



RETAIN Retaining Employment
and Talent After
Injury/Illness Network



The Retaining Employment and Talent After Injury/Illness Network (RETAIN) Demonstration: Evaluation Findings One Year After Enrollment

Supplementary Analysis: Exploring the Lives of RETAIN Treatment Enrollees

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I. Supplementary Analysis: Exploring the Lives of RETAIN Treatment Enrollees

A. Introduction

Key findings

- Mobility was a challenge for enrollees across their employment, family, and community roles.
- Enrollees' health conditions often limited their ability to work full-time. Although many sought work accommodations, they often experienced delays or denials from employers.
- Enrollees valued being able to rely on family and friends for emotional, financial, and physical support, which sometimes led to concerns about dependence.
- Commonly, enrollees struggled financially and faced challenges navigating federal, state, and local benefits.
- Enrollees found fulfillment and a sense of purpose in their jobs, their children and grandchildren, and through giving back to their community.
- Enrollees valued the emotional support they received from RETAIN staff and the help with meeting their social and financial needs.
- Enrollees expressed a desire for job search support that was tailored to their individual needs.
- Enrollees who were motivated to work and advance their careers benefited more from RETAIN. ▲

Every year, more than 4 percent of U.S. workers between the ages of 18 and 62 report a new health condition that limits their ability to work. These workers face an increased risk of leaving the labor force permanently or temporarily (Smalligan and Mudrazija 2019). Those who leave the labor force may join the roughly two million people who apply for Social Security Disability Insurance each year (Social Security Administration 2024), or they may seek other support, such as unemployment, private disability insurance, or workers' compensation.

These disruptions can lead to significant consequences for affected workers, their employers, and public programs at the state and federal levels. People who leave the labor force because of health conditions often experience decreased household earnings and have a higher risk of experiencing poverty, as income from unemployment insurance, workers' compensation, retirement savings, and Social Security Disability Insurance typically replaces only a fraction of the lost earnings (Schimmel and Stapleton 2012; Smalligan and Mudrazija 2019). Employers whose workers have a work-limiting illness or injury may experience lower worker productivity or face higher premiums for workers' compensation, private disability insurance, and health insurance (Ben-Shalom and Burak 2016). Finally, when workers leave the labor force, federal and state governments lose the tax revenue they could have collected from the workers' earnings and may incur increased expenditures on disability and unemployment benefits.

Evidence shows that well-targeted interventions delivered to workers soon after the onset of new health conditions may improve their ability to remain in the labor force (Ben-Shalom et al. 2018). The Retaining Employment and Talent After Injury/Illness Network (RETAIN) demonstration was designed to build on and create evidence of the effectiveness of early stay-at-work/return-to-work (SAW/RTW) interventions intended to help people who develop a potentially work-limiting health condition. RETAIN is a joint initiative of the U.S. Department of Labor and the Social Security Administration. Under cooperative agreements awarded by the Department of Labor to state agencies, five state RETAIN programs in Kansas,

Kentucky, Minnesota, Ohio, and Vermont aimed to provide early intervention services to workers experiencing new or exacerbated health conditions that challenged their ability to work.

This qualitative study seeks to inform SAW/RTW interventions and policy by exploring the experiences of ill or injured workers who participated in the RETAIN demonstration in Kentucky (RETAIN KY), with a focus on factors that go beyond their employment experiences. During interviews with RETAIN KY enrollees, we explored the various roles and responsibilities they hold in relation to employment, family (or chosen family), and their community. This broader perspective allowed us to understand factors beyond job functions and responsibilities that may influence a worker's ability to return to work following an illness or injury. We also examined enrollees' experiences with RETAIN KY and other employment-related programs. Findings from this study could help improve the responsiveness of future employment interventions to better reflect enrollees' needs and experiences.

B. Methods

We conducted in-depth interviews with 16 people enrolled in the RETAIN KY treatment group. In contrast with previous interviews with RETAIN treatment enrollees that focused only on their experiences with RETAIN, this in-depth qualitative exploration allowed interviewers to uncover nuanced context about each enrollee's role and responsibilities at work and in their family and community. By generating more comprehensive enrollee narratives about their family and community in addition to their experience with work and employment programs, we developed an understanding of factors that may influence their returning to work.

1. Research questions

The following research questions guide this study:

1. What challenges do RETAIN enrollees face in their roles and responsibilities at work, in their families, and their communities?
2. What helps RETAIN enrollees carry out these roles and responsibilities?
3. What are RETAIN enrollees' experiences with programs intended to support their employment?

This study is exploratory and intended to generate insights and encourage further investigation into our emergent themes.

2. Sample selection and recruitment

Kentucky served as a useful setting for the interviews for two reasons. First, the state's geography supported in-person data collection, with relatively short driving distances between its major cities and surrounding rural areas. This geographical accessibility allowed us to interview enrollees living in areas with different characteristics, such as employment opportunities and support services, thereby capturing a diverse range of experiences. Second, RETAIN KY enrollees were diverse in terms of referral sources and demographic characteristics. RETAIN KY received referrals from various sources, including an online clinical research recruitment platform, staff at the state's Office of Vocational Rehabilitation, and clinical support staff at two large health systems. This range of referral sources suggests that enrollees in Kentucky have varying levels of connection to healthcare and social services. This range of connection in Kentucky is in contrast to other state's programs, in which all enrollees were connected to health systems

that served as the primary referral source. In addition, we drew an outreach sample of enrollees representative of RETAIN KY enrollees in terms of four characteristics: sex, reported behavioral health condition, age, and race/ethnicity. We oversampled Black and Hispanic enrollees to support representation of their experiences in the data collection.¹ The interview sample included workers who had enrolled at least six months before we began recruitment and had therefore exited RETAIN KY before participating in an interview.²

We started recruiting enrollees in November 2024 to participate in interviews beginning in December 2024. On a rolling basis, we mailed outreach letters to 48 enrollees to invite them to participate in an interview. The letters included information about the study, the purpose of the interviews, and the \$100 Visa gift card incentive for participating in an interview. The letters included a toll-free phone number they could call to schedule an interview. After sending the letter, we made up to three attempts to contact each enrollee by phone. Through this process, we scheduled interviews with 19 enrollees and ultimately interviewed 16 of them.

3. Data collection

The research team included two pairs of interviewers. Each pair of interviewers conducted an initial interview together to calibrate data collection and increase consistency across interviewers. Then, each interviewer independently completed about three interviews. Overall, the interviewers conducted 13 in-person interviews in December 2024 and three phone interviews in January 2025. The interviewers conducted the in-person interviews in private spaces at public libraries. The interviews ranged from 27 to 111 minutes.

To increase participation, interviewers accommodated enrollees' schedules, and, when an enrollee did not arrive at the scheduled time, interviewers offered to reschedule. We obtained verbal consent for all interviews. All interviews were audio-recorded and professionally transcribed, and Mathematica mailed a \$100 Visa gift card as a token of appreciation for their time.

The interviews were semi-structured and open ended. We used an interview guide to elicit information about the respondents' (1) background and roles as a family member, community member, and employee and what helps or hinders them in carrying out each role; (2) employment experiences after participating in RETAIN; and (3) attitudes toward RTW programs and what they consider to be the positive aspects of these programs.

4. Data analysis

We used a grounded theory approach to analyze the interviews. Grounded theory is an inductive method of data analysis that allows new themes to emerge from qualitative data (Foley and Timonen 2015; Tie et al. 2019). We were motivated to use this approach to understand the various experiences of enrollees in their roles as family members, community members, and employees. While on site, interviewers

¹ We defined the sampling characteristics as follows: (1) sex (male or female), (2) behavioral health condition (enrollees who reported or did not report a behavioral health condition upon enrolling in RETAIN KY) (3) age (enrollees age 50 and older or younger than age 50), and (4) race/ethnicity (enrollees' self-reported race and ethnicity based on information collected during enrollment into the program).

² Program staff closed enrollees' cases after six months or after the enrollee returned to work with a completed plan for returning to work that outlined the steps for the enrollee to maintain employment.

documented field notes and initial impressions after each interview. After completing the interviews, we read through five transcripts to identify initial concepts with the goal of collapsing these concepts into factors that influenced enrollees' roles as family and community members and at work.³ Five analysts worked to condense the initial concepts into key factors to include in a codebook that they used to independently code the remaining 11 transcripts. The analysts categorized the emerging factors into personal and systemic barriers and facilitators that influenced respondents' roles in their families, in their communities, and at work. To ensure consistency in coding across analysts, the team met regularly during coding to discuss potential coding discrepancies.

To prepare the coded data so we could make comparisons across respondents and identify patterns of personal and systemic factors, the analysts summarized coded data directly from the transcripts and populated analytic matrices with these summaries. We included all the respondents' narratives in our analysis. By drawing on the patterns and themes that emerged across respondents, we developed this report of findings to address the research questions. When appropriate, we included quotes from individual respondents that are illustrative of the findings.

C. Findings

The research team identified personal and systemic factors that influenced enrollees' roles and responsibilities with respect to their employers, families, and communities. We also assessed enrollees' experiences with the RETAIN program and other similar programs and factors that influenced their experiences.

1. Sample characteristics

The 16 respondents were diverse in terms of the health conditions they experienced and their recent or current jobs (Exhibit 1). The most common health conditions they described during the interviews included musculoskeletal injuries (n=6) and mental health conditions (n=5).⁴ Other conditions included chronic pain, kidney disease, autism, attention-deficit/hyperactivity disorder, and a combination of anemia co-occurring with psoriasis. Most respondents were employed at the time of the interviews, and their current or most recent jobs spanned a range of titles and industries from social services to transportation and logistics.

³ In grounded theory, concepts are the building blocks of a theory developed from data, representing key ideas or categories that emerge from the research. Researchers systematically derive these concepts through a process of coding and analysis to identify recurring patterns and meanings in the data.

⁴ The health conditions enrollees described during their interviews might differ from the primary diagnoses indicated in their RETAIN intake form.

Exhibit 1. Characteristics of interview respondents

Enrollee	Sex	Age	Behavioral health condition reported	Health condition ^a	Rural or urban	Job status at time of interview	Recent (or current) job title or industry	Accommodation
1	Female	Older than 50	Yes	Chronic pain	Rural	Employed	Technical writer	Monitor to reduce eye strain
2	Female	Younger than 50	Yes	Autism	Rural	Employed	Manager	None reported
3	Male	Younger than 50	Yes	Not reported	Urban	Employed	Assistant transportation manager	None reported
4	Female	Younger than 50	Yes	Substance use disorder, depression, anxiety, diabetes	Rural	Employed	Garment picker	None reported
5	Female	Younger than 50	No	Injured legs	Urban	Unemployed	Peer support specialist	None reported
6	Female	Younger than 50	Yes	Attention-deficit/hyperactivity disorder	Rural	Employed	Social worker	None reported
7	Male	Younger than 50	Yes	Back pain/sciatica	Rural	Employed	Aide at residential community for adults with developmental disabilities	None reported
8	Male	Younger than 50	Yes	Depression/anxiety	Rural	Unemployed	Unemployed	None reported
9	Female	Younger than 50	Yes	Injured back, bipolar disorder	Urban	Employed	Preschool teacher	None reported
10	Female	Younger than 50	No	Injured leg	Urban	Employed	Grant manager	None reported
11	Male	Younger than 50	No	COVID-19	Rural	Employed	Student/part-time airport technician	None reported
12	Male	Older than 50	Yes	Injured pelvis, stroke, diabetes	Urban	Unemployed	Truck driver	None reported
13	Male	Younger than 50	Yes	Shoulder injury	Urban	Unemployed	Warehouse worker	Physical restrictions

Enrollee	Sex	Age	Behavioral health condition reported	Health condition ^a	Rural or urban	Job status at time of interview	Recent (or current) job title or industry	Accommodation
14	Female	Younger than 50	No	Anemia, psoriasis, other	Urban	Unemployed	Receptionist	None reported
15	Male	Younger than 50	Yes	Kidney disease	Urban	Employed	Care manager	Reduced hours
16	Female	Older than 50	Yes	Injured knees	Rural	Employed	Vocational rehabilitation counselor	None reported

Source: RETAIN KY enrollment data through October 1, 2024.

^a Health condition is based on the respondent's description of their condition during the interview. In some cases, it may not be the health condition upon which their eligibility for RETAIN was determined.

^b None reported does not necessarily mean the enrollee did not have work accommodations but that they did not report an accommodation during the interview.

RETAIN = Retaining Employment and Talent After Injury/Illness Network.

2. Experiences with health conditions

Enrollees described several factors that influenced their experiences of new health conditions, including learning about their conditions and engaging in various supports.

Enrollees described frustration with and acceptance of their health conditions. Those who expressed frustration described the negative impact on their personal lives, and those who expressed acceptance described learning to manage personal and work-related responsibilities.

Enrollees with musculoskeletal injuries commonly described grieving the loss of

what they previously considered to be normal activities, such as walking, maintaining their home, exercising, and traveling. A few said they felt like a burden to those who helped them with personal responsibilities, such as grocery shopping and housework. Several described adapting to living with their health conditions and managing many of the responsibilities and activities that were important to them. They noted that learning about their health condition, from RETAIN staff, a healthcare provider, or recovery counselor, improved their ability to manage work and personal responsibilities.

Enrollees described mental health counseling, substance use recovery support, and physical therapy as being helpful to managing their health conditions and well-being.

A few said they benefited from working with a therapist or taking medication to address mental health concerns, some of which stemmed from experiencing trauma, in addition to living with their health condition. A few spoke of staying active in substance use recovery meetings and building coping skills to support their sobriety. A few enrollees with musculoskeletal injuries described physical therapy as helpful to improving their functioning.



“But I think the hardest part has been the whole just getting your mind wrapped around being different than you expected and being different so suddenly.”

— Enrollee with musculoskeletal injury



“What excites me is that I just see everybody just staying sober, that motivates me to remain sober and it gives me a sense of purpose. It makes me feel that if they can do it, I can do it. And it's just like a big motivation for me just to be around people that's doing the same thing that I'm doing and trying to change their lives.”

— Enrollee with substance use disorder

3. Experiences with employment, family networks, and community involvement

a. Employment experiences

In addition to health conditions, a range of factors influenced enrollees' employment experiences negatively and positively. These factors included having positive feelings about their jobs, being able to advocate for work accommodations to manage their health conditions at work, and having negative work experiences unrelated to their health conditions.

Many enrollees expressed positive feelings about their jobs, and several advocated for work accommodations or changes to their job responsibilities to improve their experiences at work.

These workers valued the sense of purpose they found in their jobs, particularly in direct service jobs such as teacher, social worker, and peer support specialist. In addition, they said they valued friendships with

their coworkers and saw their supervisors as allies who treated them well and supported their requests for work accommodations. Several described advocating for work accommodations or asking for a change in responsibilities, flexible schedules, or taking time off to improve their experiences at work.

At the same time, many enrollees described ongoing challenges related to their health conditions that limited their ability to work, including several who also described negative work experiences unrelated to their health conditions. They commonly reported challenges with working a 40-hour week because of symptoms including fatigue and low motivation. Several reported having to limit work because of musculoskeletal injuries and chronic pain, and a few said they needed work that they could do from home because their health condition impaired their ability to drive. These enrollees commonly described feeling burned out by the demands of their jobs, having heavy workloads, being stressed by the nature of their work, needing more support because of staffing shortages, and not having enough of a work–life balance or time for hobbies or relaxation.

Enrollees described challenges with employers not supporting their requests for work accommodations.⁵ Most commonly, they reported requesting to work reduced hours to accommodate their health condition. They said they experienced denials or delays from employers granting such work accommodations. One enrollee said that although his employer willingly accommodates his physical restrictions, he must advocate for himself when he is assigned tasks that exceed those restrictions. One enrollee reported being terminated after requesting accommodations and could not find gainful employment that allowed work accommodations, and another was demoted after an injury.



“It was tough trying to find support and hoping that the company would work with me. And so I asked if I could lower my hours from 40 to 31 and a half, or 32. . . And they accepted it after a while, after fighting a little bit. They were not happy at first, but they had no choice really in the matter. Honestly, it's federal law that as long as I'm still doing my work and able to get the work done, that it should be fine.”

— Enrollee employed as a care manager

Enrollees noted limited employment opportunities in their local job markets. They noted that there were not a lot of well-paying roles in their local area, especially for people living in rural areas. They also described challenges finding remote work opportunities and positions with flexible hours. This combination of employment needs and limited opportunities in the local job market resulted in one enrollee taking a pay cut. In contrast, another opted to work out of state to earn up to



“Because part of the problem is, there's all these—like I said, there's all these contract jobs out there, but they don't have benefits, and there's more and more jobs are starting to be on-site again, and I can't really do that. And they're also not in [rural area].”

— Enrollee living in a rural area

⁵ Of the 1,654 RETAIN KY treatment enrollees, 18 percent (302 treatment enrollees) did not give RETAIN staff permission to communicate with their employer.

four dollars more per hour to support their family. Although this resulted in a higher wage, he reported a commute of several hours each day.

b. Family networks

Enrollees described receiving various supports from family and friends and being responsible for supporting family members. Family and friends supported enrollees by providing emotional and financial support, caring for their children and elderly parents, and helping with transportation. Enrollees commonly expressed pride in their families even as they navigated challenges with financially supporting their children.

Most enrollees described supportive emotional connections with family and friends that helped them through challenges in their work and personal lives. Several described how these connections helped them during difficult times and transitions, including spending holidays away from their children, losing a job, and moving out of a parent's home. Others described how family and friends provided advice on important decisions, such as how a change to part-time work that would affect their family's economic situation. A few described difficult relationships with their children because of their substance use or because they did not know how to talk to their children about their condition. Others described stress related to caring for family members with their own health conditions.

Enrollees commonly relied on family and friends for financial support, transportation, and physical labor that helped them care for themselves, their families, and their homes. Several relied on family members to care for children or elderly parents, allowing them to work or rest because of their health condition. A few described benefiting from financial support from family and friends, including borrowing money, sharing household expenses, or living with parents. A few said that family members helped them with transportation because they were not able to drive, and one enrollee's neighbors helped her with housework. Enrollees also expressed concern, however, about the extent of their dependence on others and feeling like a burden to those who helped them while adapting to the limitations of their health condition. For example, one enrollee said he hid the pain of using his wheelchair when grocery shopping, because he felt like a burden to his caregiver.

In their own roles as caregivers, enrollees took pride in their families while supporting them financially to the best of their ability. Enrollees noted that they enjoyed their children and grandchildren and took pride in their educational, athletic, and career achievements. Several described financial challenges, commonly related to unemployment or underemployment, that affected their ability to provide for their families. They expressed a desire for more money to support their families, namely paying for their children's activities.

c. Community involvement

Enrollees described various ways in which they were involved in their communities and received support from spiritual communities. They supported causes that were personally meaningful and found support in their personal faith and connections to spiritual groups.

Beyond their families, enrollees described finding motivation and fulfillment in giving back to their communities. Several said that, in addition to their jobs, they volunteered for charities focused on causes that were important to them personally, such as promoting mental health in youth sports in memory of a deceased child. Several others said they found that providing formal and informal peer support was important to them personally and helpful to their own journeys recovering from substance use disorder.

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"It's like helping this community is a big thing for me, because I did so much to destroy it. In my adolescent days, I wasn't a functioning member of society. So, to give back and to work with the community was one of my goals. That's why I pursued [a job providing] peer support and RETAIN really helped me with all of that."

— Enrollee who completed certification to become a peer support specialist

Enrollees described their personal faith or spiritual communities as providing guidance and support in their lives. Several said that their faith helped them manage challenges and find hope and inspiration during difficult times. They said they found meaning and acceptance from the interpersonal connections associated with their spiritual or religious groups. However, a few enrollees with physical limitations due to musculoskeletal injuries or chronic pain noted they no longer go to church, thus limiting their opportunities to engage with their community.

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"I really am not as involved in my church as I used to be. I used to teach classes...And I would bring in guest speakers...we had somebody come in and they taught us how to do glass etching, and somebody else came in and taught us how to bake and decorate sugar cookies...I like to do event planning, and I used to do a lot of that. I don't do any of that anymore."

— Enrollee with musculoskeletal injury

4. Experiences with federal, state, and local benefits

Enrollees described the ways in which federal, state, and local benefits helped to meet their basic needs, but they noted challenges navigating these services and maintaining income eligibility requirements.

Enrollees described federal, state, and local benefits that helped them meet their basic needs. Those who were not working at the time of the interviews noted that federal benefits such as the Supplemental Nutrition Assistance Program were helpful for meeting their personal and family basic needs. Enrollees noted that they relied on Medicaid benefits, including transportation to medical appointments and prescription coverage for their health needs. These resources provided social services for enrollees such as wraparound case management services, supports for substance use, and dental services. Enrollees said they also received assistance with transportation, utility payments, and food through community resources.⁶

⁶ We could not determine from the interviews whether enrollees were connected to social supports specifically through RETAIN KY.

Despite the benefits enrollees received from various sources, they shared challenges with relying on them to meet their needs, namely maintaining income requirements and navigating services. They reported the financial challenges associated with intentionally limiting their incomes to stay within the threshold for maintaining Medicaid benefits, particularly when they were the sole provider for their family. Enrollees reported similar challenges with housing benefits, with one saying she recently accepted a job that met her interest and desired salary but expected to lose her Housing Choice Voucher as a result.⁷ Enrollees described challenges navigating federal, state, and local benefits to ensure the benefits met their needs. For example, one described relying on a local transportation service that often could not accommodate her schedule. Another shared a concern about selecting the right Medicare plan to meet his needs. Other challenges reported by enrollees included adapting to reduced benefit amounts, such as a \$200 reduction in Supplemental Nutrition Assistance Program benefits, affording private health insurance, and gaining access to needed medical services.



“And I don’t know if I can have Medicaid and Medicare or just Medicare only, I have to figure out. I have to set up something customized to me... I don’t know. But it’s all a whole lot. It makes you very exasperated.”

— Enrollee who was unemployed

Several enrollees expressed an interest in applying for Supplemental Security Income or unemployment benefits but did not for fear of being denied or because the benefits would not meet their personal and family needs. These enrollees talked about applying for such benefits because of the challenges they faced managing their health conditions while working. Most enrollees chose not to apply for benefits because their eligibility was often dependent on the enrollee limiting or reducing their income from work, which could disrupt their ability to provide for their families.

5. Experiences with employment programs

While their work experiences varied after RETAIN, most enrollees described the program in positive terms. Several personal factors influenced their experiences with RETAIN, including their motivation to work, level of need for services, and the specificity of their desired jobs.

a. Employment experiences after RETAIN

Enrollees had varying levels of employment after participating in RETAIN. Several reported that, after their participation in RETAIN ended, they continued working for the same employer they worked for before enrolling in RETAIN; a few of them received accommodations because of their health condition. Most had worked for the same employer for close to a decade or more. With the support of RETAIN, a few others became certified in peer support, which was a transition from the jobs they held before enrolling in

⁷ The Housing Choice Voucher Program, formally known as Section 8, provides affordable housing in the private market for low-income families, older adults, veterans, and disabled people (<https://www.hud.gov/helping-americans/housing-choice-vouchers-tenants>).

RETAIN.⁸ Still others did not obtain employment through RETAIN or were not working because of resistance from employers regarding requests for work accommodations.

Enrollees navigated frequent job transitions for various reasons, before and after participating in RETAIN, and most commonly because of their health condition. A few described their jobs being terminated for reasons indirectly related to their health condition. For example, one enrollee said his employment was terminated after missing his first few days of work because of anxiety. Another said she was demoted after injuring herself at home and because of the related reduction in her salary, she resigned. Some said they tried to take on freelance or contract work to make money after their jobs ended but described struggles with chronic conditions, such as pain, diabetes, and depression, which made it difficult for them to retain jobs. One said that, because of the unpredictability of chronic pain flare-ups, it was difficult to anticipate when she could take on new contracts. Others described working a range of different types of jobs. For example, one said she was working as a bartender when she enrolled in RETAIN and, through RETAIN, she got a job as a peer support specialist. After that employer went bankrupt, she got a job as a garment picker.

b. Attitudes toward employment programs

Enrollees appreciated the support they received from RETAIN and other employment programs that helped them meet their social and financial needs. Several expressed appreciation for the gift cards they received from RETAIN; one noted that they enabled him to purchase groceries while he was struggling financially. Another said that she received resources like clothing vouchers, bus passes, and access to food pantries through employment programs, namely Goodwill and vocational rehabilitation. Still another said that she received help financing a car through Goodwill's Cars to Work program.

Enrollees described how RETAIN and other employment programs provided them with valuable support in searching and training for new jobs as well as in staying at their current jobs. Those searching for new jobs described receiving support from RETAIN and vocational rehabilitation staff in updating their resumes, conducting mock interviews, finding clothes to wear to interviews, and identifying jobs for which to apply. Several mentioned that RETAIN referred them to opportunities to pursue certifications or education that would advance their career prospects. For example, a few enrollees reported that RETAIN helped them to earn a peer support certification to help others recover from substance use disorder. Enrollees who were employed described receiving support from RETAIN that helped them maintain their employment, including resources that helped them better understand their diagnoses, recommendations for work accommodations, and referrals to vocational rehabilitation for ergonomic accommodations. One said that she learned skills that improved her communication with her supervisor and helped to keep her more organized at work.

⁸ The Kentucky Department for Behavioral Health defines peer support as a structured and scheduled therapeutic activity with an individual client or group, provided by a trained, self-identified consumer of mental health or substance use services. To become qualified in Kentucky, a peer support specialist must complete 30 hours of training and pass both a written and oral test. ([Department for Behavioral Health, Developmental and Intellectual Disabilities](#))

Most enrollees appreciated the emotional support they received from their RETAIN RTW coordinators and peer mentors.

They described how much they valued their RTW coordinators' emotional support as they recovered from illness or injury and sought new jobs, which they noted was a particularly stressful time. Those searching for new jobs discussed how their RTW coordinators would keep them motivated in their job search, particularly when they were feeling discouraged or overwhelmed. Enrollees commonly described their RTW coordinators as "amazing," "responsive," "empathetic," and "very knowledgeable." Even those who said that they did not use RETAIN services described how much they appreciated having their RTW coordinators regularly check in on them and knowing that someone genuinely cared about their well-being. Several enrollees talked about the emotional support that they received from the RETAIN program's peer mentors. These enrollees were able to work with their peer mentors to talk about their struggles adjusting to their illness or injury and take action to find more meaning in their day-to-day lives.



"It's going in and talking to [the RTW coordinator] and for her to uplift me just to give me that phone call to check on my well-being, it felt like someone actually cared. Like, someone was actually reaching out to me to see how I'm doing that day."

— Enrollee with sciatica

"So [my peer mentor] was really helpful in just kind of understanding what I was not getting out of work that was a source of my distress and where I could fill that elsewhere in life. And so that's kind of honestly why I've started investing so much in volunteering and things.

— Enrollee employed as a social worker

Although most described having a positive experience in RETAIN, some enrollees noted limitations and identified areas for improvement.

Several said that it might be helpful for RETAIN to have closer relationships with employers to which RETAIN could directly refer enrollees for job opportunities. Several others mentioned that they would be interested in additional opportunities for job training and certification programs, beyond the ones already offered by RETAIN, that would help them build new skills and widen their career options. A few enrollees noted that the jobs RETAIN referred them to were not a good match, either because they were overqualified or the jobs would require them to relocate. One thought it could be beneficial if RETAIN or other employment programs facilitated support groups among enrollees so that people with similar health conditions can provide emotional support and encouragement and share information about relevant resources. Finally, one enrollee said that the RETAIN participation period was too short to fully recover from his health condition and take advantage of employment supports offered from RETAIN and wished the program could be longer.

Several enrollees found that RETAIN's ability to help them find relevant employment was limited by certain personal and systemic factors.

Although RETAIN might have been more helpful to enrollees who were seeking entry-level non-specialized employment, one enrollee who was advanced in her career found that RETAIN was not particularly helpful in identifying job opportunities that were a good fit for her skill sets and experience. Similarly, another enrollee said that she struggled to find employment through RETAIN for which she had the necessary skill set and experiences. Finally, one enrollee discussed feeling frustrated with how the job opportunities she found from RETAIN were not local and would have required her to move to another state.

c. *Personal factors that influenced the ability to benefit from RETAIN and other employment programs*

Enrollees who were motivated to stay in the workforce seemed to benefit from RETAIN services.

Those who had a desire to work before their enrollment in RETAIN seemed to be highly engaged in the program. These enrollees tended to have specific goals for their employment or the field of work that they were interested in.

Some enrollees had secure employment, support systems, or access to other services and therefore did not need RETAIN services.

Several who started the RETAIN program with jobs and kept their jobs throughout the program noted that they did not need or benefit from RETAIN's services. Some of these enrollees accessed services that helped them retain their jobs directly through their employers (for example, work accommodations, physical therapy, or career advancement opportunities). Others already had access to a support system or services, such as behavioral health support or other employment programs, which reduced their need for RETAIN services.

Job search support from RETAIN and other employment programs seemed to be tailored to the needs of enrollees who were early in their careers or were open to exploring new career fields.

These enrollees described how RETAIN provided support with developing resumes, practicing interviews, and learning about certification or education programs, which they found helpful and motivating in their job search. Several described receiving similar support from other employment programs such as Goodwill or vocational rehabilitation agencies. These enrollees tended to be younger, earlier in their careers, and open to seeking employment in a variety of industries.

Conversely, the value of RETAIN's job search support seemed more limited for enrollees with specialized skills, who were advanced in their careers, or who had specific employment-related needs.

One enrollee who was advanced in her career and had specialized expertise said that the job search support offered by RETAIN did not meet her needs. Another enrollee with a disability that required specific accommodations said that RETAIN was not able to recommend any jobs that met his needs. These enrollees were unable to leverage RETAIN services to successfully find new jobs and return to work.

D. Discussion

Enrollees we interviewed for this study each faced a unique mix of challenges and supports related to staying at work or returning to work with an illness or injury. They described varying perspectives on their health conditions and how those conditions affected their personal and work-related responsibilities. Many reported that their health condition limited their ability to work full time. Engaging in treatment helped enrollees manage their health conditions and overall well-being. Although many sought work accommodations, they often experienced delays or denials from employers.

Financial strain was common, and enrollees faced difficulties in navigating federal, state, and local benefit programs, which in some cases limited their income. Despite struggling to support their families financially, enrollees' children and grandchildren were a source of pride. They also found fulfillment and a sense of purpose in their jobs and giving back to their communities. They valued the support they received from friends and family but worried about being overly dependent on them, particularly among enrollees with mobility challenges that affected their employment, family responsibilities, and community engagement. Enrollees living in rural areas faced the challenge of limited job opportunities in their efforts

to return to work with their health condition; employers were scaling back on remote positions and enrollees faced long commutes or having to relocate to overcome this challenge.

Enrollees' experiences with RETAIN and other employment programs were mixed. After participating in RETAIN, several remained employed with the same employer they had worked for before enrollment. These enrollees often had support systems in place and reported little need for RETAIN or other employment programs. Others navigated frequent job changes before and after participating in RETAIN, most commonly because of their health condition, and continued to have varying levels of employment after participating in RETAIN. These enrollees appreciated the support they received from RETAIN and other employment programs for helping them stay in their jobs, find new jobs, and help to meet their social and financial needs.

Overall, enrollees described having a positive experience in RETAIN and expressed appreciation for the emotional support they received from their RETAIN RTW coordinators and peer mentors. Some identified potential areas for improvement and noted limitations, including job search support tailored to their specific circumstances.

E. Limitations

This exploratory study has several limitations. The findings draw on a sample of 16 people enrolled in RETAIN KY who are unlikely to be representative of the full range of workers with potentially work-limiting health conditions. Although the study is exploratory and the research methods were not intended to produce a representative sample of cases, we observed variation in factors that may influence an ill or injured workers' ability to stay at work or return to work. We did not, however, systematically collect data on all factors that could potentially affect ill or injured workers' ability to stay work or return to work. Future research might examine whether the factors we observed emerge in a more representative sample.

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