

A Profile of SSDI Applicants and Beneficiaries, Age 18-64:

Estimates from the 1994 and 1995 National Health Interview Surveys on Disability

Jae Kennedy, Ph.D., Project Coordinator

Department of Health Policy and Administration

Washington State University at Spokane

Marjorie Olney, Ph.D., Co-investigator

Department of Rehabilitation

San Diego State University

Theresa Richer, M.S., Research Assistant

Mark Newsom, M.S., Research Assistant

Department of Community Health

University of Illinois at Urbana

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Study Highlights

This study uses data from the 1994 and 1995 National Health Interview Surveys to develop a profile of the estimated 3.3 million working age adults who have applied for Social Security Disability Insurance (DI), and to compare them to the estimated 3.6 million working age adults who receive DI benefits. The implications of these findings on development of an early intervention program to provide vocational services for DI applicants are discussed. Key findings include:

- Most applicants are female (53% or 1.7 million), but most beneficiaries are male (60% or 2.1 million).
- Almost half of applicants (49% or 1.6 million) have no activity limitations, compared to about a quarter of beneficiaries (25% or 900 thousand). Applicants also have fewer functional limits than beneficiaries, though most applicants (65% or 2.1 million) have at least some functional limits.
- About half of the applicants (1.6 million) rate their health as fair or poor, as do 65% of beneficiaries (2.3 million).
- About 55% of applicants do not work, and neither do 90% of beneficiaries. However, about 1.3 million applicants (41%) are employed, and another 150 thousand (5%) are looking for work.
- Nearly three quarters of employed applicants (950 thousand) are working at or near full time (over 30 hours per week). Most (57% or 750 thousand) earned over \$1000 in the preceding month. Working DI beneficiaries generally worked less, and were paid less.
- Roughly 30% of applicants (940 thousand) and 25% of beneficiaries (890 thousand) have family incomes below the federal poverty level.
- Almost 20% of applicants (640 thousand) do not have health insurance, while only 3% of beneficiaries (100 thousand) are uninsured.
- About 70% of applicants (2.3 million) and beneficiaries (2.6 million) have not received vocational support services, and do not believe that they need such services.
- Over 20% of applicants (330 thousand) and over a quarter of beneficiaries (120 thousand) who have worked in the preceding 5 years report some form of disability discrimination in the workplace.
- Among non-working applicants who are capable of working, the most common reasons cited for not looking for work were: lack of available job opportunities (120 thousand), inadequate transportation (60 thousand), lack information (50 thousand) and insufficient training (40 thousand). Concerns were similar among work capable beneficiaries, but loss of benefits was also a frequently cited concern (50 thousand).

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Study Context

The Social Security Disability Income (DI) program, administered by the Social Security Administration (SSA), provides benefits to about six million disabled workers and their families, at a total annual cost of about \$55 billion (SSA, 2001a). The program has grown rapidly in the past two decades, a trend attributed to various factors, including population growth (Marini & Reid, 2001), SSA policy changes (Berkowitz, 1997), and dislocations and transformations of the U.S. labor market (Yelin, 1992).

The fundamental objective of the DI program is to serve as an income of last resort for persons who become totally and permanently work disabled. Since the program's inception in 1956, the primary challenge of the SSA has been to develop and implement fair, consistent, and efficient strategies for determining work disability and subsequent program eligibility, including a system of due process for applicants denied benefits and beneficiaries terminated from the program.

The conceptual difficulties of codifying work disability criteria have been the subject of ongoing and intensive debate, and a discussion of these issues is beyond the scope of this report (see Institute Of Medicine (IOM), 2002, for a thorough review). In brief, theory and practice suggest that work disability is a complex and dynamic process between the individual and his or her social environment, rather than a static individual characteristic (Verbrugge, 1994). For federal disability programs, however, both eligibility and participation tend to be an all or nothing proposition. Once on the program, few beneficiaries leave – currently, only one half of one percent of DI beneficiaries return to work (U. S. General Accounting Office (GAO), 2002a).

to labor force participation be transformed into a facilitator of labor force participation? Policy makers and advocates clearly think so, noting that most people with disabilities want to work and, with sufficient support services and adequate opportunities, can work (Kaye, 1997). The economic ramifications of this question are significant: doubling the very small proportion of DI beneficiaries who return to work (e.g., from 0.5% to 1%) would return billions to the Social Security trust fund over the work life of those beneficiaries (GAO, 1999).

Historically, some SSA policies have made it difficult to provide effective vocational services to DI recipients. However, recent program changes, many of which were codified by Congress in the 1999 Ticket-to-Work and Work Incentives Improvement Act (TWWIIA), should facilitate a new vocational focus. Vouchers for rehabilitation services, maintenance of Medicare coverage for working beneficiaries, and a streamlined re-enrollment process should encourage some DI beneficiaries to return to work (SSA, 2001b). But health problems, economic constraints, inadequate skills and training, and a lack of employment opportunities are likely to continue to discourage many other beneficiaries from re-entering the workforce.

A complimentary strategy to these program reforms, which might be more effective in containing total program caseload and cost, would divert at least some of those applying for benefits into work support programs *before they enroll in the DI program* (GAO, 1998). Studies suggest that the efficacy of vocational rehabilitation depends in large part on the timing and targeting of services, with early and intensive intervention yielding the best results. The TWWIIA directs the SSA to explore the potential of early intervention options, and this analysis is a preliminary step in fulfilling that Congressional mandate.

Can a program originally designed as an alternative

Study Objective

Social and political changes are forcing the SSA to ask potential and current program participants a new question, not “are you unable to engage in any paid work?”, but rather “what resources would allow you to engage in, or retain, paid work?” (National Academy of Social Insurance, 1996). However, gaps in existing agency data make it difficult to answer this new, and arguably more complex, question (GAO, 1998).

While the SSA collects fairly detailed data on rates of applications, awards, denials, and terminations, as well as benefit and income data for current beneficiaries (SSA, 2001a), it lacks representative and detailed data about employment experiences and service needs of current and potential DI beneficiaries. Consequently, the agency recognizes the need to “expand information available from outside sources for decision makers and others on Social Security and Supplemental Security Income” (Apfel, 2000, p. 22).

The Disability Supplement to 1994 and 1995 National Health Interview Survey (NHIS) offers a particularly rich source for such information (Research Triangle Institute (RTI), 2000). The following study uses data from the Disability Supplement and other NHIS supplements to explore key characteristics DI applicants and beneficiaries, including:

- sociodemographic characteristics
- functional and activity limitations
- current employment status
- individual and family income
- health insurance coverage
- need for, and utilization of, vocational services
- work discrimination experience
- need for, and utilization of, job accommodations and assistive technologies

Program Overview

The Disability Insurance program provides cash benefits and health insurance to disabled workers and their families. To be insured by DI, workers must be under the full retirement age, and must have an extensive and recent history of paid employment and

contribution to the Social Security program (the specific number of work credits required for eligibility depends on the age at which the applicant becomes disabled). In certain cases, family members of disabled, retired, or deceased workers are also eligible for benefits, and about 15% of current program beneficiaries are disabled widow(er)s or disabled adult children (SSA, 2001a).

Beneficiaries must be deemed disabled under SSA criteria, i.e., “...the inability to engage in any substantial gainful activity (SGA) because of a medically determinable physical or mental impairment(s), that can be expected to result in death, or that has lasted or, that we can expect to last for a continuous period of not less than 12 months” (2001c, p. 16).

In 2000, the SGA level for nonblind individuals was \$700 per month. Individuals who earn more than this amount would not be deemed eligible for DI benefits. Impairment is determined on the basis of medical information provided by the applicant’s physician, and by institutions where the applicant received treatment. DI beneficiaries must receive 24 months of cash benefits before becoming entitled to Medicare.

Because DI beneficiaries have a fairly extensive work history, they tend to be older, more affluent, and less heterogeneous than most other disabled subpopulations (SSA, 2000). Data from the most recent Annual Statistical Report (SSA, 2001a) indicate that the average age for DI beneficiaries was 51, and 57% were male, with average monthly benefits of \$756. These benefits constituted an average of 45% of family income.

To understand the growth in the program and the potential impact of policy changes, it is important to place the issue of work disability in a larger context. The remainder of this introduction will describe some of the structural and personal factors which influence the decision of adults with disabilities to enter or remain in the workforce.

Work Barriers for Adults with Disabilities

General employment rates for adults with disabilities in the U.S. are much lower than those of the nondisabled population. Some of the lowest rates of employment

within the disabled population occur among persons who receive federal disability benefits like DI. These rates have remained low for many decades, despite new legal protections, expanding vocational services, and a generally favorable job market. Surveys of adults with disabilities consistently show that respondents would like to work, but for a variety of reasons, do not work (National Council on Disability, 1997).

The reasons people with disabilities do not work are variable, complex and additive, but can be grouped in three general classes: individual and household factors; employer factors; and public policy factors. The following sections will briefly explore some of these factors, and discuss their current potential impact on workforce participation among DI applicants and beneficiaries.

Personal and household factors

The type, severity, onset, and duration of disability all influence workforce participation (Baldwin & Johnson, 2001). Adults with significant physical or cognitive impairments, chronic pain, fatigue, or declining health may have difficulty gaining or retaining paid work. However other personal factors also play a roll in employment outcomes.

The labor economics literature extensively documents the ways in which workforce participation varies by gender, age, race, ethnicity, class, and education level, as well as by disability. People who are disabled and are also female, older, less educated, or a member of a racial or ethnic minority group, may face multiple barriers to the labor market, and will be more likely to seek out income and services from needs-based public programs (Kennedy, & Minkler, 1998).

Family factors as well as individual characteristics will influence rates of paid work. Disabled women with substantial responsibility for unpaid care of dependent children or other relatives, for example, are less likely to enter the workforce (Wagner, 1992; Rimmerman, Levy, & Botuck, 1995). Families may also rely on the relatively stable income and health insurance coverage provided by the DI program beneficiaries, discouraging workforce participation. Concern over loss of transfer income and

health insurance are among the most frequently cited reasons for low workforce participation among disability program beneficiaries (Marini, & Reid, 2001).

Employer factors

Workforce participation among adults with disabilities is not merely a function of individual characteristics, but is influenced by various job market features. Local and national economic conditions are of critical importance: people with disabilities are often “last hired, first fired”, and enrollment in disability benefit programs significantly increases during periods of economic contraction (Catalano, & Kennedy, 1998).

Environmental features in the community and workplace are also critical to the employment of people with disabilities. Affordable and accessible transportation to and from the worksite, for example, is a major barrier to employment for many adults with disabilities (Newsom, 2002).

Disabled workers may also require various accommodations and adaptive technologies in the workplace, and the absence of these features can preclude workforce participation (Hazer, & Bedell, 2000). Finally, employer attitudes and concerns can limit employment opportunities (Freedman, & Fesko, 1996; Gilbride, Stensrud, & Ehlers, 2000).

The Americans with Disabilities Act (ADA) of 1990 was intended to reduce such employer barriers, but it has clearly failed to eliminate them. A recent analysis of the NHIS (replicated for DI beneficiaries and applicants in this study) indicates that nearly 10% of disabled adults in the workforce reported experiencing disability discrimination in five years following passage of the ADA (Kennedy, & Olney, 2001).

Policy and program factors

According to the program literature, “one of the SSA’s highest priorities is to help people with disabilities achieve independence by helping them to take advantage of employment opportunities” (SSA, 2001c). Yet analysts note that a variety of policy and program factors have impeded workforce participation by DI beneficiaries and applicants (Hill et. al., 1998).

The DI application process is time consuming and uncertain (GAO, 2002a). Preliminary agency review of applications takes about four months, and more than half of applications are denied (SSA, 2001a). The appeal process is even more lengthy and uncertain. For successful applicants, there is a five-month waiting period for cash benefits, and a two-year wait for Medicare benefits. After successfully navigating this enrollment process, it is not surprising that beneficiaries appear uninterested in vocational rehabilitation services (Sim, 1999).

The lengthy waiting periods for application review and receipt of benefits is significant from a rehabilitation standpoint, because the longer an individual goes without working, the less likely their chances are of ever returning to work (Marini, & Reid, 2001). Some critics suggest that DI applicants should spend their time ameliorating their work disabilities, through training and counseling, rather than focusing on, and reinforcing, their work disabilities (O'Day, 1999).

Another potential barrier to employment is the program earnings limit (Hill et. al., 1998). Working beneficiaries have reportedly turned down promotions, refused overtime hours, and reduced their hours in order to stay below the SGA level (National Council of Disability, 1997), though the incidence of such behavior is probably low (GAO, 2002b). While raising the SGA level might encourage some beneficiaries to work more hours and earn higher wages, it would also reduce terminations and potentially expand program costs (Hoynes, & Moffitt, 1999).

Finally, awareness of return-to-work programs and work incentives among program beneficiaries appears to be limited (O' Day, 1999). Low awareness of the DI program's trial work period was identified as a major cause of low rates of participation (Hennessey, & Muller, 1995). Unless there is a major effort to publicize the program changes and new incentives in the TWWIA (slated for full implementation by 2004), there may be a similar rate of response.

Research Questions

The research and policy literatures pose a number of

critical questions that may influence the design, implementation, and efficacy of early intervention efforts. To determine appropriate selection criteria, we need to know more about DI applicants, and the ways in which they differ from DI beneficiaries.

- What are the sociodemographic characteristics of applicants?
- How disabled are applicants, in terms of functional and activity limitations? What is their health status?
- Do applicants have health insurance? What type of coverage do they have?
- What is the level and sources of income for applicants?
- How much health care is used by applicants? Are there unmet needs for health services?
- How many applicants are working? How many are looking for work?
- What are the earnings of working applicants? How many hours do they work? What sectors do they work in?
- What vocational services are used by applicants? Are there unmet needs for vocational services?
- What kinds of concerns lead applicants who could work to avoid the labor market? What kind of features or accommodations would they need to work? Is discrimination an important factor?

Methodology

Data source

This is a secondary analysis of the National Health Interview Survey (NHIS), an ongoing household survey, conducted by the Centers for Disease Control's National Center for Health Statistics or NCHS (Adams, & Benson, 1991; Massey, Moore, Parsons, & Tadros, 1989). The NHIS allows researchers to calculate nationally representative estimates of key health indicators among the civilian noninstitutionalized U.S. population.

Various special supplements are administered along with the core surveillance items of the NHIS to address specific policy and population concerns. This study uses data from four supplements to the 1994 and 1995 NHIS: the Disability Supplement, the Health Insurance Supplement, the Access to Medical Care Supplement, and the Family Resources Income and Assets Supplement. To increase the sample size and accuracy of

estimates, data from the 1994 and 1995 panels of the NHIS were merged.

Case selection criteria

We used the NCHS selection criteria for Phase 2 of the Disability Supplement to identify working age (18-64) adults with disabilities. Phase 1 of the Disability Supplement was administered to all respondents at the same time as the 1994 and 1995 NHIS core survey. Phase 2, the Disability Follow-back Survey (DFS), collected more detailed information on functional and activity limitations, work history, social and family support, and service utilization.

The DFS was administered 6-18 months after the core survey to all respondents who reported impairments, functional limitations, chronic conditions, or receipt of disability benefits in the core NHIS survey or Phase 1 of the Disability Supplement. This sample included 16,270 working age adults with disabilities (approximately 13.5% of the original NHIS sample). As might be expected, this disabled subset of the population tended to be poorer, sicker and older than the general population (see table 1).

Insert table 1 about here

We then turned to the Family Resources Income and Assets Supplement to identify SSDI beneficiaries and claimants. Within the sample of working age adults with disabilities, 2,181 reported receiving DI benefits, and another 1,997 reported applying for DI benefits (table 2). Using NHIS population weights, these cases represent approximately 3.6 million DI beneficiaries and another 3.3 million claimants.

Among these 3.3 million claimants, 34.2% said they applied more than once for DI benefits. As noted earlier, DI beneficiaries include disabled widow(er)s and adult disabled children as well as disabled workers. Applicants include people in the process of applying for benefits, people who have been denied benefits, and people who have terminated benefits. It was not possible to distinguish among these subgroups with the data available.

Insert table 2 about here

Data analysis

A series of national prevalence estimates were calculated for both DI beneficiaries and claimants. SUDAAN software was used to calculate standard errors for each of these estimates (Research Triangle Institute, 1998). Following a protocol established by the NCHS, relative standard errors (RSE) were calculated for all estimates. Population estimates with RSEs over 30 percent should be considered statistically unreliable, and are flagged in the summary tables. Please note that group percentages may not sum to 100, due to rounding error and the omission of missing data. For group comparisons between beneficiaries and claimants, we used the CHISQ test, analogous to the Pearson chi-square test for nonsurvey data (Shah et al, 1997).

Findings

Sociodemographic characteristics

Table 3 shows some basic population characteristics of SSDI beneficiaries and claimants. There was a significant gender disparity – women made up a majority of DI applicants (52.6%), but a minority of recipients (40.2%), possibly due to gender differences in workforce participation ($X^2 = 61.2, p < .001$). The racial and ethnic composition of claimants and beneficiaries was similar, and comparable to the general disabled population ($X^2 = 6.1, p = .11$).

Both beneficiaries and claimants tended to be older: two-thirds of beneficiaries and nearly half of claimants were 45 or older ($X^2 = 5.0, p = 0.10$). There was a fairly low level of education attained in both groups: 31.3% of claimants and 40.3% of beneficiaries did not complete high school. Overall, claimants had significantly higher rates of educational attainment than beneficiaries ($X^2 = 46.3, p < .001$).

Social support measures were mixed, due perhaps to age differences between applicants and beneficiaries. Beneficiaries were less likely to be married and more

likely to be widowed ($X^2= 16.9, p < .01$) and to live alone ($X^2= 6.5, p = .01$), but were also more likely to have adult children ($X^2= 17.1, p < .001$) or other family ($X^2= 19.1, p < .001$) who lived within an hour of their home.

Insert table 3 about here

Disability and health status

Activity limitation data suggested that claimants were much less likely to be seriously disabled than beneficiaries: almost half of claimants (48.5%) said they did not have any limitations in activities of daily living (ADLs) or instrumental activities of daily living (IADLs), as opposed to only a quarter of recipients (25.2%), ($X^2= 161.1, p < .001$). Fully 72.3% of beneficiaries reported needing assistance with ADLs and/or IADLs (table 4). Rates of limitation for specific activities were consistently higher for beneficiaries than for applicants (X^2 range, 24.1 - 92.0, $p < .001$).

Insert table 4 about here

A similar pattern emerged in terms of functional limitation among beneficiaries and applicants (table 5). Recipients had higher individual and overall rates of functional limitation than claimants, but most respondents in both groups (78.8% of beneficiaries and 65.0% of applicants) reported at least one functional limitation, and a sizable portion reported 5 to 10 limitations (50.9% of recipients and 35.4% of claimants).

The most commonly cited functional limitations were relatively strenuous tasks, such as: standing for about 2 hours (64.0% of recipients and 47.4% of claimants); stooping, crouching, or kneeling (61.0% of recipients and 47.8% of applicants); lifting or carrying 25 pounds (59.9% of beneficiaries and 41.9% of claimants); and walking for a quarter of a mile (59.3% of recipients and 46.3% of claimants). The least common limits primarily involved hand and arm strength: reaching out as if to shake hands (8.7% of recipients and 6.0% of claimants) and using fingers to grasp or handle (25.5% of

beneficiaries and 20.5% of applicants).

Insert table 5 about here

Table 6 shows that both groups tended to report fair or poor health, but health status was significantly worse among recipients than among claimants ($X^2= 106.2, p < .001$). Beneficiaries had slightly higher rates of hospitalization than applicants ($X^2= 5.3, p = .07$), as well as significantly higher rates of physician utilization ($X^2= 41.1, p < .001$). Note however, that these rates of health care utilization may be influenced by health insurance coverage as well as health status (see table 11 and associated text for a review of this issue).

Insert table 6 about here

Employment rates and levels

Survey data suggest that a large minority of SSDI applicants (40.7%) were employed, and an additional 4.7% of applicants were unemployed but actively seeking work (table 7). As expected, these rates were much higher than those of beneficiaries ($X^2= 292.4, p < .001$), but about 9.2% of recipients said they were working, and 1.3% were seeking work.

Insert table 7 about here

Additional analyses explored the type and level of workforce participation among employed recipients and claimants (table 8). Among working SSDI claimants, most respondents were working at or near full time. About 1.3 million claimants, or 76.5%, were working 30 or more hours per week. The average weekly hours of work among employed DI applicants was 39.3, and the median was 39.5. In contrast, employed recipients were much more likely to work part-time. Only 37.1% were working 30 or more hours per week ($X^2= 43.7, p < .001$). The average number of hours worked by recipients was 29.7, and the median was 27.0.

Most working recipients and applicants worked for the private sector ($X^2 = 4.7, p = .10$). Monthly earnings were much higher for working applicants than for working beneficiaries ($X^2 = 65.7, p < .001$). About 56.9% of applicants reported earnings over \$1000 in the preceding month, in contrast to 18.4% of beneficiaries. The average monthly earnings for working beneficiaries was \$723, and the median was \$500. However, about 19% of supposedly employed DI beneficiaries reported no income in the preceding month. In contrast, the average monthly earnings for working applicants was \$1,693, and the median was \$1,276.

Insert table 8 about here

Personal and family incomes

The personal incomes of applicants were higher on average (\$11,132) than those of recipients (\$10,751), but there was substantial variation within both of these groups (table 9). DI recipients' incomes tended to cluster in the second lowest quartile (about 60% of respondents), with only about 7.2% in the top quartile. Claimants' income distributions more closely mirrored those of the general population ($X^2 = 368.9, p < .001$).

Some applicants (6.9%) also reported Social Security income, presumably from early retirement or survivor benefits, but Social Security obviously plays a more significant role for beneficiaries ($X^2 = 733.7, p < .001$). The annual cash benefit received by beneficiaries was relatively modest. About 25.8% of recipients received less than \$5,000, and another 28.9% received \$5,000-\$6,999. Only 13.3% received more than \$11,000.

DI beneficiaries are more likely to receive SSI and other disability benefits than claimants: 18.9% received SSI as well as SSDI ($X^2 = 24.7, p < .001$), and 11.0% received other disability insurance ($X^2 = 7.9, p < .01$). Claimants, however, were more likely to access welfare benefits like Aid to Families with Dependent Children (AFDC) or Temporary Assistance for Needy Families (TANF) ($X^2 = 67.1, p < .001$).

Insert table 9 about here

While DI benefits lift relative personal income, nearly half of recipients have reported family incomes in the lowest quartile (table 10). Claimants reported slightly higher levels of family income ($X^2 = 9.4, p = .005$). Both groups are economically disadvantaged, compared to the general population, but beneficiaries (24.9%) are slightly less likely than applicants (28.8%) to have family incomes below the federal poverty level ($X^2 = 18.2, p < .001$).

Social Security is a modest contributor to family income for claimants, but is central to the family income of beneficiaries ($X^2 = 781.2, p < .001$). About a quarter (23.6%) of DI recipients rely almost exclusively on Social Security for more than 80% of their family income. Families of DI beneficiaries are more likely to receive SSI income ($X^2 = 9.4, p < .01$) and other disability benefits ($X^2 = 7.0, p = .01$), while claimants are more likely to receive welfare benefits ($X^2 = 47.5, p < .001$).

Insert table 10 about here

Health insurance and unmet need for health services

Turning to health insurance, table 11 shows dramatic differences in coverage between claimants and beneficiaries. Recipients were much more likely to use public insurance, with or without private supplemental insurance, than applicants ($X^2 = 450.3, p < .001$).

Applicants relied primarily or exclusively on private insurance, and a sizable minority (19.7%) were uninsured. Not surprisingly, beneficiaries were much more likely to receive Medicare (70.8%) than applicants (3.7%), and also more likely to receive Medicaid (32.4% vs. 19.6%).

Lack of access to health insurance probably motivates many of those who apply for DI. About 7.7% of applicants said that they had been denied health insurance, and so did 4.8% of beneficiaries ($X^2 = 11.3, p < .001$). Over half of those were denied coverage because of pre-existing health conditions.

Lower rates of insurance coverage among claimants probably account for the higher rates of unmet need for various health services. For example, 13.2% of claimants said they needed, but could not get, medical care, but only 6.0% of beneficiaries reported unmet need for medical care ($X^2=450.3$, $p<.001$).

Insert table 13 about here

Insert table 11 about here

Demand for vocational services

Most claimants and beneficiaries said they had not received and did not need vocational services (table 12). However, 14.8% of recipients and 14.0% of applicants said they needed but had not received one or more vocational services, and another 5.5% of recipients and 7.7% of beneficiaries said they had received vocational services, but needed more assistance ($X^2= 3.8$, $p = 0.29$). The rates of specific service utilization and total number of services used were roughly comparable for both groups, and low overall (79.1% of beneficiaries and 80.2% of claimants had received no vocational services).

Insert table 12 about here

Discrimination experience

Table 13 shows self-reported disability discrimination rates among claimants and beneficiaries who have worked in the past five years (437 thousand recipients and 1.5 million applicants). About 26.6% of beneficiaries and 21.2% of claimants said they had experienced some form of job discrimination in the past five years due to ongoing health problems, impairment, or disability ($X^2= 54.3$, $p < .001$). These rates are substantially higher than those of the general population of working age adults with disabilities (Kennedy, & Olney, 2001).

Insert table 14 about here

Need for accommodations and perceived barriers to employment

Tables 14 and 15 examine a relatively small but important subset of claimants and beneficiaries – working age adults who are not working now, but are at least hypothetically capable of entering or re-entering the workforce (222 thousand recipients and 301 thousand applicants fell in this category).

When asked what specific work features or accommodations were necessary for them to return to work (table 14), the modal response was “none” for both recipients (43.1%) and claimants (41.6%). There were no significant differences between claimants and beneficiaries on this ($X^2= 6.3$, $p = .10$) or other comparisons. The most common work features were accessible parking and/or transportation, elevators, and modified workstations. The most common accommodations were reduced or flexible hours and breaks, and other job redesign.

Insert table 15 about here

Work-capable respondents were also asked to identify specific concerns that kept them from looking for work (table 15). Again, there were few significant differences in rates of response between DI claimants and beneficiaries. The one obvious exception was loss of benefits, mentioned by about 21.8% of beneficiaries but only 10.1% of applicants ($X^2=6.0$, $p<.01$). The most frequently mentioned concern was unavailability of jobs, followed by lack of transportation.

Discussion

While the statistical comparisons used in this analysis tend to focus attention on between group differences, one of the most striking and consistent findings is the high level of within group variance. In other words, there appears to be substantial heterogeneity within the both the DI applicant and beneficiary populations. This heterogeneity is an important policy consideration, particularly with regards to targeting of additional services. The following sections will briefly review key policy and research implications of this study.

Policy implications

One of the more reassuring findings is that the SSA eligibility determination process works – the data clearly show that beneficiaries are more disabled than applicants. Specifically, applicants had significantly lower rates of functional limitations, activity limitations, and health services utilization, as well as significantly higher rates of employment. Unfortunately this relatively low level of disability among applicants could complicate early intervention efforts.

Providing vocational services to those who would not otherwise be eligible for DI benefits would seriously undermine the economic rationale for early intervention – adding to program costs without reducing caseloads. Screening will therefore be a critical component of any effective early intervention. This screening would need to occur at the same time as an expedited eligibility review, identifying persons who would be likely to be eligible for benefits, but who would also be able to stay in the labor market with sufficient vocational support.

It is important to note SSA policy reforms like TWWIA makes assumptions that the demand for vocational services is substantial and access to such services is currently limited. However, the actual usage of service vouchers among beneficiaries or, if early intervention services are implemented, among applicants, may be limited. According to utilization data presented here – only about 20% of applicants and beneficiaries say they need vocational services, but are not receiving them, or receiving enough of them.

As noted in the introduction, lack of vocational services is only one of many barriers to employment, and this analysis helps illuminate these other barriers as well. For example, poverty is an economic reality for 29% of applicants and 25% of beneficiaries, and the stability of transfer income is likely to be very appealing under these circumstances.

Likewise, health insurance is of particular concern to working age adults with chronic illness and impairments. Medicare eligibility will be of particular interest to the 20% of applicants who are uninsured. Though it is beyond the scope of this analysis, it is interesting to speculate about the potential impact of expanded health insurance on DI application rates and caseload growth. An expansion of Medicare eligibility for all adults with significant disabilities would reduce financial risks for both employers and workers, potentially easing pressure on programs like DI.

Other employment barriers are beyond the scope of SSA programming efforts, though they are addressed under the Americans with Disabilities Act. About 27% of beneficiaries and 21% of applicants who had worked in the preceding 5 years reported some form of disability discrimination (in contrast to about 10% of the general disabled population). Such discouraging experiences in the labor market will limit interest in continued employment or return to work.

The analyses end with provocative, but not conclusive¹, data on people who are not working, but who could (at least in theory) work. Respondents were asked a series of questions about the workplace features or accommodations which would allow them to work,

¹ Unfortunately, respondents were asked the questions only if they met stringent work history and work disability inclusion criteria. The HIS-D distinguishes 11 groups, divided by work history (never worked, worked), current employment status (working, unemployed – not working but looking, out of the workforce – not working and not looking), retirement status (not retired, retired on disability, retired for other reason), and work disability status (not limited in kind or amount of work, work limited, and work disabled – completely unable to work). Some questions within each group are path specific, e.g., if a nonworking respondent thinks he or she would be able to work if adequate accommodations were available, detailed questions about specific accommodations are asked. A more useful approach, for the purposes of policy analyses like these, would ask something to the effect of: “would you ever return to work under any circumstances?” A series of follow up questions would ask respondents to identify the specific factors which would allow them to return to work.

and the perceived social, economic, and policy barriers which prevented them from working. Many of the accommodations listed were fairly modest – accessible workplaces and work stations topped the list, along with more flexible scheduling of hours and breaks.

The work concerns data suggest that many respondents perceive a tough job market and doubt their ability to compete in it; the most common concern identified by applicants and beneficiaries was the lack of appropriate jobs. Training and transportation problems were also frequently mentioned. It is important to stress that vocational rehabilitation, if sufficiently individualized, could help applicants and beneficiaries surmount these real and perceived barriers and return to work.

Research implications

The NHIS-D, in conjunction with other NHIS supplements, is a useful adjunct to SSA program data, helping to illuminate important characteristics of DI applicants and beneficiaries. There are important survey limitations, however, which must be kept in mind while considering these findings and additional research efforts. Despite these limitations, it may be worthwhile to conduct additional analyses to aid in the development of screening criteria and to estimate the size of the target population for early intervention efforts.

Survey limitations

The NHIS helps flesh out a portrait of DI applicants and beneficiaries, but there are the limitations while policymakers and analysts should keep in mind. This is self-reported data, with all the well-documented shortcomings associated with such an approach. Of particular concern in this analysis is the self identification of program application and participation. Also, complex skip patterns for work history categories probably increased error rates and decreased response rates for key employment items.

The lack of longitudinal data, particularly in terms of workforce participation and earnings, make causal inference difficult.

Additional research

Applicant prevalence estimates suggest that this is a diverse population, with fairly high rates of employment and low rates of disability, but sizable minorities of poor, unemployed, uninsured, and very disabled individuals. Any new services should focus primarily or exclusively on this needy subset of applicants.

To help target vocational services, we should scrutinize the 10% of recipients who say they are working or looking for work. Basically, this is the same population we would hope to reach with early intervention – they are eligible for DI, but willing and able to work.

The goal of early intervention should be to identify such persons early in the application process and strengthen their capacity for continued and substantial workforce participation. Multivariate analyses of NHIS data could help identify specific factors that predict which DI recipients will work. The strongest predictors could be included in a model to predict the potential size and composition of the target population.

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Table 1. Comparison of population estimates for working age adult respondents to the NHIS and the Disability Follow-Back Survey

Population Characteristics	Phase 1 (NHIS)		Phase 2 (DFS-A)	
	N (1000s)	%	N (1000s)	%
Total sample (unweighted) N	120,216	100%	16,270	100%
Total estimated (weighted) N, in 1000s	159,169	100%	27,172	100%
Male	78,001	49.0%	12,483	45.9%
Female	81,168	51.0%	14,689	54.1%
Age 18-24 years	25,107	15.8%	2,720	10.0%
Age 25-34 years	41,073	25.8%	5,283	19.4%
Age 35-44 years	41,930	26.3%	6,766	24.9%
Age 45-54 years	30,317	19.0%	6,417	23.6%
Age 55-64 years	20,742	13.0%	5,986	22.0%
Fair or poor health	15,369	9.7%	9,408	34.6%
Family income < poverty level	16,469	10.3%	5,217	19.2%

SOURCE: 1994 and 1995 National Health Interview Surveys (National Center for Health Statistics,1998)

Table 2. Weighted and unweighted counts of working-aged SSDI applicants and beneficiaries identified in the NHIS Family Income and Assets Supplement

Beneficiaries and Applicants	sample N	estimated	
		N (1000s)	%
TOTAL DI BENEFICIARIES AND CLAIMANTS	4,178	6,833	100%
Currently receiving SSDI	2,181	3,580	52.4%
Applied for SSDI	1,997	3,253	47.6%
once	1,316	2,140	31.3%
twice	377	623	9.1%
three or more times	304	490	7.2%

SOURCE: 1994 and 1995 National Health Interview Surveys (National Center for Health Statistics,1998)

Table 3. General population characteristics of working-aged SSDI beneficiaries and applicants

Population Characteristics	Receives SSDI			Applied for SSDI			X ²	p
	N(1000s)	SE	%	N(1000s)	SE	%		
TOTAL DI BENEFICIARIES AND CLAIMANTS	3,580		100%	3,253		100.0%		
Gender							61.2	0.00
Male	2,139	97	59.8%	1,542	77	47.4%		
Female	1,441	70	40.2%	1,711	79	52.6%		
Age							5.0	0.10
18-24	86	16	2.4%	180	23	5.5%		
25-34	393	35	11.0%	619	41	19.0%		
35-44	738	47	20.6%	889	57	27.3%		
45-54	924	56	25.8%	831	49	25.5%		
55-64	1,440	72	40.2%	735	41	22.6%		
Race/ethnicity							6.1	0.11
white	2,590	119	72.4%	2,245	106	69.0%		
black	638	45	17.8%	611	44	18.8%		
Hispanic	249	25	6.9%	276	22	8.5%		
other	103	16	2.9%	122	18	3.7%		
Education							46.3	0.00
< HS graduate	1,443	72	40.3%	1,018	57	31.3%		
HS graduate	1,277	67	35.7%	1,124	57	34.6%		
some college	556	38	15.5%	631	42	19.4%		
college graduate	211	22	5.9%	379	36	11.7%		
Marital status							16.9	0.00
married	1,752	84	48.9%	1,747	84	53.7%		
widowed	251	22	7.0%	179	18	5.5%		
divorced or separated	737	43	20.6%	669	44	20.6%		
never married	805	57	22.5%	569	38	17.5%		
Social support							6.5	0.01
lives alone	836	52	23.4%	638	41	19.6%		
adult child(ren) live nearby	1,132	56	31.6%	814	46	25.0%	17.1	0.00
other family live nearby	1,108	60	30.9%	786	46	24.2%	19.1	0.00

SOURCE: 1994 and 1995 National Health Interview Surveys (National Center for Health Statistics,1998)

Table 4. Activity limitations of working-aged SSDI beneficiaries and applicants

Activity Limits	Receives SSDI			Applied for SSDI			X ²	p
	N(1000s)	SE	%	N(1000s)	SE	%		
TOTAL DI BENEFICIARIES AND CLAIMANTS	3,580		100%	3,253		100.0%		
Limits in activities of daily living (ADLs)								
walking	1,724	80	48.1%	1,091	59	33.5%	65.8	0.00
transferring	1,012	56	28.3%	639	42	19.6%	32.8	0.00
getting outside	965	57	27.0%	469	34	14.4%	69.2	0.00
bathing or showering	877	52	24.5%	493	36	15.1%	44.3	0.00
dressing	761	48	21.3%	481	34	14.8%	24.1	0.00
using toilet	556	42	15.5%	270	26	8.3%	36.3	0.00
eating	274	25	7.7%	115	15	3.6%	29.5	0.00
Limits in instrumental activities of daily living (IADLs)								
doing heavy housework	1,712	80	47.8%	1,160	64	35.7%	44.0	0.00
shopping for groceries	1,325	72	37.0%	731	44	22.5%	83.7	0.00
transportation	1,237	70	34.6%	602	39	18.5%	92.0	0.00
preparing meals	934	54	26.1%	504	34	15.5%	56.8	0.00
doing light housework	882	55	24.7%	507	33	15.6%	41.2	0.00
managing money	611	42	17.1%	217	20	6.7%	83.1	0.00
managing medication	484	40	13.5%	185	18	5.7%	47.8	0.00
using the telephone	304	28	8.5%	105	14	3.2%	36.6	0.00
Severity of activity limitation							161.1	0.00
not limited in any ADL or IADL	901	55	25.2%	1,577	83	48.5%		
limited in ADLs or IADLs	89	14	2.5%	84	12	2.6%		
needs assistance with IADLs only	1,742	83	48.7%	1,158	60	35.6%		
needs assistance with ADLs	848	52	23.7%	435	31	13.4%		

SOURCE: 1994 and 1995 National Health Interview Surveys (National Center for Health Statistics,1998)

Table 5. Functional limitations of working-aged SSDI beneficiaries and applicants

Functional Limits	Receives SSDI			Applied for SSDI			X ²	p
	N(1000s)	SE	%	N(1000s)	SE	%		
TOTAL DI BENEFICIARIES AND CLAIMANTS	3,580		100%	3,253		100.0%		
Type of limits								
standing or being on feet for about 2 hours	2,256	95	64.0%	1,514	72	47.4%	73.6	0.00
stooping, crouching, or kneeling	2,159	94	61.0%	1,538	76	47.8%	47.4	0.00
lifting or carrying 25 pounds	2,098	96	59.9%	1,480	71	46.3%	54.8	0.00
walking for a quarter of a mile	2,102	94	59.3%	1,349	65	41.9%	74.4	0.00
walking up 10 steps without resting	1,716	79	48.7%	1,065	57	33.2%	86.0	0.00
sitting for about 2 hours	1,218	65	34.3%	930	52	28.9%	10.9	0.00
reaching up over your head	1,157	61	32.6%	837	51	26.0%	16.7	0.00
lifting or carrying 10 pounds	1,215	64	58.8%	745	45	51.6%	10.6	0.00
using fingers to grasp or handle	908	51	25.5%	662	42	20.5%	13.1	0.00
reaching out as if to shake hands	310	27	8.7%	193	22	6.0%	9.0	0.00
Number of limits							86.4	0.00
none	758	51	21.2%	1,140	68	35.0%		
one	247	22	6.9%	277	26	8.5%		
two, three or four	752	46	21.0%	683	44	21.0%		
five, six, or seven	1,208	61	33.7%	736	42	22.6%		
eight, nine or ten	615	42	17.2%	417	32	12.8%		

SOURCE: 1994 and 1995 National Health Interview Surveys (National Center for Health Statistics,1998)

Table 6. Health status and health care utilization among SSDI beneficiaries and applicants

Health Status and Utilization	Receives SSDI			Applied for SSDI			χ ²	p
	N(1000s)	SE	%	N(1000s)	SE	%		
TOTAL DI BENEFICIARIES AND CLAIMANTS	3,580		100%	3,253		100.0%		
Self-assessed health status							106.2	0.00
excellent or very good	416	33	11.6%	804	47	24.7%		
good	819	51	22.9%	816	47	25.1%		
fair or poor	2,318	106	64.7%	1,618	79	49.7%		
Number of hospitalizations in past 12 months							5.3	0.07
none	2,776	124	77.6%	2,592	110	79.7%		
1	480	32	13.4%	435	32	13.4%		
more than 1	323	38	9.0%	226	32	6.9%		
Number of physician visits in past 12 months							41.1	0.00
none	281	28	8.0%	377	33	11.7%		
1	251	22	7.1%	357	31	11.1%		
2	288	29	8.2%	327	34	10.1%		
3-5	685	42	19.4%	560	33	17.4%		
6-10	584	38	16.5%	533	37	16.5%		
over 10	1,446	74	40.9%	1,073	59	33.3%		

SOURCE: 1994 and 1995 National Health Interview Surveys (National Center for Health Statistics,1998)

Table 7. Current work status of SSDI beneficiaries and applicants

Current Work Status	Receives SSDI			Applied for SSDI			X ²	p
	N(1000s)	SE	%	N(1000s)	SE	%		
TOTAL DI BENEFICIARIES AND CLAIMANTS	3,580		100%	3,253		100.0%	292.4	0.00
Work status								
not in the labor force	3,203	130	89.5%	1,777	81	54.6%		
employed	331	34	9.2%	1,324	77	40.7%		
unemployed (looking for work or on lay-off)	46	9	1.3%	152	19	4.7%		

SOURCE: 1994 and 1995 National Health Interview Surveys (National Center for Health Statistics,1998)

Table 8. Sector and intensity of work among employed SSDI beneficiaries and applicants

Type and Level of Work	Receives SSDI			Applied for SSDI			X ²	p
	N(1000s)	SE	%	N(1000s)	SE	%		
WORKING DI BENEFICIARIES AND CLAIMANTS	331	34	100.0%	1,324	77	100.0%		
Number of hours/week							43.7	0.00
1 to 10	34	8	10.4%	40	8	3.0%		
11 to 20	74	12	22.4%	114	18	8.6%		
21 to 30	64	17	19.4%	132	17	10.0%		
30 to 40	69	12	20.8%	605	45	45.7%		
over 40	34	10	10.2%	344	30	26.0%		
Work sector							4.7	0.10
private company or incorporated business	217	25	65.7%	1,044	66	78.8%		
federal, state, or local govt.	54	12	16.3%	141	19	10.6%		
self-employed	35	10	10.7%	110	15	8.3%		
Monthly income from job or business ^a							65.7	0.00
\$1-100	35	8	10.4%	20	6	1.5%		
\$101-500	104	17	31.3%	185	22	14.0%		
\$500-1000	69	12	20.9%	252	24	19.0%		
\$1000 or over	61	13	18.4%	753	52	56.9%		

SOURCE: 1994 and 1995 National Health Interview Surveys (National Center for Health Statistics,1998), † estimate RSE > 30%

^a figures based only on currently working respondents who report some level of income in the preceding month (zero income or business losses omitted)

Table 9. Level and type of personal income among SSDI beneficiaries and applicants

Personal Income	Receives SSDI			Applied for SSDI			X ²	p
	N(1000s)	SE	%	N(1000s)	SE	%		
TOTAL DI BENEFICIARIES AND CLAIMANTS	3,580		100.0%	3,253		100.0%		
Annual individual income ^a							368.9	0.00
lowest quartile	-		0.0%	806	47	24.8%		
third quartile	2,152	97	60.1%	1,262	66	38.8%		
second quartile	1,171	64	32.7%	691	44	21.2%		
top quartile	257	24	7.2%	495	41	15.2%		
Annual income received from SSA ^b							733.7	0.00
none	-		0.0%	3,060	129	94.1%		
under \$5,000	922	54	25.8%	77	11	2.4%		
\$ 5,000 - 6,999	1,033	58	28.9%	49	9	1.5%		
\$ 7,000 - 8,999	670	41	18.7%	39	8	1.2%		
\$ 9,000 - 10,999	479	32	13.4%	21	5	0.6%		
\$ 11,000 or more	476	36	13.3%	7	4 †	0.2%		
Other sources of transfer income								
SSI	676	48	18.9%	404	32	12.4%	24.1	0.00
other disability benefits	392	30	11.0%	263	26	8.1%	7.9	0.01
AFDC, TANF, or other welfare	72	11	2.0%	266	24	8.2%	67.1	0.00

SOURCE: 1994 and 1995 National Health Interview Surveys (National Center for Health Statistics,1998), † estimate RSE > 30%

^a quartiles calculated from monthly income figures for all NHIS respondents (nondisabled as well as disabled), including zero income responses

^b 5.9% of claimants report personal Social Security Income, presumably from survivor benefits or early retirement

Table 10. Level and type of individual and family income among SSDI beneficiaries and applicants

Family Income	Receives SSDI			Applied for SSDI			X ²	p
	N(1000s)	SE	%	N(1000s)	SE	%		
TOTAL DI BENEFICIARIES AND CLAIMANTS	3,580		100%	3,253		100.0%		
Annual family income ^a							9.4	0.05
lowest quartile	1,676	78	46.8%	1,538	75	47.3%		
third quartile	1,027	64	28.7%	792	47	24.3%		
second quartile	618	39	17.3%	533	40	16.4%		
top quartile	260	31	7.3%	390	39	12.0%		
Family income < poverty level	891	57	24.9%	936	54	28.8%	18.2	0.00
Proportion of family income received from SSA ^b							781.2	0.00
0%	-		0.0%	2,720	115	83.6%		
1-20%	763	51	21.3%	102	14	3.1%		
21-40%	1,031	55	28.8%	87	13	2.7%		
41-60%	608	45	17.0%	65	13	2.0%		
61-80%	330	28	9.2%	29	7	0.9%		
81-100%	847	48	23.6%	117	15	3.6%		
Transfer income to family								
SSI	796	52	22.2%	579	40	17.8%	9.4	0.00
other disability benefits	450	35	12.6%	314	28	9.7%	7.0	0.01
AFDC, TANF, or other welfare	229	21	6.4%	448	35	13.8%	47.5	0.00

SOURCE: 1994 and 1995 National Health Interview Surveys (National Center for Health Statistics,1998)

^a quartiles calculated from monthly income figures for all NHIS respondents (nondisabled as well as disabled), including zero income responses

^b 12.3% of claimants report Social Security Income, presumably from other retired or disabled family, survivor benefits and early retirement

Table 11. Health insurance coverage among SSDI beneficiaries and applicants

Insurance Coverage and Unmet Need	Receives SSDI			Applied for SSDI			χ ²	p
	N(1000s)	SE	%	N(1000s)	SE	%		
TOTAL DI BENEFICIARIES AND CLAIMANTS	3,580		100%	3,253		100.0%		
Coverage source							450.3	0.00
public insurance only	2,179	103	60.9%	995	55	30.6%		
private insurance only	264	25	7.4%	1,343	78	41.3%		
mix of private and public insurance	1,017	61	28.4%	223	22	6.9%		
none - uninsured	96	15	2.7%	641	40	19.7%		
Public insurance source								
Medicare	2,536	114	70.8%	121	15	3.7%	612.6	0.00
Medicaid	1,159	68	32.4%	637	42	19.6%	56.3	0.00
military	188	21	5.3%	128	18	3.9%	3.4	0.07
other public insurance	64	12	1.8%	114	16	3.5%	10.7	0.00
VA/CHAMPUS	77	12	2.2%	78	16	2.4%	0.2	0.68
Indian Health Services	23	8 †	0.7%	13	6 †	0.4%	1.7	0.19
Denied or restricted health insurance	172	20	4.8%	250	23	7.7%	11.3	0.00
because of pre-existing condition	100	16	2.8%	136	18	4.2%	0.2	0.70
Needed, but could not get:								
dental care	567	39	16.1%	795	53	24.8%	32.7	0.00
eyeglasses	367	29	10.5%	484	34	15.1%	15.7	0.00
prescriptions	385	28	10.9%	441	33	13.7%	6.3	0.01
medical care	210	20	6.0%	425	33	13.2%	45.2	0.00
mental health care	71	12	2.0%	124	19	3.9%	7.8	0.01

SOURCE: 1994 and 1995 National Health Interview Surveys (National Center for Health Statistics,1998), † estimate RSE > 30%

Table 12. Vocational services needed and received by SSDI beneficiaries and applicants

Vocational Service(s)	Receives SSDI			Applied for SSDI			X ²	p
	N(1000s)	SE	%	N(1000s)	SE	%		
TOTAL DI BENEFICIARIES AND CLAIMANTS	3,580		100%	3,253		100.0%		
Need for vocational services							3.8	0.29
no need (has not received and does not need services)	2,494	113	69.7%	2,253	104	69.3%		
unmet need (has not received and does need services)	529	42	14.8%	456	34	14.0%		
met need (has received services and does not need more)	171	19	4.8%	156	17	4.8%		
undermet need (has received services and does need more)	195	22	5.5%	233	23	7.1%		
Type of services received								
on-the-job training	310	30	8.7%	297	27	9.1%	0.2	0.63
vocational or business school training	292	29	8.2%	284	28	8.7%	0.3	0.56
training in job-seeking skills	261	28	7.3%	286	27	8.8%	2.3	0.13
job placement	260	28	7.3%	229	22	7.0%	0.1	0.79
college or university training	213	24	5.9%	212	22	6.5%	0.5	0.50
personal adjustment training	196	27	5.5%	93	14	2.9%	11.0	0.00
sheltered workshop	178	23	5.0%	42	9	1.3%	31.7	0.00
any other rehab services	104	15	2.9%	62	12	1.9%	3.5	0.06
supported employment	88	19	2.5%	44	8	1.4%	3.5	0.06
driver training	77	15	2.1%	44	13	1.3%	1.6	0.21
Number of services received							9.8	0.02
none	2,833	123	79.1%	2,607	114	80.2%		
one	332	30	9.3%	235	23	7.2%		
two	138	17	3.9%	179	19	5.5%		
three or more	277	29	7.7%	232	23	7.1%		

SOURCE: 1994 and 1995 National Health Interview Surveys (National Center for Health Statistics,1998)

Table 13. Discrimination experienced by SSDI beneficiaries or applicants who have worked or are working now

Discrimination Experience	Receives SSDI			Applied for SSDI			χ ²	p
	N(1000s)	SE	%	N(1000s)	SE	%		
TOTAL DI BENEFICIARIES AND CLAIMANTS WHO HAVE WORKED	437		100%	1,544		100.0%		
Have you been fired, laid off, or told to resign from a job because of ongoing health problems, impairment, or disability in past five years?	76	12	17.3%	222	25	14.4%	1.1	0.30
Because of ongoing health problems, impairment, or disability, in past five years have you been:								
refused employment	70	12	16.0%	171	19	11.0%	4.5	0.03
refused a promotion	35	9	8.1%	74	14	4.8%	2.5	0.12
refused access to training programs	25	7	5.7%	58	11	3.7%	1.3	0.26
refused a transfer	30	8	6.9%	46	9	3.0%	4.8	0.03
Any self-reported discrimination	116	15	26.6%	328	30	21.2%	54.3	0.00

SOURCE: 1994 and 1995 National Health Interview Surveys (National Center for Health Statistics,1998)

Table 14. Accessibility features and accommodations needed by nonworking SSDI beneficiaries and applicants

Accessibility Features and Accommodations Needed	Receives SSDI			Applied for SSDI			X ²	p
	N(1000s)	SE	%	N(1000s)	SE	%		
WORK CAPABLE DI BENEFICIARIES AND CLAIMANTS ^a	222		100%	301		100.0%		
In order to work, would you need any of these special features at your worksite?								
accessible parking or transportation stop close to the building	79	13	35.6%	100	14	33.2%	0.1	0.70
an elevator	74	13	33.1%	84	13	28.0%	0.7	0.40
a work station specially adapted for your use	56	11	25.0%	82	15	27.1%	0.2	0.70
handrails or ramps	57	11	25.7%	45	9	15.0%	4.0	0.05
an automatic door	25	7	11.2%	21	5	7.0%	1.4	0.23
a restroom designed for persons with special needs	25	7	11.1%	15	5 †	4.8%	3.6	0.06
an elevator designed for persons with special needs	25	7	11.0%	10	4 †	3.3%	5.5	0.02
other special equipment, assistance, or work arrangements	59	10	26.3%	103	15	34.3%	20.0	0.00
In order to work, would you need any special equipment, assistance or work arrangements?								
reduced or part-time work hours	43	9	19.4%	65	12	21.7%	0.2	0.62
reduced work hours to allow for more breaks	35	8	15.8%	72	13	23.8%	2.6	0.11
job redesign	37	9	16.8%	48	10	15.9%	0.0	0.85
a job coach to help train and supervise your work	40	9	18.1%	26	8	8.7%	4.4	0.04
a personal assistant to help with job related activities	29	8	13.1%	18	6 †	5.8%	3.7	0.06
special pens or pencils, chairs or other office supplies	15	7 †	6.8%	29	8	9.7%	0.6	0.45
braille, enlarged print, special lighting, or audio tape	15	7 †	6.9%	8	4 †	2.8%	1.4	0.23
a reader, oral or sign language interpreter to assist you	14	6 †	6.3%	8	4 †	2.6%	2.0	0.16
a voice synthesizer or technical device(s)	10	4 †	4.6%	3	2 †	0.9%	3.5	0.06
some other equipment, help, or work arrangements	35	10	15.7%	50	11	16.5%	0.0	0.88
Number of features or accommodations needed							6.3	0.10
none	96	14	43.1%	125	16	41.6%		
one	16	7	7.0%	48	11	15.9%		
two	18	7	8.1%	26	7	8.5%		
three or more	93	15	41.8%	102	15	33.9%		

SOURCE: 1994 and 1995 National Health Interview Surveys (National Center for Health Statistics,1998), † estimate RSE > 30%

^a Questions only asked for a subset of respondents who are not currently working, but could at least hypothetically enter or re-enter the labor force, i.e., respondents who: 1) never worked, and say that a health condition or impairment limited the type or amount of work they could do; 2) are not working now but are looking for work, and say that a health condition or impairment limited the type or amount of work they could do; 3) are not working now, and say that a health condition or impairment precludes work; or 4) are not working now, and say that a health condition or impairment limited the type or amount of work they could do.

Table 15. Perceived barriers to seeking employment among nonworking SSDI beneficiaries and applicants

Did you not look for work because you were concerned that:	Receives SSDI			Applied for SSDI			X ²	p
	N(1000s)	SE	%	N(1000s)	SE	%		
WORK CAPABLE DI BENEFICIARIES AND CLAIMANTS ^a	222		100%	301		100.0%		
Loss of benefits								
you would lose your health insurance or Medicaid coverage?	43	10	19.4%	49	10	16.3%	0.4	0.52
you would lose your disability income?	48	10	21.8%	30	7	10.1%	6.0	0.01
you would lose your housing?	21	7 †	9.6%	20	6 †	6.8%	0.5	0.47
Family concerns								
family responsibilities prevented you from working?	20	7 †	9.1%	47	9	15.5%	2.6	0.11
your family or friends would discourage you from working?	16	6 †	7.3%	29	8	9.5%	0.3	0.57
Transportation concerns								
you lacked transportation?	58	11	26.0%	56	10	18.6%	1.9	0.17
Discrimination concerns								
you would be refused access to training?	30	9	13.4%	24	7	7.8%	1.8	0.18
you would be refused a promotion or transfer?	23	7 †	10.2%	28	8	9.4%	0.0	0.85
Job and job information availability								
there were no appropriate jobs available?	112	15	50.6%	124	17	41.2%	2.4	0.12
appropriate information about jobs was not available?	65	14	29.3%	48	10	16.0%	4.7	0.03
Training concerns								
your training was not adequate?	40	10	18.1%	43	10	14.4%	0.6	0.46
Number of concerns identified							4.4	0.22
none	63	10	28.3%	101	16	33.6%		
one	41	11	18.3%	70	12	23.3%		
two	34	8	15.3%	54	11	18.0%		
three or more	85	14	38.1%	76	13	25.1%		

SOURCE: 1994 and 1995 National Health Interview Surveys (National Center for Health Statistics,1998), † estimate RSE > 30%

^a Questions only asked for a subset of respondents are not currently working, but could at least hypothetically enter or re-enter the labor force, i.e., respondents who: 1) never worked, and say that a health condition or impairment limited the type or amount of work they could do; 2) are not working now but are looking for work, and say that a health condition or impairment limited the type or amount of work they could do; 3) are not working now, and say that a health condition or impairment precludes work; or 4) are not working now, and say that a health condition or impairment limited the type or amount of work they could do.