Abstract
RETAINing Kentucky’s Workforce through Universal Design

Lead Applicant
Mr. Ray Leathers, Commissioner
Kentucky Department of Workforce Investment
275 East Main Street, 2nd Floor
Frankfort, Kentucky 40621

Statement of the Problem: Each year, millions of workers experience on and off the job injuries or illnesses that remove them from the workforce (Rubin, Roessler, & Rumrill, 2016; Ben-Shalom, 2016). These workers may move from short-term to long-term disability benefits, culminating at the federal disability Social Security Disability Income (SSDI) rolls, often never returning to the workforce (Strauser, 2014). This negatively impacts the economic outlook for employers who are faced with employee turnover arising from vacant positions, lost productivity and resulting decreased output. The main driver of the cost of disability to employers and to society as a whole is the number of days, weeks, month, and years that workers lose to disability. Unemployment for Americans with disabilities is also a public health crisis that arises from household economic instability and results in disparities across life outcomes including health, community integration, and economic self-sufficiency (Smart, 2016). Employers have a financial interest in returning injured and ill workers to their jobs as soon as possible and maintaining workers with disabilities, with on-the-job accommodations, to reduce turnover, which is widely acknowledged as the most costly personnel expense for today’s employers. Avoidable turnover can costs employers 33% of a worker’s annual salary to hire a replacement if that worker leaves (Otto, 2017). The RETAINing Kentucky’s Workforce through Universal Design (RKW-UD) project seeks to help workers stay at work and return to work in the event of injury or illness, using frameworks that are proving to be successful for states around the country (e.g.; Washington State Centers of Occupational Health & Education—COHE (“Centers of Occupational Health”, n.d.), Work Matters (Whitehouse, Ingram & Silverstein, 2016), while embedding attributes around universal design, assistive technology, peer supports, and a strong collaborative emphasis that represent Kentucky strengths.

Geographic Area to be Served: KentuckianaWorks Regional Workforce Development area that includes the Louisville metropolitan area and surrounding rural counties. Counties comprising this area are Bullitt, Henry, Jefferson (Louisville), Oldham, Shelby, Spencer and Trimble counties. Collectively, these counties are anticipated to achieve modest growth by 2023 (Environics Analytics, 2018). The labor force is currently 671,092.

Target Population: The target population for the project are workers who experience a musculoskeletal injury or illness, either on or off the job. For the purpose of this project, workers are defined as those who are in the labor force, and therefore may include those who are seeking employment. These workers must NOT have pending applications for, or be receiving, federal disability benefits. Injuries caused by falls, lifts and strains were the most commonly first reported in FY2016-17 in Kentucky (Department of Workers’ Claims Annual Report, n.d.) and represented 36% of SSDI beneficiaries nationally in 2016 (Social Security Administration, 2017) and 33.4% in Kentucky (Hubbard, 2017). Additional emphasis will be placed on workers with substance use disorders (SUD) that are co-existing or that develop post-injury/illness. Compared
to the general population, individuals with disabilities are particularly susceptible to experiencing SUD (Sprong, Melvin, Dallas, & Koch, 2014), including opioid use disorder (OUD). Data suggest that SUDs occur at rates 200 to 400 percent greater in people with disabilities than in people without disabilities (Sprong et al., 2014). It is estimated that 21-29 percent of those affected by chronic pain that can be associated with musculoskeletal injury or illness will misuse opioids (Bilevicius, Sommer, Asmundson, & El-Gabalawy, 2018, Vest, Reynolds, & Tragessor, 2016). For the pilot project, treatment groups will include 140 workers who will receive RKW-UD services and 140 workers in the control group who will not receive services in the KentuckianaWorks Regional Workforce Development area.

Overview: It is hypothesized that participation in our rapid-response, interdisciplinary, and person-centered return-to-work programming will result in higher rates of continued employment and lower rates of SSDI membership than are currently observed among Kentuckians who acquire mid-career disabilities – and that the increased rate of job retention will result in increased availability and utilization of personal, condition, object, and energy resources. In response to state trends in Kentucky that focus on Work Matters, Employment First and a call to action to meet Commonwealth workforce needs, this project aims to prevent the development of long-term work disability through early, coordinated health and employment-related services. The intervention is guided by the conservation of resources theory of change. Ultimately, we want to help workers utilize and keep their personal resources, condition resources, object resources and energy resources, and thereby maintain their status as workers. The RKW-UD intervention emphasizes activities that include early intervention and peer support through a three-pronged approach that includes the following:

1- Systems changes that are being developed to include the integration of employment and health care services immediately post injury/illness.
2- Partnerships and RKW-UD strategies are being implemented across health, employment, and public health to better identify individuals as they acquire a potential work disability.
3- RTW Service Coordinators (SC) will incorporate early intervention strategies, peer supports, and training of health care and employers to assist workers with disabilities in maintaining a connection to the labor force throughout the intervention.

Requested funding is $1 million for planning, and $1.5 million for the pilot implementation, or an overall budget of $2.5 million for the 18 month project period.

Project Partners: The Kentucky Department of Workforce Investment will lead project efforts. Critical committed project partners include:
1) Kentucky’s state Workforce Investment Board (e.g.; Kentucky Workforce Innovation Board);
2) Regional Workforce Development Board – KentuckianaWorks;
3) Kentucky Department for Public Health;
4) Kentucky Office of Vocational Rehabilitation;
5) KentuckyOne Health;
6) Kentucky Disability Determination Services;
7) Kentucky Cabinet for Health and Family Services;
8) Kentucky Hospital Association;
9) Coalition for Workforce Diversity;
10) Council of State Governments;
11) University of Kentucky Human Development Institute.
A consortium approach was taken in proposal development that included a variety of additional stakeholders across Cabinets, organizations, health care providers and labor and industry. Their input and data helped to shape RKW-UD.

Major roles committed by RKW-UD partners are found below.

<table>
<thead>
<tr>
<th>Partners of Department of Workforce Investment</th>
<th>L</th>
<th>R</th>
<th>E</th>
<th>T</th>
<th>C</th>
<th>D</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kentucky Workforce Innovation Board</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>○</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>KentuckianaWorks</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>○</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Kentucky Department for Public Health</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>○</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Kentucky Office of Vocational Rehabilitation</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>○</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>KentuckyOne Health</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>○</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Kentucky Disability Determination Services</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>○</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>University of Kentucky Human Development Institute</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Kentucky Cabinet for Health and Family Services</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Kentucky Hospital Association</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Coalition for Workforce Diversity</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Council of State Governments</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

**KEY**

- **L**: Leadership Team
- **R**: Recruitment
- **E**: Early Intervention
- **T**: Training
- **C**: CQI
- **D**: Data
- **P**: Phase 2 Planning