

RDRC Focal Area List for FY2023

The topic areas below address retirement and disability policy issues, including program design (public policy) and implementation (programmatic policy). As with last year, two topics are relevant to all the focal areas and should be considered when developing all research proposals:

- (1) Racial equity and support for underserved communities¹. SSA encourages all researchers to consider equity—including the structural barriers that may contribute to disparate outcomes among people who have been historically underserved, marginalized, or adversely affected by persistent poverty—as they develop their proposals.
- (2) The COVID-19 pandemic and how it impacts our programs and the populations we serve.

We strongly encourage research proposals that draw from a variety of academic disciplines (including, but not limited to, economics, sociology, demography, public health, public policy and administration, and psychology); utilize a variety of quantitative and/or qualitative approaches/methods, including community-engaged research²; and draw from (or develop) new data sources.

Note: This list is not meant to be exhaustive. We welcome proposals on topics that may fall outside these areas provided they make a strong case for why they are significant areas of research. While the issues are largely framed in the context of SSA’s programs, we are also interested in the lessons that can be learned from other programs serving similar populations, such as Veterans’ benefits, return-to-work initiatives, Medicare, Medicaid, private disability or long-term care insurance, and foreign programs.

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¹ Per Executive Order 13985, the term “underserved communities” refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life. It includes persons who are Black, Latino, and Indigenous and Native American, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

² Community-engaged research involves working collaboratively with groups of people affiliated by race/ethnicity, geographic proximity, special interests, or similar situations with respect to issues affecting their well-being.

Focal Area #1: Disparities by Race and Ethnicity

SSA continues to be very interested in research on racial and ethnic equity related to Social Security. SSA is particularly interested in the structural barriers that may contribute to disparate outcomes by race/ethnicity and sex. While we expect researchers to consider such disparities when developing proposals addressing all focal areas, additional interests not mentioned elsewhere include:

- ❖ *Impact of COVID-19:* We know from CDC data³ that certain racial/ethnic groups have experienced significantly higher rates of infection, hospitalization, and death compared with white, non-Hispanic persons. We would be interested in studies that consider the cause of these disparities and their impact on the economic security of these groups, including health, disability, labor force participation and limitations due to unemployment, additional caregiving demands, and health shocks, among other effects. We're particularly interested in how the pandemic has affected the need for children's benefits, including survivors and disability, when the parent's COVID illness has led to their disability and/or death.
- ❖ *Social Security's role in economic security:* How important is Social Security relative to broader income sources and how does this vary across racial/ethnic and other demographic groups? How much does Social Security and SSI change disparities in income, health, and well-being? Have those effects changed over time?
- ❖ *Disparities in disability-adjacent external factors:* To what extent are there barriers and disparities in areas related to SSA's disability programs such as access to health providers, medical treatment, insurance coverage, third party assistance with applying for benefits, transportation, internet access, community support, etc.? What are the effects of these barriers and disparities on access to our disability programs?
- ❖ *Disparities in deciding not to apply:* SSA would be interested in qualitative research in underserved communities to find if there are particular barriers faced by those communities where the agency and its partners could focus their efforts. What impact do these barriers have on an individual's decision to apply for SSDI or SSI (disability or aged) benefits? Do these barriers affect certain communities more than others?
- ❖ *Structural barriers in the labor market:* SSA is interested in studies focusing on identifying and addressing structural barriers in the labor market (including race, ethnicity, gender, disability, age, underserved communities, systemic hiring discrimination, etc.).
- ❖ *Estimating disparities:* SSA is interested in how disparities by race/ethnicity and sex are measured with and without controls for other factors. We are particularly interested in how research should approach using controls that have their own race/ethnicity and sex disparities, such as education, age, employment, income, and health, among others. How much do disparities differ depending on whether controls are applied or not? How much do they differ when controls are used without accounting for the controls' own disparities? Can controls be constructed so that they do not underestimate race/ethnicity disparities?

³ See: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>.

- ❖ *Family structure*: Different racial/ethnic groups rely on multigenerational support systems in different ways. How could Social Security’s benefit structure—for example, eligibility rules for child benefits⁴—be modified to account for these differences?
- ❖ *Type of work*: How much disparity is there by race/ethnic group for those with full-time positions vs. part-time positions or nonstandard forms of work (e.g., gig or platform work, self-employment, etc.)? What is the ultimate ‘wage’ earned by those with traditional full-time positions versus those that combine multiple part-time jobs (after accounting for the likely lack of health and other benefits)? How might these different earnings paths translate to future Social Security benefits?

Focal Area #2: Decline in SSDI and SSI Applications

Since 2010, applications for SSDI and SSI benefits have been falling at a faster pace than originally projected based on actuarial models. However, the causes of this rapid decline are less well understood.⁵ SSA is interested in studies that examine the possible drivers of this decline and the impact it has had on our programs and populations. Possible areas of research include:

- ❖ *Impact of the Affordable Care Act (ACA)*: What impact, if any, has the ACA—including the expansion of Medicaid, access to (and use of) the exchanges, etc.—had on the decline in disability applications and awards?
- ❖ *Impact of the Americans with Disabilities Act (ADA)*: Has the ADA affected disability applications (e.g., via impacts on the labor force participation of workers with disabilities)?
- ❖ *Impact of state-level policy changes*: To what extent do disability applications and awards vary *within* states, and are there state-level policy changes that explain these changes?
- ❖ *Size of the “should apply but don’t” population*: How many people (adults and/or children) don’t apply although they may be eligible for SSDI and/or SSI benefits (e.g., have a condition that meets the listing, cannot work to SGA, and need the income)? What are their characteristics and reasons for not applying? Has this population grown since 2010 and/or since the pandemic? Are there ways that SSA can increase applications among them? We particularly encourage qualitative (community-engaged) research and novel data matches on this topic.
- ❖ *Impact of incarceration*: According to past studies, individuals who are incarcerated are three to four times more likely to report a disability than the general population.⁶ SSA has an interest in learning more about this population and how they are participating in our programs (if at all) once they are no longer incarcerated. Do their periods of incarceration impact their eligibility and participation in our programs? Could incarceration be a contributing factor to a decline in applications?

⁴ Under current rules, unmarried children may receive benefits if they’re younger than age 18, age 18-19 and a full-time student, or age 18 or older with a disability that began before age 22. Benefits may also be paid to grandchildren when the grandparent retires, becomes disabled, or dies. (Generally, the biological parents of the child must be deceased or disabled, or the grandparent must legally adopt the grandchild.) For more information, see: www.ssa.gov/people/parents/ and <https://www.ssa.gov/pubs/EN-05-10085.pdf>.

⁵ See the 2018 presentation by SSA’s Office of the Chief Actuary on recent disability trends and possible drivers for the declining application/allowance rates: https://www.ssa.gov/OACT/presentations/kpglenn_20180725.pdf.

⁶ See <https://bjs.ojp.gov/library/publications/disabilities-among-prison-and-jail-inmates-2011-12>

- ❖ *Impact of changes in the nature and distribution of work:* What impact have changes in the nature of work and in the distribution of employment by occupation had on disability incidence and application rates? For instance, has the expansion of employer flexibilities (such as telework or more generous sick/annual leave policies) made it easier for employees with disabilities to continue to work?
- ❖ *Role of Paid Family and Medical Leave (PFML):* How do PFML programs (including temporary disability insurance, or TDI) affect individual decisions to apply for private long-term disability payments or SSDI benefits?⁷ What influence does program design (e.g., eligibility requirements, benefit duration, job protection, wage replacement rate) and differences in private/public long-term disability policies have on return-to-work outcomes and decisions to apply for long-term disability benefits? Do these outcomes vary by demographics, wages, industry, or occupation? Do gaps in time between TDI coverage and long-term disability or SSDI coverage affect long-term disability take-up (e.g., absence of income caused by the TDI benefit ending before SSDI benefits begin after the waiting period)?
- ❖ *SSI take-up:* SSA highly encourages research focusing on application/take-up in the SSI program. Research could consider the effect of program provisions (e.g., the waiting period, Medicaid, complex application process) on program take-up, the factors leading to the large variation in take-up within and across states, etc.

Note: Given the large body of existing research on this topic (including past RDRC projects), we would welcome a project that summarizes/synthesizes the findings of existing studies and evaluates the impact of the various factors on the decline in disability applications.⁸

Focal Area #3: Improving Communication and Outreach

Effective communication and outreach about Social Security is critical to enable the public to make informed decisions about their own benefits and to make them aware of benefits to which they may be entitled. Communications from SSA also affect the public’s understanding of Social Security more broadly, including the program’s long-term future and the effects of potential policy changes. We are interested in research that examines—and identifies areas of improvement—the efficacy of agency communications (including the *Social Security Statement*, my Social Security, and other notices⁹) and outreach efforts. Specific topics of interest include:

⁷ Paid medical leave (including temporary disability insurance) provides wage replacement to eligible workers unable to work due to non-work-related illness or injury. It may be funded by employer and/or employee contributions to an insurance fund, or by general tax revenues, depending on the source of the medical leave insurance (i.e., private insurance or a state program), and typically replaces only a portion of the worker’s wage. An increasing number of states have or are implementing paid family and medical leave (PFML) programs, which vary in eligibility requirements, benefit duration, job protection, and wage replacement rate. For example, in the District of Columbia workers can receive benefits for up to 6 weeks, while in California workers can receive benefits for up to 52 weeks for a short-term disability.

⁸ Such a project could take a similar approach as a recent paper by Katharine Abraham and Melissa Kearney in the *Journal of Economic Literature* on “Explaining the Decline in the US Employment-to-Population Ratio: A Review of the Evidence.” See <https://www.econ.umd.edu/sites/www.econ.umd.edu/files/pubs/Abraham-Kearney%20JEL%20September%202020.pdf>

⁹ See <https://www.socialsecurity.gov/ssi/text-notice-ussi.htm>

- ❖ *Outreach to populations facing barriers:* SSA is concerned about populations facing barriers (economic, geographic, racial/ethnic, health/disability, language, etc.) and the challenges of reaching these populations. Research could consider what these populations know about our programs, how they acquire knowledge, whether SSA communication and outreach efforts are reaching them, ways to improve communication and outreach efforts (e.g., by identifying trusted partners for different racial/ethnic groups), ways to improve knowledge/trust among these populations, etc. SSA would be particularly interested in research that engages those communities to get their feedback on the challenges they face, rather than trying to infer them from quantitative analyses.
- ❖ *Outreach to potential beneficiaries:* Are there successful outreach efforts to potential beneficiaries – e.g., children/youth with disabilities not receiving SSI who may be eligible, minor children who may be eligible for child benefits, widow(er)s who may be eligible for survivor benefits, etc. that SSA can learn from to improve its own efforts? What is the potential missed population and are there evidence-supported models or approaches to improve our outreach efforts?
- ❖ *Outreach to beneficiaries with Limited English Proficiency (LEP):* How well do individuals with LEP understand Social Security program rules, and what are their specific Social Security information needs? What does this population think about current communication efforts and do they have suggestions on how we could improve information dissemination (e.g., online, radio, in person, etc.)? Who do they think is the best communicator/channel/method to disseminate information per targeted language (e.g., advocates, Social Security Public Affairs Specialists, caregivers, family, etc.)? Are there communication methods that they find more effective in other contexts that SSA could use?
- ❖ *Assessment of SSI reporting documents:* To assist our efforts to reduce overpayments, SSA would be interested in behavioral research that examines the written materials we send to SSI beneficiaries with information on earnings reporting. Are current written materials understandable to the general public? Are there ways to improve the clarity of these materials to improve beneficiaries' reporting of their earnings, resources, living arrangements, etc.?
- ❖ *Social Security fraud/scams:* We continue to encourage research on the impact of Social Security scams on our beneficiaries, how the impact varies by demographic group (particularly among persons of color and other historically underserved groups), and ways to reduce fraud and improve trust among the public.

Focal Area #4: Economic Security of SSA Beneficiaries

SSA continues to be interested in the evolving risks to economic security and how future beneficiary cohorts will fare. Research should take a broad view, looking at all sources of economic security as well as the spectrum of resource needs to address financial risks, including long-term care. Research should also examine differences across (and within) various population subgroups (e.g., by comparing economic outcomes of women of color with those of white women). Particular areas of interest this fiscal year include:

- ❖ *Impact of COVID-19:*
 - What impact has the COVID-19 pandemic had on the economic security of older workers and Social Security beneficiaries, particularly populations eligible for and/or receiving SSI? Does the impact vary by race, ethnicity, disability status, etc.?

- What impact did the COVID-related measures (e.g., economic impact payments and extended unemployment insurance) have on economic security and claiming behaviors? Did these measures reduce applications for retirement/disability benefits in the short term, and are we seeing increases now that the payments are winding down?
- What impact has the pandemic had on the economic security of working mothers (due to school closures, increased caregiving responsibilities, job loss, etc.), and what impact can we expect the pandemic to have on their economic security in old age?
- What impact did the changing nature of work during COVID – particularly the shift to telework and more flexible work arrangements – have on labor force participation, retirement/disability claiming, etc.?
- ❖ *Economic security of SSI recipients:* How do SSI payments affect the outcomes (employment, health, well-being, etc.) of beneficiaries? How do asset limits under needs-based programs (including, but not necessarily limited to SSI) affect the economic security of beneficiaries? How would increasing the current income and asset limits (or changing the way SSA considers income and in-kind support and maintenance) affect SSI recipients? Are there any lessons to be learned from other needs-based federal programs or programs abroad?
- ❖ *Outcomes for denied SSDI and SSI applicants:* What are the characteristics of claimants who drop out after the initial medical denial and do not pursue reconsideration/hearings? Are they different in terms of legal representation, capacity to navigate the bureaucracy, or other potential social or structural inequities?
- ❖ *Impact of recovery from overpayments on beneficiaries:* Does recovering from overpayments result in financial hardship for our beneficiaries? Do beneficiaries understand what causes overpayments and why the agency tries to recover them? What do beneficiaries understand of the overpayment waiver process and is there a barrier to accessing and meeting the requirements of these waivers?
- ❖ *Unmet needs:* SSI and SSDI help to raise many beneficiaries out of poverty, but many unmet needs remain; are there differences in need by demographic groups? How do other programs help to meet those needs? For SSI, what program changes would have the greatest impact in terms of poverty reduction? How might changes affect different subgroups?
- ❖ *Impact of waiting periods:* What are the impacts (health care, income, financial status) of the 24-month Medicare waiting period and the 5-month waiting period on SSDI beneficiaries? Are certain population groups able to sustain themselves better than others during this period?¹⁰ What would be the impacts, advantages/disadvantages, and costs of reducing or eliminating these waiting periods?
- ❖ *Use of ABLÉ accounts among SSI recipients:* We're interested in studies examining the use (or non-use) of ABLÉ accounts to improve the economic security of SSI recipients. What are the contributing factors determining the use of ABLÉ accounts? Do potential ABLÉ account holders know about ABLÉ accounts? How do users find out about accounts? Are there barriers preventing SSI recipients from opening an ABLÉ account (or from contributing to one if they are already account holders)?

¹⁰ For example, are White households better able to sustain themselves during this period than Black or Hispanic families? According to a recent report by the Federal Reserve Board using the 2019 Survey of Consumer Finances, the typical White family has eight times the wealth of the typical Black family and five times the wealth of the typical Hispanic family (<https://www.federalreserve.gov/econres/notes/feds-notes/disparities-in-wealth-by-race-and-ethnicity-in-the-2019-survey-of-consumer-finances-20200928.htm>). As a result, the waiting periods may affect White households differently than Black or Hispanic households.

Focal Area #5: Improving Service Delivery

In 2020, almost 70 million people received benefits from programs administered by SSA, of which almost 6 million were newly awarded benefits (including new entrants to the benefit rolls and persons already on the rolls who became entitled to a different benefit).¹¹ Given the importance of Social Security to so many people, SSA is continuously looking for ways to improve how we deliver services to the public—particularly to underserved communities¹² who may face barriers in accessing our services—to meet their changing needs. We are interested in studies that help us identify advancements in how we deliver quality, accurate, and timely service to our customers, including studies that examine:

- ❖ *Impact of the COVID-19 pandemic:* SSA is highly interested in studies of the COVID-19 pandemic’s impact on access to benefits and services, including potential disparities by race/ethnicity, geography, disability status, etc.
- ❖ *Expanded use of online services:* The COVID-19 global pandemic and limited in-person services at our field offices made the agency acutely aware of the need to be able to conduct business virtually. We would be interested in research—including qualitative studies—that support our efforts to expand service delivery options in all service channels, both domestically and abroad. Research could explore:
 - *Text messaging:* Would utilizing text messaging to alert claimants to a variety of account updates, wait times, evidence needed, and/or claim status be valuable to our beneficiaries? Would it provide users with greater confidence than phone calls, which may be viewed as scam attempts?
 - *Online submission of forms and evidentiary documents:* Do customers prefer submitting forms and other evidentiary documents online rather than through the mail?
 - *Improvements to my Social Security:* Are there features (offerings or services) that SSA could consider adding to the **my Social Security** portal, particularly those that may benefit populations facing barriers (including SSI recipients)?
- ❖ *Service delivery to underserved communities (including rural communities, Native American and Tribal Nations, etc.):* What are the service needs of underserved communities and are there ways that SSA can improve our service delivery and outreach to these populations? How do Native Americans and Tribal Nations access SSA services, and did this change because of COVID-19? How do service perceptions and outcomes of underserved communities compare with the rest of the population?
- ❖ *Documentation policy:* What are successful models of benefit program administration outside the SSA context that balance the burden of proof with administrative flexibility and minimal burdens on customers? Research could examine how other programs at the federal, state, local, and non-profit levels handle documentation and how they have adjusted to pandemic restrictions.
- ❖ *Customer satisfaction:* How do service perceptions (e.g., satisfaction) and outcomes (e.g., wait times) vary by socioeconomic, regional, or demographic characteristics, such as race and ethnicity?

¹¹ See https://www.ssa.gov/policy/docs/chartbooks/fast_facts/2021/fast_facts21.html

¹² See footnote 1 for a definition of “underserved communities.”

Focal Area #6: Return-to-Work

For decades, SSA has encouraged employment among SSDI and SSI beneficiaries to prevent or reduce their dependency on the programs. As we look to improve the Ticket-to-Work program, we seek evidence on successful models for providing employment services and on barriers to employment. Studies could examine this topic both in terms of labor demand and labor supply. Research questions of interest include:

- ❖ To what extent do employers discriminate against people with disabilities? Does discrimination vary by impairment type, age, race/ethnicity, gender, location, etc.? How do different types of discrimination affect people with disabilities?
- ❖ Are there strategies from other federal and state agencies that successfully reduce employment discrimination? Can these be replicated by SSA or is there a way of coordinating efforts?
- ❖ What are the best practices of disability-friendly employers?
- ❖ What impact do employment conditions and employer incentives (e.g., quality affordable health insurance, substantial paid leave, and work flexibilities) have on the likelihood that workers with a recent illness or injury stay at work or rapidly return to work? How does this vary across industries, occupations, and individual employers? Are there differences in the prevalence of work-limiting illnesses and injuries for workers in more conducive employment situations compared with less conducive situations (e.g., workers lacking quality affordable health insurance, paid leave, or skill-levels that result in strong employer incentive to retain workers)?¹³
- ❖ What impact does the minimum wage have on the labor force participation of individuals with disabilities? Does increasing the minimum wage increase the number of layoffs and levels of unemployment for individuals with disabilities, and are these effects temporary or more permanent?
- ❖ How well do SSDI beneficiaries understand SSA's work incentive rules and the effect working above the Substantial Gainful Activity (SGA) limits has on their benefits?
- ❖ What practices and models for providing services or removing barriers to employment are effective for different subsets of the population?
- ❖ What lessons can we learn about benefits counseling?
- ❖ What can we learn from the National Beneficiary Survey (NBS) successful worker sample about beneficiaries' employment experiences? How do these experiences differ by beneficiaries' characteristics?

¹³ Research on this topic would inform the SSA-Department of Labor Retaining Employment and Talent after Injury/Illness Network (RETAIN) demonstration, which seeks to develop and validate effective practices for helping workers with a recent illness or injury stay at work or rapidly return to work. RETAIN services center on coordinating employers, health care providers, and occupational and workforce specialists. Yet many workers' jobs lack the essential conditions for such an intervention. For example, in contrast to a high-wage/high-skill worker, a low-wage/low-skill worker is less likely to have quality affordable health insurance, paid leave, or a supportive and flexible employer. To this extent, the employment conditions and employer incentives that are conducive to RETAIN-like interventions are likely to vary across industries, occupations, and individual employers. Findings would contribute to understanding the present potential for scaling RETAIN-like interventions, and to identify the prevalence of factors that pose obstacles to scaling.

- ❖ During and following the COVID-19 pandemic, has the return-to-work response been uniform or are people with certain conditions more likely to remain working than others?

Focal Area #7: Informing Trust Fund Projections

Research informing the economic and demographic assumptions underlying Trust Fund projections are of ongoing interest to SSA and the Social Security Trustees. Specific studies could:

- ❖ Analyze future trends in health spending. Health spending has risen from 3 percent of GDP to 18 percent of GDP. What are the implications of the expected slowdown on the amount and quality of health services in the future? What are the implications for private and employer group health insurance premiums growth, and the associated implications on wages as a share of employee compensation, in the future?
- ❖ Examine the effects of “population aging” on the demand for employees and related effects on labor force participation. There has been a dramatic shift in the age distribution of the population from under age 65 to over age 65 due to lower birth rates following the baby boom period. Will this shift lead to greater demand for workers at any given age? Or will GDP become increasingly less dependent on human work?
- ❖ Examine the bases for the slowdown in labor productivity in recent decades. Some have suggested deceleration in educational attainment, slowing technology innovation, an increasing share of non-service work moving offshore, and slower worldwide economic growth and resulting demand. Will these trends in labor productivity persist into the future?
- ❖ Examine how changes in fertility and immigration rates interact with each other in the United States and elsewhere in the world.