support diversity in the workplace, fewer than a third have disability policies and programs. Larger employers are more likely to have disability-related programs. Second, while a majority of employers have hired people with disabilities, disabled individuals make up a very small percentage of the workforce overall (about 3%). Third, while managers perceive disability programs as ineffective in hiring and maintaining disabled workers, employers with disability programs are more likely to hire and maintain employees with a disability. Finally, although employers do not see the cost of hiring workers with disabilities as being prohibitive, most do not hire disabled workers or foster their work environment (Kessler Foundation and National Organization on Disability, 2010).

Aging

Two overall conceptualizations can be used to understand the process of aging and disability. The first of these is persons with disabilities aging. Because of significant advances in medicine, people who have acquired disabilities at birth or before, or as children and young adults, are living into their sixties, seventies, and eighties (Yorkston, McMullan, Molton, & Jensen, 2010). The second group consists of people without significant disabilities in their childhood and adult lives acquiring disabilities during the aging process. Because of diabetes, stroke, cancer, heart issues, and so on, disability may result in the necessity of changes and accommodation in order to maintain life functioning. Each of these groups offers the human service worker different sets of challenges.

Perhaps one of the most important differences between individuals aging with a disability and acquiring a disability in aging centers on the conceptualization of disability. Darling and Heckert (2010) explored both groups. People who have acquired a disability in the aging process appear to be more influenced by the older medical model of disability. They tend to be compliant toward proposed medical treatment and are less likely to use resources like the Internet to question and explore physician demands. "The doctor rules" seems to be the guiding principle. This characteristic was demonstrated to this author in the summer of 2012 when he made friends with a retired nuclear engineer diagnosed with MS. As a lover of sports cars, this engineer talked about racing his beloved Porsche before the onset of his MS. I asked him why he did not drive now since he appeared to have good upper body strength. He explained that early in his journey with MS he had visual episodes that prevented driving. He told me that he had not had these in over five years. I raised the possibility of him driving again. He said he would ask his doctor's permission. I raised the possibility that the doctor was his consultant and he was paying him for his expertise, and that he make his desire known and ask for consultation, not dictation. That was a novel idea to the engineer. We w
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