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Towards Researching a National Employment Policy for Persons with Disabilities

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Introduction

Critical questions are emerging about the composition, quality, and competitiveness of the American work force of the 21st century. These questions include:

What types of work skills will be needed for American employers to remain competitive in the U.S. and abroad?

Will our increasingly diversified and aging work force include millions of persons with disabilities?

What will be the characteristics and qualifications of the work force of persons with disabilities?

What types of job training, technology, and accommodations will be available to that work force? And,

How will the changes that have occurred in the last quarter of the 20th century in disability, welfare, and health care policy affect that work force?

In the past 25 years, disability laws and policies have undergone a dramatic shift from a model of charity and compensation, to medical oversight, and then to civil rights (Blanck, 2000; Blanck & Millender, 2000). Contemporary employment policies and laws are focused on increasing the labor force participation of qualified persons with disabilities and reducing their dependence on government entitlement programs. Federal laws such as the Workforce Investment Act of 1998 (WIA), the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA), and the Americans with Disabilities Act of 1990 (ADA), illustrate growing public support for enhancing employment opportunities for working age adults with disabilities and preventing discrimination in the workplace (Blanck, 2000).

Despite these and other initiatives, there is remarkably little definitive evidence that American disability policies and laws have resulted in substantial increases in the numbers of persons with disabilities participating in the workforce (Blanck, 1998). Although our nation is in a period of record high employment, millions of persons with disabilities remain unemployed or underemployed (Schwochau & Blanck, 2000; Vilsack & Pederson, 2000). Disabled persons are less likely to have full-time employment; and, even when employed, disabled people earn less income than their non-disabled peers (Schwochau & Blanck, 2000).

The primary way to assess whether disability employment policies are economically and socially beneficial, or as some have argued harmful, is through assessment of information regarding their impact on persons with disabilities, employers, and persons without disabilities (Collignon, 1997; Schwochau & Blanck, 2000). Although researchers approach this question from distinct perspectives, policymakers and disabled individuals will gain a more complete perspective about the effects of these employment policies if information is gathered using a range of approaches from a variety of sources. In addition to providing breadth of information, assembling research from multiple sources highlights different perspectives and assumptions in ways to reconcile apparently conflicting results (Dole, 1994; Schwochau & Blanck, 2000).

The present article describes our ongoing program of study examining labor force strategies and employment opportunities for the emerging workforce of persons with disabilities. The first part of the article highlights the historical evolution of national employment policy toward persons with disabilities; that is, from its beginnings in the Civil War pension system to recent TWWIIA and WIA initiatives. The second part examines contemporary efforts toward a national employment policy. The third part describes illustrative research tracking employment, income rates, and educational attainment of individuals with disabilities. The fourth part identifies future research challenges and approaches for examining employment policy initiatives. It also provides an illustration of a recent research project we have undertaken on improving the employment status of individuals with mental illness, developmental disabilities and mental retardation.

I. An Evolving National Employment Policy for Individuals with Disabilities

"We must forge a national disability policy that is based on three simple creeds—inclusion, not exclusion; independence, not dependence; and empowerment, not paternalism."
(President Bill Clinton, 1996, quoted in National Council on Disability, 1996, 23).

To a remarkable degree, contemporary employment and rehabilitation programs for disabled persons are modeled on outmoded and medicalized stereotypes about disabilities. These longstanding views date back to the birth of the Civil War pension system, which linked the

definition of disability to an inability to work and established physicians as the medical gatekeepers of disability benefits (Blanck & Millender, 2000; Sanders, 1999). The medical model has focused on the individual, whose disability was conceived as an infirmity that precluded full participation in the economy and society (Blanck & Millender, 2000). Because it was a pension system, funds were used to subsidize the incomes of Civil War veterans rather than for rehabilitation efforts.

Historically, the medical model has cast disabled people in a subordinate role in their encounters with doctors, rehabilitation professionals, psychologists, and social workers who aimed to "help them" adjust to a society structured around the convenience and interests of the non-disabled. Because the medical model never questioned the physical and social environment in which disabled people were forced to function, it countenanced their segregation and economic marginalization (Hahn, 2000). And because it aimed to address the "needs" of the disabled rather than recognize their civil rights, the medical model frequently led to government policies that viewed assistance for the disabled as a species of welfare (Blanck & Millender, 2000).

Today, the Social Security Disability Insurance (SSDI) program continues to define disability as an inability to engage in "substantial gainful activity" and requires a medical assessment of the disabling condition (Stone, 1984). Likewise, the Rehabilitation Act of 1973 perpetuates the medical approach to disability, promoting the conception of individuals with disabilities as impaired and needing to be "cured" through rehabilitation (Blanck & Millender, 2000).

By contrast, the disability civil rights model that first began to influence government policy in the 1970s conceptualized the disabled as a minority group entitled to the same hard-won legal protections for equality that emerged from the struggles of African Americans and women. Proposing that disability is a social and cultural construct, the civil rights model focuses on the laws and practices that subordinate disabled persons and insists that government must secure the equality of disabled persons by eliminating the legal, physical, economic, and social barriers that

preclude their full involvement in society (Seelman, 2000; Scotch & Schriener, 1997).

There is much truth to this historical reading of disabled Americans' experiences under the government policies that put the medical model into practice. Yet, like any interpretation of the past that posits an epochal paradigm shift, this narrative obscures as much as it reveals. By focusing on the stigmatization of the disabled embedded within the medical model, past accounts have ignored the ways in which disabled people have coped with – and contested – those limiting attitudes during the first three quarters of the twentieth century in America. Prior emphasis on the hierarchical relationships between disabled persons and bureaucrats, doctors, and rehabilitation counselors similarly has downplayed the ways in which the disabled shaped those relationships and, through their own advocacy, transformed conceptions of disability in the period well before notions of civil rights for the disabled were even conceivable.

Although, until recently, national employment policy continued to conceptualize disability from a medical perspective, people with disabilities as individuals and in organized groups began to challenge these stereotypes. Many applicants rejected for social security benefits in the 1950s appealed those decisions and hired lawyers to represent them in the appeals process (Berkowitz, 1987). Between 1955 and 1958, requests for appeals hearings increased by five hundred percent. By 1965, the Social Security Administration received more than 23,000 requests annually for hearings. By 1980, these requests had swelled to more than 250,000. Edward Berkowitz (1987) calculates that the appeals process was successful in securing SSDI benefits for approximately 20 percent of the previously denied applicants. Many applicants whose appeals were rejected sought redress in federal court. Lance Liebman (1976) finds that federal courts often accepted expanded definitions of eligibility, including ruling in favor of applicants for SSDI who were capable of working but were unable to obtain jobs.

Beginning in the 1970s, disabled individuals also asserted their right to be independent in pursuing education and housing. A group of students with disabilities challenged the policies at the University of California at Berkeley (Shapiro, 1993). In New York, an advocacy group for the

rights of disabled individuals was formed in 1971, called Disabled in Action (NCD, 1996). During this period, national disability policy began to integrate the concepts of the independent living philosophy. Title VII of the Rehabilitation Act initiated funding for independent living services or Centers for Independent Living (CILS). Not only did the CILS provide services for individuals with disabilities, but they were required to be operated by individuals with disabilities. Over the past two decades, CILS have grown from 10 centers in 1979 to over 200 by 1996 (NCD, 1996).

As individuals with disabilities collectively began asserting their independence, the first federal disability civil rights act became law, the Architectural Barriers Act of 1968 (Barriers Act; Dole, 1994). The Barriers Act required new or newly remodeled federal buildings to be accessible to individuals with disabilities. Though brief and without enforcement provisions, the Barriers Act marked a turning point in federal disability policy. It was the first time that national policy was concerned with including rather than excluding individuals with disabilities from the mainstream (Dole, 1994).

The evolving policy of inclusion fostered federal and state laws from accessibility to voting and air travel, to independence in education and housing (NCD, 1996), culminating with passage of the ADA in 1990. In the ADA Congress expressly recognized the minority status of disabled persons, finding that:

historically, society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem;...[and that] individuals with disabilities are a discrete and insular minority who have been faced with restrictions and limitations, subjected to a history of purposeful unequal treatment, and relegated to a position of political powerlessness in our society.... (ADA, 1990, Sec. 12101(a)).

II. Contemporary Efforts Toward A National Employment Policy

The ADA (1990) established national goals for assuring "equality of opportunity, full participation, independent living, and economic self-sufficiency" for individuals with disabilities

(Sec. 12101(a)(8)). Ten years after the ADA's enactment, however, there remains a lack of clarity and consistency under the ADA and across related federal laws and policies about who qualifies as a person with a disability for participation in the national employment strategy. Moreover, although the ADA requires the removal of discriminatory barriers to employment for qualified individuals with disabilities, other significant barriers to employment remain in federal government programs. Prominent among these barriers has been economic disincentives to work, reflected in the SSDI and SSI programs, and typically manifested by a lack of adequate and affordable health insurance for the working disabled (e.g., Blanck, Sandler, Schmeling, & Schartz, 2000; Brooks & Klosinski, 1999; Stapleton & Tucker, 1999).

Recent national policy initiatives have been aimed at diminishing the economic barriers to work for disabled persons who want to work and who are capable of working (Jensen & Silverstein, 2000; Silverstein, 2000). Thus, TWWIA (1999) expands the availability of health care coverage for individuals with disabilities in several ways. First, states may allow disabled people with incomes over 250% of poverty level to "buy into" Medicaid health insurance programs if they are otherwise eligible for SSI. In addition, individuals whose medical conditions have improved, making them ineligible for SSI or SSDI, may now buy into Medicaid if they continue to have a severe determinable impairment. Under TWWIA, Medicaid premiums and other cost shares are determined on a sliding scale. For those persons with incomes between 250% and 450% of poverty level, premiums may not exceed 7.5% of their income.

TWWIA also extends Medicare coverage for people returning to work from SSDI to 8.5 years without payment of a Medicare Part A premium. After 8.5 years, the individual may continue to receive Medicare by paying the premiums for both Part A and Part B. These changes in health insurance options are meant to stimulate SSDI beneficiaries to return to work (e.g., after being injured on the job) without risking the loss of health insurance coverage by retaining Medicare coverage.

In addition to expanded health insurance options, TWWIA (1999) and WIA (1998) were

designed to reduce other work disincentives that historically have limited employment options for disabled persons. TWWIA allows for an expedited reinstatement of benefits for SSDI recipients whose benefits were terminated because of increased earnings from work (i.e., and who now are unable to work because of a disability). The beneficiary may receive SSDI for up to six months during the period that the Social Security Administration is considering the reapplication. In addition, TWWIA establishes the Ticket to Work and Self-Sufficiency Program (TWSSP). Recipients of SSI and SSDI would use a "ticket" to obtain employment services from employment networks. The goal of TWSSP is to give beneficiaries greater choice and control over their employment services and to foster competition and innovation among employment service providers (Virginia Commonwealth University Rehabilitation Research and Training Center, 2000). With similar goals of employment in mind, WIA (1998) is meant to foster "one stop" employment and job training centers that provide accessible services to all individuals, including those with disabilities. Moreover, WIA provides that recipients of SSI and SSDI are automatically eligible for Vocational Rehabilitation Services (Seelman, 2000).

Together, the recent employment policy initiatives reflect a significant change in acknowledging the *civil rights* of qualified individuals with disabilities to work (Seelman, 2000). This approach is in contrast to the medical model of disability that dominated American federal policy for most of the twenty-first century (Blanck & Millender, 2000).

III. Researching Employment Outcomes: Earnings, Income and Education

Despite the new approach toward a national disability employment policy of inclusion and a national economy posting record high employment rates, millions of disabled individuals who are capable of working remain unemployed or underemployed. The 2000 National Organization on Disability / Harris Survey of Americans with Disabilities (N O D./Harris Survey) reports that 34% of disabled individuals are employed, compared to 81% of individuals without disabilities. The 1998 Current Population Survey (CPS; U.S. Census Bureau, 1998) found that approximately 27%

of individuals with work disabilities were employed, compared to 78% of their nondisabled peers. About 64% of disabled individuals who were employed held full-time jobs, compared to 82% of employees without disabilities. Those disabled employees with full-time, year round employment had average annual earnings of \$29,513, more than \$8,000 less each year than the \$37,961 average earnings of nondisabled counterparts (Schwochau & Blanck, 2000). In short, even in prosperous economic times, individuals with disabilities are less likely to be employed, and if they are employed to be working part-time rather than full-time and earning far less than their peers.

Moreover, individuals with disabilities may be less prepared for competitive employment in the future. Individuals with disabilities, on average, attain less formal education than individuals without disabilities. According to the CPS (U.S. Census Bureau, 1998), nearly 31% of those with work disabilities had not completed high school, compared to about 18% of individuals without disabilities. Although almost one quarter (24%) of individuals without disabilities had more than 16 years of education, less than 11% of individuals with disabilities attained that level of education. Considering that the Bureau of Labor statistics predicts continued employment growth into 2008, with the fastest growing occupations being in information technology, limited education will place disabled individuals at a significant disadvantage in the labor force (Seelman, 2000).

It should be noted that not all of the available information paints a dismal picture for individuals with disabilities. Evidence from the 1994-1995 Survey of Income and Program Participation (SIPP; McNeill, 1997) reported that 26% of individuals between 21 and 64 with severe disabilities were employed, compared to 23% in 1991-1992 (McNeill, 1993). Kaye (1998) reports increases in employment among people aged 21-64 with severe functional limitations (i.e., a smaller group of individuals compared to those with severe disabilities) from almost 28% in 1991-1992 to 32% in 1994-1995. Similarly, Kruse and Schur (2001) find that from 1990 to 1994 employment trends of disabled persons after the ADA differ depending upon the SIPP disability category: employment rates declined among those reporting "work disabilities" but improved

among those reporting severe functional limitations without a work disability. In addition, an analysis of SIPP information (McNeil, 2000) from 1994 to 1997 for persons with non-severe disabilities finds that employment rates increased from 77% to 81%. Although during 1994 to 1997 employment rates for those with severe disabilities declined from 34% to 29%, overall employment rates for younger individuals with severe disabilities were higher in 1997 compared to 1991.

In a regional study, we have been tracking the employment rates of a large group of individuals with mental retardation (Blanck, 1998). We are finding that substantial numbers of persons have been attaining and retaining competitive employment since the ADA was enacted (Blanck, 1998). Other evidence suggests also that disabled individuals have been attaining higher levels of education over time. The 1998 N.O.D. / Harris Survey reported that 20% of disabled individuals responded they had not completed high school, compared to 39% in 1986.

It is the case, however, that the overall research findings are mixed. Reports of employment rate improvements coincide with news stories suggesting that for the majority of those with disabilities few improvements have been realized since passage of the ADA, and increasing the employment rates of qualified persons with disabilities is now a national priority (Executive Order 13078, 1998). If not addressed, the unemployment problem facing the young and emerging generation of persons with disabilities may hold long-term negative economic and social consequences for their future and for that of the nation. National surveys (N.O.D./Harris, 1998) reveal that, although almost two thirds of adults without disabilities are very satisfied with life in general, only one-third of adults with disabilities would make that claim. Qualified persons with disabilities continue to be excluded, directed to sheltered and nonintegrated jobs often not designed to achieve economic "independence" and not of their choice and interest (Blanck, 1998).

IV. Research Challenges and Opportunities

"We have come a long way...in both our expectations about people with disabilities and the reality of their participation in society...!believe we have an obligation to make sure our

laws are working....I think it is proper to ask how well the ADA and other federal laws help fulfill the nation's disability policy goals." Senator Bob Dole, 1994, 927-928.

Senator Dole's remarks are as applicable today as they were four years after the ADA's enactment. A cardinal question is posited: how will policymakers, researchers, and people with disabilities themselves systematically assess the effectiveness of the emerging national employment policy? The ADA attempts to define these goals "to assure equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals [with disabilities]" (Section 2(a)(8)). Similarly, Title IV of WIA (1998) amended the Rehabilitation Act of 1973 to reiterate the national employment goals of "empowering individuals with disabilities to maximize employment, economic self-sufficiency, independence, and inclusion and integration into society" (Sec. 2(b)(1)(A)). Yet, these national initiatives designed to enhance the labor force participation of disabled individuals also conceptualize employment as part of a broader concept of civil rights. Evaluation of these initiatives, therefore, must assess, not only, trends in labor market activity, but also advancements in self-sufficiency, independence, inclusion and integration.

To assess the impact of the emerging national employment policy, researchers must examine a range of outcomes, in addition to traditional measures of competitive employment, income and education rates. Monroe Berkowitz (this volume) suggests competitive employment should lead to economic self-sufficiency and provide sufficient income for independence. However, millions of Americans with disabilities continue to live in poverty. Without true inclusion, integration, and attitudinal changes, individuals with disabilities do not have access to competitive employment to approach self-sufficiency.

In addition, researchers of the new paradigm must begin to cumulate information in ways that include individuals with disabilities in the research design, data collection, and analysis process in ways that foster autonomy, and maintain scientific rigor and relevance (Seelman, 2000). The following sections illustrate several avenues for approaching the emerging research paradigm

(e.g., as summarized in Figure 1 below). The suggestions are not inclusive, but are presented to foster discussion about the new research agenda.

Insert Figure 1 about here

A. Traditional Approaches to Studying Employment Outcomes

WIA and TWWIIA are designed to assist individuals to obtain and retain employment through integration of and access to job-related supports, by enhancement of work incentives, and by access to affordable health care benefits. Evaluation of the impact of these policies may be based on changes in labor force rates and related income measures before and after policy implementation. Figure 1 illustrates measures traditionally used in prior studies to assess employment outcomes for disabled and non-disabled persons, such as job status, type of employment, hours worked, and duration of employment (Collignon, 1997; Schwochau & Blanck, 2000).

In addition to traditional economic outcome measures, the impact of the new generation of national employment initiatives needs to be assessed by studying changes in economic self-sufficiency and self-determination, also illustrated in Figure 1. Major policy questions to be examined include the relation of TWWIIA's modification in work incentives for SSI and SSDI (e.g., increased access to affordable health care) on competitive employment rates for disabled individuals, and whether concomitant improvements occur in quality of life. To answer these questions, economic assessments (e.g., wages, earned income, and gross income) may be augmented with measures of self-sufficiency (e.g., earnings above minimum wage and the poverty level). Measures of quality of life may include access to goods, services, and technology, financial security, and affordable health care (Collignon, 1997). Researchers may examine the extent to which these policies result in differences for disabled individuals on average, and whether individuals with different disabilities are relatively better off compared to their pre-policy positions.

In this last regard, we have been studying the employment, economic progress, and quality of life of more than 5,000 Oklahoma residents with mental retardation and related impairments over the past decade (Blanck, 1998). Using various measures, our research demonstrates a decline in unemployment rates for this sample of individuals. For 1,130 individuals for which 1990 through 1999 data are available, unemployment levels decline by 21%, from 43% in 1990 to 22% in 1999. By 1999, almost a fourth of the participants (23%) are in integrated (e.g., competitive or supportive) employment, compared to 6% in 1990. As a group, the participants have experienced significant increases in their employment status, earned income, life skills, quality of living arrangements, involvement in self-advocacy, and life satisfaction.

Yet more than three-quarters (78%) of the Oklahoma participants who were in non-integrated employment or unemployed in 1990 remain in those settings in 1999. And although participants' average monthly gross incomes (e.g., including earned and entitlement income) has risen (from \$83 per month in 1990 to \$413 per month in 1999), the average monthly *earned income* (i.e., \$189 per month) of participants remains substantially below the poverty level. We continue to track the progress of the Oklahoma cohort over time and now in light of changes in work incentives and access to health care mandated by TWWIIA.

Lastly, although many Oklahoma participants have obtained competitive employment, Conroy and Fullerton (2000) report that comparable cohorts in other states have not been nearly as successful. Comparisons and contrasts of quantitative and qualitative studies across regions, populations and disciplines therefore may provide a more detailed picture of policy impact. In particular, research on the impact of national employment policies will benefit from descriptive data that focuses on comparisons across studies and provides policymakers with information that illuminates the reasons why individuals are or are not successful in obtaining or retaining employment (Harkin, 1994).

B. Alternative Approaches to Studying Employment Outcomes

True employment inclusion and integration require access to a range of workplace and non-workplace activities. Traditional economic outcome measures need to be augmented by examining a range of employment activities, including self-employment, entrepreneurial activities and temporary employment. One goal of the 1998 Presidential Task Force on Employment of Adults with Disabilities is to increase the range of employment opportunities available to persons with disabilities. This goal is supported by the President's Committee on the Employment of Persons with Disabilities (2000) which, along with the Small Business Administration, is providing training and assistance for persons with disabilities interested in self-employment and entrepreneurial activities.

One question worthy of study is how will WIA and TWWIA reforms assist disabled individuals to pursue non-traditional employment options (i.e., jobs outside of large corporate settings). And, how do these non-traditional activities serve as foundations for individuals with disabilities to become self-sufficient? We recently have undertaken research of Iowa's Entrepreneurs with Disabilities (EWD) program to help address some of these issues. Established as a partnership among the Iowa Department of Economic Development, the Iowa Department of Education's Division of Vocational Rehabilitation Services, and the Iowa Department for the Blind, the EWD program provides technical and financial assistance, and business development grants to qualified Iowans with disabilities to establish or expand small-businesses with the goal of becoming self-sufficient.

Our preliminary study of Iowa's EWD program describes how participants with disabilities progress through the program, and the characteristics of successful participants (Blanck, Sandler, Schmeling & Scharz, 2000). We examine the public-private partnership approach used by the program and analyze demographic information to paint a portrait of entrepreneurs at the time they applied to the EWD program, using factors such as applicants' age, gender, education, source of income support, disability, and prior earnings and hours worked. We then fashion a portrait of a sub-sample of 30 program participants in terms of their business success, their quality of life,

knowledge of laws and policies affecting persons with disabilities (e.g., ADA, WIA, and TWWIA), and the barriers they face in everyday life.

We have illustrated in the study of Iowa entrepreneurs that outcome research need not be limited to traditional competitive employment status and income growth. For self-employment, for instance, independence means job choice, self-determination, flexibility in work schedules and tasks, and self-accommodating for workplace accessibility. In this line of study, we emphasize therefore a broader view of outcome analysis, using multiple indicators including the ways employees work and how work is essential to other aspects of daily life.

Technology also has become an integral part of the workplace. Without effective access to technology (e.g., the Internet and computers), individuals with all types of disabilities (e.g., mobility, sensory, neurological, and learning impairments) will continue to face obstacles in work and in their daily lives (Blanck & Sandler, 2000). Yet achievement of the promise of full inclusion and labor force participation requires more than advancing technology. It also requires study of underlying attitudes and behaviors toward individuals with disabilities in all parts of American society.

In this regard, research must address the attitudes of employers, co-workers, and potential employees with disabilities towards the employment of individuals with disabilities (Harkin, 2000). In addition to understanding and tracking attitudinal changes, research needs to be conducted on ways to dispel myths and prejudices about individuals with disabilities. Questions to be addressed include: Will changes in the work incentives under TWWIA affect employers' and co-workers' attitudes about job applicants and workers with disabilities? And, will TWWIA's initiatives impact the attitudes of disabled individuals themselves with regard to their employment goals?

In addition, research should consider the environmental factors that contribute to and define disabilities. Scotch and Schriener (1997) consider disability as human variation in which an individual is "disabled" only to the extent that their environment fails to accommodate their needs.

Building on this concept, the National Institute on Disability and Rehabilitation Research (Seelman, 2000) has promoted the adoption of a conception of disability as "the product of an interaction between individual characteristics and the natural, built, cultural and social environments." Research needs to address attitudinal and environmental factors that act as barriers to employment (Hahn, 2000). For instance, in what ways will the accessibility and universal design goals of WIA enhance employment training opportunities for disabled individuals?

In addressing these questions, examination of employment policy outcomes may be furthered by incorporating a variety of research approaches and methods. Qualitative data sources, like individual narratives and business case studies, illustrate how laws and policies affect particular individuals. These approaches bridge the gap between the experience of living with a disability for individuals who do not have a disability (Murphy, 1999). Thus, case studies and narratives by disabled individuals raise awareness of the barriers faced in employment and suggest potential solutions (Batavia, 1999).

Along this line, interview information from our study of Manpower Inc., a large staffing industry company (Blanck & Steele, 1998), contributed to the development of subsequent research questions about employment intervention strategies. Using qualitative methods, the Manpower study focused on temporary employment as a means of gaining experience and skills, providing a bridge from unemployment to full-time employment for qualified individuals with disabilities. Interviews of Manpower employees with a range of physical and mental disabilities suggested that the company's investment in individualized training, job skills assessment, and career development were critical to the company's success in hiring and retaining workers with disabilities and in employees' success in attaining their employment goals. Interviews with Manpower management and staff suggested a corporate culture emphasizing that every individual has job skills and aptitudes, every job can be broken down into essential tasks, and that every individual can attain employment by matching the potential employee's skills or developing those

skills to match essential tasks.

Future research will need to address the role of individualized training and job placement strategies as fostered by TWWIIA. It will need to examine the ways in which the availability of affordable health care under TWWIIA increases a range of labor market opportunities for individuals with disabilities. These strategies are important given estimates that temporary employment opportunities will increase by 55 percent between the years of 1994 and 2005 (Blanck, 1998).

Of course, no single research study provides definitive answers. Every study has strengths and limitations in terms of participant characteristics and available data sources. To gain a more complete picture of policy impact, researchers must combine information from studies using reviews (e.g., Tsang, Lam, Ng, & Leung, 2000) and meta-analyses to determine the influence of economic, social, and attitudinal factors on employment outcomes. Comparisons of information from national and regional studies reveal how differing definitions of disability impact understanding of employment outcomes.

C. Illustrative Research on Employment Outcomes

Recently, we have undertaken a research project with Polk County Health Services (PCHS, 2000), a private, non-profit corporation responsible for implementation and evaluation of services for persons with mental illness, mental retardation, and developmental disabilities in Des Moines, Iowa. We are pilot-testing interventions to improve employment opportunities for PCHS consumers. In the Polk County project, we are using a variety of traditional and alternative measures for assessing employment outcomes, conducted in ways that promote participant involvement and autonomy, as well as scientific rigor and policy relevance.

Using demographic data collected by PCHS on consumer applications, we have developed a preliminary portrait of the approximately 900 PCHS consumers with mental retardation, mental illness or developmental disabilities who report employment as one of their primary life goals and are or have been receiving employment services. Preliminary analyses suggests that almost

two-thirds (62%) of these consumers with mental illness were unemployed. In contrast, consumers with mental retardation had substantially lower unemployment rates (15%), but tended to be underemployed in sheltered settings (30%) or in supported employment (41%).

We also find that although individuals with mental illness evidenced high rates of unemployment, their most frequent requests to PCHS were for access to adequate health care. In contrast, individuals with mental retardation were more likely to request assistance with employment and job skill development. In addition, for this sample we find limited levels of educational attainment; 58% of consumers with mental illness, and 38% of consumers with mental retardation had received at least a high school diploma or equivalent.

We next solicited input directly from PCHS consumers. Using PCHS consumer forums, we interviewed approximately twenty consumers about their employment experiences, goals, and challenges. These focus groups revealed three primary themes about the challenges in obtaining and retaining employment. First, the goals and challenges raised by these individuals with disabilities were comparable to those that have been raised by individuals without disabilities. For instance, one participant described her ideal job as one that would "be fun, challenging, [offer her] respect." Another reported her goal for a job which would offer "a sense of accomplishment, [and] make some money." Challenges identified include being perceived as "the newcomer" or being nervous about interviewing for a job. Several participants were interested in temporary employment or self-employment options.

Second, participants were uncertain and concerned about the effects of their employment status on receipt of public benefits, such as SSI, SSDI, Medicare and Medicaid. One participant remarked that "I haven't worked in a while because of the income limits and how it affects my benefits." In a similar vein, the parent of a consumer shared her daughter's story: "My daughter loves to work. Her whole self-esteem is based around her job....The minute she starts to work, she loses her SSI and Medicaid....She can get a job, and wants a job But then suddenly there is no insurance. She has many handicaps.... To have no insurance is very frightening."

Another participant described employment as a means to make "enough money to accommodate

for the benefits I would lose and the child care that I would have to pay." A guardian described how his ward has to spend almost all of his daily earnings on transportation to and from his job.

A third theme articulated was fear of discrimination by employers, especially for consumers with hidden disabilities or mental illness. One individual voiced her dismay with the effects of current legislation: "When employers are thinking of the ADA, [they] are looking for someone in a wheelchair, missing a leg. They don't think about making accommodations for someone with a mental rather than physical problem." Another participant reflected on concerns about self-disclosure: "If you send me out on my own, do I divulge my disability or not? When employers look at my application and see that I've gone from well paying jobs to cleaning toilets they will wonder, and that frightens me. Why do they need to know all that."

To address these concerns, we are developing research interventions to enhance consumer understanding of employment options and the relation of earned income levels to receipt of public benefits. Consumers participate in individualized planning sessions with professional benefits counselors, paid for by PCHS, to examine how the consumer's employment status may affect receipt of public benefits and income levels. Participants learn about how policy changes in work incentives may affect their opportunities for employment. Because support systems may impact consumers' decisions, case managers and family members are asked to participate with the consumers.

An initial hypothesis is that the benefits planning sessions will help diminish consumers', family members' and case managers' fears about loss of health care and about whether potential earnings from employment will offset loss of benefits. Berkowitz (this volume) rightly suggests that helping consumers understand the effect of changes in income and employment on their benefits may lead some to abandon efforts to enter the labor market. Yet, in these times of low unemployment and competition for workers, many, consumers may be motivated to pursue competitive employment with TWWIA's improved access to health insurance and wages that could replace lost benefits. In accord, Mashaw and Reno (1996) calculate that SSDI replaces less

than half of the prior annual earnings for individuals who earned an average income before their disability and suggest that work is a preferred alternative to cash benefits. By using a pre- and post-test comparison method, the Polk County research project is poised to assess what affect information about these benefits programs will have on actual consumer behavior. Specifically, we will measure the impact of these benefits planning sessions on consumers', family members' and case managers' subsequent attitudes about employment, employment goals, self-determination, and knowledge of their access to benefits.

In addition to the benefits planning sessions, another intervention strategy is to provide consumers with exposure to a range of labor market opportunities. In job forum settings, representatives from the staffing industry, Iowa's WIA one-stop centers, self-employment services, and other employment service providers will inform participants about their job services, host tours of their facilities, and answers participants' questions and concerns. We then will track the employment progress of these participants using traditional measures of employment (e.g., hours worked and earnings), as well as collect information on their choice of and satisfaction with their employment. Our goal is to assess the effectiveness of these interventions in assisting consumers to obtain and retain employment, and to examine the degree to which labor market activity leads to improvements in economic status and quality of life.

V. Conclusion

Empirical and policy analysis of the type highlighted in this chapter are necessary to expand and improve dialogue about the array of employment opportunities available to Americans with disabilities. The development of a cumulative body of research on the national employment policy environment is needed, as no single study or even set of studies may provide definitive answers. An additional benefit to having research assembled from a variety of disciplines is that different perspectives and assumptions embedded in the research may be brought to the fore as results are compared and attempts made to reconcile conflicting conclusions.

Over time, the present program of study and that of others will no doubt encourage researchers to undertake the task of testing predictions regarding the workforce of persons with disabilities. Quantitative and qualitative research, and economic theory – because it allows us to focus on incentives and disincentives in the labor market – will assist in making that determination. Caution is warranted, however, that the viewpoints embedded within any research model must be acknowledged.

Thus, as we have suggested, traditional economic theory would predict that an employer structures the firm's work environment to enable workers, on average, to attain the desired level of productivity (i.e., given the costs and benefits associated with alternative orderings and available technologies and accommodations). If the majority of workers are viewed as unimpaired, the work environment can be expected to build on assumptions that workers have no limitations on their abilities to see, hear, walk, climb stairs, lift, speak, and so on (Hahn, 2000; Stein, this volume). Because of employers' incentives to maximize profits, this environment becomes the baseline — *the* appropriate manner to order work and the work environment given the perceived characteristics of the average individual in the labor market. Accommodations, whether in the form of technology or health care benefits, come to represent deviations from an assumed efficient status quo. These deviations are necessitated only by the appearance in the candidate pool, or in the current workforce, of individuals with disabilities — individuals whose characteristics differ from those of the "model (able-bodied) worker" around whom the work environment was built.

But this is one viewpoint. The assumption that the status quo is efficient in an absolute sense is certainly open to challenge and study, even on a workforce-wide basis (Blanck, 2000). When the possibility is considered that the work and policy environment itself may unnecessarily contribute to making a functional limitation into a disability, the barriers are not unlike artificial requirements that job candidates have a certain diploma. Where aspects of the work environment contribute directly to the bottom line (i.e., are profitable), it can be argued that the fact that accommodations are made is often indicative of an organization's culture and values. It would be

a short-lived firm indeed that required its employees, while remaining subject to the employer's direction and control, to supply their own desks, computers, telephones, and the like, so that they could each meet the employer's defined level of satisfactory performance on the job (Hahn, 2000). In the context of this illustration, an understanding of the empirical assumptions underlying qualitative and quantitative research is necessary not only to put findings into their appropriate context, but also to assess whether the research models themselves are appropriate bases for public policy regarding individuals with disabilities.

At bottom, rigorously collected and relevant information must be derived from study of our nation's emerging employment policy for disabled persons (Blanck, 2000). To further this endeavor, my colleagues and I at Iowa's Law, Health Policy & Disability Center have organized a "Researchers' Symposium" to increase knowledge of research design and methodology involving workers with disabilities (Law, Health Policy & Disability Center, 2000). The symposium is to facilitate interdisciplinary dialogue among researchers with and without disabilities in law, sociology, economics, psychology, and education about study of issues such as labor force participation, assistive technology and workplace accommodations, and disability policy, culture and diversity. We believe that the articulation of this information by persons with and without disabilities will shape the lives of the next generation of children with disabilities who have experienced integrated education and who will become part of the competitive labor force of the 21st century.

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Figure 1

Illustrative Research Indicators of Employment Policy Impact		
	Traditional	Alternative
Employment Status	Unemployment/employment rates Type of employment (full or part-time) Classification (competitive or not) Type of business Hours worked per time period Duration of continuous employment	Self-employment Microenterprise Temporary employment
Economic Self-Sufficiency	Hourly wages Earned income Gross income Earnings above minimum wage Earnings above poverty level Relative wages Relative earnings	Receipt of public benefits Quality of life Health and wellness Access to affordable health care Advocacy involvement
Independence	Living arrangement	Choice in employment Self-determination in daily life Accessibility of housing Accessibility of transportation
Inclusion	Access to community	Representation in workforce Attitudinal parity Accessibility to technology