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ABSTRACT

Data from the 1992 Survey of Income and Program Participation (SIPP) were used to investigate the participation of young adults with disabilities between the ages of 18 through 26 (n=6,025,000) in the Supplemental Security Income (SSI) program. The study found that 33.4 percent of potentially eligible persons between 19 and 36 years old were found to be actually participating in the SSI program. Findings also indicated that employment and earnings were lower for SSI participants than for the general population; however, median income difference between persons who were eligible and those who participated in the SSI program were not evident. SSI participation rates were found to be higher for persons with more severe functional limitations, including those requiring assistance with basic personal needs. Persons who were potentially eligible reported poorer health and greater health care needs than persons in the general population. The implication of the findings for educators and policymakers are discussed, particularly the need for education personnel to develop strategies with adult service agencies to ensure that students are adequately informed about the SSI program and its work incentives. (Contain 44 references.) (CR)

The Supplemental Security Income Program and the School-To-Work Transition Initiative: A National Assessment of Potential Eligibility

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The Supplemental Security Income Program and the School-To-Work Transition Initiative: A National Assessment of Potential Eligibility

The Supplemental Security Income (SSI) Program has gained increased attention by professionals, consumers and policymakers interested in promoting successful school-to-work transition outcomes for youth with disabilities. Administered by the Social Security Administration (SSA), the SSI program provides cash benefits, health insurance, and work incentives for eligible recipients. These provisions reinforce both a safety net and a platform for entering the workforce and postsecondary education. The growing numbers of children and youth participating in the SSI program have prompted questions regarding how many persons may be potentially eligible, and what characteristics are evident among youth participating in the program (GAO, 1995a; GAO, 1995b; GAO, 1995c;GAO, 1995d; GAO, 1995e;GAO, 1995f; GAO, 1995g; GAO, 1995h). These questions are especially relevant during this era of policy reform, and may also help frame discussions on promoting greater economic independence through work incentives.

The SSI work incentives are empowering. Features such as the Impairment-Related Work Expense (IRWE), Earned Income Exclusion, Plan for Achieving Self-Support (PASS), and Section 1619(a) & (b) Work Incentives encourage paid employment and increased independence (SSA, 1991; SSA, 1995). For example, the PASS enables participants to set aside income or resources for specific work goals such as postsecondary education and vocational training. Also, Section 1619(b) Work Incentives help maintain Medicaid coverage when paid income exceeds the limit for cash benefits. Together, these incentives have much potential for facilitating posititive school-

to-work transition outcomes. Coupled with this potential is an assurance of basic health care coverage.

Medicaid linkage to SSI eligibility is important for several reasons. First, when health insurance is not otherwise available, obtaining Medicaid is compelling given the high costs of health care. As a group, persons with disabilities typically require more frequent and more intensive medical and health services (LaPlante, M., Rice, D.P. & Cyril, J.K, 1994; LaPlante, M., Rice, D.P. & Wenger, B.L., 1995), and the expense of these services are often beyond the reach of individuals and families. Second, individuals with disabilities residing in facilties or group homes supported by Medicaid funds rely heavily on this type of support (GAO, 1995, Aron, L.Y., Loprest, P.J. & Steuerle, C.E., 1995). And third, Medicaid has also helped sustain successful competitive and supported employment programs for persons with severe disabilities (Kregel & Wehman, 1996). Because basic health care is vital for enhancing quality of life, health insurance and Medicaid should therefore be examined in relation to SSI recipiency.

Addressing SSI recipiency, Doyle, Miller & Sears (1990) used data from the Survey of Income and Program Participation (SIPP). The SIPP is an on-going, nationally representative survey by the Census Bureau of the U.S. Department of Commerce. The authors employed data from the 1984 SIPP to examine SSI program participation among persons with disabilities. For all working-age adults who were potentially eligible, 38 percent actually participated in the SSI program. Similarly, Thorton (1991) found a comparable rate of SSI participation among persons with developmental disabilities that underscored an approximate 1:3 ratio of program participation.

Given the low rates of employment and post-secondary education among persons with disabilities (Hebbler, 1993; Louis Harris and Associates, 1994; U.S. Department of Education 1994; U.S. Department of Education, 1995; Wagner, Blackorby, Cameto &

Newman, 1992), these SSI participation estimates may indicate a need for enhanced outreach and information. That is, if eligible students are not obtaining entitled benefits, educators may have a crucial role in assisting greater utilization of SSI work incentives. As a result, students with disabilities may have improved opportunities for entering the world of work, pursuing post-secondary education and training, and obtaining an assurance of basic health care and income support.

The purpose of this study is to focus on SSI participation among young adults between the ages of 18 and 26 years. Using data from the 1992 SIPP, profiles of SSI participants, potentially eligible persons, and the general population will be described. The extent to which youth with disabilities were employed, were participating in the SSI program, and were covered by health insurance will be explored. Findings of this report will be discussed in terms of current school-to-work transition efforts and policy reform.

Method

Overview of the SIPP

Originating in 1979, the SIPP was designed as a research tool that allowed both longitudinal and cross-sectional research. The sample size of SIPP permitted reliable national estimates of many variables focusing on individuals, families, households, and programs in the United States. SIPP goals included improving the accuracy of reported income sources, examining interactions of transfer programs and employment, and improving eligibility simulation (U.S. Bureau of Census, 1991).

Though the SIPP is structured for longitudinal research purposes, cross-sectional analysis also allow "snap shots" of individual demographic characteristics. The data set used for this study was cross-sectional and focused on persons during a four month period in 1992. Specifically, variables from Waves 6 and 9 were combined to provide profiles of employment, disability, and health insurance. No attempt was made to analyze family

and household variables. Rather, case-level variables were isolated to observe characteristics shared among individual persons.

Survey Sample

The survey sample consisted of United States residents living in households, dormitories, rooming houses, and religious group dwellings. Institutionalized persons, such as individuals living in nursing homes or prisons, were not included in the SIPP. Rosters of dwellings were developed during personal visits along with demographic information about each resident. Proxy information, or data provided by persons familiar with an individual, were collected when a respondent was absent at the time of the interview or when he or she was unable to communicate effectively. For example, if a person with severe mental retardation could not respond to questions, proxy information may be acquired by a parent or guardian. Likewise, if a person was away from the household during the interview, proxy data may be obtained when possible. Persons who were absent were also tracked through telephone call backs and other follow-up procedures.

Sampling and Non-sampling Error

The SIPP data reflect a sample of the national population and are thus subject to sampling and non-sampling error. Non-sampling error refers to errors that may occur because of the SIPP's clustered data collection procedures, the effects of non-response, and undercoverage (U.S. Bureau of Census, 1991). Sampling error refers to variability due to chance. Estimates of sampling error were measured using standardized errors of weighted population totals and percentages. Statistical procedures employed for the development of generalized variance estimates for this study were developed in Bye & Gallacchio (1993).

Demographic Profile

Questions focusing on SSI participation, Social Security benefits, education attainment, race, sex, and marital status were pulled for a general profile. Receipt of SSI or Social Security payments during a given month indicated participation in these programs. Education levels were aggregated to display persons who dropped out of school before completing 12th grade, those who finished 12th grade, and those who pursued post-secondary education and training. Gender was also examined. These combined variables offered a profile of potential eligibility that may be viewed as a subset of the general population of U.S. residents.

To approximate SSI case law definitions of employment disability, independent variables were arranged to approach an estimate of potential eligibility. That is, cases of persons between the ages of 18 and 26 years were selected if the following conditions were met: (1) the respondent's health or condition prevented work at a job or business; **or** (2) the respondent's physical, mental, or other health condition disability limited the type or amount of work that could be performed; **or** (3) the main reason the respondent worked part-time was due to a health condition or disability; **and** (4) the average monthly income was less than $500. While required for ultimately determining SSI eligibility, resources and assets were not considered for this study.

Employment and earnings were investigated by polling monthly earnings and work behavior. Mean and median earnings were computed across four months. Employment, part-time employment, and unemployment were also asked for the first month of each case. Whether a respondent preferred to take a job was also explored.

Cognitive and emotional disability categories were explored across SSI participants, potentially eligible persons, and the general population. Specifically, questions regarding learning disabilities, developmental disabilities, and other cognitive

or emotional disabilities were included in the study. These questions again relied on personal reporting or proxy data. To obtain a more descriptive account of disability, functional limitations were analyzed as well.

Functional limitations were examined by collapsing a six-level scale developed by Doyle, Miller and Sears (1990). This scale models a continuum of disability that may be applied for estimating disability severity. For the purposes of this study, the six-level scale was reduced to three levels. These levels of disability were as follows:

- Level I - Severe Disability. When an individual required help from another person to perform such basic activities of daily life as dressing, eating, personal hygiene [Activities of Daily Living, (ADLS)], or if assistance was needed for doing light housework, preparing meals, or taking a walk [Instrumental Activities of Daily Living, (IADLs)], indicated a severe disability.
- Level II - Moderate Disability. No need for assistance with ADLs or IADLs and inability to perform one or more of sensory/physical functions (e.g., seeing, hearing, lifting 10 pounds, walking three city blocks, or climbing a flight of stairs) or difficulty with getting into or out of bed and getting around inside the house indicated a moderate disability.
- Level III - Mild Disability. Difficulty with sensory/physical functions without a need for assistance indicated a limited disability.

SSI participation rates were thus compared using levels of limited, moderate, and severe disabilities. These comparisons were limited to sampled persons who were potentially eligible for the SSI program. It should also be noted that these levels are not entirely

exclusive from one another, but still provide a rough continuum for observing degrees of disability severity.

The SIPP interviews included several questions pertaining to health and health insurance coverage. Respondents were asked to rate their health as either excellent, very good, good, fair, or poor. Also, the number of sick days and overnight hospitalization in the previous 12 months was obtained. To assess health insurance coverage, questions focusing on public and private coverage were included. If an individual respondent did not have health insurance, the reason for lack of coverage was investigated using a range of choices such as unemployment, personal expense, or exclusion due to pre-existing conditions. Together, these questions offered a sketch of health and insurance coverage for the general population and for persons who were potentially eligible for the SSI program.

Insert Table 1 About Here

Results

General Profile

Table 1 shows a general profile of SSI participation, potential eligiblility, and the general U.S. population. Similar to the findings by Doyle, Miller & Sears (1990), it was

estimated that 33.4 percent of the persons potentially eligible for the SSI program were actually enrolled. Another noteable finding was that persons who were potentially eligible were less likely to to complete a high school education. While 47.6 percent of persons in the general population pursued postsecondary education or training, only 21.3 percent of persons who were potentially eligible did so.

Examination of gender also revealed intriguing findings. Females appeared to be potentially eligible more often than males, 54.9 percent versus 45.1 percent. However, noteable gender differences were not apparent with persons who actually participated in the SSI program.

Insert Table 2 About Here

Employment Disability

Table 2 displays employment characteristics and earnings. Persons in the general population were more than three times more likely to be employed than those who received SSI benefits, and nearly two times more likely than those who were potentially eligible for the program. Most employed SSI participants and potentially eligible persons were employed part-time, less than 35 hours per week. Interestingly, while 10.8 percent of unemployed persons in the general population reported that they could take a job if offered, 19.4 percent of potentially eligible persons indicated a similar readiness to work.

Earnings across the three groups revealed salient disparities. Mean earnings for persons in the general population were more than six times higher than for persons who were potentially eligible for SSI. Median earnings, less susceptable to extreme variations than mean estimates, showed no difference between SSI participation and potential eligible chorts, however. Zero median earnings were estimated for both of these groups due to unemployment.

Insert Table 3 About Here

Disability and Functional Limitations

Table 3 illustrates disability and functional limitation attributes. Cognitive, developmental, and emotional disability findings showed that learning disabilities were the most frequently reported disability type among the general population and potentially eligible persons. In contrast, other mental or emotional disabilities were most often reported by SSI participants.

Functional limitation measures and estimates are exhibited in Table 4. Persons with severe functional limitations were estimated to receive SSI benefits 45.5 percent of the time; thus, 54.5 percent of potentially eligible young adults with severe functional limitations were not enrolled in the SSI program. Across limitation levels, participation rates decreased with the degree of limitation severity.

Insert Table 4 About Here

Health

Health and insurance data are shown on Table 4. Persons who were potentially eligible reported fair to poor health approximately nine times more often than persons in the general population. Also, potentially eligible persons were three times more likely than persons in the general population to have illnesses requiring bed rest for five or more days per year. Overnight hospitalization percentages were similarly higher for potentially eligible persons, 14.9 percent, than for the general population, 6.8 percent.

Several health insurance findings were notable and sometimes contradictory. For example, 100 percent of all persons receiving SSI benefits reportedly had Medicaid insurance. However, 12.8 percent of this group also reported that they had no health insurance coverage. Perhaps this was due to respondent misunderstanding of available health coverage through the SSI progam. For persons who were potentially eligible, about half of these individuals had Medicaid. The foremost reason for no insurance was that health coverage was too expensive. Unemployment was the second most frequently reported reason for not having insurance among potentially eligible persons.

Discussion and Implications

Findings of this study may better describe the population of potentially eligible young adults in the United States. First, 33.4 percent of potentially eligible persons between 18 and 26 years were found to be actually participating in the SSI program.

Thus, consistent with the findings of Doyle, et al. (1990) and Thornton (1991) with the 1984 SIPP data, the majority of potentially eligible young adults were not enrolled in the SSI program. Another finding was that employment and earnings were lower for SSI participants than those in the general population; however, median income differences between persons who were eligible and those who participated in the SSI program were not evident. Third, SSI participation rates were higher for persons with more severe functional limitations, including those requiring assistance with basic personal needs. And fourth, persons who were potentially eligible reported poorer health and greater health care needs than persons in the general population.

Several caveats need to be mentioned. Interpretations of these results must take into account the possibility of sampling and non-sampling error. Though most figures provide fairly reliable national estimates, populations under 75,000 persons are necessarily tenuous. Further, potential eligibility should be viewed carefully given that the study approximated SSI criteria using self-reported and proxy data. The low estimates of persons with developmental disabilities, for example, may reflect a misunderstanding of the respondents as well as the interviewers. Another interpretation issue is the comparison of SSI participants with those who were potentially eligible. Because SSI participants were a subset of potentially eligible persons, group exclusivity cannot be assumed. Therefore, the relative effectiveness of the SSI program on health, employment, and other factors cannot be construed from this report.

With these caveats in mind, this report has important implications for educators and policymakers. If the goal of educational programming for students with disabilities is preparation for adult life in integrated community, residential, and work settings, then the Social Secuiry SSI program is a major untapped resource for supporting transitioning students. Though available since 1980, work incentive options, "have not been broadly

used by benefit recipients and often the recipients are reluctant to participate or continue in VR programs to achieve placement into employment." (Federal Register, 1989). Participation in the work incentive programs first requires an individual to be enrolled in the SSI program.

Given the low enrollment rates for potentially eligible young adults, education personnel should play an active role in developing strategies with adult service agencies to ensure that students are adequately informed about the SSI program and its work incentives. As part of the transition planning for students with disabilities, educators should identify potentially eligible students and assist them and their supporters in understanding, applying, and establishing eligibility. Increasing evidence is pointing to the critical role vocational experiences have in the successful transition from school to work. As discussed in this paper, the SSI program offers a variety of benefits that provide access to medical care as well as work incentives to maximize the coordination of incomes and work-related expenses.

This study has confirmed and extended findings of previous research: few young adults who meet the eligibility criteria for SSI are actually enrolled. Such findings have critical implications for the roles of education personnel with mandated responsibilities for the coordination of transition activities and services. Future research needs to assess the knowledge level of special educators, transition coordinators, and parents of students receiving special education services to ensure that they have sufficient information about SSI and work incentives.

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Table 1.

Profile of SSI Participation, Potential Eligibility, and the General Population of Non-Institutionalized U.S. Residents, Ages 18-26 Years

	SSI Participation (n = 83)		Potentially Eligible (n = 259)		General Population (n = 6,025)	
	Total in Thousands	(Percent)	Total in Thousands	(Percent)	Total in Thousands	(Percent)
SSI Participation	543	(100%)	543	(33.4%)	543	(1.5%)
Education						
< 12th Grade	137	(25.2%)	384	(26.0%)	5,024	(16.5%)
12th Grade	288	(59.7%)	780	(52.7%)	11,020	(36.0%)
> 12th Grade	57*	(12.0%)	316	(21.3%)	14,530	(47.6%)
Sex						
Male	275	(50.7%)	735	(45.1%)	17,480	(49.7%)
Female	268	(49.3%)	894	(54.9%)	17,690	(50.3%)

Note. Note. *Estimate has low statistical reliability (relative standard error > 30%). Also, sums of percentages may not always equal 100 due to missing cases.

Table 2.

Employment and Earnings of SSI Participants, Potentially Eligible Persons, and the General Population of Non-Institutionalized U.S. Residents, Ages 18-26 Years

	SSI Participation (n = 83)		Potentially Eligible (n = 259)		General Population (n = 6,025)	
	Total in Thousands	(Percent)	Total in Thousands	(Percent)	Total in Thousands	(Percent)
Employed	93	(17.1%)	460	(28.3%)	24,040	(69.1%)
Employed Part-Time	90	(16.6%)	334	(20.6%)	70,456	(20.4%)
Not working	450	(82.9%)	1,168	(71.7%)	10,870	(30.9%)
Could take job if offered	74*	(13.7%)	316	(19.4%)	3,786	(10.8%)
			Wages			
Monthly earnings						
Mean	$75.83		$136.39		$846.28	
Median	$0.00		$0.00		$655.00	
SD	170		327		944	

Note. *Estimate has low statistical reliability (relative standard error > 30%).

Table 3.

Functional Limitations of SSI Participants, Potentially Eligible Persons, and the General Population of Non-Institutionalized U.S. Residents, Ages 18-26 Years

	SSI Participation (n = 83)		Potentially Eligible (n = 259)	
	Total in Thousands	(Percent)	Total in Thousands	(Percent)
Severe	97	(45.5%)	117	(54.5%)
Moderate	98	(33.6%)	193	(66.4%)
Mild	369	(30.9%)	827	(69.1%)

Note. Functional limitation categories were adapted from Doyle, Miller and Sears (1990).

Table 4.

Health and Insurance for SSI Participants, Potentially Eligible Persons, and the General Population of Non-Institutionalized U.S. Residents, Ages 18-26 Years

	SSI Participation (n = 83)		Potentially Eligible (n = 259)		General Population (n = 6,025)	
	Total in Thousands	(Percent)	Total in Thousands	(Percent)	Total in Thousands	(Percent)
Health						
Excellent	52*	(10.7%)	213	(14.4%)	12,560	(41.1%)
Very Good	134	(27.7%)	376	(25.4%)	10,840	(35.4%)
Good	163	(33.8%)	444	(30.0%)	5,507	(18.0%)
Fair	68*	(14.1%)	308	(20.8%)	950	(3.1%)
Poor	66*	(13.6%)	138	(9.4%)	209	(0.7%)
Medicaid	543	(100%)	811	(49.8%)	3,440	(9.8%)
Medicare	54*	(9.9%)	79	(4.8%)	95	(0.3%)
Sick in bed 5 or more days in last 12 months	83	(12.6%)	249	(15.1%)	1,286	(5.0%)
Overnight hospitalization in last 12 months	51*	(10.5%)	220	(14.9%)	2,082	(6.8%)
No insurance	62*	(12.8%)	341	(23.0%)	8,803	(28.8%)
Reason for no insurance						
Unemployment	31*	(6.4%)	70*	(4.8%)	764	(2.5%)
Employer does not offer	N/A	N/A	44*	(3.0%)	1,649	(5.4%)
Health/illness precludes	N/A	N/A	14*	(1.0%)	75	(0.2%)
Too expensive	25*	(5.3%)	194	(13.1%)	5,101	(16.7%)
Other	6*	(1.2%)	18*	(1.2%)	1,289	(4.2%)

Note. *Estimate has low statistical reliability (relative standard error > 30%).

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