



RRTC Employment and Health Paper

Amanda Reichard,
PhD

Institute on Disability/UCED



Background

- People who are employed are typically healthier than those who are not employed
- People with disabilities are less likely to be employed and less likely to be healthy than people without disabilities
- Less is know about variations according to type of disability

Purpose

- To explore the relationship between employment and health for people with physical disability only or multiple limitations compared to those without disabilities



Methods

- Medical Expenditure Panel Survey (MEPS)
 - Pooled data from 2004-2010
- Sample limited to working-age adults (18-64) who had no limitations, physical limitations only, or multiple limitations (including a physical limitation)
 - N=132,271 for analyses of measures from the Household Component
 - N=114,609 for analyses of measures from the Self-Administered Questionnaire (SAQ)

Disability Measures

- Physical Limitations Only
 - “Difficulties walking, climbing stairs, grasping objects, reaching overhead, lifting, bending or stooping, or standing for long periods of time”
- Multiple Limitations (including physical)
 - A physical limitation plus at least one other (cognitive, visual, or hearing) limitation
- No Limitations
 - No physical, cognitive, visual, or hearing limitations

Outcome Measures

- Ever employed during the calendar year
- Good/very good/excellent self-rated health
- Good/very good/excellent self-rated mental health
- Healthy Weight (body mass index <30)
- Non-smoker (SAQ, n=114,609)



Analysis

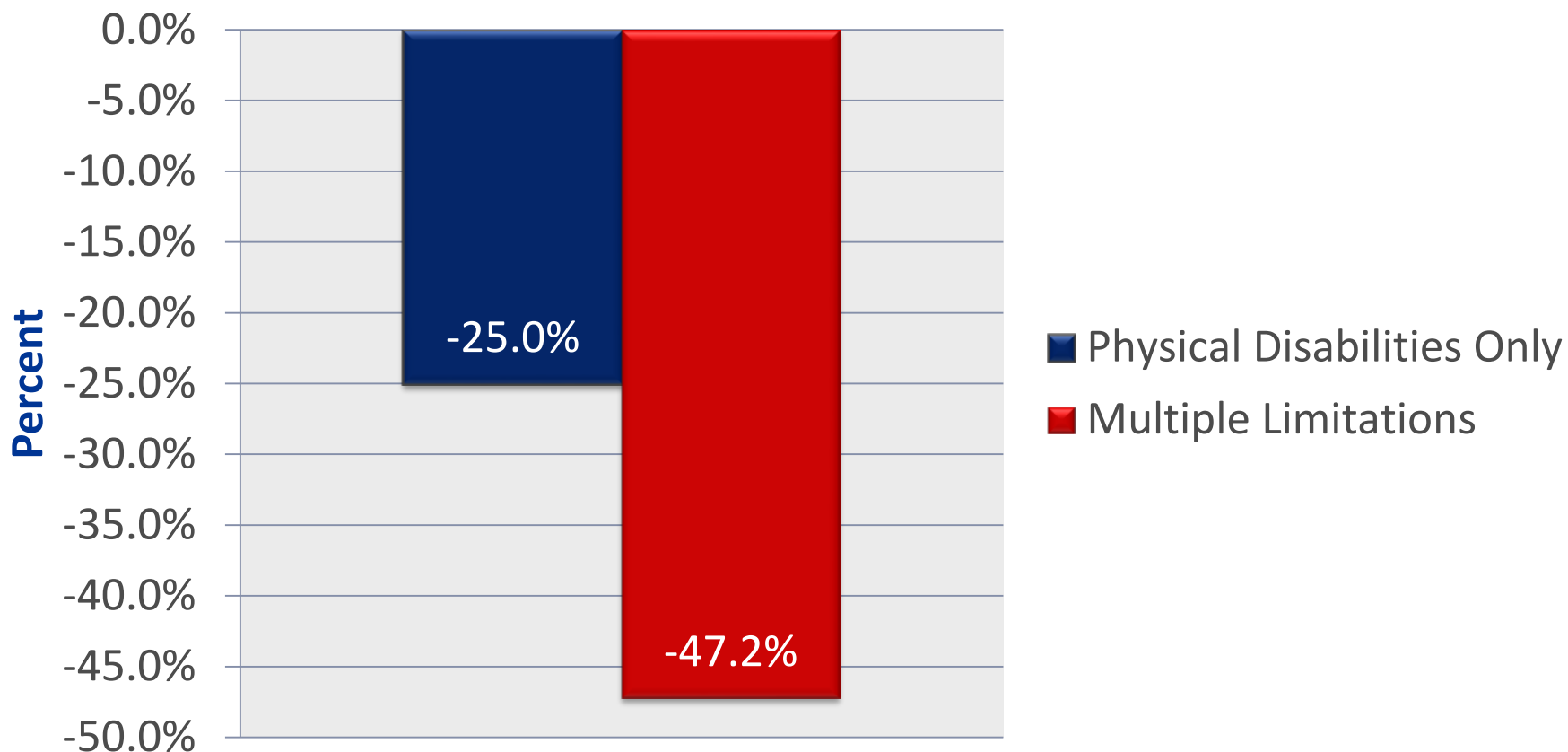
- Data were analyzed in Stata MP/13
- All analyses account for the complex sampling design of MEPS
- Univariate and bivariate – percentages and chi square
- Multivariate – bivariate probit regression and predicted margins

Table 1. Employment and Health by Disability

	No Limitations		Physical Limitation Only		Multiple Limitations	
Total	88.4	(116,670)	9.9	(13,118)	1.7	(2,483)
Ever Employed***	85.8	(95,444)	61.7	(7,236)	29.5	(583)
Fair/Poor Self-Rated Health***	6.4	(9,180)	40.6	(5,970)	68.1	(1,795)
Fair/Poor Self-Rated Mental Health***	3.9	(5,103)	19.2	(2,801)	52.8	(1,400)
Obese***	26.1	(32,074)	47.4	(6,391)	45.1	(1,147)
Current Smoker***	20.1	(19,898)	31.0	(3,815)	41.5	(957)

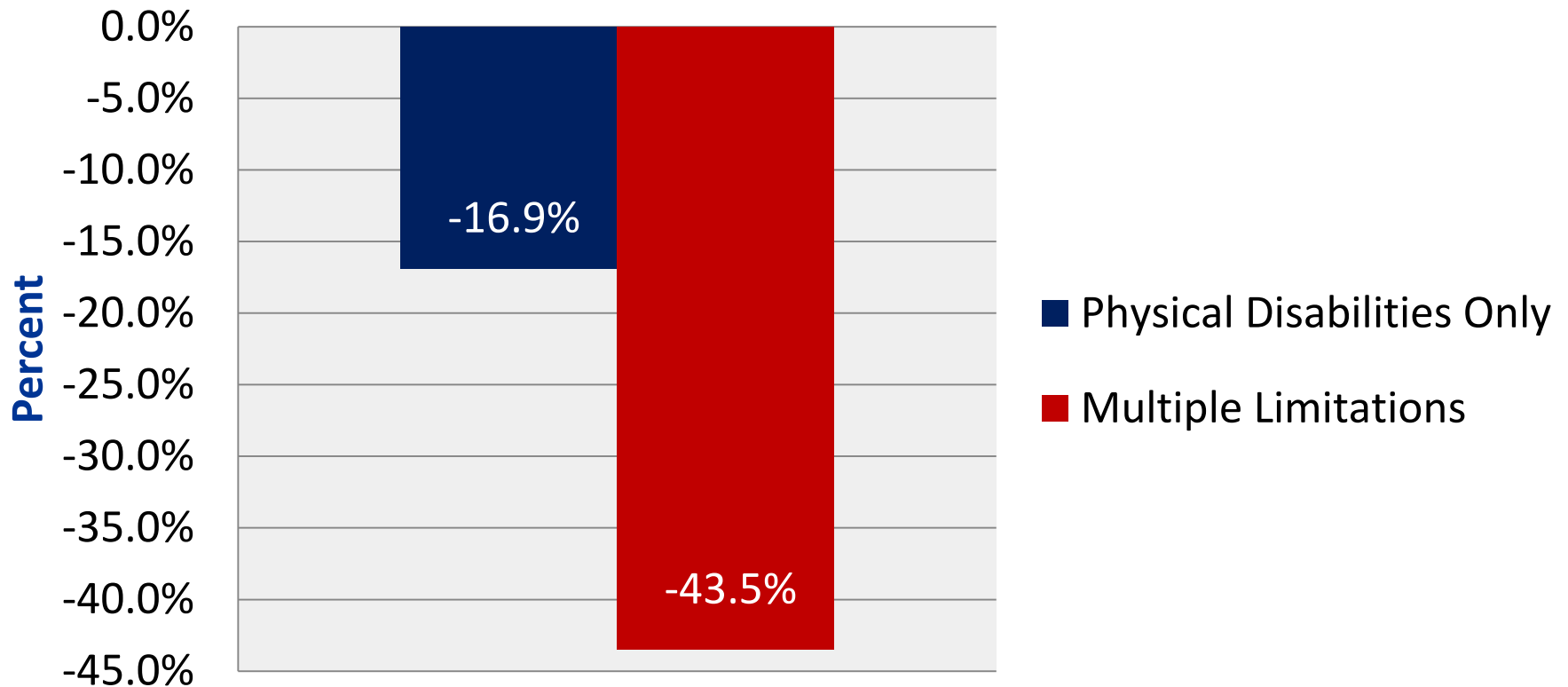
***p<0.001

Employed and Good/Very Good/Excellent Physical Health



Predicted marginals from bivariate probit regression analyses, controlling for marital status, metropolitan statistical area residence, gender, ADL/IADL needs, multiple chronic conditions, age, race/ethnicity, education, and region of residence.

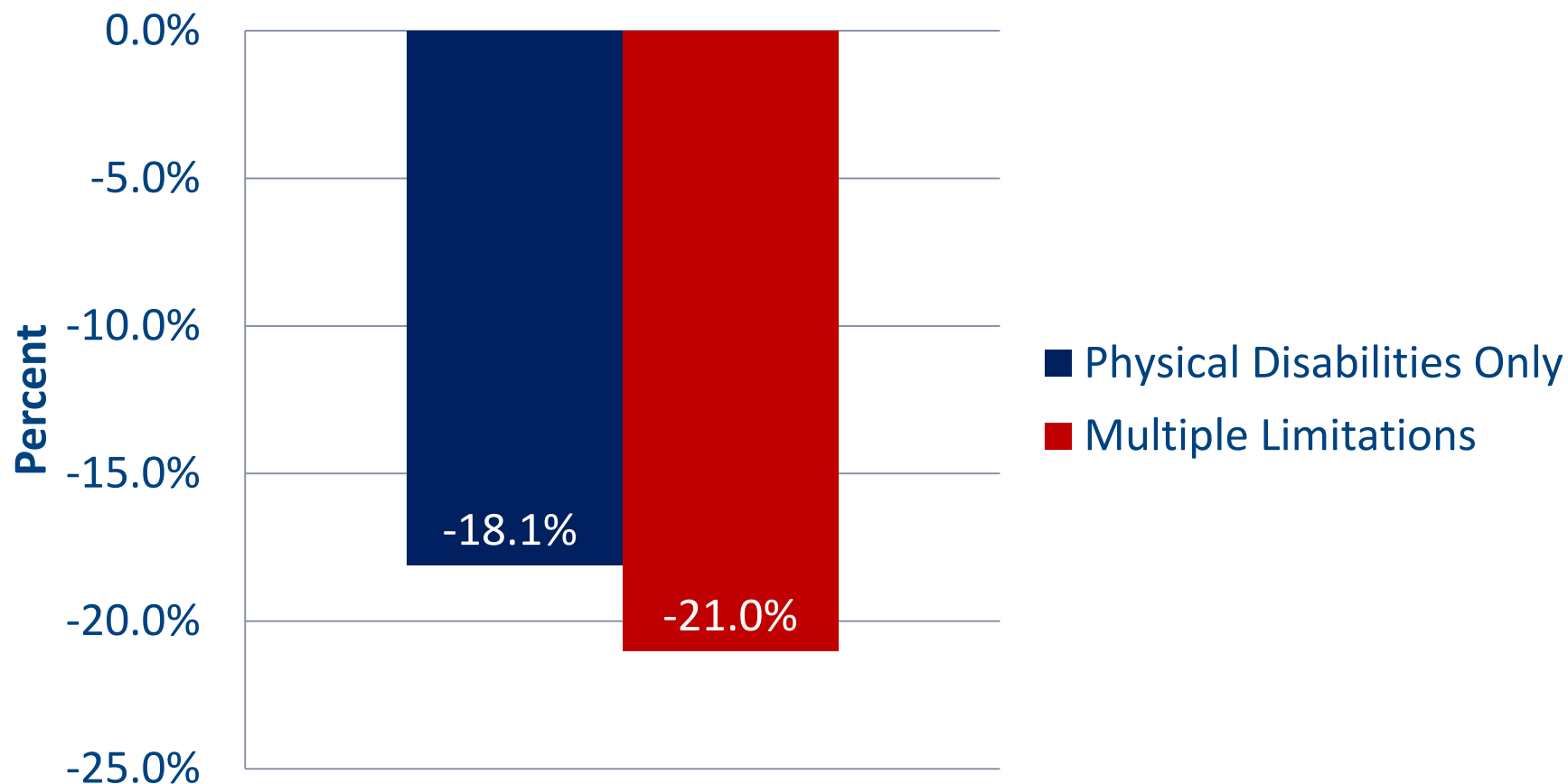
Employed and Good/Very Good/Excellent Mental Health



Predicted marginals from bivariate probit regression analyses, controlling for marital status, metropolitan statistical area residence, gender, ADL/IADL needs, multiple chronic conditions, age, race/ethnicity, education, and region of residence.



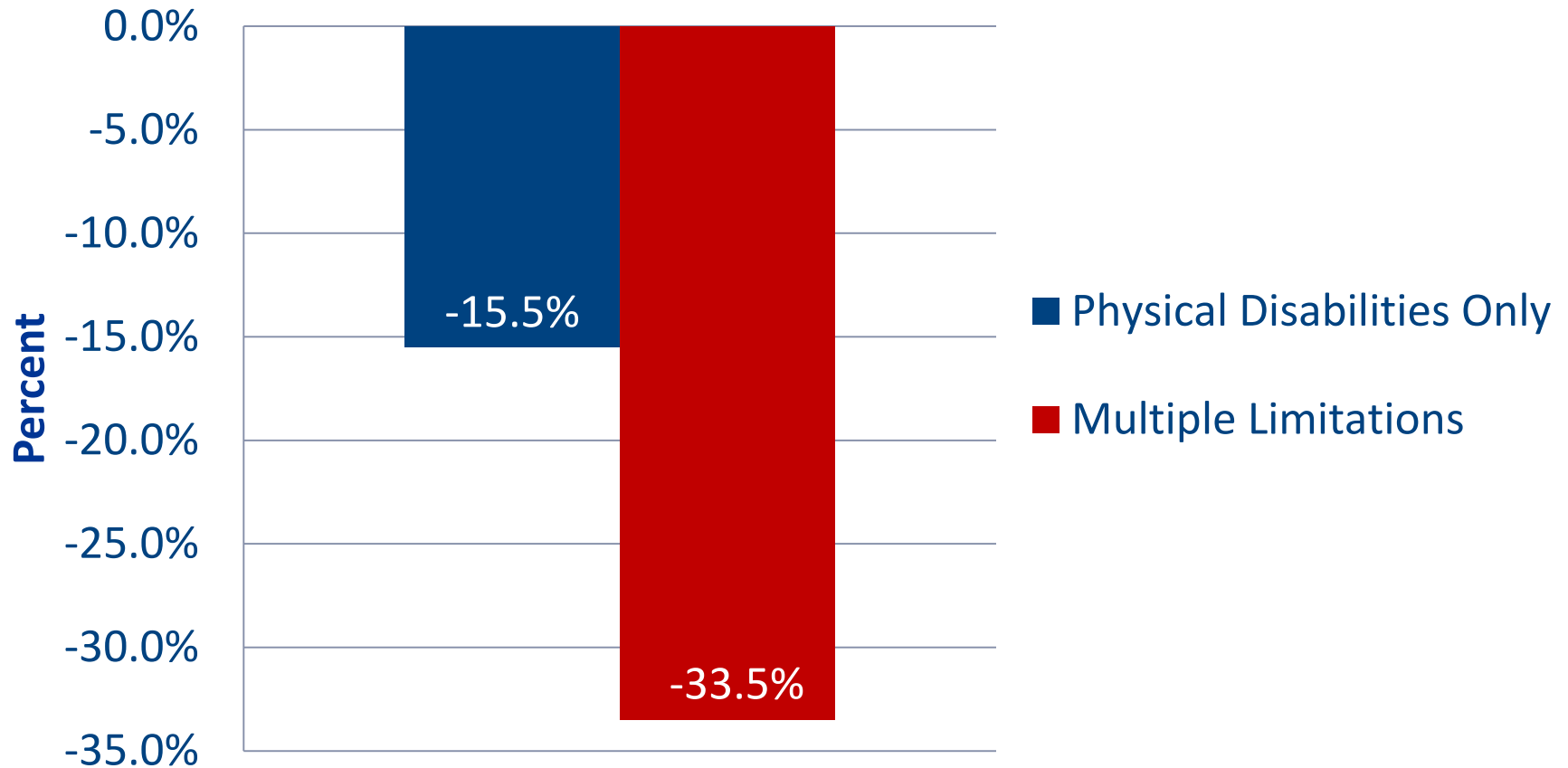
Employed and Healthy Weight



Predicted marginals from bivariate probit regression analyses, controlling for marital status, metropolitan statistical area residence, gender, ADL/IADL needs, multiple chronic conditions, age, race/ethnicity, education, and region of residence.



Employed and Non-Smoker



Predicted marginals from bivariate probit regression analyses, controlling for marital status, metropolitan statistical area residence, gender, ADL/IADL needs, multiple chronic conditions, age, race/ethnicity, education, and region of residence.



Discussion

- Confirms that people with disabilities are less likely than those without disabilities to be employed and less likely to have good health, even if employed
- Having more than one disability is more negatively associated with health and employment than having physical disability alone
- These findings are consistent across multiple measures of health

Conclusion

- This work shows the importance of examining employment and health outcomes by disability type
- These findings are the beginning of an on-going project
- As we move forward we will examine the relationship between employment and health care utilization patterns (e.g., health insurance, clinical preventive services, etc.)