
	Bisexual	50	11.47
	Other	5	1.15
Geographical area	Urban	264	62.26
	Suburban	111	26.18
	Rural	49	11.56
Employment status	Employed	250	52
	Unemployed	231	48

Missing values are not included in the table.

Among the employed (n=250)



Type of Job	Frequency (n)	Percent (%)
Salaried employee	108	43.37
Hourly wage employee	83	33.33
Stipend	40	16.06
Self-employed	15	6.02
Informal employment/odd jobs	3	1.20

- 82.68% (n=148) have access to health insurance through their jobs.
- 52.4% (n=131) reported that medical appointments conflict with their work schedule.
- 47.6% (n=119) work in HIV field.
- 38.8% (n=97) reported that they need reasonable job accommodation.

Among the employed (n=250)

48% (n=120) report feeling insecure of their current employment.

Reasons of perceived job insecurity	Frequency (n)	Percentage (%)
Lack of support at work, poor work environment, or job is too demanding	78	69.64%
Unstable health	70	62.5%
Seasonal work, may be laid off or otherwise job is insecure	62	55.36%
Lack of support at home for my job	20	17.86%
Retirement	9	8.04%

Among the unemployed (n=231)

- 83.6% have worked for pay in the past (n=189).
 - Among them, 75.7% stopped working due to their HIV diagnosis or another health concerns.
- 55%(n=127) believe that they are able to work for pay.
- 58% (n=134) are interested in joining the formal job market.

What do you need to be able to work?

Services	Frequency	Percent
Job Training/ Education	117	50.6
Career Counseling	73	31.6
Benefits Counseling	73	31.6
Legal Services	30	13.0
Job Search Help	52	22.5

Factors Associated with Health-related Quality of Life



- **Health-related quality of life is associated with PLWH's health status and well-being.**
- **Outcome variable:** HRQOL, which is measured by Short Form-12 Health Survey (SF-12; Ware et al., 2009).
- **Independent variables:**
 - **Psychosocial:** Use of support services, PHIVSMS, social support
 - **Medical:** Engaged in HIV medical care, mental health concerns, CD4 (above/below 200), viral load (detectable, not detectable)
 - **Demographic:** Age, ethnicity, education, area
 - **Financial/legal:** Difficulty paying health costs, difficulty paying housing expenses, ever used income benefits
 - **Vocational:** Used employment services, know about employment services, perceived ability to work
- A **hierarchical general linear model** was fit after the initial ANOVA/ANCOVA models were fit using a larger pool of variables.

Factors Associated with Health-related Quality of Life



Demographics Domain:

- Ethnicity, education

Psychosocial Domain:

- Support services, HIV self-management skills, support group

Medical Domain:

- Engagement in HIV treatment, mental health concerns

Financial/legal Domain:

- Housing needs

Vocational Domain:

- Perceived ability to work

Discussion



- Over half of the unemployed individuals from the NWPC survey reported **interest in going to work** and **a need for job training and education**.
- Approximately half of the employed individuals reported **insecure employment**.
- **Perceived ability to work** is positively associated with HRQOL.
- It is important for HIV service providers to actively assess PLWH's **barriers to obtain or maintain employment** in order to provide adequate support.



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Exploration of Employment Among Black Gay/Bisexual Men Living with HIV

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Background



- Black gay/bisexual men are disproportionately impacted by HIV

- *Estimated that 1 in 2 Black men who have sex with men will be diagnosed with HIV in their lifetime. (Hess, 2016)*

- Black gay/bisexual men have limited access to full-time employment compared to gay/bisexual of other races and that this disparity is even more pronounced among Black gay/bisexual men living with HIV.

- *Men living with HIV were less likely to be employed full-time compared to men not living with HIV controlling for education and social contextual factors (OR 0.40 95% CI (0.22-0.73)). (Maulsby, 2020)*

- HIV will have important implications for employment patterns and trajectories of Black gay/bisexual men over the life course. (Maulsby, 2020)

Research Question



- What are facilitators of employment among Black gay/bisexual men living with HIV who are currently employed?

Considering Work Model



- Considering Work Model: Four areas of influence that impact decision making related to employment among people living with HIV (PLHIV)
 - *Medical considerations*
 - *Psychosocial considerations*
 - *Financial/legal considerations*
 - *Vocational considerations*
- Informed decision making for employment-related behaviors
 - *Model aims to increase ability of PLHIV to make informed decisions about employment that maximize desirable outcomes and minimize undesirable outcomes*

■ Resilience

–Ability to apply internal attributes (traits) and external resources (e.g. interpersonal relationships and environmental supports) to cope with adverse disruptions throughout the life course (Wild, 2013)

- In-depth qualitative interviews
- 20 Black gay/bisexual men living with HIV
 - 11 *unemployed*
 - 9 *employed*
- Sort and Sift, Think and Shift (Fryer, 2016)
 - *Reading for immersion*
 - *Written reflection through the development of participant profiles and memos*
 - *Diagramming and topic categorization*
 - *Threading and bridging key topics and themes*

Fryer CS, Passmore SR, Maietta RC, Petruzzelli J, Casper E, Brown NA, et al. The Symbolic Value and Limitations of Racial Concordance in Minority Research Engagement. *Qual Health Res* 2016;26(6):830-41.

Participant Demographics



Variable	N(%)
Age	
18-29	2 (22%)
30-39	2 (22%)
40-49	1 (11%)
50+	4 (44%)
Employment	
Full-time	2 (22%)
Part-time	7 (78%)
SSI/SSDI (yes)	3 (33%)
Insurance (public)	8 (89%)
Education	
High school or less	1 (11%)
Some college or college	7 (78%)
Greater than college	1 (11%)
Viral Suppression	9 (100%)

Results: Medical Domain



- **Anticipated episodes of illness:** Episodic nature of HIV was a driving factor for a range of employment-related decisions
 - “I’ll take like a three-month assignment, or six-month assignments... because you never know what could happen, cold season you can catch a cold, a real bad cold.”(0429C)

- **Relationship between employment and health:** Meaningful employment motivated individuals to achieve and maintain their health by increasing feeling of self-worth
 - “[Employment] gave me a chance to feel good about myself and take care of myself.” (1024J)

- **Relationship between employment and health:** Perception that employment improves mental health
 - *Cognitive acuity:* “I like the emergency room... shock trauma.... anything you throw at me I'm ready, and I like that because it keeps you sharp.” (0499D)
 - *Coping strategy for disruptive events:* “I just kept on working because that’s the way I process, that’s the way I be. I [was] like okay we’re going to figure out a way to make this [HIV diagnosis] a smooth transition... I just buried myself into work.” (0429C)
 - *Structure and routine:* “I [had} all this free time. You know what they say, idle time is not good. My mind, like, I told the doctor I couldn't sleep, I was feeling anxiety. Structure. I needed to go back to work.” (116L)

Results: Psychosocial Domain



■ Having and leveraging social networks

■ “Word of mouth... my sister said she had a client, and I wound up taking care of him, and that’s how I got back into the swing of things.” (1024J)

■ Relationships with mentors who serve as role models and provide social support

■ “I always talk to community leaders and they always give me words of advice and all that stuff, so they always would ask me, “Oh, you should make your own nonprofit. You shouldn't work with somebody else and do somebody else's. You should make your own. Make your own thing.” (1224H)

■ Financial motivations

- *Covering basic needs*: “So I had no choice but to work, because I couldn't be in school, and school would provide me with a place to stay, you know, some type of meal plan, but because I didn't have that as an option, I had to find out how to feed myself. And that's what really drove me to work” (1122L)
- *Preferred lifestyle*: “I like the luxury of things, like being able to travel, being able to gamble, whatever I want to do, buy art, I can't do that on Social Security. No, no, mm-mm. Plus I wanted to work.” (0109B)

Results: Financial/Legal Domain



■ Financial responsibility for children, family members, and community

■ “I started to feel good again and taking care of my mom. I was able to pay her bills for her... So I think that was the last piece right there, when I was able to help my mom. Pay her bills, have her cards and give it back to her, and then I wind up becoming, I guess you can say, the one who took care of her the most.... It felt pretty good...I became very close to her, all the way up until when she passed.” (1024J)

Results: Financial/Legal Domain



■SSDI

■ *Part-time employment*: “I can work a five-hour shift, their basic thing is no more than 24 hours. And no more than eight hours a day. So what I do is I work anywhere from five to eight. If I can get a five-hour shift, I'm good. “ (0116T)

■ *Increased access to education and employment resources*: “I didn't have the education or experience. But then what I was able to do was when diagnosed was able to apply for disability. And through the vocational program-- I was living in [*city name*], they have vocational rehabilitation” (1010S)

Results: Vocational Domain



■ Job Characteristics

- *Flexible work schedules*: “I also have the flexibility of not having to be tied to a desk. So that helps, when I do feel bad, and I do have to make a doctor's appointment, I can just go.” (1122L)
- *Reasonable accommodations*: “I noticed that a lot of people do have those conversations. And I think that it's just not spoken so it's not like something that's really talked about. People just to the HR to get the reasonable accommodations and it's just part of the job and nobody really is paying attention.” (1010S)
- *Supportive work environment*: “They're always asking me how I'm feeling. Is there anything in particular that I need as far as time-wise? If I'm doing okay on my appointments? So it's been very supportive.” (1024J)

Results: Vocational Domain



■ Job Characteristics

- *Value lived experience*: “I have been allowed to do a lot of more things because I am an open gay black man who is living with HIV. I still do lot of work in the community, so they kind of look at me as a subject matter expert.” (1010S)
- *Value employee input*: “They began to request me and me only. So what food staff does now is like when they hire certain people, they will send them where I am to give a scope. “Is this person good to come back here?” And they ask my opinion about whether or not this person is good for this.” (0116T)

Results: Vocational Domain



- *Vocational Confidence*: “I pick something that I’m good at because then you're likelihood of making a mistake, doing something wrong [is] like second to none because it comes second nature to you.” (0429C)
- *Vocational Passion*: “I have to want to do it. If I [don't] I might be able to do it for a few minutes and then we'll stop. It's not going to keep me motivated... If you don't like it, work to do something better. Don't keep sticking with the same boring routine.” (1224H)

Implications



- Facilitators of employment align with four domains outlined in the Considering Work Model
- Many of the facilitators identified are amenable to intervention and could be incorporated into health programs
- Many of the facilitators identified may inform intervention development for individuals who are unemployed but considering work and for individuals who are employed who want to maintain employment
- Study findings elucidate potential pathways through which employment impacts health, in particular mental health

Conclusion



- The Considering Work Model is a practical framework to help understand and assess the barriers and facilitators to work.
- Understanding the facilitators to work can inform intervention development.
- It is important for HIV service providers to actively assess PLWH's interest going to work and barriers to obtain or maintain employment in order to provide adequate support.
- More research is needed to understand the mechanisms through which employment impacts health and vice versa.

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