

**W***orking Well*, the Texas Demonstration to Maintain Independence and Employment (DMIE), is a research study that measures the effect of access to health and employment benefits on working people with major health conditions who are at risk of becoming disabled. To join the study, participants must be working and have a serious mental illness (bi-polar disorder, schizophrenia, or major depression) or a combination of mental and physical health conditions.

Based on federal study requirements, candidates who reported receiving or actively seeking federal disability benefits, such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), were excluded from admission into the study. This brief compares the characteristics of *Working Well* participants with those candidates who were excluded due to disability status (disability group). Both study participants and the disability group came from an initial candidate pool, which was selected using a uniform set of diagnostic and physical characteristics. Examining the similarities and differences between study participants and the disability group may provide additional insight regarding potential risk factors for becoming disabled. It could also help states develop more accurate methods to target effective interventions at those with a high risk for disability.

## Background

**N**ational data show that certain socio-demographic characteristics make people more at risk for enrolling in SSI or SSDI. These characteristics include having attained a low level of education (high school or less), having at least two or more physical health conditions causing limitations, the prevalence of a mental health disorder (excluding mental retardation), the prevalence of a musculoskeletal disorder (back, neck or shoulder problems), and the prevalence of chronic poverty (Livermore, 2007). The data presented in this brief from the *Working Well* recruitment process provide a “snapshot” of at-risk participants on a continuum from independence to disability and may complement national data in understanding factors that make people most at risk for disability.

## Demographics

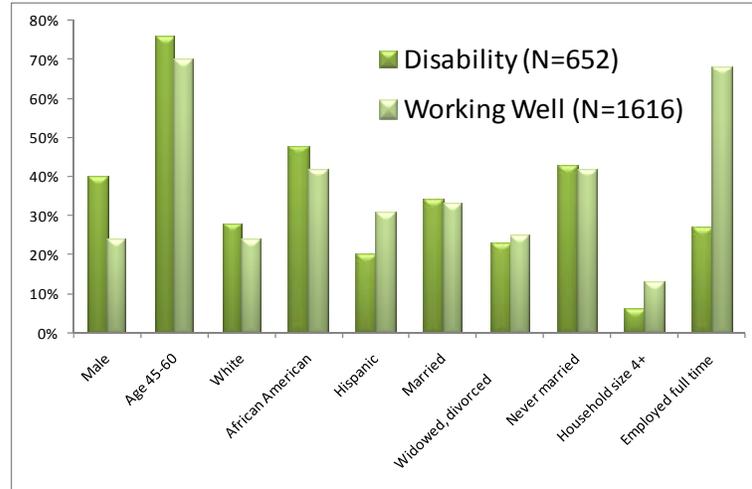
**F**igure 1 compares demographic characteristics of *Working Well* participants to those of the disability group. Overall, the two groups were demographically similar. This validates the study’s selection methodology, which was designed to target people at risk for dependence on federal disability benefits. Approximately one-quarter of each group was comprised of African American women aged 45 or older. Hispanic and white women over 45 made up another 22% of the disability group and 28% of *Working Well* participants.

## Working Well Highlights #4

Some observed differences suggest factors that may indicate additional risk for disability.

National data show that men make up 52% of SSDI recipients and 43% of SSI recipients (DeCesaro and Hemmeter, 2008). In *Working Well*, the candidate pool consisted predominantly of women, but there were more men in the excluded disability group (40%) than in the study group (24%). It is not clear why the proportion of men was higher in the disability group than among study participants; one possible explanation is that men are less likely to be healthcare seekers, and may delay care until their condition deteriorates.

Figure 1  
Demographics: Disability Group vs. *Working Well* Participants



The disability group was more likely to be African American and less likely to be Hispanic compared to study participants. This is consistent with national data, which show that African Americans are overrepresented among recipients of SSI and SSDI compared to the proportion in the general population (DeCesaro and Hemmeter, 2008).

Both groups were of similar age, with the disability group being about one year older, on average. Almost three-quarters were aged 45-60, which is consistent with national SSI and SSDI data. The groups were similar in marital status, with about one-third currently married, one-quarter widowed or divorced, and slightly over 40% never married. Nationally, about 43% of SSI recipients and 26% of SSDI recipients have never been married.

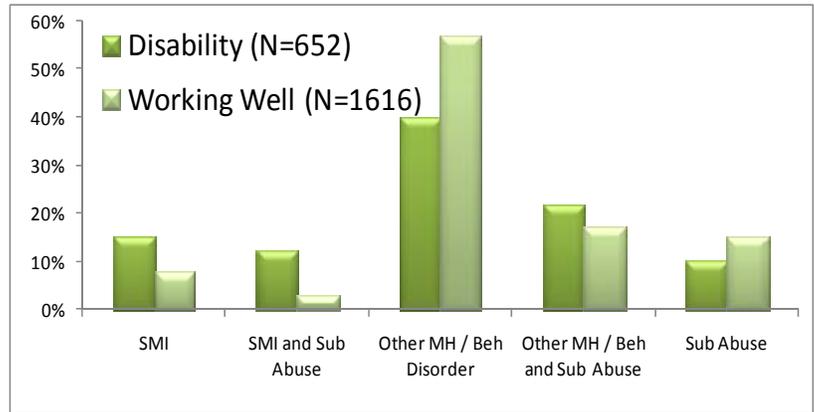
Average household size of the study group was about the same as the disability group; however, the disability group was less likely to live in large households, with four or more members.

Employment was verified for all individuals included in the candidate pool. All candidates were required to have worked at least 40 hours a month during any time in the 6 months before selection. However, data for the disability group showed significantly less full-time employment than the study group. Although it is not surprising that employment hours would be lower among the disability group, it is striking that more than a quarter had been working full time. This is consistent with national research that shows a potential demand for employment and employment-related services among SSI and SSDI beneficiaries (Livermore, 2007).

## Behavioral Health

Figure 2 shows the behavioral health diagnoses of the disability group and study participants based on their hospital and clinic medical records. A behavioral health (mental health or substance abuse) diagnosis was a criterion for selection into the sample pool for the *Working Well* study. However, the disability group was more likely than study participants to have a diagnosis of severe mental illness (SMI) or of mental illness coupled with substance abuse. Study participants were more likely than the disability group to have a non-SMI diagnosis, combined with a potentially disabling physical health condition. Social Security Administration data show that people with psychiatric disabilities comprise over a third (34%) of working aged adults receiving SSI and over a quarter (27%) of all SSDI recipients (McAlpine & Warner, 2001).

Figure 2  
Behavioral Health: Disability Group vs. *Working Well* Participants

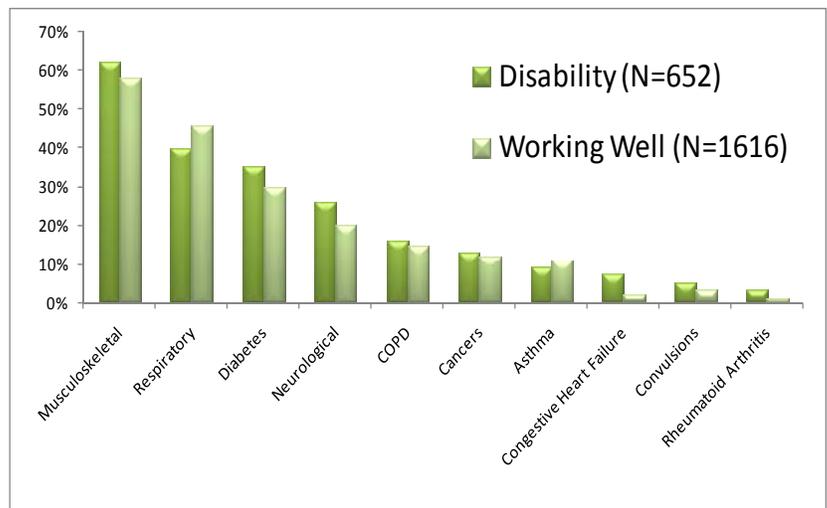


Note: Participants with Other mental/behavioral diagnoses (non SMI) or Substance abuse also had to have a significant physical diagnosis as a requirement of admission to the DMIE project. Those with severe mental illness may or may not have also had a physical diagnosis.

## Physical Health

Figure 3 compares the most common physical health diagnoses of both groups based on their hospital and clinic medical records. While differences were not large, individuals in the disability group were statistically more likely than study participants to have a diagnosis of diabetes, neurological disorder, congestive heart failure, convulsions, or rheumatoid arthritis, and were less likely than study participants to have a diagnosis of respiratory disorder. The two groups were similar on other diagnoses. It is noteworthy that the disability group had a higher

Figure 3  
Physical Health: Disability Group vs. *Working Well* Participants



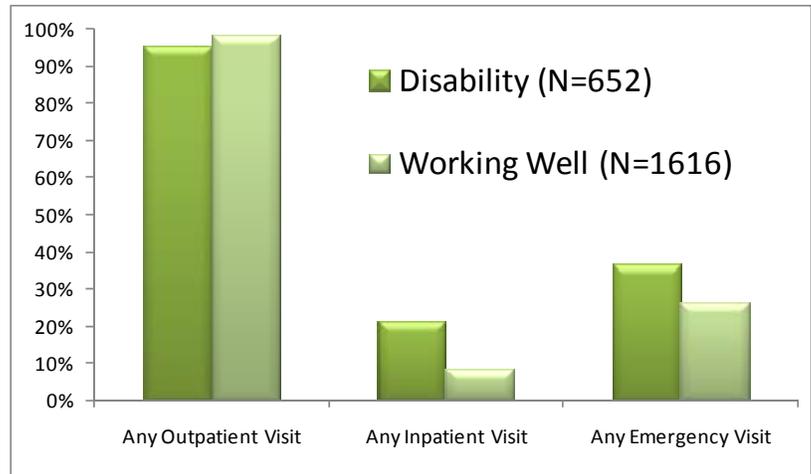
incidence of two of the top 10 ambulatory care-sensitive conditions<sup>1</sup> in the United States: diabetes and congestive heart failure (Commonwealth Fund, 2006).

## Use of Health Services

Figure 4 shows the percentage of outpatient, inpatient, and emergency department visits (including physical and mental health) for each of the groups in the year prior to selection into the *Working Well* candidate pool.

All candidates in both groups had at least one hospital or clinic visit in the past year, with both groups having a similar number (11 visits, on average). However, the disability group was significantly more likely to have had an emergency department visit, and more than twice as likely to have had an inpatient visit. Almost all individuals in both groups had at least one outpatient visit in the past year. Although *Working Well* participants were slightly more likely than the disability group to have had an outpatient visit, overall this group had a slightly smaller average number of visits.

Figure 4  
Healthcare Use: Disability Group vs. *Working Well* Participants



## Summary

Generally, *Working Well* study participants were similar to those screened out due to disability on attributes such as physical health characteristics, mental health characteristics, and demographics. Similar physical health diagnoses (musculoskeletal, respiratory and neurological disorders and diabetes) were prevalent among both groups and, by definition, all study candidates had a behavioral health disorder. These overall similarities indicate that the *Working Well* study is likely targeting a population of people on the continuum of risk for becoming disabled.

The disability group appeared to be more advanced on the continuum of risk, generally working fewer hours, more likely to have severe mental illness, and having a higher prevalence of significant physical diagnoses. The disability group also had made more emergency and inpatient visits than the study group and a higher incidence of ambulatory care sensitive conditions.

<sup>1</sup> Conditions that would not usually require hospitalization with proper prevention and good outpatient care.

## Working Well Highlights #4

The higher rates of inpatient and emergency department visits among the disability group may be in part due to lack of preventive care and early intervention for these ambulatory care-sensitive conditions. Case management, such as that provided to study participants, can help identify the need for medical care and direct individuals to the proper resources before their disorders become unmanageable and require inpatient and emergency room care.

The higher use of emergency and inpatient services seen among the disability group may also derive from the higher proportion of men in that group. Men are less likely than women to use the healthcare system, especially preventive services, and when men do present for healthcare, they are more likely to be experiencing critical health problems. As a result, the emergency room is a more common care site for men than for women (Brittle & Bird, 2007).

Further research is needed to better understand the path to becoming disabled. Do people generally move gradually into disability or do they become disabled by sudden catastrophe? For those in the high risk threshold, what event or series of events would precipitate crossing into the disability threshold? A relatively minor event, such as a delay in being able to fill a prescription, could be one such factor.

Studies have shown that individuals with potentially disabling conditions have high motivation to continue working and remain independent, and could do so with modest assistance (New Freedom Commission, 2003; Drake et al., 1999). The goal of *Working Well* is to be able to identify by the end of the study which interventions make the largest difference towards maintaining independence and employment.

## Working Well Highlights #4

**Working Well** is a randomized controlled field trial. The study compares participants receiving interventions to a control group of similar people who do not get the interventions. **Working Well** interventions include employment services, health care (medical, dental, vision, mental health and substance abuse treatment services) and case management to help participants meet their health and employment goals.

**Working Well** is sponsored by a grant from the Centers for Medicare and Medicaid Services and is administered by the Texas Department of State Health Services. The project is operated at the local level by the Harris County Hospital District. The University of Texas at Austin Center for Social Work Research is the independent evaluator and assisted with preparing this policy brief. For more information, contact the State Project Director, Dena Stoner at [Dena.Stoner@dshs.state.tx.us](mailto:Dena.Stoner@dshs.state.tx.us).

Visit our website at <http://www.dshs.state.tx.us/mhsa/workingwell>

Coming Next: Prescription Drugs Utilized by **Working Well** Participants

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