

THE ONTARIO HIV TREATMENT NETWORK

STRIVING FOR EXCELLENCE
ACHIEVING IMPACT



IS ANY JOB BETTER THAN NO JOB? EMPLOYMENT STATUS, JOB QUALITY AND HEALTH IN PEOPLE LIVING WITH HIV:

THE EMPLOYMENT CHANGE AND HEALTH OUTCOMES (ECHO) STUDY

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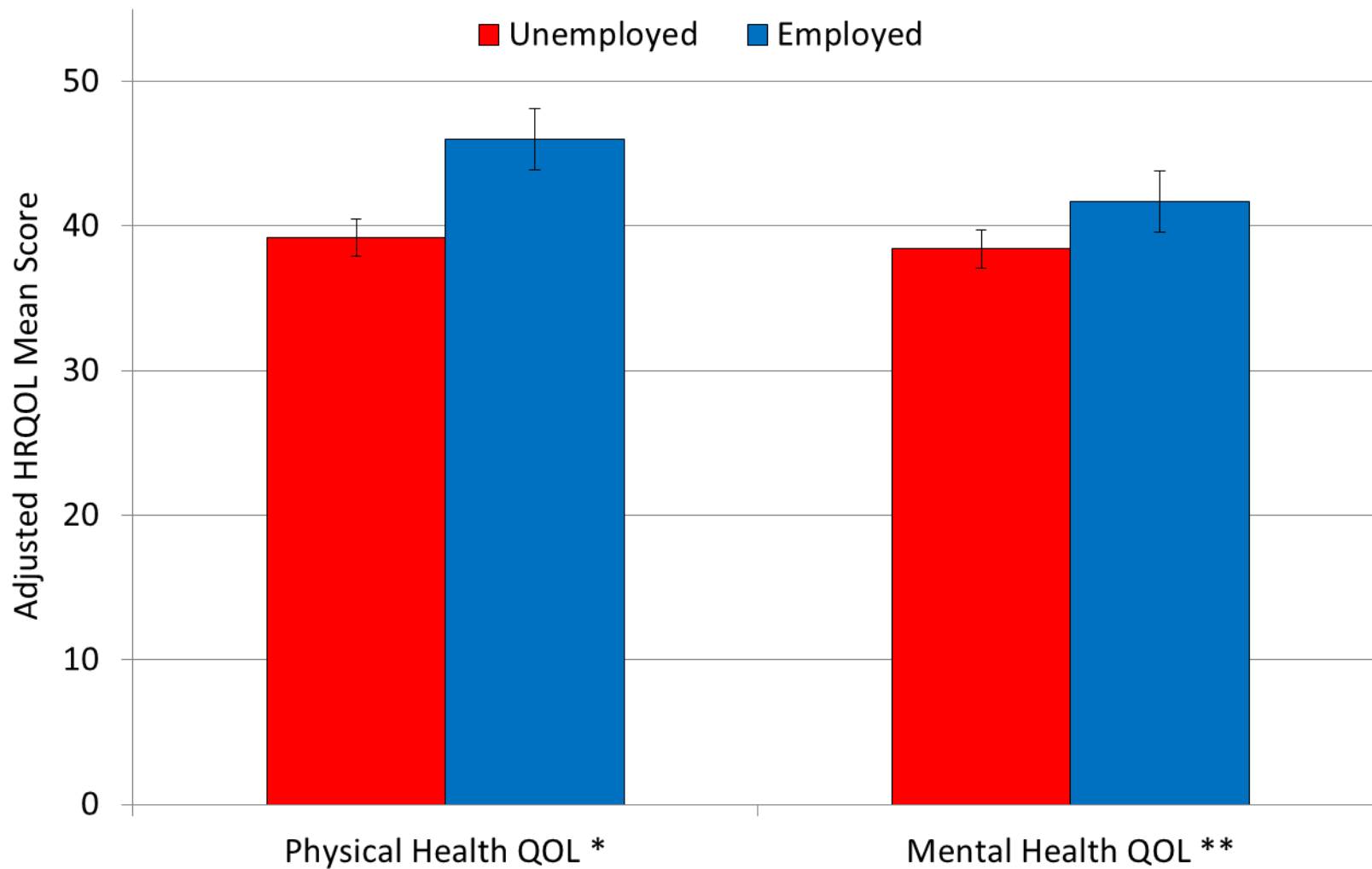
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Besides providing income, participation in employment...

1. Imposes a time structure on our day
2. Compels regular contact with people outside the immediate family
3. Connects people with larger goals that transcend their own
4. Defines people's identity, status, and position within society
5. Enforces regular activity

HEALTH-RELATED QUALITY OF LIFE BY EMPLOYMENT STATUS (N=361)



* Adjusted for ethnicity, history of AIDS diagnosis, symptoms and social support

** Adjusted for time since HIV diagnosis, symptoms and social support

Error bars: 95% CI

Rueda et al. (2011) AIDS Care



	N	%
Continuously Employed	620	41%
Continuously Non-employed	387	25%
Return to Work	62	4%
Job Loss	136	9%
Intermittent Employment	318	20%

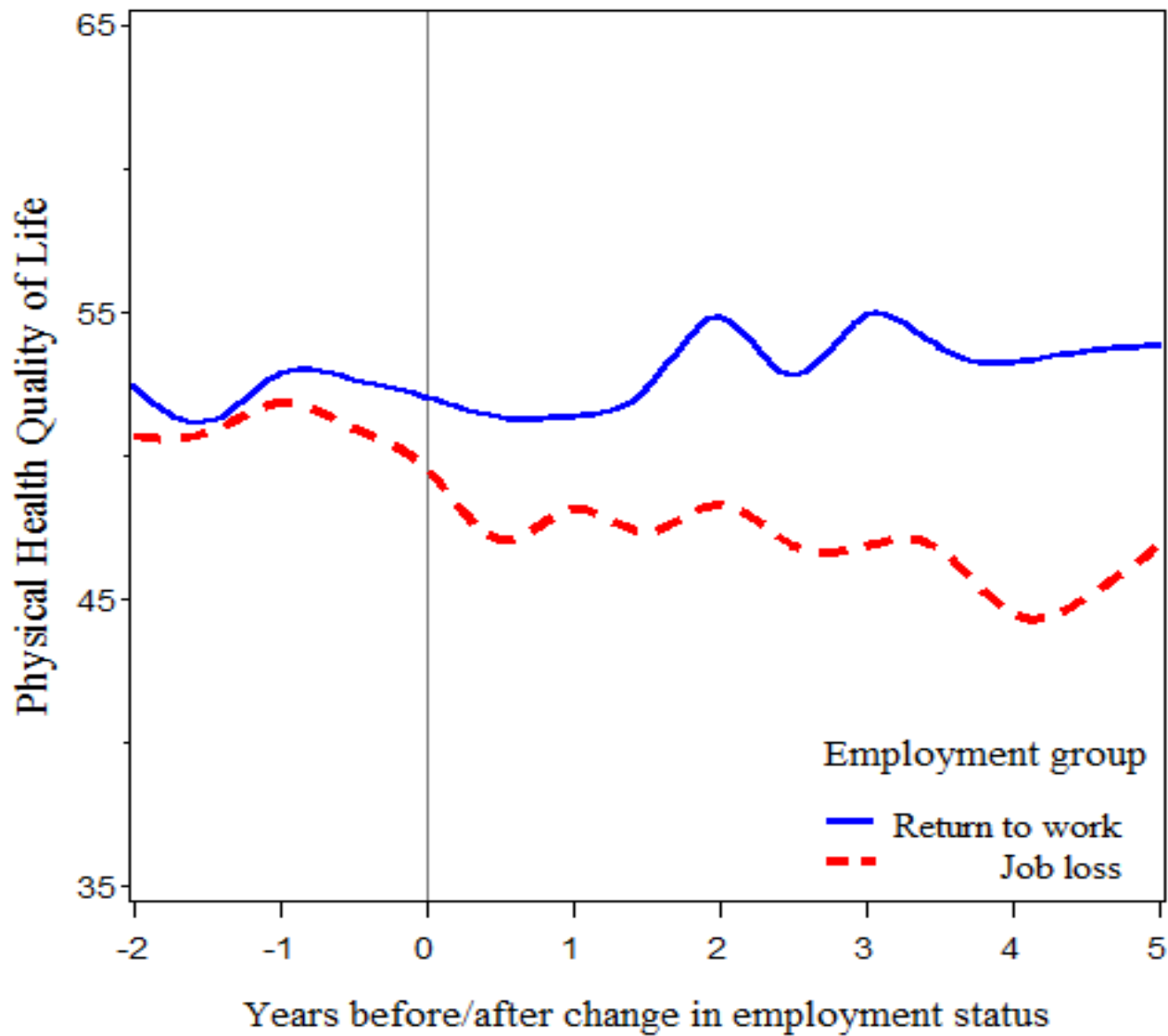
Rueda et al. (2012) AIDS and Behaviour



Characteristics	Physical Health QOL	Mental Health QOL
<i>Sociodemographics</i>		
Age	- 0.20 (-0.24, -0.15)*	0.11 (0.06, 0.16)*
Employed	3.29 (2.67, 3.90)*	2.20 (1.58, 2.82)*
Income	0.38 (0.22, 0.53)*	
<i>Individual Risk Factors</i>		
Current smoker		-1.19 (-1.91, -0.46)*
<i>Biological Markers</i>		
CD4 counts (x 100 cell/ml)	0.28 (0.21, 0.36)*	
<i>Clinical Outcome Indicators</i>		
No HIV symptoms	2.32 (1.97, 2.67)*	2.65 (2.26, 3.04)*
No hospitalization	2.98 (2.40, 3.56)*	
<i>Social Support</i>		
Social support		2.51 (2.21, 2.80)*

* $p < 0.01$

PHYSICAL HEALTH-RELATED QUALITY OF LIFE BY EMPLOYMENT STATUS (N=121 MSM)



Rueda et al. (2012) AIDS and Behaviour

DECISION AUTHORITY

- ▣ My job allows me to make a lot of decisions on my own

SKILL DISCRETION

- ▣ My job requires that I learn new things

PHYSICAL DEMANDS

- ▣ My work requires rapid and continuous physical activity

PSYCHOLOGICAL DEMANDS

- ▣ My job requires working very fast

SUPERVISOR SUPPORT

- ▣ My supervisor is helpful in getting the job done

CO-WORKER SUPPORT

- ▣ People I work with encourage each other to work together

JOB INSECURITY

- ▣ The likelihood of losing my current job in the next year is high

MACRO-LEVEL DECISION MAKING

- ▣ My work group or unit makes decisions democratically

BASELINE CHARACTERISTICS OF ECHO PARTICIPANTS (N=518)

Characteristics	n (mean)	% (SD)
Age in years (mean, SD)	45.6	(9.4)
Gender (male)	370	69%
Education (\geq high school)	456	85%
Sexual orientation (gay/lesbian/bisexual)	308	58%
Race/ethnicity (Caucasian)	317	59%
Country of birth (Canada)	360	67%
Personal income (< \$30,000/year)	347	65%
Live in the Greater Toronto Area (yes)	314	59%
Years since HIV diagnosis (mean, SD)	12.7	(7.1)
Depressive symptoms (mean, SD)	15.0	(12.9)

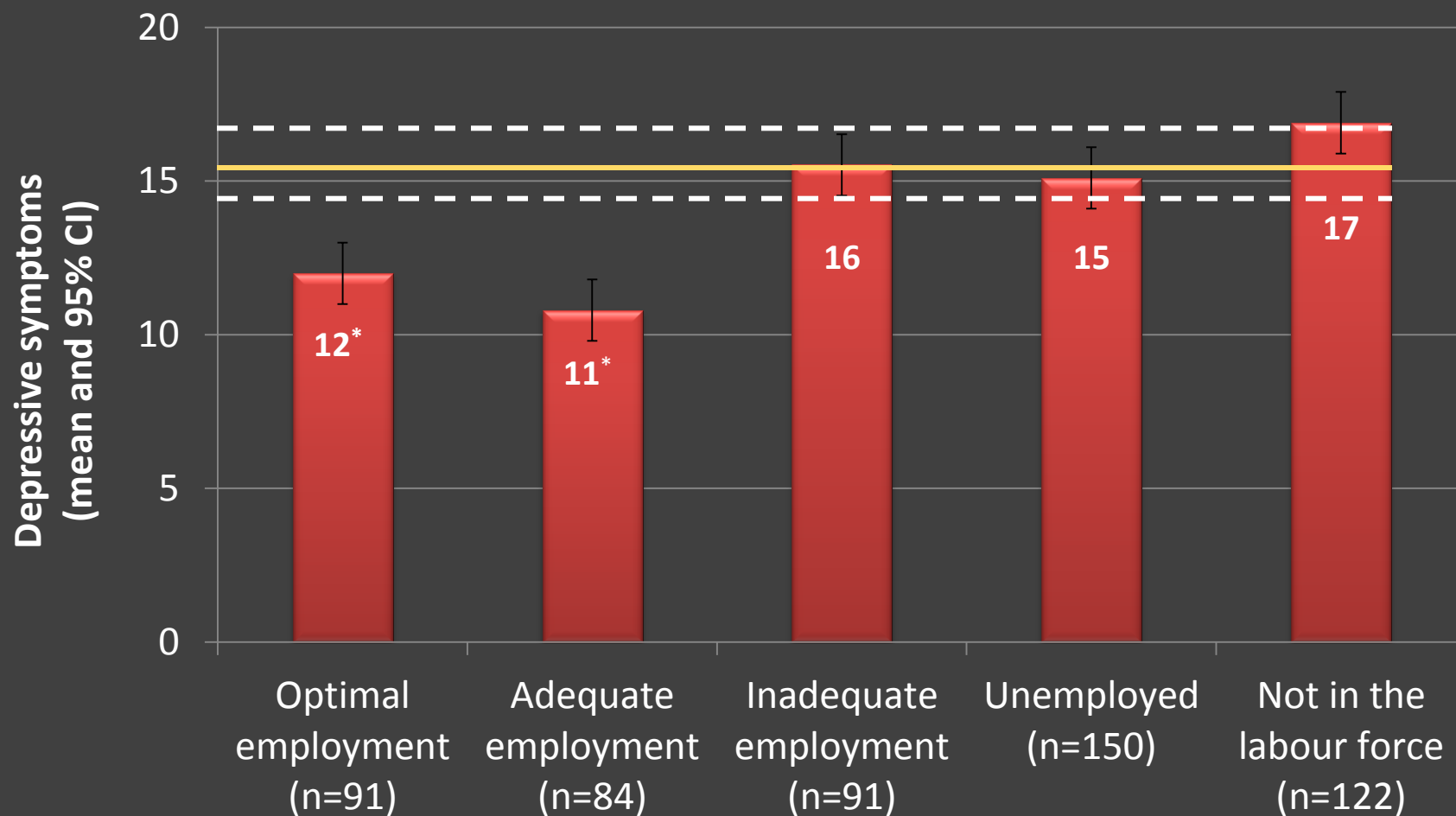


MULTIVARIATE MODEL OF PSYCHOSOCIAL WORK CONDITIONS PREDICTING DEPRESSIVE SYMPTOMS (N=518)

Predictors	Multivariate model	
	B	(95% CI)
Sociodemographic variables		
Gender (female/trans)	1.18	(-1.59, 3.94)
Education (≥ high school)	-2.71	(-8.61, 3.19)
Personal income (<30k/year)	3.77	(1.25, 6.29)
Psychosocial work conditions		
Skill Discretion	0.89	(-0.52, 2.31)
Decision Authority	-1.42	(-2.86, 0.02)
Job Insecurity	1.34	(0.17, 2.50)
Psychological Demands	1.53	(0.24, 2.82)
Physical Demands	0.70	(-0.61, 2.01)
Marco-level Decision Authority	-0.74	(-1.95, 0.46)
Co-worker Support	-0.08	(-1.22, 1.05)
Supervisor Support	0.03	(-1.14, 1.19)



EMPLOYMENT CONTINUUM AND DEPRESSIVE SYMPTOMS AMONG ECHO PARTICIPANTS[†]



[†] Adjusted for gender, education, personal income, and time since HIV diagnosis

*Significantly ($p < 0.05$) lower than the reference group (Inadequate employment)

Error bars indicate 95% confidence interval of mean



Employment and health are related in mutually reinforcing ways

Employment seems to be associated with greater differences in physical than mental health

➤ Adaptation process to the experience of unemployment?

Other components of the psychosocial work environment also may have an impact on health, which suggests that bad jobs may be as bad for health as unemployment

➤ Job insecurity, decision authority, psychological demands...

Earlier employment seems better than delayed employment

Concerns about health/disability and income/benefits seem to be driving intention to work

What are the intersections with other determinants of health ?

- Gender, ethnicity, socioeconomic status, discrimination, types of jobs, reasons for separation from the labour market...

Does employment play a role in prevention ?

- Sexual and substance use risk factors for HIV transmission...

Is employment an effective health care intervention ?

- Adherence, access to health care and social services...

What are the main predictors of return to work and job retention ?

- Interplay between medical, financial/legal, psychosocial and vocational...

What is the potential impact of changes in employment policies ?

- Flexibility in benefits programs; economic evaluations (investment in employment supports reduce health care and social services costs)

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ECHO Peer Research Associates



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THANK YOU...

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