

Identifying Community-Based Service Needs for People of Working Age who are Unemployed due to Disability

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INTRODUCTION

- The WHO defines social determinants of health (SDOH) as “the conditions in which people are born, grow, live, work and age” [1]
- SDOH account for 80-90% of a person’s health and health outcomes and also influence access to care [2]
- SDOH impact health outcomes for all people, but are especially influential in vulnerable populations, such as those with functional impairments, living with disability, and with low socioeconomic status [3, 4]
- Disability acquisition may lead to changes in SDOH. This may result in new unmet social need(s) (e.g. transportation need). Unmet social needs may impact quality of life and hinder the rehabilitation process. [5]
- Research is needed to further unpack the association between disability and SDOH [5]

PURPOSE

- To describe the unmet social needs for people of working age who self-report being unemployed due to disability compared with people unemployed not due to disability
- To describe the self-reported barriers to successfully accessing and utilizing community-based resources for people of working age who self-report being unemployed due to disability compared to people unemployed not due to disability

METHODS

Population: Patients of working age (18-64 years old) who are unemployed

Intervention: Community health center’s SDOH screening, referral, and student-volunteer community navigator (Help Desk) program between 3/2019-3/2020

Outcome: Community-based service needs and patient-reported barriers for people unemployed due to disability or unemployed

Study Design: Retrospective cohort study

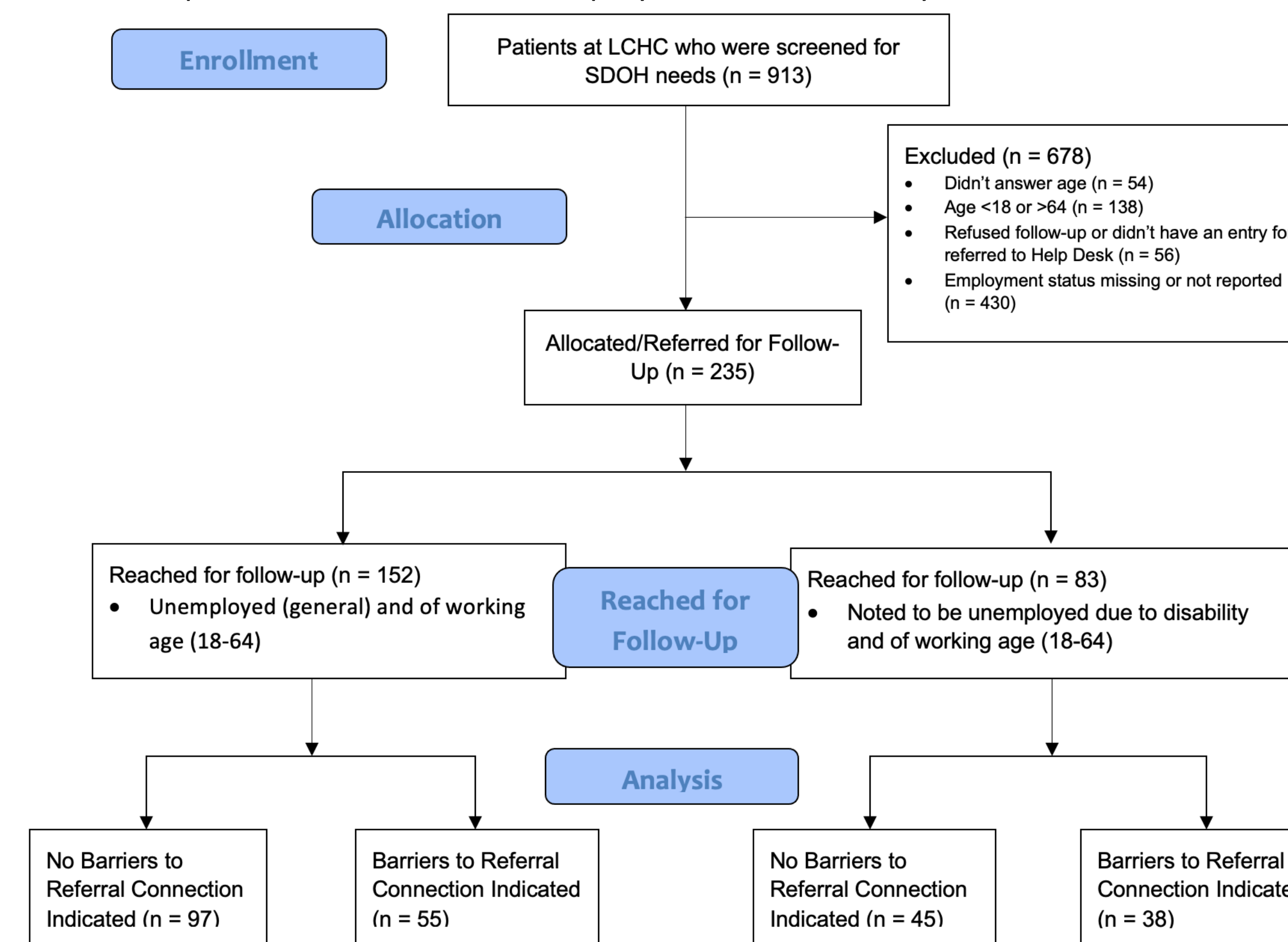
- We examined de-identified data
- Behavioral health practitioners used the Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experience (PRAPARE) with patients
- Navigators documented access and utilization barriers patients reported in telephone follow-up calls 2 weeks after the initial clinical encounter
- Descriptive statistics were calculated to compare 11 categories of social needs for the study population
- Barriers were analyzed qualitatively and categorized to identify possible areas for intervention

ACKNOWLEDGEMENTS

The author wishes to thank the faculty advisor at Duke Margolis, clinical leaders and behavioral health case managers at Lincoln Community Health Center, and the Help Desk at Duke founders. This initiative has been funded by the Duke University Bass Connections Program in Global Health, the Duke Career Center, and the Duke Global Health Institute.

RESULTS

- 913 patients were screened
- Of those 913 patients, 235 were of working age (18-64 years old) AND reported being unemployed
- Of those 235 patients, 35.3% were unemployed due to disability



- Table 1 shows that it was more common for persons unemployed (general) to have general medical needs than those unemployed due to disability
- No statistically significant differences between groups in unmet social needs (childcare, clothing, government financial, housing, phone, rent, utilities, other or none)

Table 1 Self-Reported Social Needs of Patients of Working Age who are Unemployed (N = 235)

Reported General Needs	Total Working Age and Unemployed (N)	Unemployed (general) (N)	Unemployed due to Disability (N)	p-value
Childcare	< 5	< 5	< 5	0.554
Clothing	14	7	7	0.258
Food	82	44	38	0.010
Government Financial	13	5	8	0.070
Housing	87	58	29	0.625
Medical	79	62	17	0.002*
Phone	10	7	< 5	1
Rent	< 5	< 5	< 5	1
Utilities	27	16	11	0.531
Other	5	< 5	< 5	0.659
None	58	42	16	0.156

- Table 2 shows no statistically significant differences in types of barriers reported between those unemployed (general) and those unemployed due to disability
- Patient-reported barriers (most to least prominent) included personal factors (e.g., perception of asking for help, individualized prioritizes), service availability, healthcare provider-related factors, accessibility, and affordability

Table 2 Patient-Reported Barriers to Successfully Accessing and Utilizing Community-Based Resources

Barrier to Connection		Unemployed due to disability (N)	Frequency of Reported Barrier (% n = 83)	Unemployed (general) (N)	Frequency of Reported Barrier (% n = 152)	Overall Frequency
Personal	Interactions/Accommodation s → Missed Opportunities with provider	2	2%	3	2%	2%
	Individualized Priorities	12	14%	20	13%	14%
	Does not remember referral	3	4%	0	0%	1%
Healthcare Provider-Related	Info Gap	9	11%	6	4%	6%
	Information Continuity/Access to Healthcare Provider	3	4%	7	5%	4%
	Community-Based Resource Related	7	8%	7	5%	6%
Availability	Submitted application, waiting to hear back	6	7%	9	6%	6%
	Ineligible	2	2%	3	2%	2%
	Financial barrier - personal	1	1%	1	1%	1%
Affordability	Financial - systemic	1	1%	1	1%	1%
	Possible or confirmed disability-related barrier	4	5%	3	2%	3%
Accessibility	Transportation as a barrier	4	5%	3	2%	3%
	New unmet need	6	7%	5	3%	5%
Other	No longer needed	8	10%	14	9%	9%

DISCUSSION AND IMPLICATIONS

- Prevalence of barriers suggests that appropriate interventions could lead to a greater success rate of patients connecting with and utilizing referred resources
- Future research should examine the feasibility and success of implementing interventions and the capability of the rehabilitation profession to address the social needs of persons with disabilities

LIMITATIONS

- Small sample size
- Only considered self-reported barriers two weeks after clinical encounter
- Patient may be uncomfortable disclosing or self-reporting disability
 - Thus, some patients may have not disclosed that they were unemployed due to disability and subsequently, were not included in the study’s subgroup
- PRAPARE is not set up to identify individuals with disabilities who are working
 - Disability was unable to be assessed directly as there was no specific question to self-report, and many individuals with disabilities may have been excluded

CONCLUSIONS

- Findings suggest unmet social needs are similar for people who report being unemployed due to disability or not
- Reported barriers could be addressed

