

# Policy Brief

UNIVERSITY OF KANSAS MEDICAID INFRASTRUCTURE CHANGE EVALUATION PROJECT

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## *Kansans with Disabilities Speak Out about Employment Opportunities*

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*Working Healthy* is the Kansas Medicaid Buy-In program that allows people with disabilities to work and maintain their Medicaid coverage. Since the inception of *Working Healthy* in 2002, project staff members have worked to better understand the multitude and complexity of barriers to work experienced by Kansans with disabilities. Over time, we have documented many of these barriers, including:

- Limitations imposed by the person's disability;
- Difficulty finding any employment, but especially meaningful and appropriate employment;
- Negative attitudes of employers;
- Inappropriate advice from service providers and medical professionals;
- Loss of cash and other benefits, including Section 8 housing, food stamps, and childcare subsidies; and
- Lack of effective job placement services.

In 2007, Kansas was awarded a Comprehensive Employment Systems grant from the Centers for Medicare and Medicaid Services (CMS) to further understand and address barriers to employment for Kansans with disabilities. One activity funded

by the grant was a series of consumer focus groups to discuss employment. Focus group participants reaffirmed the earlier findings regarding barriers and identified several new ones, detailed below.

### METHODS

Nine focus groups were conducted at Centers for Independent Living (CILs) throughout Kansas. Focus groups were hosted by CIL staff, but at least one *Working Healthy* representative, such as a Benefits Specialist or member of the KU research team, also attended. More than 150 people participated statewide. Participants were racially diverse, but primarily Caucasian, and included men and women aged 16 to 80 years with a wide variety of disabilities. Some were enrolled in *Working Healthy*, although most were not. Similarly, some were employed at the time of their participation, but most were not. KU research staff used text analysis to identify recurring themes in focus group transcripts.

### FINDINGS

All of the barriers listed above were frequently mentioned at the focus groups, with some additional elaborations. For example, in addition to employers' misperceptions about the cost of accommodations and health insurance for employees with disabilities, one participant shared how an employer in his community avoided hiring people with disabilities due to the belief the company would lose its Worker's Compensation insurance. As one

**"...We [people with disabilities] can't work because we have another entity out there that says, 'no you won't.'"**

participant related, “It’s all about money. Businesses are in business to make money. So they don’t want to take on the cost of providing accommodations for somebody who needs more time.”

With regard to loss of government benefits associated with employment, we heard for the first time feedback about disability benefits through the Veterans Administration, “I got some VA. As soon as I go get a job and they take withholding out of my pay, I lose my VA benefits. I can’t afford the medication they’re sending me. We can’t work because we have another entity out there that says, ‘no, you won’t.’”

Focus groups provided insights into several other barriers that the *Working Healthy* program has not formally addressed in the past. The first of these was transportation. Multiple participants in rural and urban areas reported difficulties finding transportation. A related issue is the inability to obtain a driver’s license and how that can present a barrier to certain types of employment. Focus group participants reported that many positions require applicants to have a license even if the job does not require driving: “I despise the qualification that you have to have a driver’s license to work for a children’s home or a nursing home. To work anywhere in a stationary building, they want me to have a driver’s license, so I can’t do those jobs.”

Finally, in response to suggestions from various stakeholders, we asked participants about their early experiences as persons with disabilities--especially with regard to expectations about their eventual independence and employment--from their families, schools and communities. Participants reported a wide range of expectations from their families, from being treated just like their non-disabled siblings and peers to being protected or discouraged from being independent. Many reported negative experiences in school such as, “I didn’t know math. I didn’t even learn because when I was in Special Ed, all I learned how to do was play checkers because they didn’t think I was capable of learning anything.” People with mental illnesses, especially, reported that their communities are often unsupportive and

unaccepting of them. Participants who received disability benefits also noted that some people in their communities view them as being a “drain on the system,” “living off the government,” and being lazy. One consumer shared that he had been told the following by someone in his community: “if we just lined you guys up and got rid of you, we’d probably be doing pretty good in this country.”

## DISCUSSION

Table 1 provides a summary of the types of barriers to employment expressed by Kansans with disabilities. Some of these barriers, such as limitations imposed directly by peoples’ disabilities and Social Security program rules, cannot readily be changed by state program efforts. Other factors, including job placement services, employer attitudes, and encouragement and support from family members, schools, and service providers, can be addressed directly by state programs, however. With the new impetus from CMS to make comprehensive systems changes to increase employment opportunities for people with disabilities, the *Working Healthy* program has the opportunity to work with a variety of partners and stakeholders to address these barriers.

Specifically, new activities will include:

- Outreach and education to employers about hiring people with disabilities, reasonable accommodations, and resources available to them. These activities are especially important to overcome numerous misconceptions in the business community.
- Increasing and improving the provision of services to people with disabilities in the Kansas Workforce Centers.
- To the extent possible, incorporating the goal of increased employment for Kansans with disabilities in all state agency plans and policies.
- Increasing awareness of and opportunities for small business ownership by Kansans with disabilities and increasing tele-work opportunities; these efforts will be especially important in areas where public transportation is difficult to access.
- Encouraging individuals with disabilities to participate as the Kansas Department of

Table 1: Barriers to Employment for Kansans with Disabilities

Category	Specific Barrier
Disability-related	<ul style="list-style-type: none"> <li>• Overall severity of one’s condition</li> <li>• Unpredictable flare-ups or exacerbations</li> </ul>
Opportunities for Employment	<ul style="list-style-type: none"> <li>• Nothing available in the community</li> <li>• Lack of appropriate skills or overqualified</li> <li>• Need for flexibility due to disability</li> <li>• Lack of quality, meaningful job placement services (currently often results in low-paying, low-skill jobs despite individual’s skills &amp; education)</li> </ul>
Employer Attitudes	<ul style="list-style-type: none"> <li>• Stereotypes about disability</li> <li>• Costs associated with:               <ul style="list-style-type: none"> <li>– accommodations</li> <li>– health insurance</li> <li>– Worker’s Compensation</li> </ul> </li> </ul>
Service & Medical Providers	<ul style="list-style-type: none"> <li>• Underlying belief that people with disabilities can’t work</li> <li>• Paternalistic system</li> <li>• Staff turnover/inconsistency</li> <li>• Belief that work will worsen disability</li> <li>• Belief that consumers’ increased income automatically means loss of benefits</li> </ul>
Loss of benefits	<ul style="list-style-type: none"> <li>• Social Security</li> <li>• Housing</li> <li>• SCHIP/Healthwave</li> <li>• Energy assistance/LIEAP</li> <li>• Weatherization</li> <li>• Food stamps</li> <li>• Childcare subsidies</li> <li>• Veterans benefits</li> </ul>
Transportation	<ul style="list-style-type: none"> <li>• Individuals unable to purchase and/or maintain their own vehicles</li> <li>• Individuals unable to drive due to their disabilities</li> <li>• Employer requirement of driver’s license even when driving is not required for a job</li> <li>• Public transportation:               <ul style="list-style-type: none"> <li>– not always available</li> <li>– not always accessible</li> <li>– does not accommodate shift work or evening work hours</li> <li>– bus stop areas perceived as unsafe</li> </ul> </li> </ul>
Social and/or Community Supports	<ul style="list-style-type: none"> <li>• Negative experiences in the education system, both K-12 &amp; post-secondary</li> <li>• Family members can sometimes discourage independence</li> <li>• Many communities harbor negative attitudes about people with disabilities</li> </ul>

Transportation works to develop its Statewide Public Transportation Plan (see <http://www.ksdot.org>).

- Outreach and education to youth with disabilities, their families, educators, and service providers to change expectations about employment and independence for Kansas youth with disabilities.

Many barriers remain to full employment of Kansans with disabilities, but opportunities exist to

make meaningful changes. Focus groups reports of negative attitudes about people with disabilities in their communities reflect a problem that is larger than one program. However, increased numbers of people with disabilities in the workplace will increase their visibility and demonstrate that they can and want to be productive. In turn, family members and youth with disabilities will have positive role models. Slowly, societal attitudes will also change to be more inclusive of people with disabilities.

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*Additional copies and copies in alternate formats are available upon request by calling 1-800-449-1439 or e-mailing the Project Coordinator at [pixie@ku.edu](mailto:pixie@ku.edu)*

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