MAKING IT REAL:
Workplace Inclusion for People with HIV

2020 marks the 30th anniversary of the enactment of the Americans with Disabilities Act (ADA), vital legislation establishing legal protections for people with disabilities including those living with HIV and AIDS. These legal protections, while fundamental to creating an equal playing field, do not end discrimination on their own. Rather, systemic education and training efforts are required to create lasting culture change to reduce bias and move towards inclusion.

Today, discrimination against people living with and affected by HIV and AIDS persists. Fear, stigma, and basic misinformation remain at the root of much of this discrimination and continue to drive exclusions from private and public sector employment opportunities.

Inclusive employers know that creating welcoming workplaces across a wide spectrum of workforce diversity is not only the right thing to do, but is also good business practice. Employers that create welcoming workplaces for people living with HIV or AIDS stand to benefit in workforce recruitment and retention as well as increased employee engagement and productivity.
HIV IN THE UNITED STATES

HIV can affect anyone regardless of sexual orientation, race, ethnicity, gender, age, or where they live. According to the U.S. Centers for Disease Control and Prevention (CDC), approximately 1.2 million people in the U.S. are living with HIV today. About 14 percent of them (1 in 7) don’t know it and need testing. In the United States, some racial/ethnic groups are more affected than others, given their percentage of the population. HIV continues to have a disproportionate impact on certain populations, particularly racial and ethnic minorities and gay and bisexual men.

This is because some population groups have higher rates of HIV in their communities, thus raising the risk of new infections with each sexual or injection drug use encounter. Additionally, a range of social, economic, and demographic factors—such as stigma, discrimination, income, education, and geographic region—affect people’s risk for HIV.

As an example of the disproportionate impact of HIV on racial and ethnic minorities, the CDC reports that in 2018, of 37,968 total HIV diagnoses in the U.S. and 6 Dependent Areas:

- Blacks/African Americans accounted for 42% (16,055) of HIV diagnoses and 13% of the population.

- Hispanics/Latinos accounted for 27% (10,255) of HIV diagnoses and 18% of the population.
HIV IN THE WORKPLACE

From the factory floor to the corner office, people bring bits and pieces of themselves into the workplace every day - whether or not they are even aware of it. A weekend activity or breaking news will likely make it into the conversation at work around the water cooler. HRC Foundation’s climate survey, *A Workplace Divided: Understanding the Climate for LGBTQ Employees Nationwide*, found that nearly every workplace demands some level of sharing, on a weekly or daily basis, including topics such as social life, politics, TV shows, movies or celebrities, and relationships. This evidence underscores how a majority of employees will experience the conscious and unconscious biases of their colleagues as each shares about their lives and personal views.

There are common biases, beliefs, and misperceptions about HIV and AIDS. Hearing people use language such as “it’s a death sentence” regarding someone diagnosed with HIV can not only be hurtful, but can often lead to a less productive work environment. This may discourage an HIV-positive employee from speaking up and requesting a reasonable accommodation, because of the fear surrounding disclosure, and could directly impact job performance.

Fortunately, inclusive employers can take active steps to create a more welcoming climate for people. Policies and programs should be focused in four key areas:

1. Education and Awareness
2. Policies
3. Treatment and Support Services
4. Philanthropy and Volunteerism
EDUCATION AND AWARENESS

Education is key to dispelling bias and stigma towards people living with HIV and AIDS. Common misconceptions that serve as justifications for discriminating against people based on their HIV status include:

- A person living with HIV too expensive to provide insurance coverage
- People living with HIV or an AIDS diagnosis may miss too much work for medical issues
- Colleagues will be uncomfortable working with a person living with HIV

A basic misunderstanding on the employer’s part about the ways HIV is transmitted, the risks involved, and what it means to live with HIV contribute to bias. To reduce bias, improve workplace climate and decrease the potential for discriminatory acts, employers should implement programs that drive HIV awareness and education.

All workplaces should provide HIV education as a component of their wellness programs. For employees, workplaces can be one of the most trusted resources for information on HIV and are key to establishing a positive and productive workplace environment.

An effective employee education program focuses on sharing prevention information and maintaining a comfortable environment for HIV-positive workers and for their co-workers. It emphasizes individual privacy. Workers who are living with HIV may wish to withhold their status from co-workers, or they may wish to disclose it. The situation can be sensitive not only for workers with HIV but for everyone involved.

The Affordable Care Act (ACA) supports employee wellness programs. The ACA created new incentives and built on existing wellness program policies to promote employer wellness programs and encourage opportunities to support healthier workplaces. The Departments of Health and Human Services, Labor, and the Treasury jointly released proposed rules on wellness programs to reflect the changes to existing wellness provisions and to encourage appropriate designed, consumer-protective wellness programs in group coverage.
Employers seeking a welcoming and productive workplace for employees living with HIV and AIDS – as part of workplace diversity – will want to educate managers and colleagues on the impact of conscious and unconscious bias in the workplace. Consider the following:

- Build into HR manuals an abundance of caution around holistic workplace safety, and not an abundance of caution around individual employees.

- Increase HR department competency, not only in terms of nondiscrimination and benefits, but also an understanding around the day-to-day needs of employees living with HIV and AIDS.

- Integrate HIV awareness and education as part of the orientation process for all new management employees including their responsibility to create a culture of inclusion.

- Set the expectation of all staff to promote a non-hostile, anti-discriminatory workplace environment for people with HIV and enumerate protected categories - including HIV and AIDS statuses - in employee training along with definitions and scenarios of discrimination and harassment.

- Comply with federal, state, and local laws, including the Americans with Disabilities Act of 1990 (ADA), the Rehabilitation Act of 1973, the Occupational Safety and Health Administration’s (OSHA) guidelines, and the Affordable Care Act (ACA).

- Comply with the Health Insurance Portability and Accountability Act (HIPAA) by maintaining confidentiality of employee medical records and information.
TREATMENT AND SUPPORT SERVICE

People living with HIV and AIDS require access to safe, affordable treatment and support services. Employers should work with benefits providers and third-party administrators to ensure their employer-provided plans offer robust coverage including pharmaceuticals.

Employers can strive to engage and work with national and local governments, public and non-governmental organizations, and multilateral agencies to deploy best practices in the prevention, care, treatment, and support of HIV/AIDS in areas where the company operates.

Additional action steps include:

- Post information about HIV transmission and local places to get tested in your employee break room or online portal.

- Per the ADA, provide reasonable accommodations for qualified individuals with disabilities. This may be tangible (for example, a certain type of chair) or non-tangible (for example, a modified work schedule for someone with a medical condition requiring regular appointments with a health care provider).

- Offer counseling through Employee Assistance Programs.

- Establish a referral system to community-based organizations for medical care.

More than anything, creating an HIV-inclusive workspace is to provide a safe and inclusive environment where all workers can be productive and valued. Individuals with HIV are living, longer healthier lives thanks to advances in medical treatment. As with all employees, those with HIV who take care of their health, can and do, provide valuable contributions in the workplace.
Corporations have been strong supporters of the movement to fight HIV and AIDS through philanthropic activity such as grants, employee matching funds and volunteerism programs. This support is not only critical, it also signals to employees the company's commitment to people living with HIV and AIDS.

Support opportunities include:

- Make strategic philanthropic donations to efforts addressing HIV.
- Start a workplace giving campaign to generate support for specific local HIV programs and doubling your employee’s donation with a matching program.
- Collaborate with a community-based organization, health department, and/or other local businesses to host a community HIV event.
- Sponsor local social marketing campaign that raises awareness on the local impact of HIV.
CONSIDERATIONS FOR EMPLOYEES LIVING WITH HIV & AIDS

- Learn about your employer’s obligations in regards to hiring, promoting, firing, and available benefits, as well as obligations around regulating a safe work environment.

- Don’t hesitate to make requests for reasonable accommodations. Some examples from the U.S. Department of Justice are such:

  - An accountant with HIV who had no available sick leave required two hours off, monthly, for visits to his doctor. He was permitted to take longer lunch breaks and to make up the time by working later on those days.

  - A supermarket check-out clerk with AIDS had difficulty standing for long periods of time. Her employer provided her with a stool so that she could sit down at the cash register when necessary.

  - A machine operator required time off from work during his hospitalization with AIDS-related pneumonia. He had already used up all his sick leave. His employer allowed him to take leave without pay.