

Who are “Working Well” Participants?

Working Well, the Texas Demonstration to Maintain Independence and Employment (DMIE) includes over 1,600 participants, making it one of the largest federally funded scientific studies of its kind in the nation. The study is conducted in Harris County, Texas, the nation’s fourth largest metropolitan hospital district. This, the second in a series of Texas DMIE briefs, examines the characteristics of people participating in the study.

Participants are at risk for becoming disabled due to their significant health issues, low income, and functional limitations. *Working Well* will help national and state policy-makers, as well as the general public understand why workers become dependent on federal disability benefits and how to help them remain independent.

Compared to the Harris County population, participants are more likely to be female, older, have lower income, and have received less education. Additionally, the percentage of Hispanic or Latino participants is less than that of Harris County. Almost 40% have received public assistance in the past, suggesting that this population is at risk for future dependence on public benefits.

Approximately three-quarters of participants are not married, and 80% have children.

Working Well participants’ medical records showed 11% of participants have a Serious Mental Illness (schizophrenia, bipolar disorder, or major depression). Eighty-nine percent of participants have other mental health or substance abuse diagnoses accompanied by a serious physical diagnosis. Thirty-five percent of all participants have a substance abuse diagnosis in addition to other diagnoses.

Participants Characteristics

- Serious Mental Illness (11%)
 - Behavioral Health plus Significant Physical Health Diagnosis (89%)
 - Female (76%)
 - African-American (41%) or Hispanic (31%)
 - Middle Aged (70% are between 45-60)
 - Divorced/separated (42%)
 - 62% have a high school diploma or less
 - 59% have income below 100% of the federal poverty level, and 90% have income below 200% of poverty
 - Participants work on average 33 hours per week
 - 38% received public assistance in the past year (e.g., Temporary Assistance to Needy Families, food stamps, subsidized housing, Medicaid)
 - 79% do not have access to health insurance through their employer
 - 41% report at least one limitation in daily activities
- Other self reported health issues include:
- 57% High Blood Pressure
 - 51% Depression
 - 45% Chronic Back and Neck Pain
 - 42% Arthritis or Rheumatism

Access to Health Insurance

Approximately 90% of participants are at or below 200% of poverty (**Table 1**). Seventy-nine percent of participants report being unable to access health insurance through their employer. The median household income for participants is \$15,500 per year, which is only 33% of the Harris County median household income (over \$47,000/year). At that income level, it would cost a participant at least 24% of their annual income to purchase private health insurance¹, assuming they could obtain it at prevailing rates for the general population. The 59% of *Working Well* participants who are at or below the federal poverty level would have to spend at least 36% of their income on private health insurance. Most participants would have to pay significantly more than those rates or would not qualify to purchase private insurance at all due to pre-existing health conditions.

By identifying the specific ways that *Working Well* interventions help participants in different job types, researchers will learn the most effective strategies to keep people employed and healthy.

Federal Poverty Level (FPL)	Percent of <i>Working Well</i> Participants at or Below FPL
100%	59%
135%	78%
150%	81%
175%	87%
200%	90%

Employment

Participants worked an average of 33 hours per week, although almost 45% worked 40 hours per week. Ninety percent anticipate they will continue working through the next year.

The largest single group of workers are employed in healthcare support positions, which make up about 14% of the entire *Working Well* population. This group includes personal care attendants, home health care workers, nursing aides, and nursing home workers (Figure 1). Other commonly reported job types include office/administrative support (13%), food preparation (10%), sales (9%), and maintenance (8%). The broad range of job types suggests that lack of health insurance affects workers in many sectors in Harris County.

Table 1. Percent of *Working Well* Enrollees in Poverty

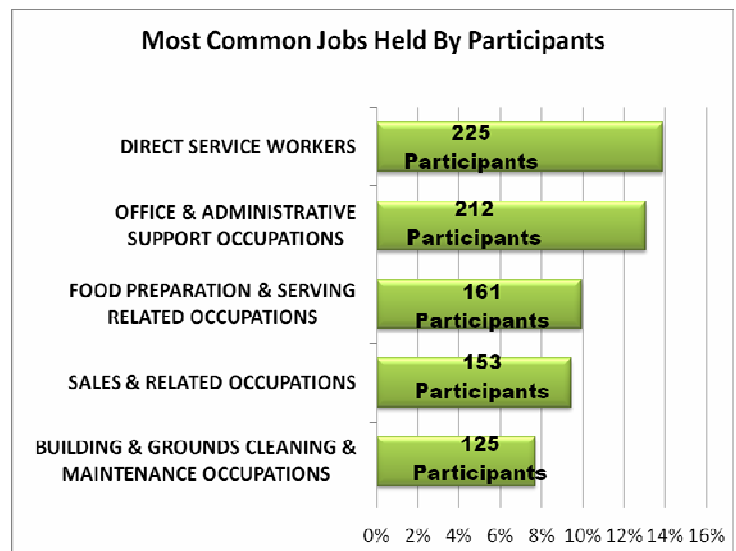


Figure 1. Most Common Jobs Held by Participants

Physical and Behavioral Health

Several questions and validated scales are included in annual participant surveys to assess self-reported behavioral and physical health. **Table 2** shows the most common self-reported physical conditions. High blood pressure (57%) was the most frequently identified condition followed by allergies (52%) and depression (51%).

Table 2. Self Reported Health Conditions by Working Well Participants

Self-reported health	% of Participants
High blood pressure/hypertension	57%
Seasonal allergies	52%
Depression	51%
Chronic fatigue/low energy	49%
Chronic back/neck pain	45%
High blood cholesterol	44%
Arthritis or rheumatism	42%
Chronic sleeping problems	40%
Any other chronic pain	33%
Anxiety disorder	32%
Migraine headaches	31%
Obesity	30%
Chronic heartburn/GERD	29%
Diabetes	29%

Quality of Life

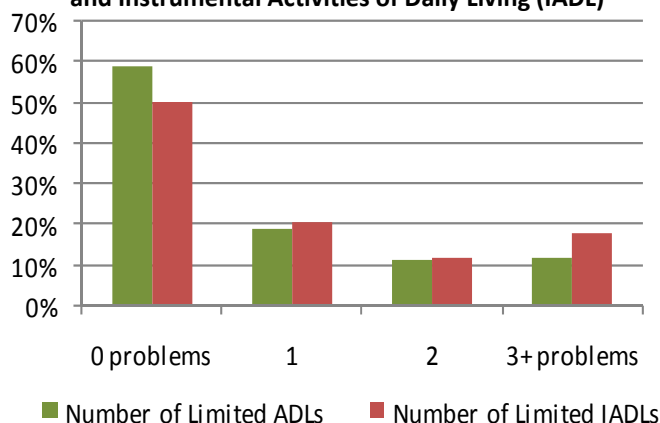
Participants rated their physical and mental health on a scale of 0 – 100 (where 50 is the norm for the general population) using a standardized health questionnaire.² The average ratings for Texas DMIE participants were:

- Overall physical health: score of 38 out 100 (below the norm)
- Overall mental health: score of 50 out of 100 (at the norm)

In general, DMIE participants self-reported greater

physical impairment than psychological problems. Participants also reported experiencing more problems with instrumental activities of daily living (IADL), which include activities such as meal preparation, grocery shopping, and money management, than with activities of daily living (ADL) such as bathing, dressing or walking (**Figure 2**).

Figure 2. Limitations in Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL)



Activities of Daily Living scale assesses difficulties with 1) Bathing; 2) Dressing; 3) Eating; 4) Getting in/out of bed/chairs; 5) Walking; 6) Getting Outside; 7) Toileting

Instrumental Activities of Daily Living scale assesses difficulties with 1) Meal Preparation; 2) Grocery Shopping; 3) Money Management; 4) Using Telephone; 5) Heavy Housework; 6) Light Housework; 7) Getting to Places Outside Walking Distance; 8) Managing Medications

Working Well is a randomized control trial. Participants receiving interventions will be compared to a control group of similar people who do not get these interventions.

Working Well is sponsored by a grant from the Centers for Medicare and Medicaid Services and administered by the Texas Department of State Health Services. The project is operated at the local level by the Harris County Hospital District. The University of Texas at Austin Center for Social Work Research is the independent evaluator and assisted with preparing this policy brief. For more information, contact the State Project Director at Dena.Stoner@dshs.state.tx.us.

Coming Next: Focus on Health Care Support Workers

References: 1. Bernard, D. and J. Banthin. *Premiums in the Individual Health Insurance Market for Policyholders under Age 65: 2002 and 2005*. Statistical Brief #202. April 2008. Agency for Healthcare Research and Quality, Rockville, MD.

2. SF12 Version 2 Health Survey