An Overview of American Indians and Alaska Natives in the Context of Social Security and Supplemental Security Income

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This article examines the economic security of the American Indian and Alaska Native (AIAN) population by exploring AIAN receipt of Social Security benefits and Supplemental Security Income (SSI). This analysis uses data from the 2005–2009 American Community Survey Public Use Microdata Sample, which provides a larger AIAN sample size than many other sources, thereby enabling more reliable estimates. We find that adult AIANs are less likely to receive Social Security benefits and more likely to receive SSI than are adults in the total population. In both programs, median benefit amounts are lower for AIAN recipients than for recipients in the total population.

Introduction

Members of the American Indian and Alaska Native (AIAN) population face substantial economic disadvantages, making them a critical target for social insurance programs. Understanding how they use Old-Age, Survivors, and Disability Insurance (OASDI) and Supplemental Security Income (SSI) benefits illuminates the role these programs play in supporting vulnerable populations.[1] This article provides an overview of the AIAN population's characteristics and use of these programs.

Social policy literature often fails to address the AIAN population. One of the foremost reasons for this research deficit is the group's small sample size in many surveys, which creates a variety of analytical challenges.[2] To address this concern, we use the combined 2005–2009 estimates from the American Community Survey (ACS) Public Use Microdata Sample (PUMS) to analyze the characteristics of the AIAN population and investigate patterns of OASDI and SSI benefit receipt. The ACS generally oversamples AIANs, making the estimates more reliable and reflective of the true population values for this group (Census Bureau 2006). The 2005–2009 PUMS file we use includes more than 150,000 person records for individuals aged 18 or older who self-identify as American Indian or Alaska Native.

This article proceeds in four parts. First, we describe our data and the methodology for outlining the adult AIAN population in the context of OASDI and SSI.[3] Second, we summarize the socioeconomic characteristics of AIANs, and focus on those that may influence benefit eligibility and receipt. Third, we present statistics on the percentage of AIANs receiving OASDI and SSI and the average benefit amounts,

Selected Abbreviations

ACS	American Community Survey
AIAN	American Indian and Alaska Native
OASDI	Old-Age, Survivors, and Disability Insurance
PUMS	Public Use Microdata Sample
SSA	Social Security Administration
SSI	Supplemental Security Income

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all compared with the total US population. Finally, we conclude with a discussion of the practical implications of the findings and the need for future research.

Our analysis of the 2005–2009 PUMS indicates that, on average, the AIAN population is younger, less likely to be married, less well educated, less wealthy, in poorer health, and more geographically isolated than the general population. A smaller share of adult AIANs receives OASDI benefits and a higher share receives SSI benefits. Among recipients, median benefit amounts under both programs are lower for the AIAN population than for the total population.

Data and Methods

This article uses data from the 2005–2009 PUMS to provide insight into the AIAN population. The Census Bureau, which developed the ACS to replace the long form of the decennial census, randomly selects around 3.5 million addresses annually to participate in the ACS (Census Bureau 2011d). The PUMS enables the researcher to segment data by various demographic characteristics and to analyze multiple socioeconomic characteristics.

This overview uses the 5-year estimates rather than the single-year or 3-year estimates the ACS also provides. We employ the 2005–2009 PUMS because of the relatively small sample size of AIANs and the context of our analysis, which focuses more on precision than currency. The Census Bureau's guide for PUMS data users affirms that these rationales make the 5-year estimates more appropriate (Census Bureau 2011c). We tabulate a total of 11,376,591 records for persons aged 18 or older from the 5-year PUMS used in this analysis. The file includes the responses for the 2005, 2006, 2007, 2008, and 2009 surveys; no household address appears in multiple samples over that period (Census Bureau 2010). Data on disability status are available only from the 2009 PUMS.

In our analysis, AIAN refers to ACS respondents who identified their race as "American Indian and Alaska Native alone or in combination with one or more other races" (Census Bureau 2011a).[4] The inclusion of AIANs in combination with other races is important because multiracial backgrounds are common among this population. In the 2009 ACS, one-half of the respondents who specified their race as AIAN reported more than one racial identity. The focus of previous AIAN research has varied between multiracial and AIAN-alone groups, with the determination generally based on the study's particular aims.

Another important distinction for analyzing the AIAN population is whether the individuals live in reservation communities.[5] We do not distinguish the AIAN population by place of residence. We use as broad an AIAN definition as possible because this article is intended as a general overview of the population.[6]

All tables show descriptive statistics of the population, or subsets therein. Any discussion in the text referring to the overall population or the AIAN population refers specifically to adults (aged 18 or older) unless otherwise noted. We restrict our overview to the adult AIAN population because any analysis that focuses on Social Security will be difficult to interpret if minor child beneficiaries are present as well as adult beneficiaries. Social Security child benefits generally stop at age 18.[7] OASDI benefit receipt is indicated if the respondent reports a positive amount for any income from Social Security in the past 12 months (the 5-year PUMS data set does not allow us to differentiate retirement, survivor, and disability benefits).[8] SSI receipt is likewise indicated by such a response. All benefit statistics are self-reported.

All wage, Social Security income, and SSI values are in 2009 dollars, adjusted using the ADJINC variable in the 2005–2009 PUMS. The PUMS data have been weighted and statistically tested using design factors. Unless otherwise indicated, all demographic and economic comparisons between the AIAN population and the overall population, including Social Security beneficiaries and SSI recipients, are statistically significant at the 90 percent confidence level or better.

Characteristics of the AIAN Population

Table 1 provides an overview of various demographic, social, economic, and other characteristics of the adult AIAN population and compares them with those of the overall population. The analysis includes data from the PUMS along with supporting information from relevant prior literature to provide a broader context for some of the patterns seen in the PUMS data. However, a full causal exploration of any of these characteristics falls outside this article's scope.

Age

AIANs are younger than the total population on average. The median age for AIANs is 42 years, compared with 45 overall. Sixty-two is the earliest age at which an individual can receive Social Security retirement benefits; 14.0 percent of the adult AIAN population is

aged 62 or older, while the comparable figure for the total population is 20.3 percent.

A variety of factors contribute to the differences in the age distribution between the AIAN and the total populations, but one that is especially relevant in the context of Social Security is the AIAN population's higher incidence of health risk factors that shorten life, such as alcoholism, diabetes, and homicide (IHS 2011). As of 2008, the age-adjusted years of potential life lost before age 75 for the AIAN population was 8,151.6 per 100,000 persons, compared with 6,952.8 for the total population (CDC 2011).[9]

Marital Status

The share of people who are married is smaller among AIANs than in the general population, 42.2 percent versus 53.1 percent. Similarly, the shares of the AIAN population who are divorced or never married are higher than those of the total population. Particularly notable are the never-married shares: 33.4 percent for the AIAN population versus 26.9 percent overall.

Earlier studies highlight a number of elements correlated with "ever marrying" that may explain the marital patterns we see in the PUMS data. One of the foremost

Table 1.
Selected characteristics of AIAN and total populations aged 18 or older, 2005–2009

Characteristic	AIAN population	Total population (including AIAN)
Age		
Median age	42	45
Percentage aged 62 or older	14.0	20.3
Marital status (%)		
Married	42.2	53.1
Widowed	5.7	6.6
Divorced	15.1	11.0
Separated	3.5	2.3
Never married	33.4	26.9
Educational attainment (%)		
Less than high school	21.1	15.6
High school graduate	31.1	29.7
Some college or associate's degree	33.8	29.6
Bachelor's degree	9.2	16.2
Master's degree	3.4	6.2
Professional school degree	0.8	1.7
Doctorate	0.6	1.0
Median wage income ($)		
Overall	7,996	13,189
Among those having positive wage income	22,475	30,234
Income relative to poverty level [a] (%)		
Less than 50 percent of threshold	8.6	5.1
Less than 100 percent of threshold	20.1	11.8
Less than 150 percent of threshold	32.2	20.0
Disability status (%)		
With disability	23.8	15.3
Without disability	76.2	84.7
Region (%)		
Northeast	8.5	18.6
Midwest	17.6	22.1
South	33.1	36.5
West	40.9	22.8

SOURCE: Authors' calculations using 2005–2009 PUMS. The disabled category uses the 2009 PUMS.

NOTE: Rounded components of percentage distributions do not necessarily sum to 100.

a. Poverty statistics omit institutionalized individuals and those living in group quarters such as military bases and college dormitories.

factors is age, as the adult AIAN population is younger on average. However, other factors that may be relevant to the AIAN group are health and economic status. The direction of correlation between marriage and each of those two factors likely runs both ways, as healthier and wealthier individuals have higher probabilities of ever marrying, and those who are married tend to be in better health and have more wealth (Tamborini 2007). The correlation suggesting a selection bias in marriage may be a factor in the higher never-married share of the AIAN population, as AIANs experience lower physical and economic well-being than the total population.[10]

Educational Attainment

The AIAN population in the 2005–2009 PUMS is also less educated than the total population. Around 21 percent of AIANs do not have a high school diploma, while 15.6 percent of the total population falls into this category. Moreover, roughly 14 percent of AIANs received a bachelor's degree or higher, compared with around 25 percent of the total population.

DeVoe and Darling-Churchill (2008) identify the primary risk factors associated with poor educational outcomes as "living in a single-parent family, living in poverty, having a mother who has less than a high school education, and having parents whose primary language is a language other than English."[11] The first three of these factors are more prevalent among the AIAN population than the total population and may help explain some of the educational disparities seen in the PUMS data.

Economic Status

Some of the largest differences between the AIAN group and the total population appear in their relative economic status. To analyze economic well-being, we present PUMS data on wage income and poverty.[12]

Median wage income for adult AIANs is much lower than for the total population. Restricted to those with positive wage income in the preceding year, the 50th percentile earnings for AIANs is $22,475, compared with $30,234 for the general population.

Poverty in PUMS is consistent with the wage disparity, as 20.1 percent of AIANs fall below the poverty level, compared with 11.8 percent for the total population (note this is not the official poverty rate).[13] Poverty is heavily concentrated in some AIAN communities; Miller (2008) notes that each year, "at least four of the ten poorest counties in the U.S. are located on Indian reservations."

Looking specifically at single-ancestry AIAN men, Hurst (1997) finds that nearly all of the earnings differential between this group and the non-AIAN population can be explained by their human capital characteristics and geography. Lower human capital among the AIAN population is directly reflective of the type of educational differences cited earlier along with the well-established positive relationship between education and earnings. However, even with greater levels of human capital, the AIAN population would still face economic barriers based on their location. AIANs are more likely to live in isolated rural locations with fewer employment opportunities, particularly in more advanced economic sectors. Poverty tends to be highest in rural counties for all racial and ethnic groups (Jolliffe 2004). Geography is addressed in detail later in this article.

Disability

In addition to the economic disparities highlighted above, AIANs also have poorer health than the overall population. As the 2005–2009 PUMS does not include disability data in person records, we use the single-year 2009 estimates for disability. The ACS defines a "disability" as "a long-lasting physical, mental, or emotional condition" that "can make it difficult for a person to do activities such as walking…or to work at a job or business." By this definition, almost one-fourth (23.8 percent) of AIANs are disabled. The comparable figure for the total population is 15.3 percent. Because the ACS definition of disability is not the same as Social Security's definition, those values do not represent Social Security disability benefit eligibility or receipt rates.[14]

Other research has highlighted the prevalence of particular maladies and risk factors among the AIAN population. Barnes, Adams, and Powell-Griner (2010) find higher diabetes and heart disease rates for the AIAN population than for all other racial and ethnic groups studied, which may in part stem from this group also having higher rates of smoking and obesity. However, beyond behaviors that pose health risks, AIANs also face structural impediments to well-being, particularly if they live on reservations. The Centers for Disease Control and Prevention's Office of Minority Health and Health Disparities lists "cultural barriers, geographic isolation, inadequate sewage disposal, and low income" as some of the issues that prevent this population from receiving what they term as "quality medical care" (CDC 2012).

Geography

Compared with the overall US population, the AIAN population is more heavily concentrated in the western region. About 41 percent of the AIAN population lives in the West, which the Census Bureau defines as comprising Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming. Comparatively, 22.8 percent of the overall population lives in the West.

The reasons for these geographic characteristics are primarily historical. US policy created the reservation system that forced many American Indians onto rural, isolated Western lands (Sandefur 1986). For Alaska Natives, higher residency rates in Alaska are unsurprising; but even there, US policies have substantially influenced settlement patterns.

OASDI and SSI Benefit Receipt Among the AIAN Population

Many of the characteristics described above can influence the way the AIAN population uses OASDI and SSI. Some of these interactions are obvious. For example, greater prevalence of disabilities that meet Social Security eligibility requirements will generally result in higher receipt of OASDI and SSI disability benefits. Other interactions are not as apparent, but are still significant. For instance, lower earnings among AIANs not only produce an immediate economic effect, they also lower future benefits based on those earnings. Beyond earnings, sociodemographic characteristics can also play a role. The AIAN population's lower rates of marriage decrease eligibility for Social Security spousal and survivor benefits, which could offer access to higher benefits than a recipient's own earnings record provides.

Even geography may play a role in benefit receipt, through its practical effect on physical access to government services. Researchers have long identified geography as a potential barrier to government services for AIANs: "Because many of these citizens live in remote areas under cultural conditions that are far removed from the contemporary American scene, they often require assistance and service that is beyond the scope of most of the Social Security Administration district offices" (Hamilton 1969). The limited existence and maintenance of adequate infrastructure on (and leading to) Indian reservations often serves as an additional barrier for remote reservation communities.[15]

The rest of the article describes the patterns of benefit receipt that may stem, at least in part, from these types of characteristics. In Table 2, we examine Social Security benefit receipt among the AIAN and total populations and the economic characteristics of those who report receiving OASDI benefits. Table 3 presents the same data for SSI payments. Both tables also include results for individuals aged 65 or older to highlight the characteristics of aged beneficiaries.

OASDI

A smaller share of AIANs reported receiving Social Security income in the previous 12 months than did so from the total population, 15.4 percent compared with 18.9 percent (Table 2). A similar, but slightly smaller, disparity exists among those aged 65 or older, as 86.6 percent of AIANs report receiving Social Security benefits, compared with 88.4 percent of the total population. One likely explanation for this pattern is that fewer AIANs qualify for Social Security benefits because their work records are insufficient to insure them under the program.[16]

Among those who report being disabled, the share of the AIAN group that receives Social Security benefits is far lower than that for the total population. Among disabled adult AIANs, 37.9 percent are Social Security beneficiaries, compared with 52.1 percent of the total population.[17]

Turning to marital status, which plays a role in eligibility for some Social Security benefits, the most noticeable difference between the AIAN and overall populations is among the widowed. Around 66 percent of widowed AIANs report receiving Social Security benefits, compared with 75.9 percent of the total population.[18] This result likely reflects the higher share of the AIAN widow population that is younger than age 60, which is the earliest age at which a nondisabled widow or widower can receive survivor benefits. Slightly over 26 percent of AIAN widows are younger than age 60. By comparison, around 15 percent of widows in the total adult population are younger than age 60 (not shown in table). Among widows aged 62 or older, the rates of OASDI receipt are nearly identical for the AIAN and total populations (also not shown).

Average benefit amounts among Social Security beneficiaries are lower for the AIAN population than for the total population. The 50th percentile (median) value among those reporting Social Security benefit

income in the preceding 12 months is $9,467 for AIAN adults, compared with $10,834 overall. A similar pattern is seen at both the 25th and 75th percentiles.

Poverty among adult Social Security beneficiaries is also more prevalent in the AIAN population than in the total population. About 20 percent of AIAN Social Security beneficiaries have income below the poverty threshold, while for all beneficiaries the figure is 10.6 percent. This divergence likely reflects the AIAN population's greater tendency to lack other resources. It may also reflect the continued effects of lower lifetime earnings, which reduce Social Security benefits despite a progressive benefit formula that replaces a higher share of income for low lifetime earners.[19]

Similar patterns emerge among aged OASDI beneficiaries aged 65 or older. The 25th, 50th, and 75th percentile OASDI benefit amounts are lower for AIANs than for the total population. In addition, poverty rates are higher among AIAN beneficiaries than the total population of beneficiaries in that age range. The magnitudes of the differences are consistent with those seen for all adult beneficiaries.

SSI

SSI receipt among AIANs is substantially higher than in the total population (Table 3). Five percent of adult AIANs received SSI payments, around double the rate for the total adult population.

Looking at the age group in which one is eligible to receive SSI payments based on age (65 or older), 8.6 percent of the AIAN group received SSI, compared with 4.2 percent of the total population. The resource limits for SSI aged recipients are strict ($2,000 for an individual in 2011) (SSA 2012d). The AIAN population's higher rate of SSI receipt is consistent with their relative economic vulnerability.

SSI receipt among those who are disabled is higher for the AIAN population than for the total population. Among adults categorized as disabled in the 2009 PUMS, almost one-fifth (18.8 percent) of the AIAN group are SSI recipients compared with about one in seven (13.9 percent) overall.

Regardless of marital status, the difference in SSI receipt rates is consistent between the AIAN and total

Table 2.
Social Security benefit receipt among the AIAN and total populations aged 18 or older, 2005–2009

Characteristic	AIAN population	Total population (including AIAN)
	Percentage who receive benefits	
Overall	15.4	18.9
Aged 65 or older	86.6	88.4
Disabled	37.9	52.1
Married	15.4	18.7
Widowed	65.6	75.9
Divorced	19.5	19.8
Separated	12.5	12.3
Never married	5.3	5.4
	Average annual benefit amounts (in dollars)	
Among all adult beneficiaries		
75th percentile	13,148	14,726
50th percentile	9,467	10,834
25th percentile	6,392	7,167
Percentage of beneficiaries in poverty [a]	19.9	10.6
Among beneficiaries aged 65 or older		
75th percentile	13,464	14,992
50th percentile	10,078	11,360
25th percentile	6,831	7,503
Percentage of beneficiaries in poverty [a]	15.2	8.4

SOURCE: Authors' calculations using 2005–2009 PUMS. The disabled category uses the 2009 PUMS.

a. Poverty statistics omit institutionalized individuals and those living in group quarters such as military bases and college dormitories.

populations. For all marital status groups, the share of the AIAN population reporting SSI receipt roughly doubles that of the overall population.

Among recipients, the median annual income from SSI is $6,996 for the AIAN population, slightly below the $7,196 median for the total SSI population. Similarly small differences exist at the 75th percentile and 25th percentiles. The variation in SSI payments is smaller than that for Social Security benefits, consistent with the fact that only the latter are earnings-based. The small difference in SSI payments between the AIAN and total populations may be explained in part by a variety of factors that can affect SSI payment amounts, including other resources, marital status, and varying state supplements.[20] However, a complete analysis of those factors is outside the scope of this article.

Almost 48 percent of the AIAN SSI recipient population has income below the poverty threshold, compared with 39.9 percent of the total SSI recipient population. High poverty rates for both groups are consistent with a program targeted towards those with "little or no income" (SSA 2012c).

Similar results appear for SSI recipients aged 65 and older. AIANs receive lower payment amounts at the 25th, 50th, and 75th percentiles and are more likely to be in poverty than the total population of SSI recipients. Notably, the discrepancies are larger among the aged than among adult SSI recipients overall.

Conclusion

The 2005–2009 PUMS allows in-depth research into the socioeconomic characteristics of the AIAN population and shows how these characteristics relate to their receipt of OASDI and SSI benefits. Addressing these topics is critical to improving our understanding of a traditionally understudied population, particularly in the context of social insurance programs designed to help mitigate economic vulnerability.

The AIAN population is younger, more likely to be unmarried, less educated, less wealthy, in poorer health, and more likely to live in a geographically isolated location than the US population as a whole. All of these characteristics can in some way influence OASDI and SSI benefit receipt. Our findings indicate that the adult AIAN population is less likely to receive

Table 3.
SSI receipt among the AIAN and total populations aged 18 or older, 2005–2009

Characteristic	AIAN population	Total population (including AIAN)
	Percentage who receive payments	
Overall	4.7	2.4
Aged 65 or older	8.6	4.2
Disabled	18.8	13.9
Married	2.4	1.1
Widowed	10.9	5.6
Divorced	8.2	4.4
Separated	8.1	5.7
Never married	4.6	3.0
	Average annual payment amounts (in dollars)	
Among all adult recipients		
75th percentile	8,096	8,596
50th percentile	6,996	7,196
25th percentile	4,102	4,261
Percentage of recipients in poverty [a]	47.7	39.9
Among recipients aged 65 or older		
75th percentile	7,573	8,536
50th percentile	4,970	5,835
25th percentile	2,898	3,583
Percentage of recipients in poverty [a]	40.6	30.4

SOURCE: Authors' calculations using 2005–2009 PUMS. The disabled category uses the 2009 PUMS.

a. Poverty statistics omit institutionalized individuals and those living in group quarters such as military bases and college dormitories.

OASDI benefits than the total population and more likely to receive SSI. Median Social Security and SSI benefit amounts among AIANs who receive income from the programs are lower than for beneficiaries in the overall population.

Understanding how AIANs interact with Social Security is a pertinent research question in an applied policy context. SSA has recently introduced a website designed specifically for AIANs, created a fact sheet explaining the importance of the agency's administered benefits to these communities, and launched new field efforts to reach underserved AIAN clients through reservation visits and video claiming (SSA 2012a). Research on the relationship between AIANs and the benefits that the SSA provides and administers can help inform these efforts.

Future research should continue to explore the AIAN population in more depth and disaggregate the overall group to answer more specific research questions in the context of Social Security and other policy areas. Furthermore, it would be useful to explore Social Security administrative data to gauge the accuracy of OASDI and SSI benefit reporting among the AIAN population.[21] Analysis of relative reliance on OASDI and SSI income would also be worthwhile. Such additions to the literature would broaden our understanding of the determinants and consequences of OASDI and SSI benefit receipt among vulnerable groups.

Notes

[1] Although SSI payments are funded by general tax revenues rather than by Social Security taxes, we include the program in our analysis because it is administered by the Social Security Administration (SSA).

[2] Additionally, each tribe has its own unique, intricate relationship with the federal government, and the remote locations of many reservations often stress these relationships and minimize communication between tribal and federal officials.

[3] For descriptions of OASDI retirement, survivor, and disability benefits, see http://www.socialsecurity.gov/pgm/retirement.htm, http://www.socialsecurity.gov/pgm/survivors.htm, and http://www.socialsecurity.gov/pgm/disability.htm, respectively. For a description of the SSI program, see http://www.socialsecurity.gov/pgm/ssi.htm.

[4] This analysis does not focus on Native Hawaiians, who are represented by a separate variable in PUMS, but it does include a small number of self-identified AIANs who listed Native Hawaiian as one of their other races.

[5] Federally recognized tribal governments generally must withhold Social Security taxes for employees, with an exception for work performed by tribal council members (IRS 2011).

[6] Although we use a single AIAN identifier, readers should be aware that the AIAN population is heterogeneous. AIANs have diverse histories and socioeconomic characteristics and represent a range of independent, self-governing nations.

[7] For an overview of Social Security's benefits for children see http://www.socialsecurity.gov/pubs/10085.html.

[8] The 2009 ACS subject definition list describes Social Security income as including "Social Security pensions and survivor benefits, permanent disability insurance payments made by the Social Security Administration prior to deductions for medical insurance, and railroad retirement insurance checks from the U.S. government. Medicare reimbursements are not included" (Census Bureau 2009, 78).

[9] American Indian life expectancy varies by regional area, as do chronic disease rates among the elderly AIAN population (McDonald, Ludtke, and Allery 2002). Differences in chronic disease prevalence among AIAN elderly population are related to rural geography, sex, age, health care access, and health behaviors (Moulton and others 2005).

[10] The reciprocal correlation, marriage's protective effect, is interesting in that it may influence some of the socioeconomic disparities discussed later in this article.

[11] The authors also find that issues such as alcohol abuse, cigarette use, marijuana use, and physical fights at schools, all of which may disrupt education, are more common among American Indians than whites.

[12] The ACS variables used in this analysis are WAGP (wages or salary income in the past 12 months), and POVPIP (person poverty status recode), respectively (Census Bureau 2011b).

[13] Poverty in this analysis comes from the PUMS variable POVPIP. Those who are institutionalized or living in group quarters such as military bases and college dormitories have missing values for this variable and are excluded from the analysis (Census Bureau 2011b).

[14] Burkhauser and others (2012) find that the ACS will underestimate the Social Security Disability Insurance population and the disabled SSI population because its questions do not address limitations on work activity.

[15] The SSA has introduced video service delivery options for individuals living in remote locations, such as some reservations. To help those without individual access to the internet, the SSA is working to allow centralized video claiming services at hospitals or other reservation facilities.

[16] For a basic description of how an individual qualifies for Social Security retirement and disability benefits see http://www.socialsecurity.gov/pubs/10035.html and http://www.socialsecurity.gov/pubs/10029.html, respectively.

[17] To reiterate, the PUMS disability variable does not represent Social Security's disability definition.

[18] The differences between the AIAN and total populations in the shares of divorced, separated, and never-married individuals receiving Social Security benefits are not statistically significant.

[19] For a description of how Social Security retirement benefits are calculated, see http://www.socialsecurity.gov/pubs/10070.html.

[20] Additionally, for SSI payments, AIANs are exempted from many income and resource eligibility requirements related to the various types of disbursements (such as cash, stock, partnership interests, land, interest, individual Indian trust or lease income, and others) received as members of AIAN tribes or groups. Over 569 federally recognized tribes in the United States, along with numerous nonfederally recognized tribes, have to be considered in the SSI application process, adding to its administrative complexity (SSA 2012b).

[21] Previous research has shown that self-reported income from Social Security benefits often does not match Social Security administrative earnings records. Analyzing self-reported Social Security income for respondents in the 1990 Survey of Income and Program Participation, Olson (2002) finds that among beneficiaries aged 18–64, only 42 percent reported values consistent with SSA records. Among those aged 65 or older, the figure was 25 percent, with respondents being more likely to understate their income from Social Security. Unless there is a systemic bias in reporting Social Security income among the AIAN population that is absent in the total population, the relative comparisons in this article should hold. However, future work should address that topic in more depth.

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