Retirement and Disability Research Consortium Focal Area List for Fiscal Year (FY) 2025

This memorandum reflects focal areas of research for the Retirement and Disability Research Consortium (RDRC) for FY 2025 (October 2024-September 2025). The role of RDRC centers is to build and strengthen the Social Security Administration's (SSA) capacity to undertake a broad range of research, evaluation, and policy analysis for the Old-Age and Survivors Insurance (OASI), Disability Insurance (DI), and Supplemental Security Income (SSI) programs. Because specific research needs may evolve over time, SSA will provide a list of focal areas of research that may change each year. Focal area topics are specific topics within the scope of the RDRC that SSA may change over the duration of the cooperative agreement with the centers. In each year of the cooperative agreement, SSA will make awards for research project proposals consistent with the goal of balancing research that provides a foundation for current and future policy analysis needs with the immediate requests for research described in a memorandum presenting annual focal areas.

The focal area topics included in this memorandum address retirement and disability policy issues. As in recent years, two topics are relevant to all the focal areas and should be considered when developing all research proposals:

(1) Racial equity and support for communities facing barriers. SSA encourages all researchers to consider equity—including the structural barriers that may contribute to disparate outcomes among people who have been historically underserved[1], 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. In particular, we are interested in studies that consider how Long COVID may affect health, employment, and participation in Social Security programs.

We strongly encourage research proposals that draw from a variety of academic disciplines (including, but not limited to sociology, history, demography, public health, public policy and administration, economics, and psychology); utilize qualitative, quantitative, and/or mixed-methods approaches, including community-engaged research[2]; and draw from or develop new data sources.

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.

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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.

FY25 Focal Areas:

Focal Area 1: Understanding Service Needs and Improving Service Delivery

In 2022, over 70 million people received benefits from SSA administered programs, of which 5.6 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).[3] 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 communities facing barriers in accessing our services—to meet their changing needs. We are interested in studies that help us identify and reduce barriers when the public contact us through various channels including our 1-800 number, website, field offices, etc., so we can deliver quality, accurate, and timely service to our customers, including studies that examine:

❖ *Improving service delivery to communities facing barriers*: What are the service needs of communities facing barriers (including Native American people and Tribal Nations, individuals with limited English proficiency (LEP), rural communities, LGBTQ+ persons, and people affected by persistent poverty, among others) and are there ways that SSA can improve our service delivery and outreach to these populations? How do service perceptions and outcomes for communities facing barriers compare with the rest of the population? We highly encourage qualitative and community-engaged research to address these topics, as well as learning from the best practices employed by other agencies and organizations. Specific questions of interest include:

- What specific barriers do *Native American people and Tribal Nations* face when seeking SSA program benefits and interacting with the agency? What are best practices for partnering with Tribal Nations to increase access to SSA programs and service?

- Millions of Americans speak a primary language other than English and/or have LEP. These populations may experience barriers in applying for benefits or finding required application documents. We would be interested in studies that explore the OASI, DI, and SSI applicant and beneficiary experiences of these individuals, including questions such

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[3] See Fast Facts and Figures About Social Security, 2023 (ssa.gov);.

as: *What are their experiences with SSA services (in-person, phone, and online)? Where do they get information about Social Security benefits? What advocacy groups or organizations do they rely on? How do they prefer to stay informed about the status of updates to their applications or benefits?*

- To what extent does the language of application documents act as a barrier for individuals with LEP in completing disability applications in a timely manner? Do other documents create similar barriers for SSA program beneficiaries with LEP? What lessons may be learned from other agencies or organizations that serve populations with LEP?

- What service-related barriers do *individuals living in rural areas* face when seeking government benefits, and how do these individuals prefer to communicate with government agencies when seeking benefits (e.g., online, by telephone, in-person). How do these service-related barriers and communication preferences vary by sociodemographic groups (e.g., race and ethnicity, educational attainment, age) within rural populations?

- What specific barriers do *LGBTQ+ and gender-diverse individuals* experience when applying for SSA programs or interacting with the agency as beneficiaries? What are best practices for reducing implicit bias when providing service?

❖ *1-800 number*: How does the 1-800 number service level affect barriers to accessing the agency's programs and services? Can we quantify the consequences of the service quality on economic well-being and health either quantitatively or qualitatively? How does the 1-800 number service levels compare to other similar telephone assistance numbers? Are there inequities in who relies on the 1-800 number as a service channel compared to those coming into the office or using the agency website?

❖ *Customer experience and 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?

❖ *Differences in service delivery preferences:* How do preferences for different service delivery methods differ by birth cohort? Within birth cohorts, how do preferences differ by socio-economic characteristics and geographic location? Based on the findings, what are the potential implications for service delivery methods in the near, mid, and long-term future?

❖ *Service Disparities by Geographic Location:* What service-related barriers do individuals living in urban/rural areas face when seeking benefits?

❖ *Immigration and service needs*: SSA is interested in studies that explore how immigration patterns (e.g., number of immigrants, countries of origin) may affect the populations served by the programs administered by SSA, as well as future service needs.

❖ SSA would be interested in any research that addresses Priority Question 1 in the [agency's learning agenda](): "What are the effects of changes to our service delivery methods on the accessibility, use, efficiency, security, and equitable delivery of our services?"

Expanding Online Service

The COVID-19 public health emergency 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 and community-engaged studies—that informs our efforts to expand service delivery options in all service channels, both domestically and abroad. Specific topics of interest include:

- ❖ *my Social Security*: SSA seeks studies of the extent to which online *my Social Security* use is prevalent among populations with lower levels of internet literacy, education, and other barriers to digital access. What demographic (including race and ethnicity), socioeconomic, or regional characteristics are associated with the population who cannot successfully verify their identity to access Social Security's online services through *my Social Security*? What is the effect of failing to authenticate using *my Social Security* on customers' service perceptions (e.g., satisfaction)? What are the impacts of failure to establish a *my Social Security* account on outcomes, in particular time to complete a transaction?
  - ○ *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)?

- ❖ *Online submission of forms and evidentiary documents*: To what extent would customers prefer to complete and submit forms necessary for the disability determination or redetermination process electronically or through a paper submission? Why do customers prefer electronic or mailed paper submission (e.g., convenience, security concerns related to personally identifiable information transmission, access to computers and technology, etc.)? Does this preference vary by demographic group or socioeconomic status? Would customers prefer using a secure portal (like *my Social Security*) to complete and submit forms and other required information and documents?

- ❖ *Text messaging*: Would utilizing text messaging to alert claimants to a variety of account updates, wait times, evidence needed, claim status, or post-entitlement reporting reminder be valuable to our beneficiaries? Would it provide users with greater confidence than phone calls, which may be viewed as scam attempts?

- ❖ *Testing methods to encourage online service use*: Based on the literature from behavioral economics/behavioral sciences, what are promising methods for encouraging use of online services or virtual service delivery platforms (video service delivery)? What approaches might be feasible for SSA to test via a pilot project or experiment?

Focal Area 2: Studying Causes and Inequities of Overpayment and Underpayment

SSA is committed to mitigating and preventing improper payments whether those are overpayments or under payments. As part of efforts to increase our outreach to underserved populations, and simplify our policies and procedures to ensure eligible individuals receive the benefits for which they are entitled, we are interested in learning more about the causes and consequences of underpayments and overpayments, and inequities that occur with them. Earnings from work, complicated entitlement situations, and other factors can result in beneficiaries receiving monthly benefits larger than they are entitled to or receipt of unwarranted monthly benefits. Overpayments can trigger reductions in future

payments, which may have consequences for those depending on their full benefit amount to meet living expenses. Underpayments can leave beneficiaries with fewer resources to live on than they should have. In both cases, beneficiaries may not be aware of all the options available to deal with the situation. Overpayments occur among recipients of SSDI and SSI benefits and have been a source of major concern for beneficiaries, SSA, and Congress. Useful research in this area would include, but not be limited to:

- ❖ Identifying populations at risk of an overpayment or underpayment, especially those who depend on the benefits for most of their income.

- ❖ Identifying what factors affect overpayments and underpayments and barriers that may exist in resolving them in a way least burdensome to beneficiaries.

- ❖ *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 and appeals processes and is there a barrier to accessing and meeting the requirements for SSA to waive an overpayment?

- ❖ *Assessment of reporting documents*: To assist our efforts to reduce overpayments, SSA would be interested in behavioral research that examines the written materials we send to beneficiaries with information on earnings reporting requirements. 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.?

- ❖ SSA would be interested in qualitative research on those who have experienced overpayments or underpayments, any barriers they encountered in being notified and resolving the situation, and feedback on their expectations and experiences that the agency can use to prevent improper payments and to better handle them when they occur.

Focal Area 3. Addressing Barriers to Disability and SSI Programs Participation and Processes

For more than a decade, 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 decline are less well understood. SSA encourages studies that examine the possible drivers of this decline and the impact it has had on our programs and populations. We are particularly interested in studies that identify barriers that may either keep eligible individuals from applying initially or that make it difficult for them to complete the application and appeals processes.

Addressing Barriers to the Disability Process

- ❖ *Barriers in receiving a timely medical decision*: What are the characteristics of claimants who have the longest times for a disability claim to be resolved? What are the characteristics of claimants who require a consultative examination (CE)? Are they different in terms of impairments, adjudication path, legal representation, capacity to navigate the bureaucracy, or other potential social or structural inequities? SSA highly encourages research that can improve our understanding of who faces the longest time to receive a disability decision and what factors in those cases could be contributing to the lengthy processing times.

❖ *Disparities in program participation*: In comparison to the general population, which groups are disproportionately reporting living with an impairment? Which groups with an impairment are applying for SSI and/or SSDI? Which groups, if any, are disproportionately being denied? Which groups among those living with impairment in the general population are not applying for SSI and/or SSDI? What are the barriers or reasons for them not to apply? Are there any best practices in addressing these barriers?

❖ *Size of potentially eligible populations*: How many people do not apply although they could be eligible for Social Security or SSI benefits? What are their characteristics and reasons for not applying? Has this population grown over time, particularly since the COVID-19 pandemic?

❖ *Decline in applications, awards, rolls for SSI children*: What are the causes? Are there differences by subgroups? How do various policy options impact program effectiveness among the eligible population?

❖ *SSI program participation*: SSA is interested in how changes to SSI program design and public policy may encourage SSI program participation among eligible individuals. We are particularly interested in research that focuses on children eligible for SSI and individuals from communities facing barriers.

- *Program policy:* Research could consider how elements of SSI program design, such as the complexity of the SSI applications, may act as barriers to application. We encourage qualitative and community-based research in this area.

- *Public policy:* Research could also explore variation in SSI participation within and across states, in order to understand how state and local-level policies (including policies that vary by state) and other factors affect participation.

❖ *External barriers to application*: 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, and community support, among others? What are the effects of these barriers and disparities on access to our disability programs? SSA encourages qualitative and community-engaged research in this area, as well as approaches that consider the intersectionality between disability status, race, and ethnicity.

❖ *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. 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? SSA has agreements to take applications for replacement SSN cards needed for employment post-incarceration. In what other ways can SSA support this transition?

❖ *Using cross-program data to identify the eligible population*: Some people are eligible for multiple government programs. SSA is interested in research that estimates the effects of improving coordination across public programs (e.g., housing assistance, Supplemental Nutrition

Assistance Program, Temporary Assistance for Needy Families, unemployment insurance) on increasing program participation in SSA administered programs (e.g., SSI, DI), and vice versa.[4]

❖ *Learning from current outreach efforts*: Are there successful outreach efforts to potential Social Security or SSI 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 and minor children who may be eligible for survivor benefits, etc.—that SSA can learn from to improve its own efforts to encourage program participation? What is the potential missed population and are there evidence-supported models or approaches to improve our outreach efforts? How can this inform future SSA demonstrations?

Addressing Barriers for Program Applicants and Beneficiaries

❖ *Barriers to completing disability applications*: What are the characteristics of individuals who file an initial disability application, but do not complete the medical portion of the process? What specific barriers do these individuals face in completing the application or process (e.g., difficulties completing documentation, receiving service, transportation, and other factors)? SSA encourages qualitative and community-engaged research to identify these barriers. We are particularly interested in research that focuses on children eligible for SSI and individuals from communities facing barriers.

❖ *Barriers in the disability hearings process*: What are the characteristics of claimants who drop out after the initial medical denial and do not pursue reconsideration or hearings? Are they different in terms of legal representation, capacity to navigate the bureaucracy, or other potential social or structural inequities? SSA highly encourages research identifying the specific barriers people face when deciding whether to pursue a disability hearing, as well as the barriers they face when preparing for a hearing.

❖ *Simplifying documentation requirements*: 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.[5]

❖ *Access to legal representation*: What barriers do underserved applicants face in obtaining legal representation during initial disability applications and appeals? What is the value of representation at different stages of the disability application and appeals processes? SSA is particularly interested in research focusing on SSI applicants. We are interested in a variety of research methods (e.g., qualitative, community-engaged, and quantitative) to address these questions.

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[4] Note: This topic fits within Priority Question 10 of the SSA Learning Agenda: "What are the effects of improving collaboration and enhancing data sharing with external agencies on saving citizens time from reporting required information, reducing labor market barriers, improving program solvency projections, improving program administration, and reducing improper payments?"

[5] Note: This topic fits within Priority Question 9 of the SSA Learning Agenda: "What are the effects of simplifying administrative rules and requirements on reducing the burden on program participants and supporting program integrity?"

❖ *Access to medical evidence*: What factors (e.g., case or impairment type, sociodemographic characteristics including geographic location, healthcare access) limit available medical evidence of record (MER)? Do outcomes of claims differ when the consultative examination (CE) provider is the claimant's own medical source, an independent practitioner, or an employee of a contracted CE-providing company?

❖ *Telephonic appearances at hearings*: How effective are the telephonic appearances that the agency implemented in response to the COVID-19 public health emergency relative to the in-person and video appearances before the COVID-19 public health emergency? For example, are hearings timely, accessible, and satisfactory when the claimant appears by telephone? Does take-up vary by demographic, socioeconomic, or regional characteristics? Are outcomes affected by manner of appearance (in person, telephonic, or video)?

❖ *Decline in the number of SSI child recipients*: SSA is interested in research that identifies causes for the notable decline in the SSI child recipient population, including a decline in the application rate and an increase in medical cessation rates.

Focal Area 4: Understanding and Improving Communication

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 the efficacy of agency communications (including the *Social Security Statement*, *my* Social Security, and other notices[6]) and outreach efforts and that identifies areas of improvement. Generally, we are interested in studies that address Priority Question 4 in the SSA Learning Agenda, "What are the effects of changes to our communication methods on customer satisfaction, program integrity, and administrative efficiency?" Specific topics of interest include:

❖ *Outreach to communities facing barriers*: SSA is highly interested in research that will help improve outreach to communities facing barriers. 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 encourages qualitative and community-engaged research in this area. For individuals living in urban/rural areas, how do these individuals prefer to communicate with government agencies (e.g., online, by telephone, in-person) when seeking benefits? How do communication preferences and these service-related barriers vary by sociodemographic groups (e.g., race and ethnicity, educational attainment, and age)?

❖ *Social Security Statement and supplemental fact sheets*: Has SSA's introduction of new supplemental fact sheets that accompany the redesigned *Social Security Statement* influenced worker behavior or increased their program knowledge? How have SSA's changes to the

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[6] See https://www.socialsecurity.gov/ssi/text-notices-ussi.htm

Statement affected understanding of the claiming decision and other aspects of the program? Do workers with non-covered earnings, who receive a special *Statement* and supplemental fact sheet, have a better understanding of the impact a non-covered pension can have on their Social Security benefits?

❖ *Agency notices*: SSA is interested in studies that evaluate the effectiveness and readability of agency notices. Questions could include: Is the notice in plain language? Is it easy to read and understand? How many times did the reader need to read the notice to clearly understand what was being explained or requested? Did the reader call our 1-800 number or reach out to Social Security for additional information/explanation? Did the reader need to have a friend or relative help them understand the notice? Does the reader have any recommendations on how to simplify these notices?

❖ *Communication preferences during disability application*: To what extent would customers applying for disability benefits prefer agency communication (e.g., requests for forms completion, reminders to return forms or attend a consultative examination) by email, text, *my* Social Security Message Center, or U.S. mail? Why do customers prefer a certain method, and does this preference vary by demographic group or socioeconomic status? If so, why? Do different communities face different barriers with some types of communication?

❖ *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.

❖ *COVID-19 SSI outreach*: What is the impact of SSA's COVID-19 SSI outreach initiatives? What metrics can determine effectiveness? Does outreach effectiveness vary by demographic, socioeconomic, or regional characteristics? Does it vary by communication channel (i.e., direct mail, TV, radio ads, or third-party initiatives)?

❖ *Testing potential changes in communication*: Changing the way the agency communicates with the public can help people make more informed decisions. A paper by USC and SSA researchers shows that changing terms like "early retirement age" to "minimum benefit age" helps people obtain a better understanding of the program and adjust behavior accordingly. We are interested in developing evidence on other changes to the way we communicate with the public on outcomes such as gaining a better understanding of features of our program, customer behavior, customer satisfaction, administrative efficiency, and program integrity.

Focal Area 5. Identifying Disparities by Race, Ethnicity, and Sex

SSA continues to be very interested in research on racial, ethnic, and sex 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:

❖ *Disparities in disability allowances*: For the DI and SSI programs, how do barriers to access and variations in allowances relate to race, ethnicity, and sex? In particular, is there evidence of

systematic differences in allowances for the DI or SSI programs? If so, what are the sources of the differences and what are the consequences on the applicant's economic productivity and welfare?

❖ *Disparities in the SSI program*: Are there systematic differences by race, ethnicity, and sex in who applies for SSI? Are there disparities for program participants, such as differences in over- or under-payment rates or duration of benefits? Specifically, are there disparities for babies whose low birth weight would qualify them for SSI and who financially qualify for SSI either due to household income and resources or due to residence in a medical treatment facility (see https://secure.ssa.gov/poms.nsf/lnx/0500520011 C.1 Example 1)?

❖ *Disparities in continuing disability reviews*: Do medical and work continuing disability reviews vary by race, ethnicity, and sex in terms of scheduling, occurrence, and benefit disposition at initial decision and appeal (benefit continuation, cessation for medical improvement, and termination for failure to cooperate)?

❖ *Disparities in retirement security*: SSA encourages research that explores the historical inequities and structural barriers that contribute to disparate levels of economic security in retirement for racial and ethnic minorities and for women. We are interested in supporting projects from diverse academic fields (e.g., history, sociology, economics) and methodological approaches.

❖ *Disparities in retirement preparedness*: SSA also encourages research that explores disparities in retirement preparedness by race, ethnicity, sex, and socioeconomic characteristics. We are particularly interested in studies that identify specific, structural barriers to retirement preparation and that present suggestions for addressing these barriers and reducing disparities.

❖ *Structural barriers in the labor market:* SSA is interested in studies focusing on identifying and addressing structural barriers in the labor market experienced by racial and ethnic minority individuals and women. We are specifically interested in understanding how these barriers relate to disparities in economic well-being among working and retired individuals.

❖ *Caretaking*: What impact has the pandemic had on the economic security of workers who provide care to other family members, including but not limited to elders, and how will these impacts affect the caregivers' retirement security? What impact have conditions such as dementia had on the economic security of caregivers?

❖ *Estimating disparities*: SSA is interested in projects that highlight best research practices to investigate the effect of structural determinants on economic and other disparities by race, ethnicity, and sex within quantitative models (e.g., regressions, effect decompositions). We are interested in how state-of-the-art methods and data sources may be incorporated into this research. We also continue to be interested in best practices for incorporating control variables into quantitative models in a way that does not result in biased estimates of these disparities.

Focal Area 6: Examining Economic Security of Program Applicants and 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:

❖ *Social Security's role in economic security:* How important is Social Security and SSI income 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?

❖ *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? How can changes to SSA programs better meet these needs?

❖ *Survey income reporting*: Some research suggests that individuals responding to surveys have tended to underreport assets and income, leading to incorrect conclusions about the poverty levels of Social Security beneficiaries and the share of income received from Social Security benefits. SSA is interested in additional research on this topic, including projects that use innovative matched datasets. We are also interested in research that incorporates a variety of methods to help better understand why people underreport assets and income, as well as research that tests ways to encourage more accurate reporting.

❖ SSA is also interested in studies that explore how specific OASDI and SSI policies and program provisions affect the economic security of beneficiaries. Specific areas of interest include:

- *SSI program and resource limits*: For SSI, what program changes would have the greatest impact in terms of poverty reduction? How might changes affect different subgroups? In particular, 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? Modeling distributional effects may be a useful strategy here.

- *Use of Achieving a Better Life Experience (ABLE) accounts among SSI recipients*: We are interested in studies examining the use (or non-use) of ABLE accounts to improve the economic security of SSI recipients. What are the contributing factors determining the use of ABLE accounts? Do potential ABLE account holders know about ABLE accounts? How do users find out about accounts? Are there barriers preventing SSI recipients from opening an ABLE account (or from contributing to one if they are already account holders)?

- *Impact of waiting periods for SSDI beneficiaries*: What are the impacts (health care, income, financial status) of the 24-month Medicare waiting period and the 5-month waiting period for benefit entitlement on SSDI beneficiaries? Are certain population groups able to sustain themselves better than others during this period?[7] What would

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[7] For example, are White households better able to sustain themselves during this period than Black or Hispanic families? According to a report by the Federal Reserve Board using the 2022 Survey of Consumer Finances, the typical White family has about six times the wealth of the typical Black family and five times the wealth of the

be the impacts, advantages/disadvantages, and costs of reducing or eliminating these waiting periods?

- *OASDI program provisions*: Projects that examine how OASDI program provisions affect economic outcomes, including: How might alternative inflation indices for cost-of-living adjustments (COLAs), such as the CPI-E or chained CPI-U, affect beneficiary wellbeing and economic activity? How do the size and timing of COLAs affect eligibility for means-tested programs such as Medicare savings programs? How do COLAs impact beneficiaries' taxes on Social Security benefits and surcharges for Medicare Parts B and D?

- ❖ *Multigenerational families or other households*: Different racial/ethnic groups rely on multigenerational support systems in different ways. In addition, the make-up of a person's household could impact SSI benefit payments. How could Social Security's benefit structure—for example, eligibility rules for child benefits—or SSI payment determinations be modified to account for these differences?

- ❖ *Making ends meet while waiting for disability benefits and after being denied*: How do individuals cope economically during the time they are waiting for a disability hearing or are re-applying for benefits or after being denied benefits? How does economic well-being vary by socioeconomic characteristics (e.g., race/ethnicity, sex, household composition)? In particular, how do single adults cope? (For instance, do they move in with a parent? Cohabitate with someone else?) SSA is interested in diverse methodological approaches (e.g., qualitative, community-based, and quantitative) to addressing these questions. We are also interested in studies that explore the intersectionality between race, ethnicity, and sex.

Impact of COVID-19 and long COVID

- ❖ What impact has the COVID-19 pandemic and long COVID 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, or other individual factors? We are particularly interested in studies focusing on lower-wage workers.

- ❖ How might long COVID affect individuals' earnings in the future and how might this in turn affect their retirement security and Social Security benefits? On a broader level, what are the effects of long COVID on the SSDI and SSI programs, including classification and determinations, application volume, program costs, and returning to work? We welcome studies that may help SSA to mitigate challenges posed by long COVID. We would also be interested in studies that review how other government agencies are addressing long COVID.

- ❖ How have post-pandemic health conditions changed? Are there particular medical conditions that are more prevalent post-pandemic (e.g., long-COVID, respiratory conditions, cardiac conditions, etc.)? Has there been a change in health status of individuals with chronic conditions

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typical Hispanic family (https://www.federalreserve.gov/econres/notes/feds-notes/greater-wealth-greater-uncertainty-changes-in-racial-inequality-in-the-survey-of-consumer-finances-20231018.html). As a result, the waiting periods may affect White households differently than Black or Hispanic households.

who experienced a lapse in care due to the pandemic? If health status was negatively impacted, has their health rebounded?

❖ 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 or disability benefits in the short term, and are we seeing increases now?

❖ 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 and retirement or disability claiming?

Focal Area 7: Addressing Employment Barriers for People with Disabilities

The DI and SSI programs include a set of work incentives, which are special rules intended to help beneficiaries enter, re-enter, or continue their engagement in the workforce by protecting their eligibility for cash payments and health care coverage until their work allows them to be self-sufficient. As we look to increase the number of beneficiaries who return to work, 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 those be replicated by SSA or is there a way of coordinating efforts?

❖ Are there strategies from other federal and state needs-based assistance programs for work reporting and applying earnings in eligibility assessments that contribute to fewer improper payments?

❖ 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)?

❖ What impact does the lack of (accessible and non-accessible) transportation (public or private) have on the labor force participation of individuals with disabilities in regard to their staying at work or returning to work? How does this vary across locales, e.g., rural areas vs urban areas or small towns vs large metropolitan cities? Does ensuring the availability of accessible transportation or transportation in general increase the number of individuals and levels of employment for individuals with disabilities?

❖ 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 do employers understand or misunderstand about SSA's work incentives and related policies. For example, do employers understand what SSA means by "subsidy" or "subsidizing earnings"?

❖ What practices and models for providing services or removing barriers to employment are effective for different subsets of the population?

❖ To what extent can the data generated by prior SSA demonstrations be used to substantially expand the knowledge generated from them? Potential topics include, but are not limited to, studies assessing structural barriers, alternative evaluation methods (e.g., Bayesian analyses), and longer-term follow-up analyses.

❖ How does benefits counseling impact work and earnings? What online tools (e.g., benefit calculators) or other software do benefits counselors use to help beneficiaries make informed employment decisions? How effective are different tools or different types of tools?

❖ 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?

❖ 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?

❖ What are the Medicare expenditures of SSDI beneficiaries who return to work in the 93 months of continued Medicare coverage after the Trial Work Period? For how many such beneficiaries is Medicare the second payer for medical expenses? How does this affect their work patterns?

❖ What is the estimated impact of the federal Work Opportunity Tax Credit (WOTC) and/or similar state-level tax credits on the employment, retention, and earnings of people with disabilities? Which employers (industries, occupations) utilize WOTC, and which do not? Do SSI recipients and Ticket users whose employers claim WOTC have better or worse outcomes than those whose employers do not? If so, why?

❖ Has the COVID pandemic affected the difference in services provided and utilized among local and national Employment Networks?

❖ What are the patterns of health care coverage among individuals who exit the DI program after returning to work?

❖ To what extent are DI and SSI beneficiaries able to adapt to their health conditions by using technological innovations in vision, aural, prosthetics areas? To what extent are such devices successful in helping beneficiaries with disabilities return to work?

❖ What are the characteristics of terminated DI beneficiaries that subsequently have benefits reinstated or apply for benefits again? A portion of people whose DI benefits are terminated for work or medical improvement end up returning as SSI recipients; similarly, some terminated DI-only beneficiaries become concurrently eligible for SSI when they return to the benefit rolls. What are the demographic characteristics and outcomes of these groups? How do they compare to DI beneficiaries whose benefits were suspended or terminated for other reasons?

❖ What has been the impact of recent increases in the minimum wage on Substantial Gainful Activity (SGA)? Increases in the minimum wage have affected how many hours someone needs to work to reach SGA. What does that mean for claimants, beneficiaries, recipients, employers, and SSA?