UNDERSTANDING THE CHARACTERISTICS AND NEEDS OF TRIBAL COMMUNITY MEMBERS FOR SOCIAL SECURITY DELIVERY

Barbara A. Butrica, Stipica Mudrazija, and Jonathan Schwabish

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Abstract

This paper examines the Social Security Administration's (SSA) ongoing efforts to strengthen its relationship with tribal communities across the U.S. We conducted a descriptive study of service delivery to tribal communities using information from a comprehensive literature review, an analysis of individual- and household-level data from the *American Community Survey* (ACS), SSA office location data, and semi-structured interviews with experts, SSA and other federal government staff, state and local government staff, community advocates, and tribal community members.

The paper found that:

- SSA is doing a lot right in its work with and on behalf of American Indian and Alaska Native people. The agency is collaborating with tribal governments and other groups, consulting and listening to local and regional governments and tribal members, and utilizing third-party case workers to provide services.
- SSA's reliance on online service delivery may be leaving out many applicants and beneficiaries, particularly those living in rural areas. Moving advertising and service delivery to an online model—which was spurred by the COVID-19 pandemic—leaves out many people who do not have basic internet access, not to mention broadband access. Driving to an SSA field office takes about 16 minutes longer in Census tracts that include tribal areas than in those that do not.

The policy implications of the findings are:

- SSA or other organizations might consider a variety of areas for future research, including piloting demonstration projects to test certain efforts; developing generalizable but adaptable service delivery models; engaging stakeholders and community members with lived experience; and improving data and data systems relating to American Indian and Alaska Native people and communities.

Introduction

In April 2021, the Social Security Administration (SSA) laid out a plan to strengthen its relationship with tribal communities by: (1) continuing and strengthening tribal consultation; (2) increasing outreach and education efforts to tribal communities; (3) improving service delivery; and (4) promoting hiring and support for local assistance efforts (SSA 2021a).

This paper aims to help SSA better target and deliver services to American Indian and Alaska Native (AI/AN, or Native American, the terms we use throughout this paper) individuals and strengthen its relationship with tribal communities. It does this through improving our understanding of the characteristics and needs of Native American and tribal communities, how SSA currently delivers services to those communities, and how services and delivery changed during the COVID-19 pandemic. It also highlights what SSA can learn from other Federal agencies and community-based organizations about providing services to tribal community members.

Overall, our findings suggest that SSA is doing a lot right in its work with and on behalf of AI/AN people—collaborating with tribal governments and other groups, consulting and listening to local and regional governments and tribal members, and utilizing third-party case workers to provide services. However, we also find that SSA's reliance on online service delivery may be leaving out a large segment of AI/AN applicants and beneficiaries, particularly those living in rural areas. Moving advertising and service delivery to an online model—which was spurred by the COVID-19 pandemic—excludes many people who do not have basic internet access, not to mention broadband access. Recent federal legislation (e.g., the Infrastructure Investment and Jobs Act of 2021) may help to expand broadband access across the country, but until that infrastructure is built and activated, those in remote areas of tribal nations may be left without the support they need.

Background

In 2020, an estimated 3.7 million people identified as American Indian and Alaska Native (AI/AN) alone, accounting for 1.1 percent of all people living in the United States. An additional 5.9 million people identified as American Indian and Alaska Native *and* another racial group. Together, the AI/AN alone or in combination population comprised 9.7 million people or 2.9 percent of the total U.S. population in 2020 (U.S. Bureau of the Census 2022a, 2023). As of

2022, there are about 324 federally recognized Native American reservations that are home to about 1.3 million Native Americans or 13 percent of the total Native American population.[1] There are other federally recognized lands that are not formal reservations but may be remnants of reservations broken up by the federal government or areas held in trust for a tribe (Bureau of Indian Affairs 2023). According to the Census Bureau,[2] including both reservations and other federally recognized lands, there are more than 700 individual land areas around the country, which vary in size and location. The smallest is the 1.32-acre parcel in northern California where the Pit River Tribe's cemetery is located, and the largest is the 16 million-acre Navajo Nation Reservation that crosses parts of Arizona, New Mexico, and Utah.

Some reservations are located on a tribe's original land area while others were created by the U.S. federal government for the resettling of people after being forcibly relocated from their homelands. Native American reservations are considered sovereign nations, which means they have the authority to self-govern and establish their own laws and customs within the borders of the reservation. Typically, only federal and tribal laws, not state or local laws, apply to members of the tribe living in tribal areas. If eligible (based on income and other program requirements), Native Americans can access the same education, welfare, health, and social service programs as any other citizen.

The forcible removal and ongoing discrimination and exploitation of Native American people and tribes has had a negative impact on their economic well-being, health, economy, land ownership, and other outcomes. For example, Guzman (2020) reported that median household income in 2019 inflation-adjusted dollars among AI/AN households was $43,825, higher than Black households ($41,935) but lower than all other racial and ethnic groups including Asian households ($88,204), non-Hispanic White households ($68,785), and Hispanic households ($51,811). These income differences contribute to important disparities in poverty rates. Smith-Kaprosy, Martin, and Whitman (2012) reported poverty rates of 20.1 percent among AI/AN individuals ages 18 and older, but only 11.8 percent among the same ages in the overall population. Murphy and Huggins (2015) found that AI/AN retirees 62 and older also had

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[1] To be precise, there are 324 federally recognized reservations and 574 federally recognized tribes across the country. Department of Health and Human Services, available at: https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62.

[2] Our geographic analysis is based on the geographic shapefiles produced by the Census Bureau's *2020 TIGER/Line Shapefiles: American Indian Geography* and available at: https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2020&layergroup=American+Indian+Area+Geography.

significantly less retirement income, including or excluding Social Security benefits, than White or Black retirees.

Studies also document poorer health among Native Americans. Smith-Kaprosy, Martin, and Whitman (2012) found disability rates of 23.8 percent among AI/AN individuals, but only 15.3 percent among the same ages in the overall population. A recent study by Blanchflower and Feir (2021) found rates of poor mental health to be higher among Native Americans than for White or Black Americans. And Moore and Melvin report markedly higher (and increasing) suicide rates among Native American youth age 12- to 17-years old (Moore and Melvin 2021).

Importantly, some evidence suggests that the gap in income and health between Native Americans and other racial and ethnic groups has increased over time. Guzman (2020) found that the median household income increased between 2005-2009 and 2015-2019 by only 0.5 percent for Native American households, but by 7.9 percent for Asian, 5.9 percent for Hispanic, and 1.9 percent for Black households. And Blanchflower and Feir (2021) found that the gap in poor mental health rates between Native Americans and other Americans increased over the 1993 to 2020 period, especially for those with limited education.

Gaps in income and health are important for SSA in determining need and support for Native populations. Another aspect that may be relevant to SSA in considering need, support, and service delivery is financial literacy. While levels of financial literacy are "strikingly low in the United States" (Lusardi and Mitchell 2023), studies reveal stark differences by race (Blanco et al. 2022; Lusardi and Mitchell 2023). For example, on an 18-item financial literacy questionnaire administered to older adults, the average number of correctly answered questions was significantly lower for AI/AN respondents than for Black, White, or Asian respondents (Murphy, Gourd, and Begay 2014). Additionally, survey data from the FINRA 2015 National Financial Capability Study found that AI/AN individuals were financially fragile at similar rates as Black individuals, which were higher than rates for other racial and ethnic groups (Dewees and Mottola 2017). For example, 63 percent of AI/AN respondents surveyed reported that it was very or somewhat difficult for them to cover their expenses and pay all their bills in a typical month. This contrasts with, at the other extreme, only 45 percent of Asian Americans. In addition, 31 percent of AI/AN respondents were certain that they could not come up with $2,000 if an unexpected need arose within the next month. This contrasts with—again the other extreme— only 11 percent of Asian Americans who lack those emergency savings, the other

extreme. Stoddard (2019) also found that AI/AN individuals had lower financial well-being, defined as financial security and financial freedom of choice in the present and future, than non-AI/AN individuals. Importantly, the differences between these groups could not be explained by differences in education, income, financial literacy, or numeracy. That is, even after controlling for these factors, financial well-being was lower for AI/ANs than for non-AI/ANs. Research by Brown, Cookson, and Heimer (2019) may have uncovered an explanation—limited contact with credit markets. The authors found that young borrowers living on financially underdeveloped Native American reservations were 20 percentage points less likely to have a credit report, 10 percent slower to enter formal credit markets, had lower credit scores, and had higher delinquency rates than those living on reservations that were more financially developed.

Importantly, the social, economic, physical, and mental well-being of AI/ANs likely differs between those living off reservations and the 68 percent (Dewees and Marks 2017) who live on or near reservations, as well as between reservations (Galvin 2017).

Lack of Accurate Data on Native Americans

Relative to other demographic groups, there is limited research and data on Native Americans, particularly those living on reservations. Even those studies that consider Native American outcomes and experiences are often based on small sample sizes. Counts of Native Americans, tribes, and reservations as well as percentages of Native Americans living on tribal homelands or living in rural areas vary widely because of racial misclassifications and differences in definitions, geographical boundaries, and data sources (Dewees and Marks 2017; Villegas et al. 2016). The Northwest Portland Area Indian Health Board, which works on correcting racial misclassification in datasets, found that 8 to 60 percent of AI/AN people are racially misclassified, usually as White, depending on the dataset (Lovejoy 2022). Additionally, as noted by Villegas et al. (2016), for AI/AN people and communities it may be important to disaggregate data by tribal nation, geography, demographic characteristics, and status (e.g., Native language speaker or non-speaker, and enrolled tribal member or unenrolled).

Service Delivery

Particularly relevant to our paper is the literature on service delivery to Native Americans. A common theme in this literature is the importance of recognizing Native

American culture and customs (Allison, Rivers, and Fottler 2007; Cohen et al. 2012; Hahn et al. 2013; Substance Abuse and Mental Health Services Administration 2018; Walch et al. 2022). Recent interviews with elderly Alaska Native people, for example, revealed their concerns with government programs that interfere with traditional practices and lifestyles (Walch et al. 2022). Another assessment found that AI/AN individuals with developmental disabilities and their families wanted service systems to respect their culture and customs (Cohen et al. 2012). Hahn et al. (2013) evaluated the Tribal Temporary Assistance for Needy Families (TANF) program of four tribes (tribal TANF programs give tribes the opportunity to design TANF programs that reflect their geographic, economic, demographic, and cultural characteristics, rather than use state TANF programs) and found that while certain aspects of service delivery were common to all the programs, each tribe delivered services in ways that reflected its tribal culture.

Some organizations have developed service delivery models for Native Americans with their culture and customs in mind. For example, the National Association of School Psychologists developed the *Indigenous Conceptual Framework* to provide culturally responsive mental health services to indigenous children, youth, families, and communities. The framework recognizes sovereignty, language, intentionality, and reciprocity as important to building relationships and spirituality, cognitive-academic, social-emotional-behavioral, and physical as key elements of being human (National Association of School Psychologists 2020). Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) developed a Treatment Improvement Protocol (TIP) that discusses the importance of delivering culturally responsive, evidence-based behavioral health services to Native Americans. The TIP provides guidelines to address common needs across tribal communities but that can be adapted for individual tribal communities (Substance Abuse and Mental Health Services Administration 2018).

The best way to represent the interests of those being served is to get their input. In their evaluation of public health care delivery models for Native American tribes, Allison, Rivers, and Fottler (2007) noted the importance of: 1) developing services with input from the underserved population; 2) training members of underserved populations to provide services to their communities, 3) recognizing that one model of service delivery will not be appropriate for all underserved populations; and 4) using different service delivery models to respond to different cultures, populations, and geographic locations. SAMHSA TIP was developed with input from

AI/AN behavioral health service providers, clinical directors, researchers, and administrators in Native American communities (Substance Abuse and Mental Health Services Administration 2018).

Native American service delivery models must also recognize the challenges associated with providing services to rural areas—54 percent of AI/AN people live in rural areas and small towns and 68 percent live on or near their tribal homeland (Dewees and Marks 2017). For example, an assessment of the availability of services and support for AI/AN individuals with developmental disabilities and their families found that transportation was often not available to obtain services located off-reservation and few tribes provided these services themselves (Cohen et al. 2012). In addition, studies have documented a digital divide in tribal areas (Gregg, Bauer, and Feir 2022; FCC 2021; Feir, Todd, and Weyrauch 2019), which can make outreach and service delivery especially challenging. Only about 65 percent of tribal lands in the U.S. have access to broadband internet (Henning and Rodman 2021).[3] Not only are households in tribal areas less likely to have internet than those in non-tribal areas, but there are differences in the way that households in tribal and non-tribal areas access the internet. Households in tribal areas are substantially less likely to have broadband and more likely to use only cellphone or satellites. A recent study also found slower internet connection speeds and higher internet service costs for households in tribal areas than for those in non-tribal areas. For example, download (upload) speeds were 25 (30) percent slower in tribal areas even after accounting for differences in geography and cost and demand factors, and the lowest-priced internet service provider was 11 percent more expensive (Gregg, Bauer, and Feir 2022).

Data and Methods

We conducted a descriptive study of service delivery to tribal communities using information from a comprehensive literature review and an analysis of individual- and household-level data from the American Community Survey (ACS) 2017-2021 5-year data release. The ACS includes information on age, race/ethnicity, education, sex, employment status, income, poverty, and other personal characteristics. It also includes information on internet and broadband access. Since 2013, the ACS has asked households whether their

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[3] The 65 percent figure refers to fixed terrestrial 25/3 Mbps services in 2019, under current guidelines, the minimum service speed necessary to be considered broadband.

residence has access to the internet. For those who report internet access, the ACS asks them to identify what they use to access the internet. Respondents can reply that they use a cellular data plan, high-speed internet service also known as broadband (including cable, fiber optic, or DSL), satellite internet, dial-up internet, or another service. The household-level analyses distinguish between those on tribal lands using the Census Bureau geography level that includes American Indian areas and Alaska Native Areas.[4]

We also used location data to explore distances to each of three SSA office types (field offices, video service delivery sites, and resident stations; more details on each below) around the country. We are particularly interested—based on our interviews, which we discuss in more detail below—in the differences in travel times to SSA offices. We obtained specific addresses of each SSA office type from the SSA American Indian and Alaska Native Geospatial map (AIANGM; SSA 2023a) and the Data for Field Office and Resident Station Information for Application Developers (FOD; SSA 2023b).[5] We used the routing software r5 via the r5r R package (Pereira et al. 2021) to calculate travel time by car from population-weighted centroids for Census tracts[6] in our sample to each office type. We set the maximum possible travel time to 120 minutes, so trips that took longer than this were not returned by r5r. We used the population-weighted centroid for each tract as the starting point for trips to SSA field offices because it better reflects where the population is concentrated in each tract.[7] In this part of the analysis, we defined tribal tracts in two ways: 1) tracts with more than 50 percent of land area in a tribal area and 2) tracts with any amount of land area in a tribal area.[8]

To contextualize any insights from the quantitative data, we also conducted 10 semi-structured interviews with experts, SSA and other federal government staff, state and local

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[4] For this analysis, we excluded Native Hawaiian Home Lands from the ACS estimates.

[5] The FOD data includes specific addresses for each of the SSA Field Offices and Resident Stations. We manually extracted specific address information for each of the VSD sites using the AIANGM.

[6] Census tracts are small statistical subdivisions and typically have populations between 1,200 and 8,000 people. Census tracts do not cross state or county borders (U.S. Bureau of the Census 2023b).

[7] We obtained the populated-weighted centroid data from the Missouri Census Data Center Geocorr 2014: Geographic Correspondence Engine. The data center used 2010 Census population estimates at the census tract–level to identify each population-weighted centroid. We obtained road grid data from OpenStreetMap, a free, open-source global map that includes detailed information about roadways and walkways. We first downloaded the OpenStreetMap file for the United States from the GeoFabrik Download Server, which hosts OSM extracts that are updated daily. We then clipped the file to a bounding box that fully contains the geographic area under consideration.

[8] We present results using the first definition and note that the analysis using the second definition yielded similar results with expected changes in magnitude.

government staff, community advocates, and tribal community members. The interview questions were designed to better understand the challenges and needs tribal communities face when trying to access and obtain government programs and benefits and were used both to inform our data analysis and verify its insights. We have included our interview protocols as appendices to this report.

Findings

Before presenting our findings, we summarize our conversation with two SSA tribal program administrators. While many of the outcomes of our interviews focused on the problems and gaps in service delivery, SSA has a strategy for working with and providing services to tribal areas.

- They conduct listening sessions and tribal outreach events with tribal governments and tribal members to build trust and better understand the challenges tribal nations are facing.

- They estimate that of the nearly 10 million people who identify as American Indian or Alaskan Native, only 1.2 million live in tribal areas. And nearly 85 percent of tribal members live far away from the local SSA Field Office that would provide services to their tribe. SSA clearly recognizes that their service to Native Americans is not limited to tribal areas but extends nationwide.

- SSA spoke with more than 300 tribal leaders during the COVID-19 pandemic and many reported that they felt supported during the pandemic. Tribes were impacted by job loss and loss of revenue, but SSA services continued.

- SSA places a lot of stock in the *Tribal Benefits Coordinator Guide* (SSA 2021b), a biennial report that provides detailed information about Social Security benefits, services, and policies. The guide is a key component of SSA's efforts to train tribal benefits coordinators. Tribal benefits coordinators (called "navigators" in our interview with SSA) are people who assist tribal community members with their questions on Social Security programs.

In January 2021, the Biden Administration strengthened Executive Order 13175 of November 6, 2000, *Consultation and Coordination with Indian Tribal Government*, under which the SSA established a formal consultation process with tribal governments. The Deputy

Commissioner of Operations serves as the Tribal Consultation Official and liaison with federally recognized tribal governments. SSA annually reviews its regulatory agenda and legislative submissions to determine if any proposals have tribal implications. To follow the guidelines established by the November 2000 Executive Order 13175, SSA (as well as most other executive branch agencies) has a formal consultation process for use with tribal governments, which includes annual "consultation and coordination plan progress reports."[9]

In October 2022, Commissioner Kilolo Kijakazi announced that SSA established an Office of Native American Partnerships within the Office of the Commissioner. The goal of this office is to elevate and centralize efforts to administer comprehensive programs and policies related to American Indians and Alaska Natives. It will enhance the agency's relationship with tribes and serve as the primary point of contact on tribal affairs for all stakeholders (SSA 2022).

How Do Tribal Community Members Access Services and Did This Change During the Pandemic?

Considering access via technology, phone, and vehicles, ACS data reveal that AI/AN individuals are less likely to have internet and broadband than non-AI/AN individuals, and that access to technology is more limited among households on tribal lands than for all U.S. households (Table 1). For example, the share of households with broadband averages only 42 percent among those on tribal lands but 72 percent among all U.S. households. And while nearly all AI/AN and non-AI/AN individuals have access to telephones and vehicles, the share of households with vehicles is only 74 percent for those on tribal lands compared with 92 percent among all U.S. households.

We can also gauge the geographic challenges in accessing Social Security services by examining the geography of tribal nations around the country and as they relate to existing Social Security offices. Tribal areas cover parts of 38 states, though in only 8 states does the total land area of reservations account for at least 1 percent of the state's total land area (Arizona, Colorado, Montana, North Dakota, Oklahoma, South Dakota, Utah, and Wyoming). Tribal areas

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[9] See, for example, the 2022 Tribal Consultation and Coordination Plan Progress Report. Also see the Social Security Administration's Process for Consultation and Coordination with Indian Tribal Governments. Social Security Administration, accessed August 11, 2023.

tend to be more rural, but some are in reasonable proximity to large metro areas such as Phoenix, Arizona; Billings, Montana; and Oklahoma City, Oklahoma.

There are three types of physical locations SSA uses to offer services and assistance to current and potential beneficiaries, which we incorporated into our time-to-office analysis (Figure 1).

- **Field Offices.** There are 1,193 open field offices across the country. These are physical offices that generally offer a full range of services, allowing visitors to apply for new benefits, change benefit or personal information, and access some Medicare-related services. Unsurprisingly, field offices are generally clustered in population centers, which leaves some more rural areas without physical offices. Nevada, for example, has only four field offices—three are near the Las Vegas metropolitan area in the southern part of the state and the fourth is in Reno on the western border of the state.

- **Video Service Delivery (VSD).** There are 34 VSD sites around the country that we identified in the AIANGM.[10] These sites enable people to access SSA services using video conferencing equipment. Our interviewees tell us these VSDs are often located in tribal government buildings, community centers, libraries, or Indian Health Services (IHS) buildings. There are four VSDs in Arizona, for example—two in the Navajo reservation in the northeastern part of the state, one in the Fort Apache reservation in the center-east part of the state, and one in the Colorado River reservation on the western border of the state. Some VSDs are set by appointment but others have open windows for drop-in visitors. VSDs can be utilized by anyone seeking SSA service consultations.

- **Resident Stations.** SSA describes these as "a very small facility in remote areas, such as at a community center, nursing home, etc. Resident stations have more limited services and hours of operation and are staffed by a small number of employees. Resident stations provide face-to-face service for communities distant from or not easily accessible to the field office" (SSA 2023b). There are 34 resident stations across the country in 19 different states. Half of the resident stations are located in

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[10] There may be additional VSD sites around the country, but we were only able to identify 34 in the AIANGM.

one of the eight states in which tribal nations account for at least 1 percent of total land area.

Our distance analysis suggests that driving times to field offices were about 16 minutes longer for people living in tribal tracts than for people living outside tribal tracts. Driving times to VSDs and resident stations were shorter on tribal tracts (matching the stated goal of these office types), with people on tribal tracts living about 42 minutes closer to VSDs and 14 minutes closer to resident stations than people living on non-tribal tracts. These differences vary slightly across the eight states listed earlier (see Figure 2 and Figure 3).

Our interviews confirm the challenges that tribal communities experience accessing services. Before the COVID-19 pandemic, tribal community members accessed services in person in two primary ways: through tribal benefit coordinators who visited reservations to enroll people for benefits or by traveling long distances to "border towns"—towns or cities located on the border of a tribal area—where they experienced long lines and wait times. Our community member interviews suggested these travel times and long wait times were typical: "We on the reservation are just used to driving and getting the services we need because it's so rural....Either we don't get the service or we hold off on getting the services—any services, really."

We also heard in our tribal community member interviews that many people experienced racism when visiting border towns. One interviewee wanted us to know that they did not experience racism from SSA staff but from residents in the border areas. That being said, another interviewee noted that, at least in the health care setting, they were more comfortable with Native American nurses and employees.

During the COVID-19 pandemic, service delivery in the U.S. primarily and rapidly moved online. While this can benefit those without transportation options, many tribal members do not have internet access or have unreliable access when it is available. We heard the following in one of our interviews: "Having stable internet is a huge issue on the reservation. Not everybody has, especially the elders, may not have the equipment or know-how to use that type of equipment, to reach out." One interviewee reported that tribal communities depend on their landline telephones because they are the most dependable source of connection. We also heard that access to the internet, especially in very rural areas, is often limited to cell phone service, which, we presume, is not particularly useful for applying for benefits or requesting

online assistance. One interviewee noted that many tribes have their own websites with links to benefits and services, and that Native Americans, especially older adults, will access benefits using the links on their tribe's website.

At the very beginning of the pandemic, one of our interviewees suggested that SSA employees were not ready to move online—the technology was not ready, staffing was sometimes inconsistent, and protocols were changing (issues that likely confronted all sectors of the economy during the early days of the pandemic). We also heard that during this time, many tribal community members did not feel confident they were being helped. The historical frictions with the U.S. federal government—through the historical relocation and genocide of Native groups over the past few centuries—contributes to the lack of trust and experiences Native people have with government agencies.

While not specific to SSA services, we heard reports of possible beneficiaries abandoning the application process when they encounter problems. If a person is denied services (one interviewee also mentioned mental health services in our discussion), they may give up and not pursue those services or benefits. One interviewee spoke of a family member: "They just don't have that within them to keep fighting and keep advocating for themselves. For them, their experience is that they have to fight for everything. And I have to prove that I'm so sick that I can't do anything. And it doesn't feel good to have to prove how sick you are to get benefits." While such experiences are likely not unique to Native Americans, there personal experiences may also be shaped by the historical relationship between the U.S. government and tribal areas.

Do Tribal Community Members Who Need Services Have Access to Them?

Consistent with previous findings, our analysis of recent ACS data finds higher rates of unemployment, disability, and poverty among people who identify as AI/AN than for those who do not. For example, 18 percent of AI/AN individuals are poor and 47 percent are near poor (incomes between 100 and 250 percent of the poverty line). In contrast, only 11 percent of non-AI/AN individuals are poor and 35 percent are near poor. We find similar differences between households on tribal lands compared with all U.S. households. For example, the share of households that are poor averages 24 percent among those on tribal lands compared with 13 percent overall (see Table 1).

We also find that AI/AN individuals are somewhat less likely than non-AI/AN individuals to report receiving Social Security benefits and substantially more likely to report receiving SNAP benefits. Consider that 21 percent of AI/AN individuals receive SNAP compared with only 12 percent of non-AI/AN individuals. For Social Security benefits, Supplemental Security Income (SSI), SNAP, and public assistance, households on tribal lands average higher rates of benefit receipt than all U.S. households.

Our interviews confirm that those who need services cannot or do not always access them. We heard that there is a lack of knowledge about programs and eligibility—a problem we know exists for all groups, not just AI/AN individuals. Some people are not aware that programs exist for them or do not know what kinds of benefits they are eligible for. SSA administrators report that people may not know that SSA administers SSI, which provides cash benefits to people with disabilities and older adults who have little or no income or assets. According to the ACS data, 3 percent of non-AI/AN respondents receive SSI benefits compared with 5 percent of AI/AN respondents (see Table 1). Given the larger differences in poverty rates (11 percent and 18 percent) and the percentage of people with disabilities (15 percent and 22 percent), the smaller gap in SSI benefit receipt might suggest that some AI/AN people are not very familiar with SSI.

Lack of awareness about programs or benefits is not isolated to SSI. We heard a specific story about how the lack of the printed Social Security statement—which SSA stopped sending in 2011—has impacted people's understanding of the program:

> "I used to get this statement in the mail and I haven't gotten one
> for years. It's a little trifold information packet, you get it in the
> mail, in the size of a 5x7 clear window, it explains what Social
> Security is about, it explains what the benefits are, how to apply,
> when you're eligible, when you should retire, and when you
> qualify....That little trifold had all of that. And it tells you what
> your full benefits are, you know, because of all the quarters and all
> the times you worked. We don't get that in the mail anymore.
> And I've heard several community members that they haven't got
> their statement to see what they qualify for."

While SSA does mail statements to those who are age 60 or older who aren't receiving benefits and haven't set up online SSA accounts (Carrns 2021; Smith and Couch 2014), it appears there may be a gap in providing information to certain future beneficiaries. The lack of broadband coverage in tribal areas means that fewer people are able to set up online SSA accounts to review and check their possible benefits and program rules, so receiving a printed Social Security benefit statement is especially helpful for these individuals.

We also heard reports of staffing problems and staffing shortages, both (unsurprisingly) exacerbated by the COVID-19 pandemic. One of our interviewees noted the challenges in finding certified nurse practitioners for a new detoxification center that had opened on the reservation. They noted challenges in hiring and training new staff, and the impact those shortages had on wait times, service delivery, and customer satisfaction.

Moreover, stigma can prevent those who are eligible for benefits from accessing them. While these are issues for the population generally, there is a sense that these issues are even more pronounced in tribal communities because people are more likely to know each other in small, rural areas. While VSD centers might be a way to help ameliorate these issues, again, broadband/internet access is an important challenge. In areas where SSA offices are housed in larger community centers, IHS offices, or other places, perhaps the impacts of stigma can be lessened.

Our interviews also included discussions with other government agencies that provide benefits and services. In those conversations, as well as in our conversation with an economic development specialist in a tribal area in the Midwest, there was an emphasis on creating a consistent and uniform approach to service delivery. This can include consistency and uniformity in digital/virtual platform, location, forms, staffing, and outreach. Working with local tribal leaders and other groups can be a key way to create that consistency, but, in the end, the front-line staff—those people who are reviewing applicants' forms and providing estimates of benefits and eligibility—are the ones that interact with actual people. As we heard in one interview, "No matter what happens federally, you still have the same people who have been in these jobs for about 15 to 20 years, who are more reliable and have that consistency locally that you can reach out to for help."

How Do Organizations Meet the Needs of Tribal Communities and Provide Services and Programs, and How Did This Change During the Pandemic?

Our interviews highlight various ways in which organizations provide services and programs. SSA uses tribal benefit coordinators or navigators—individuals with expertise in government programs and services and with tribal areas—to help tribal members apply for benefits, while IHS uses community health representatives to go door-to-door to check on tribal community members, help them file for benefits, and assist in other ways. We do not have complete clarity on who the tribal benefit coordinators are, but our interviews suggest that they are often, but not always, members of the tribe. They may be members of nonprofit organizations, community health workers, or other people known to the tribe and trusted by tribal members. Regarding these coordinators, we heard the following in one of our interviews:

> "For a lot of...tribes, it comes in the form of the community health workers or community health representatives. Those folks are helping to promote some of the services or access points to the supports that folks might be needing to access…The way that I kind of see it is this translator of sorts who also knows that this support that someone is trying to access is real and that they know how to navigate it and can help that person know how to navigate the system."

We also heard that some tribal organizations use case workers. SSA also has video service delivery sites that are sometimes located in community centers or IHS buildings. Finally, we heard that the tribal community building and post office are good places to advertise.

One organization we spoke with reported that they "do a lot of everything" to ensure that tribes are getting the information they need, including site visits, social media, print media, etc. They also noted a preference among the older generation to get its information from printed materials, radio, newspapers, and tribal-based websites.

We heard just a few mentions of language barriers between agency staff and tribal members. Such barriers may be especially challenging for elders, some of whom are less fluent in English than younger tribal members: "Having people who are able to understand tribal

languages is really key in maintaining that level of rigor of helping people. Because if my grandma went in there and she only speaks Navajo, who is going to be able to help her? So, language barriers also can be one of those huge issues." We do not have any evidence that VSD delivery has helped in language translation, though we would suspect this would be the case.

Do Governments and Community Organizations Do a Good Job of Delivering Services to Tribal Communities?

As noted earlier, SSA currently has 1,193 open field offices, 34 resident stations, and 35 video service delivery sites around the U.S. (SSA 2023a; 2023b); however, even with all these offices it can be difficult for people on tribal and rural lands to reach a physical SSA office. Yet, adding new SSA field offices is a challenge both from a logistical and cost perspective. Furthermore, SSA's full-time staff fell by 5.7 percent between 1995 and 2021.[11] To improve nationwide service delivery, reduce wait times, and eliminate backlogs, administrative funding for SSA (not the trust fund used to pay retirement and disability benefits) would need to increase.[12] As Romig and Nunez (2022) note, simply maintaining fiscal year 2022 service levels would require an $800 million budget increase.

Besides the physical barriers, interview reports suggest that governments and community organizations are often talking to the wrong people or their methods are not working. One example is that service providers rely on digital advertising when radio or television might reach more people, particularly those without internet access. In several of our interviews, we heard how posting paper flyers in community centers, post offices, or tribal government centers is a useful way to reach tribal members. We also heard of the importance of radio advertising. The economic development specialist told us that "There are two radio stations that we own….Those are heavily, heavily followed by a huge demographic of older tribal members or tribal members that have children. They may be grandparents, have legal custody of their grandchildren, but…could qualify for assistance, but don't even know." SSA administrators pointed out to us

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[11] Admittedly, the COVID-19 pandemic had a large impact on the trend, but even between 1995 and 2019, full-time SSA staff had fallen by 3.3 percent.

[12] This is not funding for the Social Security trust funds, which are paid on a "pay as you go" basis, with taxes paid by current workers converted to benefits for current retirees and disabled beneficiaries, but for the actual Social Security Administration agency. That is, to pay SSA workers, maintain the SSA website, and a host of other tasks SSA conducts each year.

that they do use newspapers, radio, and Urban Indian Centers to market SSA services in tribal areas, but perhaps more can be done in these areas.

Another example we heard about in one of our interviews was the time the Obama Administration gave cell phones to tribal community members who lived on reservations without cell towers. We assume our interviewee was referring to the 2016 ConnectALL Initiative (White House 2016), which was an effort in the Obama Administration to have the Federal Communications Commission (FCC) reform a Reagan Administration-era program that provides phones and broadband subsidies, and increases access to affordable devices for low-income Americans, among other services. But, according to our conversation, that program was unsuccessful because of the lack of existing cell phone towers: "I think that there was a big push back in the Obama days where there was a project that he had where he was giving cell phones to tribal members but didn't really think about the cell phone towers that we had access to or didn't have access to. So, there were people who had a phone but weren't really able to use the phone because of the technology available. [T]here are still many, many people on my reservation that don't have electricity still and don't have running water." These and other issues make it difficult for tribal community members to "have a really glowing experience with a government agency." It remains to be seen whether the $42.5 billion allocated to the Broadband Equity Access and Deployment Program under the 2021 Infrastructure Investment and Job Act will help remedy these broadband issues in tribal areas.

Discussion

Our descriptive analysis suggests that tribal communities have higher-than-average needs for public support, including that provided by SSA. Simultaneously, they face substantial obstacles in obtaining such support, which is partly related to objective factors that make service delivery challenging, such as residing in remote and hard-to-access areas of the country, but also to service delivery methods, language barriers, and other factors that may be more easily addressable. Our interviews suggest ways in which governments and community organizations can improve service delivery. These include representing tribal voices, partnering more effectively with community organizations to bridge the disconnect between service providers and target audiences, and partnering with tribal delegates. In addition, suggested methods for delivering services include putting SSA and other benefits offices within IHS buildings, using

language translators, working with community health representatives, ensuring the continuity of delivery methods, and returning to advertising in post offices and on radio.

We offer four broad concepts for future research that SSA or other organizations might pursue to improve service delivery in tribal areas:

1. **Pilot or demonstration to test certain efforts.** SSA has conducted dozens of pilot projects in the past; for example, the Benefit Offset Pilot Demonstration that tested the impact of a gradual reduction in DI benefits for additional employment (see, e.g., Gubits et al. 2018). SSA could consider conducting pilot projects in tribal areas to explicitly test the effectiveness of tribal benefits coordinators or VSDs; the impacts of different marketing/outreach plans; providing or adjusting support to family members; providing more detailed benefit calculations and program materials; or changes in the benefit-to-earnings calculation to encourage program participation.

2. **Develop generalizable but adaptable service delivery models.** The U.S. government officially recognizes 574 Native tribes across the country. While recognizing that these tribes differ across multiple dimensions—from their geography to their economy to their language—SSA should continue to work closely with tribal areas and governments to facilitate better cooperation and coordination (e.g., Galvan 2021). As the SAMSHA TIP suggests, service delivery models can address common needs across tribal communities while still being adaptable to meet the needs of individual tribal communities and their culture. As an example, in their evaluation of four Tribal TANF programs, Hahn and coauthors (2013) found that "[e]lements of tribal culture were evident in the program design, in the way program staff and clients interacted, and in the types of activities in which clients were engaged. Grounding the program in tribal culture was empowering to clients, according to some of the staff and clients interviewed...Tribal TANF offers tribes the opportunity to design assistance programs that make sense for the tribes' geographic, economic, and demographic circumstances and that are grounded in their unique cultural traditions and values" (see Box 1).

3. **Engage stakeholders and community members with lived experience.** Engaging stakeholders and community members who identify as Native American and have lived experience can improve service delivery models not only in identifying

challenges but also in developing viable and sustainable solutions. SSA already engages with stakeholders in tribal areas but coordination with other agencies and advocacy groups may provide opportunities for collaboration to streamline and improve overall service delivery.

4. **Improve data.** To reduce racial misclassification, the Northwest Portland Area Indian Health Board suggests adding race to data systems that do not already collect it, count those who report being both AI/AN and other races as AI/AN, train providers and medical staff on how to accurately collect information on race, include AI/AN as its own category when collecting information on race, and correct race on data already collected (Lovejoy 2022). Villegas et al. (2016) recommend amending existing policies and practices that inhibit the disaggregation of AI/AN data, developing standards for AI/AN data collection and reporting, and investing in tribal data capacity. These goals could be achieved through new approaches to reporting and sharing existing data or through new data collections that involve, for example, additional questions on survey and data sharing agreements. The Native Land Information System[13] is a key resource to see how Native data can be collected and used to better understand and serve Native people. According to its website, "The United States Government has maintained meticulous records about indigenous populations, their health, incomes, education, land status, law and order, etc. And, despite the fact that Native American Tribes are recognized as sovereign nations within the United States, the U.S. Government still maintains almost complete control over this data....The Native Lands Advocacy Project promotes the right of tribes to control what data is collected on their lands and among their members as well as who has access to that data."

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[13] See Native Land Information System at https://nativeland.info/.

Box 1: The Indian Employment, Training, and Related Services Demonstration Act of 1992 (477 Program)

The intent of Congress in passing Public Law 102-477 was to reduce and streamline federal administrative requirements to create employment and training programs in tribal areas. Upon passage, the 1992 act was a demonstration project that applied to programs in four cabinet-level departments: Interior, Labor, Education, and Health and Human Services. Through amendments in 2000 and 2017, the 477 Program includes twelve federal departments, the overall goal of which is to make it easier and faster for tribal governments to access funds—which can be consolidated into a single budget item—for services and activities to reduce unemployment. As an example, the "Citizen Potawatomi Nation, Oklahoma, leveraged $100,000 to a micro-loan program to support small business development and encourage entrepreneurial and job creation activities. As borrowers repay their loans, that amount is reinvested in the loan program, allowing the Tribe to provide additional loans to more entrepreneurs. The initial investment has turned over five times and produced multiple entrepreneurs. It has significantly increased employment in the Tribe's service area." (Bighorn 2019).

While Social Security retirement benefits are obviously based on employment, it fundamentally differs from programs covered under the 477 Program. Thus, while being one of the departments covered by the 477 Program might be advantageous to SSA in terms of outreach and coordination with tribal areas and tribal governments, the underlying programs differ enough that we suspect such an arrangement is not feasible. That being said, additional collaboration with other federal agencies—in addition to the existing collaboration with IHS and others—might help SSA streamline its services and improve its service delivery.

Conclusions

In this paper, we examined the Social Security Administration's ongoing efforts to strengthen its relationship with tribal communities across the U.S. We conducted a descriptive study of service delivery to tribal communities using information from a comprehensive literature review, an analysis of individual- and household-level data from the ACS, SSA office

location data, and semi-structured interviews with experts, SSA and other federal government staff, state and local government staff, community advocates, and tribal community members.

We find that while SSA is doing a lot right in its work with and on behalf of American Indian and Alaska Native people, there is still more work to be done. Greater communication and collaboration with stakeholders and community members, less reliance on online tools and resources, and better overall data systems for AI/AN people and communities could help improve service delivery.

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Figures and Tables

Table 1. *Characteristics of AI/AN Individuals and Tribal Land Households (Percent)*

	AI/AN Individuals	Non-AI/AN Individuals	Tribal Land Households	U.S. Households
Type of computer				
No computing device	7	5	16	7
Smartphone only	11	7	18	9
Internet access	86	90	70	87
Type of internet subscription				
Satellite	9	8	12	7
Cellular plan only	16	12	19	11
Broadband	78	84	42	72
Has telephone	98	99	97	99
Has vehicles	91	94	74	92
Labor force participation	61	63	56	64
Unemployed	9	5	13	6
Disabled	22	15	17	13
Poor	18	11	24	13
Near poor[a]	47	35	N/A	N/A
Social Security receipt	16	20	34	31
SSI receipt	5	3	8	5
SNAP receipt	21	12	24	11
Public assistance receipt	3	1	7	3

[a] Individuals are near poor if their incomes are between 100 and 250 percent of the poverty line.
Source: Authors' analysis of the American Community Survey (ACS) 2017-2021 5-year data release.

Figure 1. *SSA Offices and Native American Tribal Areas*
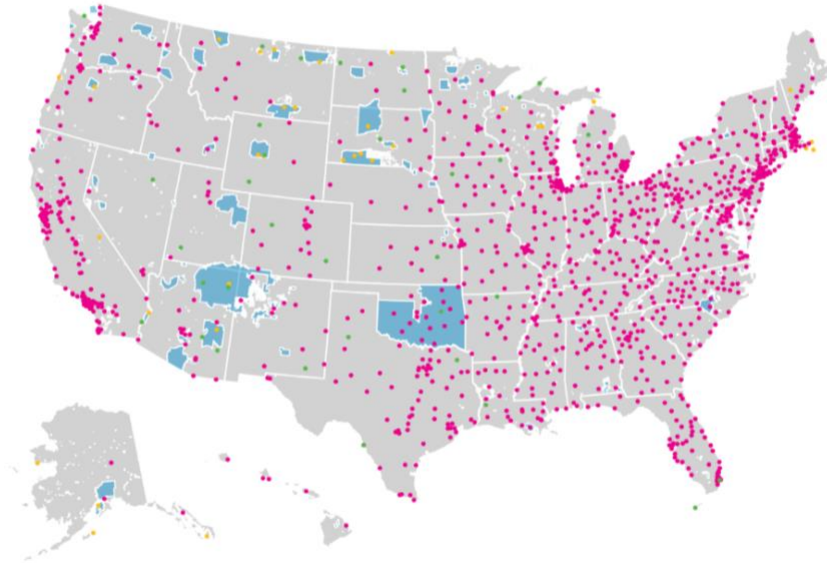
Source: Authors' calculations using the SSA American Indian and Alaska Native Geospatial map and the Data for Field Office and Resident Station Information for Application Developers.

Figure 2. *Average Driving Time to Nearest SSA Office by Type*

Tracts with more than 50% of land area in a tribal area vs tracts without

All States

Breakdown by Tribal State
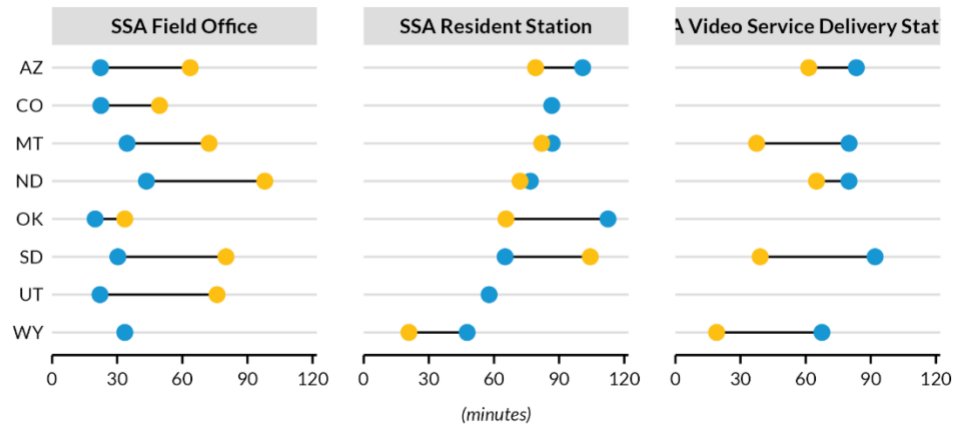
Note: The top panel of Figure 2 includes averages across the entire U.S. The bottom panel consists of the eight states for which the total land area of reservations accounts for at least 1 percent of the state's total land area.
Source: Authors' calculations using the SSA American Indian and Alaska Native Geospatial map and the Data for Field Office and Resident Station Information for Application Developers.

Figure 3. *Travel Time to Nearest SSA Location*
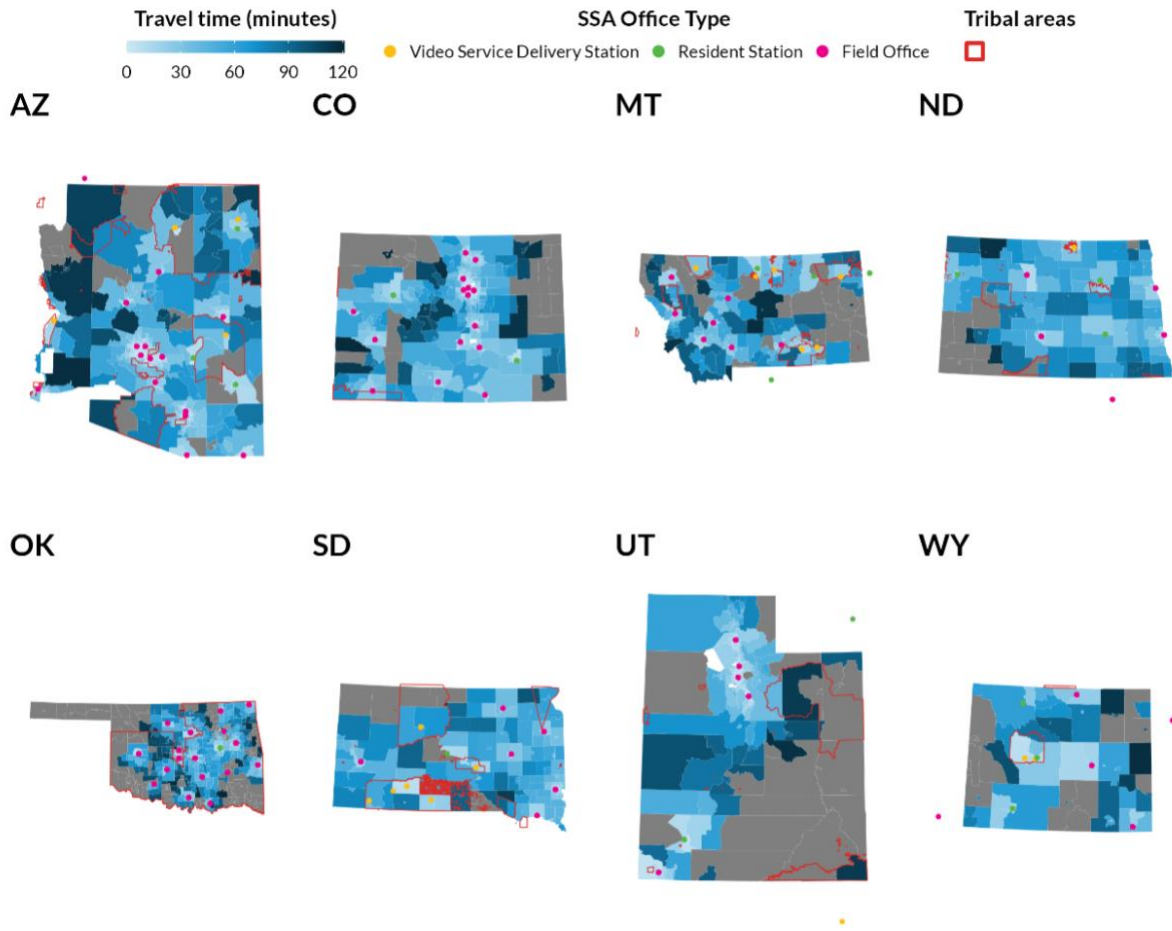
Note: This figure includes the eight states for which the total land area of reservations accounts for at least 1 percent of the state's total land area.
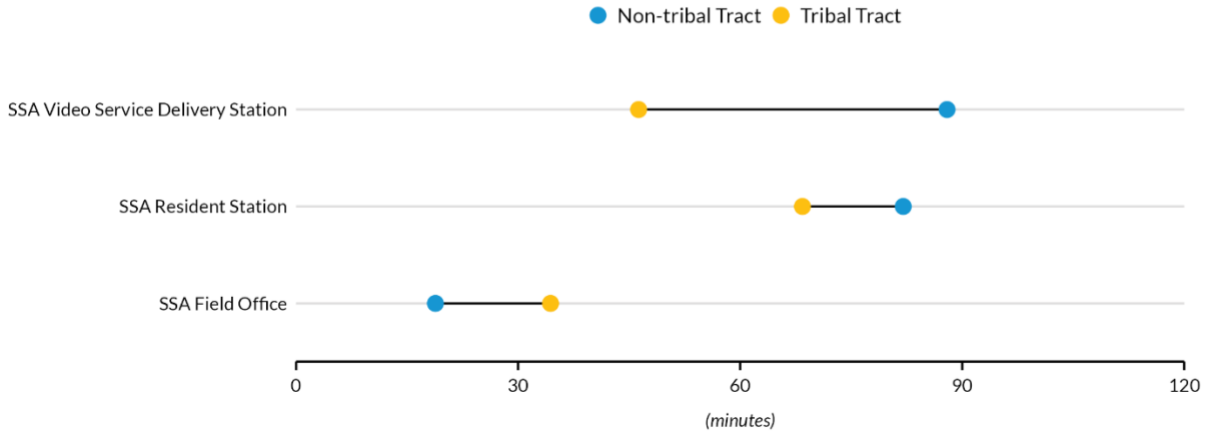
Source: Authors' calculations using the SSA American Indian and Alaska Native Geospatial map and the Data for Field Office and Resident Station Information for Application Developers.

Appendix: Interview Protocols

Background for Research Team

This study seeks to better understand the characteristics and needs of Native American and tribal communities, how SSA currently delivers services to those communities, and how services and delivery changed during the COVID-19 pandemic. It will also highlight what SSA can learn from other Federal agencies and community-based organizations about providing services to tribal community members. This topic will inform the agency's plan[1] to strengthen its relationship with tribal communities and its future plans for service delivery.

We will conduct interviews with SSA and other Federal agencies, academic experts, national advocacy groups, and local advocacy groups.

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[1] SSA's plan involves: (1) continuing and strengthening tribal consultation; (2) increasing outreach and education efforts to tribal communities; (3) improving service delivery; and (4) promoting hiring and support for local assistance efforts.

Appendix A - Expert Scholar/Researcher Discussion Guide

Introduction

We are researchers with the Urban Institute, a private non-profit research organization based in Washington, DC that conducts policy-related research on a variety of social welfare and economic issues. This study is being done under a grant with the Social Security Administration, also known as SSA.

The study seeks to better understand the characteristics and needs of Native American and tribal communities, how SSA currently delivers services to those communities, and how services and delivery changed during the COVID-19 pandemic. It will also highlight what SSA can learn from other Federal agencies and community-based organizations about providing services to tribal community members. This topic will inform the agency's plan to strengthen its relationship with tribal communities and its future plans for service delivery. As part of the study, we are conducting interviews with SSA and other Federal agencies, expert scholars and researchers, national advocacy groups, and local advocacy groups.

You have been selected based on your work studying service needs, access, and service delivery, particularly to Native American and tribal communities. To thank you for your time, we'd like to offer you a $125 gift card.

Privacy Statement: We know that you are busy, and we will be as focused as possible and will only ask questions that are relevant to your experience. We have many questions and will be talking to many different people, so please do not feel as though we expect you to be able to answer every question. Your participation in this interview is voluntary and you may choose not to answer some or any of our questions. We will do everything we can to secure the privacy of the information you provide but ask that you consider using headphones or finding a private space to talk so that other people cannot hear or see this conversation. Please note that given the technical limitations of Zoom and similar internet platforms, we cannot guarantee the confidentiality of what might be said. However, we believe the risks of participating in this study are minimal.

We believe there are no direct benefits to you, but we hope that the findings from this study will benefit the Social Security Administration by providing insights on how to provide services to tribal communities.

My colleague and I will be taking notes to document what we hear during our discussion, and we may record this discussion. We do not share these notes with anyone outside of our research team, including the Social Security Administration, and we will destroy these notes after the end of our project. When we compile our reports, the names of individual respondents will not be included. If we choose to quote you, you will only be identified by your title. You will not be quoted directly by name in any of our reports. While it is possible that you might be identified by your organization, we will do our best to minimize the chance of that occurring.

Finally, to help us accurately capture the information you share, we would like to record this interview. The recording is just a back-up for our notes and will be kept within our small research team. The interview recording will be deleted once we have developed a full set of notes from the interview.

Do you have any questions before we begin? Do we have your permission to record the interview?

Do we have your permission to begin the interview? **[BEGIN INTERVIEW IF CONSENT GRANTED]**

Background Information

One more bit of background information before we get started. We are going to use the terms like 'service provisions,' 'access,' and 'benefits' in our discussion. What we mean by these terms, for example, is, do they only provide access online? Are in-person sites onerous to visit? Are application procedures useful and reflect the unique needs of Native communities or are there aspects that strike you as ignorant or insulting? While we are seeking to better understand how SSA provides services—such as applications for the Disability Insurance program—your experiences and understanding with other successes and challenges in other programs is also useful to providing SSA with potential strategies and solutions.

A. Core Questions

1. How do Native Americans and tribal communities access services? What are the key barriers to Native Americans and tribal communities accessing services? Does knowledge of and access to services differ by type of service or in other ways such as by geographic area?
    a. Similar question regarding **SSA services**. How do Native Americans and tribal communities access SSA services? What are the key barriers to accessing SSA services? Does knowledge of and access to services differ by type of service or in other ways such as by geographic area?

2. Do governments (federal, state, and local agencies) and community organizations do a good job of delivering services to Native Americans and tribal community members? If no, what can government agencies and community organizations do to improve their service delivery?
    a. Does **SSA** do a good job of delivering services to Native Americans and tribal community members? If no, what can SSA do to improve its service delivery?

3. Do Native Americans and tribal community members who need services have access to them? If not, why not?
    a. Do Native Americans and tribal community members who need **SSA services** have access to them? If not, why not?

4. In what ways did the COVID-19 pandemic affect how Native Americans and tribal communities accessed services? Are any of these changes good and will/should they persist? (We are particularly interested in changes relating to SSA services but comments on other program services are also welcome.)

5. In what ways did the pandemic affect how governments and community organizations delivered services? Are any of these changes good and will/should they persist? (We are particularly interested in changes relating to SSA but comments on other programs are also welcome.)

6. What programs or processes should governments and community organizations go through to ensure that programs and services are being delivered to Native Americans and tribal communities in useful and effective ways? What is the best way for these organizations to elicit input from local organizations? How about from tribal communities?

B. Appendix: Follow-up Questions for Core Question #1

1. Do Native Americans and tribal community members know how to access SSA services? Which service delivery mode are they most likely to use? For example, online applications or other online products and calculators, visit an SSA office, visit a video service delivery (VSD) location, or talk to SSA on the phone.

C. Appendix: Follow-up Questions for Core Question #2

1. Are there partners that government agencies and community organizations should work with to deliver services to tribal communities?

2. What are some examples of unique challenges government agencies and community organizations face in providing services and programs to tribal areas and communities relative to the rest of the population? In what ways are these challenges unique to specific tribal areas and communities?

3. Thinking about recent (past 3 years) changes or innovations in service delivery, is there anything else you can tell us?

D. Appendix: Follow-up Questions for Core Question #3

1. How do tribal communities perceive the quality of SSA services? How do their perceptions compare with the rest of the population? How do they differ by type of service?

Appendix B – SSA Discussion Guide

Introduction

We are researchers with the Urban Institute, a private non-profit research organization based in Washington, DC that conducts policy-related research on a variety of social welfare and economic issues. This study is being done under a grant with SSA.

The study seeks to better understand the characteristics and needs of Native American and tribal communities, how SSA currently delivers services to those communities, and how services and delivery changed during the COVID-19 pandemic. It will also highlight what SSA can learn from other Federal agencies and community-based organizations about providing services to tribal community members. This topic will inform the agency's plan to strengthen its relationship with tribal communities and its future plans for service delivery. As part of the study, we are conducting interviews with SSA and other Federal agencies, expert scholars and researchers, national advocacy groups, and local advocacy groups. You have been selected based on your role at SSA.

Privacy Statement: We know that you are busy, and we will be as focused as possible and will only ask questions that are relevant to your experience. We have many questions and will be talking to many different people, so please do not feel as though we expect you to be able to answer every question. Your participation in this interview is voluntary and you may choose not to answer some or any of our questions. We will do everything we can to secure the privacy of the information you provide but ask that you consider using headphones or finding a private space to talk so that other people cannot hear or see this conversation. Please note that given the technical limitations of Zoom and similar internet platforms, we cannot guarantee the confidentiality of what might be said. However, we believe the risks of participating in this study are minimal.

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My colleague and I will be taking notes to document what we hear during our discussion, and we may record this discussion. We do not share these notes with anyone outside of our research team, including the Social Security Administration, and we will destroy these notes after the end of our project. When we compile our reports, the names of individual respondents will not be included. If we choose to quote you, you will only be identified by your title. You will not be quoted directly by name in any of our reports. While it is possible that you might be identified by your organization, we will do our best to minimize the chance of that occurring.

Finally, to help us accurately capture the information you share, we would like to record this interview. The recording is just a back-up for our notes and will be kept within our small research team. The interview recording will be deleted once we have developed a full set of notes from the interview.

Do you have any questions before we begin? Do we have your permission to record the interview?

Do we have your permission to begin the interview? **[BEGIN INTERVIEW IF CONSENT GRANTED]**

1. What are the important services SSA offers Native Americans and tribal communities? How, if at all, do those services differ from other those offered to other communities around the country?

2. Do Native Americans and tribal community members know how to access SSA services? Which service delivery mode are they most likely to use? For example, online applications or other online products and calculators, visit an SSA office, visit a video service delivery (VSD) location, or talk to SSA on the phone. Is this different from how other communities access SSA services?

3. What are the key barriers to Native Americans and tribal communities accessing services? Does knowledge of and access to services differ by type of service or in other ways such as by geographic area?

4. What are some examples of unique challenges SSA faces providing services and programs to tribal areas and communities relative to the rest of the population? In what ways are these challenges unique to specific tribal areas and communities?

5. Are there partners that SSA works with to deliver services to tribal communities? How do those partnerships vary across tribal areas? What is their role in SSA's service delivery (e.g., communication, liaison, service delivery, etc.)?

6. What programs or processes does SSA go through to ensure that programs and services are being delivered to Native Americans and tribal communities in useful and effective ways? What is the best way for SSA to elicit input from local organizations? How about from tribal communities?

7. In what ways did the COVID-19 pandemic affect how Native Americans and tribal communities accessed SSA services? Are any of these changes good and will/should they persist?

8. In what ways did the pandemic affect how SSA delivered services? Are any of these changes good and will/should they persist?

9. How do tribal communities perceive the quality of SSA services? How do their perceptions compare with the rest of the population? How do they differ by type of service?

Appendix C – Other Federal Agency Discussion Guide

Introduction

We are researchers with the Urban Institute, a private non-profit research organization based in Washington, DC that conducts policy-related research on a variety of social welfare and economic issues. This study is being done under a grant with the Social Security Administration, also known as SSA.

The study seeks to better understand the characteristics and needs of Native American and tribal communities, how SSA currently delivers services to those communities, and how services and delivery changed during the COVID-19 pandemic. It will also highlight what SSA can learn from other Federal agencies and community-based organizations about providing services to tribal community members. This topic will inform the agency's plan to strengthen its relationship with tribal communities and its future plans for service delivery. As part of the study, we are conducting interviews with SSA and other Federal agencies, expert scholars and researchers, national advocacy groups, and local advocacy groups.

You have been selected based on your role at (name of federal agency) in policymaking or the administration of service delivery programs that include Native American and tribal communities.

Privacy Statement: We know that you are busy, and we will be as focused as possible and will only ask questions that are relevant to your experience. We have many questions and will be talking to many different people, so please do not feel as though we expect you to be able to answer every question. Your participation in this interview is voluntary and you may choose not to answer some or any of our questions. We will do everything we can to secure the privacy of the information you provide but ask that you consider using headphones or finding a private space to talk so that other people cannot hear or see this conversation. Please note that given the technical limitations of Zoom and similar internet platforms, we cannot guarantee the confidentiality of what might be said. However, we believe the risks of participating in this study are minimal.

We believe there are no direct benefits to you, but we hope that the findings from this study will benefit the Social Security Administration by providing insights on how to provide services to tribal communities.

My colleague and I will be taking notes to document what we hear during our discussion, and we may record this discussion. We do not share these notes with anyone outside of our research team, including the Social Security Administration, and we will destroy these notes after the end of our project. When we compile our reports, the names of individual respondents will not be included. If we choose to quote you, you will only be identified by your title. You will not be quoted directly by name in any of our reports. While it is possible that you might be identified by your organization, we will do our best to minimize the chance of that occurring.

Finally, to help us accurately capture the information you share, we would like to record this interview. The recording is just a back-up for our notes and will be kept within our small research team. The interview recording will be deleted once we have developed a full set of notes from the interview.

Do you have any questions before we begin? Do we have your permission to record the interview?

Do we have your permission to begin the interview? **[BEGIN INTERVIEW IF CONSENT GRANTED]**

1. What are the important services your agency offers Native Americans and tribal communities? How, if at all, do those services differ from other those offered to other communities around the country?

2. Do Native Americans and tribal community members know how to access your agency's services? Which service delivery mode are they most likely to use? For example, online applications or other online products, visit an agency office, or talk to an agency representative on the phone.

3. What are the key barriers to Native Americans and tribal communities accessing services? Does knowledge of and access to services differ by type of service or in other ways such as by geographic area?

4. What are some examples of unique challenges your agency faces providing services and programs to tribal areas and communities relative to the rest of the population? In what ways are these challenges unique to specific tribal areas and communities?

5. Are there partners that your agency works with to deliver services to tribal communities? How do those partnerships vary across tribal areas? What is their role in your agency's service delivery (e.g., communication, liaison, service delivery, etc.)?

6. What programs or processes does your agency go through to ensure that programs and services are being delivered to Native Americans and tribal communities in useful and effective ways? How does your agency elicit input from local organizations? How about from tribal communities?

7. In what ways did the COVID-19 pandemic affect how Native Americans and tribal communities accessed your agency's services? Are any of these changes good and will/should they persist?

8. In what ways did the pandemic affect how your agency delivered services? Are any of these changes good and will/should they persist?

9. How do tribal communities perceive the quality of your agency's services? How do their perceptions compare with the rest of the population? How do they differ by type of service?

10. Does your agency actively seek to learn from other agencies about their delivery practices and how do you use those insights? Are there any particular agencies that have guided your service delivery model?

11. What can SSA learn from your agency's service delivery model? [Ask about outreach/marketing, representatives, etc.] Do you think your model is replicable/transferrable? Why or why not?

Appendix D – National Advocacy Group Discussion Guide

Introduction

We are researchers with the Urban Institute, a private non-profit research organization based in Washington, DC that conducts policy-related research on a variety of social welfare and economic issues. This study is being done under a grant with the Social Security Administration, also known as SSA.

The study seeks to better understand the characteristics and needs of Native American and tribal communities, how SSA currently delivers services to those communities, and how services and delivery changed during the COVID-19 pandemic. It will also highlight what SSA can learn from other Federal agencies and community-based organizations about providing services to tribal community members. This topic will inform the agency's plan to strengthen its relationship with tribal communities and its future plans for service delivery. As part of the study, we are conducting interviews with SSA and other Federal agencies, expert scholars and researchers, national advocacy groups, and local advocacy groups.

You have been selected because of your role in a national organization that advocates for Native American and tribal communities.

Privacy Statement: We know that you are busy, and we will be as focused as possible and will only ask questions that are relevant to your experience. We have many questions and will be talking to many different people, so please do not feel as though we expect you to be able to answer every question. Your participation in this interview is voluntary and you may choose not to answer some or any of our questions. We will do everything we can to secure the privacy of the information you provide but ask that you consider using headphones or finding a private space to talk so that other people cannot hear or see this conversation. Please note that given the technical limitations of Zoom and similar internet platforms, we cannot guarantee the confidentiality of what might be said. However, we believe the risks of participating in this study are minimal.

We believe there are no direct benefits to you, but we hope that the findings from this study will benefit the Social Security Administration by providing insights on how to provide services to tribal communities.

My colleague and I will be taking notes to document what we hear during our discussion, and we may record this discussion. We do not share these notes with anyone outside of our research team, including the Social Security Administration, and we will destroy these notes after the end of our project. When we compile our reports, the names of individual respondents will not be included. If we choose to quote you, you will only be identified by your title. You will not be quoted directly by name in any of our reports. While it is possible that you might be identified by your organization, we will do our best to minimize the chance of that occurring.

Finally, to help us accurately capture the information you share, we would like to record this interview. The recording is just a back-up for our notes and will be kept within our small

research team. The interview recording will be deleted once we have developed a full set of notes from the interview.

Do you have any questions before we begin? Do we have your permission to record the interview?

Do we have your permission to begin the interview? **[BEGIN INTERVIEW IF CONSENT GRANTED]**

Background Information

One more bit of background information before we get started. We are going to use the terms like 'service provisions,' 'access,' and 'benefits' in our discussion. What we mean by these terms, for example, is, do they only provide access online? Are in-person sites onerous to visit? Are application procedures useful and reflect the unique needs of Native communities or are there aspects that strike you as ignorant or insulting? While we are seeking to better understand how SSA provides services—such as applications for the Disability Insurance program—your experiences and understanding with other successes and challenges in other programs is also useful to providing SSA with potential strategies and solutions.

1. How do Native Americans and tribal communities access services? What are the key barriers to Native Americans and tribal communities accessing services? Does knowledge of and access to services differ by type of service or in other ways such as by geographic area?
   a. Similar question regarding SSA services. How do Native Americans and tribal communities access SSA services? What are the key barriers to accessing SSA services? Does knowledge of and access to services differ by type of service or in other ways such as by geographic area?

2. Does your organization partner with government agencies in their service delivery process? If so, what is your role/function?

3. Does your organization work on behalf of tribal areas and community groups in those areas to help improve service delivery? If so, how does your organization do so and what government agencies do you work most closely with?

4. How does your organization work with regional tribal areas around the country? Do you coordinate services or partnerships based on geographic region, demographics within the tribal area, or some other characteristic?

5. In what ways did the COVID-19 pandemic affect how Native Americans and tribal communities accessed services? Are any of these changes good and will/should they persist? (We are particularly interested in changes relating to SSA services but comments on other program services are also welcome.)

6. In what ways did the pandemic affect how governments and community organizations delivered services? Are any of these changes good and will/should they persist? (We are particularly interested in changes relating to SSA but comments on other programs are also welcome.)

7. What can SSA learn from other government or community service delivery models? Thinking about recent (past 3 years) changes or innovations in service delivery, is there anything else you can tell us?

8. Is there anything else SSA should know about Native Americans and tribal community members that could help improve its service delivery?

Appendix E – Local Advocacy Group Discussion Guide

Introduction

We are researchers with the Urban Institute, a private non-profit research organization based in Washington, DC that conducts policy-related research on a variety of social welfare and economic issues. This study is being done under a grant with the Social Security Administration, also known as SSA.

The study seeks to better understand the characteristics and needs of Native American and tribal communities, how SSA currently delivers services to those communities, and how services and delivery changed during the COVID-19 pandemic. It will also highlight what SSA can learn from other Federal agencies and community-based organizations about providing services to tribal community members. This topic will inform the agency's plan to strengthen its relationship with tribal communities and its future plans for service delivery. As part of the study, we are conducting interviews with SSA and other Federal agencies, expert scholars and researchers, national advocacy groups, and local advocacy groups.

You have been selected because of your role in a local organization that advocates for Native American and tribal communities and we want to learn about service needs, access, and service delivery at the local level.

Privacy Statement: We know that you are busy, and we will be as focused as possible and will only ask questions that are relevant to your experience. We have many questions and will be talking to many different people, so please do not feel as though we expect you to be able to answer every question. Your participation in this interview is voluntary and you may choose not to answer some or any of our questions. We will do everything we can to secure the privacy of the information you provide but ask that you consider using headphones or finding a private space to talk so that other people cannot hear or see this conversation. Please note that given the technical limitations of Zoom and similar internet platforms, we cannot guarantee the confidentiality of what might be said. However, we believe the risks of participating in this study are minimal.

We believe there are no direct benefits to you, but we hope that the findings from this study will benefit the Social Security Administration by providing insights on how to provide services to tribal communities.

My colleague and I will be taking notes to document what we hear during our discussion, and we may record this discussion. We do not share these notes with anyone outside of our research team, including the Social Security Administration, and we will destroy these notes after the end of our project. When we compile our reports, the names of individual respondents will not be included. If we choose to quote you, you will only be identified by your title. You will not be quoted directly by name in any of our reports. While it is possible that you might be identified by your organization, we will do our best to minimize the chance of that occurring.

Finally, to help us accurately capture the information you share, we would like to record this interview. The recording is just a back-up for our notes and will be kept within our small research team. The interview recording will be deleted once we have developed a full set of notes from the interview.

Do you have any questions before we begin? Do we have your permission to record the interview?

Do we have your permission to begin the interview? **[BEGIN INTERVIEW IF CONSENT GRANTED]**

Background Information

One more bit of background information before we get started. We are going to use the terms like 'service provisions,' 'access,' and 'benefits' in our discussion. What we mean by these terms, for example, is, do they only provide access online? Are in-person sites onerous to visit? Are application procedures useful and reflect the unique needs of Native communities or are there aspects that strike you as ignorant or insulting? While we are seeking to better understand how SSA provides services—such as applications for the Disability Insurance program—your experiences and understanding with other successes and challenges in other programs is also useful to providing SSA with potential strategies and solutions.

1. What are the important services your organization offers Native Americans and tribal communities?

2. Can you walk us through how Native Americans and tribal communities access some key services in the locations you serve, including where they apply for those services? [Note: respondent can discuss one or several depending on their experience, but no more than 3 in the interest of time and respondent burden.]
   a. Income support such as TANF, social security retirement or disability
   b. Food assistance
   c. Medicaid
   d. Housing subsidies

3. Are there unique aspects about your local area or the Native American and tribal communities you serve that affect access and service delivery? Please describe.

4. Which service delivery models are Native Americans and tribal communities in your area most likely to use to access services? For example, online applications or other online products and calculators, visiting offices, talking by phone, other?

5. In what ways did the COVID-19 pandemic affect how Native Americans and tribal communities in your area accessed services? Are any of these changes good and will/should they persist? (We are particularly interested in changes relating to SSA services but comments on other program services are also welcome.)

6. Do governments do a good job of delivering services to Native Americans and tribal community members? If no, what can government agencies do to improve their service delivery?
    a. Does SSA do a good job of delivering services to Native Americans and tribal community members? If no, what can SSA do to improve its service delivery?

7. What promising practices have you learned about that might improve access and/or service delivery to Native American and tribal communities in your area? Are there any innovations that you find particularly encouraging?

8. Does your organization partner with government agencies in their service delivery process? If so, what is your role/function?

9. How do tribal communities in your area perceive the quality of government service delivery? How about SSA service delivery? Do agencies solicit input about how they deliver services and would community members participate if given the opportunity?

10. Is there anything else SSA should know about your local area or Native Americans and tribal community members in your area that could help improve its service delivery?

Appendix F – Tribal Community Member Discussion Guide

Introduction

We are researchers with the Urban Institute, a private non-profit research organization based in Washington, DC that conducts policy-related research on a variety of social welfare and economic issues. This study is being done under a grant with the Social Security Administration, also known as SSA.

The study seeks to better understand the characteristics and needs of Native American and tribal communities, how SSA currently delivers services to those communities, and how services and delivery changed during the COVID-19 pandemic. It will also highlight what SSA can learn from other Federal agencies and community-based organizations about providing services to tribal community members. This topic will inform the agency's plan to strengthen its relationship with tribal communities and its future plans for service delivery. As part of the study, we are conducting interviews with SSA and other Federal agencies, expert scholars and researchers, national advocacy groups, local advocacy groups, and tribal community members.

To thank you for your time, we'd like to offer you a $50 gift card.

Privacy Statement: We know that you are busy, and we will be as focused as possible and will only ask questions that are relevant to your experience. We have many questions and will be talking to many different people, so please do not feel as though we expect you to be able to answer every question. Your participation in this interview is voluntary and you may choose not to answer some or any of our questions. We will do everything we can to secure the privacy of the information you provide but ask that you consider using headphones or finding a private space to talk so that other people cannot hear or see this conversation. Please note that given the technical limitations of Zoom and similar internet platforms, we cannot guarantee the confidentiality of what might be said. However, we believe the risks of participating in this study are minimal.

We believe there are no direct benefits to you, but we hope that the findings from this study will benefit the Social Security Administration by providing insights on how to provide services to tribal communities.

My colleague and I will be taking notes to document what we hear during our discussion, and we may record this discussion. We do not share these notes with anyone outside of our research team, including the Social Security Administration, and we will destroy these notes after the end of our project. When we compile our reports, the names of individual respondents will not be included. If we choose to quote you, you will only be identified by your title. You will not be quoted directly by name in any of our reports. While it is possible that you might be identified by your organization, we will do our best to minimize the chance of that occurring.

Finally, to help us accurately capture the information you share, we would like to record this interview. The recording is just a back-up for our notes and will be kept within our small

research team. The interview recording will be deleted once we have developed a full set of notes from the interview.

Do you have any questions before we begin? Do we have your permission to record the interview?

Do we have your permission to begin the interview? **[BEGIN INTERVIEW IF CONSENT GRANTED]**

Background Information

One more bit of background information before we get started. We are going to use the terms like 'service provisions,' 'access,' and 'benefits' in our discussion. What we mean by these terms, for example, is, do they only provide access online? Are in-person sites onerous to visit? Are application procedures useful and reflect the unique needs of Native communities or are there aspects that strike you as ignorant or insulting? While we are seeking to better understand how SSA provides services—such as applications for the Disability Insurance program—your experiences and understanding with other successes and challenges in other programs is also useful to providing SSA with potential strategies and solutions.

1. Can you tell us a little bit about yourself? Where do you currently live? Which tribal nation are you from?

2. Do you currently receive government benefits? If so, what kind of government benefits do you receive and how long have you been receiving them?

3. How do you (or your family and friends) access government benefits or services? What are the key barriers to accessing services? Does your knowledge of and access to services differ by type of service or in other ways such as by geographic area?
   a. Similar question regarding **SSA services**. How do you (or your family and friends) access SSA services? What are the key barriers to accessing SSA services? Does your knowledge of and access to services differ by type of service or in other ways such as by geographic area?

4. Can you walk us through how you (or your family and friends) access some key services where you live, including where you apply for those services? [Note: respondent can discuss one or several depending on their experience, but no more than 3 in the interest of time and respondent burden.]
   a. Social Security retirement or disability
   b. Income support such as TANF
   c. Food assistance
   d. Medicaid
   e. Housing subsidies

5. Which service delivery models are you (or family and friends) **most** likely to use to access services? For example, online applications or other online products and calculators, visiting offices, talking by phone, other?
   a. Similar question regarding **SSA services.** Which service delivery mode are you (or family and friends) **most** likely to use to access SSA services? For example, online applications or other online products and calculators, visit an SSA office, visit a video service delivery (VSD) location, or talk to SSA on the phone

6. In what ways did the COVID-19 pandemic affect how you (or family and friends) accessed services? Are any of these changes good and will/should they persist? (We are particularly interested in changes relating to SSA services but comments on other program services are also welcome.)

7. Do you (or your family and friends) have access to the services you need? If not, why not?
   a. Do you (or your family and friends) have access to the **SSA services** you need? If not, why not?

8. Do governments (federal, state, and local agencies) and community organizations do a good job of delivering services to your family and community? If no, what can government agencies and community organizations do to improve their service delivery?
   a. Does **SSA** do a good job of delivering services to your family and community? If no, what can SSA do to improve its service delivery?

9. Is there anything else SSA should know about your local area or the community members in your area that could help improve its service delivery?

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