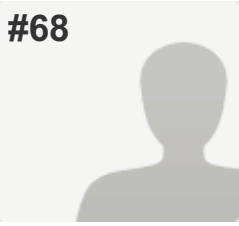


Ending the Epidemic Task Force Recommendation Form

#68



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Q2: Title of your recommendation

Recommendations to Expand Access to
Employment and Employment Services for PLWHA

Q3: Please provide a description of your proposed recommendation

AIDS Institute funded linkage to and retention in care programs should newly support training, education, vocational rehabilitation and workforce development opportunities for PLWHA at all points of engagement. Specifically, we recommend the AIDS Institute to do the followings:

- Issue guidance on how providers would approach discussions with clients related to transition to work.
- Revise program policies and procedures to include assessment of employment needs of PLHIV from initial intake throughout service delivery, with responsive information and referral, or direct delivery of employment services, and required data collection tracking PLHIV employment needs and service delivery.
- Through the AIDS Institute Regional Training Center, provide overview training to all AIDS Institute-funded providers about 1) barriers and challenges for PLWHA to engage in employment, vocational training and rehabilitation services, and 2) availability of resources (e.g., ACCES-VR, Ticket-to-Work, NYESS, Dept. of Labor, Workforce Investment Boards (WIBs), OTDA, HRA – and community-based HIV employment programs).
- Increase funding for linkage to and retention in care programs to include a consumer education component on training, education, and vocational rehabilitation and workforce development opportunities for people living with HIV/AIDS. In addition, funded programs would make referrals to government and community-based programs such as ACCES-VR, Ticket to Work, NYESS, OASAS, Work Incentive Planning and Assistance (WIPA), Legal Action Center, American Job Centers (One Stops), the OTDA HIV/AIDS Employment Initiative and other community-based HIV employment programs.
- Identify and eliminate barriers/discouragement to work and increase incentives/encouragement to work.

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

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Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

Housing and Supportive Services Committee: Develop recommendations that strengthen proven interventions enabling optimal engagement and linkage and retention in care for those most in need. This Committee will recommend interventions that effectively address complex and intersecting health and social conditions and reduce health disparities, particularly among New York's low-income and most vulnerable and marginalized residents. These interventions will diminish barriers to care and enhance access to care and treatment leaving no subpopulation behind.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

Change to existing program

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Permitted under current law

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

Research indicates that there are tremendous economic, social and health benefits related to being employed for many individuals, including people with disabilities and those living with HIV/AIDS. This is particularly the case when key economic and psychosocial factors are present in the work environment. Common benefits often associated with employment include income, autonomy, productivity, status within society, daily structure, making a contribution to society, increased skills and self-esteem. Research also indicates that many people with disabilities, including those with HIV/AIDS, report perceptions of being less disabled (or not disabled at all) when they are working. Some research also indicates that being employed is associated with better physical and mental health outcomes for people living with HIV/AIDS when compared to those who are not working. Preliminary data also suggests that transitions to employment are associated with reduction in HIV-related health risk behaviors for many but not all. This foundation of research highlights the urgency for all AIDS service providers to become more knowledgeable about the need for and potential benefits of employment services for PLWHA. Employment services are critical because it is also clear that (a) not all employment settings and conditions lead to positive health and prevention outcomes and (b) trained professionals are needed to help facilitate better outcomes for all.

Q10: Are there any concerns with implementing this recommendation that should be considered?

It is important that any new focus on employment not be understood as forced employment, or employment as a condition of receipt of benefits.

A focus on vocational rehabilitation and pathways to employment must not be so principally concerned with placement data as to lose sight of the importance of meaningful work .

Large numbers of individuals who would like to work may require significant pre-vocational education, including in basic literacy and numeracy.

Coordination with other relevant government agencies and programs, at the federal, state, and local levels, may be complex.

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

\$500,000 to \$1million

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

Because of the lack of longitudinal research examining the impact of employment on health status for people with HIV/AIDS, it is difficult to determine whether employed people have better health outcomes due to their work or whether better health enabled employment.

According to the NWPC Vocational Development and Employment Needs Survey, among survey respondents who were employed, after previously not working, just less or more than one third of them reported a decrease in their amount of alcohol use, drug use, unprotected sex, and number of sex partners. About 2/3 of this group reported no change in these health risk behaviors. As a parallel to these findings, when the respondents who were not working were asked what they'd expect if they were to go to work, one third or more expected increases in self-care and CD4 counts, with almost half expecting no change. One quarter to one third expected they would experience decreases in their alcohol use, drug use, unprotected sex and number of sex partners, if they were employed. Two thirds or more expected no change in these health risk behaviors.

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Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

- HIV/AIDS service providers
- PLWHA with an interest in employment
- Vocational Rehabilitation providers
- Key statewide and local employment-related service systems, such as NYESS, OTDA, ACCES-VR, Ticket to Work, Work Incentive Planning and Assistance (WIPA), American Job Centers (One Stops) and Workforce Investment Boards (WIBs)

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

- Numbers of people receiving the overview training through the AIDS Institute Regional Training Center.
- Lower CD4 count of those who are engaged in employment services
- Numbers of state-wide or regional cross-sector conferences/workshops/meetings connecting leaders/representatives from HIV, training/education, vocational rehabilitation, workforce development, benefits advisement and legal services.
- Establishment of centralized online information resource on HIV & employment for service providers and PLHIV.

Q15: This recommendation was submitted by one of the following Advocate