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## MISSISSIPPI'S BURDEN OF DISABILITY

by

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The Institute for Disability Studies (IDS), housed at the University of Southern Mississippi, reports that “individuals with disabilities, as a group, occupy an interior status in our society and are severely disadvantaged socially, vocationally, economically, and educationally.”<sup>1</sup> The kind of chronic health problems the IDS refers to may be the result of disease, accidents, violence, or congenital abnormalities. They affect every aspect of life – from one’s ability to get an education and to move about independently to his/her ability to earn a living.

The American Community Survey (ACS) periodically collects a variety of data on disability for individuals in Mississippi. Data in this report are taken from the 2009-2011 ACS three-year estimates for the state. They represent the most recent data on disability.

According to the ACS, a disability exists when a physical, emotional, or mental condition limits a person’s activities and restricts his or her full participation at school, work, home, or in the community. A blind person, for example, may not be able to find suitable work, a wheelchair user may not be able to get to the doctor’s office without help, or a child may fail to learn due to hearing loss.

The ACS contains information on six different types of disability. Four of these refer to serious difficulty with hearing, vision, moving about, and mental activities. Vision difficulty includes not just blindness, but serious vision problems despite the use of glasses. Likewise,

hearing difficulty means not only deafness but serious hearing problems short of total deafness. Ambulatory difficulty means that the person experiences serious difficulty walking or climbing stairs. Cognitive difficulty encompasses problems with thinking, learning, concentrating, remembering, or making decisions.

The remaining two questions refer to difficulty dressing or bathing, termed self-care disability, and difficulty in living independently. The latter question asked people if they experienced problems doing errands alone, such as shopping or going to the dentist, because of a physical, mental, or emotional condition.

### Disability Prevalence in Mississippi

Mississippi’s overall disability rate of 16.1 percent is substantially higher than the 12.0 percent in the nation. Among the states, only three (Alabama, Arkansas, and West Virginia) ranked higher than Mississippi. Table 1 shows the various types of disability reported for noninstitutionalized adults (ages 18 and over) in the state and in the nation. The data exclude children, people serving in the armed forces, and those living in institutions such as nursing homes and prisons; the latter tend to have higher than average rates of disability. As the table indicates, disability rates in Mississippi exceed those in the nation, regardless of the specific type of disability.

Among Mississippians aged 18 to 64, 14.8 percent (an estimated 262,965 people) had some

**ATTENTION:** Due to the government shut down, the release of some data has been delayed. We will therefore not be presenting the economic indicators this month. We apologize for any inconvenience this may cause. We will resume presentation in December. An overview of the Mississippi Outlook appears on page 4.

**TABLE 1. TYPE OF DISABILITY FOR NONINSTITUTIONALIZED CIVILIAN POPULATION  
(AGES 18+), MISSISSIPPI AND U.S.**

	<u>Mississippi</u>	<u>United States</u>
<b>Population 18 to 64</b>	(%)	(%)
With learning difficulty	2.7	2.1
With vision difficulty	3.0	1.7
With a cognitive disability	6.2	4.1
With an ambulatory difficulty	8.6	5.2
With a self-care difficulty	2.9	1.8
With an independent living difficulty	5.4	3.5
Any disability	14.8	10.0
<b>Population 65+</b>		
With learning difficulty	17.3	15.2
With vision difficulty	10.4	6.9
With a cognitive disability	13.6	9.4
With an ambulatory difficulty	32.7	23.8
With a self-care difficulty	12.1	8.7
With an independent living difficulty	21.2	16.2
Any disability	46.0	36.8

Source: US Census Bureau, 2009-2011 American Community Survey 3-Year Estimates.

form of disability. Ambulatory difficulties were most frequently reported, followed by independent living issues. In every case, fractions disabled in the state substantially exceeded the national figures in this prime-working-age category. The estimated number of disabled elders in Mississippi exceeds 169,000.

Disability prevalence is substantially higher among people over 65 than in the 18 to 64 group, both the overall prevalence of disability and each specific subtype. Again, state percentages are considerably higher than national.

Since the disability measures are not mutually exclusive, it is possible for any given individual to experience two or more disabilities simultaneously. Of state citizens aged 18 to 64, about half reported only one type of disability; the rest had two or more types. Again, Mississippians are disadvantaged relative to the nation, where 45.9 percent had two or more disabilities. Likewise, among state residents aged 65 and over, 61.2 percent had two or more disabilities, compared to 55.8 percent nationwide.

### **Consequences of Disability**

When people suffer from disabilities, the state too experiences a variety of negative impacts. First, disability early in life tends to limit educational attainment in adulthood.<sup>2</sup> At the same time, less educated people are more likely to become disabled as adults. In part, this is because the jobs they tend to hold are inherently riskier and more physically demanding – construction laborers, for example – and thus more hazardous to health. Learning deficiencies may also be linked to less awareness of safety precautions or lower compliance with safety instructions, raising the risk of occupational injuries. Second, disability limits the size of the work force, to the extent that disabled people are prevented from working or unable to find work suited to their capacities. Among Mississippians aged 16 and over, for example, fewer than one in five of those with a disability were employed, as opposed to 61.4 percent of non-disabled people in that age group. Moreover, researchers have shown that poor health is the single most important reason for early retirement.<sup>3</sup> Economic growth suffers when jobs go unfilled or productivity lags

due to workers' ill health and the absenteeism due to it.

Third, disabled people who cannot work at all or work only part-time increase the state's dependency burden, since those who do work must support those who don't. Not surprisingly, the disabled are more likely than the nondisabled to live in poverty and to receive government benefits such as housing subsidies and food stamps.<sup>4</sup>

Fourth, the combination of more dependents and fewer workers makes it difficult to raise per capita income. At the same time, it reduces the state tax collections that finance social programs, infrastructure development, and many other needs.

Fifth, high disability rates entail high medical costs. To the extent that these are paid for with state funds, such as Medicaid, monies are again diverted from other pressing needs, such as schools and roads.

Finally, some people are so disabled that they require institutionalization, an expensive alternative that few families can afford; all too often, Medicaid is left to pick up the tab when people become impoverished. On the other hand, highly disabled people who live at home typically rely on the unpaid assistance of relatives. Such caregivers may have to quit their jobs outright, cut their work hours, or refuse transfers or promotions which might entail moving or longer hours, in order to provide the necessary care. According to a recent national survey, one in five retirees left their jobs sooner than planned because of caregiving obligations to a family member.<sup>5</sup> Employees' elder care duties alone cost U.S. businesses an estimated \$33.6 billion dollars annually in lost productivity. Among those costs are those associated with replacing employees who quit and dealing with the absenteeism, workday distractions, and reductions in hours of those who stay on the job while caregiving.<sup>6</sup> Ironically, caregiving employees report more health problems themselves than their non-caregiving counterparts, again raising costs for employers.<sup>7</sup>

## Conclusion

For those concerned with Mississippi's perennial poor showing on measures of economic well-being (such as per capita income), the state's burden of disability is certainly a key part of the explanation. Because we are an aging population, and because disability rates rise dra-

matically with age, the number of disabled residents is bound to increase in years to come. The improved survival prospects of even the severely disabled, due to advances in medicine, will raise that number even further.

By definition, chronic health problems are incurable. Hence, vocational rehabilitation, early retirement, and coping mechanisms in the home and in the workplace are the only alternatives. But, among people still in good health, prevention efforts can keep future increases in the disabled population to a minimum. Screening programs, disease and accident prevention programs, and early treatment of such problems as overweight and hypertension can prevent or postpone worse problems, such as stroke and heart disease. Individuals can do much, at little or no monetary cost, to invest in their own and their family's health by eating better, avoiding tobacco, and exercising regularly.

In the workplace, businesses and industry can enhance safety programs, maintain equipment, educate workers to minimize accidents on the job, and offer healthy choices in the cafeteria. Since increasing educational attainment is linked to lower disability rates, increasing state investments in education will pay off in health terms as well as in work force productivity. With concerted effort, such steps can simultaneously reduce the need for expensive medical services, use scarce resources more efficiently, create a healthier work force, and enhance the quality of life in Mississippi.

<sup>1</sup> [www.usm.edu/disability-studies/mission](http://www.usm.edu/disability-studies/mission)

<sup>2</sup> Barbara J. Logue, "Education and Health," *Mississippi's Business*, Vol. 61, No. 4, April, 2003.

<sup>3</sup> American College of Occupational and Environmental Medicine, "What Makes Workers Take Early Retirement?" [www.newswise.com/articles/what-makes-workers-take-early-retirement](http://www.newswise.com/articles/what-makes-workers-take-early-retirement).

<sup>4</sup> Erika Steinmetz, "Americans with Disabilities: 2002," *Current Population Reports/Household Economic Studies*, P70-107, May 2006, p.8.

<sup>5</sup> Lynn Feinberg and Rita Choula, "Understanding the Impact of Family Caregiving on Work," AARP Public Policy Institute, Fact Sheet 271, October, 2012.

<sup>6</sup> Ibid.

<sup>7</sup> "The Metlife Study of Working Caregivers and Employer Health Care Costs," [www.metlife.com/mmi/research/working-caregiver-employer-health](http://www.metlife.com/mmi/research/working-caregiver-employer-health).

## THE MISSISSIPPI OUTLOOK

The State's labor market appears to be doing well relative to the past decade. The State has added 18,700 jobs on average in 2013, a 1.7 percent growth rate. If this rate is maintained for the year, it will be the strongest growth since 1999. However, many of the jobs created are in industries long associated with part-time or temporary jobs. For example, 8,500 jobs added in 2013 were in the administrative and support services sector. An additional 3,200 jobs were in the food services sector. On the other hand, the construction sector has shown remarkable improvement with an average gain of 2,400 jobs in 2013 over 2012 or 5.0 percent. The construction of the Kemper County Energy Facility undoubtedly factors prominently in this growth.

Interestingly, the household survey employment figures show a significant decline in employment for the State. The previously quoted employment trends are based on the establishment survey and are generally considered the more reliable indicator of employment. It is not uncommon for the two series to differ from one another, especially during periods of transition. According to the National Bureau of Economic Research, the establishment series often outpaces the household series in the early periods of expansion while the opposite holds during early periods of contraction. Beyond these business cycle explanations, the current difference may be due in part to a preponderance of out-of-state workers in the State. The household based survey reflects Mississippi residential employment while the establishment based series reflects trends at the place of employment regardless of the residence of the workers.

Real income grew only 0.7 percent in the first half of 2013 compared to the same period of 2012. In 2012, the growth rate was a much stronger 2.6 percent. Most sectors slowed, but there was a dramatic decline in farm earnings. With higher commodity prices and large production, farm earnings grew remarkably well in 2012. Production numbers remain high in 2013, but prices have fallen. Despite the slowdown, Mississippi farmers are having a good year. Earnings in manufacturing have also slowed in 2013 compared to 2012. This sector contributed greatly to the economic growth of 2012.

Transfers to the General Fund in FY 2013 were 5.1 percent above FY 2012. Through October, FY 2014 transfers to the General Fund are up 8.9 percent. Corporate tax transfers, which are 80.0 percent above the year ago, are responsible for much of the strong growth. Excluding corporate taxes, transfers to the FY 2014 General Fund are up 4.2 percent over FY 2013. Corporate profits are rising and there have been windfalls from large audits. There are significant rebates scheduled later in the fiscal year, which will diminish the overage in corporate tax transfers. The Joint Legislative Budget Committee recently adopted a revised FY 2014 General Fund estimate which reflects a 2.0 percent growth over the actual FY 2013 General Fund. They also adopted an FY 2015 General Fund estimate that reflects a 2.7 percent growth rate over the revised FY 2014 estimate. Both estimates will prove to be conservative if economic conditions continue to improve as expected.

The national economy has grown at a slow pace in 2013 but is expected to improve going forward. The higher payroll taxes and the impact from the Sequester have dampened growth this year. Going forward these factors will have a smaller impact on the overall economy. National growth is therefore expected to improve although persistent uncertainty, especially in the area of fiscal policy, will continue to limit growth. The housing sector has recently seen a moderation of growth as slower job growth and slightly higher mortgage rates take a toll. But pent-up demand is expected to prevail over these trends and allow the recovery of this sector to continue. Vehicle sales are also a source of encouraging news. Through October, an annualized average of 15.4 million light vehicles have been sold in 2013. That is up over 1.0 million from 2012.

As the national economy improves so too will the State's. We expect Mississippi real GDP growth to reach 1.7 percent in 2013. Growth is expected to improve in 2014 to 2.4% and further improve in 2015 to 2.9 percent. This outlook has Mississippi outperforming the national growth in 2013, but slightly below the national growth in the subsequent years.