

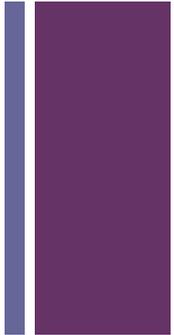
# Employment as a Social Determinant of Health for PLWHA

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## Overview:

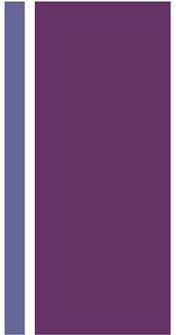
- **Social Determinants of Health**
- **Employment status and mental health**
- **Employment status and physical health**
- **HIV/AIDS Employment Policy**

# + World Health Organization (WHO) 2003 Commission on the Social Determinants of Health (CSDH)



- CSDH framework: SDH related to child development, globalization, health systems, work (employment), gender equity, social exclusion.
- In 2008, the Centers for Disease Control and Prevention (CDC) National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) held external consultation with more than 100 public health, scientific, and academic experts and community leaders to explore the CSDH.
- WHO CSDH framework was adopted by the CDC to address the social determinants of health within the U.S. The NCHHSTP systematically incorporated the social determinants of health into its six-year strategic plan.
- April 2013, the CDC used the WHO CSDH to inform their decision to present employment as a SDH for PLWHA; employment was included in a U.S. federal document regarding the health of PLWHA.
- November 2013, MMWR supplement Vol. 62 No.3 CDC Health Disparities & Inequalities Report U.S. 2013 presents Social Determinants of Health to include Education, Income, Access to healthier food, and Unemployment.

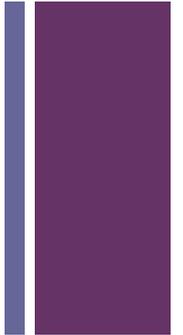
# + Two domains of health: mental health and physical health



## ■ **Mental Health**

- Approximately 22% of PLWHA report clinical depression, which is approximately twice the rate of the general U.S. population. Depression has been associated with poor medication adherence and increased HIV risk behavior
- For women with HIV, depression has been correlated with inconsistent use of HAART, higher viral load, decreased CD4 count, and increased mortality.
- Post-traumatic stress disorder (PTSD), a frequent comorbidity with major depressive disorder, is diagnosed in approximately 25% of PLWHA. PTSD is associated with lower CD4 counts and higher viral load.
- Depression has also been correlated with immune functioning among PLWHA resulting in a slower response to illness, infection, and opportunistic infections. Similar phenomena have been reported for individuals exposed to prolonged stress.
- Increased suicide rates have been reported among PLWHA with depression. PLWHA report as seven times more likely than persons not diagnosed with HIV/AIDS to commit suicide.

## ■ **TABLE 1**



### Employment status and Mental Health (n=48)

Summary of Findings across Trajectories when compared to employed persons

	Employed	Unemployed	Job Loss	Reemployed
Mental Health (↑ = better)	↑	↓	↓	↑
Psychological Distress <sup>a</sup> (↓ = better)	↓	↑	↑	↓
Depression <sup>b</sup> (↓ = better)	↓	↑	↑	↓
Anxiety <sup>c</sup> (↓ = better)	↓	↑		↓
Mood (↑ = better)	↑		↓	
Quality of Life <sup>d</sup> (↑ = better)	↑	↓		

*Notes:* <sup>a</sup>Psychological distress also includes psychological symptoms. <sup>b</sup>Depression also includes depressive affect, depressive symptoms, and suicidal ideation. <sup>c</sup>Anxiety also includes nervous symptoms. <sup>d</sup>Quality of life also includes life satisfaction.

# Physical Health

- Common effects of HIV on physical health include: pain, chronic fatigue, difficulty completing activities of daily living, and reduced physical activity.
- HIV-associated dementia, associated with low CD4 levels and high viral load: impairs cognitive functioning and motor functioning, limiting a person's ability to perform activities of daily living
- Physical functioning is also associated with HAART adherence. Poorer adherence to HAART has been correlated with physiological body changes and metabolic abnormalities.
- Physical functioning is commonly evaluated by assessments that generally include objective criteria to evaluate as biological markers (e.g., CD4 counts, viral loads), functional capacity, and activities of daily living.
- WHO DAS 2.0 ( <http://www.who.int/classifications/icf/whodasii/en/> )
- provides an objective client assessment that was designed to evaluate individual functioning within the six activity domains of
  - Cognition (e.g., understanding, communicating);
  - Mobility (e.g., moving, getting around);
  - Self-care (e.g., hygiene, dressing, eating, being alone);
  - Getting along (e.g., interacting with other people);
  - Life activities (e.g., home responsibilities, leisure, work, school); and
  - Participation (e.g., engagement in community activities; WHO, 2013b).

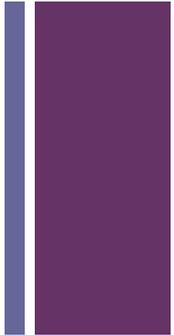


## Employment status and Physical Health (n=22)

Summary of Findings across Trajectories when compared to employed persons

	Employed	Unemployed	Job loss	Re-employed
Physical health (↑ = better)	↑	↓	↑ <sup>g</sup>	
Physical activity (↑ = better)	↑	↓		
Physical limitations (↓ = better)	↓	↑	↑	↓
Chronic disease (↓ = better)	↑ <sup>a,b</sup>	↑	↑	
Physical functioning (↑ = better)		↓	↓	↑
Perceived health (↑ = better)	↓ <sup>c</sup>	↓		↑
Functional health (↑ = better)	↓ <sup>b</sup>	↓		
Hospitalizations (↓ = better)	↑ <sup>d</sup>	↑ <sup>e</sup>		
Mortality (↓ = better)	↑ <sup>d</sup>	↑		
Biomarkers (↓ = better)		↑ <sup>f</sup>	↑ <sup>h</sup>	↓ <sup>i</sup>
Somatization (↓ = better)		↑	↑	↓

*Notes:* <sup>a</sup>overemployed; <sup>b</sup>underemployed; <sup>c</sup>part-time; <sup>d</sup>temporary; <sup>e</sup>stroke, self-harm (suicide attempt), alcohol-related diagnoses, injuries from traffic incidents; <sup>f</sup>decreased PHA and PPD lymphocyte reactivity, increased blood pressure and cortisol level; <sup>g</sup>voluntary; <sup>h</sup>increased blood pressure, decreased body weight; <sup>i</sup>decreased blood pressure, reduced weight gain, decreased cholesterol.





# HIV/AIDS & Employment Policy



- The 1973 Rehabilitation Act, the 1990 Americans with Disabilities Act, the Ticket to Work and Self-Sufficiency Program, and the National HIV/AIDS Strategy (NHAS), guided by federal policy.
- The significance of employment for PLWHA was further supported in July 2010 when the White House sponsored the first National HIV/AIDS Strategy (NHAS).
- Under the NHAS, “Step 3: Reduce stigma and discrimination against people living with HIV,” the Department of Labor (DOL),
  - the SSA,
  - the Department of Justice (DOJ), and
  - the Department of Health and Human Services (HHS) were directed to develop a joint initiative to assist PLWAH access income supports that include job skills and employment.