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Report to the Chairman, Subcommittee on Social Security, Committee on Ways and Means, House of Representatives

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SOCIAL SECURITY DISABILITY INSURANCE

Multiple Factors Affect Beneficiaries' Ability to Return to Work

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The Honorable Jim Bunning
Chairman, Subcommittee on Social Security
Committee on Ways and Means
House of Representatives

Dear Mr. Chairman:

Social Security Disability Insurance (DI) is one of the largest federal programs providing cash assistance to people with disabilities. Established in 1956, DI is an insurance program funded by payroll taxes paid by workers and their employers into a Social Security trust fund. In 1996, about 4.4 million working-age people (aged 18 to 64) received DI cash benefits. The average monthly cash benefit in 1996 was $704, and the overall amount of cash benefits paid was about $40 billion.

Not more than 1 in 500 DI beneficiaries leaves the rolls by returning to work. However, the Social Security Administration (SSA) estimates that annually about 8,500 beneficiaries successfully complete a 9-month test of their ability to work in paid employment and enter an extended period of eligibility intended to help ease their transition to work. Yet, relatively little is known about the confluence of factors that helps beneficiaries overcome employment challenges and disincentives, and the factors that inhibit them from achieving an earnings level that leads to self-sufficiency.

Recently, Members of the Congress and advocates for people with disabilities have proposed various reforms, including tax incentives, to help improve return-to-work outcomes. These reforms include changes that would allow beneficiaries who work while on the rolls to keep more of their earnings, safeguard medical coverage, and enhance vocational rehabilitation.

To provide more information about the experiences of working beneficiaries, we agreed to

- identify the self-reported health and functional status of DI beneficiaries who work while still on the rolls;
- identify the occupations, earnings, and benefits of working beneficiaries;
- report factors that working beneficiaries believe were helpful in becoming employed; and

- explore working beneficiaries' longer-term employment plans, including factors perceived as positively and negatively affecting work plans.

To accomplish these objectives, we developed a structured interview guide on the basis of a literature review and discussions with experts and advocates. We conducted survey interviews with 69 people who were receiving DI benefits and working in the Washington, D.C.; Atlanta; or San Francisco metropolitan areas. We identified potential respondents from a randomized list of DI beneficiaries who reported earnings to SSA in 1995. However, because neither the metropolitan areas selected nor the people interviewed constituted a random sample, our results are not generalizable to the entire population of working DI beneficiaries. The names of respondents quoted in this report have been changed to protect their identities. Although we did not independently verify the data we used from SSA in this report, the data are generally used by SSA researchers and managers for program purposes. Our work was performed in accordance with generally accepted government auditing standards between January and October 1997. (For more detailed information on our scope and methodology, see app. I.)

Results in Brief

In general, beneficiaries we interviewed achieved a range of work outcomes—some had substantial attachment to the labor force, and others reported more modest gains. Respondents achieved these outcomes despite indicating significant limitations or difficulties associated with their impairments. Respondents identified many factors that they believe affected their ability to return to work: Services that improved health and functioning were paramount, while assistance from SSA had limited impact. In addition, beneficiaries told us that their health status could affect their longer-term work plans.

More specifically, many respondents rated their disability as severe or somewhat severe, reported experiencing difficulty getting through the work day, and reported having difficulty performing daily tasks and activities. Nevertheless, beneficiaries were gainfully employed and, on average, had moderate pay and benefits; most were satisfied in their positions. The typical beneficiary reported working 28 hours each week and receiving about $10.60 an hour; about one-third had employer-based health insurance. About 7 of every 10 said they were engaged in professional, managerial, administrative support, technical, or sales positions.

Most beneficiaries we interviewed reported that financial need and the desire to enhance self-esteem were the main reasons for attempting work. They indicated that a range of factors enabled them to return to work. Those most prominently cited were improved functioning through health care intervention and encouragement from family, friends, health care providers, and coworkers. To a somewhat lesser extent, respondents told us that (1) a flexible work schedule that allowed them to receive health care services, (2) job-related training and vocational rehabilitation services (especially on-the-job training and help finding a job), and (3) high self-motivation also helped facilitate employment. DI work incentives and assistance from SSA staff appeared to play a limited role in helping beneficiaries become employed, although a number of respondents said the program provision allowing them to work for a period of time without losing cash and medical benefits, as well as the provision to retain health care coverage for a limited time period after cash assistance ends, was helpful.

About four of every ten respondents told us they planned to leave the rolls in the future. Availability of worksite-based health insurance appears to differentiate respondents who plan to leave the rolls in the future from respondents who plan to stay. Many respondents—those planning to leave the rolls as well as those planning to stay—regard their future health status as an important factor affecting their plans. Also, many respondents told us they had experienced impediments to employment such as their limited skills and training, or employers' not recognizing their ability. Such factors could affect respondents' future attachment to the labor force.

Background

DI is designed to insure workers against loss of income due to a disabling condition. Workers who have worked long enough and recently enough become insured for DI coverage. To meet the DI statutory definition of disability, an adult must be determined to be unable to engage in any substantial gainful activity (in 1997, the substantial gainful activity level was $1,000 a month for people who are blind and $500 a month for people with other disabilities) by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last at least 1 year. Moreover, the statutory definition further specifies that, for a person to be determined to be disabled, the impairment must be of such severity that the person not only is unable to do his or her previous work but, considering his or her age, education, and work experience, is unable to do any other kind of substantial work that exists in the national economy.

Of the 4.4 million DI beneficiaries in 1996, about 691,000 received Supplemental Security Income (SSI) benefits. SSI is a means-tested income assistance program for disabled, blind, or aged individuals regardless of their prior participation in the labor force.[1] Established in 1972 for individuals with low income and limited resources, SSI is financed from general revenues.[2] People with disabilities concurrently receiving both DI and SSI benefits have enough work credit to qualify for DI benefits and low enough income and resources to qualify for SSI benefits as well.

A wide range of impairments can qualify people for disability benefits. In 1996, 26 percent of adults receiving DI benefits had a mental disorder (such as schizophrenia and anxiety disorders, but excluding mental retardation). Other common types of impairments included musculoskeletal conditions (22 percent) and diseases of the circulatory system (12 percent).

Once a person is on the disability rolls, benefits continue until one of three events occurs: (1) the beneficiary dies; (2) the beneficiary converts to Social Security retirement benefits at age 65; or (3) SSA determines that the beneficiary is no longer eligible for benefits because either earned income exceeds the allowable limit or SSA has decided that the beneficiary's medical condition has improved to the point that he or she is no longer considered disabled. To determine whether medical conditions have improved, SSA performs periodic continuing disability reviews (CDR).[3]

Statute Provides for Returning Beneficiaries to Work

The Social Security Act states that people applying for disability benefits should be promptly referred to state vocational rehabilitation (VR) agencies for services so that as many applicants as possible can return to productive activity. State Disability Determination Service (DDS) offices, which act for SSA in making disability eligibility determinations, decide whether to refer an individual applicant to a state VR agency. Despite this, as we previously reported, DDSs referred for VR services on average only

[1]The DI and SSI programs use the same statutory definition of disability.

[2]General revenues include taxes, customs duties, and miscellaneous receipts collected by the federal government but not earmarked by law for a specific purpose.

[3]SSA is to conduct a CDR at least once every 3 years on DI beneficiaries whose medical improvement is possible or expected. When medical improvement is not expected, SSA is to schedule CDRs at least once every 7 years. See Social Security Disability: Alternatives Would Boost Cost-Effectiveness of Continuing Disability Reviews (GAO/HEHS-97-2, Oct. 16, 1996).

about 8 percent of adults awarded disability benefits, and less than 10 percent of these beneficiaries were accepted as clients.[4]

To reduce the risk a beneficiary faces in trading the guaranteed monthly income and subsidized health coverage provided by the DI program for the uncertainties of entering competitive employment, the law provides various work incentives intended to safeguard cash and health benefits while a beneficiary tries to return to work. Several of the major work incentives available to DI beneficiaries follow.

The trial work period allows DI beneficiaries to work for a limited time without their earnings affecting their disability benefits. Each month in which earnings are more than $200 is counted as a month of the trial work period. When the beneficiary has accumulated 9 such months (not necessarily consecutively) within a 60-month rolling period, the trial work period is completed.

The extended period of eligibility begins the month following the end of the trial work period. The extended period of eligibility is a consecutive 36-month period during which cash benefits are reinstated for any month the beneficiary's earnings are less than the substantial gainful activity level. Cash benefits may be paid for an even longer period if a person is unable to perform any substantial gainful activity.

Another work incentive allows for continued Medicare coverage for at least 39 months following a trial work period as long as medical disability continues. When this premium-free period ends, medically disabled individuals may elect to purchase Medicare coverage at the same monthly premium—more than $300 for full coverage in 1996—paid by individuals aged 65 or older who are not insured for Social Security retirement benefits. Individuals entering the program generally must complete a 24-month waiting period before they are eligible for Medicare benefits at no cost; beneficiaries do not have the option of purchasing Medicare during the waiting period.

Advances Have Facilitated Employment

Many technological and medical advances, along with social changes, have created more opportunities for some individuals with disabilities to work. These factors have sparked an increased interest in public policy on the employment of people with disabilities.

[4]Social Security: Little Success Achieved in Rehabilitating Disabled Beneficiaries (GAO/HRD-88-11, Dec. 7, 1987).

Electronic communications and assistive technologies—such as scanners, synthetic voice systems, standing wheelchairs, and modified automobiles and vans—have given greater independence to people with some disabilities. Advances in the management of disability—such as the development of medication to control mental illness or computer-aided prosthetic devices—have helped reduce the functional limitations associated with some disabilities. Also, the shift in the U.S. economy toward the service industry may have opened new opportunities for some people with physical impairments.

Social change has also promoted the goals of greater inclusion of and participation by people with disabilities in the mainstream of society. For instance, over the past 2 decades, people with disabilities have sought to remove environmental barriers that impede them from fully participating in their communities. Moreover, the Americans With Disabilities Act (ADA) supports the full participation of people with disabilities in society and fosters the expectation that people with disabilities can work and have the right to work. The ADA prohibits employers from discriminating against qualified individuals with disabilities and requires employers to make reasonable workplace accommodations unless doing so would impose an undue hardship.

Despite Beneficiary Potential, Understanding of Return-to-Work Experience Is Limited

In light of advances and social changes, determinations by SSA that disability applicants are unable to engage in gainful employment do not mean that DI beneficiaries can never regain their capacity to work. In fact, SSA's determination—a decision at one point in time—is probably a weak predictor of future work capacity. Indeed, some beneficiaries become employed while on the rolls, and other people with disabilities—who could meet the medical criteria for benefits if they were to apply—are able to remain in the workforce and not apply for program benefits. On the other hand, our past work suggests that program design and operations make it difficult or risky for DI beneficiaries to attempt work.[5] Some

[5]See SSA Disability: Program Redesign Necessary to Encourage Return to Work (GAO/HEHS-96-62, Apr. 24, 1996) and SSA Disability: Return-to-Work Strategies From Other Systems May Improve Federal Programs (GAO/HEHS-96-133, July 11, 1996.) In these reports, we identified several weaknesses in the design and implementation of the DI program that result in comparatively few DI beneficiaries returning to work. We have also reported on factors that led us to believe that SSA could do more to identify and expand the productive capacities of beneficiaries.

evidence even suggests that receipt of DI benefits is associated with lower success in return-to-work interventions.[6]

While beneficiaries may face many challenges in attempting to return to work, research suggests that successful transitions to work may be more likely for younger people with disabilities and for those who have greater motivation to work and stronger educational backgrounds.[7] Studies have shown that a significant number of DI beneficiaries possess these characteristics. The DI rolls increasingly are composed of a significant number of younger individuals. About one out of five is under the age of 40.[8] In addition, in 1993, 35 percent of the 84,000 DI beneficiaries who responded to an SSA questionnaire expressed an interest in receiving rehabilitation or other services that could help them return to work, which is an indication of motivation. Moreover, a substantial portion—almost one in two—of a cohort of DI beneficiaries who had been on the rolls for a decade by the early 1990s had 12 or more years of education.[9]

Yet, there is limited understanding of the return-to-work experience of DI beneficiaries, especially that of more recent DI beneficiaries. We reviewed return-to-work research, but little of it focused explicitly on individuals receiving Social Security DI benefits. Few studies included DI beneficiaries as the primary research group or collected DI status as a factor germane to study outcomes, although some of the findings appear readily generalizable to the DI population.

[6]Frederick E. Menz, "Lessons and Recommendations," in Frederick E. Menz, Julie Eggers, Paul Wehman, and Valerie Brooke, eds., Lessons for Improving Employment of People With Disabilities from Vocational Rehabilitation Research (Menomonie, Wisc.: Rehabilitation Research and Training Center, University of Wisconsin, 1997) and K.V. Straaton, R. Maisiak, J.M. Wrigley, M.B. White, P. Johnson, and P.R. Fine, "Barriers to Return to Work Among Persons Unemployed Due to Arthritis and Musculoskeletal Disorders," Arthritis & Rheumatism, Vol. 39, No. 1 (Jan. 1996), pp. 101-109.

[7]J.C. Hennessey and L.S. Muller, "The Effect of Vocational Rehabilitation and Work Incentives on Helping the Disabled-Worker Beneficiary Back to Work," Social Security Bulletin, Vol. 58, No. 1 (spring 1995), pp. 15-28; R.J. Butler, W.G. Johnson, and M.L. Baldwin, "Managing Work Disability: Why First Return to Work Is Not a Measure of Success," Industrial and Labor Relations Review, Vol. 48, No. 3 (Apr. 1995), pp. 452-67; and R.V. Burkhauser and M.C. Daly, "Employment and Economic Well-Being Following the Onset of a Disability: The Role for Public Policy," in Jerry L. Mashaw, Virginia Reno, Richard V. Burkhauser, and Monroe Berkowitz, eds., Disability, Work, and Cash Benefits (Kalamazoo, Mich.: W.E. Upjohn Institute for Employment Research, 1996), pp. 59-101.

[8]Annual Statistical Supplement to the Social Security Bulletin (Washington, D.C.: SSA, Sept. 1996).

[9]J.C. Hennessey and L.S. Muller, "Work Efforts of Disabled-Worker Beneficiaries: Preliminary Findings From the New Beneficiary Followup Survey," Social Security Bulletin, Vol. 57, No. 3 (fall 1994), pp. 42-51. The cohort was DI beneficiaries who became entitled to benefits for the first time between June 1980 and June 1981, were awarded benefits before May 1982, survived up to June 1992, personally participated in their interviews, and acknowledged receipt of benefits near date of entitlement.

We focused on how DI beneficiaries who are currently working were able to return to the workforce. To better understand the factors identified in this report, additional studies involving beneficiaries who are not working would be needed.

Beneficiaries Reported Fair Health and Ability to Function

Many respondents reported limitations in their health and ability to function. Almost one-half rated their disability as severe or somewhat severe. Moreover, the majority rated their health as poor or fair. Generally, we did not find differences on these measures between respondents with physical impairments and those with psychiatric impairments. (See table 1.) The beneficiaries we interviewed were predominantly middle-aged; most were white; most were educated beyond the high-school level; many lived alone; and most were not married. (App. II contains information on the individual characteristics of the respondent group.)

Table 1: Self-Rated Health Status of 69 DI Beneficiaries

	Number of beneficiaries	Excellent	Good	Fair	Poor
Overall health rating of beneficiaries with physical impairment[a]	34	2	9	14	8
Mental health rating of beneficiaries with psychiatric impairment	36	2	12	14	8
Physical health rating of beneficiaries with psychiatric impairment[b]	36	1	12	16	6

[a]Numbers do not add up to 34 because answers were not obtained from all respondents.

[b]Numbers do not add up to 36 because answers were not obtained from all respondents.

Respondents also indicated that they experienced certain symptoms that affected their capacity to work. For instance, as table 2 shows, over one-half frequently or occasionally could not concentrate or experienced fatigue, anxiety, or pain that made it difficult to get through the workday.

Table 2: Frequency of Symptoms of 69 DI Beneficiaries

Symptom	Very frequently/ frequently	On occasion	Never
Lack of concentration[a]	18	21	29
Fatigue	19	29	21
Anxiety	15	24	30
Pain	23	16	30
Depression[a]	16	16	35

[a]Numbers do not add up to 69 because answers were not obtained from all respondents.

In addition to reporting difficulties at work, a slight majority of respondents told us they had difficulty performing at least one daily living activity, such as preparing meals or doing light housework. Table 3 shows the number of people who reported difficulties with each of nine activities. Overall, 14 respondents had difficulty performing three or more activities.

Table 3: Number of Beneficiaries Reporting Difficulty Performing Daily Activities by Themselves

Activity	Number
Keeping track of money and bills	18
Getting around outside one's home	15
Doing light housework	14
Preparing meals	13
Getting in or out of a bed or chair	10
Bathing or washing	7
Getting around inside one's home	6
Using or getting to the toilet	4
Dressing	3

Beneficiaries Reported Varying Work Outcomes

Respondents indicated a range of work outcomes: Some appeared to have substantial attachment to the labor force, and others had more modest outcomes. On average, respondents worked 28 hours over 4 days a week. Twenty-eight respondents worked 35 or more hours a week, although 19 worked less than 20 hours a week. The median length of time—the value at which half of the values are above and half are below—respondents were employed at their current jobs was 18 months. (These and other work status outcomes are presented—the value at which half of the values are above and half are below—in greater detail in app. III.)

Although some earned much more than others, the respondent group averaged moderate pay and benefits. The average wage was about $10.60

an hour, compared with a national hourly average of about $12.20.[10] However, respondents' median wage was $8 an hour. Eighteen earned $12.50 an hour or more, while 26 earned $7 an hour or less.[11] Some, but not all, received health insurance coverage (24), paid sick time (30), and paid vacation time (42). A large majority (57) reported being very or somewhat satisfied with their jobs. The most satisfying aspects of their jobs were a general sense of satisfaction, social benefit, and being productive. The unhealthy or stressful nature of their jobs, low pay, limited challenge, difficult schedule, and lack of accommodations were the least satisfying aspects.

"Technical, sales, and administrative support" was the occupational category in which the largest number of beneficiaries was employed (28). Other categories included "managerial and professional specialty" (21), "service occupation" (14), and "operator, fabricator, laborer, and other" (6). About 1 of every 3 respondents worked in a lower-skill position, such as cashier or food service worker. Nine of every 10 respondents held one job at the time of the interview.

Reasons for Returning to Work Varied

Financial needs and valuing work as a means to feel productive and engaged in society were two prominent reasons given by beneficiaries for wanting to return to work. To a lesser extent, they were also motivated by their expectation that they would work as well as by the therapeutic and social benefits of work. Over one-half envisioned paid work as a future possibility when they first began receiving DI benefits. This underscores the importance of intervening early to encourage return to work and promote work attempts when beneficiaries may be most receptive to assistance.[12]

Several respondents conveyed their motivations in the following ways:

- Barbara—40s, fibromyalgia, consultant: "Work gave me a purpose in life. It was not for the money. It was not [to] be around people. It was for me and me only. I've always worked. I like to work! After a couple years in bed I felt I had to do something other than to focus on my pain."

[10]We excluded the hourly wage reported by one respondent ($175) when calculating the average hourly wage. The national hourly wage is based on earnings of production or nonsupervisory workers on private nonfarm payrolls.

[11]Given the average number of hours worked and the hourly wages among the 69 beneficiaries we interviewed, it appears that many respondents are probably in a trial work period or extended period of eligibility phase. If these people continue to work above substantial gainful activity levels and do not have any impairment-related work expenses, they will eventually lose all cash and medical benefits.

[12]GAO/HEHS-96-133, July 11, 1996.

- Dave—40s, cerebrovascular disease, newspaper deliverer: "Work has always been expected of me. It was the way I was brought up. Also, I had to have more money than I was drawing to [achieve] a . . . lifestyle that would be decent. Fluctuating benefits from SSA put pressure on me to do something."
- Ann—40s, thyroid condition, office support worker: "A person has to have something to do—a purpose in life. [The] amount provided on assistance is very minimal. Although I have mixed feelings about work since it is a struggle, I still want to be productive and participate in the community."
- Bill—30s, psychotic disorder, chef's assistant: "Work ethic—I am not lazy. I love my job. I don't want no one to take care of me. I try to do that myself. I do not want to be put aside. SSA tried to keep me at home. They thought I was unsuitable to work. But I work to help my physical and mental condition."

Many Factors Facilitated Work, Although VR Services and SSA Played a Limited Role

Beneficiaries reported a number of factors as helpful to becoming employed. Table 4 categorizes these factors into three groups—primary, secondary, and tertiary—on the basis of how often all respondents reported them. In some instances, we combined related areas of support and services in developing the factors and assigning relative importance. (We summarize the findings below and present them in greater detail in app. IV.)

Table 4. Factors That Facilitated Working DI Beneficiaries' Employment, by Frequency of Reporting

Factor	Description	Significance
Primary		
Health intervention	Health interventions provided medical stabilization and improved functioning.	Early return to work without health intervention may be difficult for some.
Encouragement	Family, friends, coworkers, and health professionals provided encouragement and emotional support.	Desire to work can be influenced positively, and possibly negatively, by social forces.
Secondary		
Flexible work schedule	Number of hours and work schedule were responsive to respondents' needs and capabilities.	Typical 5-day, 40-hour work week may be unrealistic for some beneficiaries.
Job-related training and services	Training and services were directly related to finding and performing a job.	Has implications for retaining workers in the labor force who otherwise might apply for Social Security disability benefits.

(continued)

Factor	Description	Significance
Trial work period/ extended period of eligibility	SSA provisions allowed beneficiaries to test their work capacity without jeopardizing benefits and ease transition to workforce.	Trial work period reported as useful, although some felt that 9 months is too short and $200 earnings level is too low.
High self-motivation	Respondents strongly wanted or needed to work, especially compared with disabled peers without jobs.	Motivation to work may develop over time, as about 3 in 10 did not expect to work upon program entry.
Tertiary		
Religious faith	Religious faith reported as providing source of strength and guidance.	Interview did not specifically address religious faith; it may be more important than reported.
Job coaches	On-site job coach or similar specialist taught work skills.	Has implications for retaining workers in the labor force who otherwise might apply for Social Security disability benefits.
Assistive devices and equipment	Among most frequently mentioned items were back/leg braces, canes/crutches, adapted computers/keyboards, and wheelchairs.	Usefulness of assistive devices and equipment is largely limited to people with physical impairments.
Enablements from Americans With Disabilities Act	Respondents reported that ADA provided rights, accommodations, and hiring opportunities.	About one-third were aware of ADA, and over one-half of those who were aware said ADA was not helpful.

The two most frequently reported factors appear to have been the most critical in helping beneficiaries become employed. First, health interventions—such as medical procedures, medications, physical therapy, and psychotherapy—reportedly helped beneficiaries by stabilizing their conditions and, consequently, improving functioning. Not only were health interventions perceived as important precursors to work, but they were also seen as important to maintaining ongoing work attempts. Encouragement to work was also critical. Respondents told us they received encouragement from family, friends, health professionals, and coworkers.

Following are several beneficiaries' descriptions of the factors that helped them return to work.

- Carol—30s, bipolar disorder, administrative support worker: "My family members were hoping and encouraging me to go to work and not rely on disability income. They were helpful to me in assessing the merits and benefits of potential job offers. . . . I am using a combination of Prozac and Lithium medications to control my condition and [allow] me to work regularly where I don't use my sick days. Therapy with my counselor for over 4 years has really allowed me to work and function in a work environment."
- Mark—30s, epilepsy, maintenance worker: "[The] medication[s] for [my] epilepsy help keep [my] condition under control, which minimizes seizures and risk of getting fired. . . . [My supervisor] check[s] from time to time to make sure everything is OK [and I'm] not burning out . . . even suggests taking days off."
- Louis—20s, cancer, financial counselor: "All my treatments—chemo, radiation, and my eye surgery—helped me to get well and become physically able to work. If I did not have treatments, I would be dead. . . . [The ADA] keeps employers aware that employees cannot be dismissed because of . . . disabilities."
- Stephen—30s, human immunodeficiency virus (HIV) infection, bartender: "[My] infectious disease doctor [is] encouraging and is very supportive. He wrote a letter to [my] employer explaining [my] condition and my capabilities. . . . [My] parents are very supportive. . . . [My] medications have made me physically able to work. . . . [Coworkers are] providing emotional support."
- Yvonne—40s, anxiety disorder, cashier: "Psychotherapy and group therapy [have] been helpful. Also, medication has been helpful. . . . My psychotherapist has gone out of his way to help me. I can call him at any time. The pastor of my church has also counseled me. At the college I attended, a director of the disabled talks to my professors and tells them about my condition so that they can take this into account when assigning work and evaluating my performance. . . . ADA has helped because I believe that they would not have hired me because of my problems."

Other, less frequently reported factors also enabled beneficiaries to work. Although these factors were less prominent overall, they may be very important to any one individual. Indeed, any single factor may be the key determinant in an individual's becoming employed. These factors include a flexible schedule (particularly to have time off to visit a health professional), job-related training and vocational rehabilitation services (especially job search and on-the-job training), the trial work period/extended period of eligibility, and high self-motivation. To a somewhat lesser extent, religious faith, job coaches, assistive devices and

equipment, and enablements provided under the ADA were useful. In general, similar proportions of respondents with physical impairments and those with psychiatric impairments cited these factors as helpful to being employed. However, people with physical impairments found coworkers and the trial work period more helpful than did those with psychiatric impairments.

Our study results are generally consistent with the literature regarding factors associated with employment for people with disabilities. For instance, many of the respondents we talked to reported a high motivation to work, were educated beyond high school, or were in their 30s or 40s. For many, work seemed to be economically advantageous because they were earning at least moderate-level wages and receiving very few program benefits—such as housing assistance and food stamps—that are contingent upon low earnings. Consistent with other research, medical interventions, technology, accommodations, and social support were found to facilitate return to work. Unlike other studies, transportation appears to be neither a strong facilitator for nor an impediment to employment (perhaps because our respondents were selected from major metropolitan areas).

Informal Networks Were Important in Getting Jobs

Respondents told us they found their jobs in one of several ways. The most common means—indicated by 28—was through an informal network. For instance, beneficiaries told us they heard about jobs from family, friends, church members, and coworkers at prior jobs. Seventeen found their jobs through advertisements, while others either heard about their jobs through formal service providers or initiated the search on their own (for example, asking employers about openings).

VR Services Deemed Useful Were Unevenly Obtained

Formal VR and training services played a role in beneficiaries' return to work, although some services considered useful by those respondents who received them were unevenly obtained by respondents in general (see app. IV). As disability managers in the workplace have told us in the past, providing the necessary return-to-work assistance is one strategy to help people with disabilities return to productive activity in the workplace. On the one hand, the beneficiaries we interviewed rated a number of services as very useful. For instance, about three-fourths of people who received such assistance as training in activities of daily living or social skills, training in a trade or business school, job placement, and on-the-job training rated the service as very useful. On the other hand, some of these

useful services were received by only a small number of respondents. Of course, some respondents may not have needed these services. But some of these services (for example, job placement and on-the-job training) might possibly have been beneficial to many who did not receive them—especially since 41 beneficiaries reported that their limited skills and abilities were barriers to work.

SSA Work Incentives and Staff Played Limited Role

Overall, work incentives offered by the DI program to reduce the risk of attempting work appear to have played a limited role in beneficiaries' efforts to become employed. Although the trial work period was considered helpful by 31 respondents, several indicated it had its shortcomings. For instance, they indicated the amount signifying a "successful" month of earnings ($200) was too low, an all-or-nothing cutoff of benefits after 9 months was too abrupt,[13] and having only one trial period did not recognize the cyclical nature of some disabilities. Respondents' mixed views of the design of the trial work period suggest that they value a transitional period between receiving full cash benefits and losing some benefits because of work yet might be more satisfied with a different design. Finally, over one-fifth were unaware of the trial work period and therefore may have unknowingly been at risk of losing cash benefits.

Many respondents were unaware of other work incentives as well. Consequently, fewer respondents reported these incentives as helpful than might have had they been better informed. For example, 41 respondents were unaware of the provision that allows beneficiaries to deduct impairment-related work expenses from the amount SSA considers the threshold for determining continued eligibility.[14] Using the deduction could make it easier for a beneficiary to continue working while on the rolls without loss of benefits. Moreover, 42 respondents were unaware of the option to purchase Medicare upon leaving the rolls. As a result, some of these beneficiaries may decide to limit their employment for fear of losing health care coverage, while others, planning to leave the rolls, may think they are putting themselves at risk of foregoing health care coverage

[13]We testified on the need for more research to determine the costs and benefits of changing work incentives, such as providing a gradual benefit offset for DI beneficiaries. See Social Security Disability: Improving Return-to-Work Outcomes Important, but Trade-offs and Challenges Exist (GAO/T-HEHS-97-186, July 23, 1997).

[14]Examples of expenses likely to be deductible include attendant care services performed in the work setting, structural modifications to a vehicle used to drive to work, wheelchairs, and regularly prescribed medical treatment or therapy that is necessary to control a disabling condition.

entirely upon program termination. Various beneficiaries provided the following comments on DI's work incentives.

Impairment-Related Work Expenses

- "[It] helped to maintain my health so I could stay physically ready to work ."
- "[It paid] for [my] job coach and allowed me to continue to receive benefits."
- "I deducted the cost of getting to and from work."

Trial Work Period

- "[It] allowed me to get back into the work force . . . to see how far I could go."
- "It helped me save money at the beginning so I could [have] clothing and certain things needed for [the] office."
- "[It is] a wonderful provision. I wish they didn't just offer it once."
- "When I first went to work, I wasn't scared of losing my benefits. It relieved the pressure of losing benefits."

Extended Period of Eligibility

- "[It] provides added security and encouragement for getting back into [the] work force."
- "I know I can work now and it won't affect [my] benefits unless I can make enough money to replace benefits."
- [It is helpful] when I have to miss work because of my health problems."

Generally, respondents told us SSA staff with whom they interacted provided neither much help in nor hindrance to return-to-work efforts. Fifty-nine respondents answered "no" when asked if people from SSA assisted them in becoming employed. However, 52 respondents told us that they did not have experiences with SSA that made it difficult to become employed. For the 17 people reporting difficulties, the most common examples cited were the limited assistance offered and poor information provided by SSA. Also, some beneficiaries noted that the $500 monthly earnings threshold, which is used in the formula that determines if a person with a disability other than blindness is working at gainful activity level (and therefore no longer eligible for benefits), is set too low. When examining respondents' comments indirectly related to our questions, we found that about one-third indicated frustration or dissatisfaction with some aspect of SSA or the DI program. For example, some respondents told us they felt that the program was humiliating and lost sight of people's needs. Moreover, some respondents indicated that SSA had suddenly informed them that they needed to repay cash benefits mistakenly paid to them in the past. Following are comments from various

beneficiaries, some of whom were satisfied with SSA and the DI program and others who were not.

Satisfied Beneficiaries' Comments

- "They were very encouraging to get employed. They were helpful [in taking] away [the] threat of getting employed."
- "[SSA] explained what I could and could not do. They took away the fear by explaining things to me."
- "They [helped me] with understanding questions."

Dissatisfied Beneficiaries' Comments

- "[SSA] need[s] people who [can] better assess [peoples'] needs."
- "[The] conditions [I'm] under all the time . . . knowing [I'm] restricted to that amount when [I'm] trying to be part of society . . . tough. [I've] had to sell stuff to make ends meet."
- "They cut off funds [that were] used to purchase medication."
- "Frustration. Bureaucracy. Waiting. . . . Can't get SSA to call me back. Can't find anything out."
- "The information they provide is not clear. As a result, there is a huge fear factor associated with it."
- "They offer no information about training. I was only told if I work and make money I will be dropped."

We previously reported that DI beneficiaries were confused by program provisions and recommended that SSA better implement existing return-to-work mechanisms.[15] SSA has told us that its strategy to better promote return to work is evolving and that it envisions a partnership between field office staff and the private sector. SSA noted it continues to train field office staff about work incentives and to disseminate multimedia publications about work incentives. In addition, SSA said it has been using the private sector to help inform beneficiaries and encourage them to work and expects to do so more in the future. Also, SSA has funded (in conjunction with the Department of Education's Rehabilitation Service Agency) a research project that developed models for training private sector disability case managers about Social Security DI provisions and work incentives. Moreover, SSA expects that private VR providers, participating under its experimental Alternate Provider Program and other proposed initiatives, will provide beneficiaries information and encourage them to work.

[15]See GAO/HEHS-96-62, Apr. 24, 1996.

Longer-Term Plans Were Affected by Health Concerns

Not surprisingly, personal health appears to be an overriding issue as beneficiaries consider their future status in the DI program and at the worksite. Among the 44 respondents without employer-based health insurance coverage, 29 plan to stay on the DI rolls into the foreseeable future or are unsure of their future plans. In contrast, 15 of 24 respondents with such coverage plan to exit the rolls. Moreover, when asked if anything would make it harder to work, about one-half of the 46 respondents who responded affirmatively said that poorer health would inhibit employment. Similarly, some said that improved health would facilitate work. Again, we found little difference in future work and program plans between people with physical and psychiatric impairments.

We asked beneficiaries whether they experienced certain impediments to employment. The most common impediments—which 18 to 21 respondents told us they experienced very frequently or frequently—were "limited skills or training," "employers not recognizing one's ability," and "lack of good jobs." (App. V provides further details.)

There is some indication that about one-third of respondents may have been earning less than they were capable of earning. When asked about their decisions on how much to work, 18 people indicated they were capable of working more but did not do so because they feared additional earnings would jeopardize their DI benefits; another 7 respondents said they were capable of working more, but were unable to find jobs offering more hours.

Observations

DI provides protection to workers who are unable to work because of injury, illness, or disease. As technological and medical advances and social change in this country alter the relationship between impairment and work capacity, new opportunities are opening for individuals with disabilities to become more fully integrated into mainstream society. Yet DI beneficiaries face challenges and, possibly, disincentives to realizing their earnings potential.

Consistent with the view that an individual's work life is central to personal identity, beneficiaries indicated that having a job and engaging in productive activities were valuable ends in and of themselves. While DI cash and medical benefits could be restructured to give beneficiaries greater incentive to return to work, many of the factors that beneficiaries report as helping them be employed are beyond SSA's immediate responsibility. Moreover, the eclectic array of factors facilitating return to

work—including medicine and therapy, encouragement from various people, and worksite accommodations—suggests that the return-to-work experience is unique for each person. Capitalizing on this uniqueness may increase the success of programs aimed at helping beneficiaries engage and advance in the labor force.

Issues affecting health status and functioning were especially prominent themes relating to return to work. For example, the vast majority of respondents told us medicine and therapy helped them return to work by affording medical stabilization and improved functioning. Similarly, having a work schedule that allowed health visits was seen as important. Moreover, having employer-based health insurance was common among those planning to leave the DI rolls in the future, whereas not having coverage may have contributed to plans to stay on the rolls. Finally, beneficiaries reported that future health status would affect whether it would be easier or more difficult to remain working.

The importance of DI program provisions and work incentives was more ambiguous. It appears that some beneficiaries are uninformed and confused about program provisions and work incentives and do not receive encouragement to attempt a return to work. In fact, some respondents felt that SSA was unresponsive to their desire to return to work. Through its growing partnerships with private service providers, SSA now has an opportunity to implement more effective strategies to inform beneficiaries about program provisions and work incentives and to encourage them to return to work.

Although the average respondent worked 28 hours a week, a sizable portion may have been working below their capacity. Factors that might be limiting their work efforts could be fear of losing accessible health care insurance if they leave the rolls; fear of losing disability cash benefits if earnings are too high; inability to find a job that offers more hours; and limited skills and training, with few opportunities for direct job-related services to overcome deficiencies. Changes in the DI benefit structure and enhanced employment and skills training opportunities might yield higher efforts from those beneficiaries who are working below capacity. However, if such changes are not made, many beneficiaries may continue to face disincentives to maximize their work effort. Such disincentives, when combined with beneficiary confusion and discouragement, could mean that significant opportunities to capitalize upon beneficiaries' stated interest to work would remain unrealized.

Our findings, though based on a small sample, not only illustrate the commonly held belief that health coverage supports ongoing employment efforts; they also suggest that access to health care during the 24-month waiting period for Medicare coverage can have the positive effect of improving health and functioning so that work can be attempted. This underscores the potential importance of health care coverage in obtaining and sustaining employment.

Agency Comments and Our Response

In commenting on a draft of this report, SSA agreed with our findings that many DI beneficiaries are interested in returning to work and that many factors affect their ability to return to work. (See app. VI for SSA's comments.) SSA stated that it has placed a high priority on helping beneficiaries return to work, citing the administration's proposed Ticket to Independence Program (an initiative to help beneficiaries obtain rehabilitation services, employment services, or both from public and private VR providers) and SSA's forthcoming research efforts in collaboration with other federal agencies. Our earlier reports noted the importance of a multifaceted approach to program improvement. A new VR service delivery system, for example, would be likely to have the greatest effect if it was integrated into a comprehensive return-to-work strategy that incorporated earlier intervention, a focus on developing productive capacity, and changes to the structure of benefits.

SSA emphasized that our small sample size limited our ability to generalize findings to the population of working beneficiaries. In particular, SSA expressed concern about the generalizability of statements of dissatisfaction with the agency or the DI program. We recognize in the report that our findings are not generalizable. However, our findings are generally consistent with our past reports and those of the 1988 Disability Advisory Council to the Department of Health and Human Services and other researchers over the years.

SSA also stated that our data might imply that receiving VR several years after going on the disability rolls is more effective in successful return to work than early referral at time of program entry. We did not ask respondents when they received VR services—some may have received them soon after entering DI, and others may have received them after receiving services to stabilize their condition and regain functioning. As we have reported previously, return-to-work services should be provided at the earliest appropriate time and when beneficiaries might be more receptive to return-to-work assistance, such as during the continuing

disability review process, to encourage disabled workers to return to the workplace. Given that over one-half of respondents told us they envisioned paid work as a possibility when they entered the program, early intervention could play an important role in assisting some beneficiaries.

SSA also made several technical comments, which we incorporated where appropriate.

We are sending copies of this report to the Commissioner of Social Security and other interested parties. Copies also will be available to others on request. If you or your staff have any questions concerning this report, please call me on (202) 512-7215. Other GAO contacts and staff acknowledgments are listed in appendix VII.

Sincerely yours,

Jane L. Ross
Director, Income Security Issues

Contents

Tables

Abbreviations

ADA	Americans With Disabilities Act
CDR	continuing disability review
DCI	data collection instrument
DDS	Disability Determination Service
DI	Disability Insurance
HIV	human immunodeficiency virus
PASS	Plan for Achieving Self-Support
SSA	Social Security Administration
SSI	Supplemental Security Income
VR	vocational rehabilitation

Scope and Methodology

Identifying the Target Population

To address the research questions, we conducted in-person interviews with 69 Social Security Disability Insurance (DI) beneficiaries who were employed and who lived in the Washington, D.C.; Atlanta; or San Francisco metropolitan areas. To identify the target population, we obtained from the Social Security Administration (SSA) a list of DI beneficiaries who were on the rolls as of March 1997, who were aged 18 to 59, and who earned $50 or more in 1995. From this list, we identified 6,896 beneficiaries who lived within about a 40-mile radius of the three metropolitan areas and whose 1995 earnings were $4,320 or higher (an amount approximating the yearly salary of a minimum-wage, half-time worker).[16] These metropolitan areas were chosen to maximize the resources available to conduct interviews.

Because the return-to-work process could vary meaningfully among beneficiaries according to differences in certain characteristics (for example, disability type and age), the study was designed to involve a diverse group of working beneficiaries. Yet, the small sample size precluded us from making observations on subgroups, such as younger workers with psychiatric impairments. Nevertheless, if we had selected randomly 69 respondents from the list of 6,896 beneficiaries, individuals with certain combined characteristics might have been excluded. Thus, we placed each of the 6,896 beneficiaries into 1 of 24 categories derived from the following characteristics:

- for geographic area, we used three levels: the three metropolitan areas mentioned above;
- for disability type, we used two levels: physical and psychiatric;
- for age, we used two levels: 18 to 39 and 40 to 59; and
- for 1995 earnings, we used two levels: $4,320 to $5,999 and $6,000+.[17]

Our target was to interview several beneficiaries from each category, although the study's purpose did not require us to conduct the same number of interviews from each category. In most categories, we interviewed two to five people. However, we did not interview anyone from one category, and we interviewed only one person from another 4 categories.

[16]This figure excludes beneficiaries dropped because their diagnosis code was not valid—that is, the field was blank, the code was 0000, or the code did not establish a medical diagnosis. This figure also excludes beneficiaries whose impairment was listed as mental retardation, drug addiction disorder, or alcohol addiction disorder. We did not include these impairment groups in our target population.

[17]We selected $6,000 as the cut-off between earnings levels because this amount is equal to the annualized Substantial Gainful Activity level ($500) for non-blind beneficiaries.

Contacting Potential Respondents

We mailed notification letters to beneficiaries (randomly listed) in each category. The letters conveyed the purpose of the study and notified individuals that they would receive a call from a GAO interviewer within a week to talk about participating in the study. Before mailing the letters, however, we confirmed beneficiaries' telephone numbers (obtained from SSA) with directory assistance or a telephone book. We did not send notification letters to people whose telephone numbers we could not confirm; neither did we send letters when no number was provided by SSA and we could not obtain a number through directory assistance or a telephone book.

Upon initial telephone contact, we confirmed that beneficiaries were currently enrolled in DI and working.[18] We asked about work status because it was possible that someone's 1995 earnings were from employment before coming onto the rolls or were actually unearned (SSA's database does not differentiate between earned and unearned income). People were dropped from the study if they did not meet these two screening criteria.

We sent 418 notification letters, with the following results:

- 15 letters were returned as undeliverable;
- 179 people were unreachable because, for instance, they did not return interviewer telephone messages, they had disconnected or otherwise inoperable phone numbers, they did not reside at the address we were given and we could not obtain a forwarding telephone number, or we were told by people answering the telephone that the person had died;
- 6 people were excluded because they told us they were no longer in DI;
- 107 were excluded because they told us they were not working;
- 42 refused to be interviewed; and
- 69 agreed to be interviewed.

Developing the Data Collection Instrument

We developed a data collection instrument (DCI) containing open-ended and closed-ended questions to serve as an interview guide for this assignment. We developed the DCI after reviewing selected literature (including instruments used in related research activities) and discussing our research interests with experts and disability advocates. To help validate the instrument, we obtained and incorporated comments from

[18]We considered individuals in the extended period of eligibility—the 36-month period following a trial work period during which people earning above $500 do not receive cash benefits but retain Medicare coverage—to be enrolled in DI. Also, to determine work status, we asked, "Are you currently working at a job for pay?"

about 15 external reviewers representing a federal agency, research organizations, and disability advocacy groups. In addition, we conducted 13 pilot interviews to test and refine the instrument. Pilot interviews demonstrated that respondents could answer the questions and were generally comfortable with the length of the interview (about 90 minutes). The DCI is available upon request.

Data Analysis

To address the research questions, we conducted a descriptive analysis of the data. We converted responses to open-ended questions into numerical data using a content analysis technique. This technique required us to first develop response categories for each open-ended question (for instance, ways that families were helpful to respondents in becoming employed). Next, two to three interviewers individually placed responses to open-ended questions into categories and compared results. About two-thirds were direct matches. For responses coded differently, interviewers discussed the rationale for their decisions. Consensus was achieved when a majority agreed, which occurred on most occasions. In a few instances, interviewers were unable to achieve consensus and, consequently, their responses were not used.

A draft of our report was reviewed by disability researchers, whose comments were incorporated as appropriate.

Demographic and Financial Characteristics of 69 Respondents

Table II.1: Demographic Characteristics of 69 Respondents

Characteristic	Number of respondents
Gender	
Female	35
Male	34
Age	
20-29	11
30-39	21
40-49	25
50-59	12
Race	
White/caucasian	50
African-American	13
Hispanic	2
Other	4
Marital status[a]	
Single and never married	34
Married	21
Divorced	13
Highest education[a]	
High school or less	23
College experience	31
Postgraduate experience	14
SSA impairment category[b]	
Psychiatric impairment (excludes mental retardation and drug and alcohol abuse)	39
Physical impairment	
Neurological	7
Musculoskeletal	3
Neoplastic	3
Immune system	3
Special senses and speech	2
Genitourinary	2
Hemic and lymphatic	2
Endocrine and obesity	2
Digestive	1
Cardiovascular	1
Code not found in SSA codebook	4

(continued)

Characteristic	Number of respondents
Living arrangements	
Live alone	27
Live with spouse	21
Reside with someone other than spouse	21
Years in DI program[c]	
1-3	7
4-6	26
7-9	17
10+	19

[a]Numbers do not add up to 69 because answers were not obtained from all respondents.

[b]SSA administrative records were the data source for impairment types listed here. We used self-reported information to determine impairment type for table 1.

[c]SSA administrative records were the data source for years in DI program.

Table II.2: Financial Characteristics of 69 Respondents

Characteristic	Number of respondents
Household income[a]	
$5,000-$9,999	9
$10,000-$14,999	15
$15,000-$19,999	6
$20,000-$24,999	7
$25,000 and over	25
How well the money and support received took care of needs	
Very adequately	24
Somewhat adequately	29
Somewhat inadequately	9
Very inadequately	7
Source of benefits other than DI	
Government housing assistance	8
Workers' compensation	2
Private disability insurance	2
Veteran's Administration disability cash benefits	1
Unemployment insurance	1
Food stamps	1
Aid to Families With Dependent Children	0
Other government program	2

[a]Numbers do not add up to 69 because answers were not obtained from all respondents.

Work Status Outcomes of 69 Respondents

Question/response	Number of respondents
In a typical week, how many hours do you work at this job?[a] (mean=27.6; median=28)	
5-19	19
20-34	18
35-53	28
In a typical week, how many days do you work?[a] (mean=4.1; median=5)	
1.5 days or less	4
1.6-2.5 days	9
2.6-3.5 days	9
3.6-4.5 days	10
4.6 or more days	36
How long have you had this job? (mean=35; median=18)	
1-6 months	18
7-12 months	10
13-216 months	41
How did you learn about your job?[a]	
Informal network	28
Advertisement	17
Formal provider	14
Self-initiated	9
What aspects of your job are you most satisfied with? (multiple responses allowed)	
General satisfaction	38
Social benefit	28
Being productive	22
Self-support	4
Low stress	3
What aspects of your job are you least satisfied with? (multiple responses allowed)	
Unhealthy/stressful	18
Low pay	11
Low challenge	8
Difficult schedule	7
Lack of job accommodations	5

(continued)

Question/response	Number of respondents
What is the regular rate of pay on your job before deductions?[a] (mean=$10.60; median=$8.00)	
$2.15-$7.00/hour	26
$7.01-$12.49/hour	22
$12.50 or more per hour	18

[a]Numbers do not add up to 69 because answers were not obtained from all respondents.

Enabling Factors in Return to Work

Table IV.1: Extent That Selected Factors Helped 69 Respondents Become Employed

Enabling factor	Number who said factor was helpful	Type of support derived (number who reported it)
Medicine and therapy	59	Improved functioning, capacity, or performance (37)
Health professional	50	Encouragement (31), general help (12), feedback on capacity (6)
Family	49	Encouragement (34), job search (13), financial support (12), transportation (6)
Supervisor[a]	42	Flexible work schedule (29), modified/changed duties (5), supportive equipment (4)
Friends	41	Encouragement (24), job search (18)
Coworkers[a]	38	Help performing duties (22), encouragement (18)
Job trainer/coach	20	Help with work skills (11), help dealing with stress (4)

[a]We did not ask respondents if their supervisors or coworkers helped respondents' ability to work if their supervisors or coworkers reportedly did not know, or seem to know, that the respondents had disabilities.

Table IV.2: Usefulness of Training and Vocational Rehabilitation Services for 69 Respondents

Type of service	Number who received service	Number rating service as very or somewhat useful
On-the-job training	32	31
Help in finding a job	28	26
Advice or guidance on career goals	31	26
Vocational skills training to perform job	28	24
Assessment of work-related interests and abilities	35	22
Help making a plan to accomplish career goals	26	21
Help understanding Social Security's rules and regulations	25	21
Self-help group	24	20
Job placement	22	19
Training in activities of daily living or social skills	16	15
College or educational training	14	10
Employment support group	9	8
Training in trade or business school	8	6
Other job/skill training	13	10

Table IV.3: Number of Training and Vocational Rehabilitation Services Received by 69 Respondents

Number of services	Number of respondents
0	6
1-3	28
4-6	18
7+	17

Table IV.4: Awareness, Use, and Helpfulness of SSA Work Incentives for 69 Respondents

SSA work incentive	Number of respondents aware of incentive	Among those aware, number that used incentive	Among users, number that said incentive was helpful
Trial work period	54	42	31
Extended period of eligibility	45	24	17
Impairment-related work expense	27	6	5
Plan for Achieving Self-Support (PASS)	5	3	1
Medicare buy-in	27	[a]	[a]

[a]We did not ask respondents if they used the Medicare buy-in because, since their Medicare coverage was already provided as a program benefit, purchasing Medicare coverage was not an issue.

Table IV.5: Helpfulness of SSA, the Americans With Disabilities Act, and Miscellaneous Factors for 69 Respondents

Factor	Number of respondents
Have people from SSA been helpful to you in becoming employed?[a]	
Yes	9
No	59
Have you experienced anything with Social Security that has made it difficult for you to work?	
Yes	17
No	52
Has anyone from SSA ever referred you to the state vocational rehabilitation agency, also known as the state VR office?	
Yes	8
No	56
Not sure	5
Are you aware of the Americans With Disabilities Act, also known as the ADA?[a]	
Yes	40
No	24
For those aware of ADA: Has the ADA been helpful to you in your ability to work?[b]	
Yes	14
No	24
Is there anything else that we have not talked about that you believe helps you to work?	
No	25
Yes	44
Self-motivation	23
Religious faith	10
Desire to meet needs	9

[a]Numbers do not add up to 69 because answers were not obtained from all respondents.

[b]Numbers do not add up to 40 because answers were not obtained from all respondents.

Type and Frequency of Work Impediments for 69 Respondents

Impediment	Has affected you very frequently or frequently	Has affected you on occasion	Has affected you not at all
Employers do not recognize your ability.	18	21	30
No transportation	10	18	41
Good jobs are not available.	18	16	35
Your limited skills or training	21	20	28
You cannot get the equipment or personal assistance you need to work.	2	10	57
Some of your family members discourage your work attempts.	8	6	55

Comments From the Social Security Administration

SOCIAL SECURITY
Office of the Commissioner

December 12, 1997

Ms. Jane L. Ross
Director, Income Security Issues
U.S. General Accounting Office
Washington, D.C. 20548

Dear Ms. Ross:

Thank you for the opportunity to comment on the draft report, "Social Security: Multiple Factors Enable Disability Insurance Beneficiaries to Return to Work" (GAO/HEHS-98-39).

We agree that many people with disabilities in our society want to work and that many factors affect their opportunity and ability to work. The Social Security Administration (SSA) has placed a high priority on helping its Social Security Disability Insurance (SSDI) beneficiaries and Supplemental Security Income (SSI) disability beneficiaries return to work. We are working diligently within the Agency, and with other federal departments and agencies, to find new and innovative ways to encourage work. The Administration's proposed Ticket to Independence Program is a major step in that direction.

On a separate but related track, we are developing an extensive research program within SSA and with our federal partners to explore new State and private initiatives which are focused on the efficient coordination of the many State-level programs for those who are currently or potentially disability beneficiaries. We believe that with interagency coordination at the State level, the success of many existing programs in support of work among disability beneficiaries would be greatly enhanced.

Our specific comments on the report are enclosed. If there are questions, your staff should contact Susan Daniels at (410) 965-3424.

Sincerely,

John R. Dyer

John R. Dyer
Acting Principal Deputy Commissioner
of Social Security

Enclosure

Comments of the Social Security Administration (SSA) on the General Accounting Office (GAO) Draft Report, "Social Security: Multiple Factors Enable Disability Insurance Beneficiaries to Return to Work" (GAO/HEHS-98-39)

SSA has worked diligently in developing strategies for promoting work for disabled individuals and we have learned much about the legislative, programmatic, and environmental barriers to work which persons with disabilities face. Other recent GAO reports focusing on these issues have provided the Agency valuable input during this ongoing process.

We appreciate this latest effort by GAO to obtain information on return to work issues. However, given the small number of beneficiaries from which the data derives (69), we believe that much of the information presented in the report is anecdotal and that caution should be exercised in interpreting and/or using the report data.

Of particular concern in this regard are the statements in the report that 23 respondents indicated "frustration and/or dissatisfaction with some aspect of SSA or the disability insurance (DI) program." We believe it is important for the reader to consider this information in the proper context. As GAO states, the study results are not generalizable to the population of working DI beneficiaries. We believe this is a point that bears emphasizing.

Also, most of those interviewed were on the rolls 4 years or more, which might lead to the conclusion that receiving vocational rehabilitation (VR) services several years after coming on to the disability rolls is more effective in successful return to work than early referral at the time of the initial award. Any comments that GAO may have with regard to this pattern would be helpful.

In addition, the report indicates that GAO was unable to contact 179 persons during the sample screening process for a variety of reasons, i.e., disconnected or inoperational phone numbers, persons did not reside at the identified location and no forwarding telephone number could be found, messages from the interviewer were not returned, or persons were deceased. SSA will work with GAO to identify those cases that involve incorrect addresses or deceased persons.

GAO Contacts and Staff Acknowledgments

GAO Contacts

Cynthia A. Bascetta, Assistant Director, (202) 512-7207
Brett S. Fallavollita, Evaluator-in-Charge, (202) 512-8507

Staff Acknowledgments

In addition to those named above, the following individuals made important contributions to this report: Susan Y. Higgins helped collect SSA data, conduct interviews, and analyze interview data; John M. Ortiz and Octavia V. Parks conducted interviews and helped analyze interview data; Michele Grgich, Robert R. Tomcho, and Cornelius P. Williams conducted interviews; James P. Wright and John G. Smale, Jr., provided technical support through all phases of the work; and Vanessa R. Taylor helped collect and analyze SSA data.

Related GAO Products

Social Security Disability: SSA Is Making Progress Toward Eliminating Continuing Disability Review Backlogs (GAO/T-HEHS-97-222, Sept. 25, 1997).

Social Security Disability: SSA Must Hold Itself Accountable for Continued Improvement in Decisionmaking (GAO/HEHS-97-102, Aug. 12, 1997).

Social Security: Disability Programs Lag in Promoting Return to Work (GAO/HEHS-97-46, Mar. 17, 1997).

People With Disabilities: Federal Programs Could Work Together More Efficiently to Promote Employment (GAO/HEHS-96-126, Sept. 3, 1996).

SSA Disability: Return-to-Work Strategies From Other Systems May Improve Federal Programs (GAO/HEHS-96-133, July 11, 1996).

Social Security: Disability Programs Lag in Promoting Return to Work (GAO/T-HEHS-96-147, June 5, 1996).

SSA Disability: Program Redesign Necessary to Encourage Return to Work (GAO/HEHS-96-62, Apr. 24, 1996).

PASS Program: SSA Work Incentive for Disabled Beneficiaries Poorly Managed (GAO/HEHS-96-51, Feb. 28, 1996).

Social Security Disability: Management Action and Program Redesign Needed to Address Long-Standing Problems (GAO/T-HEHS-95-233, Aug. 3, 1995).

Supplemental Security Income: Growth and Changes in Recipient Population Call for Reexamining Program (GAO/HEHS-95-137, July 7, 1995).

Disability Insurance: Broader Management Focus Needed to Better Control Caseload (GAO/T-HEHS-95-164, May 23, 1995).

Social Security: Federal Disability Programs Face Major Issues (GAO/T-HEHS-95-97, Mar. 2, 1995).

Social Security: Disability Rolls Keep Growing, While Explanations Remain Elusive (GAO/HEHS-94-34, Feb. 8, 1994).

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