



Highlights of a
FORUM

**ACTIONS THAT
COULD INCREASE
WORK PARTICIPATION
FOR ADULTS WITH
DISABILITIES**

July 2010

GAO-10-812SP



Highlights of [GAO-10-812SP](#), a GAO forum

Why GAO Convened This Forum

The Americans with Disabilities Act (ADA)—now in its 20th year—calls for the full participation of individuals with disabilities in society, including the workforce. Yet, many barriers exist that may prevent them from staying connected or returning to employment. For instance, eligibility requirements for receiving public disability benefits or health coverage are not always consistent with helping to keep individuals at work or facilitating their return. Also, employers may not know how to accommodate employees with disabilities or may lack financial incentives to do so.

GAO convened a forum on March 16, 2010, to explore policy options and actions that could be taken to help adults with a current or past work history improve their participation in the workforce. Participants included experts and officials representing a variety of views. Prior to the forum, GAO surveyed a larger group of experts to help inform the discussion. Comments expressed during the forum or on the survey do not necessarily represent the views of all participants, the organizations they represent, or GAO.

Although GAO is not making recommendations, based on our prior work and consistent with a past GAO proposal to Congress, GAO agrees with forum participants that strong federal leadership is essential for achieving the level of coordination required to effectively leverage resources to improve work participation for Americans with disabilities.

View [GAO-10-812SP](#) or key components. For more information, contact Daniel Bertoni at (202) 512-7215 or bertonid@gao.gov.

HIGHLIGHTS OF A FORUM

Actions that Could Increase Work Participation for Adults with Disabilities

What Participants Said

From the policy options identified through two surveys and discussions at a 1-day forum, participants prioritized the following actions for improving work outcomes at three levels: individual, employer, and federal.

Individual: Participants articulated a key underlying principle for increasing work participation—improve incentives for individuals with disabilities to work while strengthening necessary services and supports. Participants generally agreed that a more coordinated system of programs and benefits is needed to encourage individuals to work and remove the structural barriers that can jeopardize the services and supports they depend on. They also noted that an increased emphasis on benefits counselors could be useful in helping individuals coordinate the services they receive. However, participants cautioned that any new approaches should be structured to avoid unintended consequences, such as adversely affecting those who cannot work or have yet to enter the workforce.

Employer: Participants focused on two proposed actions to further engage and encourage employers in helping individuals with disabilities keep their jobs or return to work. The first involved creating a well-structured information campaign to educate employers about the benefits of keeping employees with disabilities at work or helping them return to work. This campaign would include information about the financial benefits of retaining these employees, as well as narratives from companies who have been successful in doing so. Participants emphasized the importance of disseminating information through a variety of media outlets and involving the disability and business communities in the process of developing the campaign. The second action involved enhancing incentives for employers to keep or return individuals to work by increasing their responsibility for some of the long-term costs of disability. This could be done either by requiring employers to directly finance extended disability benefits for their employees or by adjusting employers' payroll taxes based on their success at keeping employees in the workforce. Ideally, both actions would motivate employers to increase their use of services and practices that proactively address potentially disabling conditions and reintroduce individuals to the workplace.

Federal: To address the actions proposed above, or other broad policy options, participants agreed that a federal coordinating entity is needed to focus and align efforts across numerous federal agencies and programs that play a role in supporting individuals with disabilities. They noted that to be effective, interagency efforts would need strong support from the White House; and to ensure legitimacy, a coordinating entity would need representation from the disability community. Participants also suggested that the federal government could do more to serve as a model employer of individuals with disabilities and that more research is needed on hiring practices and retention levels of individuals with disabilities within the federal workforce.

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On July 30, 2010, this product was corrected and reissued to include the Highlights page.

Abbreviations

ADA	Americans with Disabilities Act
ACS	American Community Survey
RTW	return-to-work
SAW	stay-at-work
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Social Security Income
Ticket to Work Program	Ticket to Work and Self-Sufficiency Program
VR	Vocational Rehabilitation
VR&E	Vocational Rehabilitation and Education
WIA	Workforce Investment Act
WIPA	Work Incentives Planning and Assistance

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Introduction

This year marks the 20th anniversary of the Americans with Disabilities Act of 1990 (ADA)—a landmark piece of civil rights legislation that promotes access and opportunity for millions of Americans with disabilities and calls for their full participation in society, including in the workforce. Nevertheless, despite the promises and hope ignited by the ADA, parity in workforce participation for Americans with disabilities has remained elusive. Most telling, the unemployment rate of individuals with disabilities seeking work remains well above those without disabilities, and the gap has widened further in recent years.¹

The reasons why workers with disabilities continue to face the possibility of losing their jobs or being unable to return to the workforce are many and complex. In addition to challenges resulting directly from their health conditions, individuals may have trouble obtaining employment services such as job counseling or training to help them stay in their current job or find a new one. Limited access to health care or other financial supports may also make it challenging for individuals to manage their disabilities and maintain their connection to the workforce. Additionally, improving work participation for individuals with disabilities can be challenging because, beyond individuals themselves, numerous stakeholders—including employers, health care providers and various federal, state, and local programs—play an important role in the process. Each of these stakeholder groups may either lack information relevant to their role—such as recommended actions for helping the individual stay employed and the costs and benefits of those actions—or may lack financial incentives to take on that role.

The complexity of these and other challenges related to improving work participation is a major reason why GAO placed modernizing federal disability programs on its high-risk list in 2003.² Progress toward greater work participation has remained difficult in part because the United States has a patchwork of disability programs—developed individually over many years—but lacks a unified set of national goals that guide coordination among programs or contribute to measuring desired outcomes. Specifically, our past work has identified 20 federal agencies and almost 200 programs that provide a wide range of assistance—

¹According to Bureau of Labor Statistics labor force data from the Current Population Survey.

²See GAO, *High-Risk Series: An Update*, [GAO-09-271](#) (Washington, D.C.: January 2009).

including employment-related services—to people with disabilities.³ Given this disarray in disability programs, we have proposed that Congress take the lead in authorizing a coordinating entity to develop a federal strategy that could integrate services and support;⁴ however, we also recognize that leadership is not the sole purview of Congress and that the executive branch must also help lead the way. Strong leadership is even more necessary at a time of economic downturn and constrained government budgets.

Within this context, we convened a 1-day forum on March 16, 2010, to identify public and private sector options for, and the federal government's role in, assisting adults with disabilities in their efforts to remain employed or return to the workforce. To ensure that we focused on the most important issues, prior to the forum we iteratively surveyed 60 individuals with subject matter or professional expertise to solicit input and help determine the forum's agenda. Of the 60 survey recipients, 17 were invited to participate in our 1-day forum. Forum participants included federal officials, researchers, disability advocates, and medical and vocational service providers, among others, and as a whole reflected a wide array of sectors, professions, and perspectives.⁵ Informed by the survey results, and with the help of consensus and facilitation techniques, forum participants fleshed out issues related to providing incentives, services, and cash and health benefits to individuals, and proposed actions related to improving education, tools, and incentives to employers.⁶ They also discussed the federal government's role in implementing their proposals and other policies to support individuals with disabilities. This report summarizes key options and issues identified through the forum discussion and surveys we conducted. See appendix I for more information on our process for selecting survey respondents, forum

³See GAO, *Federal Disability Assistance: Wide Array of Programs Needs to be Examined in Light of 21st Century Challenges*, [GAO-05-626](#) (Washington, D.C.: June 2, 2005).

⁴See GAO, *Federal Disability Programs: More Strategic Coordination Could Help Overcome Challenges to Needed Transformation*, [GAO-08-635](#) (Washington, D.C.: May 20, 2008).

⁵Although we obtained information from employers through our surveys, the employers we contacted were not able to attend our forum.

⁶In addition to employers, participants discussed possible actions for improving education, tools and incentives for insurers and providers of services, such as health care or employment services, but ultimately focused on proposed actions for employers.

participants and policy areas; appendix IV for the forum agenda; and appendix V for a list of forum participants.

The perspectives expressed herein do not necessarily represent the views of all participants, the organizations they represent, or GAO. We thank all of the participants for the generous contribution of their time and constructive exchange of views and ideas during the forum and within the survey responses. This report is available at no charge and in accessible format on GAO's Web site at <http://www.gao.gov>.



Daniel Bertoni, Director
Education, Workforce, and Income Security Issues
July 29, 2010

Background

Evidence Suggests Many Individuals with Disabilities Can and Want to Work

Data suggest that many individuals with disabilities—including some who are currently unemployed—can and want to work. Recent Census data estimated that 40 percent of working-age individuals⁷ who reported having a disability were employed.⁸ At the same time, many experts believe that these employment figures fall short of the number of individuals with disabilities who could participate in the workforce. For example, according to 2008 Census data, an estimated 9 percent of unemployed individuals with disabilities between the ages of 21 and 64 in 2008 were actively looking for work.⁹ Also, analysis conducted by Mathematica Policy Research, Inc. found that 40 percent of working-age Social Security Administration (SSA) disability benefit recipients reported having goals of work or saw themselves working in the future.¹⁰

Current thinking and research suggest that mitigating workplace barriers would help individuals with disabilities to stay employed. Broadly defined and for the purposes of this report, a disability is the existence of a health condition that impedes an individual's ability to function in his or her environment, either temporarily or for a prolonged period. According to the Institute of Medicine, the World Health Organization and others, a disability is not just the existence of a health condition, but an interaction of that health condition with barriers created by the individual's physical

⁷For the purposes of this report, we define “working age” as between 18 and 64 years old.

⁸Estimate based on Cornell University Disability Statistics analysis of 2008 U.S. Census American Community Survey (ACS) data for the noninstitutionalized population. This estimate has a range of plus or minus 0.31 percentage points. The ACS definition of disability is based on six questions. A person is coded as having a disability if he, she or a proxy respondent answers affirmatively for one or more of these six disability categories: (1) hearing, (2) visual, (3) cognitive, (4) ambulatory, (5) self-care, or (6) independent living.

⁹Cornell University Disability Statistics analysis of 2008 ACS data for the noninstitutionalized population. This estimate has a range of plus or minus 0.18 percentage points.

¹⁰This analysis used 2004 National Beneficiary Survey data. For more information, see Gina Livermore, *Earnings and Work Expectations of Social Security Disability Beneficiaries*, Mathematica Policy Research, Inc., Disability Policy Research Brief Number 08-01 (2008).

and social environments.¹¹ While some health conditions may be too severe to allow for continued employment, research shows that with appropriate and tailored supports—such as a wheelchair, a flexible work schedule or text-reading software—some individuals with disabilities can successfully function in the work environment.¹² Current concepts of disability also suggest that perceptions held by employers and physicians and the individuals themselves may create unnecessarily low expectations about individuals' abilities to participate in the workforce, and can affect whether an individual finds or retains employment.

Furthermore, the timing of interventions has an effect on whether an individual with a health condition can stay in or return to the workforce. Current research demonstrates the importance of providing employment services and medical benefits soon after the onset of disability. For example, the American College of Occupational and Environmental Medicine recommends that individuals at risk for leaving the workforce due to disability coordinate early and closely with their health care provider, employer and insurer, to address medical and environmental needs.¹³ Experts note that the longer an individual is out of the workforce, the more difficult it is to return.¹⁴

¹¹The World Health Organization's International Classification of Functioning, Disability, and Health (ICF), which was endorsed at the 54th World Health Assembly 2001, embodies this definition of disability. The ICF model explicitly recognizes that the health and level of function of an individual can be dynamic and affected by personal and environmental factors. For more information, also see Marilyn J. Field and Alan M. Jette, eds. *The Future of Disability in America*, Institute of Medicine of the National Academies (Washington, D.C.: National Academies Press, 2007).

¹²For example, see Job Accommodation Network, *Workplace Accommodation: Low Cost, High Impact*, prepared for the Department of Labor's Office of Disability Employment Policy, 2009. Also see Martha A. Palan, Lynn Elinson, and William D. Frey, *Evaluation of Disability Employment Policy Demonstration Programs: Task 10: A Synthesis of Key Findings, Issues, and Lessons Learned—Customized Employment Program Priority Area*, prepared for the Department of Labor, Office of Disability Employment Policy (Westat: 2007).

¹³American College of Occupational and Environmental Medicine, *ACOEM Guideline: Preventing Needless Work Disability by Helping People Stay Employed* (2006).

¹⁴For more information, see GAO, *SSA Disability: Return-to-Work Strategies From Other Systems May Improve Federal Programs*, GAO/HEHS 96-133 (Washington D.C.: July 11, 1996). Also see Sheila H. Akabas, Lauren B. Gates, Donald E. Galvin, et al., *Disability Management: A Complete System to Reduce Costs, Increase Productivity, Meet Employee Needs, and Ensure Legal Compliance* (American Management Association: 1992).

Private and Public Disability Insurance and Income Support Programs

Private disability insurance programs can provide timely cash benefits to individuals with disabilities, although many individuals are not covered by these programs. Private disability insurance coverage, sometimes subsidized by employers, is designed to partially replace lost income when an individual is unable to work due to a disability.¹⁵ To help manage the costs of providing these cash benefits, private employers and insurers may also provide a variety of work supports to individuals to help them stay at or return to work. In 2009, approximately one-third of employees in the private sector and state or local government had access to some form of disability insurance through their employers.¹⁶

Additionally, all states have workers' compensation programs which provide partial salary replacement and pay medical expenses for employees who sustain work-related injuries and illnesses.¹⁷ Workers' compensation programs also provide other services to help injured and ill workers stay at or return to work. Employers pay the cost of premiums for workers' compensation programs or may self-insure. Employers' premiums (or direct costs if they are self-insured) are generally determined by the number of claims paid to their employees. This creates incentives for providing safe work environments and retaining individuals after injury or illness.

Generally viewed as a resource of "last resort," the Social Security Administration (SSA) provides income support to some individuals with disabilities through the Social Security Disability Insurance (SSDI) and

¹⁵Employers can provide disability insurance to their employees by purchasing or subsidizing employees' purchase of insurance from insurance companies or through self-insuring under the Employee Retirement Income Security Act of 1974 (ERISA) (29 U.S.C. § 1001et seq.). Disability insurance benefit plans generally fall into two categories: short-term or long-term (which generally continues until retirement or a specified age).

¹⁶This estimate is from the Bureau of Labor Statistics' 2009 National Compensation Survey. The survey includes civilian workers in the private nonfarm economy, except those in private households, and workers in the public sector, except the federal government. Five states—California, Hawaii, New Jersey, New York, and Rhode Island—and Puerto Rico have mandated short-term disability coverage for qualifying individuals. California and Rhode Island do not require employer contributions; Hawaii, New Jersey, and New York do. Congressional Research Service, *Leave Benefits in the United States*, RL34088 (2009).

¹⁷Americas Health Insurance Plans, *Disability Income Insurance: Group and Worksite Issues* (2003). In most instances, workers' compensation covers injuries that are caused, in whole or in part, by work.

Supplemental Security Income (SSI) programs.¹⁸ Beneficiaries of these programs can also qualify for Medicare or Medicaid health insurance. To be eligible for SSDI and SSI benefits due to disability, individuals must have a physical or mental impairment that prohibits them from engaging in work constituting “substantial gainful activity.”¹⁹ Concerns have been raised that SSA program rules for receiving benefits—such as tying the definition of substantial gainful activity to income thresholds—can create incentives to stay out of the workforce, even when work is possible. Similarly, SSI beneficiaries lose their entitlement to Medicaid benefits when their earnings reach a certain threshold for a period of time. To protect health care eligibility, some beneficiaries may decline to seek or choose to limit employment.²⁰ In part to improve work incentives and work participation for SSA’s disability beneficiaries, Congress passed the Ticket to Work and Work Incentives Improvement Act of 1999, which among other provisions, created the Ticket to Work and Self-Sufficiency Program (Ticket to Work Program).²¹ Although intended in part to improve access to and expand the availability of work-related supports,²² the Ticket to Work Program experienced early disappointing results in terms of the

¹⁸Individuals who qualify for cash assistance based on disability receive benefits through SSDI if they previously worked in employment covered by Social Security for a sufficient period of time, through SSI if they are below a designated income level, or through both if they meet the eligibility criteria for both programs.

¹⁹SSA considers individuals to have a disability if SSA determines they cannot perform their previous work and cannot adjust to other work due to a medically determinable physical or mental impairment and other relevant factors, and the disability is expected to last for at least 1 year or result in death. The term “substantial gainful activity” is used to describe a significant level of physical and/or mental work activity and income or earnings threshold that is established by regulation and recalculated regularly using an established formula. In 2010, the substantial gainful activity income threshold was \$1,000 per month for adults who were disabled but not blind. Those earning above this income threshold may become ineligible for continued SSDI benefits.

²⁰It is too soon to determine how the Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act of 2010 (i.e., Health Care Reform) will impact access to health care for individuals with disabilities.

²¹Pub. L. No. 106-170 (1999). In addition to establishing the Ticket to Work program, the law also authorized demonstration projects designed to improve incentives for SSA beneficiaries to return to work. For more information about these demonstrations, see Social Security Administration, *Annual Report on Section 234 Demonstration Projects* (June 2009).

²²Eligible beneficiaries are provided tickets to be used as vouchers to request vocational rehabilitation, employment, or other support services from the traditional state VR agencies or from new SSA-approved public or private service providers, which are referred to as employment networks (EN).

extent that individuals and service providers participated in the program.²³ Consequently, SSA revised the Ticket to Work Program regulations in 2008 to encourage greater participation by service providers;²⁴ however, the impact of these changes has yet to be determined.

Federal Employment Services for Individuals with Disabilities

A variety of federal programs are designed to provide services to individuals with disabilities to improve work participation. The Department of Education's (Education) Vocational Rehabilitation (VR) programs, Veterans Affairs' Vocational Rehabilitation and Education (VR&E) program, and the Department of Labor's Workforce Investment Act (WIA) One-Stop Career Centers all provide services that assist individuals in finding or retaining employment. Beyond these programs aimed at providing one-on-one assistance to individuals, the Department of Labor's Office of Disability Employment Policy (ODEP) provides myriad education and assistance to employers and communities, as well as individuals, related to increasing work participation of individuals with disabilities.

While these programs provide important services, their scope and structures pose some challenges for improving work participation, including coordination among agencies. Specifically, individuals in need of assistance may not always have access to or receive timely or appropriate services. For example, resource limitations within Education's VR program can lead to eligible individuals being placed on waitlists if they are not among those with the most significant disabilities.²⁵ See table 1 for a description of key services and supports available to individuals with disabilities as well as challenges they present to keeping or finding employment.

²³For more information, see Gina Livermore, Allison Roche, and Sarah Prenovitz, *Work Activity and Use of Employment Supports Under the Original Ticket to Work Regulations: SSI and DI Beneficiaries with Work-Related Goals and Expectations*, Mathematica Policy Research, Inc., prepared for the Social Security Administration Office of Disability and Income Support Programs, October 2009.

²⁴73 Fed. Reg. 29324 (May 20, 2008).

²⁵Individuals are eligible for VR services if they have a physical or mental impairment that constitutes a substantial impediment to employment and can benefit from VR services; however, many state agencies operate under an "order of selection," meaning they lack sufficient resources to provide comprehensive services to all eligible individuals. When this is the case, federal regulations require the state to give priority to those who have the "most significant" disabilities, as determined by the state.

Table 1: Key Services and Supports Available to Adults with Disabilities, and Their Limitations

Programs or offices	Description	Limitations
<i>Private and public disability insurance and income support programs</i>		
Private disability insurance	Provides partial income replacement for policy holders who are unable to work due to disability.	Not all individuals have disability insurance.
State short-term disability insurance	Select states require the provision of time-limited partial income replacement for individuals who are unable to work due to disability.	Only applies to individuals in five states.
State workers' compensation	Provides partial income replacement and medical coverage for individuals who sustain work-related injuries or illness.	Provides supports only for individuals whose disabilities are job-related.
Social Security Disability Insurance (SSDI)	Provides cash benefits to qualifying individuals with a physical or mental impairment that prevents them from working for at least one year.	Five month waiting period to collect benefits is not conducive to helping individuals remain in the workforce; benefits stop if individual earns above an income threshold which may occur before financial independence can be achieved.
Social Security Supplemental Security Income (SSI)	Provides cash benefits to individuals with disabilities who have low income or resources and who meet the same medical eligibility requirements as for SSDI.	Like SSDI, benefits stop if earnings are above an income threshold, but SSI has more gradual benefit reductions that are more supportive of return to work.
<i>Federal medical benefits</i>		
Health and Human Services Medicare program	Provides health care coverage to seniors and some individuals with disabilities; SSDI recipients are eligible to receive benefits.	For those under 65 applying for benefits because of disability, there is a 24-month waiting period before benefits start, which is not conducive to helping individuals remain in the workforce.
Health and Human Services Medicaid program	State-administered medical assistance provided to individuals with disabilities who meet state-designated eligibility criteria, including having income and assets below certain thresholds.	Benefits stop if individual exceeds an income or asset threshold, which may occur before financial independence can be achieved.
<i>Federal programs that provide employment services</i>		
Department of Education Vocational Rehabilitation programs	Employs counselors to help individuals achieve employment goals; provides tailored services such as job placement and training, medical treatment, and assistive technology.	Resource limitations can prevent some individuals from receiving timely services.
Department of Veterans Affairs' Vocational Rehabilitation and Employment program	Provides individualized services to address the employment-related barriers of veterans with a service-connected disability.	The program may lack flexibility to address some barriers.

Programs or offices	Description	Limitations
Department of Labor's Workforce Investment Act (WIA) One Stop Career Centers	Provides employment assistance, including to individuals with disabilities. Some centers have disability program navigators—staff who provide support to other WIA staff serving individuals with disabilities and who work to improve links to employers.	Funding for the disability program navigators ended after federal fiscal year 2009, and concerns exist about individuals' with disabilities access to WIA services.
Department of Labor's Office of Disability Employment Policy	Provides a variety of resources and services to individuals, employers and community organizations to increase employment for individuals with disabilities.	Many resources provided are demonstration projects that have yet to be fully implemented.
Social Security Administration's Ticket to Work Program	Provides a ticket to SSDI and SSI beneficiaries to receive employment services from approved private or public providers of employment services.	Early results regarding participation in the program by individuals and service providers were disappointing and the effect of recent changes to the program has yet to be determined.

Source: Review of literature and prior GAO work.

Beyond these major programs, numerous federal programs provide a variety of assistance to individuals with disabilities, which may in turn affect work outcomes. For example, our prior work found that, in the federal sector alone, there are nearly 200 programs under 20 agencies that provide services or supports to people with disabilities.²⁶ Given the multiple dimensions of disability and the variety of relevant private and public programs, many stakeholders may be involved in the process of keeping or returning an individual to work.

Focus on the Individual: Improve Incentives and Strengthen Existing Services and Supports

Participants articulated a guiding principle that policy options should improve incentives for individuals with disabilities to work while strengthening the supports and services on which they depend. In particular, they noted that individuals have a variety of basic needs that must be met, such as income, housing, health care, and access to transportation. As such, individuals with disabilities or their representatives generally respond rationally to the incentives or disincentives presented to them when considering whether working or not is the best way to meet these needs. Participants stated that as programs and benefits are currently structured, it often does not pay to work because individuals are only able to receive the income, housing, and/or other supports and services they need if they do not work or limit their

²⁶ [GAO-05-626](#).

earnings. Incentives need to be aligned so that work becomes the rational choice for individuals who can work and not the risky choice.

Participants identified four key components of this principle to help ensure policy options effectively improve incentives and workforce participation for individuals with disabilities:

1. *Provide a coordinated system of supports and services that make it possible to work and still have basic needs met.* Current federal disability programs are structured such that they may place individuals in situations where working is unattractive. For instance, panelists said that SSDI beneficiaries may be hesitant to return to the workforce if their wages will eventually disqualify them from continuing to receive Medicare health benefits and if they believe they will be denied or not offered coverage by a prospective employer. Some individuals returning to work can receive Medicaid coverage through the Medicaid Buy-in Program.²⁷ However, one participant noted that this program may inadvertently keep individuals in poverty because states place limits on the amount of income or resources the individual can have and maintain eligibility for Medicaid. Given the variety of programs and stakeholders involved in providing supports and services, the task of creating an improved and coordinated system is a difficult one. For example, this could involve taking inventory of existing benefits and programs to see where gaps in coverage exist, where coordination would improve delivery of services, and how programs could be aligned and refined to improve incentives.
2. *Create earlier opportunities to access services and benefits.* Participants stated that policies should allow individuals to receive a broad array of supports and services before a disability forces them to leave the workforce. Currently, many individuals lack private disability insurance,²⁸ so they may not have access to services and benefits until after they have left the workforce. For instance, individuals must leave the workforce for a period of time and prove they are unable to engage in substantial employment because of a physical or mental impairment before they can start to receive SSDI and Medicare benefits. In general, participants noted that interventions are needed well before this point to provide options for individuals to stay in the workforce and reduce

²⁷Under Medicaid Buy-in, states have the option to extend Medicaid benefits to individuals with disabilities who work.

²⁸Bureau of Labor Statistics, 2009 National Compensation Survey.

the need for Social Security benefits. Such interventions could include partial disability benefits that take effect when an individual cannot work full-time. To be timely and more effective, participants suggested that any new interventions should have more flexible eligibility criteria and provide for earlier access to a wider set of supports and services than those currently offered through Social Security programs.

3. *Tailor services and supports to the needs of individuals, e.g., using benefits counselors.* In addition to emphasizing that services and supports should be tailored to individual needs, participants suggested that enhanced benefits counseling would help individuals make informed decisions and better choose personalized supports and services in response to work opportunities. Benefits counseling could also help make individuals aware of the options available to them and help coordinate the various services they may receive in relationship to their individual needs. One participant noted that even in the absence of new incentives, the information provided by benefits counselors could help improve work participation for adults with disabilities by helping to address some of the fears individuals may have about returning to work.²⁹
4. *Evaluate the costs and benefits of new interventions.* Participants stated that the cost and benefits of new services and benefits will need to be demonstrated through research and evaluation. However, the costs and benefits of new initiatives may be difficult to evaluate given the various programs and stakeholders involved. For example, a new program that may lower costs for SSA may increase costs for other agencies or organizations. Therefore, costs and benefits should be evaluated at a level that takes this into consideration rather than in terms of individual programs.

Participants cautioned that any new services or benefits need to be structured carefully to avoid creating any unintended negative consequences. Interactions between benefit eligibility requirements and earnings need to be understood to avoid scenarios where individuals

²⁹Benefits counseling is currently provided by SSA through the Work Incentives Planning and Assistance (WIPA) programs. WIPA projects are funded by SSA and work with a variety of organizations to provide disability beneficiaries with information on employment and community resources that can support their return to work. WIPA is still evolving and Mathematica, which is evaluating the program under contract with SSA, has issued a report. See Mathematica Policy Research, Inc., *Work Activity and Use of Employment Supports Under the Original Ticket to Work Regulations: Process Evaluation of the Work Incentives Planning and Assistance Program* (Washington, D.C., February 2009).

might return to work only to lose an existing benefit—such as subsidized housing—before employment is truly sustainable. Additionally, new efforts should not be implemented at the expense of needed supports and services for individuals with serious, long-term disabilities who cannot work, such as many of those receiving SSDI. For instance, one participant noted that if Social Security were to provide short-term disability benefits, these benefits should be complementary to and not jeopardize entitlement to SSDI for those who rely on this basic income.

In addition to the guiding principle and key components discussed, forum participants, as well as survey respondents, identified additional actions related to improving incentives for individuals that may warrant further exploration. Examples include the following actions:

- *Enhance tax incentives for individuals to work.* The federal government should explore the possibility of a disabled worker earned income tax credit as a way to help individuals cover the additional costs of disability and help them remain employed.³⁰
- *Modify the Family and Medical Leave Act of 1993.*³¹ The law could be modified to improve individuals' ability to return to their former employers. This could be done by allowing individuals who are no longer working for an employer because they exhausted their medical leave to apply for open positions with that former employer as internal (versus outside) candidates.
- *Promote and facilitate a team approach to helping individuals stay at work or return to work.* Several forum participants and survey respondents noted the importance of prompt coordination and communication among stakeholders at the onset of a disability, including with the individual with the disability, family members, employer, health care providers, employment services providers, and others.

³⁰ Additionally, usage of some existing tax incentives—such as the Disabled Access Credit and the Work Opportunity Tax Credit—is low and could be improved. For more information see, Bryon MacDonald and Megan O'Neil, *Being American: the Way Out of Poverty* (Oakland, Calif.: World Institute on Disability, 2006).

³¹ Pub. L. No. 103-3 (1993).

Focus on the Employer: Improve Knowledge and Incentives

Recognizing the essential role that employers must play in improving work participation for individuals with disabilities, two groups of participants proposed actions to increase employers' efforts to help individuals with disabilities keep working or return after an absence. One group proposed actions for increasing employers' knowledge about the financial benefits of retaining or rehiring employees with disabilities. Another group of participants proposed actions for improving financial incentives for employers by increasing their share in the costs resulting from employees leaving the workforce because of disability. In both cases, participants said that while these actions could increase employment for people with disabilities and decrease their use of public disability benefits such as SSDI, significant challenges and issues exist that would need to be addressed with input from employers when designing and implementing these actions.

Develop an Information Campaign to Improve Employers' Knowledge about the Financial Benefits of Retaining Individuals with Disabilities or Returning Them to Work

One group of participants proposed developing an information campaign to improve employers' knowledge about the financial benefits of retaining employees with disabilities or returning them to work. Participants noted that most efforts to increase retention and rehiring to date have focused on employers' legal responsibilities rather than the financial advantages possible for businesses. Retaining individuals after the onset of disability could decrease staff turnover costs and allow employers to retain those with important skills, abilities, and institutional knowledge, according to participants. Also, individuals with disabilities can represent to employers a large market of potential customers, and employees with disabilities can provide important perspectives on attracting these customers.

Participants said the information campaign should incorporate both new and existing research on the financial benefits of retaining or rehiring employees after the onset of disability.³² They stressed the importance of conducting up-to-date research tailored to specific industries and focused on employers' needs. For example, the research could compare the average cost of providing accommodations versus the costs of hiring and training a replacement employee. In addition to providing quantitative cost savings

³²For examples of existing research in this area, see the following: EarnWorks.com, *Talent to Drive your Business' Success*, www.earnworks.com/businesscase/index.asp (accessed on April 21, 2010); the Integrated Benefits Institute, *Bringing Workforce Health and Productivity to the C-Suite*, <http://ibiweb.org/> (accessed on April 22, 2010); and the Oregon Business Leadership Network, *Business Case*, <http://www.obln.org/BUSCase.htm> (accessed on April 5, 2010).

information, the information campaign should include descriptive examples of effective practices used by employers and the financial benefits realized. These examples should include a diverse array of employer sizes and types of disabilities. They could also illustrate how employers' efforts to prevent and accommodate disabilities—such as using flexible work environments—can positively impact the workforce as a whole.

The support and participation of both the business and disability communities would be crucial to the campaign's success. Participants stated that businesses would be more likely to embrace the campaign if it were produced by a well-known private sector research entity³³ rather than a federal agency or non-profit organization tasked with increasing employment of individuals with disabilities. The campaign could initially focus on a few industries likely to grow in the coming decades, with the possibility of expanding the campaign to additional industries if it proved successful.

Participants emphasized the importance of distributing information on financial benefits through a strategic and coordinated marketing campaign. To ensure the message reaches different types of employers, the campaign should disseminate information through new forms of media like Internet social networking; more traditional media like major newspapers and business publications; as well as business-to-business networks and communication. The environmental sustainability movement was also identified as a potentially useful model for marketing the information. In particular, participants suggested adopting the environmental movement's strategy of involving high-profile business executives to enhance acceptance within the business community.

A successful information campaign would have economic and social benefits, according to participants. Such a campaign could convince employers to retain or rehire employees with disabilities in higher numbers, and decrease reliance on public benefits. If better informed, employers may show an increased commitment to supporting individuals with disabilities and employees may feel more comfortable and confident

³³Participants cited the example of a recent collaboration between Microsoft and Forrester Research to illustrate the power of using well-known and respected brands to get attention from the business community. See Forrester Research Inc., *The Wide Range of Abilities and Its Impact on Computer Technology*, commissioned by Microsoft, Inc., 2004 and Forrester Research Inc., *Accessible Technology in Computing—Examining Awareness, Use, and Future Potential*, commissioned by Microsoft, Inc., 2004.

disclosing their disabilities. Ultimately, high-performing employees with disabilities could provide positive examples for employers and further increase their commitment to supporting other individuals with disabilities.³⁴

Participants also identified some potential limitations and challenges to improving employment through an information campaign. These included the following:

- *An information campaign alone might not be enough to improve work outcomes.* Participants debated how effective an education campaign would be without also changing incentives for individuals and employers. One participant noted that employers are good at calculating financial benefits and therefore may already be acting in the most cost-effective manner, given current incentives. However, another participant noted that existing cultural biases against individuals with disabilities may lead employers to make retention and hiring decisions based on misperceptions rather than economic facts.
- *The information campaign could increase overall retention and hiring but have limited success for individuals with certain disabilities.* Some participants expressed concern that misconceptions about certain types of disabilities might persist, leading employers to limit retention and hiring of individuals with those disabilities. They suggested that this could be partially addressed by including illustrative examples that focused on the contributions of employees with various types of disabilities. Participants also acknowledged that some individuals with disabilities may have conditions that are too severe to make work feasible.
- *Past information campaigns have had limited success.* Participants noted that there have been past government efforts to educate employers on the financial benefits of employing individuals with disabilities, but they did not improve employment outcomes to desired levels. Therefore, the entity designing the information campaign should identify and implement the lessons learned from previous efforts. For example, improved marketing strategies for disseminating this information might lead to better outcomes than past efforts.

³⁴Participants cited the concept of “disability confidence” when discussing improvements in employer culture and employee comfort in disclosing disabilities. For more information, see the Employer’s Forum on Disability, *Disability Confidence*, <http://www.realising-potential.org/disability-confidence/> (accessed on June 8, 2010).

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- *Government programs that provide resources to employers would need to be prepared for increased demand.* If the information campaign convinced employers to retain or hire more individuals with disabilities, employers would likely increase their use of federal programs that support work. Government programs such as the VR program would need to be better publicized and their services enhanced to support employers' expanded interest and efforts. Making these improvements may require additional program funding.

Enhance Employer Incentives to Mitigate Work Disabilities by Increasing Their Financial Responsibility for Employees Who Exit the Workforce

Another group of participants concluded that because employers generally do not directly bear the long-term costs associated with their workers' disabilities not covered by workers' compensation programs, they have little financial incentive to provide benefits and services to retain employees after the onset of disability.³⁵ Accordingly, these participants proposed two approaches that would increase employers' costs when their employees leave the workforce due to disability. In view of the fact that the proposed approaches allow employers to control the costs by keeping employees at work, participants thought that employers would therefore have added incentives to adopt timely and effective intervention strategies to keep employees working.

- *Adjust payroll taxes according to an employer's success at keeping employees in the workforce:* This approach would modify the payroll tax structure used to fund the SSDI program. Unlike the current approach wherein payroll tax rates are the same for all employers, rates would be adjusted so that employers who are successful at keeping their employees with disabilities at work would pay less than those with many employees leaving the workforce and entering the SSDI program. Participants referenced state workers' compensation and unemployment insurance

³⁵Employers often cover or contribute to short-term costs such as paid sick leave, workers' compensation payments, short-term disability insurance and accommodations for their employees. Although some employers provide private long-term disability insurance to their employees, most only contribute to long-term costs of disability by indirectly funding the SSDI program through payroll taxes.

programs as examples of how this “experience rating” approach can improve employers’ incentives.³⁶

- *Require employers to provide disability benefits:*³⁷ Employers would be required to finance disability benefits for an extended period of time if employees’ disabilities prevented them from performing job duties.³⁸ Participants suggested that many employers would fulfill their financial responsibilities by purchasing private disability insurance plans. Employers’ financial responsibilities for providing benefits could be partially subsidized by the federal government. For example, subsidies could be paid for by diverting some revenues from existing payroll taxes.

Participants anticipated that either approach would motivate employers to more quickly support individuals with disabilities and keep them at work in order to minimize the costs of providing cash benefits. Employers could do this through a variety of practices such as providing accommodations, working with employees to identify safe and appropriate work tasks, or modifying company policies to make it easier for employees to return to work after short absences. It could also involve creating a company culture where the expected course of action after the onset of a disability is to take steps that promote continued work rather than immediate retirement. Participants noted that improved employer practices could also benefit workers without disabilities by increasing employers’ support of employee wellness programs.

Successful efforts to keep more people at work would also have financial benefits for the federal government, according to participants. For example, while there would be a continuing need for SSDI to provide cash

³⁶For more information about experience rating in workers’ compensation programs, see Richard Burkhauser, Maximilian D. Schmeiser and Robert R. Weathers II, *The Importance of Anti-Discrimination and Workers’ Compensation Laws on the Provision of Workplace Accommodations Following the Onset of a Disability*, funded by the Department of Education, National Institute on Disability and Rehabilitation Research, October 2009. Also see John F. Burton Jr. and Monroe Berkowitz, “Objectives Other Than Income Maintenance for Workmen’s Compensation,” *The Journal of Risk and Insurance*, vol. 38, no. 3 (1971).

³⁷These participants likened this approach to the system used in the Netherlands. For more information see Burkhauser, Richard V., Mary C. Daly, and Philip R. de Jong, “Curing the Dutch Disease: Lessons for U.S. Disability Policy,” *Michigan Retirement Research Center*, WP- 2008- 188 (September 2008).

³⁸Participants stated that the specific time period for these benefits would be determined through actuarial calculations but estimated that it would be approximately 1 to 3 years.

benefits for individuals with severe long-term disabilities,³⁹ improved employer practices could decrease the number of individuals applying for and relying on SSDI benefits, and increase the number of workers paying taxes. Participants also anticipated a decreased need for SSDI employment and work incentive programs, since the individuals who would most likely participate in these programs would earlier receive employment services to keep them working. As such, some funds could be redirected from Ticket to Work and other work incentive programs to efforts to address disabilities earlier by federal employment programs.

While expressing hope for the success of these approaches, participants identified key challenges that would need to be addressed, including the following:

- *Avoid creating incentives for employers to not hire job applicants they believe to be at greater risk of work disability.* Participants acknowledged that this would be an important issue to resolve in designing an employer-incentive system. They thought this challenge could be partially mitigated by their proposals to subsidize employers' disability-related expenses and to increase services provided by federal employment programs to individuals who are still employed. In addition, participants noted that new and existing tax credits to reward employers who hire individuals with disabilities could minimize this challenge. This concern might also diminish over time because employers would start to consider the costs associated with addressing disabilities as a standard part of doing business.
- *Privacy concerns about increased employer involvement in managing employee health.* Employer practices to support employees with disabilities could increase their access to employees' health information—a situation which may make employees uncomfortable. One participant stated that this concern could be minimized by medical providers working with individuals to explain to the employer what the individual can and cannot do, rather than providing medical information about the disability itself.
- *Establishing experience-rated payroll taxes for small businesses.* It could be difficult to accurately experience rate payroll taxes for small employers

³⁹Participants noted that in these cases, it would be appropriate and cost-effective for employers to facilitate the individuals' application for SSDI benefits.

due to their relatively low number of employees. Determining payroll tax rates based on some method of risk pooling—such as by using the experiences of business sectors rather than individual businesses—could partially address this challenge. However, risk pooling has limitations because individual employers' behavior would not have a direct impact on their tax rate. Research on the experiences of private sector workers compensation and disability insurance rating could provide additional options for structuring experience-rated tax rates for small businesses.

Participants suggested that further research or demonstrations would be important to identify strategies to mitigate these and any unforeseen challenges (such as a disproportionate burden on specific industries); identify the impact on demand for other federal programs; and determine cost-effectiveness. Pilot programs and demonstration projects focused on one business sector could also test the incentive design, gain employer perspective, and allow for exploration of alternative approaches.

Additional Options for Improving Incentives, Education, and Tools for Employers, Insurers, and Service Providers

In addition to the two proposals identified and discussed during the forum, participants and survey respondents identified additional actions to improve incentives, education, and tools for employers, insurers and various service providers, such as providers of medical and vocational rehabilitation. Examples include the following actions:

Incentives

- *Expand tax incentives for employers to retain and hire individuals with disabilities.* One survey respondent suggested increasing Work Opportunity Tax Credit reimbursement rates and another suggested creating financial incentives for federal contractors to hire people with disabilities.⁴⁰ Tax incentives could also be used to reimburse employers for providing accommodations.

⁴⁰For more information on existing tax incentives, see GAO, *Business Tax Incentives: Incentives to Employ Workers with Disabilities Receive Limited Use and Have an Uncertain Impact*, GAO-03-39 (Washington, D.C.: Dec. 11, 2002); and the Office of Disability Employment Policy, *Tax Incentives for Providing Business Accessibility*, <http://www.dol.gov/odep/pubs/fact/tifpba.htm> (accessed on Feb. 11, 2010).

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- *Develop a “Ticket to Stay At Work” program for employers or insurers.* Employers or private insurers could receive payment for successful efforts to retain employees who might otherwise enter the SSDI program.⁴¹
 - *Modify publicly funded health insurance programs to better compensate health care providers for disability management.* Potential modifications include altering Medicaid fee schedules to compensate medical professionals for consultations and actions aimed at keeping or returning an individual to work.
 - *Partially offset employers’ health care costs for individuals with disabilities to improve incentives for retention and hiring.* Public health care programs could cover some of the health care costs incurred by employers of those with disabilities.

Education and Tools

- *Improve education and ongoing training for health care providers and employment service providers.* Several participants and survey respondents stated that many health care providers are too quick to recommend that individuals leave the workforce after the onset of disability. Medical school and continuing education curriculums could include more information about medical providers’ roles in identifying ways for individuals to stay employed or quickly return to work.⁴² Similarly, participants recommended developing additional degree programs and continuing education curriculum for employment service providers.
- *Improve the process for disseminating education and tools to employers and service providers.* Existing education and tools could be better leveraged if employers and service providers could access them all from one central clearinghouse. Participants suggested that this clearinghouse would be most effective if it could be accessed in a variety of ways, not just via the Internet.

⁴¹See David Stapleton, Richard Burkhauser, Peiyun She, Robert R. Weathers II, and Gina Livermore, “Income Security for Workers: A Stressed Support System in Need of Innovation,” *Journal of Disability Policy Studies*, vol. 19, no. 4 (2009): 204-220.

⁴²For more information about the last three options, see National Council on Disability, *The Current State of Health Care for People with Disabilities* (September 2009); and American College of Occupational and Environmental Medicine, *ACOEM Guideline: Preventing Needless Work Disability by Helping People Stay Employed* (2006).

Focus on the Federal Government: Coordinate Efforts and Serve as a Model Employer

To help design and implement their proposals and other options for improving work participation, participants suggested that the federal government create a coordinating entity to help focus and align efforts across agencies. A major obstacle to implementing comprehensive, successful, and timely interventions is that responsibility for crucial supports and services is spread across various agencies. For example, a participant noted that disability insurance is administered by SSA, while the Departments of Education, Labor, and Health and Human Services administer services to help individuals return to work. A coordinating entity could help tie together existing funding streams and resources and use them in new ways. This suggestion is consistent with past GAO work that suggested Congress create a coordinating body to develop strategies for integrating services and supports for individuals with disabilities.⁴³ Both GAO and a participant noted that a past entity—the National Coordinating Council for Disabilities—was formed but never convened, representing a lost opportunity to coordinate efforts.

Additionally, one participant suggested an interagency demonstration project as another way to foster collaboration between agencies and test options for improving work outcomes. For example, several agencies could be charged with developing a pilot program to address a specific proposal—such as increasing employers’ incentives to retain workers—as a way to test the effectiveness of the proposal and determine how to best work together.

The right organizational structure and strong executive leadership is needed in order for agency collaborations to succeed. Participants noted that past interagency efforts have not been very successful at achieving significant change because they have lacked sufficient authority, accountability, or resources. One participant commented that, as a member of many interagency working groups, she has seen useful ideas go unused because no one agency took ownership for the ideas or the staff involved were not empowered to take the actions needed to implement them. Another participant noted that although his agency has a data-sharing agreement with a second agency, he must implement the agreement in his spare time because neither agency has devoted sufficient resources to the effort. Several participants emphasized that the impetus for coordination needs to come from the White House because federal

⁴³GAO, *Federal Disability Programs: More Strategic Coordination Could Help Overcome Challenges to Needed Transformation*, [GAO-08-635](#) (Washington, D.C.: May 20, 2008).

agencies will be responsive when the White House identifies an initiative as a priority and holds agencies accountable for its success. One participant suggested that the White House could set a clear goal for employment of individuals with disabilities and hold agencies accountable for meeting it. He felt that without this strong push from above, agencies would emulate past efforts and fail to make meaningful changes.

Successful interagency efforts should also have strong buy-in from a variety of stakeholders. One participant noted that stakeholders from the disability community and private sector need to come together to agree on new efforts. Another participant agreed and added that it would be useful to obtain consensus from disability advocates on the key barriers that individuals with disabilities face in finding and keeping employment and how existing programs contribute to these barriers.

In addition to better coordinating disability programs, participants felt that the federal government could do more to be a model employer of individuals with disabilities. Several participants agreed that it would seem inappropriate for the federal government to ask others to improve their employment of individuals with disabilities if its own track record is lacking. Participants noted some recent federal efforts aimed at improving employment for people with disabilities, such as an executive order⁴⁴ issued by the President to encourage the employment of veterans—including those with disabilities—and a governmentwide hiring fair for individuals with disabilities. However, participants said that existing special authorities to expedite the hiring of individuals⁴⁵ are not well understood by many agencies. Additionally a participant noted that programs intended to support hiring of individuals in the federal government can be complex. The participant suggested that the federal government could inventory the programs and efforts available to improve employment outcomes for individuals with disabilities and do a better job of advertising them.

A participant noted that steps could be taken to reassess the workers' compensation program for federal workers. According to this individual, the Federal Employees' Compensation Act provides generous benefits and

⁴⁴Exec. Order No. 13,518, 74 Fed. Reg. 58,533 (Nov. 9, 2009).

⁴⁵The federal government has the authority to use an alternate hiring process in order to expedite the hiring of certain individuals with disabilities. For example, government agencies can hire an individual for a position without first publicizing the job opening.

gives injured workers little incentive to return to work. He noted that injured workers can receive benefits equivalent to as much as 75 percent of their wages tax-free and can continue to receive benefits as long as their condition persists, sometimes past retirement age. These conditions provide a powerful disincentive for returning to work, as most workers would be financially better off collecting benefits.

One participant also suggested that the federal government could improve its disability management practices by conducting research on why employees with disabilities leave the federal workforce. For example, although the federal government captures self-reported disability information from employees at the time they are hired, it may not be updated after this point. Therefore, researchers have little information about federal employees who leave the workforce due to disabilities incurred after they become employed.

Concluding Observations

Our forum participants and survey respondents identified specific issues and actions that they felt needed to be addressed and taken that would improve employment for individuals with disabilities. Clearly, actions recommended for increasing work participation need to be considered in light of economic and fiscal constraints. As the economy struggles to recover from conditions that have produced business downturns and high unemployment, policy considerations such as those aimed at increasing work participation of individuals with disabilities need to take into account the overall costs and benefits to employers. Similarly, as the federal government faces mounting financial constraints, and the costs and benefits of public programs face greater scrutiny, initiating additional actions may seem daunting. At the same time, these overarching considerations provide compelling motivation for advocates, business, and government leaders to consider alternatives and work together to address the existing fragmented program structure, reduce program inefficiencies, improve the seamless provision of information and services, and ultimately increase work participation for Americans with disabilities who want to work.

To this end, our prior work and forum participants agree that strong federal leadership—from both Congress and the Executive Branch—coupled with appropriate organizational structures and stakeholder input, is essential for achieving the level of coordination and cooperation required to make the best use of resources and increase work participation. GAO has articulated this concern on numerous occasions and highlighted it by including federal disability programs on our high-risk

list for the past 7 years. Similarly, we agree it would be difficult to convince private employers to increase their employment of individuals with disabilities without the federal government improving its own employment practices and taking the lead as a model employer.

Appendix I: Scope and Methodology

To identify options for improving work participation for adults with disabilities, we solicited the views of a wide range of experts through a series of surveys and through a forum comprised of a subset of survey respondents. The forum as a whole was designed to reflect a wide array of sectors, professions, and perspectives.

Identifying and Prioritizing Options for Improving Work Outcomes

To gather opinions from experts about how to improve work participation for individuals with disabilities and help determine the agenda of our forum, we employed a modified version of the Delphi method. The Delphi method follows a structured process for collecting and distilling knowledge from a group of experts by means of a series of questionnaires. For our purposes, we employed two iterative electronic surveys.

Our first survey was comprised of open-ended questions and asked respondents to provide their views on the strengths and weaknesses of current approaches in terms of keeping adults with disabilities at work or returning them to work, as well as suggestions for improving current approaches and federal policies. We sent this survey to 60 individuals and received completed surveys from 50 respondents, for a response rate of 83 percent. See appendix II for a copy of the first Delphi survey.

The first survey was conducted between December 2009 and January 2010, using a self-administered electronic survey. We sent the survey by e-mail in an attached Microsoft Word form that respondents could return electronically after entering responses into open-answer boxes. We sent out reminder email messages and made several courtesy phone calls to nonrespondents to encourage a higher response rate.

Based on the 50 completed surveys, we performed a content analysis of the open-ended responses related to suggestions for improving current approaches and federal policy, and ultimately categorized these suggestions into 10 broad topic areas. The second survey was conducted between February and March 2010. In our second survey, we asked recipients to rate each topic area (on a scale of 1 through 5) in terms of their importance for improving work participation for adults with disabilities. In addition, we asked respondents to identify and rank in order the three topics they considered most important for improving work participation. We sent this survey to the same 60 individuals and organizations and received completed surveys from 45 for a response rate of 75 percent. See appendix III for a copy of the second Delphi survey.

Because these two surveys were not sample surveys, but rather surveys of the universe of respondents we identified, they have no sampling errors. However, the practical difficulties of conducting any survey may introduce errors, commonly referred to as nonsampling errors. For example, difficulties in interpreting a particular question, differences in sources of information available to respondents, or differences when entering data into a database or analyzing them can introduce unwanted variability into the survey results. We took steps in developing the surveys, collecting the data, and analyzing them to minimize such nonsampling errors. For example, GAO design methodologists designed the surveys in conjunction with GAO staff who had subject matter expertise. Additionally, we conducted a series of pretests with several survey recipients prior to distributing both surveys. The goals of the pretests were to ensure that (1) the questions were clear and unambiguous and (2) terminology was used correctly. We made changes to the content and format of both surveys as necessary during the pretesting processes.

Using the rankings participants assigned to our topics in the second survey, we developed a weighted score for each topic by assigning a respondent's top choice three points, the second choice two points, and the third choice one point. Table 2 shows the relative ranking of our 10 topics.

Table 2: Rank Ordering of Survey Respondents’ Most Important Policy Options

Policy option	Number of respondents indicating option among top three in importance:			Weighted Score
	1st	2nd	3rd	
1. Enhance incentives for employers, insurers, health care providers and private sector service providers to increase the participation in, and support for, stay-at-work (SAW) and return-to-work (RTW) efforts.	10	8	12	58
2. Increase health insurance access and coverage provisions for individuals who are candidates for SAW and RTW.	8	7	4	42
3. Enhance and reconcile income support systems through one or more of the following: modifying disability benefit rules, creating partial or temporary benefits, or revising current laws or regulations guiding income supports.	6	8	6	40
4. Increase education and provide tools for employers and public and private sector service providers to assist in increasing work participation for persons with disabilities.	10	2	3	37
5. Enhance incentives for individuals to engage in SAW and RTW efforts.	4	6	5	29
6. Expand access to individualized SAW and RTW services and supports.	3	5	7	26
7. Provide training and education to health care professionals about the benefits and attributes of successful SAW and RTW interventions.	4	6	2	26
8. Increase coordination and collaboration between state, federal, and private sector stakeholders.	0	2	3	7
9. Enhance research on issues related to SAW and RTW.	0	1	3	5
10. Increase consumer access to information about SAW and RTW resources and laws.	0	0	0	0

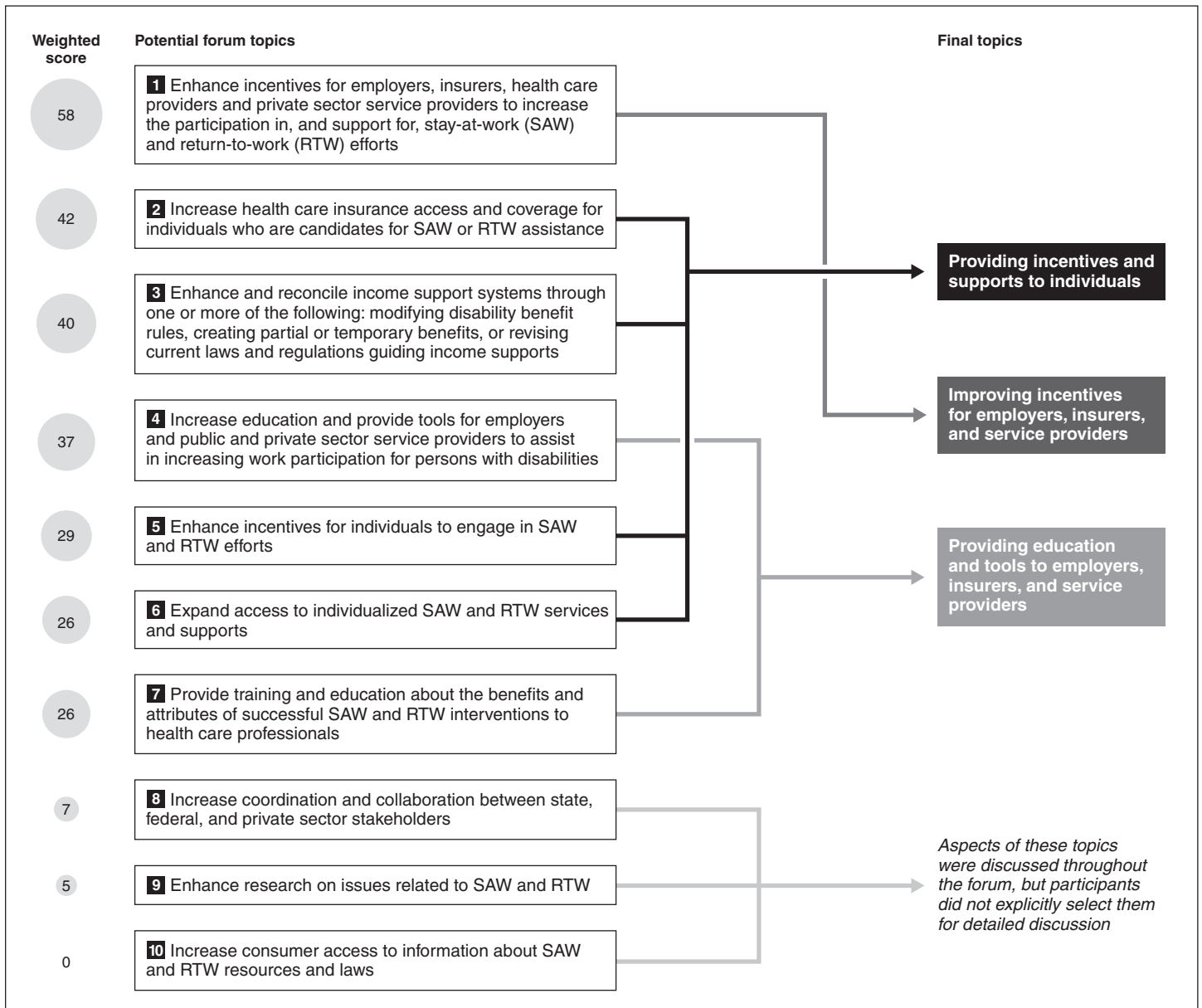
Source: GAO.

Note: We asked survey respondents to indicate their top three choices in terms of topics to discuss at the forum. The weighted scores in this figure were calculated using the following points: Rank of 1st (3 points); 2nd (2 points), 3rd (1 point). Forty-five respondents completed this survey.

On the day of the forum, we provided survey results to the subset of survey recipients who were selected as forum participants. At the beginning of the forum, we asked our participants to consider the survey results and, with the help of trained GAO facilitators, reach consensus on three topics that would be the focus of the day’s discussions. Our participants ultimately decided to consolidate the top seven ranked topics to form three broader topics to focus on during the forum, as follows:

1. providing incentives and supports to individuals;
2. providing education and tools to employers, insurers, and service providers; and
3. improving incentives for employers, and insurers and service providers.

Figure 1: Forum Participants Narrowed Down Policy Topics from 10 to 3



Source: GAO.

After participants decided on these topics, GAO facilitators helped participants form three subgroups. During breakout sessions, each subgroup was responsible for focusing on one topic and coming to consensus on one proposed action for improving work participation for

individuals with disabilities. Participants in the first subgroup that focused on providing incentives and supports to individuals discussed key issues but did not have sufficient time to reach consensus on a proposed action. Participants in the second and third subgroups discussed options for providing or improving education, tools and incentives for insurers and service providers, but ultimately proposed actions that focused on employers. After the breakout session, the subgroups reconvened to present their proposals to the full group and solicit input. Lastly, the forum participants discussed how the federal government could support and foster their proposals. For a copy of the forum agenda, see appendix IV.

Selecting Survey Recipients

We used a three-step process to determine the individuals and organizations who would be invited to participate in our Delphi surveys. First, we identified professional sectors (both public and private) that have a stake and/or expertise in retaining individuals with disabilities at work or in helping them return to work. Based on our literature review, interviews with experts, and consultation with internal experts we identified the following sectors:

1. federal agencies and commissions;
2. private disability insurance companies;
3. employers;
4. organizations representing people with disabilities;
5. medical providers;
6. researchers;
7. state benefits and employment support programs; and
8. other employment supports (including community-based, private, etc.).

Next, within each of these sectors, we identified key organizations and individuals. Our decisions were informed by the following:

- recommendations we received from external and GAO experts on disability;
- membership in the National Academy of Social Insurance;

- authorship of key research; and
- professional credentials.

As a final determining factor, leveraging internal subject matter expertise, we sought to achieve balance with respect to individuals' professional perspective, professional background, geographic location, and knowledge of policy proposals and demonstration projects.

To help ensure that our selection was thorough, we asked respondents in our first survey to recommend additional groups or individuals who they felt should be included. Additional groups or individuals identified through this process were invited to complete both surveys based on the criteria described above.

Selecting Participants

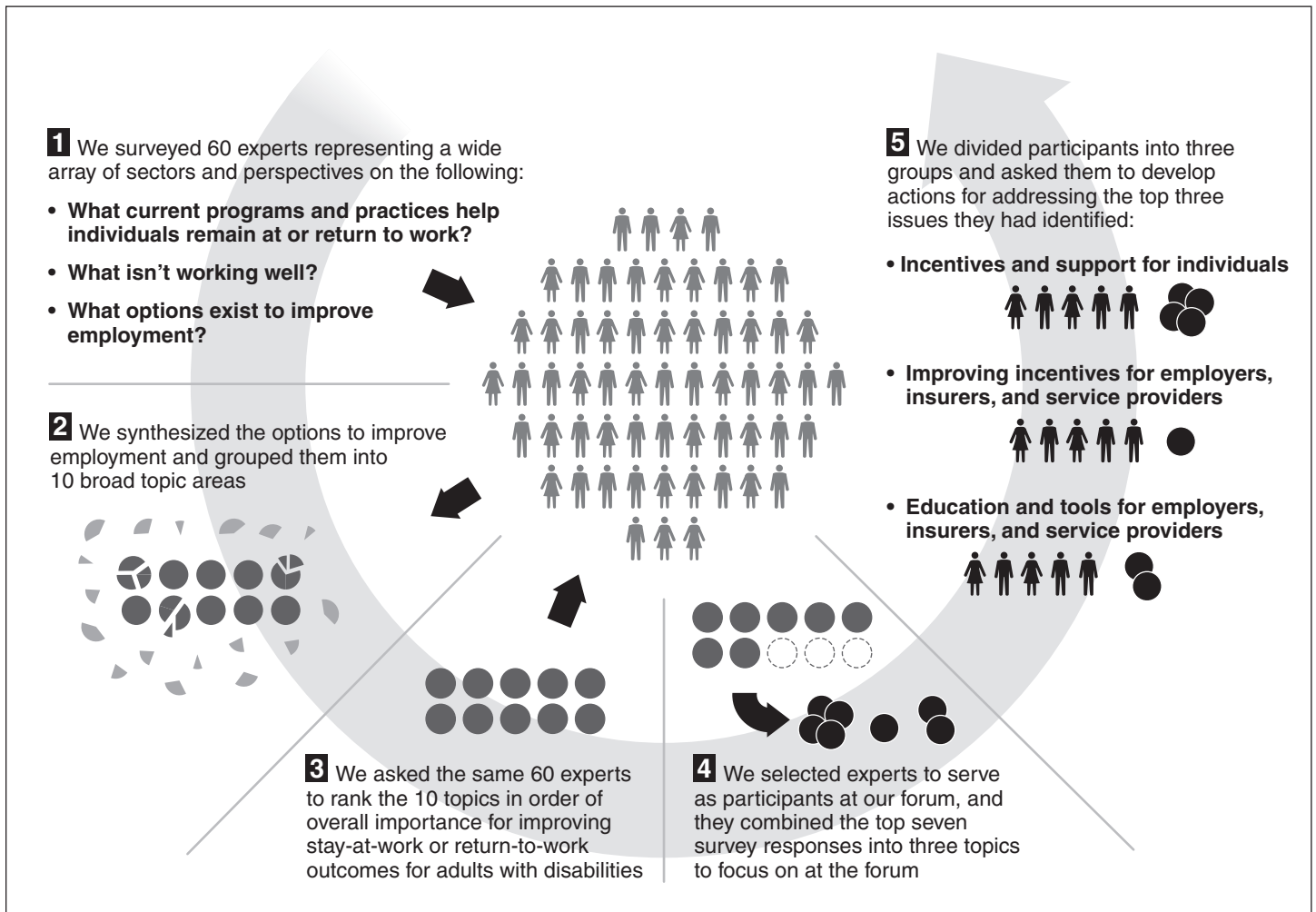
We selected a subset of survey recipients to participate in our 1-day forum. We initially planned to convene a forum of 12 to 16 participants—a number we considered appropriate to allow full participation by each participant and be manageable from a logistics standpoint.¹ Beyond this, our selection was based on the following considerations:

- The forum should include representatives from key federal agencies and at least one representative from each of the stakeholder categories used in identifying questionnaire respondents;
- each participant should bring a sufficiently broad perspective on stay-at-work or return-to-work (based on their professional experience, position, and/or publications); and
- taken together, the forum would reflect a variety of perspectives and experiences regarding policy development and evaluation.

See appendix V for a list of forum participants. The following chart summarizes our process for selecting participants and topics.

¹Based on late changes to the forum's composition, we increased the forum size to 17 to help ensure sufficient balance in perspectives.

Figure 2: Process for Choosing Forum Topics



Source: GAO.

Appendix II: First Delphi Survey



United States Government Accountability Office

Survey About Intervention Strategies to Help Adults with Disabilities Stay at Work or Return to Work

Introduction

Many disability policy experts agree that interventions designed to assist adults with work-related disabilities in staying at or returning to work can increase their participation in work and society, and decrease reliance on public benefits. At the same time, uninsured individuals may not have access to stay-at-work or return-to-work services when most needed, and gaps and limitations exist with respect to publicly available stay-at-work or return-to-work services. Through an iterative survey process and a live forum, GAO hopes to explore and identify: essential components of successful intervention strategies; areas of agreement or disagreement about the strengths and weaknesses of current public and private sector programs and practices; the costs, benefits and challenges of promising policy options for improving existing or providing new services (including financing options); and next steps for federal, state, and private stakeholders.

To accomplish this goal, we need your help. The purpose of this survey is to ask a range of informed experts and practitioners, like yourself, to identify key elements and issues regarding promising interventions that help adults with impairments or disabilities stay at work or return to work. This is the first of two surveys. A second survey will be sent to the same experts and practitioners asking them to rate the importance of issues identified in this survey. Following, GAO will convene a subset of respondents at a live forum in Spring 2010 to discuss key strategies and policy options identified through this process in more detail. In the end, we plan to issue a product that

summarizes the results of the questionnaires and forum, without direct attribution to any specific participant.

The focus of these surveys and forum is limited to interventions for adults who experience a disability after already having an attachment to the workforce. We refer to *stay-at-work* interventions as those designed to help individuals who have a connection to the workforce stay at work, even if they are currently on medical leave. We refer to *return-to-work* interventions as those designed to assist individuals who no longer have a connection to the workforce.

Instructions for Completing this Survey

This survey will take about 30-45 minutes to complete. To complete the survey, first save this document to your computer. You may then enter your responses directly to that file. All of the questions are open-ended. To respond, just place your cursor in the response area and start typing. You may enter as much text as you wish since the boxes will expand to accommodate your answers.

When you have completed this survey, please attach the document to an e-mail and send to us at EarlyIntervention@gao.gov. Because of our very ambitious timeline, we ask that you **please submit your response no later than December 23, 2009**. If you have any questions, please contact Daniel Concepcion at 312-220-7688 or Barbara Steel-Lowney at 415-904-2172. You may also email us at EarlyIntervention@gao.gov.

Thank you for your participation!

Contact Information

Please enter your contact information below so we can follow-up with you if necessary.

Name:

Title:

Organization:

Telephone Number:

Email Address:

Section A: Successful Strategies for Stay-at-Work or Return-to-Work Interventions

Based on previous work, a range of experts and professionals working in disability-related areas identified four strategies as key to developing a framework for stay-at-work and return-to-work interventions:¹

1. Intervene (with medical and employment supports, etc.) as soon as possible after an actual or potentially disabling event to promote and facilitate stay-at-work or return-to-work outcomes.
2. Identify and provide necessary stay-at-work or return-to-work assistance that is tailored to an individual's needs and goals.
3. Provide coordination services to assist individuals in navigating programs and achieving their stay-at-work or return-to-work goals.
4. Structure incentives, including cash and medical benefits, to encourage stay-at-work or return-to-work behaviors.

1. What changes or additions, if any, would you make to these four strategies in terms of achieving successful stay-at-work interventions?

2. What changes or additions, if any, would you make to these four strategies in terms of achieving successful return-to-work interventions?

¹ These four strategies are based on GAO's current work and *SSA Disability: Return-to-Work Strategies from Other Systems may Improve Federal Programs*. GAO/HEHS-96-13.

Section B: Strengths of Current Approaches

3. What elements in existing public and private sector programs are you aware of that contribute to helping individuals with disabilities stay at work?
4. What elements in existing public and private sector programs are you aware of that contribute to helping individuals with disabilities return to work?

Section C: Weaknesses or Gaps in Current Approaches

5. What shortcomings or gaps in existing public and private sector programs are you aware of that may deter individuals from staying at work?
6. What shortcomings or gaps in existing public and private sector programs are you aware of that may deter individuals from returning to work?

Section D: Options for Improving Current Approaches

7. Given the strengths and weaknesses you identified regarding existing stay-at-work efforts, what changes do you think need to take place to improve outcomes and who should implement these changes?
8. Given the strengths and weaknesses you identified regarding existing return-to-work efforts, what changes do you think need to take place to improve outcomes and who should implement these changes?

Section E: Potential Improvements in Federal Policy

9. What do you see as the two or three most important steps the federal government can take to improve or promote stay-at-work interventions?

10. What do you see as the two or three most important steps the federal government can take to improve or promote return-to-work interventions?

Section F: Recommendations for Participants in our Efforts

11. To ensure we reach all appropriate stakeholders, please identify individuals or organizations you think should participate in this questionnaire. We will endeavor to send the questionnaire to those not already contacted, time permitting.

Thank you very much for your participation.

Appendix III: Second Delphi Survey



United States Government Accountability Office

Intervention Strategies to Help Adults with Disabilities Stay at Work or Return to Work Second Questionnaire

Introduction

Thank you for participating in the survey we sent out earlier. Based on your input, we were able to identify a range of key elements and issues regarding interventions that help adults with impairments or disabilities stay at work (SAW) or return to work (RTW). We synthesized the suggestions you and others provided, to create this second survey on possible discussion topics to cover when we convene a forum of experts in March 2010.

This questionnaire is asking you, along with the same experts and practitioners who participated in the first survey, to rate the importance of issues identified in the previous survey. Because we have limited time during our one-day forum to discuss these complex topics, the purpose of this second survey is to identify the topics you believe are most important in terms of improving outcomes for adults with a prior work history.

Information from both surveys will be presented in aggregate and summary form without attribution to specific individuals.

Instructions

For each discussion topic, we ask that you first rate the overall importance of each item and then rank the three most important topics that you feel should be addressed at the forum and highlighted in our report to Congress.

This questionnaire should take less than 15 minutes to complete. To complete the survey, first save the MS Word file containing the questionnaire to your computer. You may then enter your responses directly to that file. You can simply click on the response boxes to select or deselect your answer .

When your questionnaire has been completed, save your responses and send the file as an e-mail attachment to us at EarlyIntervention@gao.gov.

To have your input considered by the forum, please submit your response **by February 12, 2010**. Please contact Daniel Concepcion at 312-220-7688 regarding any questions on completing the survey or its content. Alternately, you may contact Barbara Steel-Lowney at 415-904-2172, or email us at EarlyIntervention@gao.gov.

Thank you very much!

Section 1: Rating of Policy Options

Below are broad policy options we synthesized from responses to our first survey. Each option may encompass a number of more specific options or actions, which will be discussed at our forum. Please rate the following policy options as to their overall importance for improving stay-at-work and/or return-to-work outcomes for adults with disabilities.

Policy Options	No importance	Little importance	Moderate importance	Much importance	Extreme importance
1. Increase education and provide tools for employers and public and private sector service providers to assist in increasing work participation for persons with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Increase consumer access to information about SAW and RTW resources and laws.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provide training and education to health care professionals about the benefits and attributes of successful SAW and RTW interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Expand access to individualized SAW and RTW services and supports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Enhance research on issues related to SAW and RTW.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Enhance incentives for employers, insurers, health care providers and private sector service providers to increase the participation in, and support for, SAW and RTW efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Enhance incentives for individuals to engage in SAW and RTW efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Policy Options	No importance	Little importance	Moderate importance	Much importance	Extreme importance
8. Increase health insurance access and coverage provisions for individuals who are candidates for SAW and RTW.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Increase coordination and collaboration between state, federal and private sector stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Enhance and reconcile income support systems through one or more of the following: modifying disability benefit rules, creating partial or temporary benefits, or revising current laws or regulations guiding income supports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Rank Ordering for Most Important Policy Options

Of the ten policy options listed above, which one do you feel is the most important, second most important, and third most important?

1. Most Important:

2. Second Most Important:

3. Third Most Important:

Section 3: Key Policy Research Studies

If you are aware of key research studies related to any of your top three policy options listed above that you feel should be shared with the panel, please list them below.

Thank you very much for your assistance.

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Appendix IV: Forum Agenda



Forum

Improving Work Outcomes for Adults with Disabilities

March 16, 2010

Staats Briefing Room, 7C13

8:00-8:30 Registration and Morning Refreshments

8:30-9:00 Opening Session

Welcome & Introductions

- Barbara Bovbjerg—Managing Director, Education, Workforce and Income Security

Setting the Stage

- Daniel Bertoni—Director, Education, Workforce and Income Security
- Patricia Owens—Senior Level Expert, Disability Programs and Issues

9:00-9:45 Identify Key Policy Areas Affecting Work Outcomes

In response to two pre-forum surveys, 60 experts identified, rated and ranked key policy areas that affect work outcomes for adults with disabilities. Informed by these results, panelists will come to consensus on three key policy areas to discuss during the forum.

Moderators:

- Patricia Owens—Senior Level Expert, Disability Programs and Issues
- Andrew Stavisky—Senior Design Methodologist, Center for Design, Methods, and Analysis

9:45-10:00 Break

10:00-11:45 Break-out Sessions to Identify and Discuss Actions for Key Policy Areas

Panelists will break into three groups, each focusing on one of the three key policy areas. Each group will discuss possible actions within its assigned policy area, and related stakeholders, benefits, challenges and cost-effectiveness.

Moderators:

- Daniel Bertoni—Director, Education, Workforce and Income Security
- Patricia Owens—Senior Level Expert, Disability Programs and Issues
- Michele Grgich—Assistant Director, Education, Workforce and Income Security
- Andrew Stavisky— Senior Design Methodologist, Center for Design, Methods, and Analysis
- Terry Richardson— Senior Design Methodologist, Center for Design, Methods, and Analysis
- Cindy Saunders— Senior Design Methodologist, Center for Design, Methods, and Analysis

11:45-12:00 Break

12:00-1:00 Legislative Priorities and Opportunities

A panel of staff from relevant congressional committees will discuss legislative priorities and opportunities and respond to expert panelists' questions to inform their deliberations. Lunch will be served.

Moderators:

- Daniel Bertoni—Director, Education, Workforce and Income Security
- Terry Richardson— Senior Design Methodologist, Center for Design, Methods, and Analysis

1:00-2:30 Full Group Discussion of Actions Identified During Breakout Sessions

Panelists will report on the results of the morning break out sessions. All panelists will have an opportunity to ask questions and provide input.

Moderators:

- Patricia Owens—Senior Level Expert, Disability Programs and Issues
- Andrew Stavisky— Senior Design Methodologist, Center for Design, Methods, and Analysis
- Terry Richardson— Senior Design Methodologist, Center for Design, Methods, and Analysis

2:30-2:45 Break

2:45-3:45 Next Steps: Federal Role in Supporting and Implementing Potential Actions

Panelists will discuss the federal role in supporting and implementing actions identified and defined in earlier sessions.

Moderators:

- Daniel Bertoni—Director, Education, Workforce and Income Security
- Patricia Owens—Senior Level Expert, Disability Programs and Issues
- Andrew Stavisky—Senior Design Methodologist, Center for Design, Methods, and Analysis
- Terry Richardson—Senior Design Methodologist, Center for Design, Methods, and Analysis

3:45-4:00 Wrap-up

Moderators:

- Daniel Bertoni—Director, Education, Workforce and Income Security

Appendix V: Forum Participants

Gerald B. Bacon	Assistant Director of Rehabilitation Services—Vocational Rehabilitation and Employment, Department of Veterans Affairs
Richard Balkus	Associate Commissioner—Program Development and Research, Social Security Administration
Richard V. Burkhauser	Professor—Departments of Economics and Policy Analysis & Management, Cornell University
Marianne Cloeren	Board Member and Fellow—American College of Occupational and Environmental Medicine; Medical Director—Managed Care Advisors, Inc.
Marty Ford	Director of Legal Advocacy—The Arc and UCP Disability Policy Collaboration
Janet Fiore	Chief Executive Officer—The Sierra Group
Howard H. Goldman	Professor of Psychiatry—University of Maryland School of Medicine
Gary Goosman	Director—TOWER Initiative, US Business Leadership Network
Shelby Hallmark	Director—Office of Workers' Compensation Programs, Department of Labor
Andrew J. Imparato	President and Chief Executive Officer—American Association of People with Disabilities
Helen Lamont	Long-Term Care Policy Analyst—Office of Disability, Aging, and Long-Term Care Policy, Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services
Nancy Magee	Vice President—Disability Benefits Operations, Unum Life Insurance Company of America
Rita Martin	Deputy Director—Council of State Administrators of Vocational Rehabilitation
Joe Razes	Senior Technical Advisor—Centers for Medicare and Medicaid Services
Colonel James S. Rice	Director—U.S. Army Wounded Warrior Program
Lynnae Rutledge	Commissioner—Rehabilitation Services Administration, Department of Education
David Stapleton	Senior Fellow and Director—Center for Studying Disability Policy, Mathematica Policy Research Inc.

Source: GAO.

Appendix VI: GAO Contacts and Staff Acknowledgments

GAO Contacts

Daniel Bertoni, (202) 512-7215 or bertonid@gao.gov

Patricia Owens, (202) 512-7215 or owensp@gao.gov

Staff Acknowledgments

In addition to the individuals named above, Michele Grgich (Assistant Director), Daniel R. Concepcion (Analyst-in-Charge), and Barbara Steel-Lowney (Senior Analyst) made significant contributions to all aspects of planning the forum and to producing this report. Additionally, Terry Richardson and Andrew Stavisky provided significant input into developing our surveys, our forum structure, and moderated our forum. Cynthia Saunders also provided technical assistance with our surveys and helped moderate our forum. Kathleen Van Gelder provided writing assistance and James Bennett helped develop our graphics. Jessica Botsford, Alexander Galuten, and Sheila McCoy provided legal assistance. Raun Lazier verified the findings of this report.

We are grateful to the following individuals who provided assistance on the day of our forum: Jacob Beier, Michelle Bracy, Robert Campbell, Amanda Cherrin, Andrea Dawson, Brian Egger, Brett Fallavollita, Sarah Farkas, Laura Henry, Ted Leslie, Cady Panetta, Lauren Membreno, Heddi Nieuwsma, and Rachael Valliere.

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