# Table of Contents

Acronyms .......................................................................................................................... ii

Introduction ......................................................................................................................... 1

Part One: Federal Management Initiatives ................................................................. 3
   A. CX ................................................................................................................................. 3
   B. Evidence ....................................................................................................................... 6
   C. Equity and Support for Underserved Populations .............................................. 9

Part Two: Accessing Social Security During COVID-19 ........................................ 11
   A. Online Services and *my* Social Security .............................................................. 11
   B. In-Person Field Office Service ................................................................................ 14
   C. 800 Number and Field Office Phone Service ..................................................... 15
   D. Video Services .......................................................................................................... 17
   E. Mail Services ............................................................................................................... 17
   F. Direct and Third-Party Outreach ............................................................................. 18

Part Three: Opportunities .............................................................................................. 19
   A. Sociodemographic Administrative Data Linkages .............................................. 20
   B. Conclusion ................................................................................................................. 22

Appendix A – Board Recommendations to SSA .................................................. 23
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>CX</td>
<td>Customer Experience</td>
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<tr>
<td>COVID-19</td>
<td>Coronavirus Disease 2019</td>
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<tr>
<td>DI</td>
<td>Disability Insurance</td>
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<tr>
<td>Evidence Act</td>
<td>Foundations for Evidence-Based Policymaking Act of 2018</td>
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<td>EO</td>
<td>Executive Order</td>
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<tr>
<td>FY</td>
<td>Fiscal Year</td>
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<td>GAO</td>
<td>Government Accountability Office</td>
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<td>GPRA</td>
<td>The Government Performance and Results Act</td>
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<td>HISPs</td>
<td>High-Impact Service Providers</td>
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<tr>
<td>IT</td>
<td>Information Technology</td>
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<tr>
<td>LGBTQ+</td>
<td>Lesbian, Gay, Bisexual, Transgender, and Queer</td>
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<tr>
<td>OASI</td>
<td>Old-Age and Survivors Insurance</td>
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<tr>
<td>OIG</td>
<td>Office of Inspector General</td>
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<td>OMB</td>
<td>Office of Management and Budget</td>
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<tr>
<td>PMA</td>
<td>President’s Management Agenda</td>
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<tr>
<td>RDRC</td>
<td>Retirement and Disability Research Consortium</td>
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<tr>
<td>SSA</td>
<td>Social Security Administration</td>
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<tr>
<td>SSAB</td>
<td>Social Security Advisory Board</td>
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<tr>
<td>SSI</td>
<td>Supplemental Security Income</td>
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Introduction

Social Security's Programs

The **Social Security Administration (SSA)** administers benefits vital to the economic security of millions of people. Federal **Old-Age and Survivors Insurance (OASI)** and **Disability Insurance (DI)** provide cash benefits to insured workers and their families in the event of old-age, disability, or death. **Supplemental Security Income (SSI)** provides payments to people who meet the program’s income and resource limits and are 65 or older or meet the statutory definition of disability orblindness.

The coronavirus ("COVID-19") pandemic challenged SSA’s ability to deliver quality and accessible service to the public. Since March 17, 2020, people primarily accessed SSA through online, phone, or mail channels.\(^1\) Personal appointments at field offices were extremely limited. On April 7, 2022, SSA restored in-person service at its local field offices.\(^2\)

Some believe that SSA’s operational changes resulted in fewer people receiving benefits. DI awards fell 15 percent in 2021 after falling 11 percent in 2020.\(^3\) SSI awards have fallen even more sharply – 27 percent in 2021 after falling 18 percent in 2020.\(^4\) Since disability awards have been trending downward for more than a decade, there could be reasons beyond COVID-19-induced barriers contributing to recent declines.\(^5\) Whatever the cause, SSA has made increasing SSI applications a top agency priority goal for the next two years.\(^6\)

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\(^2\) SSA, “**Statement of Kilolo Kijakazi, Acting Commissioner: SSA to Resume In-Person Services at Local Social Security Offices**,“ April 4, 2022.

\(^3\) Percentages calculated using the difference in the total number of awards for workers with disabilities and dependent beneficiaries for the 12-month calendar year and the prior calendar year. DI awards fell from 1,093,395 in 2019, to 972,586 in 2020, to 827,138 in 2021. SSA, “**Benefits Awarded by Type of Beneficiary**,“ last accessed March 17, 2022.

\(^4\) Percentages calculated using the difference in the total number of awards for all SSI recipients for the 12-month calendar year and the prior calendar year. SSI awards fell from 721,981 in 2019, to 594,643 in 2020, to 526,843 in 2021. SSA, “**SSI Monthly Statistics, 2019**,“ Table 8; SSA, “**SSI Monthly Statistics, 2020**,“ Table 8, SSA, “**SSI Monthly Statistics, January 2022**,“ Table 9.

\(^5\) Other explanations for the decline may be the government provision of new types of financial assistance, such as economic impact payments, expanded unemployment insurance, a new monthly child tax credit, the demonization as fraudsters of those who receive benefits, and the difficulty in receiving a timely decision.

\(^6\) The goal is to increase SSI applications by 15 percent – and by 25 percent for those from underserved communities – relative to a 2021 baseline. SSA, **SSA Annual Performance Report: FYs 21-23**, April 2022, 9.
The Social Security Advisory Board (“Board”) has the statutory responsibility to advise on SSA’s OASI, DI, and SSI programs. One of its nine functions is to make recommendations on the quality of services that SSA delivers to the public.\textsuperscript{7} In this paper, the Board encourages SSA to measure the impacts of service changes on different populations to inform program administration.

**Recommendation 1.** SSA should evaluate the quality and accessibility of its services by service channel and across an array of socioeconomic, regional, and other population characteristics and make these data and findings publicly available.

The Board also has the responsibility to make recommendations on SSA’s long-term plans for research and program evaluation.\textsuperscript{8} In March 2022, SSA released key priority-setting documents, including its strategic plan, learning agenda, and equity plan.\textsuperscript{9} The Board appreciated the opportunity to inform SSA’s planning by making research recommendations to SSA and conducting a Board roundtable on Social Security’s public service.\textsuperscript{10} In this paper, the Board focuses on how SSA is implementing three key federal initiatives – customer experience (CX), evidence, and equity – to inform agency decisions.

This paper has three parts. Part One describes SSA’s implementation of federal performance management initiatives, including CX, evidence, and equity. Part Two discusses how people have interacted with the agency’s service channels – in-person, phone, online, video, mail, and third-party outreach – during COVID-19 and offers preliminary insights from SSA research and other analyses. Part Three advocates for improved data on sociodemographic and geographic characteristics. Appendix A summarizes the Board’s recommendations included in this paper.

In June 2020, the Board announced it would pursue a series of work that would examine SSA’s service to the public and encourage the agency to adopt a data-driven approach to measuring the quality and accessibility of its

\textsuperscript{8} \textit{Pub. L. No. 103-296} § 103(b)(7).
\textsuperscript{10} SSA, \textit{Learning Agenda}, 3; SSA, \textit{Agency Strategic Plan}, 31; SSAB, “Roundtable on Social Security’s Public Service,” May 20, 2021.
services. Since then, the Board published a paper on local field office closures, held two public events on Social Security’s service, and submitted a comment to the Federal Register. This paper cites this work throughout.

Part One: Federal Management Initiatives

In the early 1990s, Congress reformed federal agencies’ financial and performance management with the Government Performance and Results Modernization Act (GPRA). The GPRA Modernization Act of 2010 provided the foundation for today’s Federal Performance Framework, which sets the standard for government business practices and agency goal-setting. Each administration releases a President’s Management Agenda (PMA) with priority goals and specific targets. At the same time, SSA develops a four-year strategic plan and sets agency priority goals every two years. A 2020 survey of 4,000 federal managers suggests increasing use of performance information in decision-making government-wide and at SSA.

In recent years, the framework has expanded to include evidence planning and CX measurement. Together, these two initiatives support SSA in addressing mission-critical questions by prioritizing, collecting, and analyzing new types of research and data. In addition, equity is a central focus of the current administration. This section describes administration and agency priorities across CX, evidence, and equity.

A. CX

There is growing momentum across the federal government to measure how customers perceive their interactions with the government. Agencies use self-reported feedback surveys to measure seven indicators of experience: two

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overall measures of satisfaction and trust and five other sub-drivers: quality, simplicity, speed, transparency, and employee helpfulness.\(^{17}\)

Measures of **CX** quantify a person’s perspective about their interaction with government agencies. Measures include assessments of satisfaction and trust and their drivers: simplicity, speed, transparency, effectiveness, and helpfulness.

Since 2015, the Department of Veterans Affairs (VA) has advanced an agency-wide CX culture. VA codified its CX principles, provided employee training, and released a CX Cookbook for other agencies.\(^{18}\) Last summer, the Board hosted a public session on how VA analyzed real-time data and used human-centered design to advance information technology (IT) modernization.\(^{19}\)

In 2018, the Office of Management and Budget (OMB) established guidelines for measuring CX and designated SSA as one of 15 high-impact service providers (HISPs). SSA began collecting self-reported feedback for its online services.\(^{20}\) Figure 1 shows SSA’s recent performance, with scores for its online services falling throughout fiscal year 2021 (FY 21) before turning around at the start of FY 22.\(^{21}\)

\(^{17}\) **OMB Circular A-11 Part 6 § 280.**  
\(^{19}\) **SSAB, “Systems Speaker Series Session on CX,”** July 30, 2021.  
\(^{21}\) **Performance.gov, “HISP Service Reports,”** last accessed May 9, 2022.
SSA’s first strategic goal is to optimize the experience of SSA customers. However, SSA cannot adequately identify CX gaps if it lacks the data necessary to understand customers’ everyday experiences and evolving needs. SSA’s capacity to collect and track CX is maturing with new technology. In FY 21, SSA procured an enterprise customer feedback platform that enables performance reporting for all service channels.

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**Figure 1. Customer Feedback Scores for SSA Online Services Declined in FY 21 and Increased in FY 22 Q1**

<table>
<thead>
<tr>
<th>Self-Reported CX Scores, FY 2021 Q1 – FY 2022 Q2</th>
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<tbody>
<tr>
<td>FY 2021 Q1</td>
</tr>
<tr>
<td><strong>Average Score</strong></td>
</tr>
<tr>
<td>4.10</td>
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<tr>
<td>4.20</td>
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<tr>
<td>4.30</td>
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<tr>
<td>4.40</td>
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<td>4.50</td>
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</tbody>
</table>

*Source: Performance.gov, HISP Service Reports, CX, accessed May 9, 2022.*

*Notes: Respondents were asked to rate their interaction with SSA’s online services on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree). They were asked to rate their satisfaction with the online service they received from the SSA, whether it was easy to complete what they needed to do, whether their need was addressed, whether it took a reasonable amount of time to do what they needed to do, and whether the interaction increased their confidence in SSA. The chart shows the average score for each measure.*

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In January 2021, an independent Board-appointed expert panel on IT modernization recommended that SSA create an enterprise CX office led by a Chief CX Officer who would initiate, measure, and sustain CX efforts.\textsuperscript{25} SSA’s first Chief Business Officer became responsible for improving CX. Eventually, in April 2022, the Acting Commissioner elevated the responsibility of CX to the Chief of Staff and Deputy Chief of Staff.\textsuperscript{26}

In December 2021, the Biden administration released an executive order (EO) on prioritizing CX. The EO required SSA to analyze all services that require original or physical documentation or an in-person appearance and recommend reforms where statutorily feasible. SSA was also directed to develop a mobile-accessible, online process so someone applying for or receiving services from SSA can upload any form, documentation, evidence, or correspondence without traveling to a field office.\textsuperscript{27}

These changes should give SSA new and better data on how people interact with the agency over time. CX measures, such as satisfaction, offer SSA a way to examine people’s perceived experience with the services they receive from the agency. SSA is interested in studying how various service channels affect customer satisfaction for socioeconomic groups differently.\textsuperscript{28} The Board encourages SSA to examine the differences between people’s perceptions of the agency’s services and its performance metrics.

**Recommendation 2.** SSA should examine whether variation exists between people’s perceptions of the agency’s services and its performance metrics for those services by race, ethnicity, and other demographics.

**B. Evidence**

\textsuperscript{26} Kilolo Kijakazi, *Executive Personnel Assignment S7A-4*, April 22, 2022 (on file with SSAB).
\textsuperscript{27} The EO directed SSA to analyze all services that require original documentation or in-person visits for identity authentication, develop documentation upload mobile tools, remove requirements for physical signatures, where possible, and share data with other federal and state agencies to the maximum extent. *Transforming Federal CX and Service Delivery to Rebuild Trust in Government, EO 14058 § 4(k)* (December 13, 2021); White House, “*Fact Sheet: Putting the Public First: Improving CX and Service Delivery for the American People,*” December 13, 2021.
\textsuperscript{28} SSA, *FY 23 Evaluation Plan*, 4.
Bringing evidence to bear is critical to institutional learning and improving public service. In 2017, the bipartisan Commission on Evidence-Based Policymaking issued 22 recommendations on how the federal government could build a stronger evidence base supporting policy and program administration changes.29 The Foundations for Evidence-Based Policymaking Act of 2018 (“Evidence Act”) adopted many recommendations, including mandating that agencies designate chief data, evaluation, and statistical officers.30

OMB defines evidence as the body of facts or information indicating whether a proposition is valid and includes performance information, program evaluations, administrative data, statistical data, and research and analysis.31

The Evidence Act requires agencies to develop four-year learning agendas and annual evaluation plans. Learning agendas identify and prioritize strategies for answering critical policy questions relevant to the agency’s mission and operation. In June 2021, OMB stressed the need for developing a learning agenda to be more than a compliance exercise.32

Identifying key policy questions requires inter-component coordination and the engagement of diverse stakeholders outside the agency.33 At SSA, a working group representing major agency components developed strategic questions after consulting staff from advocacy groups, Congress, and OMB and reviewing 18 public comments from a Federal Register notice.34 SSA reviewed the Board’s annual research topic recommendations to the SSA Office of Research, Evaluation, and Statistics.35 The agency also used information obtained from the Board’s May 2021 public event on SSA’s public service. At that public event, advocates discussed access barriers and the effects on different

29 Commission on Evidence-Based Policymaking, The Promise of Evidence-Based Policymaking, September 2017; Evidence-Based Policymaking Commission Act of 2016, Pub. L. No. 114-140.
35 SSA, Learning Agenda, 6-13.
populations; researchers identified ways the agency could study these barriers; and OMB officials spoke about how SSA could use evidence and CX initiatives to inform more equitable administration of agency programs.\textsuperscript{36}

As required in the Evidence Act, in March 2022, SSA published its learning agenda, annual evaluation plan, and capacity assessment.\textsuperscript{37} Six of the ten priority questions in the learning agenda support the agency’s strategic goal to optimize the experience of SSA customers.\textsuperscript{38} The text box lists these questions.

In addition to the four-year learning agenda, SSA annually describes research priorities for its extramural research program, the Retirement and Disability

\begin{table}[h]
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\hline
\textbf{Select SSA Learning Agenda Priority Questions} \\
\hline
1. What are the effects of changes to our service delivery methods on the accessibility, use, efficiency, security, and equitable delivery of our services? \\
2. To what extent are DI and SSI programs equitably serving and meeting the needs, including return-to-work efforts, of the population that Congress intended these programs to serve? \\
3. What are the key factors that influence the public’s use of our online services, including the services we deliver through my Social Security, and what are the effects of methods to modify these key factors on our customers’ decisions to create my Social Security accounts and use our online services? \\
4. What are the effects of changes to our communication methods on customer satisfaction, program integrity, and administrative efficiency? \\
5. Does redesigning the Social Security Statement and providing supplemental fact sheets with customized information on Social Security’s programs improve people’s knowledge of the programs and increase the use of internet services? \\
6. Does the working-age population have accurate knowledge of the Social Security disability programs, and to what extent does the working-age population’s knowledge, attitudes, and perceptions of the Social Security disability programs influence the decision to pursue benefits? \\
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\textsuperscript{36} Recording available. SSAB, \textit{Roundtable on Social Security’s Public Service}, May 20, 2021. \\
\textsuperscript{37} SSA, \textit{Learning Agenda}; SSA, \textit{Evaluation Plan}; SSA, \textit{FYs 22-26 Capacity Assessment}. \\
\textsuperscript{38} SSA, \textit{Learning Agenda}, 3.
Research Consortium (RDRC).39 RDRC-funded projects provide SSA with research findings on the effects of its programs on the populations served by the agency and help inform policy decisions.40 The consortium also disseminates these findings and provides training to scholars on these topics.41,42

In FY 21, SSA introduced two new focal research areas: one on improving service delivery and the other on communication and outreach.43 That year, SSA funded 17 of 73 projects in these areas. In FY 22, SSA awarded 9 of 69 projects, a relative decrease from the previous FY.44 SSA acknowledges, however, that service delivery is new to the RDRC, so it may take time for researchers to establish research agendas that address it.45 In the past, external RDRC researchers would collaborate with SSA researchers to overcome the issue of accessing SSA administrative data. SSA has also stated that these partnerships became more difficult with heavy workloads and fewer SSA researchers.46 In FY 22, SSA introduced a focal area on disparities by race and ethnicity, with 36 of the 69 projects addressing this in some fashion.47

C. Equity and Support for Underserved Populations

OMB directed federal agencies to incorporate a comprehensive approach to equity in all planning. As SSA reports on CX and evidence in the budget process, the agency must align these goals with a January 2021 EO on advancing racial equity and supporting underserved populations. The EO requires OMB to submit a report on equity assessment methods and each agency to publish an equity plan.48 SSA is working with OMB to assess the

39 SSA funds the RDRC through cooperative agreements with centers at Boston College, the National Bureau of Economic Research, University of Michigan, and University of Wisconsin.
42 One of SSA’s actions in its equity plan is to increase access to its research grant programs for historically Black colleges and universities and minority-serving institutions. SSA, Equity Action Plan, February 10, 2022, 19-20.
43 SSA, RDRC Focal Area List for FY 21, 6 and 9.
45 SSA, Learning Agenda, 13.
46 SSA, Evaluation Plan, 5.
barriers that underserved communities face in accessing benefits for which they may be eligible. SSA’s assessment of its operational equity may identify burdens that vary among people entitled to benefits. A new SSA webpage compiles existing data and evidence on race and ethnicity gathered from surveys and other research.49

Underserved communities, as defined in the EO, 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, such as Black, Latino, and Indigenous and Native American persons, 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.50

In July 2021, OMB published its report examining equity assessment methods. Some tools measure ease of access to a benefit or service; others determine whether the intended impact is equitably distributed among beneficiaries; others rely on statistical methods and large-scale datasets to identify patterns of service use.51 The report also describes how administrative burdens exacerbate inequality, calling out specific burdens like the time spent on paperwork, travel to in-person visits, understanding complex programs, navigating multiple websites, and collecting documentation.52

In June 2020, the Board published a paper on local field office closures that used the conceptual framework of administrative burdens to understand trade-offs among learning, compliance, and psychological costs between the public and government.53 OMB is also using the administrative burdens framework to help agencies engage the public and reduce burdens.54 Early efforts are underway to develop a new measurement tool that agencies could add to existing surveys to measure learning and psychological costs.55

50 EO 13985 § 2.
51 OMB, Study to Identify Methods to Assess Equity: Report to the President, July 2021, 8.
52 OMB, Methods to Assess Equity, 21-24.
In SSA’s equity action plan, the agency announced that it had begun analyzing every question on the 24-page SSI application to determine which questions could be removed or revised. SSA is also developing an online version of the SSI application to tailor questions based on the applicant’s responses. The agency also discussed the need to enhance demographic data, discussed in more detail in Part Three, among other goals.\(^5\)

**Part Two: Accessing Social Security During COVID-19**

The disruption that COVID-19 caused to SSA’s service has created a unique opportunity to better understand the barriers to non-in-person service channels, the role of third-party outreach, and variations in access, quality, and perceptions among population groups. This section describes each service channel and offers preliminary insights from SSA-funded research and analyses of CX data. SSA’s RDRC portfolio is robust. As suggested below, however, there are additional research opportunities to examine how SSA’s program administration exacerbates or reduces existing disparities in its service delivery.

Technology, including cellular services and high-speed broadband internet, offers SSA an opportunity to examine ways to meet the challenges of growing workloads, employee attrition, and administrative budget constraints.\(^5\) Since some people lack access to the internet, cell phones, computers, or the capacity to use them, non-digital methods are also required.\(^5\) On par with assessing service barriers is the need to understand service channel preferences among the various populations served by the agency.

**A. Online Services and my Social Security**

SSA encourages the public to try its online services before calling or seeking an in-person appointment. SSA introduced an online portal in 2012 called *my Social Security*. Today, 65 million registered users can complete many

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\(^5\) In this paper, “phone service” refers to people calling SSA by cell phone or landline. “Online service” includes people accessing SSA on the internet, whether by computer or cell phone.
transactions online, such as accessing their Social Security Statement, reviewing their earnings history, applying for retirement, DI, or Medicare benefits, changing their address, or printing proof of benefits. Most my Social Security users, but not all, can replace their Social Security card – the number one reason people visit field offices. Only in limited circumstances can someone submit information about their SSI eligibility online. SSA recently created an online process where anyone with access to the internet can request an appointment and submit their intent to file for SSI. SSA employees then call applicants to schedule appointments in person or over the phone.

Since SSA created my Social Security a decade ago, the share of adults who report using the internet has increased. In 2012, over 83 percent of adults were online, and 65 percent said they used a home broadband connection. Today, 93 percent use the internet, but the reported home broadband use has increased only to 77 percent, despite substantial investments to expand broadband access over the last decade and a half. Broadband access is limited in rural areas and Tribal reservations.

Broadband cost also remains a barrier to adoption by low-income households. Those with higher household incomes are most likely to have broadband at home. During COVID-19, Congress established the Affordable Connectivity Program, which provides a discount of 30 dollars per month to eligible

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59 SSA, Learning Agenda, February 2022, 12.
60 People in Alaska, New Hampshire, Oklahoma, West Virginia, and any US territory cannot do so online. SSA, “Request a Replacement SSN Card Online,” last accessed March 2022.
62 SSI claimants can file online only if they are also filing for DI; are between ages 18 and 65; have never been married; have never previously applied for SSI; are a US citizen; and currently reside in one of the fifty states, DC, or the Northern Mariana Islands. SSA, Apply Online for Disability Benefits, September 2020.
64 Pew Research Center, “Internet/Broadband Fact Sheet,” April 7, 2021.
66 FCC, Fourteenth Broadband Deployment Report, FCC 21-18, January 2021; Brian Howard and Traci Morris, Internet Service on Tribal Lands, American Indian Policy Institute, Fall 2019.
households and 75 dollars for those households on qualifying Tribal lands. Any household with someone receiving SSI is eligible.\textsuperscript{68}

In FY 21, SSA funded two RDRC studies that examined who used the agency’s online services. One administered a survey on whether people claim OASI entirely online.\textsuperscript{69} Another mixed-methods study examined the perceived and actual barriers to using \textit{my Social Security}.\textsuperscript{70} Findings reveal opportunities for SSA to enhance user engagement by expanding user support tools and further educating the public on the usefulness and security of the agency’s online tools. An FY 22 SSA-funded RDRC study assesses whether access to broadband affects DI award rates.\textsuperscript{71} These studies could provide SSA a better understanding of who has limited access to digital services, particularly among people with disabilities, and inform resource allocation decisions to ensure service is available through other means. It would also enable the agency to discern where the expansion of digital access would be most fruitful.

\textbf{Recommendation 3.} SSA should examine the extent to which online \textit{my Social Security} use is prevalent among populations with lower levels of internet literacy, education, and other barriers to digital access and use this research to simplify online procedures to broaden access and usage of \textit{my Social Security}.

OMB’s HISP analysis suggests that personalized assistance positively influences satisfaction scores across all channels.\textsuperscript{72} To access customized services online, users must successfully register and authenticate their identity on the agency’s portal, \textit{my Social Security}. Until recently, most people verified their identity by answering personal questions generated from their credit reports. However, data stolen in breaches make knowledge-based verification more vulnerable to fraud.\textsuperscript{73} Most agencies now use methods that rely on

\begin{footnotesize}
\textsuperscript{68} Alejandro Roark, “\textit{Affordable Connectivity Program Can Help SSI Recipients Get Internet Access},” \textit{Social Security Matters}, March 28, 2022.
\textsuperscript{71} The researchers intend to examine the relationship with application rates if SSA makes the data available. Barbara Butrica and Jonathan Schwabish, “\textit{Does Broadband Access Affect DI Award Rates?}” Center for Retirement Research at Boston College, Working Paper 22-05, forthcoming.
\textsuperscript{72} Angelo Frigo, “\textit{What We Have Learned from Customers in FY 20},” Performance.gov, January 2021.
\end{footnotesize}
cellular devices for remote proofing, limiting access. In the subsection on mail services, we recognize that alternative identity authentication measures completed through the mail may impose additional burdens on customers. As SSA assesses the public’s preferences and needs for online services, the agency will need to consider barriers to people proving who they are.

**Recommendation 4**: SSA should evaluate the burdens people experience when accessing and using its identity verification methods, whether online using cellular technology, in-person visiting an office, over the phone, or mailing sensitive documents.

**B. In-Person Field Office Service**

In FY 19, on average, over 174,000 people visited one of SSA’s 1,193 field offices each day. On March 17, 2020, SSA limited in-person service to appointment-only for issues unable to be addressed by phone. These situations, deemed dire need, included people who lack food, shelter, utilities, or medical care. SSA staff called and prescreened customers to verify they needed a visit to ensure that their time in the office was brief.

As noted in the Board’s June 2020 paper, in the regions where they happen, local closures reduce applications for disability benefits, disproportionately discouraging people with limited income and education levels, especially those who would have been awarded benefits had they applied. Increased wait times in nearby offices caused half of the drop in applications. Although field office closures reduce benefit accessibility locally, SSA could use available funds to enhance public service by other means.

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74 Agencies use accredited third-party providers by comparing photos of someone’s physical identification with that on file and by querying cell phone carriers to confirm the person possesses a specific phone and number. *GAO-19-288*, 4.
78 Congestion explained 43 percent of the decline in awards (versus 54 percent for applicants). Deshpande and Li, “Who Is Screened Out?,” 240.
Now that field offices reopened, a similar analysis is needed to understand the impact of a substantial nationwide reduction of in-person services and the subsequent effect of SSA’s resumption of in-person services. SSA plans to build on this research by examining the distributional consequences of limited in-person service. SSA will examine the findings by geographic location, race and ethnicity, demographic, and other socioeconomic characteristics.

C. 800 Number and Field Office Phone Service

SSA provides phone service predominately through the agency’s national 800 number and its network of local field offices. The 800 number provides live support during set business hours and automated information 24 hours a day. SSA’s Office of Inspector General (OIG) analyzed and published SSA’s FY 20 performance management information.

In March 2020, call center employees transitioned to remote work, and SSA reduced the 800 number hours from 7 am to 7 pm to 8 am to 5:30 pm local time. Table 1 shows the busy rate and average wait time in March 2020 at the start of the pandemic. Busy rates and wait times were higher for the 800 number than for field offices. In June 2020, SSA published the direct numbers for its field offices. Calls to field offices increased from an average of 4.6 million calls per month between October 2019 and March 2020 to 7.5 million calls per month between April and September 2020.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Busy</th>
<th>Wait</th>
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</thead>
<tbody>
<tr>
<td>800</td>
<td>15.3%</td>
<td>23.6 min</td>
</tr>
<tr>
<td>FO</td>
<td>3.5%</td>
<td>2.7 min</td>
</tr>
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Table 1. March 2020 Phone Service

80 SSA, Learning Agenda, 6.
81 OIG obtained performance data for FY 20 and compared the periods from October 2019 to March 2020, April 2020 to September 2020, and to March 2021. In general, call volumes are normally higher October through February, peaking in January because callers inquire about changing Medicare premiums or applying for retirement benefits. SSA does not publish the monthly 800 number busy rate, or the field office wait time. SSA, OIG, SSA’s Telephone Service Performance, A-05-20-50999, November 29, 2021.
83 OIG A-05-20-50999, 3.
SSA reduced the 800 number busy rate to nearly zero percent a year later by extending the number of callers able to wait on hold. By March 2021, Table 2 shows that the average wait time for the 800 number had dropped 10 minutes from the previous year.\(^8^4\) As a result, however, field offices were handling three times as many calls as they did pre-COVID-19.\(^8^5\)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Busy</th>
<th>Wait</th>
</tr>
</thead>
<tbody>
<tr>
<td>800</td>
<td>0.0%</td>
<td>13.6 min</td>
</tr>
<tr>
<td>FO</td>
<td>3.8%</td>
<td>3.0 min</td>
</tr>
</tbody>
</table>

The performance of SSA’s phone systems has waned in recent months. In a November 2021 Board meeting, field office managers reported that shifting calls to local offices negatively impacted their productivity. From September 2021 to February 2022, the 800 number busy rate increased from 0 to 10 percent, and the average wait time increased by 30 percent.\(^8^6\) Field office busy rates increased from nearly 8 percent to over 12 percent.\(^8^7\)

In FY 20, SSA awarded a contract to merge the 800 number, field office network, and headquarters phone systems into one enterprise contact center, providing streamlined menus with automated actions.\(^8^8\) As SSA has implemented this system, in March 2022, SSA began experiencing telephone system issues, leading to people receiving busy signals and being disconnected when calling SSA. In these cases, SSA advises people not to call back immediately but instead consider calling when it is less busy such as later in the week.\(^8^9\) SSA recently set one of its three 24-month agency priority goals to improve the national 800 number service by reducing the average speed of answers to less than 12 minutes.\(^9^0\)

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\(^{8^4}\) [OIG A-05-20-50999](#), Table E-1 and E-2; SSA, “SSA Monthly Data for FO Telephone Service: National Answer and Busy Rates”; SSA, “SSA Monthly Data for National 800 Number Network: Call Volume and Agent Busy Rate.”

\(^{8^5}\) Grace Kim, “Statement for the Record to Senate Finance Committee,” April 29, 2021, 8.

\(^{8^6}\) SSA, “SSA Monthly Data for National 800 Number Network: Call Volume and Agent Busy Rate.”

\(^{8^7}\) SSA, “SSA Monthly Data for FO Telephone Service: National Answer and Busy Rates.”


D. Video Services

Before changing operations due to COVID-19, administrative law judges conducted nearly a third of hearings over video. SSA used videoconferencing at its facilities and selected third-party locations, such as senior centers or libraries. SSA suspended video hearings on March 17, 2020, because they required SSA employees and claimants to travel and visit a facility.

In the interim, SSA offered claimants hearings by phone. Between March and October 2020, ten percent of claimants declined phone hearings and opted to postpone their hearing until SSA resumed in-person hearings. In December 2020, SSA introduced a new video option that allows claimants and their representatives to participate remotely from anywhere they can access a camera-enabled phone, tablet, or computer.

SSA is expanding its remote video option to other workloads. In 100 field offices with the highest enumeration workloads, SSA piloted a video option to review documentation remotely for certain SSN replacement cards. SSA is rolling out this option nationally after promising initial results. SSA also introduced a video option for state protection and advocacy agencies to conduct reviews of representative payees when state and local conditions are not conducive to in-person visits.

Recommendation 5. Before the agency implements changes in service delivery, such as expanding video services, SSA should ensure it has collected the appropriate data to evaluate whether the service change affects how different people access and use its services.

E. Mail Services

Some SSA services, such as applications for new or replacement Social Security cards, requires sending forms and sensitive documentation to the agency by mail. Since COVID-19, the number of paper documents SSA scans

91 In FY 20, Administrative Law Judges conducted an average of 31.06 percent of hearings by video. SSA, “Hearings Held In-Person or Via Video Conferencing Report: FY 20,” last accessed July 14, 2022.
92 GAO-21-341, 34.
94 SSA, Capacity Assessment, February 2022, 8.
95 SSA, FY 22 Congressional Justification, May 2021, 118, 168.
and uploads has increased tenfold, from about 150,000 to about 1.5 million as of April 2021. Following public attention in the press and Congress, Social Security’s OIG found that SSA lacked comprehensive procedures for processing incoming mail and tracking and returning original documents, such as driver’s licenses, birth certificates, passports, and naturalization documents. Some offices had backlogs that involved original documents and large quantities of undeliverable mail.

OIG found that one out of five field office managers stated they could not keep up with mail workloads. SSA ultimately directed employees to stop encouraging people to send sensitive documents through the mail, suggesting the public submit certified copies of primary documents, mail less sensitive secondary documents, or use the agency’s expanded drop boxes. The agency also developed a mail processing plan in August 2021 that outlines policies and business processes that SSA plans to update.

F. Direct and Third-Party Outreach

SSA has partnered with the General Service Administration’s Office of Evaluation Sciences to conduct field experiments on how people respond to information delivered by mail. One randomized study tested mailers to SSI recipients and whether receiving information about overpayments changed their reporting behavior. Outreach reduced SSI overpayments by nearly six dollars per dollar spent by SSA. Another randomized experiment found that letters to potentially eligible SSI recipients generated a substantial increase in

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102 SSA’s collaboration with the Office of Evaluation Sciences provides an opportunity for the agency to leverage independent resources to devise and test other potential “nudges” to improve outreach and assistance, where possible.
applications and a modest increase in awards compared to non-recipients of letters.104

SSA began a new mailer campaign during COVID-19 to address the declining SSI applications. The agency identified 1.4 million people already receiving OASI or DI who were potentially eligible for SSI. Between December 2020 and January 2022, SSA sent 665,000 mailers encouraging the beneficiaries to apply for SSI. SSA plans to send the remaining 735,000 by December 2022. The notices alert them to dedicated application assistance staffed by SSA employees specializing in SSI eligibility and applications.105

To ease COVID-19-related barriers to accessing SSA’s services, the agency began a national outreach campaign in March 2021 to reach people potentially eligible for SSI and DI. For example, SSA partnered with more than 3,000 community- and faith-based organizations and 650 field office vulnerable population liaisons, leading to 1,743 SSI applications that SSA might not have obtained otherwise.106 SSA added new online informational pages and rolled out an advertising campaign emphasizing payments for children with disabilities. The agency targeted people experiencing homelessness, those with limited English proficiency, and those experiencing mental illness.107 As SSA continues to expand outreach to underserved populations, the Board encourages SSA to focus on evaluating the effectiveness of the varying communication channels. Considerations could include the different types of community partners, the characteristics and barriers to productive partnerships, and the efficacy of the vulnerable population liaisons.

Recommendation 6. SSA should further study its outreach options and compare the effectiveness of direct mail to other types, such as outreach through ads or in person.

Part Three: Opportunities

105 SSA, FY 23 Congressional Justification, March 2022, 155.
106 SSA, Equity Action Plan, 5.
SSA plans to measure whether the intended impact of its services is equitably distributed among the public. These analyses may identify variation in customer experiences and outcomes by socioeconomic characteristics and geographic factors. This evidence will help SSA determine where and how to dedicate resources to improve equitable access and quality of its services. Allowing public access to these analyses would enhance transparency and provide opportunities for stakeholder input.

A. Sociodemographic Administrative Data Linkages

Assessing whether Social Security provides services equitably is difficult when the agency does not comprehensively collect or publish program data by race, ethnicity, and other population characteristics that correlate with underserved populations. Historically, SSA collected race data to help identify people. Then, when people applied for a Social Security number (SSN), often when they got their first job, SSA directed them to select their race as “white, negro, or other.” Now, nearly all numbers are assigned as part of new enumeration procedures at birth and entry. SSA does not receive any information on race and ethnicity from hospital and immigration records.

SSA’s data collection on race and ethnicity has been restricted to statistical and research purposes because it is not essential to administering its programs. In 1980, SSA clarified that providing one’s race and ethnicity was voluntary. After that, response rates dropped. As a result, SSA stopped publishing administrative data by race on SSI in 2002, OASI and DI in 2009, and altogether in 2011. Now, SSA has race and ethnicity data for just under 60 percent of the living population with SSNs. However, SSA is trying to increase voluntary collection. In November 2021, the agency updated the SSN application card instructions and provided guidance to employees encouraging the voluntary provision of race and ethnicity designation.

SSA is also expanding data exchange efforts to match administrative and survey data. The agency has linked data to surveys from the Census

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Bureau, Bureau of Labor Statistics, and the University of Michigan. SSA also recently completed an agreement with the Census Bureau to link its program data to the American Community Survey data for statistical purposes. In the near term, SSA will publish 12 tables in the Annual Statistical Supplement by race and ethnicity where there is more complete data.

In July 2021, the Board submitted a public comment to the Federal Register noting that OMB could facilitate federal partnerships with Social Security that lead to collecting and releasing publicly available data on race and ethnicity. In April 2022, a working group issued a report recommending OMB update its standards for federal data on race and ethnicity. The group also recommended that statistical agencies explore creating multiyear datasets for surveys that will allow publishing estimates for smaller populations, such as individual LGBTQ+ communities and smaller racial and ethnic groups, where increases in sample sizes are insufficient.

Data by race, ethnicity, gender, disability, income, veteran status, and other key demographic variables would help SSA evaluate differential access to and delivery of its services – that is, have less access, receive poorer service, or experience more administrative burdens when engaging with the agency. OMB acknowledges that there are different equity tools depending on the target. Measuring equitable service delivery requires a comparison standard – either measures of need among the public or performance by other government agencies with similar caseloads and applicant diversity.

**Recommendation 7.** SSA should examine the share of service variations across socioeconomic groups that cannot be associated with observable applicant and case characteristics.

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114 SSA funds or supports the American Community Survey, Current Population Survey, Survey of Income and Program Participation, and Household Pulse Survey (Census Bureau); Health and Retirement Study (University of Michigan); and Understanding America Study (University of Southern California).
119 OMB, *Study to Identify Methods to Assess Equity: Report to the President*, July 2021.
B. Conclusion

The Board has appreciated the opportunities to help inform SSA’s priority research questions through the May 2021 roundtable and the Board’s annual responses to agency requests for research topics. In this paper, the Board continues to emphasize the importance of research on how changes to service delivery impact the public. Analyses should address disparities across various socioeconomic, regional, and population characteristics to ensure equity and accessibility to Social Security services.

The Board hopes SSA’s cross-government collaboration will improve how the agency identifies, collects, and uses sociodemographic data to assess the prevalence of service disparities across various population groups. Consistent with the Board’s statutory function to make recommendations about the quality of SSA’s service to the public, the Board reiterates the importance of public engagement as a driver for collecting and using evidence to evaluate service access. The Board stands ready to provide its independent and bipartisan perspectives on the service initiatives under consideration by SSA.

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Appendix A – Board Recommendations to SSA

**Recommendation 1.** SSA should evaluate the quality and accessibility of its services by service channel and across an array of socioeconomic, regional, and other population characteristics and make these data and findings publicly available.

**Recommendation 2.** SSA should examine whether variation exists between people’s perceptions of the agency’s services and its performance metrics for those services by race, ethnicity, and other demographics.

**Recommendation 3.** SSA should examine 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 and use this research to simplify online procedures to broaden access and usage of my Social Security.

**Recommendation 4:** SSA should evaluate the burdens people experience when accessing and using its identity verification methods, whether online using cellular technology, in-person visiting an office, over the phone, or mailing sensitive documents.

**Recommendation 5.** Before the agency implements changes in service delivery, such as expanding video services, SSA should ensure it has collected the appropriate data to evaluate whether the service change affects how different people access and use its services.

**Recommendation 6.** SSA should further study its outreach options and compare the effectiveness of direct mail to other types, such as outreach through ads or in person.

**Recommendation 7.** SSA should examine the share of service variations across socioeconomic groups that cannot be associated with observable applicant and case characteristics.
Acknowledgments

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