Incentive to Remain Ill? How Disability Benefits Affect Health Status

Kim Brew, DNP, FNP-BC, and Robyn Panther Gleason, PhD, FNP-BC

ABSTRACT

Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) were created to provide a temporary safety net for people who become disabled to protect them from impoverishment. Currently, many people receive SSDI or SSI until they reach retirement age. This literature review explored the impact these programs have on people reaching their optimal level of health. Results show the number of people voluntarily returning to work is 0.2%, demonstrating that most people receiving disability benefits stay with the programs instead of returning to the workplace.

Keywords: access to health care, barriers to employment, disability, SSDI, SSI, vocational rehabilitation

Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) were created to provide a temporary safety net for people who become disabled to protect them from impoverishment. However, many people who receive SSDI or SSI under those circumstances remain in the programs until they reach retirement age. Mr J, a 67-year-old man with chronic pain from 2 lumbar fusions, is an example.

Mr J was 50 years old at the time of his injury. He had sustained 2 ruptured lumbar discs and a vertebral fracture from an accident and had planned to return to work after his initial surgery. However, a second surgery was necessary because of postoperative complications. His employer could not keep his job open indefinitely, so Mr J lost his job and his medical insurance benefits and applied for SSDI.

The eligibility process for SSDI lasted 5 years. Mr J was 55 when he became eligible and began receiving SSDI benefits, including Medicare. His chronic pain prevented him from returning to his previous job and limited his ability to perform other full-time jobs. Part-time work would not have included medical benefits and would have paid less than his monthly disability check. His fear of losing the SSDI benefits outweighed the desire to feel productive by working and affected his willingness to explore treatment that might have enabled him to return to work. He stated that he felt trapped and worthless.

Mr J's story illustrates a common scenario seen in primary care practice. Patient reports such as his prompted an extensive literature review to explore the effects of becoming part of the disability benefit process on health status and treatment adherence.

METHODS

A literature review was conducted using MD Consult, CINAHL, Cochrane Library, PubMed, and US government Web sites, using key search words of *disability*, *SSDI*, *SSI*, *vocational rehabilitation*, *barriers to employment*, and *access to healthcare*. Articles discussing eligibility for SSI and SSDI, recipient demographics, diagnoses, and impact on attitudes of recipients and providers were included. Articles written by self-serving or biased entities, such as law firms promoting assistance in gaining eligibility, were not included.

The literature search retrieved 45 journal articles, white papers, books, briefs, and federal government documents. Of those, 27 journal articles were not used because of repetitive publication or a too-narrow focus on small demographic segments of the total disability population.

DESCRIPTION OF SSDI AND SSI PROGRAMS

Currently, SSDI and SSI are the largest federal programs related to disability.[1] The SSDI program provides monthly payments for workers to replace earnings lost by a work-limiting disability. In addition to receiving a monthly payment, SSDI beneficiaries are eligible to receive Medicare health benefits after a 24-month waiting period.[2]

The SSI income program was designed to provide financial assistance to blind and disabled adults and children with limited income and resources. SSI benefits are also payable to nondisabled adults over 65 years old with limited income and resources. SSI beneficiaries may also be immediately eligible for Medicaid benefits, depending on the state.[2]

Recipient Demographics

In 2011, 6.6 million low-income adults received SSI and 8.6 million people received SSDI (Table 1).[3] Many of the people in this group are seriously ill; approximately 1/5 men and 1/7 women die within the first 5 years of receiving benefits.[3]

The median income of a family with at least 1 disabled member was approximately $39,000 per year. The median family income with no disabled family members was approximately $54,515. The average employment rate of working age people with disabilities was 38.5%, compared with 83.7% among people with no disabilities.[4] People with disabilities have less potential upward job mobility than those without disabilities. They are 28% less likely to achieve management-level positions or college degrees than nondisabled people.[4]

Livermore (2009)[5] discussed the work characteristics of SSI and SSDI beneficiaries 18-64 years old based on a nationally representative survey. Only 9% of the people surveyed reported being employed or attempting to be employed. The SSI recipients showed a greater interest in finding a job, compared to the SSDI recipients. Livermore found that in the younger population of SSI recipients, benefits decrease in relation to the amount they earn, whereas the SSDI recipients may lose all of their benefits immediately if they are perceived as able to work. Only 22% of the people reported making more than $8 per hour or greater than $810 per month during working years.

A prospective cohort study by Proctor et al[6] examined the characteristics of SSI and SSDI recipients related to their completion of a functional restoration program to return people to work. The participants had similar disabilities preventing them from working and represented the general population of disability recipients with musculoskeletal issues. Those who did not complete the program tended to be less educated, less likely to be white, and more likely to be Hispanic, with an overall higher rate of comorbid health conditions compared to the completer group.

Table 1. Characteristics of Disability Populations

2011	SSI	SSDI
Age of disability population	< 65, 71.2% > 65, 28.8%	> 65, 70%
Gender	More women	More men
Income	Poverty or near poverty level	Poverty or near poverty level

Common Medical Diagnoses

Approximately 12.4 million people between ages 18-64 receive SSI and SSDI benefits (Table 2). Drug addiction and alcoholism (DAA) is not included in the list of disabilities. Although the Social Security Administration (SSA) acknowledges that DAA is classified as a disorder, the agency does not recognize it as a disability. If DAA is determined to be a contributing factor to the claimant's disability, the claimant is ineligible to receive disability benefits;[7] this regulation has been in effect since 1996.[8]

Controversy continues regarding whether or not DAA should be considered a disability. A study by

Table 2. Common Diagnoses of Disability Population Ages 18-64

Mental Impairment	41%[a]
Musculoskeletal conditions	29%[b]
Cardiovascular, neurological, sensory conditions	9%
Injuries, cancers, infectious diseases, diabetes, respiratory diseases and other conditions	21%

[a]12% of mental impairments are developmental or intellectual impairments.
[b]More older than 50.