

Employment & Economic Wellbeing CHAIN Report 2006-6

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*American Public Health Association Meetings,
Washington, D.C. November 2007.*

*This study was supported under contract from New York City's Part A Ryan White CARE grant, H89
HA 0015-16, U.S. Health Resources and Services Administration*

Background

- There is a small body of research examining the work experiences of HIV+ individual.
- Low human capital, impaired physical health and psychological anxiety are repeatedly identified as complicating an HIV+ individual's adjustment to the work environment.
- Study findings are usually based on small samples of convenience; often drawn from individuals selected into occupational training and rehabilitation programs.
- There is virtually no data on the work experiences and factors influencing the decision to engage in work for well defined populations of HIV infected individuals.

Study objectives

- Document recent trends in current work experience for cohorts of HIV+ individuals living in New York City and the immediate region to its north.
- Assess, for these cohorts, which factors—e.g., human capital, health and psychological stress and anxiety—are related to current employment status and interest in reentering the workforce?

The CHAIN Project

- Data for this study are drawn from the CHAIN project, an ongoing longitudinal study of people living with HIV/AIDS in New York City and the Tri-County region to its north: Westchester, Rockland and Putnam Counties.
- The primary purpose of the CHAIN study is to provide systematic information on the well being and life experiences of people living with HIV for planning and evaluation of HIV services supported through CARE Act funding.
- The original New York City cohort was recruited in 1994. This study reports results for two more recent cohorts.

The CHAIN Cohorts

- Study data come from the multiple rounds of annual interviews conducted between 2001 and 2006 with cohorts of persons living with HIV/AIDS, who reside in New York City and the Tri County region north of the city that includes Westchester, Rockland and Putnam Counties.
- The Tri-County cohort of 396 individuals was recruited from 28 health and human service agencies during 2001 and 2002*
- The New York City Cohort of 693 individuals was recruited in 34 agencies during 2002 and 2003.

*58 individuals were added to refresh the Tri County cohort during the third round of interviews

The CHAIN Cohorts

- Cohort members are interviewed at approximately one year intervals.
- Re-interview rates between successive rounds of interviews exceed 80% among surviving cohort member.
- Study data include four rounds of data for the Tri-County cohort and the first three rounds of interviews for the 2002 NYC cohort.

Sample Representativeness, AIDS Epidemiology and CHAIN Cohorts

	Surviving AIDS Cases, Tri-County ¹	CHAIN Tri-County Cohort	Surviving AIDS Cases, NYC ²	CHAIN NYC 2002 Cohort
	12/31/00	2001	6/30/2003	2002
MALE	(1,429)	(204)	(39,765)	(417)
White	27%	27%	25%	10%
Black	50%	43%	40%	47%
Latino	22%	29%	32%	41%
Other	>1%	1%	2%	2%
FEMALE	(748)	(194)	(15,753)	(276)
White	18%	14%	11%	7%
Black	60%	57%	56%	61%
Latino	22%	26%	33%	32%
Other	<1%	3%	1%	<1%

¹ New York State Department of Health, Bureau of HIV/AIDS Epidemiology

² NYC DOH HIV/AIDS Surveillance Data

CHAIN Cohort Characteristics

	New York % (n=693)	Tri-County % (n=456)
Gender		
Male	60%	51%
Female	40%	49%
Race/Ethnicity		
White	9%	20%
Black	52%	50%
Latino	37%	27%
Other	2%	3%
Education		
Less than H.S.	52%	41%
H.S.	21%	28%
Some College	37%	31%

CHAIN Survey Items

15 sections containing 500+ items, including:

- 1) Initial encounter with the health-care delivery system
- 2) Need for services
- 3) Access, utilization and satisfaction with health and social services
- 4) Socio-demographic characteristics of respondents
- 5) Informal care-giving from friends, family and volunteers
- 6) Quality of life with respect to health status, psychological functioning and social functioning

Current Employment

Are you currently working in a paid position, part-time or full time?

01 Not Employed

02 Irregular, occasional part-time (less than 35 hrs/wk)

03 Employed part-time, regular job (less than 35 hrs/wk)

04 Employed full-time (35+hours per week)

05 Employed more than full-time

Combined categories 02 and 03; 04 and 05

Interest in Returning to Working

Are you interested in returning to work?

01 Yes

02 No

Findings

Trends in Employment (2001-2006)

Both Cohorts combined*	
Always Employed	10%
Intermittently Employed	22%
Never Employed	68%

	New York City**	Tri-County***
Currently Employed	13% to 16%	26% to 26%
Full Time	3% to 6%	14% to 16%
Currently Not Working	84% to 87%	71% to 74%

*Restricted to individuals interviewed at 3 rounds

**NYC data based upon 3 rounds of interviews

***Tri-County data based upon 4 rounds of interviews

Findings

Interest in returning to work (2001-2006)

	New York City	Tri-County
Currently Unemployed	84% to 87%*	71% to 84%
Interested in working	29% to 38%	31% to 34%
Not interested in working	49% to 55%	40% to 43%

*Spans first 3 rounds of interviews

Reasons for and against returning to work

- Financial and psychological needs are most frequent reasons for returning to work.
- Poor health most frequent reason for disinterest in working.
- Lack of job skills and fear of loss of benefits are much less frequently mentioned reasons.

On the Job Difficulties

- Ill health, often from medication side effects, and the difficulties staying adherent were common work-related concerns among the employed. Experience of stigma was a lesser on-the-job problem.

Logit regression models of current employment and interest in returning to work among the unemployed

	Currently employed (N=2724)	Interested in returning to work (N=2113)
Demographic Variables		
Resides in NYC	-.80*	-.20
Male	.02	-.06
Black	.02	.58***
Latino	-.12	-.02
Age	.00	-.05***
Human Capital Variables		
Years of Education	.31***	.22**
Recent education or vocational training	.54***	.96***
Drug use in last 6 months	-.31***	.18*
Health Status		
Physical Health	.04***	.03***
Mental Health	.01**	.01*
CD4 Count	.11*	-.02
Receives SSI or SSD	-1.01***	-.67***

*p<.05,**p<.01,***p<.001

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Findings

Optimal Work-Related Attributes and Current Employment

Optimal Attributes*	% Currently Working	
	NYC	Tri-County
No	10%	17%
Yes	30% (70)	62% (77)
Some College		
No	16%	26%
Yes	46% (16)	65% (18)

Data are for baseline survey, qualitatively similar results for rounds 2 and 3 interviews

*optimal attributes are having all of the following: worked a year or more prior to study period, not receiving ssi or ssd, cd4 count > 200, no recent O.I., physical functioning scale > 42 and mental health functioning scale > 37

Additional Regression Results

- Neither current use of HAART nor duration of HIV infection were associated with current employment or interest in returning to work
- Using more limited samples, above and beyond mental health status, measures of locus of control, stigma and psychological stress were unrelated to either current employment or interest in returning to work.

Key Findings

- Despite widespread use of HAART, current employment is very low even when compared to the earlier New York City cohort recruited in 1994.
- Approximately half the cohort is not interested in returning to work.
- Health and human capital are key factors associated with current employment.

Conclusion

- Policy implications: Raises more ?? than answers
 - Can we distinguish individuals with truly disabling health conditions and those whose health status may improve by appropriate medical care and mental health interventions?
 - What type of job training & rehabilitation are best suited for HIV+ individuals?
 - What changes to workplace environment and routine might best meet the special needs of HIV+ employees?
 - How do PLWHA define what it means to live productive lives?

Final Thought

HIV/AIDS programs and policies have, with considerable success, focused on ensuring universal access to the life extending benefits of high quality HIV medical care. However, can HIV/AIDS policy be counted truly successful if PLWHA live longer lives but lack the capabilities to live their lives to their full potential?