

Awareness of the ADA and Other Resources to Support Employees after Cancer Diagnosis

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State of the Science

May 4, 2016



Overview

Rates of cancer patients' eventual return-to-work range from 56% - 89% (Amir & Brocky 2009; Villaverde, et al. 2008).

Analysis of ADA claims shows that survivors more often have issues with job termination and terms of employment than employees with other impairments (Feuerstein, Luff, Harrington, & Olsen, 2007).

What is the evidence base for interventions to support employees with cancer?



KTER Center Systematic Review

Objective

To examine experimental and quasi-experimental studies about interventions that (i) include one or more behavioral, psychological, educational, or vocational components, (ii) involve cancer survivors aged 18 years or older, and (iii) assess intervention outcomes on employment outcomes

Review Methods

- 27 computerized databases and gray literature search (conference agendas, organization websites)
- 20,249 citations.
- 70 citations were advanced for collection of a full text copy of the study
- 12 studies met the inclusion criteria (8 RCTs; 4 QEDs)
- 2151 study participants; average sample size 139.5

Intervention Settings

The hospital or clinic was typically the primary treatment setting for included settings.

A few exceptions were studies that incorporated treatments at the hospital as well as the home such as phone interviews/consultations or home visitations (Lepore, 2003; Maunsell, 1996).

Another study incorporated the home setting with a vocational rehabilitation agency (Hubbard, 2013). One study administered their treatment at a resort (Granstam-Bjorneklett, 2013).

Results

- Included interventions may improve employment status (OR = 1.71, $p = 0.001$) for cancer patients.
- No differences were found between treatment and comparison groups for the number of hours worked (OR = 0.89, $p = .67$) or for number of sick leave days (OR = 1.18, $p = 0.39$).

Implication

Multi-pronged approaches that incorporate information or educational training, counselling or coping skills sessions, and physical exercise are most effective in helping employed patients with cancer return-to-work (De Boer et al., 2011; Fong, Murphy, Westbrook & Markle, 2015).

Southwest ADA Center Surveys on Cancer and Employment

- National survey of adults diagnosed with cancer (CSs, n=166).
- Survey of healthcare providers (HCPs, n=86) at TIRR Memorial Hermann cancer clinics and the University of Texas M.D. Anderson Cancer Center (MDACC).
- Parallel scales allow for comparison of reports regarding impact of cancer, of the diagnosis on workplace experiences, relative awareness of ADA and other disability-related resources and training preferences.

Reliability Scores

Construct	Cronbach's α	Rasch Reliability
Cancer Side Effect Affects Work Negatively	0.89	0.82
Cancer-related Problems in Workplace	0.90	0.81
Knowledge about ADA/ Other Relevant Legislation	0.86	0.81

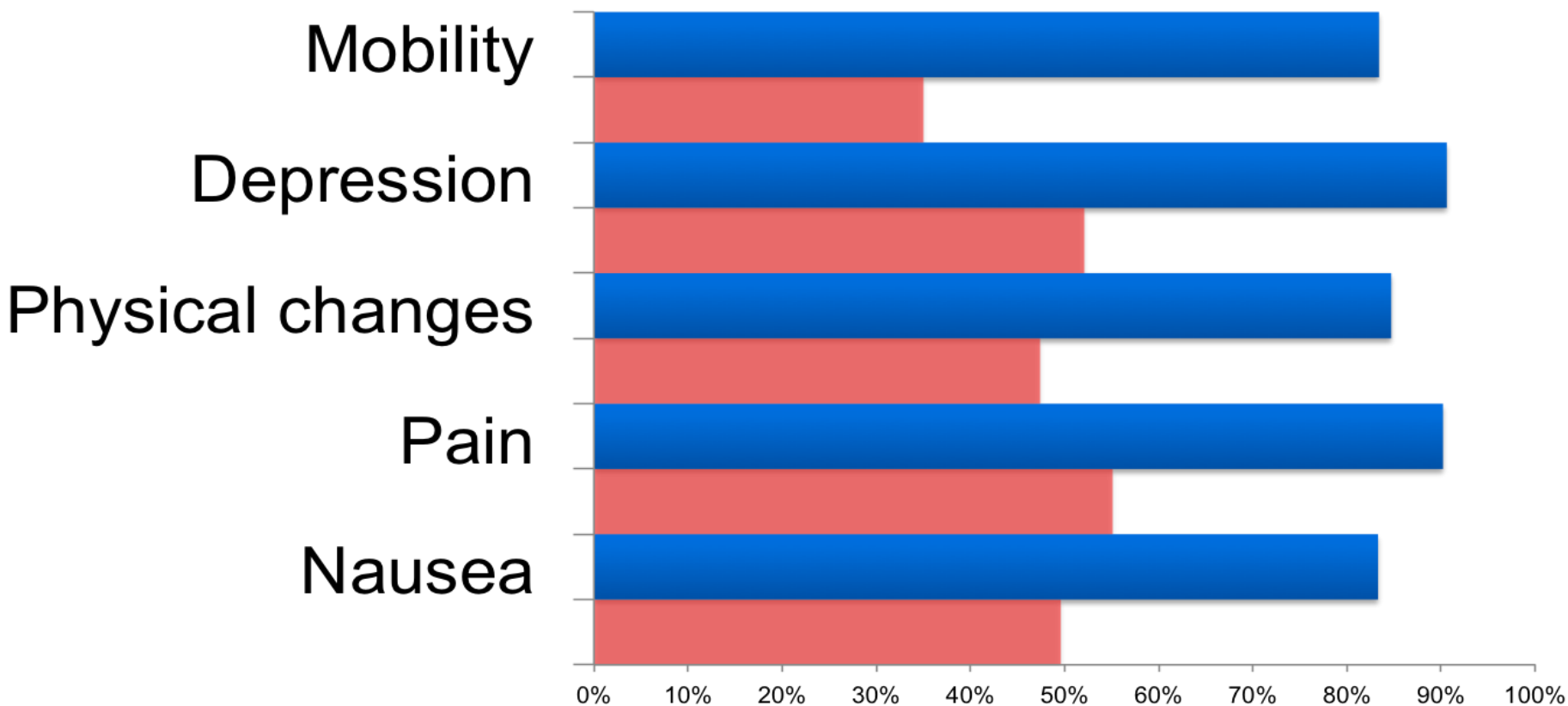
HCPs vs. CSs: Perceptions of How Cancer Side Effects Impact Work

HCPs reported a higher overall level of perception that cancer side effects negatively affect work than did CSs, ($p < .01$)

Type	Strongly disagree	Disagree	Agree	Strongly agree	Total
HCP	2.4%	1.2%	45.9%	50.6%	85
CS	4.1%	7.6%	74.5%	13.8%	145

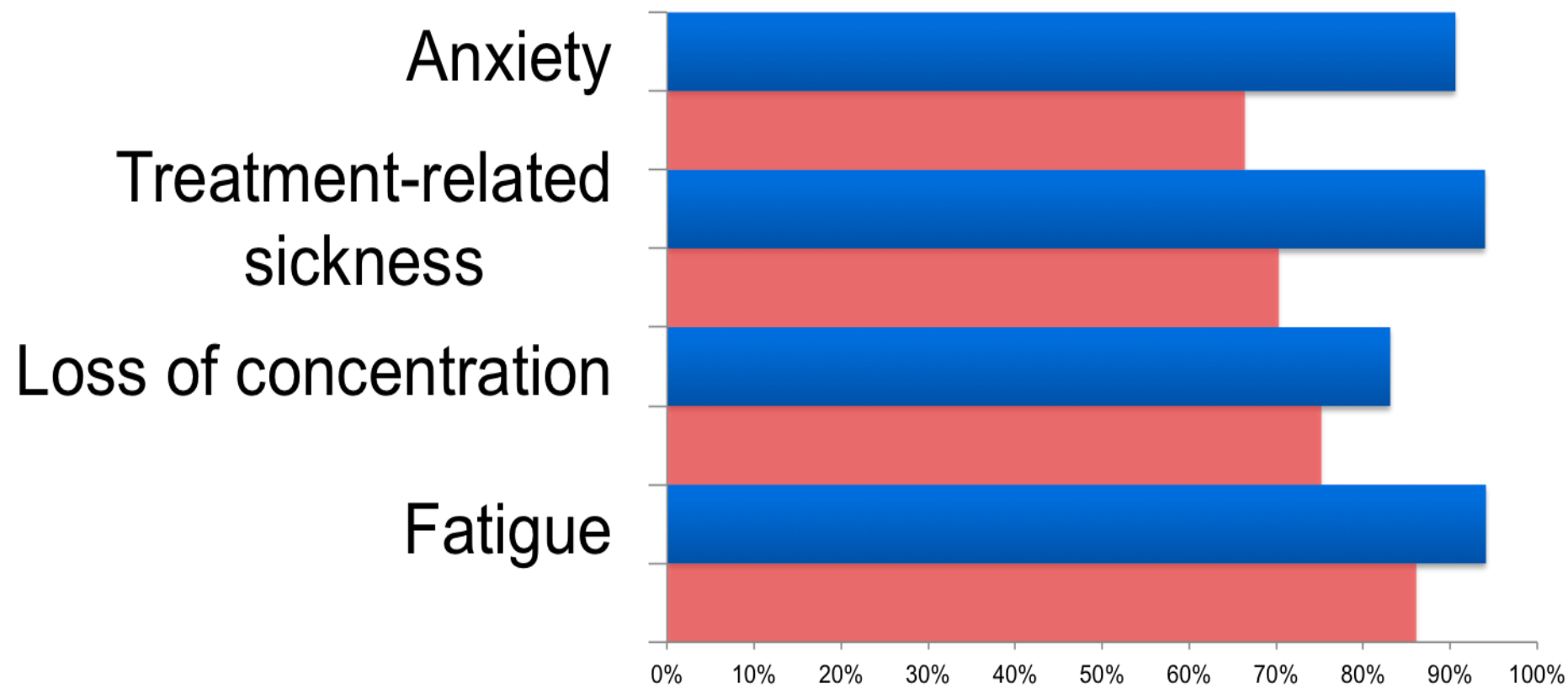
Areas of least agreement: HCPs vs. CSs

Cancer's side effects affect work negatively



Areas of most agreement: HCPs vs. CSs

Cancer's side effects affect work negatively



HCPs vs. CSs: Perceptions that Cancer Creates Negative Workplace Issues

HCPs reported a higher level overall negative effect at work due to cancer for their patients than CSs report themselves ($p < 0.01$).

Type	Strongly disagree	Disagree	Agree	Strongly agree	Total
HCP	0.0%	4.7%	91.9%	3.5%	86
CS	23.3%	23.3%	47.9%	5.5%	146

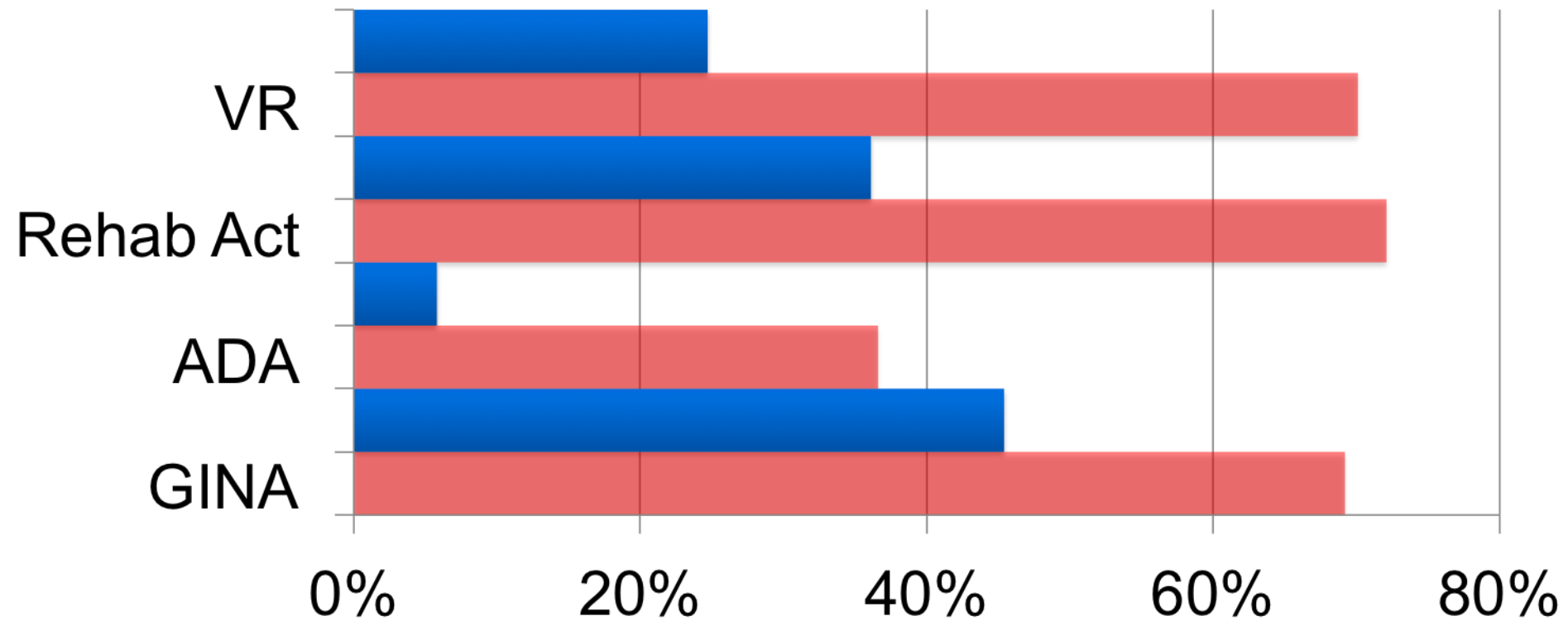
HCPs vs. CSs: Perceptions of Own Familiarity with ADA and other Disability-Related Laws and Programs

HCPs reported they were more familiar overall with ADA and other relevant legislation and programs than CSs reported themselves to be ($p < 0.01$).

Type	Strongly disagree	Disagree	Agree	Strongly agree	Total
HCP	0.0%	8.1%	79.1%	12.8%	86
CS	16.4%	30.9%	50.3%	2.4%	165

HCPs vs. CSs:

Rates of Unfamiliarity with ADA and Other Disability Legislation/Programs



Implications

- HCPs can play an important role in multi-component interventions to support employees with cancer to raise their awareness of the ADA and other disability-related legislation and programs
- HCPs' greatest need for training is on a) which side effects pose the greatest challenge; and b) GINA (Genetic Information Nondiscrimination Act)
- Note: HCPs' preferring training mode is in-person (76.7%) followed by factsheets (54.7%)

References

Amir, Z. & Brocky, J. (2009). Cancer survivorship and employment: epidemiology. *Occupational Medicine*, 59, 373-377 doi:10.1093/occmed/kqp086

De Boer et al. (2011). Interventions to enhance return-to-work for cancer patients. *Cochrane Database Of Systematic Reviews*, 16(2), 2CD007569.

Feuerstein, M., Luff, G. M., Harrington, C. B., & Olsen, C.H. (2007). Pattern of workplace disputes in cancer survivors: A population study of ADA claims. *Journal of Cancer Survivorship*, 1(3), 185-192. doi: 10.1007/s11764-007-0027-9

References, cont.

Fong, C.J., Murphy, K.M., Westbrook, J.D., Markle, M. (2015). Behavioral, psychological, educational, and vocational interventions to facilitate employment outcomes for cancer survivors: a systematic review. *Campbell Systematic Reviews*, 2015:5, doi 10.4072/csr.2015.5.

Granstam Bjorneklett, et al. (2013). A randomized controlled trial of support group intervention after breast cancer treatment: Results on sick leave, health care utilization and health economy. *Acta Oncologica*, 52, 38-47.

References, cont.

Hubbard, G., Gray, N. M., Ayansina, D., Evans, J. M. M., & Kyle, R. G. (2013). Case management vocational rehabilitation for women with breast cancer after surgery: A feasibility study incorporating a pilot randomized controlled trial. *Trials*, 14(175).

Lepore, S. J., Helgeson, V. S., Eton, D. T., & Schulz, R. (2003). Improving quality of life in men with prostate cancer: A randomized controlled trial of group education interventions. *Health Psychology*, 22(5), 443.

References, cont.

Maunsell, E. Brisson, J., Deschenes, L, & Frasure-Smith, N. (1996). Randomized trial of a psychologic distress screening program after breast cancer: Effects on quality of life. *Journal of Clinical Oncology*, 14(10), 2747-2755.

Villaverde RM, Battle JF, Yllan AV, Yllan AV, Gordo AYY, Sanchez AR, Valiente BSJ, Baron MG: Employment in a cohort of breast cancer patients. *Occup Med* 2008, 58:509-511.

Disclaimer

Funding: The contents of this presentation were developed in part under work subcontracted to SEDL, an Affiliate of American Institutes of Research, from Southwest ADA Center (SWADA), is a program of ILRU (Independent Living Research Utilization), at TIRR Memorial Hermann in Houston, Texas. SWADA is funded by award #90DP0022, from the National Institute on Disability, Independent Living, and Rehabilitation Research ([NIDILRR](#)).



Disclaimer cont.

NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS).

Additional work was supported by the Center on Knowledge Translation for Employment Research under grant 90DP0009, also from NIDILRR. The contents of this website do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government. The survey studies were also supported in part by the MD Anderson Cancer Center Support Grant CA016672.

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