Quantifying the Health Insurance Needs of Employed and Potentially Employed Persons with Disabilities

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50,000foot view

Nice descriptive picture of employment-related health care needs of people with disabilities

- What services are used?
- What percentage of use is employment-related?
- What services are needed but not received?
- What percentage of unmet need is employment-related?

Massachusetts an interesting test case due to near-universal coverage

As always, tempting but challenging to assign causal or policy interpretation to these descriptive patterns.
Policy Relevance

• Low employment rate among persons with disabilities
• ACA will increase number of insured; however, coverage may not fully meet employment-related needs or influence employment rates
Policy Relevance

- BRFSS provides a valuable platform to reach *at least some* of the population with disabilities.
  - Random digit dial of landlines and cell phones.
  - Much lower response rate than ACS.
  - ACS >90% RR. ENS had 58% RR among BRFSS respondents. BRFSS RR itself only 37.6%.
  - Sample weights and statistical adjustment help but not completely in overcoming this problem.

- Disability prevalence much higher in ENS than in BRFSS—about double for identical questions.
BRFSS and ACS Disability Proportions

Proportion with Disability

Age Group

18 to 24, 25 to 29, 30 to 34, 35 to 39, 40 to 44, 45 to 49, 50 to 54, 55 to 59, 60 to 64, 65 to 69, 70 to 74, 75 to 79, 80 or older

ACS  BRFSS
Employment Status

• Employed (31 %)
  • The key challenge for this group is to keep people successfully engaged in the workforce when they wish to do so.

• Fuzzy category of potential workers (24 %)
  • The key challenge for this group is to help people return to/remain engaged in the workforce when they wish to do so.
  • Obvious social acceptability bias concerns, particularly since this group is so much younger than those who describe themselves as non-workers.

• Non-workers (45 %)
  • The key challenge for this group may or may not be work-related, but supports for individual function of clear importance.
  • Some might be working if they had access to services and supports.
  • Many early retirees, perhaps squeezed out of the workforce (52% age 55-64, 78% older than 45).
  • 68% on DI/SSI
## Characteristics of Workers and Potential Workers

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Workers (%)</th>
<th>Potential-Workers (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty concentrating, remembering, making</td>
<td>44</td>
<td>68</td>
</tr>
<tr>
<td>decisions*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty doing errands alone*</td>
<td>24</td>
<td>45</td>
</tr>
<tr>
<td>Physical health not good prior 30 days</td>
<td>18</td>
<td>31</td>
</tr>
<tr>
<td>Mental health not good prior 30 days</td>
<td>14</td>
<td>23</td>
</tr>
<tr>
<td>Rheumatic diseases</td>
<td>46</td>
<td>35</td>
</tr>
<tr>
<td>Depression*</td>
<td>54</td>
<td>72</td>
</tr>
<tr>
<td>DI beneficiary*</td>
<td>8</td>
<td>23</td>
</tr>
<tr>
<td>SSI beneficiary*</td>
<td>3</td>
<td>16</td>
</tr>
</tbody>
</table>

Source: 2014 Employment Needs Survey  
*Different at the 0.5 level
Employment-Related Service Use
(Very important to maintaining employment or starting to work)

Source: 2014 Employment Needs Survey
**Different at the 0.5 level
Other associations

• Age really dominates in regressions
• MA worst socialist paradise ever.
  • 45% of sample reported cost-related problems obtaining medications or medical services.
  • 54% experienced spending or work changes associated with disability.
Disability agencies

• Rather low proportion (13%) in contact with disability organizations, with only 3.2% identifying unmet need. Even among potential workers, low takeup.

Table 13: Percentage with Services from Disability Agencies and Unmet Need for Any Disability Service

<table>
<thead>
<tr>
<th>Service Use</th>
<th>All</th>
<th>Workers</th>
<th>Potential-workers</th>
<th>Non-Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance finding job</td>
<td>7.1  (1.6)</td>
<td>8.5 (2.5)</td>
<td>6.8 (3.0)</td>
<td>6.4 (2.8)</td>
</tr>
<tr>
<td>Help with assistive technology</td>
<td>3.7  (1.2)</td>
<td>6.2 (2.4)</td>
<td>1.1 (0.9)</td>
<td>3.4 (2.0)</td>
</tr>
<tr>
<td>Help getting job accommodations</td>
<td>4.0  (1.2)</td>
<td>6.3 (2.2)</td>
<td>2.2 (1.1)</td>
<td>3.4 (2.0)</td>
</tr>
<tr>
<td>Help with transportation</td>
<td>3.5  (1.0)</td>
<td>1.2 (0.5)</td>
<td>2.6 (1.1)</td>
<td>5.6 (2.1)</td>
</tr>
<tr>
<td>Peer support</td>
<td>3.7  (0.8)</td>
<td>4.9 (2.1)</td>
<td>3.1 (1.2)</td>
<td>3.2 (0.8)</td>
</tr>
<tr>
<td>Other type of support</td>
<td>4.1  (1.1)</td>
<td>2.9 (1.8)</td>
<td>4.7 (2.8)</td>
<td>4.6 (1.5)</td>
</tr>
<tr>
<td>Any type of support</td>
<td>12.8 (1.9)</td>
<td>14.7 (3.3)</td>
<td>10.2 (3.3)</td>
<td>13.0 (3.2)</td>
</tr>
</tbody>
</table>

Unmet Need

| Unmet need for any disability service    | 3.2  (0.8) | 3.4 (1.5) | 2.8 (1.0)       | 3.3 (1.4)   |
Unmet Health Care Service Need

Source: 2014 Employment Needs Survey

**Different at the 0.5 level**
Unmet Employment-Related Need
(Interfere with job or would help you go to work)

Source: 2014 Employment Needs Survey
*Different at the 0.5 level
Employment-Related Unmet Need reflect economic barriers

<table>
<thead>
<tr>
<th>Reasons for Employment-Related Unmet Need</th>
<th>Workers (%)</th>
<th>Potential Workers (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not covered or limited coverage</td>
<td>56.9</td>
<td>69.4</td>
</tr>
<tr>
<td>Can’t afford co-pays or deductibles</td>
<td>70.3</td>
<td>31.9</td>
</tr>
</tbody>
</table>

Source: 2014 Employment Needs Survey

*Different at the 0.5 level
Rough Estimate, Upper Limit Employment Effect (eliminating employment-relate unmet need)

• (Cosmically) best case estimates alleviate ‘unmet that interferes with job among 7% of workers.
  • Increase Massachusetts employment rate from 31% to 39%
    • Assumption: 33% of potential workers with unmet employment-related healthcare needs become employed

• I read this as a sign not to expect too much in this domain in increasing labor force participation.
Conclusion

• Findings suggest

  • Currently received health care services are very important to employment of workers and potential workers—True, but link to marginal benefit of expanding these services less clear
  • Employment-related unmet need greater among potential workers compared to workers—True but difficult to interpret.
    • Potential Workers: Prescription medicine, rehabilitative services, special equipment and complementary care
    • Workers: Mental health services and complementary care
  • Alleviating unmet need may increase the employment of persons with disabilities--but embrace power of negative expectations.