

Unmet Need for Workplace Accommodation

NICOLE MAESTAS AND KATHLEEN J. MULLEN

Key Findings and Policy Implications

This paper explores the size of the population for whom a workplace accommodation for one's health would increase their ability to work, and the rate at which these individuals receive workplace accommodation. The analysis is conducted using the RAND American Life Panel, which allows the investigators to test alternative survey methods to elicit information about workplace accommodations from respondents. The study has five key findings.

- First, consistent with the high lifetime incidence of disability estimated by SSA, 35 percent of people between the ages of 18-70 report health problems that affect their work performance.
- Second, a sizable group of people report receiving health-related accommodations from their employers, but do not report work limitations per se. Our interpretation of this finding is that these individuals do not experience work limitations precisely because their health problems are fully accommodated.
- Third, question order in disability surveys matters. We present suggestive evidence of priming effects that lead people to understate accommodation when first asked about very severe disabilities.
- Fourth, when all respondents are asked about health-related workplace accommodations (not just those reporting work limitations), the measured accommodation rate is substantially higher. We estimate that the rate of accommodation among accommodation-sensitive individuals who are employed is about 60 percent—two to three times higher than existing estimates in the literature.
- Finally, we find that 54-59 percent of accommodation-sensitive individuals (both employed and not employed) would benefit from some kind of employer accommodation to either sustain or commence work. This estimate of unmet need for accommodation is substantially lower than previous estimates, though still economically large.

The study has far reaching policy implications, because of the potential for workplace accommodations to facilitate retention and reentry into the labor force by more people with disabilities. A key point is that disability is not just a matter of health, but rather arises from the dynamic interaction between health and an individual's personal, social, economic and institutional environment, all of which can be influenced by policy.

NICOLE MAESTAS the Director of the RAND Center for Disability Research and a professor at Pardee RAND Graduate School.

KATHLEEN J. MULLEN is the Associate Director of the RAND Center for Disability Research and a professor at Pardee RAND Graduate School.

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