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Customer Service Experiences and Enrollment Difficulties Vary Widely across Safety Net Programs

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Many households that qualify for federal public assistance programs need the support and resources right away to access food, housing, or health care or to afford other essentials (Castner et al. 2020; Shapiro 2005; Wilde and Ranney 2000). The programs exist to help families facing difficulties, but applying for these programs is often confusing, time consuming, and burdensome (Fox, Feng, and Reynolds 2022; Hahn, Katz, and Isaacs 2017; Herd and Moynihan 2018; Pratt et al. 2022; Schweitzer 2022). Citing problems associated with poor customer experience and racial and other inequities in access to opportunities and benefits available through federal programs and policies, the Biden administration began and ended 2021 with executive orders to address them: the first in January 2021, **Advancing Racial Equity and Support for Underserved Communities through the Federal Government**, and the second in December 2021, **Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government**.¹

In this report, we examine the customer service and enrollment experiences of US adults ages 18 to 64 with family incomes up to 400 percent of the federal poverty level (FPL) who reported that their families applied for or participated in at least one of seven types of safety net programs in the past 12 months:² Medicaid or the Children's Health Insurance Program (CHIP);³ the Supplemental Nutrition Assistance Program (SNAP); Supplemental Security Income (SSI); Social Security Disability Insurance (SSDI); unemployment insurance; Temporary Assistance for Needy Families (TANF) or other cash welfare assistance; and rental assistance programs.⁴ We also examine experiences with the two largest

programs by enrollment, Medicaid/CHIP and SNAP, among groups named in the executive order on advancing equity by focusing on differences by race, ethnicity, and disability status,⁵ and among people with any history of diagnosed mental health conditions, a group that is not named in the executive orders but may need additional support navigating program requirements. Our brief is based on information collected in the December 2021 round of the Urban Institute's Well-Being and Basic Needs Survey (WBNS), a nationally representative survey of nonelderly adults. Our key findings are the following:

- A majority of adults in families with low and moderate incomes sought safety net supports in 2021.
 - » More than half (55.1 percent) of adults with incomes up to 400 percent of FPL reported that their families applied for or participated in at least one safety net program in 2021.
 - » The shares of those who applied or participated were higher among groups experiencing greater needs and greater structural and economic barriers, including people with lower incomes, disabilities, and those who are Black/African American or Hispanic/Latinx.
 - » The programs with the highest shares of adults whose families applied or participated were Medicaid/CHIP (39.4 percent) and SNAP (28.9 percent), and the programs with the lowest shares were rental assistance programs (9.2 percent) and TANF (3.9 percent).
- Customer service and enrollment experiences varied widely across programs.
 - » The share of adults reporting that program staff never or only sometimes treated them or their family members with courtesy and respect was highest for TANF (41.0 percent) and unemployment insurance (38.2 percent) and lowest for Medicaid/CHIP (18.1 percent). We observed similar differences across programs in the share of adults reporting program staff never or only sometimes provided the information or help they needed.
 - » More than 4 in 10 adults reported one or more enrollment difficulties with unemployment insurance, TANF, and SNAP, such as trouble determining eligibility, providing required documentation, and getting benefits when needed. About 3 in 10 adults reported enrollment difficulties for Medicaid/CHIP, SSI, SSDI, and rental assistance.
- In the two programs with the largest number of participants, Medicaid/CHIP and SNAP, enrollment difficulties and poor treatment were more common among some groups that have experienced long-standing inequities, including Hispanic/Latinx adults and people with disabilities.
 - » Nearly half of Hispanic/Latinx adults (48.6 percent) reported at least one enrollment difficulty with SNAP, compared with 39.7 percent of white adults and 31.8 percent of Black/African American adults. Hispanic/Latinx adults were also more likely than white and

Black/African American adults* to report enrollment difficulties for Medicaid/CHIP (34.7 percent versus 26.6 percent and 22.7 percent).

- » Among adults whose families applied for or participated in Medicaid/CHIP, those with disabilities were more likely than those without disabilities to report never or only sometimes being treated with courtesy or respect (22.8 percent versus 16.5 percent) and to report not getting benefits as soon as needed (20.7 percent versus 15.0 percent). We observed similar differences between the experiences of adults with any history of diagnosed mental health conditions and those without diagnosed mental health conditions.

Our findings indicate that many adults whose families applied for or received benefits experienced enrollment-related challenges or negative interactions with program staff, with wide variation across programs and worse experiences for some groups that have endured long-standing inequities in economic opportunities, health care, and access to benefits and services in federal programs. If the two 2021 executive orders achieve their stated goals of advancing racial equity and transforming customer service, families accessing federal safety net programs will experience fewer customer service-related challenges in the future. The following section provides background and context for our findings, and we briefly consider how differences in funding, eligibility rules, and enrollment procedures across the programs examined in this brief may contribute to differences in customer service and enrollment experiences. We also discuss the two executive orders aimed at advancing equity and transforming the federal customer experience. We then present our findings and conclude with a discussion highlighting policy implications.

Background

Safety net programs aimed at helping families meet basic needs vary widely in their mandates, requirements, and administration. The programs we consider in this brief assist with health care access and costs for adults and children (Medicaid/CHIP), food (SNAP), rental assistance, income support for people with disabilities (SSI and SSDI), money and job preparation for families with children (TANF), and financial assistance during qualifying unemployment spells (unemployment insurance). Applying for and receiving any public benefit requires interacting with the program or agency that administers it, whether directly with another person or through automated services (e.g., by phone or online) that involve no direct communication or contact with staff.

Many factors can affect the customer service and enrollment experiences of people applying for benefits. One key factor is the complexity of program eligibility criteria and requirements for providing proof of eligibility, which differ substantially across programs. For instance, most initial claims for SSI and SSDI benefits are denied under the programs' stringent financial and disability determination rules (Smalligan and Boyens 2019).⁶ Programs may also require beneficiaries to meet certain conditions to stay enrolled, such as work or job search requirements for people receiving SNAP, TANF, and

* In this brief, estimates for Black/African American adults and white adults refer to those who are not Hispanic/Latinx.

unemployment benefits. Eligibility rules often vary within programs for different groups of people. Noncitizens and nondisabled adults who are not living with dependent children typically face more restrictions on their ability to qualify for means-tested benefits (Siskin 2016; Wheaton et al. 2021). In addition, program requirements often depend on the applicant's state of residence. Programs that are jointly administered by federal and state governments such as Medicaid/CHIP, SNAP, TANF, and unemployment insurance have wide variation across states in terms of eligibility and benefits (Brooks et al. 2022; Whittaker and Isaacs 2019).

Understanding eligibility is often just the first hurdle that people must overcome in accessing the safety net. Many people who qualify for benefits also struggle to navigate complicated administrative processes. Applying for or renewing benefits can involve multiple steps, including filling out long forms and supplying official documents that prove income, work status, and other eligibility requirements. For some programs in some states, applying may involve more than one meeting (Pratt et al. 2022). As with eligibility rules, administrative processes also vary across states. For instance, state Medicaid programs have made uneven progress in facilitating online enrollment activities, using administrative data sources for real-time eligibility determinations, and coordinating multibenefit applications for both Medicaid and other nonhealth programs like SNAP (Brooks et al. 2022).

Federal and state policy decisions can improve customer service experiences by simplifying enrollment and creating incentives to help families obtain benefits. For instance, the Affordable Care Act of 2010 and Children's Health Insurance Program Reauthorization Act of 2009 included several provisions designed to streamline Medicaid/CHIP eligibility and enrollment procedures for many applicants, including

- eliminating requirements for in-person interviews and requiring states to accept applications online and by phone;
- eliminating most asset tests;
- establishing a single application for Medicaid/CHIP and health insurance Marketplace coverage;
- promoting electronic verification of eligibility for automated renewals;
- expanding presumptive eligibility while states process applications, continuous eligibility for children for a full year even if family income changes, and use of information collected by other programs for Medicaid/CHIP eligibility determinations;
- increasing funding for technology upgrades and enrollment assistance; and
- providing performance bonuses to states that improve enrollment procedures and increase children's enrollment (Corallo and Artiga 2020; Rosenbaum et al. 2016).⁷

During the COVID-19 pandemic, policymakers and administrators established temporary new flexibilities to reduce administrative barriers for many safety net programs, including a freeze on Medicaid disenrollment during the public health emergency; waivers of certain requirements for

programs such as Medicaid, SNAP, and TANF; and additional SNAP administrative funding (Brooks et al. 2022; Shantz et al. 2020).⁸

Policy and funding choices can also undermine program efficiency and customer service, either inadvertently or as a deliberate strategy for discouraging participation (Herd and Moynihan 2018). For instance, systematic underfunding of state unemployment insurance systems contributed to serious challenges processing the historic number of claims in the early months of the pandemic (US Department of Labor 2020).⁹ The Section 8 Housing Choice Voucher Program has long waiting lists because of underfunding (Acosta and Guerrero 2021; Keene et al. 2021). TANF and its predecessor programs have an extensive history of stigmatizing participants and creating incentives for states to restrict access (Floyd et al. 2021).

In 2021, the Biden administration issued executive orders focused on improving poor customer experience and addressing racial and other inequities in access to opportunities and benefits available through federal programs and policies. The Executive Order on Advancing Racial Equity and Support for Underserved Communities through the Federal Government pledges to address the inequity that keeps too many US residents from reaping the full intended benefit from federal programs and services.¹⁰ The Executive Order on Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government is focused on federal programs within the US Department of Health and Human Services, US Department of Labor, and others. The order pledges and assigns secretaries of each agency to address current inefficiencies. For example, within the Department of Health and Human Services, the order calls for changes including the coordination between benefit programs so that applying for one may result in automatic enrollment in another and the streamlining of enrollment and renewal processes.¹¹ Within the US Department of Agriculture, for example, the order calls for the simplification of enrollment and recertification in SNAP.

Findings

A majority of adults in families with low and moderate incomes sought safety net supports in 2021.

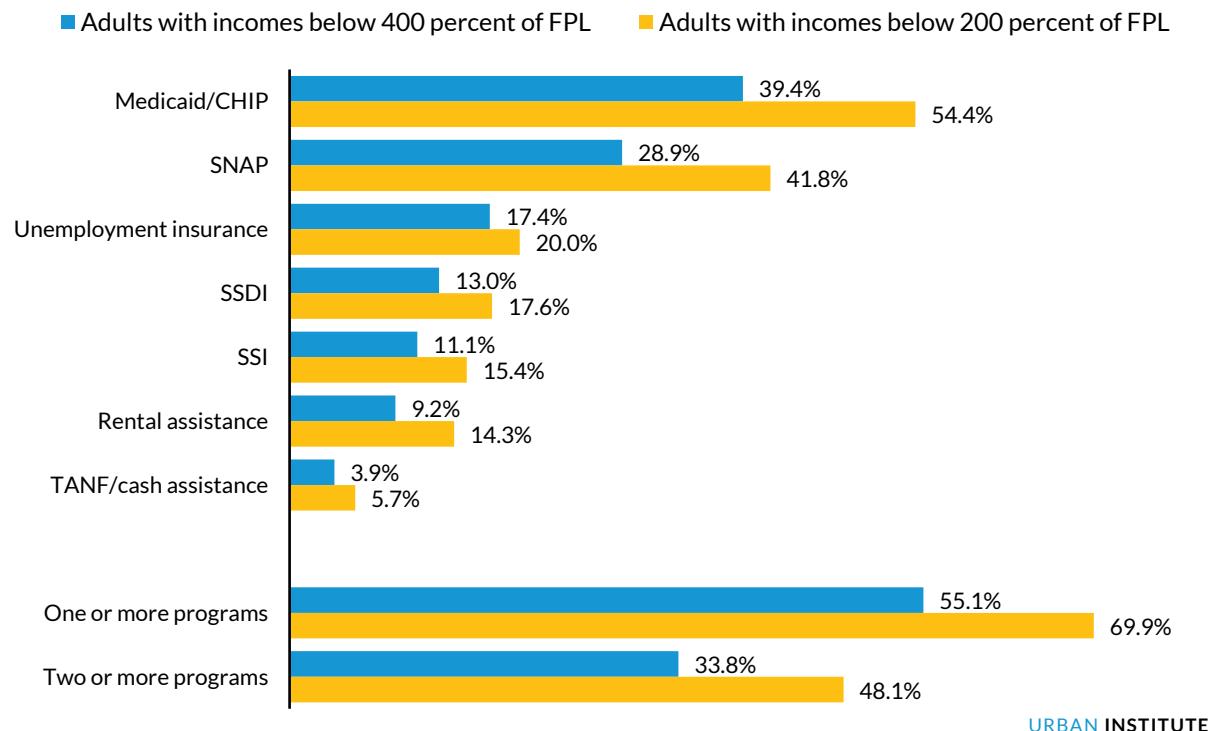
Among adults ages 18 to 64 with low and moderate family incomes, up to 400 percent of the federal poverty level, more than half (55.1 percent) reported that they or their families applied for or participated in at least one of the seven public benefits program types we examined in the survey in the past 12 months. As shown in figure 1, consistent with higher enrollment among nonelderly adults and their families, the programs with the highest share of adults whose families had applied or participated were Medicaid/CHIP (39.4 percent) and SNAP (28.9 percent) and the programs with the lowest shares were TANF (3.9 percent) and rental assistance programs (9.2 percent).

The need for safety net supports is even greater among adults with low family incomes (below 200 percent of FPL), 7 in 10 of whom (69.9 percent) reported their families applied for or participated in at least one program. In addition, the share of adults who applied for or participated in one or more programs was higher among other groups typically experiencing greater needs and economic or structural barriers, including Black/African American and Hispanic/Latinx adults and people with

disabilities (data not shown). Of adults with disabilities and family incomes below 400 percent of FPL, 8 in 10 (79.8 percent) reported applying for or participating in one or more programs (data not shown).

FIGURE 1

Share of Adults Whose Families Applied for or Participated in Safety Net Programs in the Past 12 Months, among Those with Family Incomes Below 400 Percent and 200 Percent of FPL, December 2021



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Source: Urban Institute Well-Being and Basic Needs Survey, December 2021.

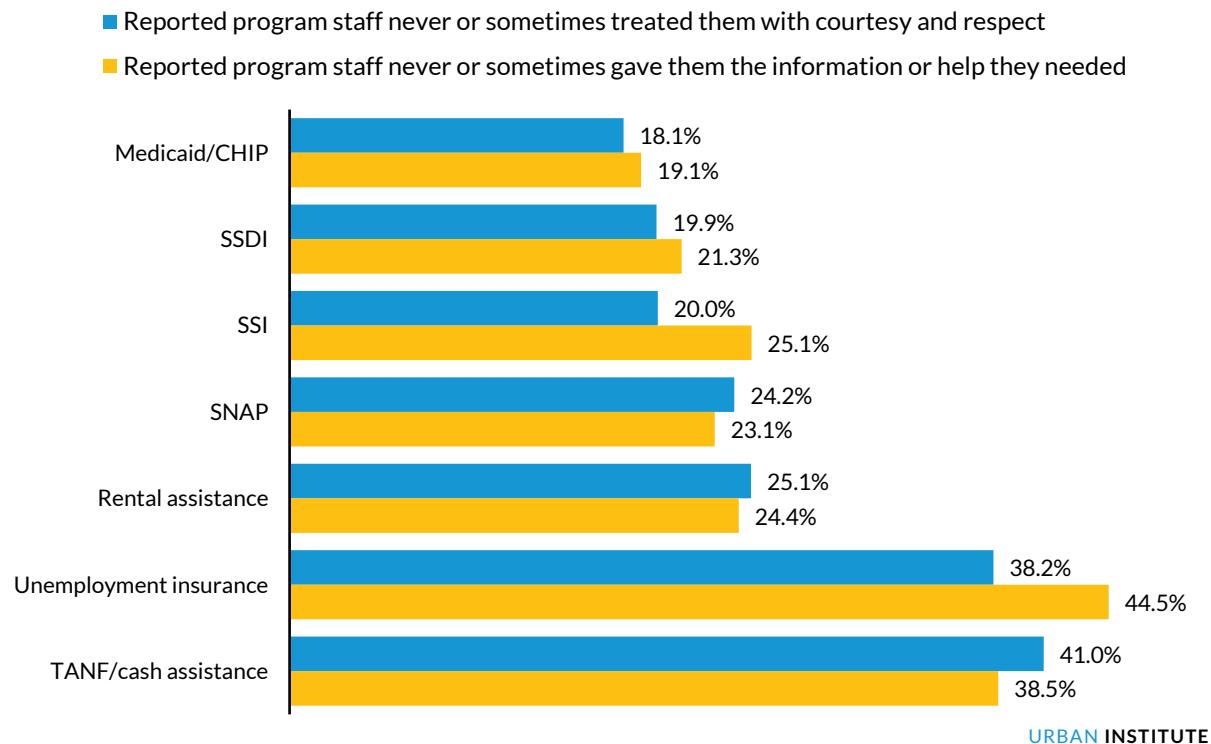
Notes: Adults are ages 18 to 64. FPL is federal poverty level. CHIP is Children's Health Insurance Program. SNAP is Supplemental Nutrition Assistance Program. SSDI is Social Security Disability Insurance. SSI is Supplemental Security Income. TANF is Temporary Assistance for Needy Families.

Customer service and enrollment experiences varied widely across programs. The share of adults reporting poor customer service was highest for TANF and unemployment insurance and lowest for Medicaid/CHIP.

Figure 2 focuses on the customer service experiences of people who reported communicating with program staff in 2021, including the share indicating they had only sometimes been treated with courtesy or respect or had never been treated with courtesy or respect. We see a wide range of reported experiences across the programs, from a little under 2 in 10 adults reporting such treatment from Medicaid/CHIP staff (18.1 percent) to about 4 in 10 adults reporting such treatment from TANF staff (41.0 percent) and unemployment insurance agency staff (38.2 percent).¹² We observed similar variation across programs in the share of adults who had communicated with program staff reporting that program staff never or only sometimes gave them or their families the information or help they

needed, from a low of 19.1 percent in Medicaid/CHIP to highs of 44.5 percent in unemployment insurance and 38.5 percent in TANF.

FIGURE 2
Customer Service Experiences of Adults Whose Families Applied for or Participated in Safety Net Programs and Communicated with Program Staff in the Past 12 Months, December 2021



Source: Urban Institute Well-Being and Basic Needs Survey, December 2021.

Notes: CHIP is Children's Health Insurance Program. SNAP is Supplemental Nutrition Assistance Program. SSDI is Social Security Disability Insurance. SSI is Supplemental Security Income. TANF is Temporary Assistance for Needy Families. Estimates are for adults ages 18 to 64 with family incomes below 400 percent of the federal poverty level whose families applied for or participated in each program in the past 12 months and communicated with program staff. Respondents were asked how often program staff treated them with courtesy and respect and how often program staff gave them the information or help they needed. Possible responses were "never," "sometimes," "usually," "always," and "did not communicate with program staff."

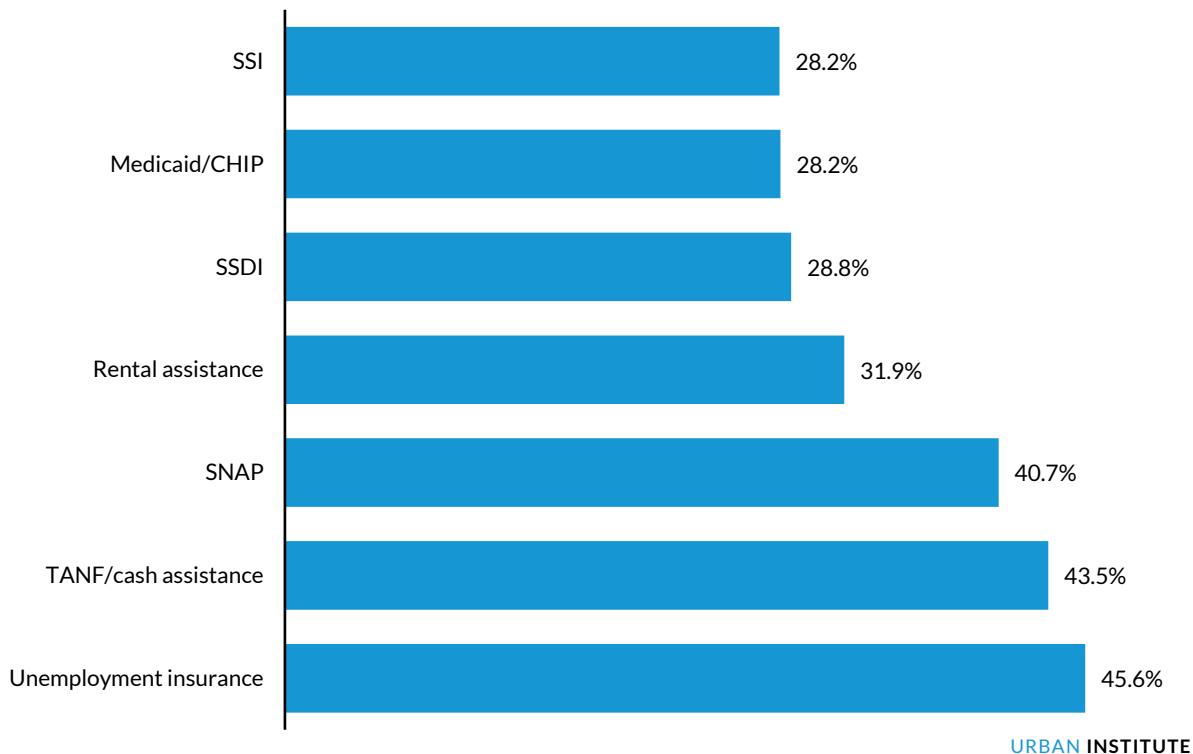
More than 4 in 10 adults reported one or more enrollment difficulties with unemployment insurance, TANF, and SNAP. About 3 in 10 adults reported enrollment difficulties for Medicaid/CHIP, SSI, SSDI, and rental assistance.

Across all programs, enrollment challenges were even more prevalent than customer service challenges. These enrollment challenges included difficulty determining eligibility, providing documentation, or getting benefits when families needed them. Figure 3 shows these hurdles occurred for nearly 3 in 10 adults whose families applied for or received SSI or Medicaid/CHIP (28.2 percent), and more than 4 in 10 adults reported one or more enrollment difficulties with unemployment insurance, TANF, and SNAP: up to 40.7 percent of adults whose families applied for or received SNAP, 43.5

percent of adults whose families applied for or received TANF,¹³ and 45.6 percent of adults whose families applied for or received unemployment insurance in 2021.

FIGURE 3

Share of Adults Reporting Enrollment Difficulties, among Those Whose Families Applied for or Participated in Safety Net Programs in the Past 12 Months, December 2021



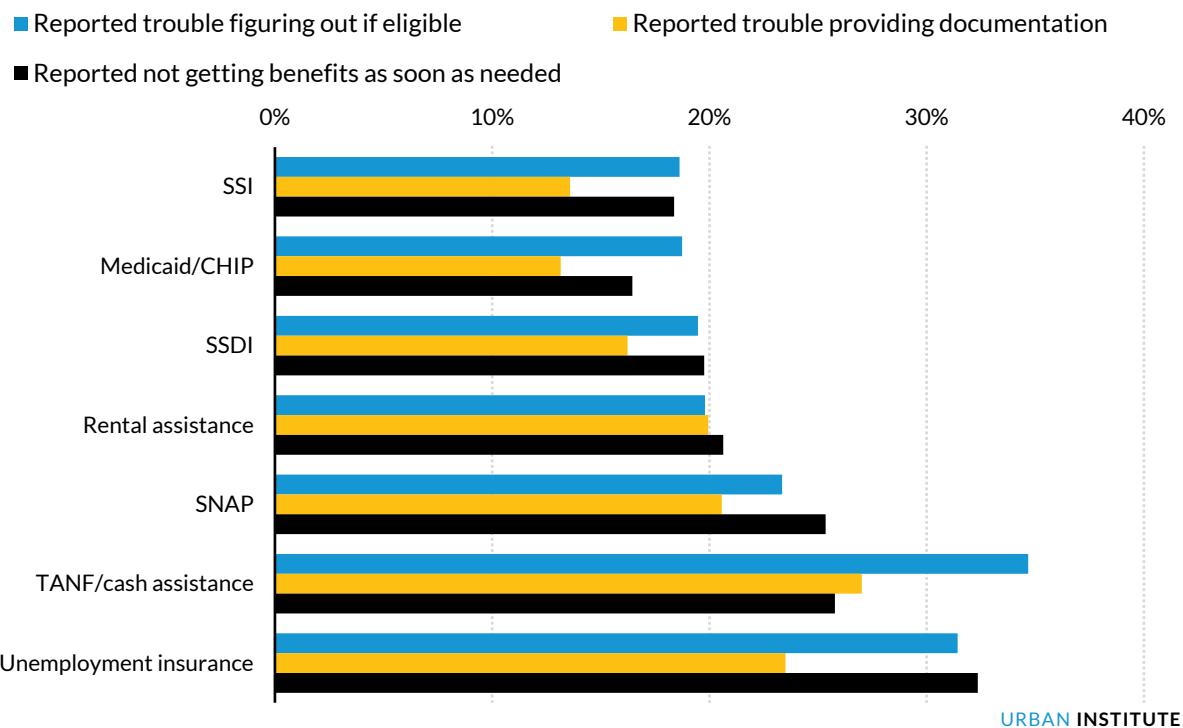
Source: Urban Institute Well-Being and Basic Needs Survey, December 2021.

Notes: CHIP is Children's Health Insurance Program. SNAP is Supplemental Nutrition Assistance Program. SSDI is Social Security Disability Insurance. SSI is Supplemental Security Income. TANF is Temporary Assistance for Needy Families. Estimates are for adults ages 18 to 64 with family incomes below 400 percent of the federal poverty level whose families applied for or participated in each program in the past 12 months. Enrollment difficulties include those with determining eligibility, providing required documentation or completing other paperwork, or not getting benefits as soon as needed.

Figure 4 shows the share of adults reporting each of the three enrollment challenges that were combined in the single measure of having had any enrollment difficulty in figure 3. Trouble figuring out eligibility was reported most frequently among adults applying for or receiving TANF (34.7 percent) and least frequently for SSI (18.6 percent). Trouble providing required documentation or completing paperwork also was reported most frequently by adults applying for or receiving TANF (27.0 percent) and least frequently by those applying for or receiving Medicaid/CHIP (13.2 percent). Not getting benefits as soon as needed was reported most frequently by adults applying for or receiving unemployment insurance (32.4 percent) and least frequently for Medicaid/CHIP (16.5 percent).

FIGURE 4

Share of Adults Reporting Trouble Figuring Out Eligibility, Trouble Providing Documentation, or Not Getting Benefits When Needed, among Those Whose Families Applied for or Participated in Safety Net Programs in the Past 12 Months, December 2021



Source: Urban Institute Well-Being and Basic Needs Survey, December 2021.

Notes: CHIP is Children's Health Insurance Program. SNAP is Supplemental Nutrition Assistance Program. SSDI is Social Security Disability Insurance. SSI is Supplemental Security Income. TANF is Temporary Assistance for Needy Families. Estimates are for adults ages 18 to 64 with family incomes below 400 percent of the federal poverty level whose families applied for or participated in each program in the past 12 months.

Some customer service and enrollment difficulties are more common among groups that have experienced long-standing inequities, though difficulties vary between programs.

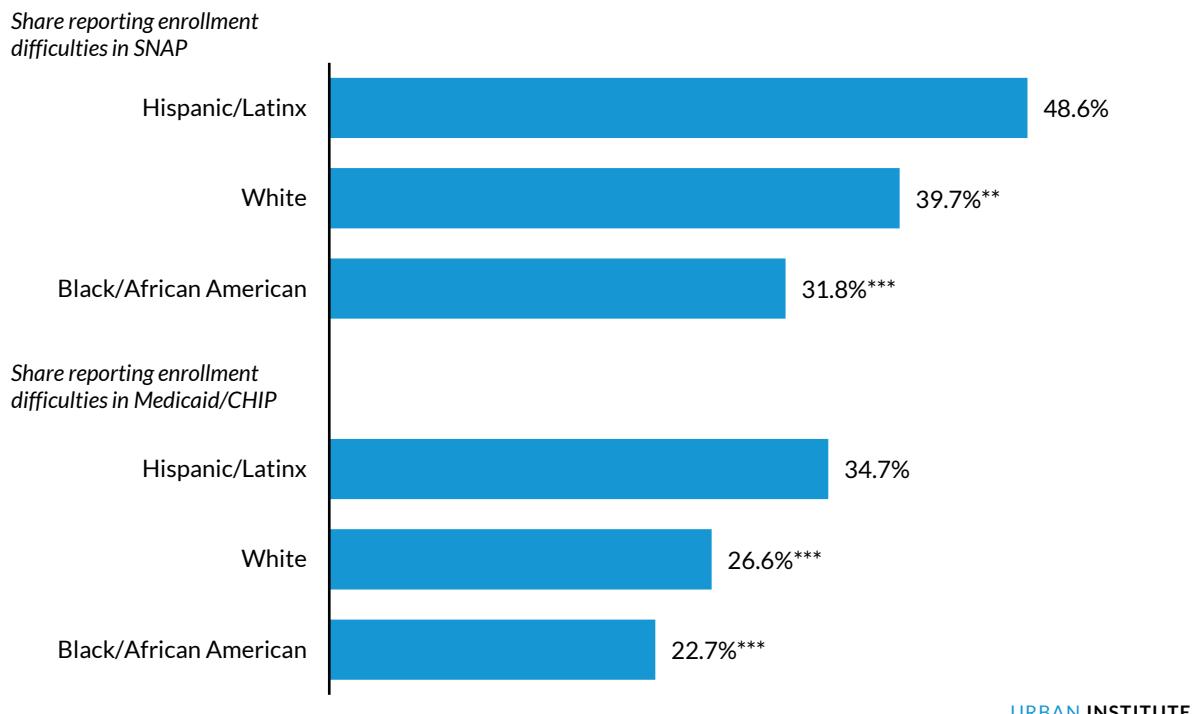
Given the overall prevalence of customer service and enrollment challenges, we explored differences in these experiences by race and ethnicity, disability status, and history of diagnosed mental health conditions. For these estimates, we focused on the two largest programs, Medicaid/CHIP and SNAP, which each had sufficient participation in our survey to report results.

Customer service experiences by race and ethnicity. Considering customer service experiences by race and ethnicity, the survey shows no statistically significant differences in the share of Black/African American, Hispanic/Latinx, and white adults reporting sometimes or never being treated with courtesy or respect or getting the information or help they needed when applying for SNAP or Medicaid/CHIP (data not shown). We note, however, that the sample sizes were not large enough to detect relatively small differences by race and ethnicity in customer service experiences with these programs.

Enrollment challenges by race and ethnicity. We observed some differences by race and ethnicity in enrollment difficulties. Compared with Black/African American and white adults, a significantly higher share of Hispanic/Latinx adults had trouble determining eligibility, providing required documentation, or getting benefits when needed for both Medicaid/CHIP and SNAP (figure 5). Nearly half of Hispanic/Latinx adults who had applied for or received SNAP benefits experienced at least one of the three difficulties (48.6 percent). And more than one-third (34.7 percent) experienced one of the three difficulties applying for or receiving Medicaid/CHIP benefits. Compared with Black/African American adults, a higher share of white adults reported trouble providing required documentation for SNAP (13.2 percent compared with 21.4 percent; data not shown).

FIGURE 5

Share of Adults Reporting Enrollment Difficulties in SNAP and Medicaid/CHIP, by Race and Ethnicity, among Those Whose Families Applied for or Participated in These Programs in the Past 12 Months, December 2021



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Source: Urban Institute Well-Being and Basic Needs Survey, December 2021.

Notes: CHIP is Children's Health Insurance Program. SNAP is Supplemental Nutrition Assistance Program. Estimates are not shown for adults of additional races due to sample size limitations. Estimates are for adults ages 18 to 64 with family incomes below 400 percent of the federal poverty level whose families applied for or participated in each program in the past 12 months. Enrollment difficulties include trouble figuring out eligibility, trouble providing required documentation or completing other paperwork, or not getting benefits as soon as needed.

*/**/** Estimate differs from that for Hispanic/Latinx adults at the 0.10/0.05/0.01 level, using two-tailed tests.

Customer service by disability status and history of diagnosed mental health conditions. Adults with disabilities were more likely than adults without disabilities to report negative Medicaid/CHIP customer service experiences. Table 1 shows that 22.8 percent of adults with a disability and 16.5 percent without a disability reported they were never or only sometimes treated with courtesy or respect by Medicaid/CHIP staff in the past 12 months.

Similarly, we observed differences in the reported Medicaid/CHIP customer service experiences of adults with any history of diagnosed mental health conditions and those without diagnosed mental health conditions. Adults with diagnosed mental health conditions more frequently reported they were never or only sometimes treated with courtesy and respect when interacting with Medicaid/CHIP staff (21.8 percent compared with 15.6 percent of those without mental health conditions). Adults with diagnosed mental health conditions also more frequently reported they never or only sometimes got the information or help they needed (23.0 percent compared with 15.8 percent of those without mental health conditions).

For SNAP customer service experiences, the survey shows no statistically significant difference by disability status or history of diagnosed mental health conditions in the share of adults indicating they were sometimes or never treated with courtesy or respect or got the information or help they needed.

TABLE 1
Customer Service Experiences of Adults Whose Families Applied for or Participated in SNAP and Medicaid/CHIP in the Past 12 Months, by Disability Status and History of Diagnosed Mental Health Conditions, December 2021

	Adults with a disability^	Adults without a disability	Adults ever diagnosed with a mental health condition^	Adults without a diagnosed mental health condition
SNAP				
Program staff never or sometimes treated them with courtesy and respect (%)	25.9	23.4	24.8	23.4
Program staff never or sometimes gave them the information or help they needed (%)	20.3	23.8	23.2	22.9
Sample size	517	1,058	680	731
Medicaid/CHIP				
Program staff never or sometimes treated them with courtesy and respect (%)	22.8	16.5*	21.8	15.6**
Program staff never or sometimes gave them the information or help they needed (%)	22.0	18.0	23.0	15.8***
Sample size	565	1,270	754	897

Source: Urban Institute Well-Being and Basic Needs Survey, December 2021.

Notes: CHIP is Children's Health Insurance Program. SNAP is Supplemental Nutrition Assistance Program. Estimates are for adults ages 18 to 64 with family incomes below 400 percent of the federal poverty level whose families applied for or participated

in each program in the past 12 months and communicated with program staff. Respondents were asked how often program staff treated them with courtesy and respect, and how often program staff gave them the information or help they needed. Possible responses were “never,” “sometimes,” “usually,” “always,” and “did not communicate with program staff.”

*/**/*** Estimate differs from reference group (^) at the 0.10/0.05/0.01 level, using two-tailed tests.

Enrollment challenges by disability status and history of diagnosed mental health conditions. Some Medicaid/CHIP enrollment challenges were greater for people with disabilities than for those without disabilities. Adults with disabilities were more likely than adults without disabilities to report trouble getting Medicaid/CHIP benefits when needed (20.7 percent versus 15.0 percent; table 2), but we did not find statistically significant differences by disability status in the shares reporting trouble figuring out eligibility or providing required documentation.

TABLE 2

Share of Adults Reporting Enrollment Difficulties in Medicaid/CHIP and SNAP, by Disability Status and History of Diagnosed Mental Health Conditions, December 2021

	Adults with a disability^	Adults without a disability	Adults ever diagnosed with a mental health condition^	Adults without a diagnosed mental health condition
SNAP				
Any enrollment difficulty (%)	40.7	40.6	40.0	39.5
Trouble figuring out if eligible (%)	22.0	23.7	23.5	21.8
Trouble providing required documentation (%)	22.0	20.1	22.0	18.2
Did not get benefits as soon as needed (%)	22.6	26.2	23.3	25.6
Sample size	714	1,396	930	979
Medicaid/CHIP				
Any enrollment difficulty (%)	31.2	27.3	30.2	25.4
Trouble figuring out if eligible (%)	19.6	18.5	21.0	17.7
Trouble providing required documentation (%)	16.0	12.2	16.6	10.4***
Did not get benefits as soon as needed (%)	20.7	15.0*	19.2	13.2***
Sample size	812	1,816	1,082	1,311

Source: Urban Institute Well-Being and Basic Needs Survey, December 2021.

Notes: CHIP is Children’s Health Insurance Program. SNAP is Supplemental Nutrition Assistance Program. Estimates are for adults ages 18 to 64 with family incomes below 400 percent of the federal poverty level whose families applied for or participated in each program in the past 12 months.

*/**/*** Estimate differs from reference group (^) at the 0.10/0.05/0.01 level, using two-tailed tests.

Medicaid/CHIP enrollment challenges were greater for adults with any history of diagnosed mental health conditions than for those without mental health conditions. For Medicaid/CHIP, providing required documentation and getting benefits when needed was harder and affected higher shares of adults with diagnosed mental health conditions than of adults without. Among those with diagnosed mental health conditions, 1 in 6 adults (16.6 percent) had trouble providing required documentation

compared with about 1 in 10 adults without mental health conditions (10.4 percent), and 19.2 percent did not get benefits when needed compared with 13.2 percent.

When considering enrollment challenges in SNAP, we found no significant differences by disability status or history of diagnosed mental health conditions.

Conclusions

We examined customer service experiences with seven different types of safety net programs in 2021, including treatment with courtesy and respect, getting needed information and help from staff, and ease of enrolling in each program (e.g., ability to determine eligibility, provide required documentation, and receive benefits when needed). This inquiry is timely and relevant for the two 2021 executive orders the Biden administration issued focusing on advancing racial equity and support for underserved communities through the federal government and on transforming and improving federal customer experience and service delivery of federal programs. The order on transforming federal customer experience and service delivery declares, “The federal government must design and deliver services in a manner that people of all abilities can navigate.”¹⁴ The order on advancing equity vows to “pursue a comprehensive approach to advancing equity for all” that includes working with federal agencies to examine whether and how their policies and practices perpetuate barriers that are systemic and inequitable, especially for groups that have been “historically underserved, marginalized, and adversely affected by persistent poverty and inequality.”¹⁵

In both areas, the survey results show that government programs have room to improve, especially in customer service experiences with unemployment insurance and TANF staff and in enrollment experiences in these and other programs. Because the survey was conducted during the COVID-19 pandemic, some differences we see across programs may be related to special challenges during the pandemic or policy or practice changes in response to it. For example, the unemployment insurance program experienced unprecedented demand during the pandemic, but state administrative systems were also unprepared for the surge.¹⁶ The Families First Coronavirus Response Act’s continuous coverage requirement prevented qualifying states from disenrolling people on Medicaid or requiring beneficiaries to renew their coverage, and beneficiaries may not have interacted with program staff as often as in a usual year. Programs such as Medicaid, SNAP, and TANF also introduced temporary flexibilities in their enrollment procedures and program requirements, such as opportunities to fulfill TANF work activity requirements remotely in some states (Brooks et al. 2022; Shantz et al. 2020).¹⁷

When we examine experiences of selected groups named in the executive order on advancing equity, we see differences by race and ethnicity and disability status in the two programs examined in our survey with the highest enrollment, Medicaid/CHIP and SNAP. Hispanic/Latinx adults were more likely than Black/African American and white adults to have difficulty enrolling in both programs, perhaps because of language barriers and more complex eligibility rules for those who are noncitizens (Bernstein et al. 2022). In Medicaid/CHIP, adults with disabilities were less likely to report being treated with courtesy and respect and faced more difficulty getting benefits as soon as needed, which may

partially reflect the different pathways through which people with and without disabilities can qualify for Medicaid benefits and associated differences in eligibility and documentation requirements (Musumeci, Chidambaram, and O’Malley Watts 2019). The differences in experiences suggest programs should attend closely to customer service and timing needs for people with disabilities. For instance, a new proposed rule to simplify Medicaid/CHIP enrollment and renewal processes contains several provisions to limit administrative burdens for people who qualify for Medicaid based on disability status.¹⁸ We also found greater customer service and enrollment challenges in Medicaid/CHIP for people with any history of diagnosed mental health conditions, a group that is not named in the executive orders but may need better-directed support navigating complex program requirements.¹⁹

Statutory and funding constraints limit the extent to which customer experiences for some federal programs can be improved through executive action. For example, discretionary programs like rental vouchers funded annually by Congress are not guaranteed for all who are eligible, resulting in long waiting lists (Acosta and Guerrero 2021). Complex eligibility criteria and onerous program requirements are often included in federal statutes (GAO 2017).

But state policymakers and federal and state agencies also have significant authority over procedures that can improve program access and foster greater efficiency (Hager 2020; Lower-Basch 2020; Office of Management and Budget 2021; Schweitzer 2022).²⁰ For instance, states may elect several federally allowable options and/or pursue waivers to improve customer service and simplify access to SNAP benefits (US Department of Agriculture 2018). States have considerable flexibility in designing and administering TANF programs and can choose policies that not only improve access and customer service but also address both overt and structural racial disparities, such as minimizing sanctions for noncompliance with work requirements and limiting verifications of work activities and hours (Pavetti and Zane 2022). In addition, federal legislation has provided states with many options to streamline their Medicaid/CHIP application processes, both in prepandemic years and more recently in response to the pandemic. Whether related to these streamlined procedures or other changes during the pandemic, we do see fewer reported enrollment difficulties among adults whose families applied for or received Medicaid/CHIP benefits compared with other programs in 2021.

The cumbersome processes and stigmatizing customer service that many people experience when they seek assistance are not accidental. Rather, they are symptomatic of a long-standing emphasis on deservingness in the American welfare system. Overly bureaucratic procedures are one strategy to signal the flawed assumption that poverty and hardship result more often from individual shortcomings than from systemic economic and social challenges.²¹ Arcane rules and disrespectful treatment are a form of deterrence from seeking assistance, in that it is assumed that only truly needy people will persevere to obtain the assistance they need, thus proving their deservingness. The emphasis on deservingness is grounded in America’s long history of racism and sexism that has contributed not only to disparities in safety net programs, of course, but fundamentally to the social and economic structures that marginalize and disadvantage large groups of people, making it more difficult for them to provide for themselves and their families (Gordon 2001; McCallum 1999; Quadagno 1996; Ray, Herd, and Moynihan 2022). Further, the high hurdles that people with disabilities face as they seek assistance

reflect the powerful intersections among race, poverty, disability, and ableism (Goodman, Morris, and Boston 2019; Vallas et al. 2022).

All people have a right to respectful customer service and equitable access to supports. Choosing policies and practices that promote respectful access to the resources for meeting basic needs is a matter of justice and equity as well as a necessity for ensuring economic well-being for children, future generations, and the nation.

Data and Methods

Data and Sample

This brief draws on data from a nationally representative sample of 8,142 adults ages 18 to 64 who participated in the December 2021 round of the Urban Institute's Well-Being and Basic Needs Survey. The WBNS is an internet-based survey designed to monitor changes in individual and family well-being as policymakers consider changes to federal safety net programs. For each round of the WBNS, we draw a stratified random sample (including a large oversample of adults in low-income households) from the KnowledgePanel, a probability-based internet panel maintained by Ipsos that includes households with and without internet access. Survey weights adjust for unequal selection probabilities and are poststratified to the characteristics of nonelderly adults based on benchmarks from the Current Population Survey Annual Social and Economic Supplement and the American Community Survey. Participants can complete the survey in English or Spanish. For further information about the survey design and content, see Karpman, Zuckerman, and Gonzalez (2018).²²

We limit our analysis to the 5,258 adults in the sample reporting annual family incomes below 400 percent of FPL, which was approximately \$51,500 for a single adult and \$106,000 for a family of four in 2021. Though eligibility for the safety net programs we examine in the brief varies by income, self-reported participation is limited among adults with incomes above this threshold.²³

Measures

We first examined the share of adults with incomes below 400 percent of FPL who reported that they or a family member participated in or applied for each of the following programs in the past 12 months:

- Medicaid, Medical Assistance, CHIP, or any kind of state- or government-sponsored health plan based on income or a disability
- SNAP
- a federal, state, or local government housing program that lowers the rent, such as a housing voucher or public housing
- unemployment insurance benefits
- SSI

- SSDI
- cash assistance from a state or county welfare program, including TANF

For measures of both family income and family program participation, the family includes the respondent, their spouse or partner, and any of their children or stepchildren under age 19 living with them.²⁴

Adults who reported participating in or applying for any of these programs were asked to report their past-year experiences with each program. We assessed customer service experiences based on several measures, including how often respondents reported being treated with courtesy and respect by program staff in the past 12 months. Respondents could report that staff never, sometimes, usually, or always treated them with courtesy and respect or that they did not communicate with staff. We also asked how often program staff gave them the information or help they needed in the past 12 months. Estimates in this brief are limited to those who communicated with staff.

We also estimated the share of adults reporting any enrollment difficulties for each program, which we define as having had any of the following difficulties in the past 12 months:

- trouble figuring out if they or a family member were eligible for the program
- trouble providing required documentation or completing other paperwork
- not getting benefits as soon as needed

Analysis

We estimated the share of adults whose families applied for or participated in each program and customer service and enrollment difficulties across programs for adults with incomes below 400 percent of FPL overall and by race and ethnicity, disability status, and history of diagnosed mental health conditions, as sample sizes permitted. Disability status is based on a question asking respondents if they have a physical or mental condition, impairment, or disability that affects their daily activities or that requires them to use special equipment or devices. Mental health conditions include anxiety disorder, bipolar disorder, depression, schizoaffective disorder, schizophrenia, and other mental health conditions that have ever been diagnosed by a doctor or other health professional.

Limitations

Other studies have found that survey respondents underreport receipt of public benefits (Meyer, Mok, and Sullivan 2009; Wheaton 2008). In the WBNS, self-reported participation is slightly higher than in federal surveys such as the Current Population Survey (Karpman, Zuckerman, and Gonzalez 2018). Differences in reported benefit receipt in the WBNS and the Current Population Survey are larger among adults with incomes below 400 percent of FPL, which may reflect differences in how the surveys collect data on family income. Though program participation rates are higher in the WBNS, patterns

across programs and by race and ethnicity, age, and income are generally consistent between the WBNS and the Current Population Survey.

As noted above, the survey was fielded in the wake of the COVID-19 pandemic, which caused increased demand for many programs and led to temporary policies to make enrollment procedures more flexible. For instance, the Medicaid continuous coverage requirement may have limited the amount of contact families had with Medicaid program staff and the difficulties of renewing their coverage compared with previous years.

Because the respondent may not have been the family member receiving benefits for some programs, their reported experience may not reflect the experiences of the person receiving the benefit. In addition, reported customer service experiences in the past 12 months may be affected by recall error. Finally, we do not have information on families' eligibility for each program and therefore do not know if negative experiences resulted from being ineligible.

Notes

- 1 Exec. Order No. 13985, 86 CFR 7009 (2021) and Exec. Order No. 14058, 86 CFR 71357 (2021).
- 2 In 2021, 400 percent of FPL was \$51,520 for a single person living alone and \$87,840 for a family of three. "US Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs," US Department of Health and Human Services, February 1, 2021, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2021-poverty-guidelines>.
- 3 In this brief, we refer to Medicaid and CHIP as a single program because people may have difficulty distinguishing between them in surveys and most states operate CHIP as a combination of a separate CHIP program and an expansion of their Medicaid program. See "CHIP Program Structure by State," Centers for Medicare & Medicaid Services, accessed October 24, 2022, <https://www.medicaid.gov/chip/downloads/chip-map.pdf>. Though in some states CHIP differs from Medicaid in terms of covered populations of children, benefits, and enrollment processes, Medicaid is a much larger program for families with children. See "Key CHIP Design Features," MACPAC, accessed October 24, 2022, <https://www.macpac.gov/subtopic/key-design-features/>; and "Exhibit 32. Child Enrollment in CHIP and Medicaid by State, FY 2020," MACPAC, accessed October 24, 2022, <https://www.macpac.gov/wp-content/uploads/2015/01/EXHIBIT-32.-Child-Enrollment-in-CHIP-and-Medicaid-by-State-FY-2020-thousands.pdf>.
- 4 The survey questionnaire asked respondents if they or their families applied for or received benefits from a "federal, state, or local government housing program that lowers your rent, such as a housing voucher or public housing." In this brief, we refer to these programs as rental assistance programs.
- 5 The executive order on advancing equity (Exec. Order No. 13985, 86 CFR 7009 [2021]) emphasizes ensuring fair, just, and impartial treatment for "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." In presenting our survey results, we focus on groups with sufficient sample size, including Black/African American and Hispanic/Latinx adults and adults with disabilities. We did not find statistically significant differences in program experiences by urban versus rural residence and therefore do not present results for adults living in urban and rural areas.

⁶ “Policy Basics: Supplemental Security Income,” Center on Budget and Policy Priorities, updated August 12, 2022, <https://www.cbpp.org/research/social-security/supplemental-security-income>.

⁷ Centers for Medicare & Medicaid Services, “Fact Sheet: Children’s Health Insurance Program Reauthorization Act (CHIPRA),” news release, December 19, 2012, <https://www.cms.gov/newsroom/fact-sheets/childrens-health-insurance-program-reauthorization-act-chipra>.

⁸ “States Are Using Much-Needed Temporary Flexibility in SNAP to Respond to COVID-19 Challenges,” Center on Budget and Policy Priorities, updated September 23, 2022, <https://www.cbpp.org/research/food-assistance/states-are-using-much-needed-temporary-flexibility-in-snap-to-respond-to>; and “Early Insights on SNAP Modernization through American Rescue Plan Investments, July 2022,” American Public Human Services Association, accessed October 24, 2022, <https://files.constantcontact.com/391325ca001/23677955-fa3e-4fe0-aae0-3221f7b0eab2.pdf>.

⁹ Mariette Aborn, “Administrative Failures Plague State Unemployment Insurance Programs,” Bipartisan Policy Center blog, July 1, 2020, <https://bipartisanpolicy.org/blog/administrative-failures-plague-state-unemployment-insurance-programs/>.

¹⁰ Exec. Order No. 13985, 86 CFR 7009 (2021).

¹¹ Exec. Order No. 14058, 86 CFR 71357 (2021).

¹² Estimates for customer service experiences among adults whose families applied for or participated in TANF/cash assistance are based on small sample sizes ($n = 166$) and are therefore much less precise than estimates for other programs.

¹³ Estimates for enrollment challenges among adults whose families applied for or participated in TANF/cash assistance are based on small sample sizes ($n = 230$).

¹⁴ Exec. Order No. 14058, 86 CFR 71357 (2021).

¹⁵ Exec. Order No. 13985, 86 CFR 7009 (2021).

¹⁶ Aborn, “Administrative Failures Plague State Unemployment Insurance Programs,” Bipartisan Policy Center blog.

¹⁷ “States Are Using Much-Needed Temporary Flexibility in SNAP to Respond to COVID-19 Challenges,” Center on Budget and Policy Priorities.

¹⁸ Centers for Medicare & Medicaid Services, “Fact Sheet: Streamlining Eligibility and Enrollment Notice of Proposed Rulemaking (NPRM),” news release, August 31, 2022, <https://www.cms.gov/newsroom/fact-sheets/streamlining-eligibility-enrollment-notice-propose-rulemaking-nprm>.

¹⁹ There is substantial overlap between adults with disabilities and those with any history of diagnosed mental health conditions. About 60 percent of adults with disabilities reported a diagnosed mental health condition versus 20 percent of adults without disabilities, and 25 percent of adults with any history of diagnosed mental health conditions reported a disability compared with 5 percent of adults without mental health conditions.

²⁰ “Advancing Strategies to Align Programs (ASAP),” Center on Budget and Policy Priorities, accessed October 6, 2022, <https://www.cbpp.org/research/resource-lists/advancing-strategies-to-align-programs-asap>; and “Bringing Social Safety Net Benefits Online,” Code for America, August 2019, <https://www.codeforamerica.org/features/bringing-social-safety-net-benefits-online/>; Elaina Faust, “The Digitally Enabled Safety Net: Lessons from COVID-19,” Georgetown University Beeck Center, April 23, 2020, <https://beeckcenter.georgetown.edu/the-digitally-enabled-safety-net-lessons-from-covid-19/>.

²¹ Heather Hahn and Margaret Simms, “Poverty Results from Structural Barriers, Not Personal Choices. Safety Net Programs Should Reflect That Fact,” *Urban Wire* (blog), Urban Institute, February 16, 2021, <https://www.urban.org/urban-wire/poverty-results-structural-barriers-not-personal-choices-safety-net-programs-should-reflect-fact>.

²² The WBNS survey instrument is available at <https://www.urban.org/policy-centers/health-policy-center/projects/well-being-and-basic-needs-survey>.

²³ Because of the lower program participation rates among adults with family incomes above 400 percent of FPL, we did not ask this group questions about family program participation on the December 2021 WBNS and excluded that group from our analysis. Data from the December 2017 WBNS and the 2021 Current Population Survey both show that only about 4 percent of adults with family incomes above 400 percent of FPL reported family participation in Medicaid or CHIP in the past year, about 2 percent reported participation in SNAP, and less than 1 percent reported receiving rental assistance or receiving cash assistance from a state or county welfare program.

²⁴ For 18-year-old respondents who are not married or living with a partner and do not have children, the family unit includes the respondent, any of their parents or guardians who live with them, and any of their siblings under age 19 who live with them.

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