

US-born workers receive disability benefits more often than workers from abroad

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No matter where they came from, people born outside the United States but working here are much less likely to receive Social Security Disability Insurance benefits than those born in the U.S. or its territories. Foreign-born adults, according to a study published in the December issue of the journal *Demography*, are less likely to report health-related impediments to working, to be covered by work-disability insurance, and to apply for disability benefits.

The researchers used data from the American Community Survey (ACS) to determine the prevalence of [work disability](#) and records from the Social Security Disability Insurance (SSDI) program to determine the incidence. They found that over the ten-year period from 2001 to 2010, about 6.56 people per thousand born in the U.S. received benefits through the SSDI program.

Foreign-born individuals make up about 13 percent of the U.S. population, and a somewhat larger proportion (16.7 percent) of the U.S. labor force. They are, however, significantly less likely to report [work disability](#) and to receive work [disability benefits](#). The researchers found that only 4.16 per thousand foreign-born men and 4.36 per thousand foreign-born women were approved for benefits.

There were wide variations depending on where foreign workers were born. The lowest disability rate was 2.28 per thousand for immigrants from East Asia. The highest, although considerably lower than the U.S. rate, was 5.66 per thousand for those who came from the Caribbean.

"Clearly," the authors wrote, "the disability insurance program is one in which the insured foreign-born are drawing benefits at a lesser rate than the native-born insured under the program."

During the 2016 presidential election, however, immigrants were often depicted as a serious problem. Public debates about immigration policy, as well as social safety net programs, became increasingly contentious.

"The political discussions about immigration became more prominent just as we were finishing up this research project," said the study's senior author, Diane Lauderdale, PhD, professor and chair of the Department of Public Health Sciences at the University of Chicago. "We heard opinions about the extent to which immigrants were a burden on, or a benefit to, the economy, often unsupported by data."

Although a 2017 report from the National Academies of Sciences, Engineering, and Medicine on "The Economic and Fiscal Consequences of Immigration" concluded that immigration "has an overall positive impact on long-run economic growth in the U.S," the authors noted that "some scholars and many in the general public remain skeptical, and questions persist as to whether public spending on the foreign-born is proportionate to their tax contributions."

A previous study on work disability, published in 2011 but based on the ten-year period from the Immigration Act of 1990 to the 2000 census, concluded that "immigrants had a higher prevalence of self-reported work disability" than their native-born counterparts.

The authors of the current exhaustive study used updated survey data as well as comprehensive administrative records from the major federal program that provides assistance to those with work disability. They found that the work disability findings from the 2011 article were flawed: the core question about work disability appears frequently to

have been misunderstood by respondents with limited English language skills.

"A lot of foreign-born workers seemed to have stumbled over one awkwardly designed question," said the study's lead author, Michal Engelman, PhD, assistant professor of sociology at the University of Wisconsin. The survey asked: "Because of a physical, mental or emotional condition lasting six months or more, do you have difficulty doing any of the following?" It then listed four activities. The final choice, positioned far from the initial query, was "Working at a job or business."

"Many people who answered 'yes' to this question also reported that they worked," Engelman said. "That was inconsistent."

Her team was not the first to notice. By the time of the 2003 ACS, the question had been reworded. "We saw a big spike in the estimates of work disability in 2000," Engelman said, "but that dropped back down in 2003."

When the current study's authors updated the 2011 analysis by looking at more recent and reliable data sources, the surge in immigrant disability applications dissolved. "While there is notable variation across origin groups," they concluded, "work disability is much less likely among the foreign-born—both collectively and from each region of origin—than among those born in the United States."

The new analysis found that, depending on their region of origin, foreign-born workers were from 23 percent to 67 percent less likely to receive disability benefits from public programs than U.S.-born workers.

Several reasons contribute to the low demands that immigrants place on this benefit program. For one, earning work disability benefits requires

extensive participation in the formal labor force. Foreign-born workers also tend to have certain health advantages. They have greater longevity and lower rates of cancer than U.S. born workers. They also have less obesity, chronic disease and depression. They are more likely to have strong social supports and lower smoking rates. These advantages wane over time spent in the U.S.

"The prospect of employment, and the promises it holds for economic security and social mobility are a major motivation for immigration," said Engelman. This research highlights "the extent to which the American dream of hard work and success may be contingent on being healthy enough to keep working."

More information: Michal Engelman et al, Work Disability Among Native-born and Foreign-born Americans: On Origins, Health, and Social Safety Nets, *Demography* (2017). [DOI: 10.1007/s13524-017-0617-8](https://doi.org/10.1007/s13524-017-0617-8)

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