

AIDS-in-the-Workplace Project Final Report

**Prepared for the Canadian Working Group on HIV and
Rehabilitation (CWGHR) by the Canadian AIDS Society**

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I. Background

In 1990, the Canadian AIDS Society produced three documents under the rubric *ACT NOW: Managing HIV and AIDS in the Canadian Workplace* (Canadian AIDS Society, 1990), including a guide for managers, a manual for employee education and a booklet/handout with the basic facts about HIV/AIDS in the workplace. These materials focused mainly on educating employees, preventing discrimination and ensuring that people living with HIV/AIDS had access to appropriate disability and drug coverage.

Changing Workplace Needs

Since that time, treatment for HIV has changed dramatically, and people living with HIV/AIDS are more likely to stay in their jobs or want to return to work. However, because of their illness, they may need flexibility in work hours and tasks, and they may continue to have times when they are unable to work. Many people with HIV/AIDS are now interested in job accommodation, retraining and other workplace initiatives that can help them continue to work. These findings were confirmed in a CAS study, *Force for Change: Labour Force Participation for People Living With HIV/AIDS*. Published in 1998, that report highlighted the importance of return to work strategies, job accommodation and employment for people living with HIV/AIDS, and reinforced the need for new materials and a new focus for AIDS and the workplace initiatives.

While fear, discrimination and benefits are still issues in the workplace, effective workplace policies must also focus on workplace accommodations that will:

- create a flexible, supportive environment for employees living with HIV/AIDS to keep working and employers to continue to benefit from their skills and abilities
- help employees attract and keep skilled employees.

Because of the changes in the disease and in the work environment, AIDS and the workplace materials such as *Act Now!*, no longer meet employers' or employees' needs.

II. The Project

In 1999, the Canadian AIDS Society received funding from the Canadian Working Group on HIV and Rehabilitation for an AIDS-in-the-Workplace project designed to assess the workplace resources available, examine how companies are dealing with the issue now, and identify what companies need to be able to provide a supportive, flexible, HIV-friendly workplace. The project consisted of four tasks:

- prepare an inventory of similar materials in use within Canada and in other countries
- critique the *ACT NOW* materials
- conduct a needs assessment with employers to determine the workplace materials required
- prepare a detailed plan to develop and produce new AIDS-in-the-workplace resource materials.

Methodology

To complete the tasks, CAS used three different methodologies:

- an extensive **web-based inventory search** to identify similar materials in use in Canada and in other countries, particularly the United States, the United Kingdom and Australia. (See Appendix 1 for a list of the organizations identified, people contacted and the materials reviewed.)
- in-depth interviews** with a number of employers who have already developed HIV/AIDS in the workplace policies or programs about their own experiences and approaches
- detailed discussions** with a number of AIDS service organizations to understand their perspective on how employers in their service areas have responded to the changing workplace issues.

Several boxes of samples of workplace materials targeted at employers from various jurisdictions were collected. The inventory search/literature review looked at a broad range of information sources that could provide useful learnings, including:

- general workplace accommodation for chronic life threatening illness
- job accommodation for people with disabilities
- flexible work arrangements related to work-life balance
- occupational health and safety injury/return to work initiatives
- human rights policies and legislation.

A total of 16 employers were interviewed for the needs assessment (see Appendix B for the list of employers). They were selected because, based on background research, they were believed to have already developed and implemented workplace policies or programs on HIV/AIDS or on disability/illness management in general. The consultant expected that they would be able to speak from experience about the process employers go

through in putting policies or programs in place, and would be able to identify the kinds of information, advice and assistance that would be useful to other employers. Every effort was made, within the relatively small sample, to include a variety of industries and sectors, and a range of organizations by size. (Because of the difficulty of identifying small employers with HIV/AIDS policies or programs in place, the group is somewhat heavily weighted with larger organizations.)

Employers were asked specifically about:

1. the existence of written policies
2. the main elements of those policies
3. the catalyst for the AIDS policy/workplace initiatives
4. the department that led the process
5. any use of outside resources in developing workplace policies/initiatives
6. other initiatives (in addition to policies) to address AIDS in the workplace
7. how often the company has had to apply its policy
8. the company's experience with return-to-work issues
9. current AIDS in the workplace issues
10. job accommodation issues
11. advice they would give other employers
12. how CAS can help employers with workplace issues
13. preferred formats for materials
14. distribution/dissemination strategies.

(See Appendix C for a copy of the interview/discussion guide.)

Eight AIDS service organizations (ASOs) from different parts of Canada (see Appendix B) were contacted and asked about:

1. their involvement in workplace issues, including contact with employers
2. effective ways to approach/involve employers
3. key workplace issues to be addressed
4. the types and formats of support material that would be most useful.

Advisory Group

To guide the project, particularly in developing the questionnaire/discussion guide, assessing the findings of the needs assessment and developing the communication plan, CAS established a small advisory group. Members included:

Francois Bellemare, Canadian Airlines
Charles Black, Canadian Life and Health Insurance Association
Lorne Fox, BioChem Pharma
Brenda Jean Lycett, Motorola

Don Phaneuf, AIDS Committee of Toronto

III. Key Findings

1. Inventory Search/Literature Review

The Information

- An immense amount of material has been produced on AIDS and the Workplace issues, including a wide range of guides or manuals for employers. Much of that information is quite current and easily accessible on or through the Web for anyone skilled at internet searches.
- The materials vary considerably in their length. While some are brief, direct guides to the steps companies should take, others are extremely, long complex manuals.
- While a lot of material on HIV/AIDS in the workplace continues to focus on the education, discrimination and confidentiality issues, newer resources are putting more emphasis on job accommodation issues.
- Valuable information on job accommodation for people living with HIV/AIDS and for people with other illnesses/disabilities that could be applied to people with HIV is available from several sources, including the revised materials produced by the CDC (1998), the Job Accommodation Network (US) and the Multiple Sclerosis Society. (Of all the life-threatening illnesses, MS is perhaps the most similar to HIV, in that people have periods of remission and periods of more severe disability.)
- Information on flexible, family-friendly workplace policies may also be useful.

The Policy Development Process

- There is significantly more activity in the United States in HIV/workplace policies, and in other employment policies than in Canada. The US is also in the lead in terms of formal job accommodation initiatives for people with disabilities, people with chronic disabilities and human rights legislation. This appears to be because the United States has very specific legislation, the Americans with Disabilities Act (ADA), which includes people with HIV and which has been promoted actively and extensively across the country. Awareness of the need to have policies in place is extremely high. The legislation also includes monitoring and enforcement requirements (i.e., companies could face penalties if they do not comply with the legislation).

- Although Canadian and provincial human rights and disabilities legislation is very similar to that in the U.S., we do not have disability-specific legislation, nor do we have the same high level of awareness of the issues, or the same monitoring and enforcement requirements.
- The U.K. has taken a more centralized approach to promoting HIV/workplace policies. All materials are developed and distributed by the Global Business Council on HIV/AIDS, which is part of the National AIDS Trust. Materials include AIDS employment principles, an employer HIV & AIDS pack, as well as an awards program. This same organization is now working to develop similar materials for use in Europe.
- Although there were fewer specific materials on HIV and the workplace in use in Australia, that country makes extensive use of flexible work arrangements that appear to be extremely effective in accommodating the needs of people with HIV.
- A growing number of companies incorporate HIV/AIDS into a broader disease or disability policy, usually Policies on Employees with Disabilities, or Policies for Employees with Life-Threatening Illnesses – instead of having an HIV specific policy. This trend has advantages and disadvantages for people living with HIV/AIDS. By “normalizing” HIV/AIDS and treating it like other health concerns in the workplace, employers may help create a more supportive environment and can ensure that people with HIV/AIDS are treated the same as anyone else dealing with an illness. However, there is also the risk that a broader disability or disease-based policy may neglect other steps that have proven to be essential in an effective HIV/AIDS workplace policy – such as education of co-workers and some effort to address confidentiality and discrimination issues.
- Companies are recognizing the important link between workplace policies, employee benefits and associated policies and their ability to recruit and retain skilled employees. The current competitive labour market and the growing trend toward family-friendly workplaces/workplace policies may create an opportunity to “market” comparable supportive policies/job accommodation for people with HIV/AIDS as another way that employers can recruit and retain highly skilled, valuable employees.

Employer Attitudes/Readiness/Marketing

- Although there is an extensive amount of HIV/workplace/accommodation information available to employers, many companies do not see AIDS or accommodation this as an issue. Either they have not had an employee with HIV or they developed a policy 10 to 15 years ago, and see no particular need to change. There seems to be little awareness or understanding of the changes in the course of the disease, or the impact those changes could have on employees and employers.
- There is some indication that many companies will not develop, review or test existing policies or approaches until they have an employee who is HIV positive. Even companies that do have a policy in place may experience some difficulty implementing/using the policy for the first time. They may not understand that a policy alone is not enough and that they need an overall approach that helps them deal with HIV and all the related issues. (Australia has developed some very effective guidelines on an approach to implementing HIV-friendly policies and practices in the workplace.)
- Organizations attempting to work with employers to develop effective workplace policies note that it takes more than having the written policy in place to ensure the company can implement the policy effectively. Working one-to-one with a company appears to be more effective – particularly with smaller companies that may not have the resources or knowledge to research/develop/implement their own policies.
- The “marketing” of HIV workplace policies appears to be extremely important. Both the United States and the United Kingdom make effective use of company case studies to promote progressive HIV/AIDS workplace approaches and/or policies. HIV-friendly companies receive awards and recognition. Their “stories” are also featured in materials prepared on HIV/AIDS in the Workplace. The same approach is now being used in Ontario to promote progressive approaches to accommodating people with disabilities. This appears to be an effective “peer-based” method to communicate with companies. The publicity also provides a built-in incentive or reward for companies that develop strong policies on HIV in the workplace. This may also offer an organization, such as CAS, another way to build relationships with potential corporate donors.

Some work has also been done to evaluate the usefulness of the ACT NOW materials (task 2), and to survey some key community-based AIDS organizations in Canada to determine whether they have done any work to assess employers’ information/support needs (task 3). However, the results of this process are not yet complete.

2. The Employer Needs Assessment

Written Policies

Most of the employers contacted had written policies that covered HIV/AIDS. The majority have general disability or life-threatening illness policies, which include HIV/AIDS, rather than HIV/AIDS specific policies. (One of the rehabilitation specialists who works with a wide variety of companies noted that, from her experience, most employers do *not* have HIV/AIDS-specific policies.)

About half of the companies with general policies specifically mentioned HIV/AIDS as one of the disabilities or illnesses covered. Most of the employers with HIV/AIDS-specific policies also have a range of other policies that cover different aspects of the issue (e.g., discrimination, disability management, accommodations).

The employers that had written policies had made a conscious and clear decision about whether to create an HIV/AIDS-specific policy, or go the more general route.

Those who decided to have an AIDS-specific policy reported doing so for the following reasons:

- Because of the attention on the issue at the time (i.e., a landmark court case generated media attention).
- HIV/AIDS was a visible media issue at the time.
- The company saw the need for an AIDS-specific policy [as well as a general harassment policy] because of the specific accommodation policy issues at play.
- The company wanted to be very specific rather than bury HIV/AIDS in a general illness policy; and wanted to be totally up front about the issue.

The companies who chose to include HIV/AIDS in a general policy did so for the following reasons:

- They felt HIV/AIDS should be treated like any other illness.
- If they had a specific policy on HIV/AIDS, then they'd have to have a specific policy on Multiple Sclerosis and every other illness. The point is not to treat HIV/AIDS differently from any other chronic illness.
- All company policies are general and inclusive, and give examples of the types of disabilities and illnesses covered. This approach is more educational and inclusive, and helps educate people that AIDS is a disability, and avoids isolating HIV. It also underlines that AIDS falls under human rights legislation.
- It's artificial to create a policy around that one specific issue.

- It's the more respectful approach. [The issue of HIV/AIDS] has taken its rightful place in the mainstream.

One employer who had an active program on HIV/AIDS in the workplace, but had deliberately avoided creating a written policy, noted "I have more fear of people putting together a structured policy since [policies] sometimes don't leave enough flexibility for individual situations."

Main Policy Elements

The most frequently mentioned issues included in the written policies were:

- discrimination
- confidentiality/disclosure
- education/communication
- facts about HIV/AIDS (especially transmission)
- testing
- accommodation.

Some of the policies also included:

- general context (i.e., definitions, other policies)
- summary policy statement (i.e., one sentence)
- reference to relevant laws such as Human Rights Code
- disclosure
- right to work as long as health allows
- availability of counselling
- accidental exposure
- responsibilities of managers/supervisors
- responsibilities of employees
- co-worker issues (e.g., refusal to work)
- eligibility for benefits
- members of public/customers with HIV/AIDS.

The Catalyst for Involvement with HIV/AIDS in the Workplace

Nine of the 16 employers contacted could recall the year in which their policy was developed. With the exception of one employer, whose involvement dated from the early 1980's, the time when the companies became involved occurred over a 10-year period between the mid 1980s and mid 1990s: three employers developed their policies in the mid- to late-1980s, two in the early 1990s, and three in the mid-1990s.

For the majority of these employers, the catalyst for developing a workplace policy on HIV/AIDS was the high level of media attention being given to the issue at the time. Several employers noted that they wanted to respond to the hype, myth and misperceptions that characterized the media coverage, and one mentioned a highly publicized court decision involving another employer as the trigger. A couple of employers noted that their response to

media coverage came in the context of the company already having an active health promotion or employment equity program in place.

Two of the employers recognized the need for a policy when they were faced with an employee with HIV/AIDS. Two other employers were made aware of the need for a policy through their international parent company or trade association in either the U.S. or U.K., and decided to develop a Canadian approach.

Lead Department

In all 16 companies contacted, either the human resources department or the medical/health services area initiated the development of the policy. In some cases, it seemed to be due to the efforts of one individual in these departments who was personally convinced of the importance of having a policy.

Use of Outside Help/Resources

Because of staff changes and the time that had passed since the policies were first developed, most respondents found it difficult to recall which (if any) outside sources their companies contacted for help. In general, however, most employers did not appear to have sought out external support in any major way. Several noted that their main impression was that there were not any materials "out there" at the time. (This included employers who developed policies in the early and mid-1990s when *Act Now!* was available.) Two mentioned the lack of Canadian materials.

Three respondents used no outside sources, relying instead on in-house medical services. Most other respondents named one or two sources contacted for information, including local AIDS-service organizations, the company's U.S. head office, the Human Rights Commission, Health Canada information, municipal health services, provincial human resources area, provincial disease control, a physician, and a third party insurance provider.

Act Now! was mentioned by one of the rehabilitation specialists who said she thought it was an excellent document, and noted that she has used it as a resource in handling situations where AIDS was not the issue. While *Act Now!* was not mentioned by any other employers, one of the policy statements did reference it as a source.

Other Workplace Initiatives

When asked about other initiatives (in addition to a written policy), employers frequently mentioned having done staff education when the policy was first introduced. However, most employers had not done any additional education since that time.

Only one of the company's interviewed talked about regularly updating its policy, and that happened as a result of the international parent company periodically sending revised guidelines.

Two employers had moved to a third party provider approach (i.e., rehabilitation and/or medical services) since their policy was developed.

Experience Applying the Policy

Just over half of the employers interviewed reported that they had used their policy for situations involving an employee with HIV/AIDS, although most noted that the cases had been few in number. The remaining employers noted that they either had not had reason to use their policy with an employee with HIV/AIDS – or were not aware of any such cases. Several acknowledged that they may not be aware of all cases due to confidentiality provisions, or that they may have employees with HIV/AIDS who have not disclosed their status.

Experience with Return-to-Work

Most of the employers do not see employees with HIV/AIDS returning to work as an issue at this time. Only three employers mentioned having cases of employees with HIV/AIDS returning to work after a disability leave.

The two insurance company rehabilitation specialists provided a broader perspective on this issue based on their work with many clients and employers. Each had encountered rehabilitation/return-to-work cases involving people with HIV/AIDS, but noted that these cases represented a very small percentage of the total rehabilitation cases handled (one estimated 5 to 6%). They also noted, however, that due to the confidentiality associated with LTD cases, other employees may not know the cause of the person's illness. In some cases, employees do not want their status disclosed when they return-to-work so, even if the company has a policy, it doesn't come into play.

AIDS in the Workplace Issues Today

Employers who had policies on HIV/AIDS in the workplace were asked whether, in their experience, AIDS-related workplace issues had changed since they first developed their policies. Those who did not have a policy were asked what they saw as the current issues/needs.

Employer responses to this question were varied. Many said that HIV/AIDS is less of an issue for them now than it was in the past. Many felt that fear of HIV/AIDS had decreased, or that general knowledge and understanding had increased. This is not to say that they don't believe HIV/AIDS is still a serious

issue, but they feel that they have policies/programs in place to address the few, if any, cases that arise. Here are examples of what they said:

It hasn't been a major issue lately.

It's changed in that the hysteria is down, people are better informed – including the individuals with HIV/AIDS who are better informed about how to manage their own health.

Don't think it's an issue at all now – in terms of knowledge, acceptance, hiring, safety. Everything is confidential. Are likely employees with HIV/AIDS, but I may not know – and I don't need to know.

People are more knowledgeable and therefore more understanding. Although some people have fears, on the whole there is more understanding.

At the time [the policy was developed] information on modes of transmission was the main issue. Now, it's really a non-issue.

Co-workers haven't had the experience of [working with someone with AIDS] therefore I'm not sure what the issues are.

Had a real flurry of cases in the first five or six years. First, saw only white collar workers, then five or six years after that saw blue collar cases. Had to deal with a whole range of issues and emotions. It's been "pretty quiet recently." We're probably getting ready for the "2nd wave" -- those who have been on meds and staying well longer will begin to decline.

In contrast, a couple of respondents felt that fear and lack of information about HIV/AIDS was still an issue:

There's a fear out there. There's not information in general. People are still concerned about catching AIDS.

Mis-education is an issue. The public hears that people with HIV/AIDS are now living longer, and employers believe therefore that everything is fine and there's no management needed now! Need a better understanding about the current real situation – that there is some recovery of health status due to the meds – but that it's not a miracle, it's not a cure. The individual will still go up and down. These details are missed. And there's still fear.

One respondent felt that activism within the HIV/AIDS community had grown stronger in recent years: something they felt was a barrier to working with the individual employee to resolve a workplace situation.

The AIDS community is extremely well-organized – [there is] a tremendous amount of community advocacy¼ Community activists have high expectations in terms of accommodations and benefits. In cases you tend to deal more with the AIDS activists than with the individual employee.

Several respondents noted that HIV/AIDS return-to-work situations create a whole new set of issues which employers are not adequately prepared to deal with:

Whole new set of issues if employee [with HIV/AIDS] returns -- co-workers who had grieved for the employee when they left now wonder how long it will last, feel anger.

There's a lack of understanding among employers on the issues to be addressed in managing return-to-work for people with HIV/AIDS. For example, the individual must have their medications exactly at 11:00 – can't delay by half an hour. Supervisors don't have the information [and] don't understand what the implications of this are. And the individuals returning to work are reluctant to have to do this education themselves. There's a lot of fear felt by clients with HIV/AIDS – concern they're going to jeopardize their situation by going back to work – therefore there's a need for a lot of counselling and support to help with the whole change in mindset that they experience.

Each case is different. The easiest to deal with are recovery from operations or accidents where it's simply a matter of bones healing. Other stuff is more difficult. For example, bringing workers back can cause difficult situations with co-workers. There can be tension as co-workers had to pick up work while employee was on disability leave. If someone is off for a physical disability (e.g., accident) this is less of a problem than if someone is off for stress. Co-workers feel "I'm stressed too." I think that an individual with HIV/AIDS who is returning to work may have these kinds of difficulties.

Other respondents talked about employers' approaches to return-to-work and disability management in general, particularly in an environment where competition and productivity are key pressures.

Most employers are probably not ready to deal with return-to-work situations. And this might be worse now than in the past due to the

pressures for productivity and doing more for less. Employers may be more reluctant to accommodate.

A perception still exists, especially among small employers, that people go on health care leave because they want time off – not because they need it – a perception that ‘they’re using the system’.

There is more pressure now on employers in disability management in general. Organizations are still reeling from the early 1990s. Competition is very stiff out there and the dollar tends to be the #1 priority. [¼] a strong sense of feeling increasingly caught between the need and desire to respond to employees and to accommodate them, and pressures to keep costs down.

Accommodation Issues

While only some of the respondents had direct experience accommodating people with HIV/AIDS, others were able to provide information based on their experience accommodating employees with injuries, disabilities and other chronic illnesses.

Several employers could identify examples of HIV/AIDS-appropriate accommodations. Others were not aware of any specific accommodation needs for individuals with HIV/AIDS. In general, most responses indicated an awareness of the individual nature of accommodations and a willingness to work with the individual and situation to find a solution. For example:

Fatigue is the main reason for HIV+ employees eventually leaving work.

There are no accommodations specific to people with AIDS – maybe flexible times to go to appointments.

Have had several cases that did include accommodating employees [with HIV/AIDS] within their jobs if possible, or in other areas “depending on the spaces being available for accommodating them”.

Two employees with HIV/AIDS have come back to work. No physical accommodations have been required. Occasionally have done some education of staff who are aware of employee’s condition – education to address some misconceptions.

Accommodations are provided as needed (e.g., maintaining doctor’s appointments, need to have treatment at certain times of the day). The physical nature of the jobs means that returning employees [with HIV/AIDS] can’t come back to their ordinary jobs. This is an issue that is hard for the company to address.

Accommodations for HIV/AIDS have involved lab situations where accidental transmission is a risk. In these cases, transfer to another area is possible. Haven't yet seen return-to-work situations, but if such a situation came up and if a position was available, we would accommodate – for example, part-time or whatever worked for the employee.

We have an early return-to-work program. Only aware of one HIV/AIDS case. For example, someone with a chronic illness (e.g., someone going through chemotherapy) may not be able to do full-time, but could work part-time. Sometimes individual wants to be back and even if they didn't actually do much work, it helps them psychologically. Accommodations vary – it involves working with the individuals and with what works in each situation. May be fewer jobs that might serve to accommodate special needs due to changing technology – it's more of a challenge for employers to find accommodating positions.

For accommodations for employees remaining at work, the two most common situations are: situations where accidental transmission may occur involve using universal precautions or transferring the individual to another area; situations where individual cannot work for long shifts involve using flexible shifts. In any case accommodations require one-off solutions – job and person-specific.

However, several respondents mentioned the increasing challenges to accommodating employees, brought on mostly by financial and workload pressures:

Have had situations with managers screaming at me that they had no budgets left to accommodate this, and co-workers coming to me in tears that they can't handle the additional workload.

Can be difficult to accommodate employees returning to work. "What do we do? How do we manage when someone is having a difficult week? If you don't know if the person's going to have a good day or bad day, who picks up on that? How do you manage the other workers [in this situation]?" I can't have someone who works in the mailroom or on reception who doesn't know day-to-day if they will be in. I have to have a person in these jobs every day."

How to handle the budget for accommodations is an issue. If accommodation comes from the individual department's budget, managers will see hiring a disabled person as an added expense. If each department contributes to a pool, managers will resent having department dollars going to another department. This is the hardest issue to be worked out.

Advice for Other Employers

When asked, based on their experience, for advice to give to other companies developing AIDS in the workplace policies, respondents stressed the need for buy-in when developing the policy. Several noted that getting senior management buy-in was the most difficult part of their own process. Their advice included:

Be clear on why you're developing the policy. The issue is to be proactive rather than reactive. From an employer's perspective it's better than trying to respond in an atmosphere of hysteria once a situation develops.

You need to know your own workplace. Look at your own benefits program objectively – be upfront about what you cover and what you don't.

Have to educate senior management about what to expect and what an employer's responsibilities are.

Get senior management buy-in. Show them it's a business risk, not a health risk – show them the consequences of not responding.

Need to do education of front-line workers. A policy on paper is not enough. You need to take the policy "down the line" and get commitment. Educate front-line workers and managers on the policy and what to do if a case arises. Emphasize that "you're not going to need it tomorrow, but when you do need it you'll know what to do."

Staff should know where the organization stands, and what to do when a situation arises. It's important that people understand the process they should be following – including fulfilling legal and human rights responsibilities and managing the situation from a business perspective to minimize risk to business (e.g., If public becomes aware that a front-line employee has HIV/AIDS, it may become an issue due to perceived risk.)

Other advice related to the *content or implementation* of the policy and stressed the need to educate staff on the basic facts about HIV/AIDS (e.g., modes of transmission), to maintain confidentiality; and to have access to objective medical advice (for those with no in-house medical services).

Key is educating the people who are going to use the policy about the basic facts (i.e., fear of catching AIDS).

Develop a communications piece for managers since you will run into people who are not comfortable – education is still needed regarding fears about the transmission of AIDS.

Confidentiality is paramount for any chronic illness. Ensure that all illnesses are treated equally under your benefits plan.

Don't do general AIDS education if there's an HIV+ employee off on disability from that work group unless you have that individual's permission. Others may start to guess and then confidentiality is broken.

Have a knowledgeable health centre to consult on medical aspects.

Use a third party provider – “it's money well spent.” Since it's difficult for human resources person to determine what is individual's actual medical condition and needs¼ Third party provider can do assessment using their medical personnel, and can help to identify solutions.

Need someone in human resources area with a good understanding of how to coordinate the workplace response (i.e., integrating both the health and job accommodation aspects).

CAS's role

When asked how an organization like the Canadian AIDS Society can supply employers in developing effective workplace policies, respondents noted that human resource practitioners often feel isolated and under pressure, and would welcome practical information on topics such as transmission, treatment/medical aspects of the illness, the legal perspective, drug coverage in employer disability plans, and types of appropriate accommodations.

For Human Resource practitioners, provide access to on-line FAQs (web provides 24/7 access). For HR and employers, information from a credible source like CAS would be useful on such topics as: occupational risks of transmission; understanding of legal perspective (i.e., you can't treat employees differently); importance of making sure that disability plans cover the cost of HIV drug treatments.

Provide solid scientific facts and research findings [for human resource contacts], since when you're trying to sell something [to management] using facts sells better.

Would love to have information on: how do I accommodate employees without increasing head count, help with [understanding] what the laws

state regarding workplace standards and safety to make sure company is not discriminating – and how to balance this with business pressures, and once an employee's been out for a while how do I bring them back (i.e., how to deal with the cost of accommodation and with co-worker tension).

There are always new medications being developed, which have not necessarily been approved for payment under an employer's extended health care benefits. Employers don't have time to research these treatments that are newly discovered, so if an employee requests coverage for the latest treatment, the employer has no way of ascertaining the treatment's legitimacy. [CAS could provide] a periodic publication providing updates on the latest treatments.

The companies interviewed also suggested providing human resources staff with support on the level of managing the issue including: identifying “best practices”, providing a template or model of an ideal policy, developing examples of actual employer approaches or preparing generic scenarios that covered typical situations employers might encounter (i.e., what to do when an employee discloses, how to handle co-worker reactions in return-to-work situations).

Provide some kind of template for putting a policy together – to identify aspects employers need to consider (e.g., impacts on benefits plans).

Case studies may be useful in helping to sell senior management on concept – if kept short! Information for managers on how to deal with various situations of people working with HIV/AIDS – any accommodations specific to people with AIDS.

Create choices for employers. Create tools that help employers manage the situations that come up. These don't have to be actual case studies – could be generic scenarios. For example: “Joe works in a retail grocery store. He goes into his supervisor's office one day and confides that he is HIV positive ¼.” This approach could be especially useful for small employers that perhaps feel their hands are tied in dealing with this and perhaps see no option but to let the person go, not understanding the implications. This approach gives them options.

Several employers suggested that CAS provide information on available references and sources of help – including letting employers know about CAS itself.

CAS could keep a list of employers with work-friendly policies – perhaps set up a website with hyperlinks to these employers (would help companies increase applicant pool vis-à-vis their competition).

Also helpful would be to include any references or contacts that could be helpful. Many, especially small, employers have no one to answer their questions.

Employers would have to be aware of CAS in order to seek help.

Respondents also suggested that CAS provide educational material suitable for distribution to line managers and other employees that addressed such issues as facts and fears. While most comments related to written or web-based materials, a couple of employers thought that providing speakers for information sessions would also be helpful. In addition, the companies talked about the importance of educating or communicating to senior management – especially on why a policy is important.

Undertake education and work to increase understanding of issues, including co-worker/employee education addressing fears of catching AIDS. Having speakers who could come out to “Lunch and Learn” sessions.

Have team/counsellor available that could go into a workplace to give an information session, either to management or co-workers depending on the situation.

Recommended Formats for Materials

All companies stressed that, when preparing any materials, keep it short! Anything long won't be read. Materials should be succinct, simple and non-technical, with to-the-point information. This is especially true for materials targeted at employees or senior management. More detail is acceptable, and possibly useful, for materials geared to human resource practitioners.

The people interviewed recommended some print production (e.g., flyers, pamphlets and booklets), but noted that more companies are now distributing information to their employees electronically and would want access to information on-line.

Should be brief – anything more than a few pages doesn't get read.

Use a flyer or pamphlet of a size that could fit in a regular envelope to distribute with payroll.

For human resource practitioners having on-line FAQs provides 24/7 accessibility.

Act Now! is a good format. I like how the information is broken down into sections. It's not technical – no jargon – so you don't have to be in the industry to understand it. While it likely works for both parties, it probably leans heavily to the human resource person, rather than to a supervisor.

Accessibility of information is the key. Use a variety of formats: hand out hard copies; have information to post on bulletin boards; on-line is fast and easy to distribute – either as a whole or to incorporate sections into the company's own material.

Format depends on size of organization. In medium or large organizations, human resource people could develop own tools if CAS provided raw information. Smaller companies would probably appreciate actual written materials or tools that they could use directly.

Depends on who you're trying to reach. For EAP staff or disability managers you can provide more details, more depth – they're hungry for information. For line managers, it's more a matter of sending out a one-pager – people are so inundated with information it's a matter of getting some brief information into their hands that they can put to use.

Distribution/Dissemination Strategies

The companies interviewed generally agreed that the best point of contact with larger companies is through the human resources department, or through employee assistance programs or medical/health services (when they exist). In smaller companies that do not have human resources departments, these functions are usually handled by the person responsible for payroll. Although it is important to reach senior management, the companies recommended working through human resources to reach the top rather than contacting senior management directly.

Through HR is the best contact route into the company for CAS, or through unions.

It's difficult to reach small employers – especially for smaller organizations with no HR department. Often, payroll has this responsibility.

Employers tend to rely on medical directors for information.

Get information to executive team since you need to convince them of the need for a policy. But work through Occupational Health Department to reach top management.

CEO is probably going to ignore it – not from lack of interest, but because they get too much information. Human Resources is the appropriate contact point. Or EAP or Medical Director, if these exist.

Respondents were doubtful that having CAS mail information directly to employers would be an effective approach on its own. Nor were they convinced that employers would seek information on their own accord. They made a number of suggestions about ways to reach employers through human resource conferences, industry periodicals or working with other organizations. They warned that small organizations would be particularly hard to reach using traditional methods.

Does CAS attend human resource conferences? Job bank events? [It's important] to expose information to employers in a variety of venues, since I'm not sure how many employers will actually seek out this information for themselves. CAS guide could be distributed at HR conferences – they could be available on resource tables. For example, CLHIA has an annual conference. Education could be useful even within the claims departments of the insurance companies.

Could also use existing human resource newsletters as a communication vehicle to let employers know about CAS – like Benefits Canada.

We're too small for [having] our own workshop, but if CAS was putting on some event, I could send some employees.

[Small organizations] are not going to use the web, mailouts don't work, they don't have time to go to workshops. Try going through local Chambers of Commerce, the Canadian Federation of Independent Business or the WCB (since most small companies are clients).

Link up with Human Rights Commission material.

Might also target the universities where courses for human resources are provided to connect and convey information at that point.

3. Discussions with AIDS Service Organizations

ASO Involvement in Workplace Issues

Most of the ASOs contacted have focused mainly on providing support for people living with HIV/AIDS, particularly in the areas of housing, counselling, and information on income support. Some have begun to address the return-to-work issue by giving individual clients information and advice on re-training, employment/job search counselling and the effect that returning to work will have on their disability benefits. In most cases, ASOs' contact with employers on workplace issues has been restricted to finding placements for individuals with HIV/AIDS who wish to return-to-work.

Three of the ASOs contacted (AIDS Vancouver, AIDS Calgary and COCQ-sida) have some kind of training program for employers on AIDS in the workplace policies/approaches that goes beyond finding job placements. A fourth ASO (AIDS New Brunswick) has some limited involvement in raising employer awareness on the need for policies. In general, ASOs have received very few inquiries from employers for information on managing AIDS in the workplace. The few inquiries that have been received are usually from employers concerned about workplace exposure of employees (e.g., health and hospitality workers, parks and recreation workers).

There appears to be an overall lack of awareness among most ASOs of employer activity within their own service area. For most of the ASOs there is also little to no contact with employers at a policy/program level – beyond contact to generate job placements. Almost all of the ASOs were unable to name any “HIV-friendly” employers in their service areas that had existing policies or were otherwise “good” employers of people living with HIV/AIDS. The few employers that were mentioned as having good approaches were almost all in the public sector (e.g., federal, provincial and municipal governments, universities).

Possible Approaches to Employers

The ASOs that had some involvement with employers on workplace issues suggested a number of ways to approach employers and persuade them of the value of developing appropriate policies and supports. These included:

- focusing on the benefits to employers of hiring people with HIV/AIDS through job placements
- approaching the issue through the broader context of disability management or infection control

The following are examples of comments/suggestions:

Approach “HIV-friendly” employers to find placements for clients, emphasizing the clients’ competitive skills and encouraging employers to hire them.

Federally regulated employers, which fall under employment equity guidelines, are looking for employees who qualify as disabled under the guidelines. Placements for people with HIV/AIDS can be generated using this approach.

It may be more effective to approach the issue through providing support and information to individuals with HIV/AIDS or through employment counselors.

The issue of having a policy often “doesn’t come up” in our approaches to employers regarding job placements.

Approaching employers from the broader context of disability or infectious disease management is more effective.

Where the employer deals with situations of possible exposure of its employees, reference to infection control, liability and universal precautions is effective. For example, I point out to employers that since 1/2 to 1/3 of people with HIV/AIDS don’t know they have it, an employer that doesn’t use universal precautions is putting its front-line workers at risk.

We used to gather sample policies to distribute, but these became out-of-date. Now I offer to take a look at a company’s policy and offer suggestions or advice.

Key Workplace Issues

When asked about the key issues in the workplace, the ASO respondents’ most frequently cited need was to raise awareness among employers that this is an important issue. Several ASOs also stressed that having a policy alone is not enough – the policy must be part of a more comprehensive on-going approach.

Key need seems to be raising awareness among employers that this is an issue; to convince them of the need to develop a policy.

It’s important to persuade workplaces that this is an important issue – for employers and for society. And that employee training is needed.

A key need in this area is to raise awareness among employers that this is an issue (i.e., 25 large corporations in Calgary contacted – all were sure AIDS in the workplace wasn’t an issue).

There needs to be an ongoing process of education and awareness in the workplace – even if it's just a poster that's visible all the time – so that the issue is always present. Many individuals with HIV/AIDS who leave work or who return-to-work, do so without disclosing to their employer – so employer may have had instances of employees with HIV/AIDS and not be aware of it.

Raising awareness and understanding among employers that there are qualified candidates available to fill the jobs.

Accommodation issues once back at work, in particular part-time, flextime (e.g., time to go to doctor's appointments), less stressful job situations.

Many workplaces are not ready to write policies. There's a need for training on how to develop an approach. ASOs lack the resources to provide adequate training.

Some workplaces have policies, but these policies are not really put fully into place. It's important to have ongoing contact with the companies over the development and implementation of a policy.

Benefits of comprehensive policy approach (i.e., a disability or life-threatening illness policy) versus concern that particular issues of fear and disclosure that are associated with HIV/AIDS won't be adequately addressed.

Distribution of material is important. Has visions of a revised guide just sitting in the ASOs' offices. Having the materials is not enough – “if we could get these into people's hands”.

Recommended Types and Formats of Material

None of the ASOs mentioned using *ACT Now!* as a resource¹. The Canadian Public Health Association brochure, the IAM Cares pamphlets and the COCQ-sida booklet were each mentioned once. Two ASOs (COCQ-sida and AIDS Vancouver) have developed their own workplace material.

The ASOs suggested that the following type and formats of support material would be most helpful in working with employers:

The shorter the better.

Series of related fact sheets (lots of white space, bullet points) for accessibility of information; supplemented by a larger report for those who want more detail.

Pamphlets are better than a longer guide since the key need is to raise awareness that this is an issue.

COCQ-sida guide is excellent since it covers key elements: background on HIV/AIDS; universal precautions; realistic risk levels; education strategies for all employees. Also, although guide is 16 pages and contains quite a bit of information, it's still a good size and seems accessible. Sees it as a good piece for pick-up from tables/displays.

Do a "blitz" with a 3-4 page brochure with main points in bullets; include self-addressed, stamped envelope for more information.

¹ The consultant would like to note one significant limitation to the research methodology. The responses reflect the experience of one or two current employees in the ASOs. Over the past 15 years, there will likely have been significant turnover of ASO staff. Those who were working in ASOs in the late 1980s and early 1990s, when workplace issues were first being addressed, may have been more active in this field and may have made more extensive use of *Act Now!* materials. As the *Act Now!* materials are now 10 years old, recent employees may not be familiar with them.

IV. Summary and Implications

Based on the findings, CAS identified the following implications that must be taken into account in any future AIDS and the Workplace initiatives.

□ **Attitude: employers don't see HIV/AIDS as a major issue in the workplace today.**

The most striking need is getting employers to recognize that HIV/AIDS in the workplace is still an issue. Many employers do not consider HIV/AIDS as urgent as it was in the 1980s and early 1990s. Those who developed policy statements a number of years ago have not revised their policies or done any recent communications or education of staff. In general, Canadian employers have encountered very few cases of employees with HIV/AIDS compared to the number with other types of disabilities and illnesses. Most employers feel they have an adequate program in place to handle the few, if any, cases of HIV that will arise.

□ **Responsibility: the responsibility for HIV/AIDS in the workplace is fragmented into specialties, making management of an overall "approach" difficult.**

In large organizations, responsibility for HIV/AIDS may be spread over human resource personnel in a variety of specialist areas such as occupational health and safety, medical services, employee assistance programs, benefits managers, diversity or employment equity. This makes it difficult to identify one individual responsible for the overall management of the company's approach to HIV/AIDS in the workplace. In some of the companies interviewed, senior human resource personnel did not seem to see the connection between their organization's disability management programs and the issue of managing AIDS in the workplace. This situation has implications both for identifying appropriate target contacts for CAS materials and for co-ordinating the various programs/supports that should be available for employees living with HIV.

□ **Perception: some employers are defensive or uncomfortable talking about their approach to HIV/AIDS.**

During the needs assessment, it was often difficult to get employers to agree to be interviewed about their policies and program. Employers seemed to be somewhat defensive about their approaches to managing HIV/AIDS or concerned that their policies would be criticized or "judged" – even when they had solid disability management programs already in place. They seemed to see the Canadian AIDS Society and the HIV community as critics rather than resources in this field. The content and approach of AIDS-in-the-Workplace resources/communications should take this perception into account.

□ **Knowledge: employers need to be made aware of the external support that is already available for AIDS-in-the-Workplace initiatives.**

Employers, for the most part, do not seek out outside help in developing policies, and do not seem aware of where to look for information or who to ask for help. Given that the inventory search identified an immense amount of material relevant to HIV/AIDS in the workplace – most easily available for downloading from the web – a key strategy must be informing employers about this information and where to find it. In particular, employers said they are particularly interested in having links to Canadian information and contacts.

- **Targeted information: employers information needs vary considerably depending on their experience with AIDS and the workplace issues, and employers want access to the right type of information to meet their needs.**

Employers vary greatly in terms of their knowledge and understanding of HIV/AIDS in the workplace issues. Many, like most of the respondents to this study, already have programs in place, but many of those policies focus solely on preventing discrimination and providing access to disability benefits, and do not include job accommodation and other measures to help people living with HIV/AIDS remain in or return to the workforce. These companies could use updated information on the treatments that now allow people living with HIV/AIDS to continue to work, the impact the illness can have on the employee's ability to work (e.g., fatigue, drug regimens, doctors' appointments), HIV/AIDS-specific accommodation and return-to-work needs, and a reminder of the importance of ongoing staff education. Other employers, particularly smaller organizations, may need information on more fundamental topics such as why HIV/AIDS policies are important, human rights links, and fears and misconceptions about HIV/AIDS. Needs for information also vary by target audience. Human resource practitioners and medical services staff need different information than general staff and senior management.

- **Format: support materials should be brief, targeted to specific audiences, and available in a variety of formats.**

One AIDS in the workplace piece will not meet all the information needs. The Canadian AIDS Society needs to develop different types of information in different formats. In general, support materials should be brief and to the point, or they won't be read. The format and amount of detail in resource materials should depend on the target audience and purpose of the material (e.g., a guide for human resource practitioners on how to develop a policy versus something to convince senior management about the importance of developing a policy in the first place). Web-based information should be considered as both an effective format (summary of key points with hyperlinks to greater detail on each) and distribution method.

- **Distribution: if the materials are to have a positive impact, the Canadian AIDS Society must develop and implement a comprehensive distribution and communications strategy.**

Given past experience with workplace policies, simply preparing a publication and doing a mailing to employers is probably not adequate. The Canadian AIDS Society should develop a distribution/communications strategy/plan designed to ensure that the information reaches employers (and the appropriate staff contacts within the organization) and is actually used by them.

□ **Strategic Partnerships: the development of strategic partnerships would help to increase the reach and use of the revised materials.**

In distributing its revised materials, the Canadian AIDS Society may find it more effective to work collaboratively with one or more organizations known to employers. In the U.S., for example, the Center for Disease Control is a key source of information for employers and provides links to AIDS-specific organizations. The National AIDS Fund has collaborated with the U.S. Society of Human Resource Professionals to put a guide to AIDS in the workplace on the Society's website. CAS may wish to explore the potential for similar partnerships with Canadian organizations such as human rights commissions, human resource professional associations, industry associations, the Conference Board of Canada, public health bodies, JAN Canada, and others.

V. Recommendations and Next Steps

The CAS review of existing workplace materials revealed that an immense amount of material has been produced on AIDS and the workplace issues. Much of that information is quite current, and is easily accessible on or through the Web for anyone skilled at internet searches. The materials vary considerably in their length. While some are brief, direct guides to the steps companies should take, others are extremely, long complex manuals. While a lot of material on HIV/AIDS in the workplace continues to focus on the education, discrimination and confidentiality issues, newer resources are recognizing the change in the course of the illness, and putting more emphasis on job accommodation issues. Valuable information on job accommodation for people living with HIV/AIDS and for people with other illnesses/disabilities that could be applied to people with HIV is available from several sources.

Despite the amount of AIDS and the workplace materials available, few employers are aware of it or are using these resources. Companies that have policies have not updated them since they were developed (mid 1980s to mid 1990s), and there is a growing perception among employers (particularly senior management) that AIDS is not an issue. Most of the existing policies focus on issues of discrimination, fear and confidentiality, and on ensuring employees with HIV have access to disability/drug benefits. Most do not address the growing issue of accommodating employees with HIV/AIDS who continue to work through their treatments, or those who have recovered health and strength and are returning to work.

Based on the results of the literature review, and the findings of the needs assessment, the Canadian AIDS Society proposes the following next steps in an effective HIV/AIDS in the Workplace initiative.

Aims and Objectives

The main aim is to contribute to the quality of life of people living with HIV/AIDS by helping employers create flexible, supportive workplaces that recognize and can accommodate the needs of people living with HIV/AIDS who want to continue working or to return to work.

The project should not to duplicate AIDS-and-the-Workplace materials that already exist, but provide the environment/support that will encourage employers to make use of available resources.

The project's objectives would be to:

- develop strategic partnerships with organizations that can help to promote flexible, creative workplace solutions for people living with HIV/AIDS
- raise the public profile of HIV/AIDS in the workplace issues so employers will be more likely to see the value, benefits and importance of HIV-friendly policies
- recognize employers who are leaders in this field, and use them to encourage their peers to take similar steps
- position the Canadian AIDS Society and its member organizations as a knowledgeable, approachable resource on AIDS-and-the-workplace/ accommodation issues
- identify excellent resources and materials already available, and help employers make the link to those resources
- organize AIDS-in-the-Workplace information into a more readily usable form
- evaluate the impact of project materials on employers' approach to AIDS-in-the-Workplace policies and/or general disability policies.

Project Description

The project would involve creating a series of supports and partnerships designed to promote and encourage HIV-friendly workplaces. It would recognize that employers now need policies that cover a broader range of workplace issues (than in the 1980s and 1990s), from confidentiality and discrimination to rehabilitation and job accommodation. The project would be divided into four phases:

Phase I – Partnership Development

This phase would include:

1. Identifying key strategic partners – such as Human Resource Professionals Associations (HRPAC), the Chamber of Commerce, Job Accommodation Network (JAN) Canada, organizations representing entrepreneurial businesses – who will partner with CAS to encourage/assist employers in developing flexible and creative workplace policies/solutions for people living with HIV/AIDS.

2. Working with strategic partners to identify priorities, appropriate information/resources, and effective strategies to target employers, and meet the needs of large, medium and small businesses.
3. Working with strategic partners to ensure the information developed or recommended is useful.
4. Working with strategic partners to develop an effective marketing and distribution strategy.

Phase II – Materials Preparation and Production

This phase would include:

1. Developing a short pamphlet, targeted to senior managers, on why the issue of AIDS-in-the-Workplace is important, why their company should have a progressive, recent policy in place (either an AIDS specific policy or as part of a larger policy on disability), and the benefits for employers of having AIDS-friendly policies.
2. Developing a list of existing AIDS-in-the-Workplace resources for use by human resources staff.
3. Developing a series of pamphlets/booklets on different AIDS-in-the-Workplace topics (e.g., developing a policy, updating your AIDS workplace policy/approach, integrating HIV/AIDS into broader illness, disability and rehabilitation policies, training, accommodation, latest findings/treatments), using a case study approach which will show how policies can be applied, and demonstrate the value of initiating and developing effective HIV/AIDS workplace policies.
4. Developing web-based information on AIDS-and-the-Workplace, including sample policies, guides to developing education and training programs, and an overview of issues important to employers, with links to other useful sites.
5. Market testing all these materials with a number of employers before final production.

Phase III – Marketing and Public Relations

This phase would include:

1. Implementing the marketing/distribution strategy developed by the strategic partners.

2. Developing an awards program for employers with flexible, HIV-friendly workplace policies , which will acknowledge/reward companies that are dealing with the issue and help position the Canadian AIDS Society (and its member organizations) as a positive resource, rather than a critic.
3. Preparing articles to be submitted to business publications based on the awards program, which would highlight Canadian companies that are leaders in AIDS-in-the-Workplace policies, reinforce the importance of the issue, and position the Canadian AIDS Society and its member organizations as resources for employers.
4. Submitting articles on AIDS-in-the-Workplace policy and accommodation issues to periodicals such as *Benefits Canada*.
5. Working with strategic partners to ensure that the AIDS-in-the-Workplace issue and resources have a presence at human resource conferences, and other appropriate venues.

Phase IV – Evaluation

This phase would include:

1. Developing a feedback/evaluation form that can be included with the resource materials.
2. Developing on the CAS web site a feedback/evaluation form, and a mechanism to track the number of hits and the materials that are downloaded.
3. Working with CAS members and the National AIDS Clearinghouse to develop a mechanism to track requests for the materials and to follow up with employers to assess their usefulness.

Project Management

The project would be guided by a small advisory committee made up of:

- people living with HIV/AIDS who have had direct experience with workplace issues, including accommodation
- representatives of AIDS service organizations, who will be delivering the project materials/supports to employers
- human resource professionals who already have or are developing either AIDS-specific policies or general disability policies that include HIV/AIDS

- organizations, such as the Job Accommodation Network (JAN) Canada that have expertise in job accommodation and disability issues.

By promoting HIV-friendly policies and job accommodations, the project will encourage progressive changes in the workplace that will benefit people living with HIV/AIDS and will provide the link between rehabilitation and the workplace.

VI. Conclusion

The workplace issues facing people living with HIV/AIDS and their employers have changed significantly over the past 15 years. While fear and discrimination in the workplace and the need for education must still be addressed, more attention must be given to developing HIV-friendly workplaces that are flexible enough to accommodate the changing needs of people with HIV/AIDS.

Greater flexibility and more job accommodation will not just benefit employees. Progressive workplace policies will also help employers attract and keep skilled employees.

In developing effective AIDS and the workplace initiatives, organizations such as CAS must deal with two major barriers: the sense that AIDS is no longer an issue and the perception that community-based AIDS organizations are only advocates for people living with HIV and do not have anything to offer employers and the business community.

CAS's primary goal is to improve the quality of life for people living with HIV/AIDS. The most effective way to do that may be to develop effective working partnerships with key, credible organizations that can help CAS shape and influence workplace policies. Simply printing materials or preparing new guidelines will not be enough. The need for and benefits of HIV-friendly workplace policies – for both employees and employers -- must be carefully and continuously marketed. CAS must find effective ways to get the message to senior managers and to the individuals within business responsible for human resources.

Appendix B: Interview List

List of Employers Interviewed

- Air Canada
Dr. Claude Thibeault
- Alcan Aluminum Ltd.
Dr. Stephen Martin, Director, Occupational Health
- Atlantis Systems International
Jennifer Paula, Employment Equity Coordinator
- Bank of Montreal
Katie Isbister, Manager, Employee Assistance Program
Robbi Howlett, Manager, Occupational Health Services
- City of Calgary
Jerry Christensen, HR Consultant, Health, Safety & Wellness Group
- Glaxo Wellcome
Jaye O'Keefe, Manager, Health Services
- IBM Canada Ltd
Dr. Rick Mackenzie, Medical Director
- Levis Strauss & Co (Canada) Inc.
Dorothy Gust, Human Resources Generalist (resp. for disability mgt.)
- Loblaws Companies (Limited) Canada
Robert Rochon, Director of Human Resources Development
Dr. Paul Tepperman, Kings Health Services (former Director of Medical Services)
- Manulife Financial
Linda Krige, Director of National Rehabilitation Department
- Motorola Canada Ltd.
Brenda Jean Lycett, Manager, Workplace Diversity
- Ontario Office of the Ombudsman
Joyce Leonard, Human Resources Coordinator
- Polaroid Canada Inc.
Susanne Roberts, Payroll
- Purolator Courier Ltd, Toronto Region
Stuart McDonald, Senior HR Consultant
- Sun Life Assurance Company of Canada
Karen Brunsch, Manager of Return-to-Work Rehabilitation Policy

- Telus Corporation
Sharon Blaney, Director of Health Services

List of AIDS-Service Organizations Interviewed

- AIDS Calgary
Jo Wood, Information and Training
- AIDS Coalition of Nova Scotia
Ned McGuinness, Training Coordinator
- AIDS Committee of Toronto
Don Phaneuf
- AIDS New Brunswick
Claude Olivier, Executive Director
- AIDS Vancouver
Michael Vonn, Training Institute
- BC People with AIDS
Steven Macdonald, Member and Volunteer Services
- COCQ-SIDA
Lina Racine
- March of Dimes, Ottawa Chapter, AIDS Program
Christine Villeneuve, Manager of Pilot Project

Appendix 3: Employer Interview Guide

Introduction

CAS is updating a guide it produced in 1990 to help employers manage HIV/AIDS in the workplace. Update is needed to incorporate any changing issues/needs of employers since that time – for example, the increase in people with AIDS who are able to remain at work longer, or to return to work.

Currently speaking with a number of companies/employers who have undertaken activities in the area of AIDS in the workplace about their own experiences and approaches. This will help us identify the kind of information, advice and assistance that CAS could be providing through its revised guide to best help other employers.

The Employer's Approach

Refer to what's known about this employer.

i.e. "Your company was profiled in the CDC materials as a model employer with a policy on AIDS in the workplace.."

Please briefly describe the key components of your company's approach to managing AIDS in the workplace.

Do you have a written policy?

If yes, is it HIV/AIDS-specific or a more general disability/life-threatening illness policy? (If the latter, is HIV/AIDS mentioned in the policy?) What were the reasons you went this route?

What are the main elements of the policy?

Is a copy of the policy available (for CAS's reference only)?

Any other components? (training, communications, counseling, etc.)

The Process of Developing Their Policy/Approach

Do you recall what was the catalyst/impetus for your involvement with this issue?

What steps/activities did your company take in the process of developing its policy/approach?

Who/what department led the process?

Did you seek any outside help or advice, or use any outside materials? (Please specify.)

If yes, did you find them helpful/useful? Why or why not? (Get details on origin/format/length etc. of any materials mentioned if unknown)

What worked well during the process of developing your policy/approach?

What were the most difficult aspects of the process?

Is there anything you would have done differently if you were doing it again?

What information or support, if any, do you wish had been available to you as you were going through this process?

Implementation of the Existing Policy/Approach

Have you had reason to use your policy/approach?

If no, why do you think that is?

If yes, how has the policy/approach worked? (*Explore any examples given*). Did any issues or needs arise that your policy/approach didn't address?

In your experience, have the issues or needs in the area of AIDS in the workplace changed since your company first developed its policy/approach? If so, in what way?

Have you had any situations of employees with HIV/AIDS remaining at work or returning to work after a leave? If yes, how did your company handle this situation? (*Explore whether/what job accommodations were provided*)

What kinds of information or support, if any, would help your company to respond in such situations?

Suggestions to Help Other Employers

Based on your experience, what advice would you give to other companies embarking on a process of developing an AIDS in the workplace policy/approach?

What do you feel is the most helpful way an organization like CAS could support employers in developing an AIDS in the workplace policy/approach?

What about any prepared materials – What format/length/distribution/etc is best?

Other than materials, is there anything other kind of support that would be helpful?

Any suggestions of other companies/employers that have AIDS in the workplace programs?