

# Kansans with Disabilities Can Work



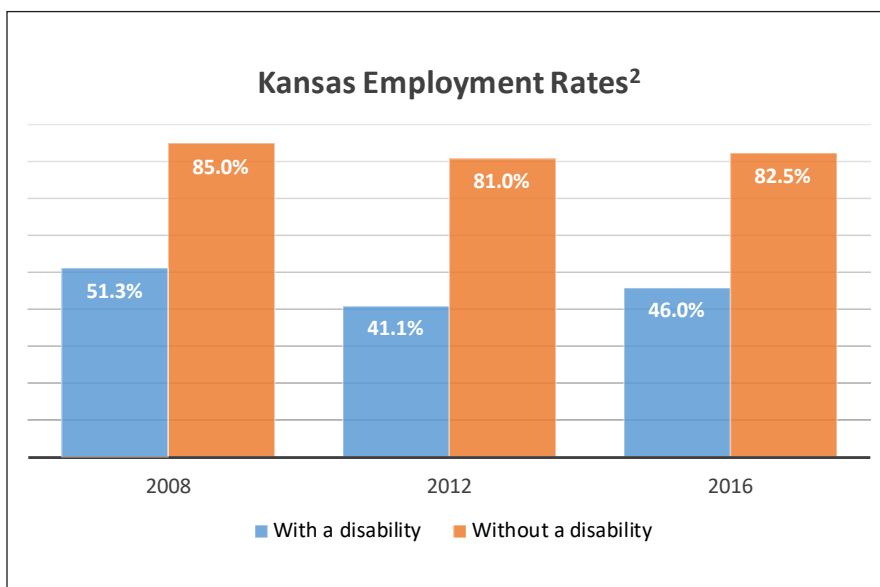
Disability and Health Program  
kansans with disabilities can be healthy

People with disabilities are more likely to be in fair or poor health and to experience worse health outcomes than their peers without disabilities. The Kansas Disability and Health Program (DHP) and others like it around the U.S. are working to reduce these disparities because, contrary to public perception, **people with disabilities can be healthy.**

Likewise, people with disabilities have lower income and higher rates of unemployment than those without disabilities. While many factors affect the employment rate of people with disabilities, one widespread misconception is that people with disabilities are unable to work or do not have the desire to work. Although some individuals with disabilities may experience complications from poor health that limit their ability to work full-time, **people with disabilities can work and want to work.**

In fact, research conducted in Kansas<sup>1</sup> has shown that people with disabilities who engage in paid employment are actually in better health than their peers. Some may explain this by saying, “They work because they are healthy enough to do so,” but the opposite has also been found: People with disabilities who work, even for a few hours weekly, and are not discouraged to do so by their families and health care or service providers, report better health and quality of life.

“We are trying to better our lives. We want to be working members of society and live the American dream.”  
- A Kansan with mental illness



Though a cause and effect relationship between working and improved health is not conclusive, it is clear that many people with disabilities can work when they have adequate opportunities and supports to do so. The common assumption that people with disabilities cannot work not only limits their income potential and independence – it could also negatively affect their health.

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<sup>1</sup>Hall, Kurth, Hunt. Employment as a health determinant for working-age, dually-eligible people with disabilities. *Disability & Health Journal*. 2013; 6(2):100-106.

<sup>2</sup>Erickson, Lee, von Schrader. *Disability Statistics from the American Community Survey (ACS)*. Ithaca, NY: Cornell University Yang-Tan Institute (YTI). Retrieved from Cornell University Disability Statistics website: [www.disabilitystatistics.org](http://www.disabilitystatistics.org).

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## One Kansan's Journey to Health and Self-Sufficiency

When he was 21 years old, Melvin was in a car crash that left him with paraplegia. He had worked for years in construction, but after his injury was not able to return to his construction career. His income dropped significantly, and he decided that college and a new career path were his next steps.

Melvin returned to school and earned a master's degree, but then he was confronted with paying student loans along with his other living expenses. While in college he lived in a studio apartment and got by with services and supports available for people with disabilities.

However, Melvin wanted to achieve financial stability. He knew he needed to put his degree to work and get a job. After convincing his doctors and family that he was able to work and still maintain his health, Melvin found a full-time job – one that paid much more than minimum wage.

While it took him years to recover from his injury and then to obtain his college degree, Melvin is now better off than he was before his injury 30 years ago. He said that working has allowed him to make mortgage payments on a house remodeled to meet his needs, drive his own accessible van and, in his words, “be a productive, healthy citizen.”

### For More Information:

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