



The Experience of Administrative Burdens in SNAP and Medicaid: New Evidence from a Nationally Representative Survey of Low-Wage Workers

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Highlights

- Public benefits programs may require individuals to navigate challenging or complex rules around eligibility and compliance, while negative experiences with program staff may impose psychological costs—these experiences are collectively referred to as *administrative burdens*.
- We developed a new measure of administrative burden and assessed the experience of these burdens among low-wage workers who had interacted with SNAP and Medicaid programs.
- We find that experiences of administrative burden were common, and ranged between 9% and 32%, depending on the type of burden.
- Burdens associated with learning about program eligibility were the most common, and low-wage workers reported more burdens in SNAP than in Medicaid.
- We also found that the experience of administrative burden in SNAP was associated with worse food sufficiency, while the experience of burdens in Medicaid was associated with higher rates of healthcare hardship and chronic disease. This indicates that administrative burdens in these programs may be disproportionately affecting those who need the programs the most.

When it is functioning correctly, the U.S. social safety net ensures that everyone can reach a basic standard of living regardless of their economic circumstances and provides financial support to help families who have fallen on hard times due to job losses or other adverse life events. However,

accessing essential social safety-net programs is not a simple, straightforward process. These programs often have complex rules around eligibility, documentation requirements, and compliance. Those features make enrolling and staying in the programs difficult for many families. In addition, public program



applicants and beneficiaries may also experience negative interactions with program staff. Such experiences lead to feelings of powerlessness and disrespect.

These experiences are commonly called *administrative burdens*, a term referring to difficulties program applicants face in accessing the benefits to which they are entitled under law. These experiences necessarily limit the reach and efficacy of the U.S. social safety net. If families cannot easily learn whether they are eligible for a program, or what the program's benefits are, they may never apply for the program. If families cannot navigate confusing compliance requirements or participate in the activities required to maintain eligibility (e.g., attending caseworker meetings or traveling to agency offices), they may not remain in the program. If they feel that agency staff are discriminatory or treating them with disrespect, families may be less likely to enroll in or stay on the benefits to which they are entitled.

Researchers have identified three primary types of administrative burdens:¹

- *Learning burdens*: difficulties in identifying program benefits and eligibility criteria.
- *Compliance burdens*: requirements to provide paperwork, attend meetings, and meet other administrative conditions to access benefits.
- *Psychological burdens*: the stresses, stigma, and negative feelings that emerge from interacting with the benefits system.

Work on addressing these burdens is growing. The Biden administration implemented the [Burden Reduction Initiative](#) through the Office of Information and Regulatory Affairs, with the aim of identifying and reducing the time, stress, and stigma associated with accessing government benefits. It remains to be seen whether those priorities will carry over into the second Trump administration. Given the expanding focus on administrative burdens, researchers have begun developing tools to measure and assess administrative burden experiences. One recent study, for example, developed simple one-question and three-question scales to measure the subjective experience of administrative burden among Supplemental Nutrition Assistance Program (SNAP) recipients.² Others have focused on measuring “objective” costs such as time spent trying to access public services.³

In this brief, we build on that prior research to (a) present a new measure of administrative burden that captures multiple dimensions of learning, compliance, and psychological burdens; (b) examine differences in those burdens between SNAP and Medicaid; (c) identify who reports experiencing these burdens; and (d) investigate the correlation between the experience of burden in these programs and measures of health-related hardship. We draw upon data from the [Workforce Economic Inclusion and Mobility](#) Survey of a nationally representative sample of 2,511 low-wage U.S. workers with incomes below 250% of the federal poverty line. Our analysis draws on Wave 1 of the survey, which was administered in November and December, 2023.

Measuring Administrative Burden

We constructed the administrative burden scale by conducting a literature review to identify different types of burdens public

benefit recipients might face, a research review to identify prior survey questions on administrative burden, and consultations with field experts. As a starting point, we drew items from the Urban Institute's 2021 [Well-Being and Basic Needs Survey](#),⁴ which included three questions on difficulties determining program eligibility, difficulties providing documentation, and feeling discriminated against because of race or ethnicity. Following our research review and expert input, we updated and added to this scale to measure seven different components of administrative burdens. Respondents who reported receiving, applying for, or considering applying for SNAP or Medicaid in the prior 12 months were asked whether there was ever a time when the following were true:

Learning Burdens

- You had trouble figuring out if you or your family members were eligible for the program?
- You had trouble learning about the program's benefits?

Compliance Burdens

- You had trouble providing required documentation or paperwork to apply or re-enroll (re-certify) in the program?
- You had trouble attending caseworker meetings, traveling to government offices, attending classes, or other activities required to apply, enroll, or re-enroll in the program?

Psychological Burdens

- You felt that program staff did not treat you with courtesy or respect?
- You felt frustrated, powerless, or violated when you interacted with program or program staff?
- You felt treated or judged unfairly because of your racial or ethnic background?

We focused specifically on SNAP and Medicaid recipients in this study for two reasons. First, SNAP and Medicaid have been identified as programs that impose an array of administrative burdens on participants.⁵ Second, Medicaid is the largest nonretirement social safety-net program in the country, and SNAP is the third largest (behind the Earned Income Tax Credit, which is likely not subject to the same administrative-burden considerations operative in other programs).⁶

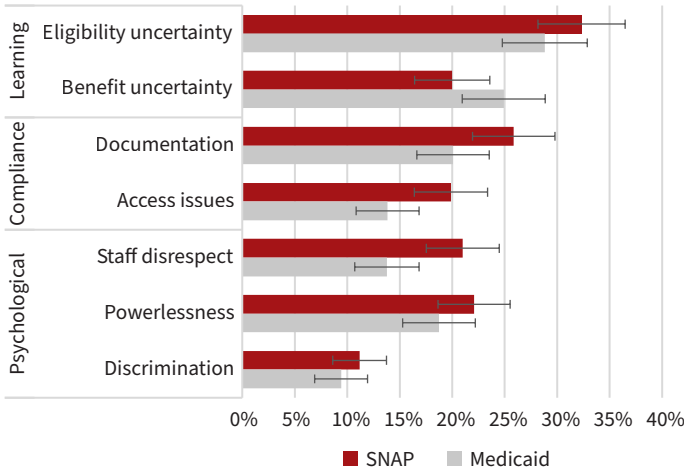
Results

How Common Are Administrative Burdens in SNAP and Medicaid?

In **Figure 1**, we examine the rates at which study participants reported experiencing different administrative burdens in SNAP and Medicaid. The percentage of respondents reporting administrative burden experiences ranged from 9.4% and 32.3%, varying by burden and program. Feeling discriminated against was the least commonly reported burden, and difficulty in determining program eligibility was the most. Experiences of administrative burdens were also more common in SNAP than Medicaid, with one exception. The rate at which study participants reported difficulty in learning about Medicaid benefits was higher than the

FIGURE 1

Rates of Administrative Burden in SNAP and Medicaid



Note. SNAP = Supplemental Nutrition Assistance Program. N = 1,007 to 1,037 respondents who reported considering applying for, applying for, or participating in SNAP or Medicaid; 95 percent confidence intervals reported.

Roughly 20% to 26% of SNAP participants reported trouble providing documentation, attending required meetings, or traveling to government offices; staff disrespect; and feeling powerless.

rate for reported difficulty in learning about SNAP benefits. This may be due to the fact that health insurance benefits in general are more complicated than near-cash benefits like those in SNAP. Roughly 20% to 26% of SNAP participants reported trouble providing documentation, attending required meetings, or traveling to government offices; staff disrespect; and feeling powerless. By comparison, roughly 14% to 20% of people reported these experiences with Medicaid.

Who Reports Experiencing Administrative Burdens?

Table 1 examines the demographic and economic characteristics of participants who reported experiencing learning, compliance, or psychological burdens in either SNAP or Medicaid. Participants in households that had a member with a disability (HMD) comprise the only group that consistently reported higher rates of burden across the three categories. For example, 33% of participants who did not report a compliance burden came from such a household, while 47% of those who did report a compliance burden came from households that include a member with a disability—a nearly 50% difference. Households with higher incomes (in our low-income sample) were more likely than the lowest income ones to report learning burdens, while households with the highest educational attainment were more likely than those with the lowest attainment to report psychological burdens. These findings may speak to the role of familiarity. Households with extremely low incomes may be eligible for more public benefits than those with higher incomes, which may improve their ability to navigate benefits systems and better manage administrative burdens. The youngest respondents (aged 18 to 29) were more likely to report compliance burdens than learning or psychological burden, while middle-aged respondents (aged 45 to 59) were more likely to report psychological burdens than learning or compliance burdens.

The Relationships Between Administrative Burdens in SNAP and Food Insufficiency

Social safety-net programs like SNAP and Medicaid are critical in helping households avoid hardships that can be harmful to their health and well-being. As such, administrative burdens in accessing and maintaining eligibility for these programs may exacerbate households' hardship risk. In **Figure 2**, we examine the relationships between the administrative burdens in SNAP and a measure of food insufficiency, which asked respondents, "How confident are you that your household will be able to afford the kinds of food you need for the next four weeks?" Across each of the different types of burdens—as well as a summary measure of experiencing any burden in SNAP—the pattern is consistent: Those who experienced administrative burdens in SNAP were statistically significantly and substantially more likely to report that they were not at all confident in their ability to afford food over the next four weeks. Roughly 40% to 50% of those who were not at all confident in affording food reported experiencing learning, compliance, or psychological burdens.

TABLE 1

Sociodemographic Predictors of Administrative Burden

	Learning Burden			Compliance Burden			Psychological Burden		
	% No	% Yes	Sig.	% No	% Yes	Sig.	% No	% Yes	Sig.
Annual income									
0 to \$10K	15.2	17.4		13.8	21.3		13.9	21.8	
\$10K to \$30K	40.1	27.8		37.0	30.8		37.2	29.8	
\$30K to \$50K	30.3	34.2		33.2	29.0		31.7	32.4	
\$50K+	14.4	20.5		16.0	18.9		17.2	16.0	
Nonretirement savings									
None	31.8	22.2		29.6	23.6		27.9	27.4	
\$500 or less	22.2	25.3		21.9	27.0		21.4	28.6	
\$501 to \$5,000	24.5	31.4		26.2	30.0		26.4	29.9	
>\$5,000	21.5	21.2		22.3	19.4		24.3	14.1	
Race/ethnicity			*						
White, non-Hispanic	52.8	63.8		55.8	60.8		57.8	56.3	
Black, non-Hispanic	16.0	10.2		14.4	12.0		13.1	14.9	
Hispanic	20.2	15.3		18.2	18.1		18.4	17.6	
Other	10.9	10.7		11.6	9.1		10.7	11.2	
Household member with disability			*			***			*
No	66.7	56.9		67.1	52.7		65.6	55.0	
Yes	33.3	43.1		32.9	47.3		34.4	45.0	
Age						*			*
18–29	23.7	22.2		20.9	27.9		23.8	21.3	
30–44	35.6	37.6		36.6	36.0		36.0	37.5	
45–59	29.8	29.7		29.7	30.0		27.7	35.1	
60+	10.9	10.4		12.7	6.1		12.5	6.1	
Educational attainment									
Less than high school	8.1	7.3		7.4	8.5		8.1	6.9	
High school graduate or equivalent	31.8	22.1		27.8	27.9		26.8	30.7	
Some college/associate's	25.9	26.6		25.9	26.9		24.1	31.8	
Bachelor's	26.9	34.1		30.4	28.6		33.7	19.8	
Postgraduate/professional	7.3	9.9		8.5	8.2		7.4	10.9	
Employment status									
Employed	60.4	61.7		62.1	58.4		59.9	63.9	
Self-employed	22.9	24.4		22.7	25.4		24.1	22.0	
Furloughed/unemployed	13.6	11.4		12.5	13.1		13.5	10.3	
Other	3.1	2.5		2.8	3.1		2.5	3.8	
<i>N</i>	725	508		855	378		894	340	

Note. Sig. = Statistical significance level. This analysis combines all participants in the Supplemental Nutrition Assistance Program and Medicaid.

* $p < .05$; ** $p < .01$; *** $p < .001$.

The Relationships Between Administrative Burdens in Medicaid, Chronic Illness, and Health Care Hardship

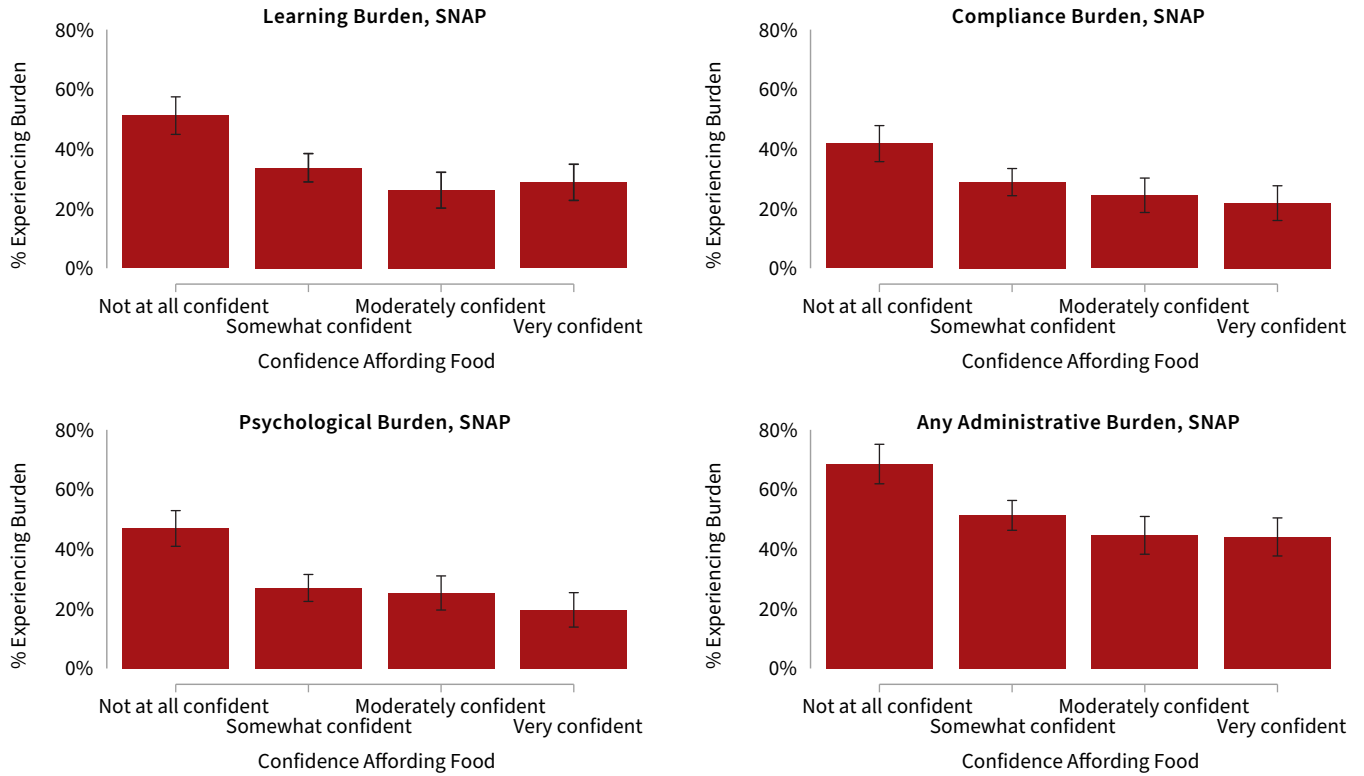
We also examine the relationships between experiencing administrative burdens in Medicaid and two measures of health distress. The first measure is whether a study participant reported having a chronic illness such as heart disease, cancer, diabetes, a stroke, arthritis, or lung disease. Roughly 130 million Americans have a major chronic illness, and treatable chronic illnesses are associated with five of the top ten causes of death.⁷ Given this, the ability to easily access Medicaid services may be an essential lifeline for many Americans. In **Figure 3**, we examine the relationships between the administrative burdens

in Medicaid and chronic illness. Individuals reporting a chronic illness were much more likely to report experiencing each type of burden. For example, while 19% of those without a chronic illness reported a compliance burden with Medicaid, 29% of those with a chronic illness reported the same—a 53% difference.

In **Figure 4**, we examine the relationships between administrative burdens in Medicaid and healthcare hardship. To measure healthcare hardship, we asked participants, “During the past 12 months, was there any time when you needed any of the following, but didn’t get it because you couldn’t afford it?” The list included (a) prescription medicine, (b) mental-health care or counseling, (c) emergency care, (d) dental care (including checkups), (e) eyeglasses, (f) seeing a regular

FIGURE 2

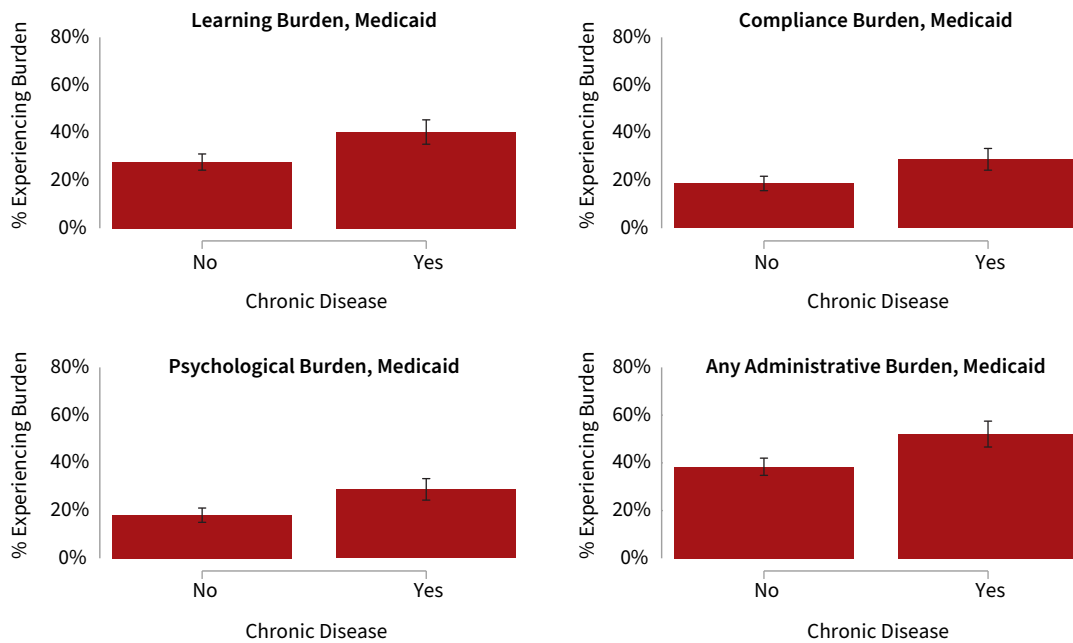
The Relationships Between Administrative Burdens in SNAP and Food Insecurity



Note. SNAP = Supplemental Nutrition Assistance Program. *N* = 1,049.

FIGURE 3

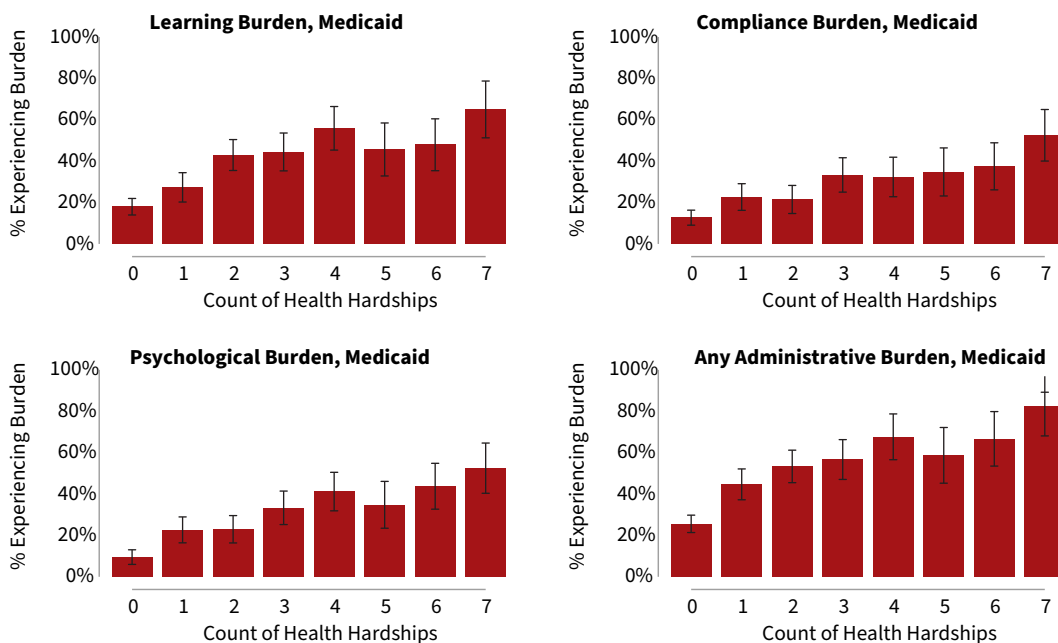
The Relationships Between Administrative Burdens in Medicaid and Chronic Illness



Note. SNAP = Supplemental Nutrition Assistance Program. *N* = 1,049.

FIGURE 4

The Relationships Between Administrative Burdens in Medicaid and Healthcare Hardships



Note. N = 1,050.

doctor or general health provider, and (g) seeing a specialist. We then created a measure that counted the number of these experiences reported by each participant. Figure 4 shows strong relationships between the administrative burdens in Medicaid and difficulty in affording each of these health services. For example, only 13% of those who had no healthcare hardships experienced a compliance burden, and that number triples for those who experienced three hardships.

Policy Implications

Our findings indicate that problems accessing benefits are associated with problems these benefits are meant to alleviate. People experiencing food insufficiency have more problems accessing SNAP. People who are sick have more problems accessing Medicaid. Unsurprisingly, those who have trouble accessing Medicaid report deferring needed healthcare due to cost. For people with chronic illness, deferred care heightens the risk of worse health outcomes and higher costs to the system. That people who are hungry have trouble accessing SNAP and those who are sick have trouble accessing Medicaid suggests unmet demand. Though both programs are entitlements (supply is unconstrained from congressional spending limits), a way to control entitlement spending is to restrict access.

Though efforts to reduce administrative burdens—such as those pursued by the Biden administration—have often been focused on the federal level, most SNAP and Medicaid benefits are administered by states. Several states—both red ones and blue—are working to reduce administrative burden. Strategies include the following:

- Streamlining and simplifying applications.

- Using existing information to confirm continued eligibility without requiring recipients to provide information (ex parte renewals).
- Improving the design of internet- and mobile-based applications.
- Implementing categorical eligibility (e.g., enrollment in Medicaid makes one categorically eligible for SNAP).⁸

For example, 44 states use broad-based categorical eligibility, wherein households enrolled in the Temporary Assistance for Needy Families program are also eligible for SNAP. States could prioritize strategies based on a continuum of effort required from applicants and enrollees to maintain eligibility, affording the greatest priority to options requiring less effort. In particular, four strategies are noteworthy for the low level of burden they impose: categorical eligibility, presumptive eligibility and ex parte renewals using administrative data (e.g., from W2 and 1099 forms); application forms prepopulated with administrative data; and lastly, applications that are easier to complete via manual entry. Presumptive eligibility could be enhanced through machine learning algorithms that use a limited amount of information about an individual to predict their eligibility for SNAP and/or Medicaid.

Strategies to reduce or eliminate administrative burden are especially important for individuals with physical mobility and cognitive limitations, persons living in rural areas, and persons with limited access to and ability to interact with internet- and mobile-based application systems. Code for America's partnership with 15 states seeks to streamline applications and make them easier to navigate. The undertaking is promising,

yet states also need to adjust eligibility parameters and determination processes. For example, we find that workers in households with income in the \$30,000 to \$50,000 range have the highest learning burdens. This may indicate that these households straddle income-eligibility limits and have to navigate various rules for counting income and assets, such as the rules for SNAP's Excess Shelter Costs Deduction.

Simply put, the ability to afford food and access healthcare is essential. Yet our findings show that major public programs like SNAP and Medicaid, which serve tens of millions of people, are imposing substantial burdens on many Americans trying to access benefits, and we find that these burdens are highest for those who need the programs the most. Inasmuch as equitable access to food, nutrition, and healthcare services are priorities for policymakers, reducing the costs placed on people trying to access these programs must also be a priority.

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Notes

¹ Moynihan et al. (2015).

² Jilke et al. (2023).

³ Holt (2023) and Madsen et al. (2022).

⁴ Urban Institute (2021).

⁵ Herd and Moynihan (2019).

⁶ Macartney and Ghertner (2023).

⁷ Benavidez et al. (2024).

⁸ Wikle et al. (2022).

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