

## **Policy Responses to Crisis: SNAP, WIC, and Medicaid Access During the COVID-19 Pandemic**

The onset of the COVID-19 pandemic raised new public health concerns and ushered in an unprecedented economic crisis. The COVID-19 pandemic also led to policy changes that transformed the generosity and accessibility of safety-net programs. Federal policy waivers empowered states to loosen application guidelines, extend eligibility periods, and ease how beneficiaries can use assistance programs. However, the economic fallout of the pandemic increased demand for public assistance programs that has outpaced the capacity of many resource-constrained social service agencies. Given sweeping policy changes and growing demand, Jamila Michener and I have spent the last two years conducting qualitative interviews with families who have experienced these shifts in Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Medicaid. Despite the prevalent use of WIC, SNAP, and Medicaid by households with young children, research seldom considers how WIC, SNAP, and Medicaid operate concurrently in the lives of vulnerable families.

We ask the following: what are the barriers to accessing, maintaining, and using public SNAP, WIC, and Medicaid? How does variation in state-level policy rules and program administration across WIC, SNAP, and Medicaid structure program beneficiaries' access to the benefits and resources that each program offers? How do such differences shape beneficiaries' attitudes towards and engagement with each program? Finally, how has COVID-19 influenced access to these assistance programs? Our project also investigates how agencies have adapted to unprecedented demand and new ways of engaging clients (remote telework, new application guidelines, extended eligibility deadlines).

Policymakers, administrators, and researchers seldom consider how families access and maintain multiple social assistance programs at a given time. Yet, national estimates of program participation suggest that families with young children experience multiple programs at once. For example, over two-thirds of WIC (Supplemental Nutrition Program for Women, Infant, and Children) participants also receive Medicaid and a third of WIC participants are also SNAP beneficiaries (Kline et al. 2022). This overlap is consequential. Research has found that prenatal WIC participation boosts Medicaid cost savings by improving birth outcomes (Devaney and Schirm 1993) and other studies have shown how WIC participation in childhood enhanced access to the health care system over the life course (Buescher et al. 2003). These and many other studies point to the positive spillover effects of all three programs on public health and child development for low-income families (Bitler and Currie 2005; Siega-Riz et al. 2004; Bersak and Sonchak 2018; Hoynes, Schanzenbach, and Almond, 2016). Through multi-state qualitative interviews with program beneficiaries, administrators, and front-line staff, we assess how vulnerable families experienced WIC, SNAP, and Medicaid throughout the pandemic and the spillover effects of eased or—in some cases—constrained access.

Our project is an important step for advancing knowledge of how to effectively design and administer social policy to achieve equity, especially during times of economic crisis and sweeping policy changes. Moreover, our comparative case study of these programs helps us identify the strengths and weaknesses of policy design to help inform policy change. As such, our project closely aligns with the foundation's Social, Political, and Economic Inequality program which attends to the causes and consequences of inequalities in the U.S. and how inequality influences individuals and families.

As a visiting scholar, I will have the time to lead data analysis and draft article-length manuscripts. I can also access an interdisciplinary intellectual community that can push my thinking on the data and help generate new directions for analysis and projects. For example, we have a tremendous amount of data that could be used for a book manuscript. My time in residence may help clarify that possibility.

## **Research Methodology**

We use a multi-state research team to conduct semi-structured qualitative interviews with 180 workers and 400 beneficiaries (across all three programs). We collect this data across North Carolina, Kentucky, and Pennsylvania. These study sites vary by demographic factors, state policy rules, and performance on state and federal benchmarks that define program access. Most crucial is that these states vary by state policy rules and program administration—the factors we seek to understand concerning our outcomes of interest (beneficiaries' access to resources and engagement with programs). Along with interview data, we will also draw from a census of policy briefs, policy manuals, and available administrative data.

We take an interpretive approach to research design and data analysis (Haverland and Yanow 2012; Schwartz-Shea and Yanow 2012). We seek to understand how beneficiaries, bureaucrats, and administrators perceive and make sense of program experiences and policy implementation. We systematically collect data by using similar sampling strategies and semi-structured protocols across all three states. We also have a sample size that is larger than typical qualitative samples. This reflects our partnerships with state and county agencies where we prioritize their needs for larger data sets that capture a range of program experiences to inform practice. However, we do not pursue random or probability samples because we aim to generate rather than test hypotheses with our data. To that end, we capture significant variation within and across our cases that will generate useful theory and concepts for the field.

With regards to analysis—we combine deductive and inductive approaches. Deductively, we organize our data by interview questions and broader themes from social policy research like administrative burdens and street-level bureaucracy. Inductively, we apply grounded theory conventions to code for emergent themes (Glaser and Anselm Strauss 2017). We conduct line-by-line, focused, and axial coding to develop emergent themes and connections between themes. This process is iterative and includes discussions between coders and triangulation between the interview data policy briefs and manuals, and the insights of our research partners. Finally, we use multiple coders and inter-reliability scores a check on the coding strategy. The team writes analytical memos throughout the coding process that ultimately inform manuscripts.

## **Timeline and Output:**

The research team has conducted over 300 client interviews and 90 staff interviews across Kentucky and North Carolina thus far. The team has begun data collection in Pennsylvania that will conclude by Spring 2023. Three papers from the North Carolina interviews have been published or are forthcoming. The first paper presents an analysis of 44 in-depth qualitative interviews with WIC beneficiaries on how they experience and evaluate remote appointments brought about by Families First Coronavirus Response Act (FFCRA) policy waivers (Barnes and Petry 2021). We find that WIC participants report satisfaction with remote appointments and reduced compliance costs of accessing and maintaining benefits.

We also find that families encountered inaccessible workers and benefit delays. My forthcoming paper "Administrative Burden and Administrative Exclusion During the COVID-19 Pandemic," shows how administrative exclusion—organizational practices that exclude eligible individuals from public assistance programs—can create administrative burdens for families trying to access critical support throughout the pandemic (Brodkin and Majmundar 2010). I use 100 qualitative interviews with applicants for or recipients of WIC, SNAP, and Medicaid to show how—despite federal efforts to ease access to benefits—beneficiaries reported inaccessible workers, lost paperwork, and stressful experiences when trying to access benefits.

Finally, the North Carolina interviews show how efforts to reduce administrative burdens are ineffective if beneficiaries are unaware of these policy changes (Barnes and Riel 2022). Policy waivers extended SNAP recertification deadlines by six months and allowed SNAP participants to redeem benefits online. In theory, online shopping could ease the shopping experience during the pandemic. Under Covid policy waivers, WIC also eased benefit redemption by offering more flexible food options. These changes should have reduced the burden of program participation for SNAP and WIC beneficiaries but many program participants did not benefit from these policy changes because they did not know about them.

These analyses have contributed to social policy research and positively influenced policy and practice in North Carolina. To date, my research team and I have conducted more than 300 interviews with agency staff and program recipients across eight counties. We have offered real-time insights through webinars to state and county administrators on how workers are adjusting to policy shifts and how families are or aren't accessing programs. The research team developed six briefs about program retention strategies for North Carolina's Secretary of Health and Human Services, county commissioners, and agency directors. We are currently working with the state to develop actionable state-level steps to reduce food insecurity and health disparities in North Carolina through program participation in WIC, SNAP, and Medicaid.

Expanding the scope of data collection to two other states has widened our potential to impact access to critical safety-net programs. We are also poised to move the field forward with grounded qualitative insights on how key aspects of policy design can shape access to programs. As data collection for this project concludes, the visiting scholar program will help jump-start data analysis of this cross-state data around three objectives.

#### Objective 1: Examining COVID 19 Policy Waiver Adoption Across Welfare Bureaucracies

Given sweeping policy changes and growing demand brought about by the Coronavirus Pandemic, we examine how welfare bureaucrats have adapted to unprecedented demand and new ways of engaging clients (e.g. remote telework, new application guidelines, extended eligibility deadlines). We plan to analyze interviews with SNAP, WIC, and Medicaid workers to understand how they adapted COVID policy waivers that should have reduced the administrative burden for applicants amidst the COVID-19 pandemic. We aim to draw on the administrative burden, street-level bureaucracy framework, and the job demand and resources theory to examine the challenges bureaucrats experienced while adapting to policy changes. We expect that workers will report psychological distress and burnout while adapting to COVID policy changes and increased demand for benefit programs. These challenges may stem from constraints highlighted by the street-level bureaucracy literature—limited resources, ambiguous policy goals, and challenging performance standards. Preliminary analysis suggests that sharp increases in caseloads and pressures to meet federal and state performance standards constrained workers' capacity to assist applicants. Further, workers received rapid conflicting information

about policy changes throughout the pandemic that dramatically shifted their responsibilities and tasks—contributing to the stress of policy implementation.

## Objective 2: Variation in Administrative Burden by State Administrative Rules and Structure

One of our goals in case selection was to select cases that vary by administrative systems. We focus on the degree to which counties and private actors have discretion in implementing federal programs. Since welfare reform, devolved or decentralized policy implementation has empowered states to determine the scope of program benefits and how programs are delivered. States have used that authority to delegate service delivery to for-profit and nonprofit organizations or regional and county governments. While social policy research has largely explored the consequences of decentralized implementation in welfare-to-work programs, decentralized implementation is a prominent feature of administration in other programs like SNAP, WIC, and Medicaid.

For example, North Carolina delivers assistance programs through a state-led county-run system, where counties have discretion over service delivery and raise funds to administer SNAP and Medicaid benefit programs. In contrast, Kentucky has a centralized state system that leverages technology to facilitate program enrollment. Finally, Pennsylvania administers SNAP and Medicaid through state-run county offices but delivers WIC through county health departments and nonprofits. In addition, all three states have distinct rules and intake processes. We leverage our qualitative data to examine how these key differences in administration and policy rules shape families' experiences with administrative burdens across these states. The findings may be instructive for policy and practice interventions aimed at reducing administrative burden.

## Objective 3: Racialized Experiences with SNAP, WIC, and Medicaid

Early historical research has documented the discriminatory social policies that have discouraged low-income African Americans from using critical safety-net programs (Lieberman 2001; Katzelson 2005). Newer work examines highlights the features of policy administration and policy design that contribute to racialized experiences with social policy (Ray, Herd, and Moynihan 2020). For example, studies highlight the role of decentralized policy administration in creating and exacerbating racial disparities in the generosity and accessibility of safety-net programs (Michener 2018; 2019). Conservative states and states with higher proportions of African Americans sanction Black TANF clients more, deny SNAP applications at higher rates, and increase barriers to Medicaid (Kogan 2017; Soss et al. 2011; Campbell 2014).

Other research suggests that racial minorities may perceive disparate treatment from bureaucrats suggesting that racialized politics of welfare programs play out in offices as workers deliver programs (Barnes and Henly 2018; Gooden 1998; Watkins-Hayes 2009; Soss et al. 2011). In the case of cash-based assistance, the pressure to "push" clients off the rolls leads workers to rely on racial stereotypes to size up clients when deciding agency action (e.g., program eligibility or sanctions). As a result, bureaucrats disproportionately sanction African American clients (Soss et al. 2011) regardless of their own racial identity (Schram et al. 2009). We aim to bridge these insights to explore whether and how Black and Hispanic families experience unequal administrative burdens and disparate treatment in WIC, SNAP, and Medicaid as they use all three programs concurrently before and throughout the pandemic.

Taken together, these research objectives closely align with Russell Sage's Social, Political, and Economic Inequality program by examining how public policy and implementation contribute to disparities in citizen-state interactions. We also investigate how distinct institutional configurations and administrative capacity can shape access to programs that have been shown to buffer economic hardship, improve child and maternal health outcomes, and enrich child development. A year in residence will give me time to lead and conduct data analysis. The visiting scholar program will also offer valuable feedback from the Russell Sage Foundation community—strengthening the project's contribution to research, policy, and practice.

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