

Disability isn't the new welfare?

(Then again welfare wasn't the new welfare either)

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# What it sometimes feels like to talk SSI/DI



# Roadmap

- Disability and the rhetoric of crisis
- Why disability will never fit neatly into public policy
- Disability policy is broader than SSI/SSDI
- Modest policy suggestions

# In many ways, disability policy is a quiet policy success

- The United States is a world leader in many areas.
  - Physical accessibility of our common life.
  - Care and living on a human scale in community settings for individuals who would have received no help or been institutionalized not long ago.
  - Broadly supported changes in legal protections entitlements, and (not least) popular culture to embrace people living with disabilities.
- SSI/SSDI play a critical supporting role in this progress. Not cheap or easy, by any means.

# Disability as uneasy frame for public policy

- “Disability” will never fit neatly in public policy.
  - Term denotes a binary administrative construct applied to a continuous and multi-dimensional package of impairments and functional limitations.
  - National scale requires complex and imperfect administrative processes affecting millions of people.
  - Inherent vulnerability to stereotypes and anecdotal data.
  - Policymakers/commentators lament poor implementation, fail to support administrative capacity.
  - Individual factors inherently linked with underlying labor market challenges, especially during great recession.

# Fundamental tensions in disability policy and politics

- ADA premised on moving people with disabilities into workforce and common life. Disability programs seen in-tension with this objective.
  - ADA helpful in improving workforce accommodation, transportation infrastructure.
  - Less helpful in promoting general human capital or addressing issues unrelated to actionable misconduct by employers/others.
- Has overall marginal impact on labor force participation despite other accomplishments.

# Disability programs/policy in the public conversation

- Easily dominated by stereotypes, reinforced by unfortunate media portrayals.
  - Programs portrayed as more generous than they are, and as providing more attractive alternative to work than they do.
  - Programs portrayed as more lax in determining eligibility than they are, more swayed by the “disability industrial complex.”
  - Programs portrayed as more fiscally amiss than they are.
  - Errors of improper enrollment given greater attention than errors of improper denials or delays, difficulties caused by Medicare waiting period, etc.
- E.G. *This American Life's* “Trends with Benefits” combined beautifully humane elements with elements that reinforce above misperceptions.

## Items typically unmentioned

- High rate of applications denied, including among applicants in the subjective or controversial categories such as childhood ADHD.
- Low LFP and wages among individuals denied benefits.
- Incentives/efforts within programs to help people back into work.
- Impact of SSI/SSDI for individuals who require health coverage, particularly before full ACA implementation.

Near-seniors with significant health problems often find that disability is only conduit to needed medical services and health coverage.

An Indiana garage sale during the 2008 campaign.

CBO projects that spending on DI will stabilize as percent of GDP between now and 2022.

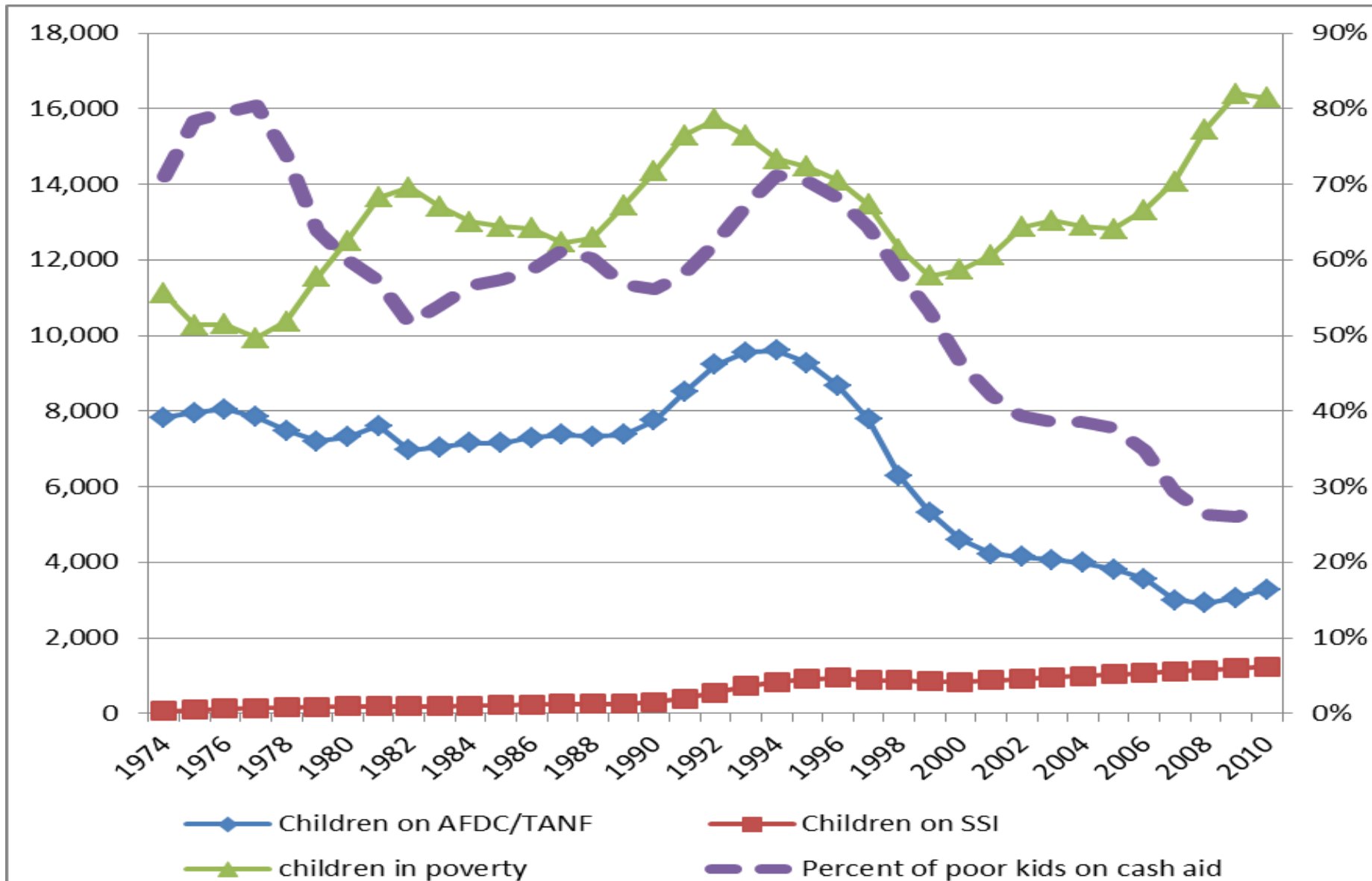


# Stereotyping particularly troubling regarding child SSI program

- Insinuation that parents can achieve eligibility by coaching kids to perform poorly in school.
- Public expectations regarding the legitimacy of mental/behavioral disorders.
  - TAL interview with Jahleel Duroc
- Reality that SSI is sometimes the only available conduit to necessary services for low-income families.
- Misperceptions about the size of the child SSI program and the inflows after the 1996 welfare reform.

The Women's Employment Study followed 500 long-term welfare recipients, and found that, of those, only 37 ended up on SSI. Another 114 applied but were unsuccessful.

# A more useful (if pathetically busy) graph on welfare reform, SSI, and the great recession



# Both SSI and SSDI have greater work incentives than are commonly understood

- SSI/SSDI are a bit like Medicaid, in that programs become a safety-net for broader social policies, macroeconomic policy failures, and the rise of the uninsured.
- Cross-state patterns concerning, suggesting need for improved oversight and more frequent continuing medical reviews.
- SSDI can adopt some work supports/incentives on SSI side for individual workers.
- Most concerning work incentive issues are outside SSI/DI systems.

## But there are real concerns

- Cross-state patterns concerning, suggesting some need for improved oversight and more frequent continuing medical reviews.
- Congress must support program infrastructure for proper eligibility determination.
- Need for improved interventions *before* workers leave the workplace or attain SSI/SSDI receipt.
- Need to protect long-term fiscal and political stability of public disability programs.

# Some areas of compromise

- This is a long-term challenge not a short-term crisis.
- Improved congressional funding for SSA institutional capacity.
  - Funding for state disability determination services placed on the mandatory, rather than the discretionary, side of the budget.
  - Need for more staff, greater ability to perform continuing disability reviews.
- Additional revenue to ensure fiscal stability of a valuable form of social insurance.

# Some areas of compromise

- Across spectrum, we should agree that existing research base is sparse. Experiments and demonstration can improve programs.
- Promising elements:
  - Help workers to stay at work may be more effective than trying to optimize incentives once SSI/SSDI recipients have already taken many steps out of the workforce.
  - Data on statistical discrimination against long-term jobless certainly reinforces this perspective.
  - Private & temporary DI policies may be valuable to encourage employers to address these concerns.
  - Medicaid buy-in and related structures may help, as well.
- ACA will help. People with work-limiting conditions require health coverage independent of cash disability assistance.