Determinants of the Use of Supplemental Security Income and Social Security Disability Insurance by American Indians and Alaska Natives

Randall Akee[1] (UCLA and NBER) and Emilia Simeonova (Johns Hopkins University and NBER)

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American Indian and Alaska Natives participate in SSI at about twice the rate of the general population, and they have the highest rate of disability among working age adults (1). Despite persistent poverty and strong evidence of actual and perceived discrimination, little is known about how these populations experience the social safety net. The interaction between health, public health insurance eligibility and generosity, and participation in social insurance programs is not well understood in this population. For example, Burns and Dague (2017) show that state Medicaid expansions reduced participation in SSI, possibly because expanding eligibility ensured that individuals could access public insurance without qualifying for a disability. The recent experience with COVID, and in particular long COVID, has rekindled the public debate around the interaction of various social safety net programs and their success in addressing the short-and long-run impact of the pandemic on socially vulnerable populations. American Indians have experienced the highest COVID-related mortality rate in the US; more than twice as likely to die of COVID than non-Hispanic White people (CDC, 2021). In recent work we have shown that American Indians who qualified for Medicaid in New York state were less likely to utilize outpatient care and more likely to be hospitalized than whites of similar economic means. Further, AIAN COVID-related mortality was higher (3).

This project will use 22 years of Medicaid data to examine the determinants and trends in utilization of SSI and SSDI among Medicare-eligible individuals of AIAN race. We are particularly interested in the period after 2020 (data years 2020 and 2021), which will allow us to analyze the transition into SSI and SSDI for those who received a COVID diagnosis. We have access to the Medicaid demographic and utilization files (MAX and TAFR) from 1999 to 2018 for all Native Americans and one-in-five non-Native individuals. We will update the data to the latest available (currently 2021). In addition to AIAN status, as indicated in the Medicaid demographic files, we have information on the health care providers, and have obtained a list of NPIs (National Provider Identifiers) who work with the Indian Health Service. A particularly interesting angle is to examine whether and how Medicaid, SSI and SSDI utilization may differ for patients who are treated by these providers who cater specifically to the AIAN population.

[1] link to CV here: https://luskin.ucla.edu/wp-content/uploads/2020/11/Akee-CV-110520-Small.pdf)

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