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# Knowledge, Attitudes, Beliefs, and Behaviors of the Business Community Relative to HIV-AIDS

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## Synopsis .....

*One of the goals of the Centers for Disease Control's (CDC) policy on the prevention of human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) is to support business organizations in implementing HIV and AIDS information, education, and prevention activities. However, the response of the American business community to HIV infection and AIDS has been varied. Although company*

*executives consider AIDS to be one of the leading problems in the country, surveys typically indicate that less than one-third of businesses have or are developing some type of AIDS policy.*

*The workplace appears to be a valid site for AIDS information and education programs, given the weight employees attach to information received there. However, workplace education and information programs are undertaken primarily by large companies. Many small companies do not devote much time and effort to these activities, even though extensive, indepth educational programs are likely to have positive impacts on worker attitudes and behavior, whereas short programs or literature distribution may only increase workers' fears. The question of what is an effective workplace program still needs additional research.*

*Very little is known about the magnitude of the costs of HIV infection and AIDS to business. These costs, which are affected by the changing roles of employer-based health insurance, cost shifting, and public programs, will influence how employers react to the epidemic and how they respond to CDC's prevention initiatives.*

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ONE OF THE CENTERS FOR DISEASE CONTROL'S (CDC) goals in building prevention capacities in the national HIV infection and AIDS prevention program is to "support national organizations in implementing HIV/AIDS information, education, and prevention activities, including business, labor, national AIDS organizations, and religious and professional organizations" (1). Thus, CDC's National Partnerships Development Program, within the National AIDS Information and Education Program, and its partners in the private corporate and nonprofit sectors are engaged in operating and promoting AIDS education and information programs in the workplace. This initiative is focused on nonoccupational issues rather than on the education of workers who may be routinely exposed to HIV infection on the job, such as health care workers.

The success of this Federal commitment to stimulate AIDS education in the private sector workplace depends to a large extent on the attitudes and behavior of American businesses toward the epi-

demical and on the costs that HIV infection and AIDS will impose. These issues will be discussed by presenting the results of several major surveys of both employers and employees regarding HIV infection and AIDS and by outlining the types of costs that HIV infection and AIDS will impose on business.

## HIV-AIDS Policies of American Businesses

One of the most well-known studies of the American business community and AIDS is "Business Responds to AIDS" (2). Conducted between November and December 1987, this survey included 623 companies with 20 to more than 1,000 employees. The survey was completed by the CEO or other top management personnel in each company.

Although the respondents considered AIDS to be one of the leading problems in the country (ranked below the Federal deficit and drug abuse but above environmental pollution, the threat of recession,

and the threat of nuclear war in a list of 10 items), only 29 percent of the companies had or were developing some type of AIDS policy. Ten percent had a written policy, 8 percent an unwritten policy, and 11 percent were in the process of developing a policy. Thus, 71 percent of the companies neither had nor were planning to develop an AIDS policy. Twenty-four percent of the companies with more than 1,000 employees had a written policy on AIDS; only 1 percent of the companies with fewer than 100 employees had a policy. Forty-three percent of the largest companies and 90 percent of the smallest companies had no policy.

According to the study, the factor that would have the greatest impact on these companies becoming more actively involved with AIDS issues would be direct experience with the disease—either an infected employee or a member of the CEO's household—or an increase in the prevalence of AIDS in their geographic region. The next strongest motivating factor would be a fiscal impact on the company in terms of insurance costs, employee morale, or productivity, while the third most important factor would be pressure from the work force itself. The least important factor would be appeals from outside organizations, including other companies or community leaders. Unlike the differences in the existence of AIDS policies, these motivating factors did not vary substantially by size of company.

Studies have confirmed (3,4) that the role of a key management official in an organization is often crucial to involvement with AIDS policies and education programs. However, major differences exist in the factors affecting the response of large corporations versus small and mid-sized businesses.

In interviews with owners or managers of 40 organizations—12 micro (fewer than 19 employees), 15 small (20–99 employees), and 13 mid-sized (100–499 employees)—in the San Francisco Bay area, an AIDS workplace management consultant provided some of the first insights into the attitudes and policies of employers in this sector of the economy (“Needs Assessment of Micro, Small and Mid-sized Businesses and HIV/AIDS Education,” unpublished study by A. Emery, Alan Emery Consulting, July 15, 1990).

Thirty-two of these organizations were for-profit, seven were nonprofit, and one was a government agency. Fourteen of the organizations were minority-owned.

Half of the employers in this survey thought their employees would be supportive of a coworker diagnosed with AIDS, while the other half thought

there would be more mixed reactions. Twelve employers had already experienced a situation in their workplace involving an employee with HIV infection or AIDS. All but four employers saw benefits to their employees from AIDS education programs, such as eliminating fear, feeling more comfortable, and lessening any severe response to an AIDS diagnosis.

Employers cited costs and time as the major barriers to their use of AIDS education programs. The majority said they would prefer to allocate a one-time total of less than 1 hour for an AIDS education program, usually during the employees' lunch hour. All said they would be more likely to use a program if it was made available at very low or no cost. Although some employers would be willing to pay several hundred dollars or more for education programs, about half said they were willing to pay very little (\$10 to \$25) or nothing for these programs.

Few businesses in this sample had formal AIDS policies. All employers said they would treat AIDS similarly to other life-threatening illnesses. All were concerned about rising health insurance costs, although it did not appear that these concerns were directly related to the AIDS issue. The average increase for the 33 businesses reporting insurance cost increases was 66 percent over the previous 2 years.

## **Employee Surveys**

In a survey of employees regarding the usefulness of the worksite as a source of AIDS education and information programs (5), 3,460 employees responded: 2,836 in eight corporate worksites and 624 in four public agencies. Four of the private sites and the four public agencies were in the New York City metropolitan area; one private site each was in New York State, a middle Atlantic State, and the Midwest; and the last private group was the sales force of a nationwide company. The private employers were in the banking, pharmaceutical, and communications industries; the public agencies included both uniformed and nonuniformed workers whose duties did not include the provision of health care. Forty-three percent of the employees surveyed were female, although the percentage at the different worksites ranged from 6 to 66 percent female. Thirty-seven percent of the persons in the sample were college graduates, with the range of college graduates among the worksites varying from 15 percent to 94 percent.

Responses indicated that employees value receiv-

ing information in the workplace which is offered in an extensive compulsory program that is used by a large proportion of the employees. In worksites with low participation in AIDS education programs, company sources were not rated as highly as the Surgeon General's "Report on AIDS" or news media sources. Moreover, employees typically wanted more information about AIDS from their employers. In all but one site, more than 50 percent of the employees agreed with the statement, "My employer should provide me with more information about AIDS." Employees used family, friends, and coworkers as sources of information, but these sources were not highly regarded as informative. Fewer than half of the employees used personal physicians (43 percent), health specialists (32 percent), or local AIDS organizations (33 percent) as sources of information; nearly four-fifths of the employees participated in at least one company-sponsored AIDS information activity.

Employees in this survey appeared to be knowledgeable about how HIV is transmitted, although a "small but sizeable minority" held inaccurate beliefs. An analysis of comments volunteered on the questionnaires revealed that 30 percent of these respondents were skeptical about the accuracy of scientific knowledge on AIDS and about whether the government was trying to downplay the issues to keep the public from becoming too alarmed. Generally, employees who were more knowledgeable about the disease had more favorable attitudes toward persons with AIDS (5).

In his surveys of workers in the general population (1988) and the State of Georgia (1989), Herold has provided further evidence on the attitudes of employees towards AIDS in the workplace and the role of AIDS education and information programs (6,7). Herold's 1988 survey was based on telephone interviews with a national probability sample of 2,000 full-time civilian employees who were at least 18 years old (6). More than one-third of the employees questioned in the survey expressed concerns or fears about sharing facilities and tools with persons with AIDS. These fears were inversely related to the employees' level of education. Employees did express favorable views on accommodating coworkers with AIDS, although it is unclear whether this might have meant separating and distancing such employees. Thirty-five percent of the employees in Herold's survey questioned the information from the government that AIDS cannot be transmitted through casual contact. Only 14 percent of the employees in the sample knew someone who had AIDS or had died from AIDS.

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In a second study, Herold interviewed 528 working adults in Georgia through a random-digit telephone dialing survey (7). As in the previous study, one-third or more of the interviewees expressed concerns about working closely, sharing tools and facilities, and having contact with coworkers with AIDS. Of the 41 percent unwilling to work closely with a coworker with AIDS, 61 percent said they would be willing to risk losing their job rather than be forced to work with such individuals. Twenty-four percent of the entire group of interviewees also did not believe that AIDS cannot be transmitted through casual contact.

In his 1989 study, Herold presents one of the few pieces of evidence comparing different types of AIDS workplace education programs. Workers in his sample who were exposed to programs that consisted only of the distribution of pamphlets and other literature were more fearful and less willing to associate with coworkers with AIDS than those not exposed to an education program. Intermediate programs, such as a 1-hour presentation by a company nurse or a Red Cross worker, appeared to reduce fears about sharing facilities but were not able to address the more complex social and emotional issues influencing worker attitudes towards persons with AIDS. Herold concluded that indepth, multimedia or multiexposure education programs are needed to influence worker attitudes.

In his most recent study (1990), "Worksite AIDS Education and Attitudes Towards People with the Disease," January 1991 (unpublished), Herold investigated the differences between short and long workplace programs and between those programs provided by persons inside the business versus those offered by outside groups. Although the results are tentative, given the small sample sizes, it appears that longer programs and those provided by insiders have a more positive effect on worker attitudes than other types of programs.

These studies (6,7, and the unpublished studies by Emery and Herold) suggest some dilemmas for AIDS workplace education programs, particularly for smaller companies. Small business employers

are unlikely to spend much time or money on these education programs. Yet programs involving only the distribution of pamphlets or other literature may actually do harm in terms of employee attitudes and fears. Future research needs to clarify the distinction between the problems and programs of small versus large businesses.

### **Costs of HIV-AIDS to Business**

Very little is known about the magnitude of the costs to businesses of the AIDS epidemic, even though they have been cited as the second most important factor influencing business activism on AIDS issues (2). Most of the work on the costs of AIDS (8) has been from a societal perspective and focuses on estimating the direct personal medical costs and the indirect costs—the lost productivity to the economy arising from disability and premature death. How much the direct personal medical costs of AIDS influence employers depends upon the nature of the employer's insurance programs (9), the extent of public programs (10), and the availability of voluntary support services (11). Employees with AIDS may incur many medical costs on their own, particularly costs of experimental or alternative treatments, either because these are not covered by employer-provided insurance or because the employees do not wish to reveal their medical condition for fear of discrimination or job loss.

To estimate the costs of AIDS to businesses, CDC needs to know more about the distribution of AIDS cases, HIV infection, and persons at risk by industry and occupation, and how employer health insurance, life insurance, and disability plans differ by company size or sector of the economy. CDC and its partners in the private sector can then use this information to raise awareness that the AIDS epidemic is not limited to certain sectors of the economy and to provide evidence of the economic impact of the epidemic in the business community.

Many of the issues and questions raised previously must be addressed and answered to engage

the business community in HIV infection and AIDS education and prevention activities. Other closely associated issues, such as affordable health insurance, cost shifting of health care expenses (especially to small businesses), and access to care also must be addressed. The research agenda in this area is vast and needs the involvement of numerous persons and groups in academia, government, and the private sector. Those concerned about HIV and AIDS should be involved in shaping America's response on these critical issues.

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