



RESEARCH ARTICLE OPEN ACCESS

How Framing of Income Eligibility Guidelines Affect Attitudes Towards Program Access and Burdens in Health and Health-Protective Programs

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Received: 21 May 2025 | **Revised:** 20 September 2025 | **Accepted:** 1 October 2025

Keywords: administrative burden | health programs | health-protective programs | Medicaid | program eligibility | Supplemental Nutrition Assistance Program (SNAP) | work requirements

ABSTRACT

Policymakers organize and frequently communicate safety net policies, such as eligibility guidelines around administrative categories. The potential effects on how these thresholds are communicated remain empirically unexplored. We examined if communication either in terms of the Federal Poverty Line (FPL)- or dollar-form alters preferences around program eligibility and administrative burdens in the Supplemental Nutrition Assistance Program (SNAP) and Medicaid. We fielded a survey that ($N = 4157$), which included a pre-registered survey experiment with racially/ethnically identifiable names for potential beneficiaries. We found that individuals whose cases are presented in terms of the FPL are less likely to enjoy public support for Medicaid benefits. The results did not hold for evaluations of SNAP or for evaluations of work requirements. We found no differences based on the race or ethnicity presented in the vignettes, but identified consistent differences based on partisanship, ideology, and knowledge of the disparate effects of burdens. Differences in the framing of eligibility limits may affect public attitudes. Future research should further explore the nuances of this initial study.

1 | Introduction

Many individuals who live in poverty are not enrolled in public assistance programs. Two contributing factors are eligibility guidelines and administrative burdens (Herd and Moynihan 2018). In the United States, eligibility guidelines for public assistance programs vary widely across programs, and, because most public assistance programs are established as shared-governance arrangements between the states and the federal government, across states (Haeder and Weimer 2015a, 2015b). At the same time, administrative burdens such as work requirements prevent many individuals who are eligible for assistance based on their income and assets to enroll in programs because the administrative burdens associated with program enrollment and maintenance may just be too steep for some individuals (Herd and Moynihan 2018).

It is well-established that this disproportionately affects marginalized and underserved populations (Herd and Moynihan 2018). In combination, a large portion of individuals who are objectively in need of public assistance are unable to access it in consistent and meaningful ways (Ko and Moffitt 2024).

The existing literature makes clear that both eligibility decisions and administrative burdens are not randomly distributed (Herd and Moynihan 2018). Instead, perceptions of deservingness play a major role in program design (Gilens 1999; Haeder 2025a; Laenen 2020; Schneider and Ingram 1997; Soss and Schram 2007; Van Oorschot 2000). This includes assessments of the behavior or characteristics of potential beneficiaries by the public as well as by policymakers (Laenen 2020; Steensland 2006, 2011; Van Oorschot 2000, 2002). In addition, the race and ethnicity

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Summary

- Policymakers organize and frequently communicate safety net policies, such as eligibility guidelines around administrative categories.
- We found that presentations in dollars terms, as compared to those in terms of Federal Poverty Line may at times affect attitudes about program eligibility and work requirements.
- We also found consistent differences in attitudes about program eligibility and work requirements based on partisanship, ideology, and knowledge of the disparate effects of burdens.

of potential policy targets, and the stereotypes associated with them, have historically played an important role (Gilens 1999; Michener 2018). Moreover, because of perceptions of public programs and their target populations are intricately linked, perceptions of public assistance programs themselves may exert an independent effect on public attitudes, with some programs viewed more favorably than others (Haeder and Moynihan 2023b; Haeder and Sylvester 2025)

One potentially contributing factor to public perceptions of public assistance programs that has been unexplored is a seemingly mundane administrative detail in whether program eligibility is represented in terms of dollars or as a percentage of the Federal Poverty Line (FPL), the most commonly used measure of poverty and program eligibility in the United States since the 1960s (Fisher 1997; Kilduff 2022). While the two are inherently interchangeable, differences in representation may play an important role in shaping public perceptions and thus influencing policy debates and outcomes in meaningful ways. Indeed, policymakers will often frame policy proposals around FPL cutoff points (Béland et al. 2016; Grogan & Rigby 2008; Grogan et al. 2017). This framing may create a mismatch between how policy is conveyed by policymakers and how it is understood by the public, especially if the public assumes that people above the poverty limit have been judged by government to not be truly needy. Policymakers may take advantage of such confusion not just in their communication, but also in seeking to change the FPL in ways that make it less generous (Karni 2019). That is, while dollar amounts are universally understood, very few people would be able to accurately translate the FPL. However, little evidence exists about whether and how program eligibility information is communicated, presented either in dollars or as a percentage of the FPL, may affect public attitudes. In short, are public attitudes about programs and administrative burdens affected by how eligibility is communicated to the public? And does the public differentiate based on public assistance programs or beneficiary characteristics?

To assess how the presentation of program eligibility information affects public attitudes, we focus on two important policy components of the public assistance program. One is program eligibility. The second one is administrative burdens, the compliance, learning, and psychological costs associated with accessing public benefits (Herd and Moynihan 2018). Here, we specifically focus on one such burden, work requirements

(Haeder 2019c; Haeder et al. 2021a). Work requirements are policies in certain public assistance program the require beneficiaries to work for a certain amount of time per month or to complete alternative activities such as community services or training to maintain benefits. Moreover, we also seek to understand how attitudes about these issues may be affected across program as well as the race and ethnicity of beneficiaries, we fielded a national survey ($N = 4157$). The survey contained a vignette-based experiment that presented eligibility information in corresponding dollar- and FPL-terms focused on Medicaid, the joint federal and state program providing health insurance coverage for certain individuals with limited income and resources, and the Supplemental Nutrition Assistance Program (SNAP), also known as food stamps, which provides food benefits to certain low-income families. Importantly, the vignettes also utilized various names pre-tested in a previous survey to be strongly associated with White, Black, Hispanic, and Asian individuals by a large majority of respondents. While the literature on the topic is scarce, there are various reasons to believe that Americans may have a hard time interpreting the FPL and thus may be more favorable towards scenarios relying on dollar amounts instead of the FPL (Blumberg et al. 2013; Call et al. 2013; Haeder et al. 2023; Long and Goin 2014).

2 | Literature & Expectations

2.1 | Differences Between Dollars and the FPL

Public assistance programs take into account a variety of factors when determining eligibility, with income serving as a common measure, although other categories, such as assets may also play a role (Kilduff 2022). Indeed, for many public assistance programs, eligibility criteria can be excitedly complicated, involving diverse criteria such as income, assets, legal and parental status, amongst others. To help in the assessment of program eligibility, the federal government developed the so-called FPL in the 1960s at the Social Security Administration based on the “economy food plan” (Fisher 1997; Kilduff 2022). By the end of the 1960s, the federal government designated the official poverty thresholds with subsequent adjustments over the year (Fisher 1997). Despite a number of known shortcomings, the FPL continues to play a crucial role in U.S. poverty policy, political debates, and public assistance eligibility (Kilduff 2022).

While the FPL is established in dollar terms, reference is often made in percentage terms (Béland et al. 2016; Grogan & Rigby 2008; Grogan et al. 2017). While seemingly mundane, there are a number of reasons to believe that this differentiation—whether to frame income eligibility in terms of dollars or as a percentage of the FPL—may have substantial effects on public perceptions, although their directionality is not wholly clear. While the literature on the topic is scarce, there are various reasons to believe that Americans may have a hard time interpreting administrative categories like the FPL and thus may be more favorable towards scenarios relying on dollar amounts (Blumberg et al. 2013; Call et al. 2013; Haeder et al. 2023; Long and Goin 2014). First, in general, people struggle with administrative categories that are designed around administrative or policy logics rather than public understanding. This can apply to how people situate themselves or others into such categories (Moynihan

et al. 2022). Put differently, information presented in dollar terms is more relatable and tangible and hence makes it easier for individuals to make concrete assessments about an individual's status by offering clearer reference points and anchors (Kahneman and Tversky 1984; Thaler 2016; Tversky and Kahneman 1974). Information presented in terms of percentages of the FPL, on the other hand, may seem abstract and require substantial context and calculation—often in the absence of clear personal reference points (Kahneman 1992). Moreover, and connected to the opacity associated with presentations in terms of percentages just described, presentations in percentage terms may connect beneficiaries to the stigma associated with public assistance and poverty via the term federal *poverty* line (Katz 1996, 2013). It is also plausible that presentations in terms of percentages create more abstract or bureaucratic perceptions, creating further social distance and reducing empathy for potential beneficiaries (McCabe 2015). At the same time, framing in terms of dollars may more easily trigger an emotional response.

On the other hand, theoretical arguments exist that would make it plausible to expect more public support for presentations based on percentages of the FPL. The perceived technical and bureaucratic nature of presentations of eligibility in percentage terms and hence standardization and due process application may also create perceptions of fairness, accessibility, legitimacy, and inclusiveness and thus increase support (Brockner 2002; Ruder and Woods 2020). Dollar representation, on the other hand, may do more to individualize the specific recipient and increase skepticism. Moreover, presentation in dollar terms, particularly for individuals with larger families and hence higher thresholds, may seem overly generous for many individuals because they do not align well with traditional perceptions of “true” poverty (Haveman 1993; Haveman and Buron 1993; Kahneman 2013; Thaler 2016). In addition, the specific reference to the poverty line in the presentation of percentages may provide more immediate connections to poverty and thus who deserves to benefit from assistance (Haveman 1993; Haveman and Buron 1993). However, we note that in our case, using 130% of the FPL and thus exceeding the official poverty level, attitudes might deteriorate. As such, we might assume that people would interpret that the FPL represents a credible government estimate of what represents basic needs, and that those close to the 100% cutoff are sufficiently, or “truly,” poor to deserve access to government benefits (Haveman 1993; Haveman and Buron 1993).

Given that there has been no research on the topic, as well as the divergent theoretical expectations laid out above, no clear hypothesis emerges for our assessment of differences between representation in dollar terms as compared to those in percentage terms for either program eligibility or administrative burdens in the form of work requirements.

2.2 | Medicaid versus SNAP

In addition to our main focus, whether individuals differentiate in their assessment of program eligibility and work requirements affects whether eligibility is presented in dollar terms as compared to percentages of the federal poverty level; we are also interested in whether respondents further differentiate

across public assistance programs. Our focus here specifically lies on Medicaid and SNAP, two crucial pillars of the U.S. safety net that receive substantial policy attention (Desilver 2023; Guth et al. 2022; Haeder 2019c; Haeder et al. 2021a). Unlike cash-based programs like the Temporary Assistance for Needy Families, both Medicaid and SNAP are in-kind programs, that is, programs which provide beneficiaries with goods or services instead of cash payments. While in-kind transfers tend to be preferred by economists and beneficiaries alike, most public assistance programs worldwide rely on in-kind benefits for assistance (Cunha 2014; Gentilini 2016). One of the primary reasons for doing so is concerns about welfare fraud, which, while limited in reality, often features prominently in the minds of the public and policymakers (Rank et al. 2021). In addition, in-kind benefits allow policymakers to more directly target benefits to needs perceived as more deserving, such as health services or food (Kelman 1986).

Established in 1965, Medicaid provides health coverage for low-income children, families, seniors, and people with disabilities (Tolbert and Corallo 2024). Due to repeated expansions of the years (Brown and Sparer 2003), the program now serves as the second largest source of insurance coverage in the United States (KFF 2025a). After peaking at more than 90 million beneficiaries during the COVID-19-related public health emergency (Kaiser Family Foundation 2024), today almost 80 million individuals are enrolled in Medicaid (Medicaid.gov 2024). Annual costs for Medicaid approaches \$990 billion (KFF 2025b). While its crucial role in providing healthcare services to needy population has long been established, the COVID-19 pandemic further emphasized the importance of the program (Frenier et al. 2020; Schubel 2020). Moreover, the program serves an important role in reducing disparities in the United States, as almost 60 percent of beneficiaries are racial and ethnic minorities (Kaiser Family Foundation 2023). Put differently, Medicaid provides coverage for about 30% of Black and Hispanic nonelderly adults nationally (Guth et al. 2022), and it also supports a large proportion of individuals with disabilities (Guth et al. 2022). While the Affordable Care Act envisioned a national expansion to 138% of the FPL, litigation and Republican opposition prevented the full implementation of these provision, and states continue to offer diverse eligibility criteria, with 40 states covering adults to 138% of the FPL (Fording and Patton 2019; Haeder 2019b; Haeder et al. 2023; Haeder and Weimer 2015a, 2015b; Hopkins and Parish 2019). Work requirements have generally not been part of the Medicaid program, and at the moment, only Georgia has work requirements in place for parts of its Medicaid program (Desilver 2023; Gordon et al. 2023).

Like Medicaid, SNAP, which was created in 1964 to provide support for food purchasing to low-income families and individuals, also serves as an important part of the U.S. safety net (Desilver 2023). Today, SNAP provides benefits to more than 40 million individuals in more than 22 million households, with significant increases during the COVID-19 pandemic (Desilver 2023). Similar to Medicaid, the program has grown extensively over the years and now accounts for about \$120 billion in annual spending. Like Medicaid, it also provides disproportionate benefits to traditionally marginalized populations (Desilver 2023). Generally, SNAP benefits are capped at

130% of FPL. Work requirements are also more common in SNAP (Desilver 2023; Gordon et al. 2023).

Despite serving similar clientele, the programs differ in important ways including the perceptions that many Americans hold towards them. Crucially, there is some evidence that Americans look more favorably towards Medicaid than SNAP (Sanders 2023). At the same time, while both programs are technically providing only restricted in-kind benefits, SNAP is more susceptible to fraud (Haeder and Sylvester 2025). Indeed, persistent concerns remain that SNAP beneficiaries may resell food stamps or items purchased with SNAP benefits for cash (Chiaramonte 2013; Severson 2013), as well as other efforts to fraudulently purchase food (DiGiammerino et al. 2025; McClallen 2025). Lastly, evidence suggests that lack of access to healthcare raises particularly concerns among the general public, indicative of the unique role that good health plays in peoples' lives (Carpenter 2012; Fuchs 2011; Haeder 2019a). As noted before, SNAP also has a long history of requiring work efforts by at least some of the program's beneficiaries. We thus expect the following:

H1. *Respondents will be more supportive of individuals enrolling in Medicaid than SNAP across corresponding treatments.*

H2. *Respondents will be more supportive of administrative burdens for individuals enrolling in SNAP than in Medicaid across corresponding treatments.*

2.3 | Differences Based on Race and Ethnicity

Lastly, attitudes about the welfare state and public assistance have traditionally been steeped in racial perceptions in the United States (Katz 1996, 2013; Steensland 2006, 2011). More generally, race and ethnicity, often play an outsized role in shaping perceptions of deservingness (Akesson et al. 2022; Gilens 1996, 1999; Michener 2018; Snowden and Graaf 2019; Soss and Schram 2007). Indeed, stereotyping of Black individuals as lazy and undeserving, perpetuated by media portrayals, has been pervasive (Gilens 1996; Michener 2018, 2019; Stuber and Schlesinger 2006), and these processes have shaped public attitudes about programs like Medicaid and SNAP (Gilens 1996, 1999; Snowden and Graaf 2019; Soss and Schram 2007). Moreover, the public has generally overestimated minority enrollment in public benefits (Akesson et al. 2022). Racialized perceptions have only worsened with the election of President Obama (Banks 2013; Fording and Patton 2019; Grogan and Park 2017b; Henderson and Hillygus 2011; Lanford and Quadagno 2016; Pasek et al. 2009; Segura and Valenzuela 2010; Snowden and Graaf 2019; Tesler 2012) and the expansion of public benefits through the Affordable Care Act, for example (Banks 2013; Fording and Patton 2019; Grogan and Park 2017b; Henderson and Hillygus 2011; Lanford and Quadagno 2016; Pasek et al. 2009; Segura and Valenzuela 2010; Snowden and Graaf 2019; Tesler 2012). There is also evidence that the recent focus on immigration may negatively alter perceptions of Hispanics (Blackburn and Haeder 2024; Santhanam 2024). As a result, attitudes for public assistance programs today are often highly racialized (Barnes 2023; Gilens 1996, 1999; Haeder and Moynihan 2023b; Leitner et al. 2018; Snowden 2023). Moreover,

the emerging research on burden tolerance has confirmed the important role that race can play regarding work requirements (Haeder and Moynihan 2023a, 2023b, 2024; Haeder et al. 2021a), although the most recent research indicates important nuances (Haeder 2025a). As a result, we are also interested in accounting for beneficiary race and ethnicity in our analyses. We thus expect the following:

H3. *Respondents will be more supportive of individuals with identifiable Non-Hispanic White or Asian names to enroll into Medicaid and SNAP than those with identifiable Hispanic or Black names.*

H4. *Respondents will be less supportive of administrative burdens for individuals with identifiable non-Hispanic White or Asian names to enroll into Medicaid and SNAP than for those with identifiable Hispanic or Black names.*

3 | Data and Methods

3.1 | Data

We relied on Lucid's online panel, which is frequently used in survey-based research (Coppock and McClellan 2019; Stagnaro et al. 2024). Lucid provides a large online double opt-in panel and seeks to approximate national representativeness based on quotas on important characteristics such as race, age, sex, income, and Census region of U.S.-based adults. Lucid is frequently used by social scientists including health and public administration scholars to recruit survey respondents (Callaghan et al. 2021; Cassese et al. 2020; Coppock and McClellan 2019; Haeder and Moynihan 2023b; Stagnaro et al. 2024; Sylvester et al. 2022). Research indicates that Lucid is a valid and appropriate tool for survey research (Coppock and McClellan 2019; Stagnaro et al. 2024). The pre-registered survey experiment was programmed in Qualtrics and then fielded from December 21, 2022, and January 28, 2023. Overall, 7805 respondents entered the survey, and 7360 (94%) consented to it. Following current standards, we implemented two standard simple attention checks to ensure data quality (Stagnaro et al. 2024), which resulted in 4157 completed responses (56%). Per Lucid's policy, failure to pass an attention screener resulted in elimination from the sample.

3.2 | Survey Structure and Dependent Variables

The survey contained two major treatment groups focused on either Medicaid or SNAP, and both programs were briefly introduced (Appendix 1). The set of respondents assigned to Medicaid treatments received the following introduction:

Next, we have a few questions about eligibility for Medicaid, the public insurance program that provides health coverage to low-income families and individuals

Analogously, respondents in the SNAP treatments were introduced as follows:

Next, we have a few questions about eligibility for food stamps (also known as Supplemental Nutrition Assistance Program, SNAP, or EBT), the public assistance program that provides support for food purchasing to low-income families and individuals

Within each of these two major treatment groups, respondents were randomly assigned to one of four treatments (four treatments focused on Medicaid and four treatments focused on SNAP) that introduced each of them to two scenarios (i.e. eight unique treatments to which respondents are randomly assigned, Appendix 2). In each treatment, respondents were introduced to the vignettes presenting income in dollar amounts as follows:

[Name] is a mother of two teenage children. She is employed and makes just under \$2,500 per month. Her employer does not offer health insurance; she is uninsured. She struggles to make ends meet and put food on the table for her family.

Our first outcome of interest related to whether respondents support program eligibility for the specific beneficiary. Hence, respondents were asked whether they thought that the individual should be eligible to enroll in Medicaid:

Do you think [Name] should be eligible to enroll in [Medicaid/SNAP]?

Respondents were offered a 5-point scale from “definitely not” to “definitely yes” with a neutral midpoint. The question is in align with previous research (Haeder 2025b).

As noted above, administrative burdens play a crucial role in both program access and program maintenance (Herd and Moynihan 2018). A large number of administrative burdens exist in both Medicaid and SNAP. Given that we could not query respondents about a wide variety of these burdens, we decided to focus on one well-established one, work requirements. To do so, we told respondents that the mother was eligible in her home state. Using a commonly used approach (Haeder 2025c), respondents were then asked whether there should be a work requirement for the mother.

In her home state, [Name] is eligible for Medicaid.

Do you think she should be required to maintain her employment or seek other employment to stay enrolled in [Medicaid/SNAP]?

Respondents were again offered a 5-point scale from “definitely not” to “definitely yes” with a neutral midpoint option for both items.

The subsequent FPL-based scenario was almost analogous, with the exception that the mother’s income was now presented in terms of the FPL:

[Name] is another mother of two teenage children. She is also employed and makes about 130% of the Federal

Poverty Line (FPL). Her employer also does not offer health insurance; as a result, she is also without insurance coverage and struggles to make ends meet and put food on the table for her family.

Respondents were then queried again about program eligibility and work requirements in line with the questions previously described.

Lastly, we note that the cutoffs were selected because they reflect common Medicaid and SNAP eligibility criteria and that the respective incomes are identical to each other. That is, at the time of the survey, the \$2500 for the family in question aligned with 130% of the FPL.

Given the long history of racial stereotyping when it comes to public assistance programs (Katz 1996, 2013), we added an additional dimension to our vignettes focusing on racial and ethnic differences of the mothers in question. That is, the scenarios also differed along another important dimension, the race and ethnicity of the mother. We relied on racially/ethnically identifiable names that were previously verified in another survey as strongly associated with certain races or ethnicities. In the treatments focused on white mothers, respondents were introduced to “Sarah Anderson” in the first scenario and “Amy Decker” in the second scenario. The names representing Black mothers were “Ashanti Booker” and “Monique Washington,” the Hispanic names were “Luz Gonzalez” and “Alejandra Hernandez,” and the (East) Asian names were “Li Wong” and “Ji-Ho Kim.”

3.3 | Subgroups

The literatures on the welfare states and administrative burdens indicates a number of secondary hypotheses as well as various subgroup analyses of interest. First, Republicans and conservatives are generally more critical of the welfare state and public assistance programs (Fang and Huber 2020; Schneider and Jacoby 2005). This also applies to individual programs such as Medicaid (Haeder 2019c; Haeder et al. 2021a, 2023; Wu 2021). Moreover, the existing literature on burdens generally indicates that liberals are less tolerant of burdens (Baekgaard et al. 2021; Bell et al. 2021; Haeder and Moynihan 2023a, 2023b; Haeder et al. 2021a; Halling et al. 2022; Keiser and Miller 2019). We hence compared differences between liberals and conservatives with the expectations that liberals would be more supportive of allowing individuals to enroll than conservatives, and conducted various analyses for each group. We combined both “extreme liberals” and “liberals” in the former and both “extreme conservatives” and “conservatives” in the latter. Analogously, we did the same for Republicans and Democrats.

Second, racial prejudice may also play an important role in shaping attitudes about program eligibility. Indeed, public attitudes about programs like Medicaid and SNAP have strong racial components (Barrilleaux and Bernick 2003; Gilens 1996, 1999; Kousser 2002; Leitner et al. 2018; Olson 2010; Snowden and Graaf 2019). Moreover, there are reasons to believe that health and public assistance policy has further racialized since the

election of President Obama (Knowles et al. 2010) and the Affordable Care Act (Haeder and Chattopadhyay 2022; Tesler 2012). Racial perceptions also play an important role in shaping attitudes about administrative burdens (Haeder and Moynihan 2023a, 2023b; Haeder and Sylvester 2025; Haeder et al. 2021a). We followed the standard practice to rely on three questions utilized in the American National Election Survey for Whites, Blacks, Hispanics, and Asians (Krupnikov and Piston 2016). We then created a scale that combined the three items (Appendix 4) and split respondents into tertiles (Haeder and Moynihan 2023a). In addition, we also queried respondents about their perceptions of administrative burdens and racial disparities. Specifically, given the importance of structural racism, we asked respondents about the degree (5-point scale, Appendix 5) to which they believed that burdens have a greater impact for Non-Hispanic Whites versus persons of color (Haeder and Moynihan 2023a, 2023b; Skinner-Dorkenoo et al. 2022). For our analyses, we converted this 5-point scale into three categories: for respondents who thought that burden had worse effects on White people, worse effects on people of color, and equal effects. Lastly, we also analyzed White and Non-white residents. Overall, we expected that those with lower levels of prejudice towards minorities, those with more awareness of racial disparities disfavoring people of color, and Non-white respondents would be more favorable towards enrollment and less favorable towards work requirements.

Third, while racial and ideological preferences play an important role in shaping public attitudes, personal experiences and connections can also have important implications (Haeder et al. 2021b; Sylvester et al. 2022). Personal experience translates complex and abstract processes into direct and emotional assessments (Halling et al. 2022). Evidence suggests this applies to public assistance programs like Medicaid (Grogan and Park 2017a). Personal experiences with state interaction have been found to even affect policymakers perceptions (Baekgaard et al. 2021). We hence compared respondents who have ever enrolled in the respective programs to those who have not, with the expectation that those with previous connection will be more sympathetic to beneficiaries (Appendix 6). Similarly, because of the eligibility criteria for both programs, we also expect differences based on health, income, and educational status. In all cases, we expect those with lower levels to favor beneficiaries as compared to those with high levels.

Lastly, individuals' perceptions of programs and burdens may be shaped by their administrative literacy which affects the ease with which they navigate enrollment processes and administrative barriers (Christensen et al. 2020; Döring and Madsen 2022; Masood and Azfar Nisar 2021). This is because mastering (or failing to master) administrative tasks creates positive (or negative) experiences with administrative tasks and hence shapes perceptions of them and of the programs. Put differently, those individuals who evaluate their administrative abilities as poor may be more sympathetic towards broader enrollment eligibility and less sympathetic towards burdens. In line with previous work (Haeder and Moynihan 2023a, 2023b, 2024), we derived this variable (5-point scale) by asking respondents whether they found a number of common administrative tasks easy or difficult (Appendix 7).

3.4 | Methodological Approach

To analyze the experiment (Appendix 3), we relied on weighted least square models. We weighted responses on gender, race, income, and education based on the U.S. Census Current Population Survey. All models included a treatment indicator. This indicator was interacted with the variables of interest to analyze sub-groups of interest as robustness checks, such as partisanship, ideology, racial prejudice, race/ethnicity, knowledge of the disparate effects of administrative burdens on minorities, administrative capital, health, program connection, income, and education (Appendices 4–7), respectively. We also compared differences within each of these demographics as additional robustness checks. Lastly, we also assessed second differences for the various subgroups, omitting the results because of the lack of statistical significance. Comparisons of predicted means were conducted using *mlincom* in Stata (Long and Freese 2014), and we considered a p-value lower than 0.05 as statistically significant.

4 | Results

4.1 | Differences between Dollars and FPL

Our assessment of differences between vignettes introduced in terms of dollars versus those presented as a percentage of the FPL was mixed. That is, our analyses comparing treatments (Figures 1 & 2, Table 1), highlighting the mother's income either in dollar- or FPL-form, were statistically significant for three out of the four cases focused on eligibility the Medicaid favoring the dollar presentation. Here, we identified statistically significant differences in the White (delta: 0.187, $p = 0.029$), the Hispanic (0.222, $p = 0.006$), and the Asian (0.241, $p = 0.004$) scenarios. At the same time, the comparisons of the Black mothers were just above our cutoff (0.163, $p = 0.068$). However, we did not find any statistically significant difference for SNAP. Here, p -values exceeded 0.134 in all four cases.

Subgroup analyses with regard to program eligibility (results omitted) found statistically significant differences for Medicaid scenarios featuring the Hispanic women for Republicans (0.375, $p = 0.029$), conservatives (0.375, $p = 0.039$), those with high levels of administrative capital (0.239, $p = 0.039$), those not connected to the program (0.330, $p = 0.036$), and White respondents (0.332, $p = 0.001$). For Asian women, we found differences for Republicans (0.373, $p = 0.020$), conservatives (0.356, $p = 0.027$) those with high levels of administrative capital (0.241, $p = 0.033$), those with high knowledge of disparities (0.295, $p = 0.012$) those not connected to the program (0.331, $p = 0.025$), those with high levels of education (0.293, $p = 0.016$), and White respondents (0.215, $p = 0.037$). At the same time, we did not find any or only very marginally statistically different results for Democrats, liberals, those with low administrative capital or low or high knowledge of disparities, those of both high and low health status, those with low or high levels of prejudice, Non-white respondents, those connected to the programs,

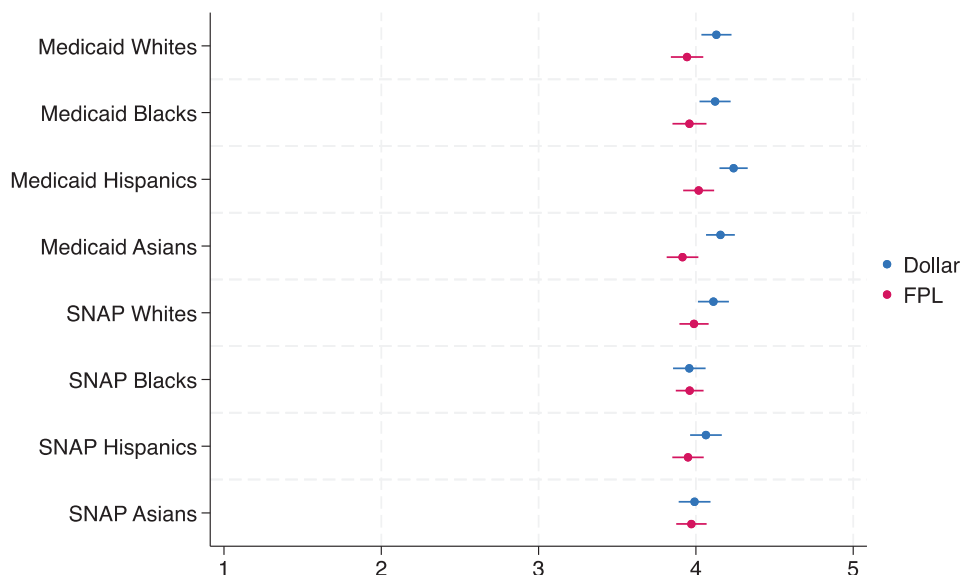


FIGURE 1 | Distribution of Attitudes about Program Eligibility. *Notes:* Estimates based on weighted least squares models. Results based on a survey of 4157 U.S. respondents from December 21, 2022, and January 28, 2023. Attitudes about program eligibility are based on the question: Do you think [name] should be eligible to enroll in [program]? Answer choices included Definitely not, Probably not, Might or might not, Probably yes, Definitely yes (5).

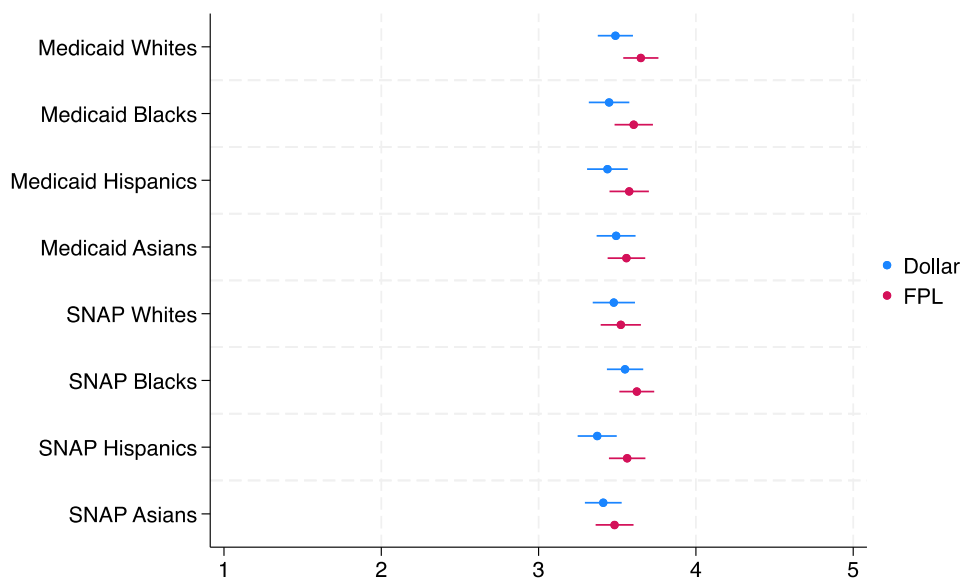


FIGURE 2 | Distribution of Attitudes about Work Requirements. *Notes:* Estimates based on weighted least squares models. Results based on a survey of 4157 U.S. respondents from December 21, 2022, and January 28, 2023. Attitudes about work requirements are based on the question: Do you think she should be required to maintain her employment or seek other employment to stay enrolled in Medicaid? Answer choices included Definitely not, Probably not, Might or might not, Probably yes, Definitely yes (5).

those with low and high levels of income, and those with low levels of education.

Contrarily, our expectations were not confirmed for our assessment of work requirements. Here, we found no statistically significant for either the Medicaid ($p < 0.092$) nor the SNAP ($p > 0.065$). We also note that, while not consistently statistically significant, respondents were consistently more supportive of eligibility in the dollar scenarios as compared to the FPL scenarios, with the opposite holding for work requirements. Moreover, additional subgroup

analyses (omitted) did not identify any differences across various subgroups of interest described above.

4.2 | Differences between Programs

Our expectations for differences across programs were generally not confirmed. That is, our analyses comparing differences between Medicaid and SNAP (Figures 1 & 2, Table 2) did not find any consistent differences for either of our outcomes.

TABLE 1 | Comparison of attitudes about program eligibility and work requirements based on analyses of treatments focused on dollars or federal poverty line.

| | Program | Race/Ethnicity | Dollar | FPL | Delta | p-Value |
|-------------------|----------|----------------|--------|-------|--------|---------|
| Eligibility | Medicaid | White | 4.131 | 3.944 | -0.187 | 0.029 |
| | | Black | 4.122 | 3.959 | -0.163 | 0.068 |
| | | Hispanic | 4.240 | 4.018 | -0.222 | 0.006 |
| | | Asian | 4.157 | 3.915 | -0.241 | 0.004 |
| | SNAP | White | 4.112 | 3.988 | -0.124 | 0.134 |
| | | Black | 3.958 | 3.960 | 0.002 | 0.981 |
| | | Hispanic | 4.064 | 3.950 | -0.114 | 0.188 |
| | | Asian | 3.992 | 3.972 | -0.020 | 0.813 |
| Work requirements | Medicaid | White | 3.488 | 3.650 | 0.162 | 0.093 |
| | | Black | 3.448 | 3.605 | 0.157 | 0.148 |
| | | Hispanic | 3.438 | 3.576 | 0.139 | 0.206 |
| | | Asian | 3.493 | 3.559 | 0.065 | 0.533 |
| | SNAP | White | 3.478 | 3.523 | 0.045 | 0.692 |
| | | Black | 3.550 | 3.624 | 0.075 | 0.441 |
| | | Hispanic | 3.373 | 3.563 | 0.190 | 0.066 |
| | | Asian | 3.411 | 3.483 | 0.072 | 0.482 |

Note: Estimates based on weighted least squares models. Results based on a survey of 4157 U.S. respondents from December 21, 2022, and January 28, 2023. Attitudes about program eligibility are based on the question: Do you think [name] should be eligible to enroll in [program]? Attitudes about work requirements are based on the question: Do you think she should be required to maintain her employment or seek other employment to stay enrolled in Medicaid? For both questions, answer choices included Definitely not, Probably not, Might or might not, Probably yes, Definitely yes (5)

TABLE 2 | Comparison of attitudes about program eligibility and work requirements based on analyses of programs.

| Treatment | Race | Medicaid | SNAP | Delta | p-Value |
|-------------------------|----------|----------|-------|--------|---------|
| Eligibility Dollar | White | 4.131 | 4.112 | -0.019 | 0.822 |
| | Black | 4.122 | 3.958 | -0.164 | 0.059 |
| | Hispanic | 4.240 | 4.064 | -0.176 | 0.032 |
| | Asian | 4.157 | 3.992 | -0.165 | 0.047 |
| Eligibility FPL | White | 3.944 | 3.988 | 0.044 | 0.599 |
| | Black | 3.959 | 3.960 | 0.001 | 0.989 |
| | Hispanic | 4.018 | 3.950 | -0.068 | 0.427 |
| | Asian | 3.915 | 3.972 | 0.056 | 0.508 |
| Work Requirement Dollar | White | 3.488 | 3.478 | -0.010 | 0.923 |
| | Black | 3.448 | 3.550 | 0.101 | 0.336 |
| | Hispanic | 3.438 | 3.373 | -0.065 | 0.552 |
| | Asian | 3.493 | 3.411 | -0.082 | 0.428 |
| Work Requirements FPL | White | 3.650 | 3.523 | -0.127 | 0.219 |
| | Black | 3.605 | 3.624 | 0.020 | 0.844 |
| | Hispanic | 3.576 | 3.563 | -0.013 | 0.899 |
| | Asian | 3.559 | 3.483 | -0.076 | 0.466 |

Note: Estimates based on weighted least squares models. Results based on a survey of 4157 U.S. respondents from December 21, 2022, and January 28, 2023. Attitudes about program eligibility are based on the question: Do you think [name] should be eligible to enroll in [program]? Attitudes about work requirements are based on the question: Do you think she should be required to maintain her employment or seek other employment to stay enrolled in Medicaid? For both questions, answer choices included Definitely not, Probably not, Might or might not, Probably yes, Definitely yes (5)

Across all respondents, we only found marginally statistically significant differences with regard to the Hispanic (0.176, $p = 0.032$) and the Asian (0.165, $p = 0.047$) vignettes presenting the income in dollar form. In both cases, respondents favored

Medicaid over SNAP. The comparison for Black mothers just exceeded our pre-set cutoff (0.164, $p < 0.059$). However, comparisons of attitudes about program eligibility in terms of the FPL ($p > 0.426$) as well as those for work requirements in dollar

($p > 0.335$) and the FPL ($p > 0.218$) did not approach statistical significance.

We note that we again repeated these analyses for various subgroups (omitted) with essentially no differences between the two programs for Democrats, Republicans, liberals, conservatives, those with low and high levels of racial prejudice, White and Non-white respondents, those with high and low levels of awareness of disparities, those with low and high levels of administrative capital, those with high and low levels of health, those with and without connections to the Medicaid program, those with high and low levels of education, and those with high and low levels of income. That is, respondents did not differ in their evaluation with regard to both program eligibility or work requirements between Medicaid and SNAP. We omitted the results because of the consistent null findings.

4.3 | Differences Based on Race and Ethnicity

Our third set of expectations focused on differences in public attitudes based on the race and ethnicity of the mothers were not confirmed by our analyses in any of the comparisons. Across all respondents, we did not identify any differences for attitudes

related to program eligibility (Table 3) or work requirements (Table 4) based on the race of the individuals presented in the scenario, for neither the presentations focused on income in dollar- nor FPL-form. We note that we again repeated these analyses for various subgroups (omitted) but did not identify any differences for Democrats, Republicans, liberals, conservatives, those with low and high levels of racial prejudice, White and Non-White respondents, those with high and low levels of awareness of disparities, those with low and high levels of administrative capital, those with high and low levels of health, those with and without connections to the Medicaid program, those with high and low levels of education, and those with high and low levels of income. In short, respondents did not favor one race or ethnicity over another with regard to both program eligibility and work requirements. We again omitted the results because of the consistent null findings.

4.4 | Comparison Within Treatment for Various Subgroups

As expected, our analyses identified consistent differences between Democrats and Republicans (Table 5) and liberals and conservatives (Appendix 8). However, there were several

TABLE 3 | Comparison of attitudes about program eligibility based on analyses of programs.

| Program | Treatment | Vignette comparison | | Means comparison | | Delta | p-Value |
|----------|-----------|---------------------|----------|------------------|-------|--------|---------|
| Medicaid | Dollar | White | Black | 4.131 | 4.122 | -0.008 | 0.923 |
| | | White | Hispanic | 4.131 | 4.240 | 0.109 | 0.170 |
| | | White | Asian | 4.131 | 4.157 | 0.026 | 0.747 |
| | | Black | Hispanic | 4.122 | 4.240 | 0.118 | 0.147 |
| | | Black | Asian | 4.122 | 4.157 | 0.034 | 0.677 |
| | | Hispanic | Asian | 4.240 | 4.157 | -0.083 | 0.284 |
| | | Hispanic | Asian | 4.240 | 4.157 | -0.083 | 0.284 |
| | FPL | White | Black | 3.944 | 3.959 | 0.016 | 0.864 |
| | | White | Hispanic | 3.944 | 4.018 | 0.074 | 0.392 |
| | | White | Asian | 3.944 | 3.915 | -0.029 | 0.744 |
| | | Black | Hispanic | 3.959 | 4.018 | 0.059 | 0.510 |
| | | Black | Asian | 3.959 | 3.915 | -0.044 | 0.624 |
| | | Hispanic | Asian | 4.018 | 3.915 | -0.103 | 0.231 |
| | | Hispanic | Asian | 4.018 | 3.915 | -0.103 | 0.231 |
| SNAP | Dollar | White | Black | 4.112 | 3.958 | -0.153 | 0.078 |
| | | White | Hispanic | 4.112 | 4.064 | -0.048 | 0.577 |
| | | White | Asian | 4.112 | 3.992 | -0.120 | 0.162 |
| | | Black | Hispanic | 3.958 | 4.064 | 0.105 | 0.230 |
| | | Black | Asian | 3.958 | 3.992 | 0.033 | 0.706 |
| | | Hispanic | Asian | 4.064 | 3.992 | -0.072 | 0.405 |
| | | Hispanic | Asian | 4.064 | 3.992 | -0.072 | 0.405 |
| | FPL | White | Black | 3.988 | 3.960 | -0.028 | 0.723 |
| | | White | Hispanic | 3.988 | 3.950 | -0.038 | 0.648 |
| | | White | Asian | 3.988 | 3.972 | -0.017 | 0.839 |
| | | Black | Hispanic | 3.960 | 3.950 | -0.010 | 0.899 |
| | | Black | Asian | 3.960 | 3.972 | 0.011 | 0.889 |
| | | Hispanic | Asian | 3.950 | 3.972 | 0.021 | 0.801 |
| | | Hispanic | Asian | 3.950 | 3.972 | 0.021 | 0.801 |

Note: Estimates based on weighted least squares models. Results based on a survey of 4157 U.S. respondents from December 21, 2022, and January 28, 2023. Attitudes about program eligibility are based on the question: Do you think [name] should be eligible to enroll in [program]? Answer choices included Definitely not, Probably not, Might or might not, Probably yes, Definitely yes (5)

TABLE 4 | Comparison of attitudes about work requirements based on analyses of programs.

| Program | Treatment | Vignette comparison | | Means comparison | | Delta | p-Value |
|----------|-----------|---------------------|----------|------------------|--------|--------|---------|
| Medicaid | Dollar | White | Black | 3.488 | 3.448 | -0.040 | 0.698 |
| | | White | Hispanic | 3.488 | 3.438 | -0.051 | 0.625 |
| | | White | Asian | 3.488 | 3.493 | 0.005 | 0.963 |
| | | Black | Hispanic | 3.448 | 3.438 | -0.011 | 0.924 |
| | | Black | Asian | 3.448 | 3.493 | 0.045 | 0.680 |
| | FPL | Hispanic | Asian | 3.438 | 3.493 | 0.055 | 0.610 |
| | | White | Black | 3.650 | 3.605 | -0.045 | 0.653 |
| | | White | Hispanic | 3.650 | 3.576 | -0.074 | 0.470 |
| | | White | Asian | 3.650 | 3.559 | -0.092 | 0.359 |
| | | Black | Hispanic | 3.605 | 3.576 | -0.028 | 0.789 |
| SNAP | Dollar | Black | Asian | 3.605 | 3.559 | -0.046 | 0.657 |
| | | Hispanic | Asian | 3.576 | 3.559 | -0.018 | 0.866 |
| | | White | Black | 3.478 | 3.550 | 0.071 | 0.508 |
| | | White | Hispanic | 3.478 | 3.373 | -0.105 | 0.343 |
| | | White | Asian | 3.478 | 3.411 | -0.067 | 0.534 |
| | FPL | Black | Hispanic | 3.550 | 3.373 | -0.177 | 0.087 |
| | | Black | Asian | 3.550 | 3.411 | -0.138 | 0.166 |
| | | Hispanic | Asian | 3.373 | 3.411 | 0.038 | 0.713 |
| | | White | Black | 3.523 | 3.624 | 0.102 | 0.324 |
| | | White | Hispanic | 3.523 | 3.563 | 0.040 | 0.701 |
| FPL | White | Asian | 3.523 | 3.483 | -0.040 | 0.709 | |
| | Black | Hispanic | 3.624 | 3.563 | -0.061 | 0.529 | |
| | Black | Asian | 3.624 | 3.483 | -0.141 | 0.155 | |
| | Hispanic | Asian | 3.563 | 3.483 | -0.080 | 0.430 | |

Note: Estimates based on weighted least squares models. Results based on a survey of 4157 U.S. respondents from December 21, 2022, and January 28, 2023. Attitudes about work requirements are based on the question: Do you think she should be required to maintain her employment or seek other employment to stay enrolled in Medicaid? Answer choices included Definitely not, Probably not, Might or might not, Probably yes, Definitely yes (5)

exceptions in the case of work requirements when the vignettes were presented in terms of the FPL. That is, Democrats and liberal were consistently more supportive of individuals' eligibility for Medicaid than Republicans and conservatives, while being less supportive of work requirements. Moreover, we also identified relative consistent differences comparing individuals with low knowledge of the disparities caused by administrative burdens to those with high knowledge (Appendix 9) as well as in comparisons based on administrative capital (Appendix 10). Here, those with low knowledge or high administrative capital were less supportive of program eligibility and more supportive of work requirements. Additionally, we identified differences based on the level of racial prejudice (Appendix 11) and connection to the program (Appendix 12) with regard to program eligibility in several instances. Those with low racial resentment or connection to program proved more supportive of program eligibility and less supportive of work requirement than their respective counterparts. Lastly, we generally did not find differences in attitudes for comparisons based on health status (Appendix 13), income (Appendix 14), education (Appendix 15), race and ethnicity (Appendix 16).

5 | Discussion

Perceptions of program eligibility and administrative burdens are shaped by a wide variety of factors. However, whether the way eligibility information is presented to individuals, that is, whether eligibility criteria are framed in dollar terms or as a percentage of the FPL, has not been previously assessed. Moreover, when presented with this information, do individuals assess different programs differently? And does the race and ethnicity of potential beneficiaries affect their assessment? To assess these questions, we fielded a national survey ($N = 4157$) that contained a vignette-based survey experiment. With regard to our primary issue of interest, the results imply that communication of FPL and dollars may matter for how people make sense of eligibility requirements, at least in some cases, but not for burdens, in our case work requirements. Specifically, we found that for Medicaid, people were generally more likely to oppose eligibility when presented with FPL information rather than dollar amounts. The results did not hold for assessments of SNAP eligibility. We did not find differences in tolerance for burdens in the form of work requirements. We also could not find evidence that attitudes differed between Medicaid and

TABLE 5 | Comparison of predicted mean, by partisanship.

| Vignette | Comparison | Medicaid | | | | SNAP | | | |
|-------------------------|------------|----------|--------|----------|--------|--------|--------|----------|--------|
| | | White | Black | Hispanic | Asian | White | Black | Hispanic | Asian |
| Eligibility/Dollar | Democrat | 4.333 | 4.367 | 4.424 | 4.341 | 4.431 | 4.109 | 4.288 | 4.251 |
| | Republican | 3.963 | 4.017 | 4.000 | 4.051 | 3.745 | 3.743 | 3.890 | 3.843 |
| | Delta | -0.370 | -0.350 | -0.424 | -0.290 | -0.686 | -0.365 | -0.397 | -0.408 |
| | P-value | 0.012 | 0.004 | 0.001 | 0.029 | 0.000 | 0.018 | 0.010 | 0.006 |
| Eligibility/FPL | Democrat | 4.287 | 4.191 | 4.264 | 4.231 | 4.222 | 4.122 | 4.093 | 4.244 |
| | Republican | 3.797 | 3.935 | 3.626 | 3.678 | 3.688 | 3.724 | 3.750 | 3.787 |
| | Delta | -0.490 | -0.256 | -0.638 | -0.553 | -0.533 | -0.398 | -0.342 | -0.457 |
| | P-value | 0.001 | 0.062 | 0.000 | 0.000 | 0.000 | 0.004 | 0.030 | 0.001 |
| Work Requirement/Dollar | Democrat | 3.228 | 3.379 | 3.105 | 3.407 | 3.458 | 3.456 | 3.211 | 3.287 |
| | Republican | 3.884 | 3.633 | 3.989 | 3.847 | 3.841 | 3.691 | 3.643 | 3.583 |
| | Delta | 0.656 | 0.254 | 0.885 | 0.440 | 0.383 | 0.236 | 0.432 | 0.296 |
| | P-value | 0.000 | 0.152 | 0.000 | 0.024 | 0.056 | 0.161 | 0.022 | 0.086 |
| Work Requirement/FPL | Democrat | 3.474 | 3.604 | 3.246 | 3.446 | 3.453 | 3.516 | 3.308 | 3.233 |
| | Republican | 4.005 | 3.800 | 4.095 | 3.874 | 3.849 | 3.822 | 3.844 | 3.762 |
| | Delta | 0.531 | 0.196 | 0.849 | 0.428 | 0.396 | 0.306 | 0.536 | 0.530 |
| | P-value | 0.001 | 0.226 | 0.000 | 0.022 | 0.042 | 0.049 | 0.002 | 0.003 |

Note: Estimates based on weighted least squares models. Results based on a survey of 4157 U.S. respondents from December 21, 2022, and January 28, 2023. Attitudes about program eligibility are based on the question: Do you think [name] should be eligible to enroll in [program]? Attitudes about work requirements are based on the question: Do you think she should be required to maintain her employment or seek other employment to stay enrolled in Medicaid? For both questions, answer choices included Definitely not, Probably not, Might or might not, Probably yes, Definitely yes (5)

SNAP. Moreover, we were not able to identify any differences based on the race or ethnicity of the mother presented in the vignettes. Findings held across various sub-group analyses. Moreover, we also found consistent differences based on ideology, partisanship, knowledge of the disparities caused by administrative burdens, administrative capital, racial prejudice, and connection to the programs. We also note that respondents generally favorable expanded eligibility and, to a lesser degree, work requirements.

There are several limitations to our analyses. Substantively, our analyses were limited to two programs and one distinct level of income. Other programs, target populations, or income levels could elicit different findings. Future work should expand the analysis to additional programs and target populations, as well as income levels. Specifically, our chosen FPL percentage of 130% may create an anchor above the official poverty level that may influence perceptions negatively. Moreover, while eligibility criteria are largely consistent across the country, respondents from different parts of country may see the nominal dollar values presented with different reference points in mind which may impact their assessment here. Because women are more likely to be responsible for raising children and because of budget constraints we also focused our vignettes on women. Future work should specifically expand our analyses to differential cutoffs as well as to men. Moreover, we relied on short treatments and longer, more intense treatments may have brought about alternative results. In addition, the null results for the administrative burden items may reflect that respondents were less likely to act punitively when told the potential client was eligible. To reduce social desirability bias, we also

relied on racially/ethnically identifiable names to make race/ethnicity salient. While the names were pre-tested, social desirability or misperception may still affect responses. We also note that the presentation of the vignettes, including vignette order, could also affect outcomes. Lastly, limitations common to cross-section survey research using non-probabilistic online panels apply, as well. We sought to mitigate these issues by relying on a quality survey company, including quality measures, and further weighting our data.

6 | Conclusion & Policy Implications

Our initial findings exploring potential differences in how presentation of eligibility criteria may affect public perceptions of program eligibility and administrative burdens indicate both the need for additional research on the topic as well as potentially broader implications for the policymaking process. While no previous work exists on the topic, our analyses here indicate that, at the very least, presenting program eligibility in dollar terms may increase the public's support for program eligibility. However, given that we selected a cutoff point above the poverty level in our analyses here, it seems at least plausible that a cutoff point at or below the poverty level may have altered public perceptions, given the likely substantial strong anchoring effects around the poverty level. As such, it is unsurprising that people respond differently to dollar amounts versus FPL, because it seems unlikely that most people know what the FPL would be. However, this lack of knowledge creates a problem when policy proposals are often communicated via the FPL—potentially particularly when eligibility is set of above the

poverty level, although again more research is necessary. The fact that people are more generous in their eligibility assessments, of Medicaid at least, suggests that reliance on FPL obscures the effects of policy changes in a way that may solicit support for less generous programs or cuts. Ultimately, our findings here indicate that the presentation of eligibility criteria may at times be an important tool to shape public assistance programs by influencing public attitudes about such programs.

Conflicts of Interest

The authors declare no conflicts of interest.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.
Appendix v7.