

Lynn Wallisch PhD, Tom Bohman PhD, Kristin Christensen MSSW, Lu Gan MS, Esmond Nwokeji PhD, Richard Spence, PhD
Addiction Research Institute, School of Social Work, University of Texas at Austin

Dena Stoner, Tim Weatherby, Allen Pittman MSSW – Texas Department of State Health Services
Doris Chimera RN, MA, MHA – Harris County Hospital District; Britta Ostermeyer MD, Brian Reed MD – Baylor College of Medicine
James Dyer PhD, Emily Jasek – Public Policy Research Institute, Texas A&M University



The Texas DMIE Study

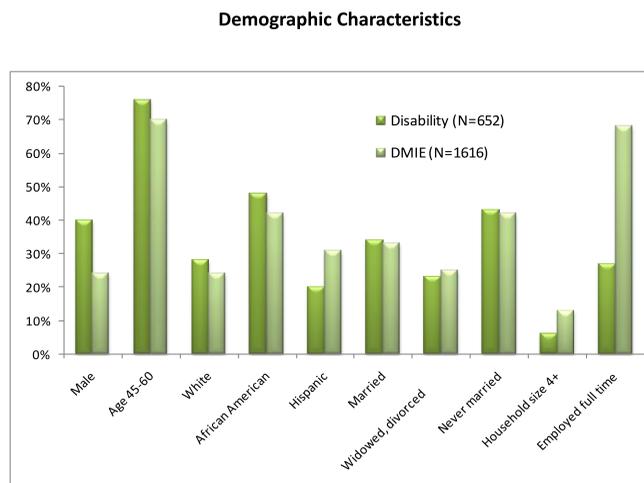
Working Well, the Texas Demonstration to Maintain Independence and Employment (DMIE), is a research study that measures the effect of access to health and employment benefits on working people with major health conditions who are at risk of becoming disabled. To join the study, participants must be working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

Background of this Analysis

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 poster compares the characteristics of *Working Well* participants (DMIE group) 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 from among all patients in the Harris County Hospital District 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 and could help states develop more accurate methods to target effective interventions at those with a high risk for disability.

Demographics

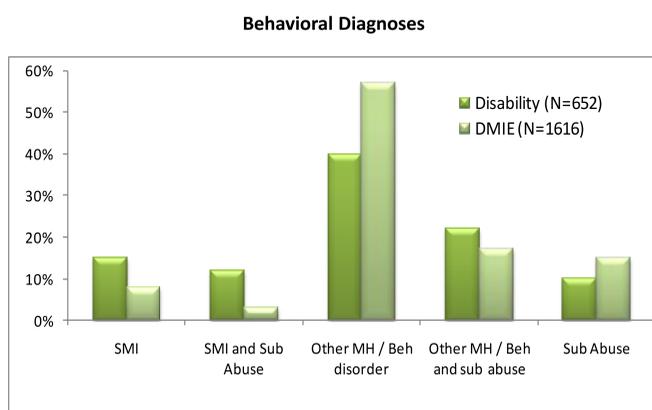
- Overall, the DMIE and disability groups were demographically similar, which validates the study's selection methodology, which was designed to target people at risk for dependence on federal disability benefits.
- Some observed differences suggest factors that may indicate additional risk for disability.



- The disability group had more men (40%) than the DMIE group (24%) (men may be less likely to be healthcare seekers, and more likely to delay care until their condition deteriorates).
- The disability group was more likely to be African American and less likely to be Hispanic compared to study participants (consistent with national SSI/SSDI data [DeCesaro and Hemmeter, 2008]).
- Both groups were of similar age and marital status.
- Average household size was similar, but disability group was less likely to live in households with 4+ members.
- The disability group was less likely to be employed full time (all candidates were required to have worked at least 40 hours a month during any time in the 6 months before selection).

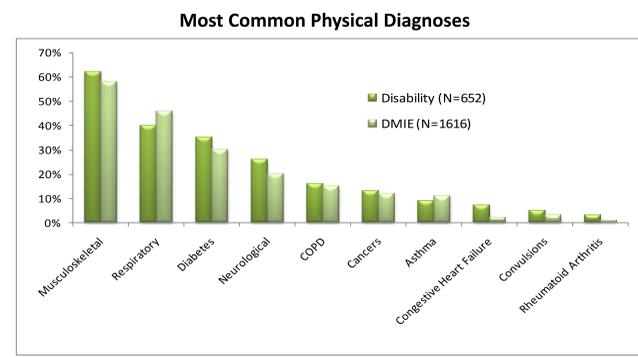
Behavioral Health

- The behavioral health diagnoses come from 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.
- The disability group was more likely than DMIE 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.



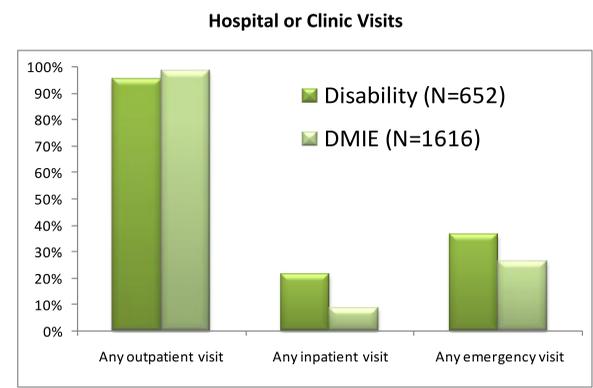
Physical Health

The chart below 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.



Health Service Utilization

- 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).
- 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.



Discussion

- 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. 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 (e.g. diabetes and congestive heart failure).
- 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 data presented in this poster 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.

National Context

- National data show that certain socio-demographic characteristics make people more at risk for enrolling in SSI or SSDI, including:
 - low educational attainment (high school or less)
 - two or more physical health conditions causing limitations
 - mental health disorder (excluding mental retardation)
 - musculoskeletal disorder (back, neck or shoulder problems)
 - chronic poverty