



Stay-at-Work/ Return-to-Work Models and Strategies: Findings in Brief

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September 2020

Workers who experience an injury or illness that limits their ability to work risk dropping out of the labor force. In a typical year, about four percent of workers (about 6 million workers in 2019) stop working or reduce their hours due to an injury or illness (Nichols et al., 2020b). The resulting earnings losses can have far-reaching consequences for the workers and their families, and some end up applying for federal disability benefits (Bardos et al., 2015).

Stay-at-Work/Return-to-Work (SAW/RTW) programs can help workers keep working or return to work after an illness or injury. SAW/RTW programs available on a large scale may have the most impact on those workers likely to leave the labor force without such assistance. Developing effective SAW/RTW programs requires information about the current policy landscape and evidence about what kinds of SAW/RTW assistance is effective and for whom.

About the Project

To develop intervention design options and evaluation strategies to expand the evidence base about SAW/RTW programs, the U.S. Department of Labor's Chief Evaluation Office and Office of Disability Employment Policy contracted with Abt Associates to conduct the SAW/RTW Models and Strategies project. This brief gives a short overview of the project and key findings from the project's four primary reports, available at:

<http://www.dol.gov/agencies/oasp/evaluation/completestudies/stay-at-work-return-to-work-models-strategy-study>:

The **Synthesis of SAW/RTW Programs, Models, Efforts, and Definitions** described programs that were operating in the U.S. in 2018.

The **Synthesis of Evidence about SAW/RTW and Related Programs** reviewed evidence published between 2008 and 2018 on the effects of SAW/RTW or related programs on employment and the receipt of federal disability benefits.

The **Early Intervention Pathway Map and Population Profiles** analyzed publicly-available data to estimate the characteristics of the SAW/RTW target population and examine pathways from illness/injury to federal disability benefits as a way to identify opportunities for intervention.

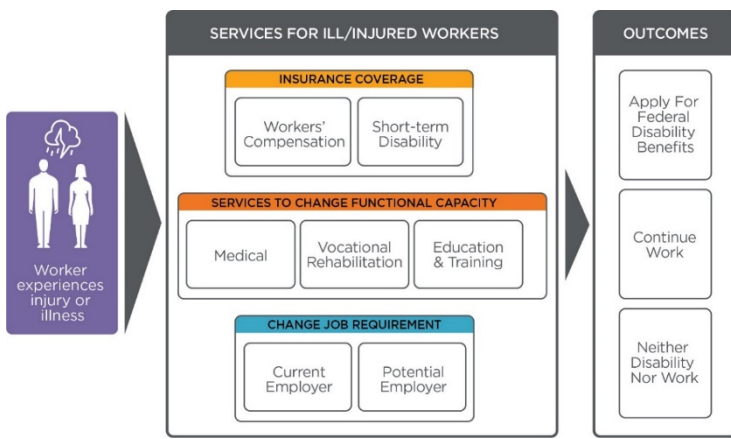
The **Evaluation Design Options Report** presents five options for new research to build evidence about the target populations for SAW/RTW and to test the effects of interventions on employment outcomes.

SAW/RTW Process

Currently, when illness or injury threatens a worker's ability to work, no single, coordinated service delivery system exists to help them remain in the labor force (Ben Shalom et al., 2017). The service options available to injured or ill workers influence their decisions and ability to work. Those service options are, in turn, influenced by the incentives of employers, insurers, health care providers, and other stakeholders, which may or may not align with the goal of keeping workers employed.

The diagram on the next page shows the various kinds of programs that might assist workers who experience an illness or injury. Workers might receive medical and wage-replacement benefits from insurers, services from health care or rehabilitation providers that treat the health condition, and employers may provide job accommodations. Workers also might seek education and training to build new skills or learn new ways to perform their job. After engaging with these various sources of assistance, some workers will continue working or return to work; others will end up leaving the labor force and applying for federal disability benefits. Some may not continue working or qualify for federal disability benefits.





Synthesis of SAW/RTW Programs, Models, Efforts, and Definitions

We conducted a systematic review of the SAW/RTW field—as of 2018—to understand the structure of existing SAW/RTW programs. Our search identified 68 unique SAW/RTW programs, which we categorized along five dimensions:

- **Components or services:** the elements of the program undertaken to improve employment and reduce the need for federal disability benefits. We found five types of services: employer-provided accommodations (26 programs), financial incentives (25), information (41), medical management (18), and employment services and training (18).
- **Administrative context:** the type of entity responsible for program administration, such as a state Workers' Compensation (WC) agency or a private disability insurer.
- **Timing of intervention:** when the program intervention occurs, relative to the application¹ for federal disability benefits.
- **Target population:** the medical conditions targeted, such as musculoskeletal impairments, mental health conditions, and other illnesses.
- **Stakeholders involved:** the entities directly involved with program implementation, such as the employer, worker, insurer, or health care provider.

The most common program component is information-based services. More than half of the programs offer these services, which include: assisting workers to navigate resources and service providers; promoting communication and coordination among employers, health care providers, and insurers; and providing technical assistance to help employers implement SAW/RTW policies. The next most common services are job accommodations (e.g., a modified work schedule or assistive technology) and financial incentives (from insurers to employers and from both to workers).

More than half (57 percent) of the programs offered more than one type of service. Over 90 percent of programs provide at least one of three services—information, accommodations, or financial incentives—but most of those (34 of 64) include only one of them.

Programs also differ in terms of their context for program administration and the stakeholders involved in implementation, but less so with regard to the target population or the timing of the intervention. About 40 percent of the programs are administered by either a state WC agency (18 programs) or a private disability insurer (10 programs). Nearly all (61) programs intervene with participants prior to application for federal disability benefits, and the vast majority (64) of programs do not target a specific type of disabling condition.

Synthesis of Evidence

We conducted a comprehensive search for evidence on the effects of SAW/RTW programs on employment and disability benefit outcomes. We searched for research published from 2008 to 2018. The search yielded 377 sources, of which 87 included sufficient information on program impacts to be included in a meta-analysis. We coded each of those 87 studies according to the program components or services included, the type of disability targeted, and other study features, such as the internal and external validity of the evidence presented.

Of the 72 studies that provide estimates of program impact on employment only 16 have both high internal and external validity. Most (56 of 72) studies that offer credible evidence of impact were conducted outside the U.S and are not generalizable to a broad U.S. context.

¹ Programs that target their assistance to participants prior to application for federal disability benefits were considered “early” interventions, but these interventions

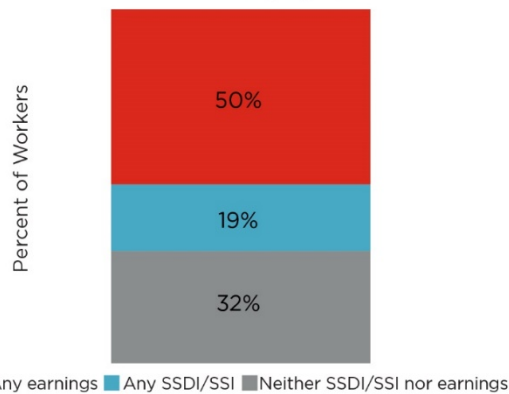
may not necessarily be early relative to the onset of the injury or illness.

Our meta-analytic review found few stable patterns in how impacts vary with disability type or program component. This stands in contrast to findings from existing literature reviews. For example, the meta-analysis did not find evidence that programs targeting mental illness or musculoskeletal conditions tend to produce larger or smaller impacts, relative to other programs. However, meta-analytic results from studies with high internal validity suggest that programs that include employment services, such as the Individual Placement and Support model, have larger impacts on employment.

Early Intervention Pathway Map and Population Profiles

To examine potential target populations for SAW/RTW programs, we used the Survey of Income and Program Participation (SIPP) to examine the outcomes of people who experience the onset of a work-limiting health condition. At 17 to 20 months after onset, nearly half are back at work, one in five is receiving federal disability benefits—either Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) Payments—and about 3 in 10 are neither working nor receiving federal disability benefits.

Distribution of Outcomes 17-20 Months After Onset of Work-Limiting Injury or Illness



Source: Author's analysis of SIPP data, 2001-2013

We also identified, in any of the 16 months after they stop working, whether workers interact with six “touchpoints”: (1) unemployment insurance; (2) workers’ compensation; (3) public assistance (e.g., Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and other sources identified by SIPP respondents); (4) private disability insurance; (5) job training; or (6) health care. Health care use is the most common touchpoint—about 80 percent of the respondents we analyzed use some type of health care services.

To explore the prevalence of various touchpoints and outcomes for workers who receive different types of assistance after the onset of illness or injury, see the SAW/RTW Intervention Pathways Dashboard available here:

<https://www.dol.gov/agencies/odep/topics/saw-rtw/intervention-pathways>

Evaluation Design Options Report

Drawing on lessons from the review of programs and evidence, and analysis of potential target populations, we developed five strategies to expand evidence on effective SAW/RTW interventions. Three of the strategies would provide targeted information to workers, employers, and medical professionals; the fourth would use partial disability insurance payments to support workers as they return to work. The fifth would construct a new data source to support descriptive analyses of the target population.

Targeted Information

Targeted information to workers, employers, and medical professionals could help improve employment outcomes for workers experiencing illnesses or injuries that threaten their ability to work. Each of these groups plays an integral role in the SAW/RTW process. However, these groups may lack critical information to make choices or policies that enable or encourage continued work.

Information to Workers

Workers navigating employment after an injury or illness may need information on a wide variety of topics. They might need advice on what to expect when they go back to work, on their legal rights, on the technology or assistive devices available to them, and on where to find help and information.

A study to demonstrate the effectiveness of providing targeted information to workers would:



Select a random sample of workers to receive information and advice on how to return to work after an illness or injury.



Compare the earnings and employment of the workers offered the information versus a similar group of workers not offered it. Analyze the effects of different types of information or modes of delivery.

Information to Employers

Some employers have policies and provide accommodations to help their workers stay on the job after an injury or illness, or to encourage hiring or retaining workers with disabilities. Other employers do not have these types of policies. Many employers probably do not know what policies or accommodations to offer, how to offer them, and the potential benefits of doing so.

A study to test the effect of providing targeted information to employers about such policies and accommodations would:



Survey employers about their policies and practices.



Select a random sample of employers to receive information about policies or accommodations, and the potential benefits of using them.



Compare the policies and practices of employers that received the information versus employers not offered it. The study could also examine whether the information provided to employers affects workers' employment and disability outcomes.

Information to Medical Professionals

Doctors and other medical professionals are an important resource as workers make personal and employment decisions in response to an injury or illness. However, most medical professionals have minimal training in occupational medicine, and they may not see work as a priority for their patients' recovery.

A study to test the effects of providing medical professionals with more information about how to support patients' continued employment or return to work would:



Interview experts in occupational medicine to identify best practices for considering work as part of patients' recovery.



Select a random sample of medical professionals to receive information or tools to apply the best practices.



Compare the employment and earnings of patients whose medical providers received the information versus employment and earnings of patients whose providers did not receive the information.

Partial Payments for Returning Workers

Temporary (or Short-term) Disability Insurance (TDI) replaces a portion of wages for workers who are unable to work due to a medical condition. TDI might encourage workers to stay engaged with their employer, to consider their time out of work "temporary," or to delay applying for Social Security Disability Insurance (SSDI). However, by providing temporary income, TDI programs might also delay returns to work.

Some TDI programs offer partial payments that allow workers who return to work part-time to receive part of their benefit while they transition to full-time work. Without partial payments, a worker who returns to work part-time gives up all of their TDI payment, which could create a disincentive to work. Partial payments increase incentives to work, because workers can continue receiving part of their benefit while working part-time. A study to test whether partial TDI payments encourage return to work would:



Identify a state or private TDI program that does not offer a partial payment option.



Select a random sample of TDI beneficiaries to receive the option of partial payments.



Compare the time to return to work and likelihood of applying for SSDI of the group offered partial payments versus those not offered partial payments.



Compare the total TDI benefits received for those offered partial payments versus those not offered partial payments.

Longitudinal Survey Data Analysis

A major challenge for SAW/RTW programs is identifying workers at risk of exiting employment or the labor force because of an illness or injury. Another challenge is to determine when to intervene. We developed a research option that would improve on estimates of the potential target population for SAW/RTW initiatives.

This research option would match nationally representative data to administrative records to follow workers after injury or illness. This new data source could identify potential target populations for SAW/RTW interventions and examine the types of pathways that are associated with better and worse employment outcomes. This information could help policymakers decide how to target resources.

Conclusions

In the future, DOL or other federal agencies may decide to invest in new SAW/RTW initiatives and future research. Deciding which program design is best to study depends on what policymakers want to learn. For example, policymakers might want to focus on workers with mental health or musculoskeletal conditions, or programs that can operate in a particular administrative setting. They might also be interested in a particular outcome, such as faster returns to work or long-term job stability. Policymakers will often face a choice among generating further evidence about programs that have shown some promise, investigating new and innovative programs on which little research has been done, or designing entirely new approaches.

It is difficult to predict, before evaluating it, whether a given program will be successful. However, policymakers can examine whether programs show typical indicators of potential success:

- **Clear, specific, measurable goals** that reflect the program's areas of focus and align with the policymakers' priorities.
- **An approach that is consistent with the service and employment context** in which the program will operate.
- **Early evidence of efficacy or implementation success**, such as having secured the resources needed to get the program off the ground, having achieved enrollment targets, or meeting other implementation milestones.

In this study we developed five options for future research that address core questions about how policymakers can increase employment and reduce receipt of the need for disability benefits among workers who experience injury or illness. The options vary in the nature and rigor of the information they would generate, as well as the cost, effort, and time required. These options and the associated study designs could also be altered to address slightly different research questions or conform to available partnerships and constraints on time or resources. Policymakers can consider these factors when setting future SAW/RTW research agendas.

References to Project Reports:

- Epstein, Z., Wood, M., Grosz, M., Prenovitz, S., and Nichols, A. (2020). *Synthesis of Stay-at-Work/Return-to-Work (SAW/RTW) Programs, Models, Efforts, and Definitions*. Prepared for the U.S. Department of Labor. Cambridge, MA: Abt Associates.
- Nichols, A., Geyer, J., Grosz, M., Epstein, Z., & Wood, M. (2020a). *Synthesis of Evidence about Stay-at-Work/Return-to-Work (SAW/RTW) and Related Programs*. Prepared for the U.S. Department of Labor. Rockville, MD: Abt Associates
- Nichols, A., Dastrup, E., Epstein, Z., & Wood, M. (2020b). *Data Analysis for Stay-at-Work/Return-to-Work (SAW/RTW) Models and Strategies Project: Early Intervention Pathway Map and Population Profiles*. Prepared for the U.S. Department of Labor. Rockville, MD: Abt Associates.
- Nichols, A., Grosz, M., Prenovitz, S., Gubits, D., Wood, M., Bagnell Stuart, J., Epstein, Z., Sierks, C., (2020c). *Return to Work (SAW/RTW) Models and Strategies: Evaluation Design Options Report Programs*. Prepared for the U.S. Department of Labor. Rockville, MD: Abt Associates

Additional References

- Bardos, M., Burak, H., Ben-Shalom, Y. (2015). *Assessing the Costs and Benefits of Return-to-Work Programs*. Washington, D.C.: Mathematica Policy Research.
- Ben-Shalom, Y., Bruns, S., Contreary, K., & Stapleton, D. (2017). *Stay-at-Work/Return-to-Work: Key Facts, Critical Information Gaps, and Current Practices and Proposals*. Washington, D.C.: Mathematica Policy Research.



This brief was prepared for the U.S. Department of Labor (DOL), Chief Evaluation Office, in collaboration with the Office of Disability Employment Policy by Abt Associates, under contract number DOLQ129633231 Order # 1605DC-17-U-00095. The views expressed are those of the authors and should not be attributed to DOL nor does mention of trade names, commercial products, or organizations imply endorsement of same by the U.S. Government. Other project reports can be found at <https://www.dol.gov/agencies/oasp/evaluation/completedstudies/stay-at-work-return-to-work-models-strategy-study>

