

**Title** Working well with a disability: Health promotion as a means to employment

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**Target Population** People with physical disabilities

**Key Words** disability, employment, health promotion

**Brief Description** This study adapted and tested a wellness program aimed at reducing incidence of secondary health conditions for people with disabilities. The focus was on improving health so that participants would be more likely to achieve and maintain employment.

## Article Summary

People with disabilities report high rates of secondary health conditions such as weight problems, pain, sleep problems, depression, fatigue, infections, and anxiety. These secondary health conditions influence physical, medical, emotional, psychological, and economic well-being. The state and federal vocational rehabilitation (VR) program assists individuals with disabilities to prepare for employment. For those who have difficulty finding alternative ways to engage in health promotion, inclusion of such services as weight management, fitness, and nutrition programs in the VR program can improve their health and employment outcomes.

To address health concerns of this population, Ipsen and colleagues tested a program adapted from previous research to help improve employment rates and reduce work-related barriers due to secondary health conditions. The study, published in *Rehabilitation Psychology*, compared the Working Well Program to a control group.

The Working Well Program was:

- Adapted from the evidence-based Living Well with a Disability health promotion program
- Based on a workbook with 10 chapters focused on life values, goal setting, problem solving, pathway planning, healthy reactions, advocacy, stress management, physical activity, nutrition, and maintenance
- Augmented with an additional chapter on stress-management
- Expanded with additional facilitator materials for staff delivering workshops
- Delivered in 2-hour weekly meetings for 10 weeks
- Facilitated by center for independent living (CIL) staff

Five state VR agencies identified three to five local offices to participate in this study with the criterion that each office was located within 30 miles of a CIL. Each CIL was paid \$3,700 to deliver the Working Well program. Enrolled VR Clients of working age with a primary physical disability were eligible to participate. Across five states, 297 VR clients participated in the study (control group,  $n = 131$ ; intervention group,  $n = 166$ ). Upon receiving baseline materials, participants were randomly assigned to the Working Well program or a comparison group. Trained CIL facilitators delivered the Working Well workshops to the intervention participants.

Data were collected from the participants at baseline and then follow-up data were collected at 3, 6, 9, and 12 months. Assessments of secondary conditions (Secondary Conditions Surveillance Instrument), Health-related Quality of Life (HRQoL from the Behavioral Risk Factor Surveillance System), self-rated abilities for health practices (SRAHP), and employment status data were used in analysis of prevalence and severity of

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secondary conditions as they relate to outcomes. Due to low adherence rate in the intervention group, data from this group were divided into three subgroups: those who did not attend any sessions ( $n = 90$ ), those who attended one to five sessions ( $n = 24$ ), and those who attended at least six sessions ( $n = 52$ ).

Overall, the Working Well Program helped the participants in the subgroup who attended 6 or more sessions. These participants reported significantly lower symptom days at the first two follow-up points. However, they did not maintain these health improvements at the 9 and 12 month follow ups. This group of participants also had a significant reduction in secondary conditions (e.g., pain, depression, weight problems) that were maintained at the 12-month follow-up point.

Health data showed the program was particularly helpful for participants with higher rates of secondary conditions. However, implementation of this program did not increase the measured self-efficacy of participants, which others should consider when attempting to use this strategy to improve health and wellness. Also, researchers found no significant change in employment status for any participants, regardless of group assignment or sessions attended. Although the low adherence rate requires caution in interpreting results, the Working Well study still supported the viability of including health promotion in VR programs and warrants further research. Additionally, the researchers noted that the screening tools used in this study for identifying and increasing referrals can be useful for improving health promotion strategies and services for individuals with disabilities.

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