

Workplace Design & Accommodation of Injured Workers/Workers with Disabilities: Challenges and Solutions

Workshop Notes

Nine people attended this workshop: worker/leader representatives from SEIU Home Care, employees from Community Care System, a representative of the Illinois Hospital Association, a representative from the Illinois Dept. of Aging, a workplace health and safety educator from UIC

There were presentations by Robin Jones and Glenn Hedman, followed by questions and discussion.

Robin Jones directs a Technical Assistance program for the Great Lakes ADA Center, providing guidance to employers about complying the Americans With Disabilities Act. In her presentation, Ms. Jones outlined the basic requirements of the ADA and other legislation related to accommodation of those with disabilities. She emphasized that workers need to be qualified to do their jobs and that accommodations must be customized for each individual so that they can best perform their job duties—“Workers have rights, so how do we make the best fit? Tasks must be matched with needs.” She discussed various types of accommodations that can be made for such workers-- accommodations which would also apply to the aging workforce-- including modifying hours and work schedules, providing leave, modifying equipment used, simplifying information in the workplace (e.g., color coding), and creating worker friendly procedures and policies. She also discussed resources. The full text of the presentation, “Workplace Design and Accommodating Workers with Disabilities”, can be downloaded from the conference website.

Glenn Hedman focused on assistive technologies, first developed in the 1970s and 1980s, which are now being used to accommodate people with disabilities. Mr. Hedman Directs the Assistive Technology Unit (ATU) of the Department on Disability & Human Development at University of Illinois at Chicago. He showed slides of a variety of products for home and business to address transportation, communication and other problems, such as specialized wheelchairs and computers which can transcribe text from spoken language. He described devices for patient care which would be useful for aging health care workers, such as blood pressure cuffs with large digital displays and thermometers with talking features. He also showed photos of safe patient handling equipment used to move patients from room to room (e.g., powered transfer lifts which run along ceiling tracks). Such devices are increasingly found in hospitals and nursing homes and have significantly reduced musculoskeletal injuries among direct care staff.

Note: Evidence for this claim (reduction of injuries) can be found elsewhere on the conference blog. We have provided case examples of safe patient handling programs instituted by employers in hospitals and nursing homes and links to scientific articles which have reviewed the success of such devices.

Placing assistive devices in a home care setting can be challenging, requiring retrofitting of doorways, for example. Under contract from the Bureau of Home Services within the Illinois Dept. of Rehabilitation Services, the ATU staff conduct 200 evaluations per year in homes in the Chicago area to assess the needs of disabled residents and devise solutions to improve their mobility within their homes and access outside the home. Such solutions may be commercially available and usable as is, or they may need to be modified. Or, customized solutions may need to be devised, e.g., lowering door sills, raising or lowering table heights, etc.

Several participants in the audience raised particular questions about needs and rights of their disabled family members to services. Others provided examples of their needs in providing home care services as aging workers themselves, e.g., how to manage carrying the patients' groceries into the home if they themselves have restricted mobility (i.e., use a cane when walking).

Several policy challenges were identified:

- 1) Expanding the type of services that the ATU provides to a much larger audience. For example, the requirements of the ATU contract with the Bureau of Home Services is restricted to serve a population age 60 and under. ATU's attempts to create a similar service with the Ill. Dept. of Aging for those over age 60 have not been successful.
- 2) It is projected that the demand for home care services will soon expand greatly as the baby boom generation reaches retirement age and becomes infirm. Assistive devices which have been developed so far are successful in institutional settings, but are not well suited to small homes and apartments. More research and development funds are needed to develop such devices.
- 3) Federally funded Vocational Rehabilitation Services delivered through the Division of Rehabilitation Services within Illinois Department of Human Services limits their vocational services to individuals with disabilities who are between the ages of 16-64. Older workers who stay in the workforce past the age of 65 and experience disabilities/impairments that put them at risk of losing their jobs are not eligible for such services. There is a void in programs to assist older workers with disabilities (over the age of 65) address their vocational goals or assist them to remain in the workplace (reasonable accommodation support, vocational training, etc.) based on limitations within the funding streams (federal policy that provides funding to State Vocational Rehabilitation Agencies).