

Social Security Advisory Board

2023 Statement on the Supplemental Security Income Program

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Each year, the Social Security Advisory Board (“Board”) members have an opportunity, either individually or jointly, to include their views on the Supplemental Security Income (SSI) program in the Social Security Administration’s (SSA) annual report to the President and Congress.¹ This year’s statement highlights challenges that potentially SSI-eligible American Indians and Alaska Natives (AI/AN) may encounter when applying for SSI. Consistent with the Office of Management and Budget (OMB) statistical definition, “AI/AN” as used in this statement refers to “a person having origins in any of the original peoples of North and South America (including Central America) and who maintains [T]ribal affiliation or community attachment.”² The 2023 statement continues the Board’s work on access to SSI for underserved populations, which it began in its 2022 statement focused on older adults.³ Identifying barriers to SSI facing the AI/AN population aligns with federal and SSA initiatives on reaching populations facing barriers and ensuring equity.

Part I. Introduction

Data indicate that people identifying as AI/AN experience, on average, significantly worse socioeconomic circumstances and poorer health compared to the general population, including higher rates of poverty and disability.⁴ At the same time, AI/AN people also may face barriers to accessing SSI, a federal program that provides cash payments to people with low income and resources who meet SSA’s definition of disability or blindness or are over age 65.

While SSA is encouraging the public to use its online services, these options are more limited for SSI applicants. There is not currently an online SSI application, except for a subset of claimants who are also applying for Social Security Disability Insurance and meet additional criteria.⁵ SSA is developing an online SSI application and considering other changes to the current SSI application process.⁶ While significant SSI application changes may require Congressional action, SSA has the authority to make certain application

¹ Personal Responsibility and Work Opportunity Reconciliation Act of 1996, [Pub. L. No.104-193 § 213](#); 110 Stat. 2105 (1996).

² Census Bureau, [Understanding and Using American Community Survey \(ACS\) Data: What Users of Data for American Indians and Alaska Natives Need to Know](#), April 2019, 7.

³ Social Security Advisory Board (SSAB), [2022 Statement on the SSI Program](#), July 2022.

⁴ Census Bureau, [“Selected Population Profile in the United States: Total Population and AI/AN Alone,”](#) ACS, 1-Year Estimates, Table S0201, 2021, accessed April 30, 2023.

⁵ SSA, [You May Be Able to Get SSI](#), 2023, 3-4.

⁶ SSA, [FY 23 President’s Budget](#), March 28, 2022, 21.

process changes by issuing new regulations or by modifying its program policies.⁷ A November 2022 report by the Government Accountability Office (GAO) found that “SSA lacks a documented, comprehensive plan—with clear steps, goals, metrics, and timelines”—for implementing an online SSI application without which the agency “cannot adequately plan for and track its progress toward its goal of providing alternatives to in-person visits and increasing the number of online forms.”⁸

Without an online SSI application for most SSI claimants and given the lack of broadband availability or affordability in some Tribal areas as detailed later in the statement, AI/AN SSI applicants may be limited to applying for SSI in-person or by telephone or mail. Some AI/ANs may also experience barriers to receiving service in-person because they live far away from an SSA field office or cannot easily locate their nearest service site due to usability challenges with SSA’s existing online locator tools. Service challenges with SSA’s 800 number, including long wait times, may present additional barriers to applicants that rely primarily on receiving telephone assistance.⁹ Across available service options, potential AI/AN SSI applicants may face challenges accessing documentation to show they meet SSI nonmedical and medical eligibility requirements, and limitations to accessing SSA services and resources in their preferred language.

SSI applications were declining in the years before the pandemic and fell significantly during the pandemic.¹⁰ The agency is interested in supporting extramural research to better understand the causes of this decline and whether the decline is especially pronounced among populations facing barriers in receiving public services.¹¹ SSA is targeting increasing SSI applications from underserved communities by 25 percent relative to the 2021

⁷ SSA, “[Legal Authority](#),” accessed April 30, 2023; [Ibid](#), 21.

⁸ GAO, [SSA: Remote Service Delivery Increased during COVID-19, But More Could Be Done to Assist Vulnerable Populations](#), GAO-23-104650 (November 2022), 38.

⁹ [Ibid](#), 18.

¹⁰ SSA, [SSI Annual Report 2021](#), October 2021, 4; SSA, [SSI Annual Statistical Report 2021, Outcomes of Applications for Disability Benefits](#), Table 69, 2021.

¹¹ SSA, [Retirement and Disability Research Consortium \(RDRC\) Focal Area List for FY 23](#), 3-4; SSA, [RDRC Focal Area List for FY 24](#), 3-4. During the pandemic, SSA made several service changes, including closing its offices, where people apply for SSI, except by appointment in case of “dire need.” SSA defines a “dire need” situation as a case where a claimant is without food (and is unable to obtain it), lacks medicine or medical care (and is unable to obtain it) or lacks shelter (see: SSA, [Hearings, Appeals, and Litigation Law Manual, Critical Cases](#), I-2-1-40, 2017). At the same time, other federal programs expanded benefits during this period, which could be associated with people shifting to those programs and away from SSI/Disability Insurance (see: GAO, [supra N. 8](#)).

baseline by September 2023.¹² SSA has identified seven populations that its efforts target: older adults (65 years old or older without disabilities), children with disabilities, people experiencing homelessness, people diagnosed with mental illness, people with limited English proficiency, people recently released from incarceration, and Veterans.¹³ AI/AN people are overrepresented in, or experience disparate outcomes as, a member of, almost all of these population subgroups.¹⁴ As SSA develops an online SSI application and considers policy changes to the current SSI application process, engaging with and incorporating feedback from Tribal communities is critical to designing and delivering an application process that reduces barriers and meets the needs of the people it is intended to serve.

AI/AN Population Characteristics

According to 2021 data from the Census Bureau’s American Community Survey (ACS), in 2021, 8.8 million people in the United States (2.6 percent of the total population) self-identified as AI/AN alone or in combination with one or more other races, including about 3.2 million people (about one percent of the total population) who identified as “AI/AN alone.”¹⁵ AI/AN people live throughout the US, but about half of those identifying as “AI/AN alone” live in ten states: Alaska, Arizona, California, New Mexico, New York, North Carolina, Oklahoma, South Dakota, Texas, and Washington.¹⁶ About 87 percent of all AI/AN people live outside of reservations, trust lands, and other Tribal statistical areas, including 74 percent of the “AI/AN alone” population.¹⁷ More

¹² SSA, [FY 2022 Congressional Justification](#), 37.

¹³ Substance Abuse and Mental Health Services Administration (SAMHSA), “[Vulnerable Population Application Program](#),” accessed April 30, 2023.

¹⁴ Census Bureau, *supra* N. 4; SAMHSA, [Behavioral Health Barometer: US, Volume 5: Indicators as Measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services](#), SMA-19-Baro-17-US, 2019; Department of Veterans Affairs, “[Community Provider Toolkit: AI/AN Veterans](#),” accessed April 30, 2023; Assistant Secretary for Planning and Evaluation, Department of Health and Human Services (HHS), [Improving Outcomes for AI/AN People Returning to the Community from Incarceration: A Resource Guide for Service Providers](#), October 2021; National Congress of American Indians (NCAI), [Tribal Nations and the US: An Introduction](#), February 2019.

¹⁵ Census Bureau, *Ibid.*

¹⁶ Medicaid and CHIP Payment and Access Commission (MedPAC), [Medicaid’s Role in Health Care for AI/ANs](#), February 2021, 2.

¹⁷ AI/AN areas include federal American Indian (AI) reservations and/or off-reservation trust lands, Oklahoma tribal statistical areas, tribal designated statistical areas, state AI reservations, and state designated tribal statistical areas. Census Bureau, [AI/ANs in the US](#), n.d.

than 70 percent of all people identifying as AI/AN live in urban and suburban areas.¹⁸

In 2021, data specific to the “AI/AN alone” population indicate that this population experienced significantly higher rates of poverty and “deep poverty,”¹⁹ unemployment, disability, and reported SSI receipt, and significantly lower levels of median household and per-capita income and rates of reported Social Security receipt than the general population.²⁰ In addition, that same population reported significantly lower levels of educational attainment, with higher shares of the population over 25 having less than a high school diploma and lower shares holding bachelor’s degrees than the general population.²¹ Compared to people in the general population, people identifying as “AI/AN alone” are overrepresented in the population experiencing homelessness, making up under one percent of the total US population but over three percent of the population experiencing homelessness, according to the Department of Housing and Urban Development’s 2022 point-in-time count data.²² In some states, rates of “AI/AN alone” people experiencing homelessness are over ten percent.²³ People identifying as “AI/AN alone” report higher rates of fair or poor health status,²⁴ functional limitation,²⁵ and uninsurance²⁶ compared to people identifying as “white alone.” Life expectancy

¹⁸ National Council of Urban Indian Health, *AI/ANs in the US*, n.d.; Census Bureau, *Ibid*; IHS, “[Urban Indian Health Program](#),” accessed April 30, 2023.

¹⁹ Defined as having household cash income below 50 percent of the federal poverty level. Center for Poverty and Inequality Research, “[What is ‘Deep Poverty](#),” accessed April 30, 2023.

²⁰ Census Bureau, supra [N. 4](#); Center for Poverty and Inequality Research, *Ibid*.

²¹ Census Bureau, *Ibid*.

²² Department of Housing and Urban Development (HUD), *HUD 2022 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations: Full Summary Report (All States, Territories, Puerto Rico, and District of Columbia)*, 2022.

²³ For example, see: HUD, *HUD 2022 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations: Alaska, Minnesota, North Dakota, Oklahoma, South Dakota*, 2022. For all state profiles see: HUD, “[COC Homeless Populations and Subpopulations Reports](#),” accessed May 8, 2022; SAMHSA, *SSI/SSDI Outreach Access, and Recovery for AI/AN Communities: A Toolkit for Engaging with Native Communities*, May 2022, 3.

²⁴ National Center for Health Statistics. Percentage of fair or poor health status for adults aged 18 and over, United States, 2019—2021. National Health Interview Survey. Generated interactively: Jan 25 2023 from https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html.

²⁵ National Center for Health Statistics. Percentage of any disability for adults aged 18 and over, United States, 2019—2021. National Health Interview Survey. Generated interactively: Jan 25 2023 from https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html

²⁶ National Center for Health Statistics. Percentage of being uninsured at the time of interview for adults aged 18-64, United States, 2019—2021. National Health Interview Survey. Generated interactively: Jan 25 2023 from https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html; National Center for Health

at birth is lowest for the non-Hispanic AI/AN population, and age-adjusted mortality is highest, compared to non-Hispanic white, non-Hispanic Black, and Hispanic populations.²⁷ The AI/AN population has been disproportionately adversely impacted by COVID-19, widening existing socioeconomic and health disparities.²⁸

The Federal and Tribal Government Nation-to-Nation Relationship

The US recognizes 574 sovereign Tribal Nations located across 36 states and 100 million acres in the United States; 227 of these nations are in Alaska.²⁹ Tribal Nations are socio-culturally and linguistically diverse and have varied historical experiences, values, and traditions.³⁰ As noted in a January 2021 Presidential memorandum on “Strengthening Tribal Consultation and Nation-to-Nation relationships,” Tribal Nations have a political, nation-to-nation relationship with the US government recognized under the US Constitution, treaties, statutes, Executive Orders (EO), and court decisions.³¹ The US has a

Statistics. Percentage of being uninsured for more than one year for adults aged 18-64, United States, 2019–2021. National Health Interview Survey. Generated interactively: Jan 25 2023 from https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html; National Center for Health Statistics. Percentage of being uninsured for at least part of the past year for adults aged 18-64, United States, 2019–2021. National Health Interview Survey. Generated interactively: Jan 25 2023 from https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html.

²⁷Elizabeth Arias, Betzaida Tejada-Vera, Kenneth D. Kochanek, and Farida B. Ahmad, *Provisional Life Expectancy Estimates for 2021*, Report No. 23 (August 2022), 3, 7; Jiaquan Xu, Sherry L. Murphy, Kenneth D. Kochanek, and Elizabeth Arias, *Mortality in the United States, 2021*, No. 456 (December 2022), 2.

²⁸Sarah M. Hatcher, Christine Agnew-Brune, Mark Anderson, et al., “COVID-19 Among AI/AN Persons – 23 States, January 31–July 3, 2020,” *Morbidity and Mortality Weekly Report* 69 No. 34 (August 28, 2020), 1166–1169; Samantha Artiga, “COVID-19 Presents Significant Risks for AI/AN People,” *Kaiser Family Foundation*, May 14, 2020; Randall Akee and Sarah Reber, “AI/ANs are Dying of COVID-19 at Shocking Rates,” *The Brookings Institution*, February 18, 2021.

²⁹NCAI, supra N. 14, 10-11; Federal Register, *Indian Entities Recognized by and Eligible to Receive Services From the United States Bureau of Indian Affairs*, 88 FR 2112, January 12, 2023; Current tribal trust land area represents two percent of total US geography. Gwynne Evans-Lomayesva, Jae June Lee, and Cara Brumfield, *Advancing AI/AN Data Equity: Representation in Federal Data Collections*, Center on Poverty and Inequality, Georgetown Law, November 2022, 6.

³⁰Shanley Swanson, Reidunn H. Nygard, and Merete Saus, 2022. “Native American Social Work – Including Family and Community,” *Journal of Social Work*, 22 No. 3, 615-636; Riley Taitingfong, Cinnamon S. Bloss, Cynthia Triplett, Julie Cakici, Nanibaa’ Garrison, Shelley Cole, Julie A. Stoner, Lucila Ohno-Machado, 2020, “A Systematic Literature Review of Native American and Pacific Islanders’ Perspectives on Health Data Privacy in the US,” *Journal of the American Medical Informatics Association*, 27 no. 12 (December 2020), 1987-1998.

³¹The White House, *Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships*, January 26, 2021.

federal trust responsibility to Tribal Nations that obligates the federal government to respect Tribal self-governance, protect Tribal lands and resources, and provide services that support the well-being of Native people and communities.³² According to the 2021 memorandum, honoring the federal government’s commitments to Tribal Nations is especially important given existing socioeconomic disparities experienced by AI/AN people.³³ Members of Tribal Nations have political and legal status as citizens of their sovereign Tribal Nation, the US, and the state where they live.³⁴ Tribal Nations have individual requirements and processes for determining Tribal citizenship.³⁵ A person’s AI/AN identity, political and legal status as a Tribal citizen, and residence on Tribal lands are distinct aspects of identity but may overlap. For example, a person can identify as AI/AN without being enrolled as a Tribal citizen or living on Tribal lands.³⁶

A November 6, 2000 EO 13175, “Consultation and Coordination with Indian Tribal Government,” requires federal agencies, including SSA, to establish “regular and meaningful consultation and collaboration with Tribal officials” when developing policies expected to impact Tribal communities.³⁷ SSA’s Tribal Consultation Plan states that the agency “annually reviews its regulatory agenda and legislative submissions to determine whether any proposals have [T]ribal implications” and subsequently “notif[ies] [T]ribal government entities and solicit[s] their [oral or written] comments.”³⁸ Most recently, SSA has held “outreach and education” events about its programs and COVID-19-related service changes with Tribal Nations and organizations serving AI/AN communities both on and off Tribal land.³⁹ In October 2022, SSA announced that it established the Office of Native American Partnerships (ONAP) within the Office of the Commissioner to “elevate and centralize efforts to administer comprehensive programs and policies related to American Indians and Alaska

³² NCAI, supra [N. 14](#), 23; Administration for Children and Families, “[AI/ANs – The Trust Responsibility](#),” accessed April 30, 2023.

³³ The White House, supra [N. 31](#).

³⁴ NCAI, supra [N. 14](#), 18.

³⁵ Tribal enrollment data are collected and owned by tribal nations and need not be shared with the federal government or any other entity. Self-reported tribal affiliation may differ from tribal citizenship. Evans-Lomayesva et al, supra [N. 29](#), 6, 11.

³⁶ Evans-Lomayesva et al, [Ibid](#), 11.

³⁷ Government Printing Office, [Consultation and Coordination with Indian Tribal Governments](#), EO 13175 of November 6, 2000, 304.

³⁸ SSA, [SSA’s Process for Consultation and Coordination with Indian Tribal Governments](#), 1.

³⁹ SSA, [2022 Tribal Consultation and Coordination Plan Progress Report](#), October 26, 2022, 8-15.

Natives.”⁴⁰ According to SSA, the office will “enhance the agency’s relationship with Tribes and serve as the primary point of contact on Tribal affairs for all stakeholders.”⁴¹

AI/AN Population and SSI

AI/AN people can receive SSI payments if they meet program rules and file a complete application.⁴² While administrative data are not publicly available from SSA on the number of AI/AN people receiving SSI, 2021 ACS data indicate that the share of AI/ANs receiving SSI is significantly higher than the share among the general population.⁴³ While SSA does not systematically collect data on race, ethnicity, or Tribal affiliation, it requests “American Indian status” for those born outside of the US on the SSI application to determine immigration status.⁴⁴ The application also asks whether applicants have certain federally held trust resources or receive certain types of financial assistance from the Bureau of Indian Affairs to determine whether they meet the SSI program’s income and resource criteria.⁴⁵

Part II. Barriers to SSI for AI/AN Applicants

Travel Distance to the Nearest SSA Field Office

Over a quarter of people identifying as “AI/AN alone” live on Tribal lands.⁴⁶ Tribal lands are disproportionately located in remote areas that may be hundreds of miles from the nearest SSA field office.⁴⁷ Travel costs—including the time costs spent locating the nearest FO and traveling to it, as well as the monetary costs of transportation and any foregone wages—are one type of administrative burden that may factor into the costs and benefits people weigh

⁴⁰ Mark Hinkle, “[SSA Establishing National Native American Office, New Office to Advocate for Tribes](#),” SSA, October 4, 2022.

⁴¹ Mark Hinkle, [Ibid.](#)

⁴² SSA, [Tribal Benefits Coordinator Guide 2021](#), Publication 90-013 (October 2021), 67.

⁴³ Census Bureau, [supra N. 4](#).

⁴⁴ SSA, [Application for SSI](#), Form SSA-8000-BK, OMB 0960-0229 (June 2019), 4.

⁴⁵ SSA, [Ibid.](#), 12, 16.

⁴⁶ Census Bureau, [supra N. 17](#).

⁴⁷ Harvard University, “[Award: Social Security Video Service Delivery](#),” Innovations in American Government Awards, January 1, 2009; Federal Communications Commission (FCC), “Fourteenth Broadband Deployment Report,” January 19, 2021, 11, available at: <https://www.fcc.gov/document/fcc-annual-broadband-report-shows-digital-divide-rapidly-closing>.

when deciding whether to apply for benefits.⁴⁸ Research suggests that people in areas with fewer field offices face higher application costs.⁴⁹ Longstanding transportation challenges in Tribal areas may also present barriers to traveling to a FO to receive in-person service.⁵⁰ As a result, people living on Tribal lands, such as on reservations or off-reservation trust lands, may face relatively high (monetary and nonmonetary) travel costs of seeking in-person service. “AI/AN alone” people report significantly higher rates of disability compared to the general population.⁵¹ People living on Tribal lands experience disproportionately high rates of poverty compared to the general population⁵² and thus, may have a relatively higher expected marginal benefit from receiving SSI. These challenges may mean that relative to others who might qualify for SSI benefits, AI/AN individuals may remain underserved.

Alternative Service Sites

AI/AN people who cannot or choose not to access in-person service at a local field office can also receive assistance applying for SSI from SSA by phone, mail, or at one of SSA’s Video Service Delivery (VSD) sites located in some Tribal areas. VSD sites may provide accessible alternatives to face-to-face service for some people, which may lower some application costs. However, people still must determine VSD site locations and operating hours and travel to those sites. SSA’s website states that “a client does not have to know how to use a computer” to receive video service at one of its VSDs.⁵³ SSA’s VSDs were a 2009 finalist for the Ash Center for Democratic Governance and Innovation’s Innovations in American Government Award. According to the Ash Center,

“an evaluation by the University of North Dakota revealed that the VSD project resulted in more than a tenfold increase in filing of applications by tribal members, and that applicants overwhelmingly preferred the video

⁴⁸ Pamela Herd, and Donald P. Moynihan, [Administrative Burden: Policymaking by Other Means](#), Russell Sage Foundation, 2018; Manasi Deshpande, and Yue Li, “[Who Is Screened Out? Application Costs and the Targeting of Disability Programs](#),” *American Economic Journal*, 11 No. 4 (November 2019), 213-248.

⁴⁹ Christiana Stoddard, “[Determinants of the Use of SSI by AI/ANs](#),” Working Paper WI20-Q1, 2020, 6; Deshpande and Li, [Ibid.](#)

⁵⁰ Congressional Research Service (CRS), [Tribal Highway and Public Transportation Programs](#), IF12129, June 7, 2022, 2.

⁵¹ Census Bureau, [supra N. 4](#).

⁵² Nancy, G. Pindus, Thomas Kingsley, Jennifer Biess et al., [Housing Needs of AI/ANs in Tribal Areas: A Report from the Assessment of AI/AN, and Native Hawaiian Housing Needs](#), Prepared by the Urban Institute for HUD, January 2017, 3.

⁵³ SSA, [supra N. 42](#), 10.

channel over in-person, telephone, and print alternatives. Since the [VSD] program's inception, the SSA has seen an increase in claims as high as 80 percent on some reservations.”⁵⁴

According to remarks made by SSA in 2009, the VSD project was expanding from 38 sites to additional Tribal and rural areas.⁵⁵ Per SSA's website, as of March 2023, there appear to be 34 VSD sites in Tribal areas.⁵⁶ In its 2022 Tribal Consultation Progress Report, SSA noted that during fiscal year (FY) 22 the agency “explored options for expanding VSD” and conducted a pilot in the Dallas region where it tested delivering services through Microsoft Teams appointments to Native communities.⁵⁷ In its FY 24 President's Budget, a pilot using VSD sites to process replacement Social Security Number card applications for non-US citizens is “currently on hold pending the results of an updated fraud risk assessment to evaluate the specifications and capabilities of VSD technology.”⁵⁸ A recent evaluation of SSA's VSD sites and efforts does not appear to be publicly available.

Locating SSA Service Sites

Regardless of distance, people may face challenges when trying to locate the nearest office or other service site because of usability issues with SSA's locator tools. For people able to access SSA's website, finding the agency's field office locator tool to search for the nearest office may be difficult. Once people do find the tool to search for a field office, it appears to only list the closest field office, and not SSA's other types of service locations like VSD sites that may be closer. SSA provides an additional service map, the “AI/AN Geospatial Map”⁵⁹ that displays the locations of federally recognized Tribes, reservation boundaries, SSA field offices, VSD sites, and resident stations, and can be accessed from its AI/AN website page.⁶⁰ The geospatial map is difficult to load and use, even with high internet speeds. Further, people cannot enter their ZIP code or address to find the nearest service site using this map. A note on the interactive map page states that “office hours and locations used in this map are subject to change” and people should check the regular hours of the Social Security office in their

⁵⁴ Harvard University, *supra* [N. 47](#).

⁵⁵ Harvard University, [Ibid.](#)

⁵⁶ SSA, “[SSA's AI/AN Geospatial Map](#),” accessed May 1, 2023.

⁵⁷ SSA, *supra* [N. 39](#), 5.

⁵⁸ SSA, [FY 2024 Congressional Justification](#), 108.

⁵⁹ SSA, *supra* [N. 56](#).

⁶⁰ SSA, “[AI/ANs](#),” accessed May 1, 2023.

area using the field office locator.⁶¹ However, cross-referencing the addresses provided in the AI/AN interactive service map with its field office locator, VSD sites listed on the interactive map do not appear to be listed in the field office locator tool.

- As SSA focuses on service to populations facing barriers, evaluating access to, use of, and quality of service provided at its VSDs could support its efforts to determine how it can improve video face-to-face service in remote areas, including on Tribal lands.
- SSA could also consider adding VSDs and other nearby alternative service locations to its existing field office locator tool and making that tool easier to find on SSA’s website.
- Representatives from AI disability organizations have also shared that benefits coordinators assisting AI/ANs in conducting SSA business do not usually direct people to SSA’s website, but instead, to the agency’s 800 number.⁶² A preference for telephone over online service among AI/AN applicants or people assisting them may preclude these applicants from accessing SSA’s online tools, including its online protective filing tool that potential SSI claimants can use to indicate their intent to submit an SSI application and request an application appointment.⁶³ Additionally, service challenges with SSA’s 800 number, including long wait times, may present additional barriers to applicants that rely primarily on receiving assistance via this service channel.⁶⁴ A better understanding of AI/AN peoples’ service channel preferences could inform service improvements. SSA included “How do Native Americans and Tribal Nations access SSA services, and did this change because of COVID-19?” as a research question of interest to the agency in its list of research priorities for extramural funding in FY 23.⁶⁵ A forthcoming funded project will examine the service delivery needs of this population.⁶⁶

Broadband Availability and Affordability

⁶¹ SSA, *supra* [N. 56](#).

⁶² Input from other AI Disability Organizations received from Native American Disability Law Center (NADLC) (on file with SSAB).

⁶³ SSA, “[Get Started to Apply for SSI](#),” accessed May 8, 2023.

⁶⁴ GAO, *supra* [N. 8](#), 18.

⁶⁵ SSA, *supra* [N. 11](#), 7.

⁶⁶ SSA, “[RDRC Projects Database](#),” accessed May 1, 2023.

Compared to non-Tribal areas, Tribal areas—especially rural Tribal lands—have more limited access to high-speed internet (“broadband”) coverage needed to use SSA’s available online services.⁶⁷ The Federal Communications Commission (FCC) estimates that 79 percent of Tribal lands have both fixed and mobile broadband coverage compared to 82 percent of rural and 99 percent of urban areas.⁶⁸ Roughly 65 percent of rural Tribal lands have both fixed and mobile broadband coverage, and approximately 95 percent of urban Tribal lands have both services.⁶⁹

According to 2021 data from the ACS, AI/AN households also report significantly lower rates of computer ownership and broadband internet subscriptions than the general population.⁷⁰ According to the FCC:

“The remote, isolated nature of these areas, combined with challenging terrain and lower incomes, increase the cost of network deployment and entry, thereby reducing the profitability of providing service.”⁷¹

FCC data likely overestimate the true level of broadband coverage, particularly in rural and remote areas, including on Tribal lands. GAO and FCC’s Native Nations Communications Task Force have previously reported that FCC’s methodology for determining broadband-covered areas using Census blocks inaccurately considered an entire block as having service if one household in the block was served.⁷² Census blocks are the smallest geographic area for which Census data is collected and are delineated by visible natural or built features such as roads and rivers or by legal boundaries on Census maps.⁷³ Census blocks vary in size and shape.⁷⁴ Because Census blocks in remote

⁶⁷ FCC, *supra* N. 47, 4, 11; GAO, [Tribal Broadband: National Strategy and Coordination Framework Needed to Increase Access](#), GAO-22-104421 (June 2022).

⁶⁸ Per the FCC’s Fourteenth Broadband Deployment Report, “The designation of a [C]ensus block as urban is based upon the 2010 Census. An urban [C]ensus block encompasses all population, housing, and territory included within a [C]ensus block categorized as in an urban area or urban cluster. A rural [C]ensus block encompasses all population, housing, and territory not included within urban [C]ensus blocks.” The FCC report uses the 2010 [C]ensus to determine federally recognized Tribal lands. Urban, rural, and Tribal land categories may not be mutually exclusive. FCC, *supra* N. 47, 22.

⁶⁹ FCC, [Ibid.](#), 28-29.

⁷⁰ Census Bureau, *supra* N. 4.

⁷¹ FCC, *supra* N. 47, 11; GAO, *supra* N. 67.

⁷² GAO, [Ibid.](#); GAO, [Broadband Internet: FCC’s Data Overstate Access on Tribal Lands](#), GAO-18-630 (September 7, 2018).

⁷³ Census Bureau, [Census Blocks and Block Groups](#), n.d., 1.

⁷⁴ Census Bureau, [Ibid.](#)

areas can be hundreds of square miles in size,⁷⁵ providers in these areas may only provide coverage to part of a block.⁷⁶ According to a 2018 GAO report,

“Representatives for [T]ribal governments and organizations noted that the use of [C]ensus blocks [by the FCC] may uniquely overstate broadband availability on [T]ribal lands when [C]ensus blocks contain both [T]ribal and non-[T]ribal areas, because availability in the non-[T]ribal portion of the block can result in the [T]ribal area of the [C]ensus block also being counted as served.”⁷⁷

Following a November 2022 update of the FCC National Broadband Map to use addresses rather than Census blocks, others have reported that FCC’s latest broadband availability maps may continue to misrepresent the true level of broadband coverage in Tribal areas.⁷⁸ For example, the FCC broadband availability maps do not include broadband coverage data for anchor institutions, like schools, hospitals, and post offices.⁷⁹ The broadband maps are also missing data on some households located on Tribal lands that do not use standardized home addresses, but instead use descriptive addresses or longitude and latitude-based addresses.⁸⁰ Additionally, according to GAO, FCC data also overstate the broadband speed available in some Tribal areas.⁸¹ Because the FCC uses its broadband data to target broadband funding to underserved areas, data inaccuracies may prevent progress in closing the digital divide.⁸²

Several Federal initiatives aim to improve the availability, affordability, and adoption of broadband among Tribal communities.⁸³ While SSA does not have authority over grant programs that aim to expand broadband availability, it does help to promote the Affordable Connectivity Program (ACP), a program administered by the FCC and available to SSI recipients that is intended to improve broadband affordability. ACP provides a monthly internet service discount and a one-time device discount to eligible households that have

⁷⁵ Katy Rossiter, “[What are Census Blocks?](#)” Census Bureau, July 11, 2011.

⁷⁶ Native Nations Communications Task Force, [Improving and Increasing Broadband Deployment on Tribal Lands](#), November 5, 2019, 5, 25.

⁷⁷ GAO, supra [N. 72](#), 19.

⁷⁸ Chris Teale, “[Broadband Maps for Indian Country Called ‘Horrible,’ ‘Egregious,’ and ‘Negligent,’](#)” GCN, January 10, 2023.

⁷⁹ Chris Teale, [Ibid.](#)

⁸⁰ Chris Teale, [Ibid.](#)

⁸¹ GAO, supra [N. 67](#), 18.

⁸² GAO, supra [N. 67](#), 21; Native Nations Communications Task Force, supra [N. 76](#), 25.

⁸³ GAO, [Ibid.](#), 5-6.

income below 200 percent of the Federal Poverty Guidelines or that otherwise qualify for certain public programs, including SSI.⁸⁴ Households that are also located on qualifying Tribal lands receive discounts up to \$75 per month for internet service and, if they spend between \$10 and \$50, receive up to \$100 towards the purchase of an internet-capable device (e.g., laptop or tablet) from a participating provider.⁸⁵ SSA currently promotes the ACP on the homepage of its website and published a 2022 blog post about the program.⁸⁶

- The Board encourages SSA to consider using service channels other than its website, such as its 800 number and mailers, as it continues to promote the ACP. This is important given that people who stand to benefit most from ACP are those that may not currently have access to SSA’s website, where SSA does its current ACP promotion.
- Additionally, the Board encourages SSA to work with community partners to spread awareness of the ACP to populations facing barriers. Digital inclusion work by the National Urban Indian Family Coalition (NUIFC) recommends that organizations offering broadband adoption programs should collaborate with Native communities, build relationships with Native service organizations, and ensure programs are relatable and compelling through culturally relevant marketing.⁸⁷

SSI Eligibility

To receive SSI benefits, people must show they meet the program criteria. For older adults applying for SSI based on age, this requires meeting nonmedical eligibility criteria. For those applying for SSI based on disability, this requires meeting both nonmedical and medical eligibility criteria. AI/AN people may face additional barriers to providing both types of evidence to prove they qualify.

Nonmedical Eligibility

All SSI applicants must report the income and resources they receive to SSA when applying for or receiving SSI to ensure they meet the program’s income and resource limits. Applicants and recipients must be aware of the different

⁸⁴ FCC, “[ACP](#),” accessed May 1, 2023.

⁸⁵ FCC, [ibid](#); ACP, “[Enhanced Tribal Benefit](#),” accessed May 1, 2023.

⁸⁶ Alejandro Roark, “[The ACP Can Help SSI Recipients Get Internet Access](#),” *Social Security Matters*, May 25, 2022.

⁸⁷ NUIFC, [Weaving Our Web: The State of Digital Inclusion in Urban Indian America](#), November 2018, 10-11.

types of income and resources they receive, as well as which must be reported and when, to make accurate reports. SSA employees must verify applicant reports and correctly apply program rules to determine SSI eligibility and payment amounts.

Program complexity may result in barriers to establishing nonmedical SSI eligibility for some AI/AN people. Members of federally recognized Tribal Nations may receive different types of income and resources that must be documented and reported to SSA.⁸⁸ In addition to the income and resource exclusions applicable to all SSI claimants/recipients, further exclusions are available to some members of federally recognized Tribal Nations when determining SSI eligibility and payment amounts.⁸⁹ These exclusions are outlined in almost 50 separate federal laws, with some applying to specific types of payments received by Tribal citizens and others depending on Tribal affiliation.⁹⁰ Improper payments result when applicants/recipients or SSA fail to identify or correctly calculate countable income and resources timely, or if SSA changes its program rules.⁹¹ For example, SSA revised SSI rules to exclude COVID-19-related payments from Tribal governments to Tribal members from countable income and resources, requiring the agency to identify and correct SSI underpayments made to recipients whose payments were counted as income or resources before SSA changed its rules.⁹²

Medical Eligibility

Healthcare quality and access issues may pose additional barriers for AI/AN SSI disability applicants when attempting to prove medical eligibility. In 2019, approximately 20 percent of AI/AN people did not have health insurance, compared to about 9 percent of the general US population.⁹³ Relative to the general population, people identifying as AI/AN are also more likely to report not having a regular healthcare provider or place where they get care and delaying or not seeking medical care because of cost or other reasons.⁹⁴

⁸⁸ SSA, supra [N. 42](#), 29-30.

⁸⁹ See “SSI Exclusions for AI/AN” PowerPoint available on SSA’s website: <https://www.ssa.gov/people/aian/>; SSA, [Ibid](#), 6-7, 67-68; SSA, Program Operations Manual System (POMS), “[Indian-Related Exclusions](#),” SI 00830.830 (November 9, 2012).

⁹⁰ SSA, POMS, “[Indian-Related Exclusions](#),” SI 00830.830 (November 9, 2012).

⁹¹ SSA, “[Major Causes of SSI Improper Payments](#),” accessed May 1, 2023; SSA, supra [N. 42](#).

⁹² SSA, [Ibid](#), 6.

⁹³ MedPAC, [Medicaid’s Role in Health Care for AI/ANs](#), February 2021, 3.

⁹⁴ MedPAC, [Ibid](#), 3.

Regardless of insurance status, some AI/AN people may receive healthcare from the Indian Health Service (IHS), which funds and delivers federal healthcare services to about 2.6 million members of Federally recognized Tribal Nations at over 500 federally and Tribally operated facilities⁹⁵ and over 80 Urban Indian Organization (UIO) facilities.⁹⁶ The IHS provides service at each of its facilities to the extent allowed by its annual discretionary appropriation and other revenue received from secondary payers, such as Medicaid.⁹⁷ IHS service sites mainly offer primary and emergency healthcare; most do not offer specialty services and have limited capacity to treat “complex inpatient cases.”⁹⁸ Most IHS service sites are located on or near Tribal lands.⁹⁹ More limited IHS care options are available in urban areas, where most AI/AN people live. While about 70 percent of the AI/AN population lives in metropolitan areas, only about one in four AI/AN people live in counties served by statutorily authorized and funded Urban Indian Health Programs.¹⁰⁰ Approximately one percent of the IHS budget goes towards funding UIOs.¹⁰¹

GAO, the Department of Health and Human Services’ Office of Inspector General, and others have identified persistent funding, access, staffing, payment, quality and continuity of care issues impacting the IHS’ delivery of health services.¹⁰² These service challenges may impact the quantity and quality of medical records available to patients served by the IHS. In particular, work by GAO has found that IHS funding and service challenges negatively impact access to care for health conditions associated with SSI receipt, such as chronic pain and mental health conditions.¹⁰³

Independent of IHS eligibility status, AI/AN people may experience barriers to receiving care to document disability because they live far from a service site, do not have transportation, face cultural and language barriers, prefer not to

⁹⁵ Facilities include hospitals, health centers, and clinics. IHS, “[About IHS](#),” accessed May 1, 2023; IHS, “[IHS Profile](#),” accessed May 1, 2023.

⁹⁶ IHS, “[About UIOs](#),” accessed May 1, 2023.

⁹⁷ MedPAC, *supra* [N. 93](#), 1.

⁹⁸ MedPAC, *ibid*, 5; HHS Office of the Inspector General (OIG), [IHS Hospitals: Longstanding Challenges Warrant Focused Attention to Support Quality Care](#), OEI-06-14-00011 (October 2016), Executive Summary.

⁹⁹ MedPAC, *ibid*, 1.

¹⁰⁰ IHS, “[Urban Indian Health Program](#),” accessed April 30, 2023.

¹⁰¹ CRS, [The IHS: An Overview](#), January 12, 2016, 9.

¹⁰² GAO, [IHS: Actions Needed to Improve Oversight of Federal Facilities’ Decision-making about the Use of Funds](#), GAO-21-20 (November 2020); HHS OIG, *supra* [N. 98](#); Christiana Stoddard, *supra* [N. 49](#).

¹⁰³ GAO, [IHS: Health Care Services Are Not Always Available to Native Americans](#), GAO-05-789 (August 31, 2005); Stoddard, Christiana, *ibid*, 20.

disclose health data due to privacy concerns, or because of other actual or perceived costs.¹⁰⁴ Past Board work has highlighted challenges for claimants, Disability Determination Services (DDS), and SSA when medical evidence is not available or sufficient to determine medical eligibility.¹⁰⁵ In that work, the Board encouraged “Congress and SSA to consider funding short-term, targeted research” on variation in the amount, types, and sources of medical evidence by geographic, demographic, socioeconomic, and other variables.”¹⁰⁶

Access to and quality of medical and nonmedical evidence for AI/AN applicants and its effect on the disability application experience of these applicants and the agency is an area that would benefit from additional study. However, given that SSA does not systematically collect race, ethnicity, or Tribal affiliation data—except when relevant to verify immigration status or income and resources that may be subject to AI/AN exclusions on the SSI application—this is likely to be challenging. Such data, were it available, would also not capture people for whom the cost—whether monetary or nonmonetary—of obtaining medical evidence is a deterrent to applying for SSI.

Language Access

SSA states that the SSI application is not intended to be a self-help form.¹⁰⁷ SSI applicants often must rely on SSA employees to file a complete application under the current process.¹⁰⁸ This is especially true for people that require assistance in a language other than English. SSA also acknowledges “that it often requires more time to conduct business in languages other than English.”¹⁰⁹ According to a GAO analysis of SSA data, during the pandemic, SSI applications declined more among claimants whose primary language was not English or Spanish (16 percent) compared to those whose primary language was English (3 percent) or Spanish (9 percent).¹¹⁰ The August 2000 “Improving Access to Services for Persons With Limited English Proficiency” and February 2023 “EO on Further Advancing Racial Equity and Support for Underserved Communities Through The Federal Government” direct agencies to consider

¹⁰⁴ Taitingfong et al, *supra* [N. 30](#); MedPAC, *supra* [N. 93](#).

¹⁰⁵ SSAB, [Medical Evidence Collection in Adult Social Security Disability Claims](#), May 2022.

¹⁰⁶ SSAB, [Ibid](#), 21.

¹⁰⁷ SSA, “[Application for SSI, Form SSA-8000-BK](#),” SI 00604.001 (April 11, 2007).

¹⁰⁸ SSA, [Ibid](#).

¹⁰⁹ SSA, [FY 22-23 SSA Language Access Plan](#).

¹¹⁰ GAO, *supra* [N. 8](#), 23.

opportunities to improve language access services for people with limited English proficiency.¹¹¹

Among the AI/AN population over five years old, 41.9 percent speak a language other than English at home, compared to 21.6 percent of the general population.¹¹² Among people identifying as AI/AN that do not speak English at home, 15.8 percent report speaking English less than “very well” compared to 8.3 percent of the general population that does not speak English at home.¹¹³ AI/AN people may experience barriers to receiving service in their preferred language from SSA during the SSI application process.

In its FY 22-23 Language Access Plan SSA states that it “ensure[s] access to quality services and program benefits regardless of an individual's ability to communicate in English” and “provide[s] quality service in more than 200 languages.”¹¹⁴ SSA’s Limited English Proficiency (LEP) Steering Committee conducts oversight of SSA’s language access policies.¹¹⁵ Currently, SSA’s website, notices, some forms, and other written information are available in Spanish.¹¹⁶ SSA also makes some written information that may include publications, form instructions, a sample Social Security Statement, and fact sheets, available on its website in other languages.¹¹⁷ The amount and types of available translated information vary by language. Written materials do not appear to be widely available in any Native languages.

SSA also provides free interpreter services in over 200 languages to people using SSA’s phone or in-person services through its bilingual and multilingual employees, national telephone interpreter service, and translator service contracts.¹¹⁸ SSA’s LEP plan does not provide a comprehensive list of languages for which interpreters are available to the public.¹¹⁹ Offering services

¹¹¹ Federal Register, [Improving Access to Services for Persons with Limited English Proficiency](#), EO 13166, August 16, 2000; The White House, [EO on Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#), February 16, 2023.

¹¹² Census Bureau, [supra N. 4](#).

¹¹³ Census Bureau, [Ibid](#).

¹¹⁴ SSA, [supra N. 109](#), 4, 6.

¹¹⁵ SSA, [Ibid](#), 5.

¹¹⁶ Trinh Phan, [“Improving Language Access for SSI and Social Security Beneficiaries,”](#) Justice in Aging, October 2022, 2.

¹¹⁷ SSA, [“Social Security Information in Other Languages,”](#) accessed May 1, 2023. Translated materials are available in Arabic, Armenian, Chinese (Traditional and Simplified), Farsi, French, Greek, Haitian Creole, Italian, Korean, Polish, Portuguese, Russian, Tagalog, Ukrainian, and Vietnamese.

¹¹⁸ SSA, [supra N. 109](#), 8.

¹¹⁹ SSA, [Ibid](#).

and ensuring availability when needed may be an important distinction for consideration. Claimants can use their own interpreter if SSA determines the preferred interpreter meets the agency’s interpreter requirements.¹²⁰ SSA’s interpreter services are available to claimants at all adjudication levels. For disability claimants requiring a consultative examination (CE), SSA encourages DDSs to use bilingual and multilingual medical examiners for CEs, when available, but its guidance also notes that it “does not determine state DDS bilingual and multilingual needs.”¹²¹ SSA’s policies further note that “third-party vendors and [CE] providers cannot request service from the SSA provided [Telephone Interpreter Service]” contractor.¹²²

SSA field office managers and Administrative Law Judges, as well as representatives from state government agencies and advocacy organizations assisting applicants with LEP, have raised concerns about SSA’s current policies, such as the availability of interpreters or written materials in certain languages, including the Navajo language, quality of interpreters especially for translating the concepts and terminology used by SSA, and variation in LEP policy implementation in different regions of the country and parts of the agency.¹²³ One recommendation shared is that “SSA should designate Tribal Liaisons or advocates who could assist these individuals in ensuring they get the services and assistance they need.”¹²⁴

Data and research on the language preferences of SSI applicants should inform SSA’s language access services. SSA used to provide public data on the language preferences of SSI applicants, but no longer appears to do so. On its website, SSA lists 24 different datasets on the language preferences of SSI recipients that were previously publicly available.¹²⁵ As of February 2023, each of these data pages states that “Social Security temporarily removed the data to reconcile it against [its] source files.”¹²⁶ In its FY 24 Retirement and Disability Research Consortium Focal Area List, SSA states that it

¹²⁰ SSA, [Ibid](#); SSA, POMS, “[DDS: Interpreters for Individuals with LEP or Individuals Requiring Language Assistance](#),” DI 23040.001 (July 17, 2019).

¹²¹ SSA, [Ibid](#).

¹²² SSA, POMS, supra [N. 120](#).

¹²³ Trinh Phan, supra [N. 116](#); NADLC, supra [N. 62](#) (on file with SSAB); SSAB staff stakeholder notes (on file with SSAB).

¹²⁴ NADLC, [Ibid](#) (on file with SSAB).

¹²⁵ SSA, “[Social Security Data Page](#),” accessed May 1, 2023.

¹²⁶ SSA, [Ibid](#). For example, see: SSA, “[SSA Quarterly Data for Spoken Language Preferences SSI Blind & Disabled Initial Claims](#),” accessed May 1, 2023.

“would be interested in studies that explore the...SSI applicant and beneficiary experiences of [Americans that speak a primary language other than English and/or have limited English proficiency], including questions such as: What are their experiences with SSA services (in-person, phone, and online)? Where do they get information about Social Security benefits? What advocacy groups or organizations do they rely on? How do they prefer to stay informed about updates to their applications or benefits? To what extent does the language of application documents act as a barrier for individuals with LEP in completing disability applications in a timely manner? Do other documents create similar barriers for SSA program beneficiaries with LEP? What lessons may be learned from other agencies or organizations that serve populations with LEP?...To what extent does the language of application documents act as a barrier for individuals with LEP in completing disability applications in a timely manner? Do other documents create similar barriers for SSA program beneficiaries with LEP? What lessons may be learned from other agencies or organizations that serve populations with LEP?”¹²⁷

Public data on language preferences could assist extramural researchers interested in examining some of these research questions.

- According to the National Congress of American Indians (NCAI), “language goes to the heart of Tribal identity.”¹²⁸ SSA’s LEP Steering Committee could evaluate language access for Native people and make recommendations to SSA for improving its current policies.
- SSA’s new ONAP could solicit additional language access needs with respect to the SSI application process from Native communities and ensure recommendations are incorporated across SSA service channels.
- SSA could also draw on strategies used by other federal agencies to improve access to and quality of interpreter services in Native languages. For example, the Election Assistance Commission (EAC) recently released translations of its National Mail Voter Registration Form into Yup’ik-Akuzipik, Navajo, and Apache languages.¹²⁹
- In addition, the EAC released an audio translation of the form into Apache. According to the EAC, audio translations of forms developed by native speakers from Native communities can improve translation of

¹²⁷ SSA, *supra* [N. 11](#), 8.

¹²⁸ NCAI, “[Language](#),” accessed May 1, 2023.

¹²⁹ EAC, “[EAC Releases First Native American Translations of National Mail Voter Registration Form](#),” November 11, 2021.

technical terminology to better facilitate understanding and accessibility of information.¹³⁰ SSA could consider developing audio translations of its SSI form to similarly lower barriers for SSI applicants with LEP, including AI/ANs. Providing written or audio forms in languages other than English also requires SSA to have the capacity to process information received in other languages to make eligibility decisions. The Board recognizes that this may be difficult given staffing issues faced by SSA that may be beyond the agency's control.

- Finally, SSA could consider improving form readability and comprehension for SSI applicants regardless of language preference. Input on the SSI application process from representatives of AI disability organizations noted that the current SSI application uses “expanded language” that is “at least beyond the 10th grade level,” when it “should be at the 6th grade level for readability purposes.”¹³¹ Improving form readability is consistent with recommendations made by external participants during a January 2020 Board-hosted roundtable on The Claimant Experience in Social Security's Disability Process.¹³²

Lack of Data and Research on the Population

Federal, Tribal, and state governments rely on federally collected AI/AN population data to understand population trends, inform service provision and funding levels, and determine policy priorities.¹³³ However, federal data often undercount AI/AN populations and Tribal land residents.¹³⁴ As a result, AI/AN population estimates are often excluded from federal statistical analyses or data visualizations or combined with data on other small populations into “other” categories because of data quality concerns, like small sample sizes, difficulty collecting data, cost, and privacy considerations.¹³⁵ While federal AI/AN data quality has improved, more work is needed to ensure reliable statistical data for this population.¹³⁶ AI/AN organizations, including NCAI and NUIFC, have raised concerns about Census estimates and methods for

¹³⁰ EAC, [Ibid.](#)

¹³¹ NADLC, *supra* N. 62 (on file with SSAB).

¹³² SSAB, [Summary of Disability Process Improvement Roundtables](#), October 9, 2020, 14-16.

¹³³ Evans-Lomayesva et al, *supra* [N. 29](#).

¹³⁴ Evans-Lomayesva et al, [Ibid.](#)

¹³⁵ Evans-Lomayesva et al, [Ibid.](#)

¹³⁶ Evans-Lomayesva et al, [Ibid.](#)

counting AI/AN populations and Tribal land residents.¹³⁷ For SSA, lack of administrative data on AI/AN SSI recipients may prevent the agency from identifying service barriers faced by this population. More broadly, data on race and ethnicity could help SSA determine and ensure equitable access to its programs.

- The Board encourages SSA to continue to fund extramural research on these topics that uses culturally competent and indigenous methodology.¹³⁸
- SSA could conduct Tribal consultations on Tribal research priorities related to SSA's service delivery to Native communities including the SSI application process.
- Data collection and research conducted by SSA or extramural researchers on Native communities should have the consent, input, and privacy¹³⁹ of these communities at its center, and findings should be shared with participating communities.

Part III. Conclusion

AI/ANs face barriers to accessing SSI across SSA's available service channels. Recent EOs require SSA to evaluate the equity of its programs and service provision and minimize barriers to access and usability. As SSA expands and promotes its existing online services, including developing an online SSI application, it must consider populations that cannot or prefer not to receive service through online channels. Expanding and improving its telephone service is one promising area where SSA could lower barriers facing populations that cannot readily access online or in-person services. Above all, changes to the SSI application process or SSA's service delivery impacting Tribal Nations should be driven by consultation, partnership, and meaningful inclusion of Tribal governments and AI/AN people in SSA's decision-making. It is critical that consultations be held well in advance and throughout design of new tools and processes to meaningfully inform their development. Additionally, regular consultation after implementation would allow SSA to

¹³⁷Evans-Lomayesva et al, *Ibid*; UNITY, "[Statistically Significant: How the NUIFC is Making Sure Natives are Counted in 2020](#)," March 3, 2020, accessed May 18, 2023; NCAI, [2020 Census Results: Regional Tribal Land Data Summary](#), September 2021; National Indian Council on Aging, Inc., "[2020 Census Includes Tribal Affiliations](#)," January 27, 2020.

¹³⁸ Swanson, Shanley, Reidunn H. Nygard, and Merete Saus, 2022. "[Native American Social Work – Including Family and Community](#)," *Journal of Social Work* 22, no. 3, 615-636.

¹³⁹ Taitingfong et al, *supra* [N. 30](#).

identify areas to improve service. SSA's new ONAP has an opportunity to elevate SSI application process changes that are aligned with the priorities of AI/AN communities for SSA.

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Appendix A: Acronyms

Acronym	Term
AI/AN	American Indians and Alaskan Natives
ACP	Affordable Connectivity Program
ACS	American Community Survey
CE	Consultative Examination
DDS	Disability Determination Services
EAC	Election Assistance Commission
EO	Executive Order
FCC	Federal Communications Commission
FY	Fiscal Year
GAO	Government Accountability Office
IHS	Indian Health Service
LEP	Limited English Proficiency
NCAI	National Congress of American Indians
NUIFC	National Urban Indian Family Coalition
OMB	Office of Management and Budget
ONAP	Office of Native American Partnerships
UIO	Urban Indian Organization
SSA	Social Security Administration
SSI	Supplemental Security Income
UIO	Urban Indian Organization
VSD	Video Service Delivery

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About the Board

The Social Security Advisory Board was established in 1994 to advise the President, Congress, and Commissioner of Social Security on matters of policy and administration of the Old-Age, Survivors, and Disability Insurance and Supplemental Security Income programs. The Board has up to seven bipartisan members, appointed by the President, Senate, and House of Representatives.



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