

**Title** Impact of Early Intervention Programs for Working Adults with Potentially Disabling Conditions: Evidence from the National DMIE Evaluation

**Authors** Gimm, G., Ireys, H., Gilman, B., & Croake, S.

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**Target Population** working age adults with potentially disabling conditions

**Key Words** employment, disability, early intervention, program evaluation

**Brief Description** This study tested a program aimed at engaging people early on to preserve their health and ability to work by improving the quality, support, and organization of job and medical services. Participation in such early intervention programs can also prevent people from becoming dependent on public benefit programs.

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## Article Summary

The Demonstration to Maintain Independence and Employment (DMIE) examined programs to prevent or postpone reliance on federal disability benefits. DMIE programs provide access to a combination of services and supports that can enable individuals to continue successfully working in the context of disabling conditions.

This study, which was published in the *Journal of Vocational Rehabilitation*, examined the effects of DMIE programs on the likelihood of participants enrolling in federal disability benefits and maintenance of employment as compared to a control group. The study took place across four states, and the 4,054 participants enrolled were randomized to either DMIE programs or a control group. Eligibility criteria included age between 18 to 64 years, experience of a potentially disabling condition, employment at a minimum of 40 hours per month, and not currently receiving or applying for disability benefits.

The DMIE program target outcomes varied across states. The Hawaii DMIE program focused on individuals with diabetes, the Kansas program targeted individuals with chronic physical impairments, and the Texas and Minnesota programs focused on individuals with mental illness who earned less than \$20,000 per year. Programs in each state created strategies that helped identify adults with potentially disabling conditions who also met age eligibility requirements. Recruitment strategies included providing wraparound services as part of existing safety net programs, identifying people who had a low income but were still ineligible for Medicaid, conducting public service announcements statewide, and locating people in high-risk insurance pools.

Researchers analyzed the impact of the DMIE on disability applications and on employment outcomes. Data were collected at enrollment and 6 to 12 months after enrollment. Disability applications and benefits information used in the evaluation were collected from the Social Security Administration. Participant surveys collected information on demographics, health status, and hours worked in an average month.

Overall, the study found that participants in the DMIE programs were statistically less likely to apply for federal disability benefits as compared to the control group members. In Texas and Minnesota, 4.8% of intervention participants had submitted a federal disability benefit application one year after enrolling in DMIE programs compared to 6.9% in the control group. Other outcomes varied by state. Employment rates were significantly different at 6- and 12-month follow-up in Kansas, with 2% of individuals in the DMIE intervention reporting they did not work in the last 28 days compared to 6.6% in the control group. However, there was no significant difference in the other three states. There was a significant difference between hours worked in Hawaii but not for the other three states. In Hawaii, participants in the control group reported 160 hours worked in the last four weeks as compared to 128 reported hours by DMIE program participants. Qualitative interviews from Hawaiian participants suggest that this finding may be due to DMIE program participants working fewer hours to improve their work-life balance.

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Common across all state programs was the emphasis on the person-centered management approach as opposed to traditional services. This person-centered approach aided participants in creating a personal connection to the program and addressing barriers. Participants were able to assess health and employment needs, identify services for removing barriers to maintenance of independence, develop plans and goals to meet needs, and receive information about available resources and services in their area.

The researchers suggest that early intervention programs are most effective for individuals who are at the middle range of their disability continuum (i.e., after impairments have become more than minimal but before functional limitations have become so serious that work is very difficult). Maintaining employment has significant benefits for both individuals (e.g., financial independence, ability to contribute to society) and society (e.g., increased community participation, additional tax revenues).

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