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

Presenters:
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State of the Science
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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?
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

<table>
<thead>
<tr>
<th>Construct</th>
<th>Cronbach’s $\alpha$</th>
<th>Rasch Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Side Effect Affects Work Negatively</td>
<td>0.89</td>
<td>0.82</td>
</tr>
<tr>
<td>Cancer-related Problems in Workplace</td>
<td>0.90</td>
<td>0.81</td>
</tr>
<tr>
<td>Knowledge about ADA/Other Relevant Legislation</td>
<td>0.86</td>
<td>0.81</td>
</tr>
</tbody>
</table>
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, \( (p < .01) \)

<table>
<thead>
<tr>
<th>Type</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
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<tbody>
<tr>
<td>HCP</td>
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<td>7.6%</td>
<td>74.5%</td>
<td>13.8%</td>
<td>145</td>
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</tbody>
</table>
Areas of least agreement: HCPs vs. CSs
Cancer’s side effects affect work negatively

- Mobility
- Depression
- Physical changes
- Pain
- Nausea
Areas of most agreement: HCPs vs. CSs
Cancer’s side effects affect work negatively

- Anxiety
- Treatment-related sickness
- Loss of concentration
- Fatigue
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 ($p < 0.01$).

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<thead>
<tr>
<th>Type</th>
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<th>Disagree</th>
<th>Agree</th>
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<tbody>
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<td>23.3%</td>
<td>47.9%</td>
<td>5.5%</td>
<td>146</td>
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</table>
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 ($p < 0.01$).

<table>
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<tr>
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<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
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<tbody>
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<td>79.1%</td>
<td>12.8%</td>
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<tr>
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<td>30.9%</td>
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</table>
HCPs vs. CSs:
Rates of Unfamiliarity with ADA and Other Disability Legislation/Programs

VR
Rehab Act
ADA
GINA

0% 20% 40% 60% 80%
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%).

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

References, cont.


References, cont.


Disclaimer

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Disclaimer cont.

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