Cornell University
ILR School
Employment and Disability Institute

June 2006

Work Incentives Support Center

Promising Practices

Creating Model Partnerships to Promote Employment of People with Disabilities

Informational Outreach to The HIV/AIDS Population On SSI/SSDI Benefits and Work

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Background

HIV / AIDS crosses all borders, rich and poor, black and white and youth and seniors alike. Additionally, individuals with HIV/AIDS are told not to work as they may lose their benefits, should a continuing disability review be conducted. Perseverance, building trust and investing many hours of staff time has brought a level of comfort to allow Barrier Free Living in New York City to successfully reach out to the HIV/AIDS population. With the successful outreach efforts enumerated below, Barrier Free Living has seen dramatic increases in the numbers of clients with HIV/AIDS served by the BPA&O program. Amazingly, like in the Latino population, the community as a whole did not know of the agencies' existence before the outreach efforts.

Identification of the Barriers

- Mental illness and or substance abuse play major factors in a great deal of the HIV/AIDS cases.
- Stigma/fear of being shunned by society and some of their family and friends if HIV/AIDS status were known. There is still a great ignorance regarding this virus among the general public.
- Gaps - As with teens and older adults, some parents not confiding in their children and teenagers not telling parents. The feeling of hiding this big secret becomes heavier and can become a death warrant.
- People over 50 who do not know their status. Statistics showed that in 2005, 76% more adults over 50 tested positive than in 1995. Stay at home moms and

retired dads do not think they need to be tested and will not ask their doctor for the test.

- The great movie, Philadelphia, showed how the HIV/AIDS population was viewed and in some cases are still viewed by the other employees. People with HIV/AIDS often think, what if my co-workers found out. These emotional feelings can prevent a HIV Positive person from trying to go to work.

Methods Used to Reach the HIV/AIDS Population

- Contacted the New York City Department of Health & Mental Hygiene (DOHMH) and requested to speak to the Director of HIV/AIDS Services and informed them of the BPA&O project.

- Enlightened the DOHMH about the benefits of individual with disabilities working and about the incentives available from the Social Security Administration for people who work. At this point, DOHMH gladly put the BPA&O on their e-mail list.

- By pounding the doors of the HIV/AIDS agencies and approaching the leaders of those HIV/AIDS organizations, the BPA&O got a foot in the door and was asked to give presentations on SSI/SSDI benefits and work.

- The BPA&O benefits specialist attended meetings and trainings on the HIV Virus, and seized the opportunity to introduce the project to Directors, and Chairman /Co-Chairs of these agencies. The benefits specialist explained how important it was to help lift a person's self-esteem to be able to work again with dignity. The main focus was always that the safety net was there for every one with a disability who wanted to work, including individuals with HIV/AIDS.

- Some of the most important outreach was to peer counselor specialists as the HIV/AIDS population trusts their own.

- Once the BPA&O benefits specialist made connections with the peer counselor specialists, she met with consumers and their peers who were being trained as Peer Counselor Specialist to help other HIV consumers. This got the word out.

- Like any other group, the HIV/AIDS population takes comfort in food so bring goodies, especially sweets, to eat at all presentations. People remember good snack foods.

- Practice what you preach - Become a member of a city organization for the Prevention Planning Group for People Infected or affected by HIV.

The authors would like to acknowledge contributions from the following individual in the production of this brief, Gloria Goodson, from Barrier Free Living.

This is one of a series of briefs that been designed to disseminate information pertaining to promising practices within the BPA&O and PABSS network. This publication is neither an endorsement of the practice or statement regarding the mandated work of this network. The thoughts, opinions and practices expressed are those of the authors and do not reflect the viewpoints or official policy positions of either the Social Security Administration or Cornell University.

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