

# Most Adults Who Feel Treated or Judged Unfairly When Applying for Public Benefits Report Adverse Consequences

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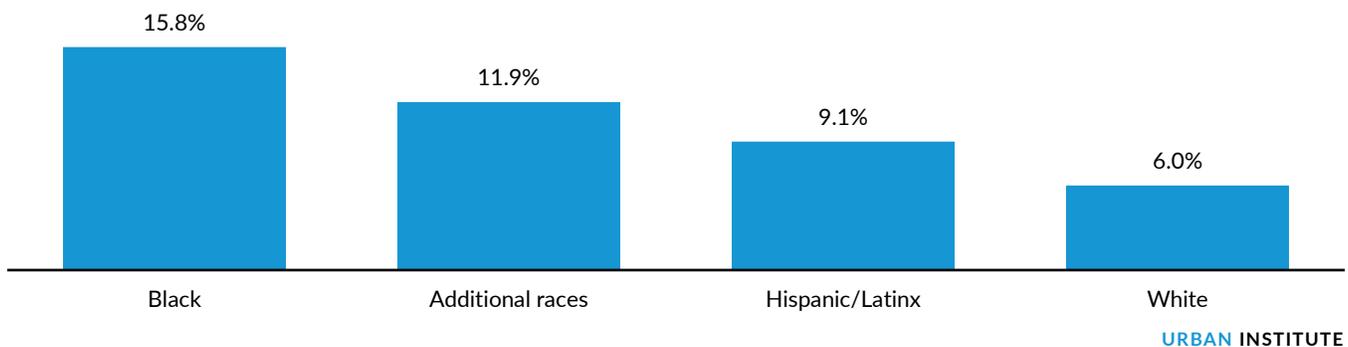
People of color experience unfair treatment or judgment when applying for public benefits at higher rates than white adults, and those experiences often have adverse consequences. In the Urban Institute’s April 2021 Health Reform Monitoring Survey, more than 8 percent of all nonelderly adults who had ever received or applied for public benefits reported they had felt treated or judged unfairly because of their race or ethnicity when applying.<sup>1</sup> These experiences differ starkly by race and ethnicity; Black adults and non-Hispanic adults who are Asian, Native Hawaiian, Pacific Islander, American Indian/Alaska Native, or more than one race (hereafter “adults of additional races”) were at least twice as likely as white adults to report facing unfair treatment or judgment because of their race or ethnicity.<sup>2</sup> Nearly 7 in 10 adults who had these experiences also reported adverse consequences, including not receiving or delaying getting needed benefits and looking for other ways to apply.

## Findings

Overall, 8.6 percent of nonelderly adults whose families had ever received or applied for public benefits reported they had experienced unfair treatment or judgment because of their race or ethnicity while applying, including 15.8 percent of Black adults, 11.9 percent of adults of additional races, 9.1 percent of Hispanic/Latinx adults, and 6.0 percent of white adults (figure 1).

FIGURE 1

**Share of Adults Ages 18 to 64 Whose Families Ever Received or Applied for Public Benefits Reporting Unfair Treatment or Judgment Based on Their Race or Ethnicity When Applying for Public Benefits, by Race and Ethnicity, April 2021**



Source: Health Reform Monitoring Survey, April 2021.

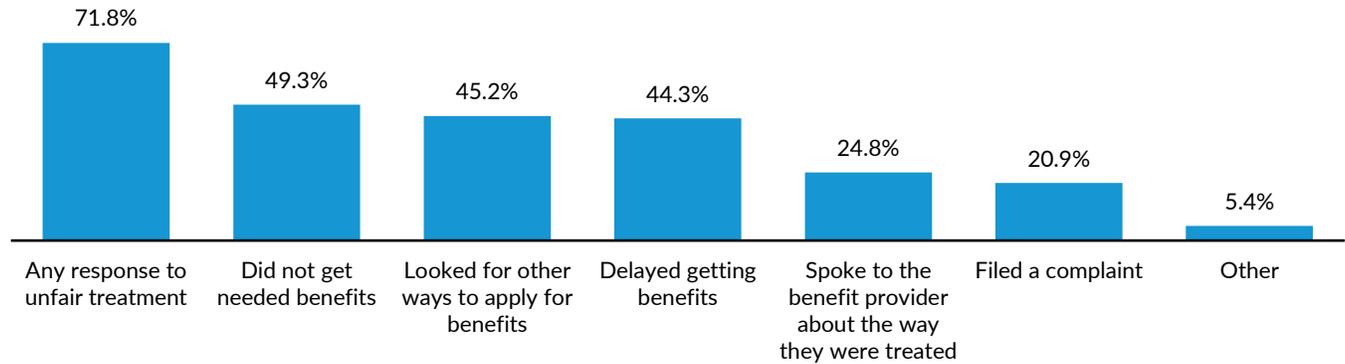
Notes: Adults of “additional races” are non-Hispanic adults who are Asian, Native Hawaiian, Pacific Islander, American Indian/Alaska Native, or more than one race. Rates of unfair treatment vary among the groups in this category, but survey sample sizes do not allow for reporting disaggregated results.

Figure 2 shows that among the 8.6 percent of adults who reported ever experiencing unfair treatment or judgment when applying for assistance, more than two in three (71.8 percent) reported experiencing a

consequence or taking an action. Overall, 68.9 percent reported an adverse consequence (data not shown), including not receiving needed benefits (49.3 percent), looking for other ways to apply for benefits (45.2 percent), and delaying getting benefits (44.3 percent). In addition, almost 25 percent spoke to the provider about the way they were treated, and 20.9 percent filed a complaint.

FIGURE 2

**Consequences of and Responses to Unfair Treatment or Judgement among Adults Ages 18 to 64 Whose Families Ever Received or Applied for Public Benefits and Who Were Ever Treated or Judged Unfairly Because of Their Race or Ethnicity, April 2021**



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Source: Health Reform Monitoring Survey, April 2021.

Note: Respondents could select multiple options.

**Policy Implications**

Our findings show that people face consequences when they feel treated or judged unfairly because of their race or ethnicity when applying for public benefits. Delays in receiving benefits or services (or not receiving them at all) can lead to increased material hardship. Looking for other ways to apply for benefits and filing complaints also take time and require the knowledge and resources to navigate complex bureaucratic systems. However, the following actions may help prevent these experiences and mitigate their consequences: emphasizing professionalism and training to improve benefit providers’ interactions with clients, changing these providers’ incentive structure to encourage a customer service orientation, strengthening community-based enrollment options to help people persist through complex application processes, and streamlining application processes so applicants face fewer hurdles and potentially negative interactions with frontline staff. For more information, see “[What Happens When People Face Unfair Treatment or Judgment When Applying for Public Assistance or Social Services?](#)” by Eleanor Pratt and Heather Hahn.

<sup>1</sup> The April 2021 Health Reform Monitoring Survey builds on the Urban Institute’s December 2020 Well-Being and Basic Needs Survey that asked respondents about these experiences in the past 12 months. See Eleanor Pratt and Heather Hahn, “[What Happens When People Face Unfair Treatment or Judgment When Applying for Public Assistance or Social Services?](#)” (Washington, DC: Urban Institute, 2021).

<sup>2</sup> Rates of unfair treatment vary among the races and ethnicities in the “additional races” category, but survey sample sizes do not allow for disaggregating results. “Black” and “white” refer to adults who do not identify as Hispanic/Latinx. For more on question wording and language choices, see the brief cited above.