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

***p<0.001
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.
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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.)