Welcome

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Disability and Well-Being
Barriers to Improving Quality of Life
for People with Disabilities

Presenters: Priyanka Anand, Jody Schimmel Hyde, and Gina Livermore, Mathematica Policy Research

Discussant: John Tschida, National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education

Washington, DC
December 4, 2014
Welcome

Moderator

David Stapleton

Mathematica Policy Research
About CSDP

The Center for Studying Disability Policy (CSDP) was established by Mathematica in 2007 to provide the nation’s leaders with the data they need to shape disability policy and programs that fully meet the needs of all Americans with disabilities.
2015 Summer Experiential Learning Fellowships

- Eight-week fellowship, on-site at Mathematica in Washington, DC, enabling graduate students to learn about policy related to the employment of people with disabilities
- Funded by the Social Security Administration (SSA) through the Disability Research Consortium
- Applications due by Friday, February 13, 2015
- For more information, visit [http://www.disabilitypolicyresearch.org/disability-research-consortium/fellowships](http://www.disabilitypolicyresearch.org/disability-research-consortium/fellowships)
Today’s Speakers

Priyanka Anand
Mathematica

Jody Schimmel Hyde
Mathematica

Gina Livermore
Mathematica

John Tschida
NIDRR,
U.S. Department of Education
How Do Working-Age People with Disabilities Spend Their Time?
New Evidence from the American Time Use Survey

Priyanka Anand and Yonatan Ben-Shalom

Presented at the CSDP Forum on Disability and Well-Being: Barriers to Improving Quality of Life for People with Disabilities
Washington, DC
December 4, 2014
People with disabilities may need extra time to take care of their health and other routine activities.

This may “steal” time from other vital activities, such as paid work.

The literature on how people with disabilities use their time is limited.

- Lomax et al. (2004)
- Winkler et al. (2005)
- Pagan (2013)
- Jonas et al. (2011)
- Meyer and Mok (2013)
Objectives

● Examine the association between disability and time use
● Use a combination of two disability definitions
  – American Community Survey (ACS) six-question sequence on disability
  – Work limitation question
● Observe time use separately for men and women
● Control for other observable characteristics
Data


- ATUS asks how people spent their time from 4 a.m. the previous day to 4 a.m. on the interview day

- CPS-ASEC (March CPS) includes both the work limitation question and the ACS disability sequence

- We limited the sample to working-age people (ages 25–61)
Disability Definitions

● Disability is defined as either a work limitation or an affirmative response to one or more of the ACS disability questions

● Disability subgroups include:
  – Disability according to both measures
  – ACS disability only
  – Work limitation only
## Time Use Categories

- ATUS has 400+ activity codes, which we collapsed into 15 categories

<table>
<thead>
<tr>
<th>Activity Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleeping</td>
<td>Child care</td>
</tr>
<tr>
<td>Eating and drinking</td>
<td>Adult care</td>
</tr>
<tr>
<td>Personal care</td>
<td>Volunteer activities</td>
</tr>
<tr>
<td>Health-related activities</td>
<td>Education</td>
</tr>
<tr>
<td>Sports/exercise/recreation</td>
<td>Job search</td>
</tr>
<tr>
<td>Paid work</td>
<td>Leisure activities</td>
</tr>
<tr>
<td>Housework</td>
<td>Other activities</td>
</tr>
<tr>
<td>Purchasing goods/services</td>
<td></td>
</tr>
</tbody>
</table>
Analytic Methods

- **Descriptive statistics by disability status**
  - Percentage reporting each activity
  - Conditional mean number of minutes spent on each activity
  - Unconditional means

- **Regression analysis**
  - For each time use category, estimate the relationship between having a disability and the number of minutes spent on that activity
  - Control for age, age squared, race/ethnicity, education, number in household, marital status, number of children, weekend indicator, region, year, and month
Disability Prevalence in Matched ATUS and CPS-ASEC Data

Year | Percent
--- | ---
2009 | Work limitation only: 2.8, ACS disability only: 3.2, Both ACS disability and work limitation: 5.0
2010 | Work limitation only: 2.9, ACS disability only: 2.3, Both ACS disability and work limitation: 4.5
2011 | Work limitation only: 2.2, ACS disability only: 2.5, Both ACS disability and work limitation: 5.1
2012 | Work limitation only: 3.1, ACS disability only: 2.5, Both ACS disability and work limitation: 4.8
Results: Unadjusted Statistics on Time Use

Note: All differences are statistically significant, p < 0.05.
## Descriptive Statistics by Disability Status

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disability</td>
<td>No disability</td>
</tr>
<tr>
<td>Sample size</td>
<td>481</td>
<td>4,164</td>
</tr>
<tr>
<td>Age</td>
<td>47.8</td>
<td>42.3</td>
</tr>
<tr>
<td>Black (%)</td>
<td>16.0</td>
<td>9.7</td>
</tr>
<tr>
<td>College deg. (%)</td>
<td>14.3</td>
<td>34.8</td>
</tr>
<tr>
<td>Number of children ages 0–2</td>
<td>0.03</td>
<td>0.14</td>
</tr>
<tr>
<td>Married (%)</td>
<td>54.5</td>
<td>70.2</td>
</tr>
</tbody>
</table>

* Difference is statistically significant, p < 0.05.
# Regression Results (Males)

<table>
<thead>
<tr>
<th></th>
<th>Sleep</th>
<th>Leisure activities</th>
<th>Paid work</th>
<th>Personal care</th>
<th>Health-related</th>
<th>Child care</th>
</tr>
</thead>
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<tr>
<td>Both disability types</td>
<td>48.4**</td>
<td>141.6**</td>
<td>-321.1**</td>
<td>-2.9</td>
<td>5.5*</td>
<td>2.3</td>
</tr>
<tr>
<td>Work limitation only</td>
<td>44.5**</td>
<td>119.5**</td>
<td>-222.2**</td>
<td>-4.5</td>
<td>4.8*</td>
<td>-1.8</td>
</tr>
<tr>
<td>ACS disability only</td>
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<td>-1.2</td>
<td>4.7**</td>
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Time use is measured in minutes per day.

* Difference from no disabilities is significant, p < 0.05.

** Difference from no disabilities is significant, p < 0.01.
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<td>-47.6</td>
<td>-1.2</td>
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<td>9.2</td>
</tr>
</tbody>
</table>

Time use is measured in minutes per day.

* Difference from no disabilities is significant, p < 0.05
** Difference from no disabilities is significant, p < 0.01
Regression Results (Females)

<table>
<thead>
<tr>
<th></th>
<th>Sleep</th>
<th>Leisure activities</th>
<th>Paid work</th>
<th>Personal care</th>
<th>Health-related</th>
<th>Child care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both disability types</td>
<td>59.7**</td>
<td>82.7**</td>
<td>-289.1**</td>
<td>-7.8**</td>
<td>6.9**</td>
<td>19.3*</td>
</tr>
<tr>
<td>Work limitation only</td>
<td>46.5**</td>
<td>66.0**</td>
<td>-133.3**</td>
<td>-8.6**</td>
<td>2.6</td>
<td>6.9</td>
</tr>
<tr>
<td>ACS disability only</td>
<td>22.4*</td>
<td>38.3**</td>
<td>-69.7**</td>
<td>0.9</td>
<td>2.9**</td>
<td>13.6</td>
</tr>
</tbody>
</table>

Time use is measured in minutes per day.
* Difference from no disabilities is significant, p < 0.05.
** Difference from no disabilities is significant, p < 0.01.
Conclusions

- People with disabilities spend an average of 40–50 more minutes per week on health-related activities than those without disabilities.
- There are few differences in time spent on routine activities.
- People with disabilities spend less time on paid work than those without disabilities.
- Most of the difference in work hours is offset by more time spent on leisure activities and sleeping.
- There are important differences in time use by disability subgroup.
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Gaps in Timely Access to Care Among Workers by Disability Status: Will the ACA Change the Landscape?

Jody Schimmel Hyde and Gina Livermore

Presented at the CSDP Forum on Disability and Well-Being: Barriers to Improving Quality of Life for People with Disabilities
Washington, DC

December 4, 2014
Background

- It is well-documented that people with disabilities face more difficulties accessing health care than people without disabilities.

- There is limited information on how employed people with disabilities fare:
  - May be healthier than their non-working peers.
  - May have different health insurance options.
  - But also may have difficulty managing health while working.
Study Purpose and Design

- We assessed disparities in access to care for employed people with disabilities relative to their nondisabled counterparts.
- We used data from the National Health Interview Survey (NHIS), pooled data from 2006–2010.
  - Intended to be a pre-ACA benchmark.
Employment and Disability Status in the Study Sample

- Employment: People ages 18–64 who reported working for pay in the past 1–2 weeks
- Disability: Self-report of a health condition that limits work (3.5% of overall sample)
- Far fewer people with a disability were employed: 24% compared with 77% of those without disabilities
Measures of Timely Access to Care

- **Cost-related access difficulties**
  - Delayed care due to cost in past calendar year
  - Needed medical care in the past year but could not afford it

- **Composite measure of any one of five structural access difficulties**
  - Lack of transportation
  - Could not get appointment soon enough
  - Office hours were not convenient
  - Could not get through by phone
  - Wait at doctor’s office too long
## Workers with Disabilities More Likely to Have Difficulty Obtaining Care

<table>
<thead>
<tr>
<th></th>
<th>Employed, has disability</th>
<th>Employed, no disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delayed medical care due to cost in the past year</td>
<td>32.0</td>
<td>10.3</td>
</tr>
<tr>
<td>Needed but could not afford medical care in the past year</td>
<td>25.2</td>
<td>7.3</td>
</tr>
<tr>
<td>Encountered at least one structural access difficulty in the past year</td>
<td>20.6</td>
<td>9.8</td>
</tr>
</tbody>
</table>

Source: Authors’ calculations using weighted estimates of sample adults from the pooled 2006–2010 Integrated Health Interview Survey (IHIS), developed by the University of Minnesota.

Note: All differences are statistically significant at the 1% level.
Demographics Might Explain Some Access Differences

- Relative to their nondisabled peers, on average, workers with disabilities:
  - Are older
  - Have less education
  - Are less likely to be married and nearly twice as likely to live alone
  - Are twice as likely to be in poverty
Job Characteristics Might Indicate Differences in Insurance Quality

- Relative to their nondisabled peers, on average, workers with disabilities are:
  - Less likely to work full time
  - Slightly more likely to be paid hourly
  - Less likely to have paid sick days
  - More likely to work in blue collar jobs but less likely to be in management or professional roles
  - Slightly more prevalent in firms with one to 24 employees and less prevalent in firms with 50 or more employees
Source of Insurance Varies, but Uninsured Rates Are Not Dramatically Different

<table>
<thead>
<tr>
<th>Source of insurance</th>
<th>Employed, has disability</th>
<th>Employed, no disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>55.9</td>
<td>70.6</td>
</tr>
<tr>
<td>Medicaid</td>
<td>10.5</td>
<td>2.8</td>
</tr>
<tr>
<td>Other public coverage</td>
<td>12.6</td>
<td>3.8</td>
</tr>
<tr>
<td>Uninsured</td>
<td>20.1</td>
<td>17.5</td>
</tr>
</tbody>
</table>

Source: Authors’ calculations using weighted estimates of sample adults from the pooled 2006–2010 IHIS. Note: All differences are statistically significant at the 1% level.
Regression-Adjusted Differences

- To account for large differences in observable characteristics by disability status:
  - We used logistic regression to generate the predicted probabilities of experiencing access difficulties
  - We present adjusted means evaluated at the overall sample average for characteristics other than disability
- Models control for demographics, income, insurance status, and job characteristics
Large Gaps in Access Difficulties, Even After Controlling for Observables

Source: Authors’ calculations using weighted estimates of sample adults from the pooled 2006–2010 IHIS.
Note: All differences are statistically significant at the 1% level.
## Workers with Disabilities Have Significantly Worse Health Status

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Employed, has disability</th>
<th>Employed, no disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports excellent health</td>
<td>27.2</td>
<td>71.6</td>
</tr>
<tr>
<td>Reports good/fair health</td>
<td>66.0</td>
<td>28.0</td>
</tr>
<tr>
<td>5+ days in bed in past year</td>
<td>27.3</td>
<td>5.0</td>
</tr>
</tbody>
</table>

Source: Authors’ calculations using weighted estimates of sample adults from the pooled 2006–2010 IHIS.
Note: All differences are statistically significant at the 1% level.

- Models did not control for health status because it is highly correlated with measure of disability
- Illustrative to consider how much of remaining gap can be explained if models control for health status
How Much of the Remaining Gap Can Be Explained by Differences in Health Status?

Source: Authors’ calculations using weighted estimates of sample adults from the pooled 2006–2010 IHIS. Note: All differences are statistically significant at the 1% level.
Even after controlling for a range of characteristics, workers with disabilities are significantly more likely than those without disabilities to have difficulty obtaining care for cost-based and structural reasons.

The ACA reforms likely will not address structural access barriers, nor will they address the challenge of managing work and health simultaneously.

- But they might meaningfully reduce cost-based access difficulties among workers with disabilities.
How Might the ACA Reforms Help Reduce Access Difficulties?

- Certain provisions will benefit all workers
  - Dependent coverage through age 26
  - Employer mandate
  - Removal of pre-existing condition limits
- Other provisions will substantially change the overall insurance rates and mix of coverage sources
  - Medicaid expansions
  - Availability of exchange-based coverage
  - Income-based subsidies
Acknowledgments

- The paper on which these slides are based appears online in the *Journal of Disability Policy Studies*; Alex Bryce provided excellent programming assistance, and Bonnie O’Day and the journal staff offered thoughtful comments on the manuscript.

- Funding for this study was provided by the U.S. Department of Education’s (ED’s) NIDRR, under cooperative agreement H133B100030 with the University of New Hampshire through the Employment Policy and Measurement Research and Training Center.

- The contents of the presentation do not represent the policy of ED or any other federal agency (Edgar, 75.620 [b]); the authors are solely responsible for any errors.
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Poverty Among SSDI-Only Beneficiaries

Gina Livermore and Maura Bardos

Presented at the CSDP Forum on Disability and Well-Being: Barriers to Improving Quality of Life for People with Disabilities
Washington, DC
December 4, 2014
Acknowledgment

- The research presented here was performed pursuant to a grant from SSA, funded as part of the Disability Research Consortium.

- The opinions and conclusions expressed are solely those of the authors and do not represent the opinions or policy of SSA or any other federal agency.
Study Motivation

● To better understand the characteristics of poor individuals receiving only Social Security Disability Insurance ("SSDI-only")
  - A large share (28 percent) of SSDI-only beneficiaries live in poor households
    - SSDI benefits and other income/assets are too high to qualify for Supplemental Security Income (SSI) but are low enough to be considered poor by federal standards
    - Why are they poor despite the support of SSDI?
Potential Target Group for Employment Supports

- Individuals have a work history
- SSDI benefits are relatively low, so opportunity cost of working may be low
- Earnings might improve their economic well-being
Data and Methods

● National Beneficiary Survey (NBS) public use files
  – N = 6,045 SSDI-only beneficiaries

● Three SSDI-only beneficiary subgroups based on household income relative to the federal poverty level (FPL)
  – Household income < 100% FPL: 28 percent (poor)
  – Household income 100–300% FPL: 53 percent
  – Household income 300%+ FPL: 19 percent (higher income)

● Descriptive statistics on personal characteristics, health, service use, employment, and income
Predictors of Poverty, Other Characteristics Held Constant

● More likely to be poor:
  – Young
  – Unmarried
  – Nonwhite
  – Low levels of education
  – Children under age 18
  – On the disability rolls (SSI or SSDI) 10+ years

● Less likely to be poor:
  – None of the traits shown to the left
  – Sensory condition
  – Working at interview
## Poverty Likelihood for Selected Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Estimated likelihood of poverty, other characteristics held constant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school education</td>
<td>36%</td>
</tr>
<tr>
<td>Education beyond high school</td>
<td>18%</td>
</tr>
<tr>
<td>Unmarried</td>
<td>37%</td>
</tr>
<tr>
<td>Married</td>
<td>14%</td>
</tr>
<tr>
<td>Has children under age 18</td>
<td>34%</td>
</tr>
<tr>
<td>No children under age 18</td>
<td>22%</td>
</tr>
<tr>
<td>Not employed</td>
<td>25%</td>
</tr>
<tr>
<td>Employed</td>
<td>18%</td>
</tr>
</tbody>
</table>

Work Goals and Employment Service Use

* Significantly different from higher-income beneficiaries at the 0.05 level.
Reasons for Not Working

- A larger share of nonworking poor beneficiaries reported a variety of employment barriers relative to higher-income beneficiaries
  - Inaccessible workplaces (28% v. 19%)
  - Inability to find a job for which he or she is qualified (23% v. 16%)
  - Lacks reliable transportation to/from work (18% v. 8%)
Employment

* Significantly different from higher-income beneficiaries at the 0.05 level.
Public Assistance and Other Benefits

Note: Differences between poor and higher income beneficiaries are significant at the 0.05 level for all statistics shown.
Summary and Implications (1)

- Poor SSDI-only beneficiaries have many of the same traits associated with poverty in the general population
  - Young, unmarried, have children, low levels of education
  - Added challenge of a significant limiting health condition

- SSDI is vital but insufficient to keep many out of poverty
  - Originally structured as an early retirement program
  - Early disability onset reduces lifetime earnings and SSDI benefits, which are based on lifetime earnings
  - To reduce poverty, SSDI benefits at lower wage levels would need to increase substantially
    - Not politically viable if also addressing the Trust Fund deficit
    - SSDI wage replacement rates at lower levels are already high
Summary and Implications (2)

- Employment may help some beneficiaries improve their economic well-being
  - Most have a work history
  - Many have a strong interest in employment
  - Because many are young, investments to improve their work prospects might substantially offset long-term receipt of public assistance

- Significant barriers would need to be addressed
  - Education and training
  - Child care
  - Transportation
  - Workplace accommodations
  - Disincentives associated with SSDI cash cliff
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NIDRR, U.S. Department of Education
Audience Q&A

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Mathematica Policy Research


disabilityforums@mathematica-mpr.com
See You in February!

Join us on February 26, 2015, for the next CSDP Disability Policy Forum

Learn about the impact of the Benefit Offset National Demonstration (BOND), a new initiative to encourage employment among SSDI beneficiaries through the use of benefit offsets, which gradually reduce benefits when beneficiaries earn over a specific amount.