

# Research Brief

## **RETAIN Kentucky:**

Helping People with Mid-Career Injuries and Illnesses Remain in the Labor Force: A University of Kentucky Human Development Institute Research Brief

Research Brief  
Fall 2023

Research Brief Developed by  
Sara K. McCurry, M.S.  
Kathy Sheppard-Jones, Ph.D., C.R.C.  
Phillip D. Rumrill, Jr., Ph.D., C.R.C.  
University of Kentucky  
Human Development Institute

 Human Development  
Institute

## **Acknowledgement**

Preparation of this research brief was funded by the U.S. Department of Labor and the Social Security Administration under a grant award of \$21,600,000 to the Kentucky Office of Employment and Training that will be incrementally provided. 100% of grant funding is from U.S. Federal funds. This document does not necessarily reflect the views or policies of the U.S. Department of Labor or the Social Security Administration, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

## Introduction and Rationale

No one wins when an employee with a disability must preemptively leave the workforce. Families, employers, and communities can all be negatively affected by a change in a member's work status (Kosciulek, 2007). And, most directly, employees themselves can experience negative effects from leaving work, particularly when they do not receive important services that would help them to overcome limitations associated with their injuries and illnesses (Ben-Shalom, 2016). In the absence of early-response return-to-work (RTW) and stay-at-work (SAW) services, workers with disabilities from injury/illness are more likely to progress through medical leave, short- and long-term disability, and Social Security Disability Insurance (Marini, 2003; Rubin, Roessler, & Rumrill, 2016). When workers begin that progression of disability benefits, they are less likely to return to or stay at work. This not only costs the individual with the injury or illness at a financial level, but interpersonal and health costs increase as well after a more permanent exit from the labor force (Strauser, 2021). Research indicates that persons with illnesses and injuries are often viewed by others as a safety risk, contagious, dependent, unproductive, and unstable (Rumrill et al., 2022). These stereotypes can be held by family members who emphasize what the person cannot do, friends who avoid social contact with the person, and employers who can lead the person to resign or retire (Kosciulek, 2007). Therefore, to avoid being negatively stereotyped, employees may make efforts to conceal their injuries or illnesses (Nissen & Rumrill, 2016). Given the ways in which the onset of an injury or illness can affect a person's life, it is no wonder that maintaining employment can prove difficult for so many. It is also no wonder that the onset of a disability can strike fear over the potential loss of assets or resources that an individual has accrued over their lifetime (Scheel & Otto, 2017).

The Conservation of Resources (COR) theory provides an explanation as to why the loss of work can be so stress-inducing (Hobfoll, 1998). COR states that people are always looking to increase their resources while simultaneously protecting their existing resources from any losses (Hobfoll, 1998, 2002, 2011, 2012). These resources can be separated into four major categories: condition, energy, object, and personal (Hobfoll, 2012). Condition resources involve interpersonal relationships (e.g., being in a relationship) and statuses (e.g., having a fulfilling job) that impact a person's quality of life. Energy resources are exchangeable "things," such as money and time, that can be traded to obtain more resources. Object resources are amenities in the physical environment (e.g., housing). Lastly, personal resources are personal attributes and identities (e.g., gender identity, socioeconomic status, severity of injury/illness). Any real or perceived threat to these resource types can create stress, undermine psychological and physical health, and compromise

one's overall quality of life (Strauser, 2021). On the other hand, focused efforts to preserve or protect these resources, in the case of this research brief for purposes of helping people with disabilities to remain in the workforce, have the potential to alleviate stress, promote positive health outcomes, and enhance quality of life. In the remainder of this Research Brief, we describe one such effort.

## **A Comprehensive Return-to-work and Stay-at Work Program**

With the onset or progression of disability posing such a threat to so many individuals' health, resources, and quality of life, the Retaining Employment and Talent After Injury/Illness Network Kentucky (RETAIN Kentucky) project began in 2018 with the objective of increasing employment participation and retention for people with non-work-related injuries and illnesses. Guided by the evidence-based Crux model of vocational case management that has been widely utilized in rehabilitation counseling settings for more than 40 years, RETAIN Kentucky offers RTW and stay-at-work (SAW) services to aid injured or ill employees, their families, employers, and the state and national economies. RETAIN Kentucky is driven by an early healthcare and vocational intervention to minimize barriers to work that those injuries and illnesses may create, all in the interest of reducing the number of lost days of work due to injury or illness and pre-empting disengagement from the workforce. RETAIN Kentucky employs a cadre of highly trained RTW Coordinators (RTWCs) who deliver the intervention.

RETAIN Kentucky Phase 1 (2018-2021) was a federally funded pilot program that assisted more than 200 Kentucky workers with disabilities. The early-intervention service model hinged on a collaborative relationship among the worker, the worker's healthcare providers, and the employer – facilitated by RETAIN Kentucky RTWCs. The evaluation plan for Phase 1 involved a single-cohort, longitudinal design that collected employment-related, health-related, and quality of life measures from participants.

Once participants were enrolled in Phase 1, they were assigned to a RTWC. The RTWC worked with each participant to develop an RTW/SAW plan, depending upon the participant's employment status, healthcare needs, life circumstances, and future goals. The RTWC then worked with the participant to implement the plan. Healthcare providers and employers were also engaged, when the participant authorized communication with the RTWC. Important community supports and resources (e.g., transportation, childcare, housing, financial assistance) were also assessed and included in the plan when needed by the individual. The well-known RTW hierarchy was utilized for case conceptualization purposes (Rubin et al., 2016). The hierarchy places priority order on services that help workers return to their same jobs with their same employers (Tier 1), then on supports for the same jobs with different employers (Tier 2), different jobs with their same

employers (Tier 3), and different jobs with different employers (Tier 4). In keeping with established best practices in integrated disability management (Strauser, 2021), RTWCs and participants operationalized the RTW/SAW plan by moving only as far down the RTW hierarchy as was necessary to return the worker to an employment situation that was commensurate with the RTW/SAW goal.

RETAIN Kentucky Phase 1 was guided by an abiding philosophy of universal design whereby services and supports were usable to all eligible participants regardless of disability or other characteristics. This proved particularly important at the outset of the COVID pandemic. Given that RTWCs used multiple methods for engagement with participants, including video meetings, there were no COVID related service interruptions when face to face meetings were largely paused in 2020. Assistive technology consultation and workplace accommodations ensured that the workplaces participants returned to were fully accessible, and employers of participants were encouraged to make their facilities and information available and accessible to the broadest audiences of stakeholders. Peer mentoring and supports were also an essential element of Phase 1 services. This component of the intervention provided one on one support from an individual who had successfully navigated barriers to employment and independent living, and this individual served as a valuable guide for Phase 1 participants.

Throughout Phase 1, RETAIN Kentucky emphasized the multiple systems and stakeholders that are integral to improving return to work outcomes and keeping valuable employees from leaving the workforce. Committed partners included public health, healthcare providers, universities, regional and state workforce development boards, disability management organizations, social service referral mechanisms, the Council of State Governments, and the state Vocational Rehabilitation agency. Phase 2 continues and expands on these partnerships. Statewide expansion of the intervention includes new partnerships across healthcare and workforce systems. These include the Kentucky Chamber of Commerce, University of Kentucky Cooperative Extension Service, and statewide medical and allied health associations.

Two hundred forty-seven workers enrolled in the Phase 1 intervention. The average age of participants was 46 (minimum = 18, maximum = 75). Gender data were required to be captured as a dichotomous variable and were evenly split at 50.2% male and 49.8% female. In terms of race, 65.2% were white, 33.2% were black or African American, 2% were Asian, and 0.4% were Hawaiian or Pacific Islander. Approximately 4% were Hispanic. Roughly 70% of participants self-reported having an illness and 30% indicated an accident or injury. A variety of diagnoses were reported, including stroke, COVID-19, mental health conditions, multiple sclerosis, and cancer. Approximately 51% of participants had a job that was physically demanding.

A full 47% had at least one mental health diagnosis. Thirty-eight percent had fine motor difficulties. Roughly one-third of participants experienced chronic pain, and 59% had a condition that required hospitalization, surgery, and/or extensive levels of treatment. Despite this, 72% of Phase 1 participants were not using workplace accommodations at the time of enrollment in the project.

At exit, 52% of RETAIN Kentucky Phase 1 intervention participants had returned to work. Of those who were working at the end of their Phase 1 services, 79% had returned to their prior jobs with the same employers, 5% had different jobs with their same employers, and 16% were working for different employers altogether.

RETAIN Kentucky Phase 2 represents a statewide expansion of the Phase 1 pilot project. A minimum of 3,200 participants will be served in Phase 2, and those participants are being randomly assigned to either an expedited or enhanced vocational intervention group. Eligibility criteria have been expanded beyond the initial 14 county service area to the entire state. The minimum earnings threshold has also been removed. The expansion in both geographic scope and numbers of participants will require strengthening of partnerships. This will further RETAIN Kentucky's sustainability efforts, and it may have the added benefit of 'softening the ground' that is needed to promote policy change related to RTW/SAW that transforms the healthcare and workforce systems. Because the employment of people with disabilities is a critically important public health matter, our Phase 2 efforts to improve RTW/SAW outcomes for Kentuckians with disabilities are intended to result in improved health and quality of life outcomes statewide. Phase 2 will also leverage resources with workforce partners to foster data-driven decision making that improves how employers and workers are served through innovative policies and practices. Expansion of relationships that are being built with disability management organizations will add value and supplement their approaches to workers with non-work-related impairments. Enrollment in Phase 2 will conclude in May, 2024, with intervention service close out in October, 2024.

Major activities that define the Phase 2 work plan include:

- 3,200 participants served
- Creation of a statewide, cross-systems leadership team that will recommend policies that promote a workforce inclusive of disability
- Development of an academic undergraduate certificate in Return to Work
- Continuing education for medical and allied health professionals
- A statewide employer seminar series that supports organizational culture where people with disabilities are integral to employers' growth and success

**HDI Research Briefs highlight the research activities at the Human Development Institute. Projects at HDI focus on building inclusive communities, addressing inequities, and improving the lives of all people who experience disability across the lifespan. Research priority areas include: early childhood and education, leadership and self advocacy, employment, health, universal design and assistive technology. With each issue of HDI Research Briefs, we will provide a cross-section of HDI's research activities. The brief reports are intended to give an overview of the research and emphasize the implications of the studies.**

**You can find more examples of our research at [www.hdi.uky.edu](http://www.hdi.uky.edu)**

# References

- Ben-Shalom, Y. (2016). Steps states can take to help workers keep their jobs after injury, illness, or disability. *Washington, DC: Mathematica Policy Research.*
- Hobfoll, S. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist, 44*, 513-524.
- Hobfoll, S. (2002). Social and psychological resources and adaptation. *Review of General Psychology, 6*, 307-324.
- Hobfoll, S., (2011). Conservation of resource caravans and engaged settings. *Journal of Occupational and Organizational Psychology, 84*, 116-122.
- Hobfoll, S. (2012). Conservation of resources and disaster in cultural context: The caravans and passageways of resources. *Psychiatry, 75*, 227-232.
- Kosciulek, J. (2007). The social context of coping. In E. Martz & H. Livneh (Eds.). *Coping with chronic illness and disability* (pp. 29-48). New York: Springer Publishing Company.
- Marini, I. (2003). What rehabilitation counselors should know to assist Social Security bene-ficiaries in becoming employed. *Work, 21*(1), 37–44.
- Nissen, S., & Rumrill, P. (2016). Employment and career development considerations. *Primer on multiple sclerosis*, 499-514.
- Roessler, R. T., & Rubin, S. E. (2006). *Case management and rehabilitation counseling: Procedures and techniques*. PRO-ED, Inc. 8700 Shoal Creek Blvd, Austin, TX 78757.
- Rubin, S., Roessler, R., & Rumrill, P. (2016). *Foundations of the vocational rehabilitation process* (7th ed.). Austin: Pro-Ed.
- Rumrill, P., Sheppard-Jones, K., Collett, J. W., & McCurry, S. (2022). RETAIN Kentucky: A return-to-work and stay-at-work program for people with disabilities grounded in the conservation of resources theory. *Work*, (Preprint), 1-6.
- Scheel, T., & Otto, K. (2017). Coping after job loss: Impact of unemployment on work attitudes of the reemployed. In *Coping, Personality and the Workplace* (pp. 259-266). Routledge.
- Strauser, D. (2021). *Career development, employment, and disability in rehabilitation* (2nd ed.). New York: Springer Publishing Company.