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RESEARCH CONSORTIUM**
Promoting Equity in Retirement,
Disability, and Health



**Retirement and Disability
Research Center**
UNIVERSITY OF WISCONSIN-MADISON

26th Annual Retirement and Disability Research Consortium Meeting

August 7-9, 2024

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How do people who reside in rural places prefer to communicate with SSA?

(UM24-06)

University of New Hampshire
Institute on Disability

Debra L. Brucker, MPA, PhD

Megan Henly, PhD

Stacia Bach, MPP

Kelly Nye-Lengerman, PhD

Andrew Houtenville, PhD

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Progress Update



Disclaimer

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Aim

Use **community-engaged approach** to hold interviews and/or focus groups, in-person and/or virtually, to understand customer service experiences & communication preferences of **rural** adults with disabilities, family members of people with intellectual and developmental disabilities, and older adults as they apply for and/or receive SSA disability, retirement, or related benefits



Methods

Step 1: Community-engagement to finalize data collection instrument and recruitment plans

Step 2: Collect data & conduct preliminary analyses

Step 3: More community input! Share preliminary synthesized data with initial community-engagement participants for their input and insights

Step 4: Finalize recommendations



Step 1: Community-engagement

Community member	Older adult	Person with disability	Caregiver	Advocates & professionals
1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
2		<input checked="" type="checkbox"/>		
3	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
4		<input checked="" type="checkbox"/>		
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10			<input checked="" type="checkbox"/>	
11			<input checked="" type="checkbox"/>	
12			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Step 1: Community-engagement

Suggested data collection instrument improvements:

- Simplify!
- Ask **how** application occurred
- Understand lack of access to smart phones, computers, printers
- People are often unsure what type of benefits they are seeking or are receiving
- Important to address issues of accessibility
- **Issues of trust**
 - Some people do not want benefits
 - Some people are not comfortable with **any** electronic or phone communication (due to scams, etc.)



Step 2: Collect & analyze data

Recruitment and data collection lessons learned:

- **Some community groups are still not as strong as they were pre-COVID.**
- **Be flexible & creative!** Go ‘where the people are’.
- **Recruitment strategy may need to change over time.**
Initially just hard copy flyers mailed or e-mailed. Added social media, local hard copy newspaper ads.
- **Data collection strategy may need to adapt as well.**
Expanded from just in-person focus groups to include one-on-one interviews (virtually or in-person) as well as virtual focus groups.



Step 2: Collect & analyze data

In late July, held 3 focus groups in two different rural NH counties:

- 2 on-site at a senior center
- 1 on-site at a UNH Extension Office for a disability advocacy group



Step 2: Collect & analyze data



Sampling of PRELIMINARY themes:

a) Local field offices are highly valued

“They were really kind, very helpful. Toward the end ... they were sick of me. And I was sick of them. But they were so good and so kind. I wish I could remember their name.”



Step 2: Collect & analyze data

a) Local field offices are highly valued (cont.)

“When you try to reach them (SSA) by phone or you try to get on the computer, it's a whole different story. ... So, **I feel bad for people who don't have an office.**”

“If I received something I didn't understand, I went either with my daughter who was a nurse (to the local field office) or I would call the attorney. ... A lot of it, I didn't understand.”



Step 2: Collect & analyze data

b) Communicating by mail, phone, or on the Internet is less valued & leads to misunderstanding, missed opportunities, and increased in-person visits for clients

“ A lot of their (SSA) words (written or online) ... sometimes **I don't understand.**”

“I wanted to try going back to work. And I thought about calling them because it's hard. I looked into it on the website ... It was **confusing.** Then I would just hold off.”



Step 2: Collect & analyze data

b) Communicating information (cont.)

“I did look into Social Security for disability benefits. But like (other participant) has said, the red tape and paperwork was just **overwhelming**, and I didn't get very far.”

“(Going to the field office is easier compared to online because) you don't need to know the terminology (that you need to look online).”



Step 2: Collect & analyze data

c) Accessibility is important

“So, from the beginning of the process, there was a lot of paperwork. For me, it was, I found it to be overwhelming, especially (because) **I couldn't use my hands**, and everything is online now. So, I had to have someone do the paperwork for me. It was overwhelming, honestly, it was long and tedious, and I have major anxiety. So, it was very hard.”

“(It’s hard for) someone **who can’t see very well** to know that they’re supposed to rip the 2 sides and pop off to get (benefit information for a tax return)”.



Next ...

Step 2: More data collection & preliminary analyses.

Step 3: More community input! Share preliminary synthesized data with initial community-engagement participants for their input and insights.

Step 4: Finalize recommendations. Community members will help identify SSA-level and community-level recommendations.



Contact info

Debra Brucker, MPA , PhD
Research Associate Professor
University of New Hampshire
Institute on Disability
debra.brucker@unh.edu
603-862-4320



Assessing Underserved Communities Beneficiaries Communication Needs and Its Influence on Customer Experience and Satisfaction

Project: NB 24-06

**26th Annual Meeting of the Retirement and Disability Research
Consortium**

Dayo Oyeleye

Assistant Professor of Management, Bowie State University
Affiliated Researcher, National Bureau of Economic Research

Disclaimer

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Motivation

- Social Security Administration (SSA) achieved the highest score of any government agency on the Center for Plain Language's 2022 Federal Plain Language Report Card. However, results from my 2022-2023 Social Security Administration (SSA)-funded research project (NB 23-12) indicates that beneficiaries in underserved and Black communities would prefer to receive SSA benefits information in “plain” language.
- Existing literature on “plain” language has not disaggregated findings by race or focused strictly on Black people. This project seeks to elicit Black people's understanding of what it means to communicate in “plain” language.
- This research seeks to provide policymakers with some tangible approaches to improve service delivery, communication, and outreach with the goal of reducing racial and ethnic disparities in retirement preparedness and wealth more generally.

Research Questions

1. Do beneficiaries find the information they need through the SSA communication of their preference with ease?
2. Do beneficiaries understand the information they find?
3. Does the information found by the beneficiaries meet their needs?

Overview of Research Design

Qualitative

- Interviews and focus groups
- Sample of 120 participants

Quantitative

- Surveys (sample questions on the next slide)
- Sample of 350 participants

Sample inclusion criteria

- People close to retirement age (58-61) who are not receiving benefits
- People 62 and older who are already receiving benefits

Recruitment strategy

- Collaborate with public and private senior centers as well as churches in Maryland

Interviews and focus groups

- Goal is to recruit 120 participants (100% Accomplished)
- March 28 / March 29 / April 3 / April 30

Surveys

- Goal is to recruit 350 participants (85% Accomplished)
- May 23 / June 9 / July 12 / August 1

Research Partners

- Baltimore County Department of Aging
- Howard County 50+ Centers
- Bowie State University

Sample Survey Questions

<p>7. How are you currently receiving retirement benefit information from SSA?</p>	<ul style="list-style-type: none"> • Information mailed by the SSA to my home. • Public service announcements in the print media • Public service announcements in the television or radio • Public service announcements via social media (Facebook or Twitter) • Information posted in community spaces such as churches, libraries, and community centers. • Information provided by a SSA representative in person. • In a location such as community center or local school, information provided at my place of work. • Web-based tutorials by the SSA (for example in the form of YouTube videos or other platforms) • Text Messaging • My Social Security Portal
<p>8. Do beneficiaries <u>find</u> the information they need through the SSA communication of their preference with ease?</p>	<ul style="list-style-type: none"> • Yes <ul style="list-style-type: none"> • If yes___can you explain in what way • No <ul style="list-style-type: none"> • If no___can you explain why
<p>9. Do beneficiaries <u>understand</u> the information they find?</p>	<ul style="list-style-type: none"> • Yes <ul style="list-style-type: none"> • If yes___can you explain in what way • No <ul style="list-style-type: none"> • If no___can you explain why
<p>10. Does the information found by the beneficiaries <u>meet</u> their needs?</p>	<ul style="list-style-type: none"> • Yes <ul style="list-style-type: none"> • If yes___can you explain in what way • No <ul style="list-style-type: none"> • If no___can you explain why
<p>11. How useful is the retirement benefit information received from SSA assist you plan for retirement?</p>	<ul style="list-style-type: none"> • Very useful • Somewhat useful • Not very useful • Not useful at all
<p>12. How easy is it for you to understand the information about retirement planning from the retirement benefit information received.</p>	<ul style="list-style-type: none"> • Very easy • Somewhat easy • Somewhat difficult • Very difficult

Community Event: Data Collection



Key Findings From Focus Groups

Main Concern Raised	Potential Intervention
Do not understand beneficiary statement	A step-by-step approach (e.g., tutorial) on how to seek and understand information on beneficiary statement.
Do not understand how benefit amount is calculated	A quick reference guide on how beneficiary amounts are calculated.
Cannot get to SSA information, be that in person or virtually	Take SSA to the various community centers where beneficiaries are located.
Do not trust the source of information, thereby not seeking information.	Utilize senior beneficiaries' to be advocates in their community.
SSA staff are over worked thus irritable, not courteous, and impatient	Organize events/activities where SSA staff are educated on beneficiaries' attributes and beneficiaries are educated on seeking information through online platform.
Men rarely seek information due to lack of trust in the process	A targeted customer service delivery promotion to attract men to seek information.

Conclusion

1. Researcher will continue collecting and analyzing surveys
2. Participants would like to see some interventions / community outreach for both SSA staff and beneficiaries to improve service delivery and communication.
3. Participants would like to be advocates/ambassadors for disseminating information within their community
4. Participants would like to see more initiatives targeted at men
5. Participants would like to be involved in the planning of future SSA interventions within their communities.

Community Event 2



August 8, 2024

The Relationship Between Local Characteristics and Disability Applications and Awards

Barbara Butrica, Stipica Mudrazija, and Keisha Solomon



Not for publication or citation

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Motivation

- Place characteristics are increasingly recognized as important social determinants of health
 - Studies find factors such as the socioeconomic disadvantage of a neighborhood, residential instability, high crime, and poorly designed built environments to be linked systematically with worse health outcomes (Beard et al. 2009; Clarke et al. 2009; Rachele et al. 2019), including work disability (Lane and Collie 2021), cognitive decline (Powell et al. 2020), and others.
- Yet place characteristics have received limited attention in prior studies of disability applications and Social Security Disability Insurance (SSDI) awards

Motivation (continued)

- Understanding the place-disability link could help SSA identify the extent to which certain populations might be systematically underserved by SSDI due to program participation barriers that emerge as a consequence of neighborhood-specific characteristics, such as lack of access to the healthcare system.

Data Sources

- Health and Retirement Study – restricted version that includes geographic identifiers
- National Neighborhood Data Archive (NaNDA)
 - Availability of health care services
 - Pollution
 - Crime rate
 - Availability of healthy food
 - Public transportation
- Other similar sources of place characteristics, such as the American Community Survey, County Health Rankings, Neighborhood Atlas, and others

Methods

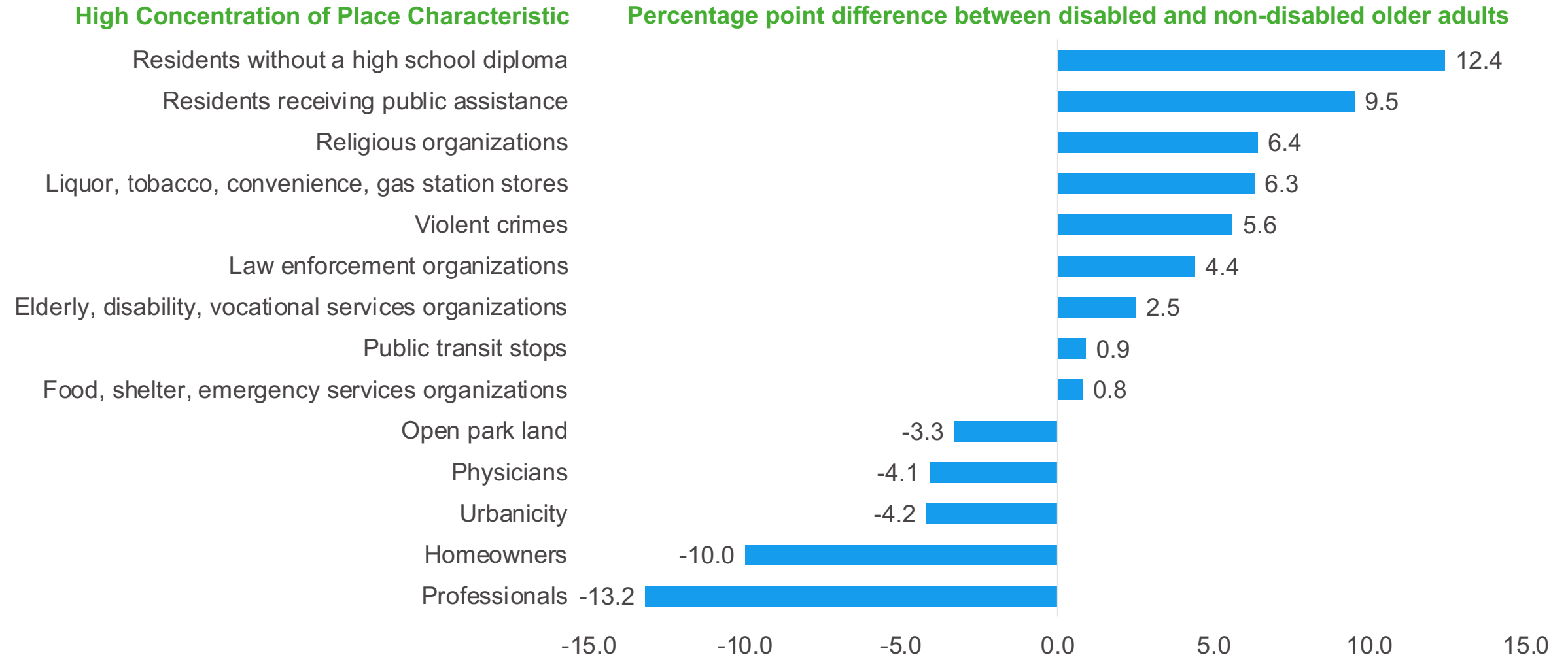
- Pooled sample includes older adults ages 55 to 66 in each wave 2006-2014
- Key outcome variables
 - Disability: captures self-reported work-limiting health conditions, memory/cognitive disease, limitations with activities of daily living (ADLs), and limitations with instrumental activities of daily living (IADLs)
 - Social Security Disability Insurance (SSDI) benefit receipt
- Place characteristics (Census tract-level)
 - Indicator variable that equals one if place characteristic is in the top quartile of the distribution among all tracts in each year—indicating that a neighborhood has a “high” concentration of that particular characteristic

Methods (continued)

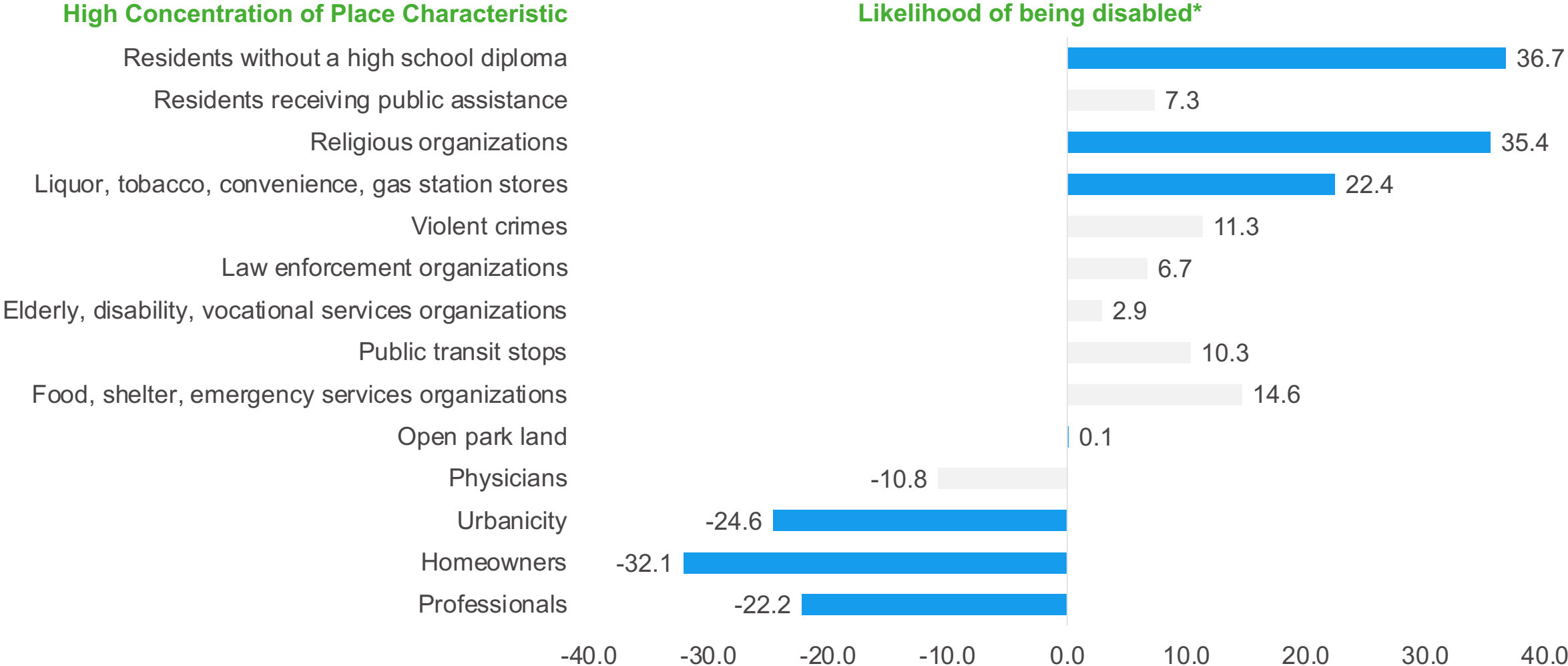
- Place characteristics (Census tract-level)



There are statistically significant differences in the neighborhood characteristics of older adults with and without disabilities



Even after controlling for individual characteristics, certain place characteristics are correlated with the likelihood of being disabled



Discussion and Next Steps

- Preliminary analyses find evidence of differences in place characteristics by disability and SSDI receipt (not shown)
- Next steps
 - Consider other measures of health
 - Consider additional place characteristics
 - Consider creating one or more indices that capture multiple place characteristics
 - In addition to the prevalence of disability and SSDI receipt, examine the onset of new disabilities, SSDI applications, and SSDI awards
 - Examine the causal link between place-based characteristics and disability accounting for their likely endogeneity
 - Examine whether there are systemic differences in the place-disability link by race and ethnicity

How Workplace Matters for Health: New Evidence on Disparities in Mortality in Urban and Rural America

Jessica Halliday Hardie (PI), Hunter College, City University of New York

Frank W. Heiland, Baruch College, City University of New York

Rosemary Hyson, Baruch College, City University of New York

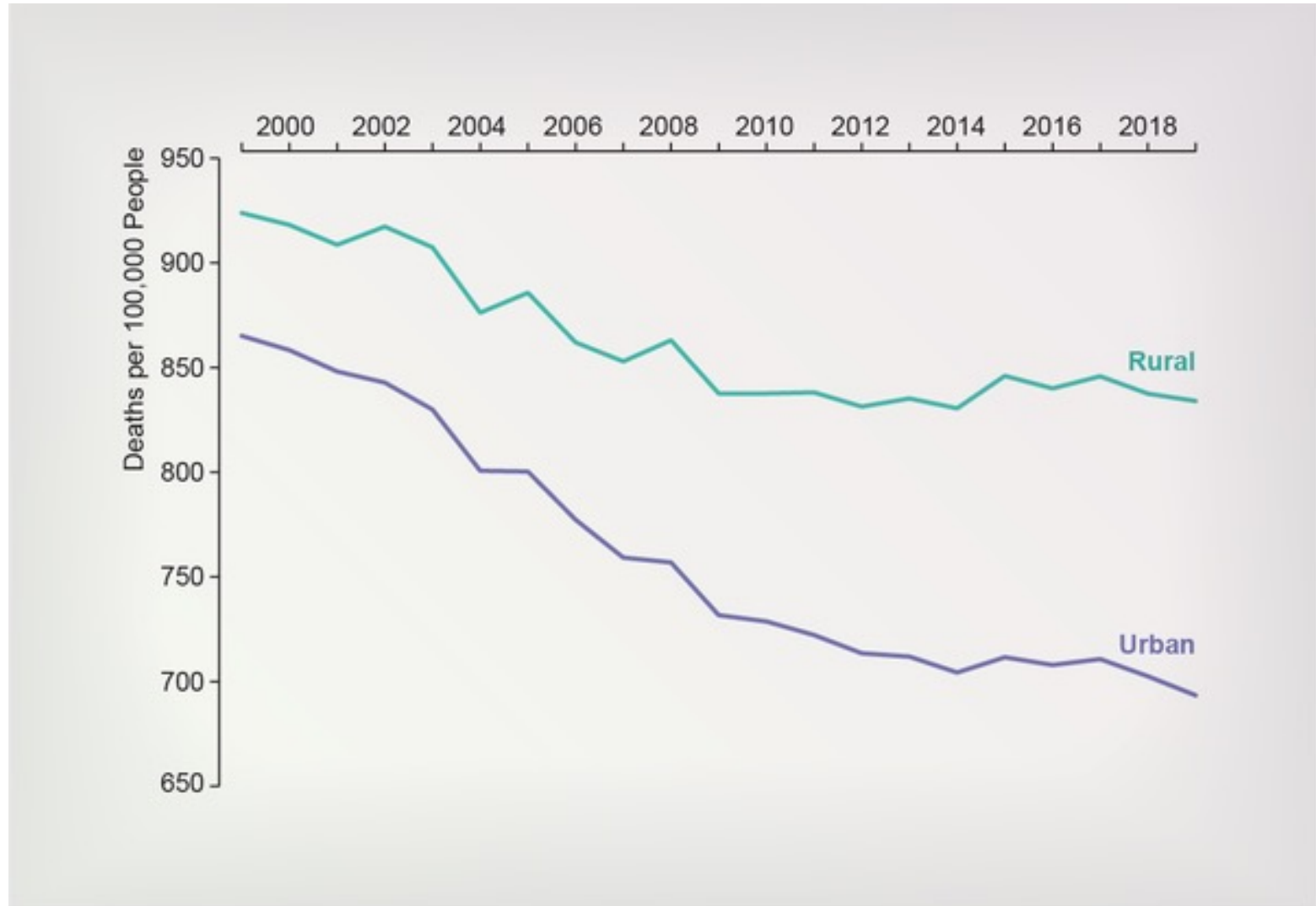
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- Any views expressed are those of the authors and not those of the U.S. Census Bureau. The Census Bureau has reviewed this data product to ensure appropriate access, use, and disclosure avoidance protection of the confidential source data used to produce this product. This research was performed at a Federal Statistical Research Data Center under FSRDC Project Number 2951. (CBDRB-FY24-P2951-R11674)

Urban-rural mortality disparities



Source: “Trends in Death Rates in Urban and Rural Areas: United States, 1999–2019,” by Sally C. Curtin and Merianne Rose Spencer, in National Center for Health Statistics Data Brief, No. 417; September 2021

TABLE 1— Age-Adjusted Mortality per 100 000 US Residents, All-Cause Mortality, and Selected Leading Causes of Death, by Residence and Race/Ethnicity: 2013–2017

Cause of Death	Age-Adjusted Rate (95% CI)		Rural Disparity ^a (% Difference)
	Rural	Urban	
All-cause mortality			
AI/AN	970.0 (960.5, 979.5)	684.5 (677.9, 691.1)	+42
API	466.5 (458.1, 474.9)	394.3 (392.9, 395.7)	+18
Black	981.3 (976.7, 985.9)	867.3 (865.8, 868.8)	+13
Hispanic ^b	580.7 (576.1, 585.3)	522.7 (521.5, 523.9)	+11
White	837.7 (836.5, 838.8)	728.8 (728.3, 729.3)	+15

Source: Probst, Janice C., Whitney E. Zahnd, Peiyin Hung, Jan M. Eberth, Elizabeth L. Crouch, and Melinda A. Merrell. 2020. “Rural-Urban Mortality Disparities: Variations Across Causes of Death and Race/Ethnicity, 2013–2017.” *American Journal of Public Health* 110(9):1325–27. doi: 10.2105/AJPH.2020.305703.

Why work matters

- Work structures access to and use of health-promoting resources like insurance coverage, pensions, and earnings to an unusually high degree
- On the job experiences also matter
 - “Good jobs” (higher status, more control) are good for health
 - “Bad jobs” (hazardous, physically taxing, schedule instability, precarious, high stress) are bad for health
- We propose that racialized organization (Ray 2019) also matters for explaining racial/ethnic disparities
 - Racialized wage inequality, job churning, segregation

The background features several sets of concentric, curved lines in shades of gray, some solid and some dashed, creating a sense of depth and movement. A dark green rectangular box with a speech bubble tail at the bottom is positioned on the left side of the slide.

Research question

- How does racialized wage inequality explain urban-rural mortality disparities?

Relevance for Social Security

- Health and mortality differentials important to understand/model...
 - length and inequality of work and retirement lifespans (increasingly so as some groups work longer/retire later)
 - cumulative impact of workplace characteristics on earnings trajectories and Social Security retirement wealth (PIAs)
- Will inform policies supporting economic security and employment opportunities
- Relates to broader literatures on sociology of workplace and deaths

Longitudinal Employer- Household Dynamics (LEHD) dataset

- Combines detailed firm (employer) administrative information, worker demographic characteristics, workplace identifiers and location, and quarterly earnings for nearly all non-federal-government firms and workers in participating states (N=27)
 - Complete records for every firm/employer in each state generally beginning in late 1990s
- Linkable via PIK to a number of Census datasets
 - Numident death records (primary)
 - MDAC, Mortality Disparities in American Communities (secondary)
 - Census and ACS data for measures of area-level segregation and commuting

Urban/rural classification

NCHS Category	
Large central metro	Counties in MSAs of 1 million+ that contain the entire population of the largest principal city of the MSA, or which have their pop in the largest principal city of the MSA, or which contain at least 250,000 inhabitants of a principal city of the MSA.
Large fringe metro	Counties in MSAs of 1 million+ that are not Large Central Metro
Medium metro	Counties in MSAs of populations 250,000-999,999
Small metro	Counties in MSAs of populations < 250,000
Micropolitan (nonmetro)	Counties in micropolitan statistical areas
Noncore (nonmetro)	Nonmetropolitan areas that do not qualify as micropolitan

National Center for Health Statistics data:

https://www.cdc.gov/nchs/data_access/urban_rural.htm

Approach

- We use a multi-level parametric survival-time model to estimate the hazard of dying on several individual and employer-level predictors
- Framework accounts for observed (including racialized wage inequality at the firm) and unobserved firm-level influences on mortality
- Estimate series of survival models examining to what extent work-related factors explain observed urban-rural (and racial/ethnic) differences in mortality

Preliminary Results: *Sign and Significance*

Variable	M1	M2	M3	M4	M5	M6
Race (Ref=White, NH)						
Black, Non-Hispanic	+***	+***	+***	+***	+***	+***
Hispanic	-.***	-.***	-.***	-.***	-.***	-.***
American Indian, Alaska Native, Non-Hispanic	+***	+***	+***	+***	+***	+***
Asian, Non-Hispanic	-.***	-.***	-.***	-.***	-.***	-.***
Native Hawaiian, Pacific Islander, Non-Hispanic	-	-.**	-.**	-.**	-.**	-.**
Multiracial	+***	+***	+***	+***	+***	+***
Urban resident	-.***	-.***	-.***	-.***	-.**	-.***
Logged quarterly earnings		-.***	-.***	-.***	-.***	-.***
Tenure at firm		-.***	-.***	-.***	-.***	-.***
Racialized wage inequality at firm (RWI)			+***	+***	+***	+***
RWI x Tenure				-.***	-.***	-.***
RWI x Urban					-.***	-.***
Any significant change in racial differences M_i vs M_1 ?		Yes	Yes	Yes	Yes	Yes
Sign. change in urban-rural differences M_i vs M_1 ?		No	No	No	No	No
Sign. increase(+)/decrease(-) in coefficient M_i vs M_1 ?		Black (-)	Black (-)	Black (-)	Black (-)	Black (-)
Controls for Industry?	No	No	No	No	No	Yes

Not shown: Controls for gender (male dummy), imputed education (4 categories), State;
 N=4,700,000

Preliminary Results: Sign and Significance

Variable	M1	M2	M3	M4	M5	M6
Race (Ref=White, NH)						
Black, Non-Hispanic	+***	+***	+***	+***	+***	+***
Hispanic	-.***	-.***	-.***	-.***	-.***	-.***
American Indian, Alaska Native, Non-Hispanic	+***	+***	+***	+***	+***	+***
Asian, Non-Hispanic	-.***	-.***	-.***	-.***	-.***	-.***
Native Hawaiian, Pacific Islander, Non-Hispanic	-	-.**	-.**	-.**	-.**	-.**
Multiracial	+***	+***	+***	+***	+***	+***
Urban resident	-.***	-.***	-.***	-.***	-.**	-.***
Logged quarterly earnings		-.***	-.***	-.***	-.***	-.***
Tenure at firm		-.***	-.***	-.***	-.***	-.***
Racialized wage inequality at firm (RWI)			+***	+***	+***	+***
RWI x Tenure				-.***	-.***	-.***
RWI x Urban					-.***	-.***
Any significant change in racial differences M_i vs M_1 ?		Yes	Yes	Yes	Yes	Yes
Sign. change in urban-rural differences M_i vs M_1?		No	No	No	No	No
Sign. increase(+)/decrease(-) in coefficient M_i vs M_1 ?		Black (-)	Black (-)	Black (-)	Black (-)	Black (-)
Controls for Industry?	No	No	No	No	No	Yes

Not shown: Controls for gender (male dummy), imputed education (4 categories), State; $N=4,700,000$

Preliminary Results: Sign and Significance

Variable	M1	M2	M3	M4	M5	M6
Race (Ref=White, NH)						
Black, Non-Hispanic	+***	+***	+***	+***	+***	+***
Hispanic	-.***	-.***	-.***	-.***	-.***	-.***
American Indian, Alaska Native, Non-Hispanic	+***	+***	+***	+***	+***	+***
Asian, Non-Hispanic	-.***	-.***	-.***	-.***	-.***	-.***
Native Hawaiian, Pacific Islander, Non-Hispanic	-	-.**	-.**	-.**	-.**	-.**
Multiracial	+***	+***	+***	+***	+***	+***
Urban resident	-.***	-.***	-.***	-.***	-.**	-.***
Logged quarterly earnings		-.***	-.***	-.***	-.***	-.***
Tenure at firm		-.***	-.***	-.***	-.***	-.***
Racialized wage inequality at firm (RWI)			+***	+***	+***	+***
RWI x Tenure				-.***	-.***	-.***
RWI x Urban					-.***	-.***
Any significant change in racial differences M_i vs M_1 ?		Yes	Yes	Yes	Yes	Yes
Sign. change in urban-rural differences M_i vs M_1 ?		No	No	No	No	No
Sign. increase(+)/decrease(-) in coefficient M_i vs M_1 ?		Black (-)	Black (-)	Black (-)	Black (-)	Black (-)
Controls for Industry?	No	No	No	No	No	Yes

Not shown: Controls for gender (male dummy), imputed education (4 categories), State;
 N=4,700,000

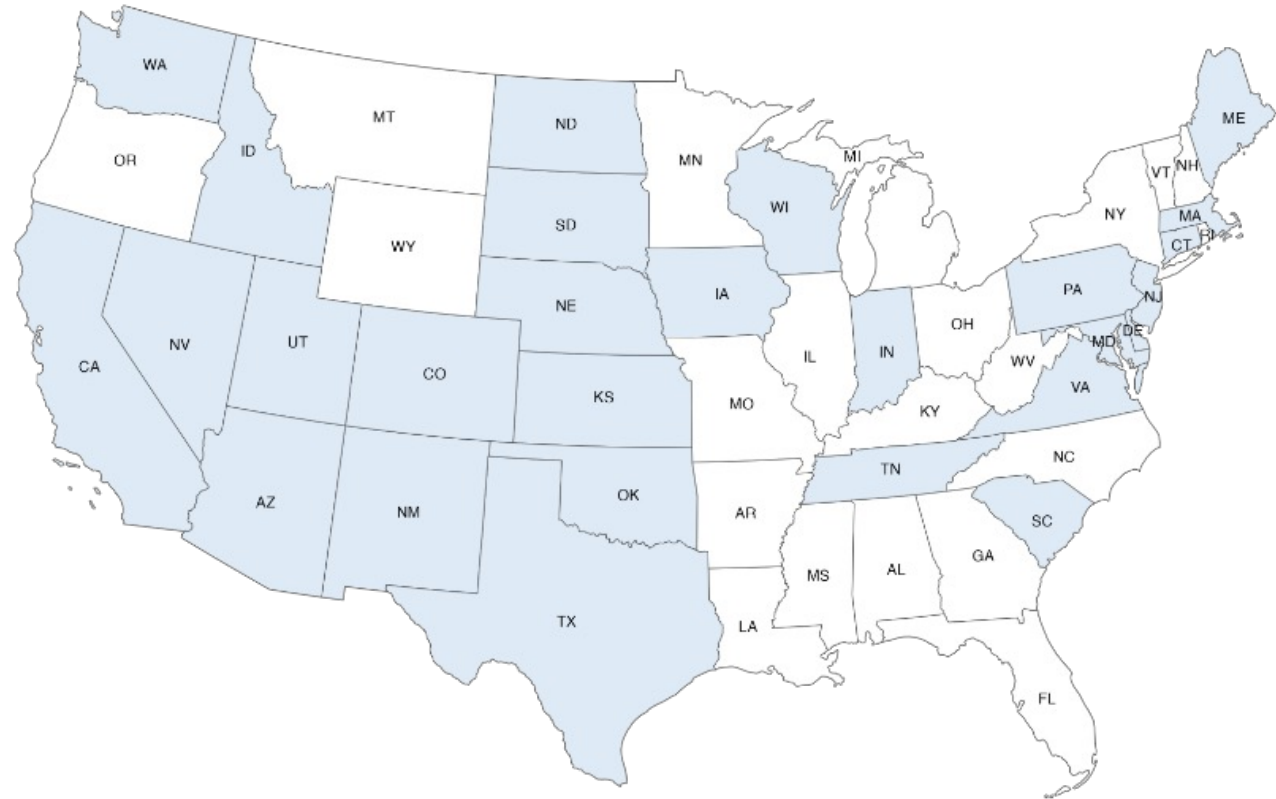
Preliminary Conclusions

- Significant disparities in longevity by urban-rural residence and race/ethnicity (net of education):
 - higher mortality among rural residents compared to urban and among NH Black, AIAN & Multirace ct. White
 - lower mortality among Asian & Hispanic ct. White
- Evidence consistent with idea that workplace matters (net of education):
 - lower mortality among higher-earnings workers
 - higher mortality among workers in firms with more racialized wage inequality
 - higher mortality among NH Blacks (partly) explained by workplace characteristics

Thank you!

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 - Jonathan Daw, Pennsylvania State University
 - Andrea Corradi, Georgia Southern University
 - Ted Mouw, University of North Carolina at Chapel Hill
- Thank you to the CUNY Institute for Demographic Research and Penn State Population Research Institute for continued support on this project

LEHD data



Sample
Included
Not included