



PLACE AND DISABILITY PROGRAM ENROLLMENT: COMPARING TWO RURAL COUNTIES

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Social Security disability benefits provide critical income support for individuals and families of modest incomes in the United States. However, the application process is often difficult to navigate, as prospective recipients are often reliant on the help of medical professionals, lawyers, and other third parties to enroll.

Places Shape Pathways for Enrolling in SSI and SSDI

In 2023, nearly 8.7 million Americans received Social Security Disability Insurance (SSDI) and 7.5 million Americans received Supplemental Security Income (SSI).¹ Although these programs play an important role in helping individuals with disabilities and their families make ends meet, poverty rates among families where at least one member has a diagnosed disability remain stubbornly high.² Because disability assistance receipt is concentrated in persistently poor regions,³ the impact of these programs may also be felt at the broader community level.

SSI and SSDI are both tied to labor market opportunities.⁴ To qualify for assistance, applicants must demonstrate that they are unable to perform “substantial gainful activity” anywhere in the national economy. Yet, the application process for these programs is far from straightforward. Scholars refer to the barriers that individuals face as they seek out public services as “administrative burden.”⁵ These burdens include not only learning what paperwork is needed to apply, but also the challenges of following the requirements of the program and dealing with the stigma or setbacks that often accompany the process.

In this study we compare two counties with exceptionally high rates of disability benefit program uptake – Clay County, Kentucky and Humphreys County, Mississippi – to understand how place-based factors shape the ability of residents to enroll in SSI and SSDI. There are strong similarities between Kentucky and Mississippi: they’ve both experienced large-scale economic dislocations that began in the Great Depression and accelerated in the 1960s. Both regions have been depopulating for decades. However, there are also notable differences between these places. Clay County is over 90 percent non-Hispanic white, while Humphreys County is approximately 78 percent non-Hispanic Black. In addition, Kentucky expanded Medicaid in implementing the Affordable Care Act in 2014, while Mississippi is one of ten states that have

¹ Center on Budget and Policy Priorities. “Policy Basics: Social Security Disability Insurance.” March 13, 2023a.

<https://www.cbpp.org/research/social-security/social-security-disability-insurance>. Center on Budget and Policy Priorities. “Policy Basics: Supplemental Security Income.” February 21, 2023b. <https://www.cbpp.org/research/social-security/supplemental-security-income>.

² Bridges, Benjamin, and Robert V. Gesumaria. “Poverty Status of Social Security Beneficiaries, by Type of Benefit.” *Social Security Bulletin* 76, no. 4 (2016). <https://www.ssa.gov/policy/docs/ssb/v76n4/v76n4p19.html>

³ Gettens, John, Pei-Pei Lei, and Alexis D. Henry. “Accounting for Geographic Variation in Social Security Disability Program Participation.” *Soc. Sec. Bull.* 78 (2018): 29.

⁴ O’Brien, Rourke. “Economy and Disability: Labor Market Conditions and the Disability of Working-Age Individuals.” *Social Problems* 60, no.3 (2013): 321-33.

⁵ Herd, Pamela, and Donald P. Moynihan. *Administrative Burden: Policymaking by Other Means*. New York: Russell Sage, 2018.



yet to adopt expansion. Medicaid expansion (or lack thereof) has impacted the viability of rural healthcare systems in both states. We conducted 68 interviews across both counties in the summer of 2022 with SSI/SSDI recipients (or heads of households where someone was receiving SSI or SSDI) and community leaders. We found that the organizational infrastructure in these places played an important role in dictating how and whether individuals with physical or cognitive impairments were able to successfully apply for SSI and SSDI benefits.

Local Presence of Health Care Institutions Reduces Burdens of Applying for SSI/SSDI

In majority-white Clay County, Kentucky, the presence of various types of local organizations – schools, hospitals, mental health care facilities, and government offices – helped residents suffering from physical or mental impairments effectively and efficiently apply for disability benefits. These organizations helped residents understand the application process, but also encouraged them to apply and provided them the administrative expertise to get approved quickly. Therefore, most recipients in Clay County started receiving benefits within 1-2 years of applying and experienced minimal setbacks.

Limited Health Care Access Leads to Long Wait Times and Reliance on Lawyers for Enrollment

In places like majority-Black Humphreys County, Mississippi, a lack of local health care organizations and institutions meant that prospective SSI and SSDI recipients were forced to rely on friends or family members to help them apply for disability benefits. These friends and family members – even if they were receiving benefits themselves – were often ill-equipped to help prospective recipients, leading to long wait times, multiple rejections, and a high reliance on legal professionals to get applications approved. This increased the cost of applying for disability benefits, both financially in terms of paying for legal help but also psychologically in terms of facing rejection and waiting between 2-8 years on average to be approved. Many of our respondents experienced significant hardships as they waited for a decision on their application, including living with minimal income, managing chronic pain, and declining health.

Implications

- Local institutions like schools, hospitals, healthcare clinics, and government agencies play an instrumental role in helping people effectively and efficiently enroll in SSI/SSDI.
- Residents of rural areas devoid of health care institutions are dependent on social networks that are ill-equipped to help them enroll in disability benefits programs.
- The closure of hospitals in rural areas has far-reaching impacts, as it reduces not only access to health care but also administrative resources that help prospective disability benefit recipients enroll in critical support programs.
- Reducing the administrative burden for applicants can place additional strain on the administrative capacity of nonprofit organizations, limiting their ability to help communities in other ways.
- The primary beneficiaries of the administrative burden of applying for SSI/SSDI are lawyers and other legal professionals.

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