



Gainful Employment and Risk of Mortality after Spinal Cord Injury: Effects beyond that of Demographic, Injury, and Socioeconomic Factors

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Introduction

Spinal cord injury (SCI) is associated with a higher risk of death (mortality). Previous research has shown that there is a relationship between socioeconomic indicators (i.e. income), education, and risk of death after SCI. However, not much is known about how employment affects risk of death. Our purpose was to identify the association of three levels of employment with risk of death and life expectancy among those with SCI.

We had 7955 participants from whom we had data on household income and employment. We used the Social Security Death Index to assess the participant's mortality status (whether the participants were still alive or not). Participants were assumed to be alive if not found deceased.

Key Research Results

- 50.4% of participants had an annual household income of less than \$25,000
- 16% had less than a high school diploma/GED
- 72% reported being unemployed
- Only 6.9% of participants worked 30+ hours per week and had an annual income more than \$75,000
- Compared to those with a 4-year degree, those who had a high school diploma or 2-year degree had 1.40 greater odds of mortality.
 - Those without a high school diploma had 1.68 greater odds of mortality
- Compared to those who worked 30+ hours per week, the odds of mortality in those who worked 1-29 hours were 1.37 and 1.67 for those who were unemployed.

Conclusions and Implications

The study findings challenge the idea that current levels of mortality after SCI are the inevitable, (certain to happen) and demonstrate that the risk of death is greatly increased with poor socioeconomic factors (education and income). These findings shed light on the cost of the policies that limit educational, vocational and earning potential. There is no universal access to health care in the United States, so economic factors likely affect mortality in a number of ways, including a person's ability to access and pay for health-care services. Furthermore, federally funded health-care programs provide disincentives to employment such that an individual may potentially lose their health benefits by working and earnings. These policies systematically limit full-time employment, and contribute to a pattern of poverty, which may limit longevity.