



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

July 6, 2021

Submitted via www.regulations.gov

Shalanda Young
Acting Director
Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

Re: Request for Information on Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government [Docket No. OMB-2021-0005]

Dear Acting Director Young:

The undersigned co-chairs of the Consortium for Citizens with Disabilities (CCD) Social Security Task Forces write in response to the Office of Management and Budget (OMB) Request for Information (RFI) referenced above. The CCD is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society. We appreciate that OMB is collecting information on equity and supporting underserved communities; we look forward to providing comments and suggestions on the Social Security Administration (SSA) in relation to Area 1 and Area 4 about how SSA's programs can be more equitable and in relation to Area 2 regarding barriers to accessing Social Security and other benefits, particularly among people with disabilities and low-incomes.

In response to Areas 1 and 4:

To obtain equity in SSA programs, first, data must be collected consistently and regularly reported. Due to factors such as differences in earnings over time, we know that Social Security benefit amounts are lower for people of color than for White beneficiaries. It is challenging to understand, however, the scope or cause of these racial disparities because of a lack of data on the racial and ethnic makeup of claimants and beneficiaries.

While SSA previously reported this data, they stopped reporting Supplemental Security Income (SSI) data in 2002 and Old-Age, Survivor's, and Disability Insurance (OASDI) data in 2009.¹

Although SSA did release some data on OASDI beneficiaries in the 2016 Annual Statistical Supplement and used Census data to conduct some research related to race and ethnicity, this was not enough because there was no commitment to continuing to consistently report this data and there was no data released for SSI recipients. The ability to create equitable programs is greatly hindered by the lack of consistent and widespread data on race and ethnicity within SSA. Thus, the first step in being able to conduct equity assessments or create equity strategies must be to start collecting the data that can inform these processes.

From what we do know from past data, there are many inequities in SSA programs. A 1992 GAO report showed that in 1988, Black Disability Insurance (DI) applicants had an allowance rate of 29% whereas White DI applicants had an allowance rate of 36% and Black SSI applicants had an allowance rate of 29% whereas White SSI applicants had an allowance rate of 37%.² GAO also found that the differences could not be explained by other factors such as age, impairment, or education. Later, a 2003 GAO report suggested that among claimants without attorneys, White claimants were more likely to be awarded benefits than Black claimants.³ In the same report, they found other equity issues as well based on sex, income, and the presence of an interpreter at a hearing which had a significant influence on the allowance rate of benefits.

Since many other systems are pipelines to Social Security benefits, the inequities in these systems persist into SSA programs. For example, in healthcare, patients of color face more barriers to accessing healthcare, receive a lower quality of care, and experience higher rates of chronic and infectious illness than White patients, which then affects who will receive Social Security benefits.⁴ These inequities in SSA programs are also exacerbated in the education system where evidence of disability from records such as Individualized Education Programs and 504 Plans are utilized to determine SSA eligibility or from the criminal justice system where people of color are more likely to face arrest and lengthier sentences⁵ and thus would be more likely to have their SSI benefits terminated as a result of incarceration and experience more challenges when reapplying because of the poor physical and mental health treatment in prisons and jails.⁶ It is thus nearly certain that these inequities persist into SSA programs, and there is a need for data to examine this and address the inequities.

GAO also recognized that in 2003, there were many limitations in the data available and suggested that SSA do the following: conduct “ongoing as well as in-depth analyses of ALJ decisions by race and other factors” and subsequently publish these results in its biennial reports, as well as “take action, as needed, to correct and prevent unwarranted allowance differences, and establish an expert advisory panel to provide ongoing leadership, oversight, and technical assistance with respect to ALJ quality assurance reviews.”⁷ These steps of first collecting and publishing the data and then utilizing it to mitigate any gaps and biases while establishing an advisory panel are necessary to know about the equity problems that exist and then to address these equity problems in SSA programs.

The COVID-19 pandemic has further heightened the need for this data. With the COVID-19 pandemic having a disproportionate impact on communities of color, essential workers, and the poor, we need data from SSA to understand the equity of its programs and how SSA can

improve in the future to better support these communities. The pandemic itself has exposed and exacerbated inequalities related to race—higher rates of illness and death, unemployment, and barriers to treatment and social services among Black Americans and other oppressed racial groups, compared to White Americans. Having data on race and ethnicity is thus essential in understanding the racial disparities that exist and how to improve these programs for the future.

Moreover, SSI is a program designed to help elderly or disabled recipients who have low or no income with very few or no assets. We know that the rate of poverty for Black families is two-and-a-half times the rate for White families, with one in five Black people living below the poverty line.⁸ For SSA to act equitably, it must collect data on race and ethnicity to understand if the SSI program is meeting its mandate to provide basic needs to elderly and disabled people who are struggling to make ends meet or if there are areas where they are failing to meet their goals and thus need to develop policies to promote equity and improve their customer service while making sure their processes as well as outcomes are fair and unbiased.

In response to Area 2:

People with disabilities have long fought against inaccessible benefit systems, made more evident by the COVID-19 crisis. Some people with disabilities, including many people with intellectual and developmental disabilities, and some older adults rely on family members or service providers to fill out applications, verification documents, income reporting, and the multitude of other paperwork required for public benefits. The pandemic threw into sharp relief the burden this places on family members and the risk that it creates that people with disabilities will not be able to access the help they are eligible for, especially as state and federal agencies closed down and people were not able to seek in-person help.

This was a particular challenge with the Social Security Administration (SSA) which has field offices which are often a source of help. SSI applications are at the lowest per capita point, but the extreme drop off in applications and awards in the Supplemental Security Income program demonstrates how crucial this in-person assistance is: “The five lowest months of awards in the last 21 years have all occurred in the pandemic.”⁹

Another example from the pandemic is the number of people with disabilities receiving some form of federal benefit who did not receive their Economic Impact Payments (EIPs). In January 2021, 8 million Economic Impact Payments remained outstanding for the Non-Filers population, those who make so little money they are not required to file taxes. The fact that those with the lowest income and most in need of cash assistance were eligible, but unable to access EIPs is far too common a story for so many who need assistance. Without data sharing between SSA and the Internal Revenue Service (IRS), it is likely that millions of Social Security and SSI beneficiaries would not have received their EIPs. Thousands did not receive the appropriate credits for their dependents because of challenges with the Non-Filer portal that the IRS built and a lack of awareness of the need to use the portal. The Non-Filer tool was not well advertised and was provided only electronically, not mobile phone enabled, required an email address, and was

only available in English and Spanish, excluding many from the tool. Additionally, resources normally available to people with disabilities for help with tax returns were shuttered due to the pandemic.

Other barriers to access include the conflicting and rarely advertised work incentives for Social Security Disability Insurance benefits¹⁰ and a multitude of other ways that programs that are designed to help may provide eligibility, but not access.

These are not problems that are easily overcome. Some improvements will require legislative solutions, others will require agencies to conduct new rule making, and some will require a shift in agency culture. But as the Office considers ways to overcome these barriers, we recommend the following guiding principles:

- 1) Government information collection should be accessible—this means available in plain language for the people with intellectual or developmental disabilities who need it, in braille, and that all websites should be screen reader and mobile accessible.
- 2) People with disabilities and others who rely on these programs should be a part of developing all materials to ensure that they are understandable and usable by all eligible populations.
- 3) Electronic or phone access will not meet the needs of everyone, especially the lowest income individuals. In person assistance will be the only usable resource for some people and must be available.
- 4) The specific needs of and existing burdens on low income people, especially the disproportionate number of low income people with disabilities and people of color with disabilities, should always be taken into account. Automation and data sharing between agencies, especially related to means tested programs, should be utilized whenever possible.
- 5) Agencies must conceptualize program integrity as not only ensuring that people who are not eligible do not receive benefits, but also as ensuring that people who are eligible have access to the benefits. This will require a culture shift at some agencies, but will assist those lowest income and most difficult to serve people access benefits to which they are entitled.

The Office should incorporate these principles into all of their reviews of regulations and information collections.

Finally, people with disabilities have not been equitably served by federal programs, and people of color with disabilities are disproportionately affected by these barriers. For people with disabilities to access these crucial programs, it is imperative that the Office work to eliminate barriers to access and ensure that data provides a complete picture to inform policy.

Please contact Bethany Lilly (lilly@thearc.org) should you have any questions or concerns with these comments.

Sincerely,

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Justice in Aging
Co-Chair, Social Security Task Force

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¹ Martin, Patricia, Why Researchers Now Rely on Surveys for Race Data on OASDI and SSI Programs: A Comparison of Four Major Surveys, Research and Statistics Note No. 2016-01 (Jan. 2016). Available at: <https://www.ssa.gov/policy/docs/rsnotes/rsn2016-01.html>.

² U.S. General Accounting Office, Social Security: Racial Difference in Disability Decisions Warrants Further Investigation, GAO/HRD-92-56, pg. 4 (Apr. 21, 1992).

³ 5 GAO, “SSA DISABILITY DECISION MAKING: Additional Steps Needed to Ensure Accuracy and Fairness of Decisions at the Hearings Level,” pg. 2, (Nov. 2003). <https://www.gao.gov/new.items/d0414.pdf>.

⁴ Institute of Medicine, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, 77-78 (2003). Black Americans are less likely to access specialists for care than white Americans. Id. at 112.

⁵ Sentencing Project, Report to the United Nations on Racial Disparities in the U.S. Criminal Justice System (April 19, 2018).

⁶ Andrew P. Wilper et al., The Health and Health Care of US Prisoners: Results of Nationwide Survey, 99(4) Am. J. Public Health 666-672 (April 2009) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2661478/>

⁷ GAO 2003, pg. 11.

⁸ Elise Gould and Valerie Wilson, Black workers face two of the most lethal preexisting conditions for coronavirus—racism and economic inequality, (June 1, 2020). Available at: <https://www.epi.org/publication/black-workers-covid/>.

⁹ Sharon Jayson, “Closed Social Security Offices Hinder Applying for Supplemental Security Income,” Social Security Resources Center, AARP, 2021, <https://www.aarp.org/retirement/social-security/info-2021/closed-offices-impact-ssi-applicants.html>.

¹⁰ Please see the comments of the Consortium for Citizens with Disabilities Employment Task Force on this subject.