

11-Point Summary

Project: Working Well with a Disability

Previous IRB No:121-02

1. There has been an explosion of research addressing the health and wellness of people with disability from the public health perspective. One way that this work intersects with Vocational Rehabilitation is through employment outcome. Healthy People 2010, the blueprint for the health of the nation included a chapter on disability for the first time. This Disability and Secondary Conditions chapter included 13 objectives, of which one objective was directed to eliminating “the disparities in employment rates between working-aged adults with and without disabilities” (National Center on Birth Defects and Developmental Disabilities, 2001). A primary assumption underlying this objective is that “secondary conditions” are a significant health factor that limits participation by people with disabilities.

A person with a disability may lead a healthy and independent life, but may be at risk for a range of preventable secondary conditions that can reduce health and participation. (Marge, 1988; Rimmer, 1999). For the purposes of this proposal, *secondary conditions refer to preventable conditions that occur as a result of, or in conjunction with, a primary disability* (Ravesloot, et al., 1998). For instance, a primary disability such as spinal cord injury may culminate in several secondary conditions, including pain, pressure sores, urinary tract infections, osteoporosis, weight problems, and depression. This definition of secondary conditions is accepted in a health and wellness framework, but differs from the definition used for vocational rehabilitation’s 911 data collection.¹

The incidence of secondary conditions experienced as a result of a primary disability is not entirely known. However, research on individuals with disabilities (n=236) served by three Independent Living Centers in Montana found that participants experienced an average of 13 secondary conditions such as pain, depression, fatigue, sleep disturbance, weight control, and physical conditioning problems (Seekins, Clay, Ravesloot, 1994). A recent study using pilot

¹ Vocational Rehabilitation defines secondary disability as “the physical or mental condition, impairment or disease that contributes to, but is not the major basis of, the work disability” (RSA, 911 Data Dictionary). *This definition is drastically different from secondary conditions as defined in the health and wellness framework.* In a health framework, secondary conditions occur subsequent to a primary disabling condition. A VR framework classifies primary and secondary disability in terms of impediment to employment. As an example of this difference, consider a person who has vision problems as a result of diabetes. The primary disability in a health framework is diabetes and the secondary condition is vision problems, which are exacerbated or caused by the primary disability. In the VR framework, vision problem would be the primary disabling condition because it contributes to work disability, and diabetes would be characterized as a secondary disabling condition.

data from the Washington state Behavioral Risk Factor and Surveillance Survey (BRFSS) found that having a disability was the strongest predictor for eight of the most prevalent secondary conditions including pain, weight problems, fatigue, difficulty getting out in the community, falls and injuries, sleep problems, muscle spasms, and bowel and bladder problems (Kinne, Patrick, & Doyle, 2004). As reported by Raveslout, Seekins, & Walsh (1995) secondary conditions interact with primary disability to affect a person's overall health (Raveslout, Seekins, & Walsh, 1995).

Recent research establishes a linkage between health and employment outcomes for people with disabilities (Stang, Von Korff, & Galer, 1998; Anderson & Vogel, 2002; Bradley & Wang, 2001; Manocchia, Keller, & Ware, 2001). For example, controlling for severity of disability, a multivariate analysis using Behavioral Risk Factor Surveillance System data found that people who (1) report fewer secondary conditions and/or (2) engage in regular exercise experience a higher probability of employment (versus people who experience more secondary conditions and/or do not exercise) (Ipsen, 2004). John Crews, at the Center for Disease Control and Prevention, also found that working aged people with disabilities (18 to 64 years) who rated their health as "poor", experienced a 30% employment rate, while people who rated their health as "excellent" or "very good", experienced a 69% employment rate (personal communication on June 12, 2002).

One possible way to enhance employment outcomes is to minimize secondary conditions and promote healthy behaviors. The Research and Training Center on Disability in Rural Communities' (RTC: Rural) groundbreaking health promotion program, *Living Well with a Disability*, is the culmination of 15 years of research in assessing, managing, and preventing secondary conditions for people with disabilities (Raveslout, Young, Norris, et al., 1998). The *Living Well* program is an eight-session workshop led by independent living center staff. The sessions focus on topics including goal setting, problem solving, adopting a hopeful and optimistic attitude, and overcoming depression. Specific behavioral repertoires are also taught including communication skills, medical information-seeking skills, changing one's nutritional intake and level of physical activity, and an introduction to advocacy skills. On average, participants in the *Living Well* program (n=188) significantly reduced the prevalence of and limitations experienced due to secondary conditions and increased their rates of health promoting behaviors (in areas such as exercise, nutrition, interpersonal support, and stress management). The *Living Well* program was also shown to pay for itself within 6 months of implementation based on reduced medical utilization costs associated with hospitalizations, emergency room visits, outpatient visits, and doctors visits (Ipsen, Raveslout, Seekins, & Seninger, 2003). As of March 2004, the *Living Well with a Disability* program has been adopted by 48 Centers for Independent Living (CILs) and 36 "other" programs in 19 states for a total of 247 trained facilitators and an estimated 1,600 consumer participants.

This initial research is a longitudinal study that explores the relationship between VR consumers' limitation due to secondary conditions and employment outcomes. To complete this research, RTC:Rural proposes to conduct the following research with Vocational Rehabilitation agencies.

RTC:Rural hypothesizes that:

- a. Higher rates of secondary conditions will be associated with decreased rates of employment outcomes or long-term employment.
- b. Higher rates of secondary conditions will be associated with decreased completion rates for training, education, and other services provided by Vocational Rehabilitation agencies.
- c. Higher rates of secondary conditions will be associated with higher rates of status 28 (drop out) closures.
- d. The most significant secondary conditions will involve behavioral risk factors such as depression, physical fitness, weight, and similar factors amenable to health and wellness interventions.
- e. Individuals who engage in healthful behavior will experience better employment and health outcomes.

2. Participants will be 450 consumers with physical impairments who receive services from the state/federal Vocational Rehabilitation program.

3. RTC:Rural will recruit 10 state VR agencies in states serving both rural and urban populations. These ten agencies will each identify three offices and will distribute 15 instruments to each.

4. The first survey will be administered in the Vocational Rehabilitation (VR) office. The VR counselor will hand the survey to the participant, who will complete it and insert it in an envelope to be mailed back to the researchers. Subsequent surveys are mail based and will be sent to the participant's home.

The participant will sign a release form to allow the VR agency to release information about the services provided by the agency to the participant, the cost of services, and the participant's employment outcome. This information will be retrieved either from the participant's file or from a computer data base.

5. Participants will complete the paper Health Survey using either a pen or a pencil. The Health Survey asks for demographic information, health, secondary conditions experienced, current way of life and personal habits either filling in information, circling numbers, checking boxes, or rating using a Likert-type scale. A copy of the Health survey is attached.

6. Researchers anticipates creating an awareness in VR about the importance of addressing key secondary conditions in the rehabilitation process, particularly before they become acute medical conditions that prevent or delay employment. Data from this project will help to identify several secondary conditions amenable to health promotion activities. These activities can be incorporated into a VR training or *Working Well with a Disability* health and wellness model.

7. We do not anticipate any substantial risks or discomforts to any of the study participants. However, because we are asking sensitive and personal questions concerning health, training, and/or employment background, participants may feel uncomfortable addressing certain areas.
8. The Health instrument includes statements that provide respondents with the opportunity to leave questions blank that make them feel anxious or fearful. Participants also will be assured of the confidentiality of their answers and will be told about the use of survey data.
9. Signed consent forms and survey will be stored in a locked file cabinet and kept for two years after publication of the final report. Your answers also will be stored on the researcher's computer for up to five years after publication of the final report. The computer files will contain no identifying information.
10. A copy of the proposed written consent form and Authorization to Release VR information is attached.
11. Not applicable.

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