

The Interaction of Health, Genetics, and Occupational Demands in SSDI

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Key Findings and Policy Implications

This paper analyzes how SSDI application and approval rates vary among workers in different occupations and with differing workplace demands. It uses Health and Retirement Survey data with three key linkages: SSDI applicant records, including type of claim, and reason for approval or denial; job demand characterizations from the Occupational Information Network (O*NET); and polygenic scores that measure genetic risk for SSDI-related conditions including arthritis, depression, cardiovascular disease, dementia, and diabetes. The paper finds that:

- Race and childhood socioeconomic status are more strongly associated with SSDI application rates than workplace demands. The exception is occupations that have a positive psychosocial work environment that gives individuals greater control over how to best meet the demands of their jobs, which is negatively associated with SSDI application.
- Among those who apply for SSDI benefits, physical, mental, and sensory job demands are more strongly associated with SSDI approvals and denials than structural or social factors. This corroborates the match between the medical-vocational grid used in determinations and the realized occupational experience of applicants.
- Higher genetic risk for depression, cardiovascular disease, BMI, dementia, and arthritis are independently associated with SSDI application and approval.

These findings have several implications for disability policy. First, policies that are not specific to SSDI but are intended to lessen social and economic inequality, and particularly childhood SES, are likely to have spillover effects in reducing SSDI enrollment. Second, policies that improve workplace conditions, including accommodations for workers in declining health, could help mitigate SSDI caseload. Third, given the evidence that people with poorer underlying health (or higher genetic risk) are more likely to end up on SSDI, earlier health interventions, both at the workplace and in other settings, may help people with propensities towards poor health stay employed longer. Taken together, these findings underscore the value of early interventions in SSDI policy.

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