Reducing Administrative Burdens and Improving Access to Public Benefits to Promote Health Equity

Statement of Problem

Administrative burdens are the costs and barriers faced by individuals or families in applying for, receiving, and using public benefits or services. These administrative burdens include learning costs, such as understanding that a program exists and that an individual is likely to be eligible, compliance costs, like completing the paperwork and virtual or in-person visits needed to enroll, and psychological costs, such as the stress, frustration and anxiety associated with accessing benefits.

Administrative burdens can harm health both directly through their effects on mental health and well-being, and indirectly by reducing access to health promoting benefit programs. For example, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is an evidence-based government nutrition benefit program that improves infant birth outcomes and child nutrition—yet about 50% of eligible families don't receive these benefits. WIC's low participation rate is in part due to administrative burdens associated with accessing and using this program, including the time it takes to fill out application paperwork and make an appointment, the requirement that families travel to WIC clinics in person for certification or recertification appointments, and burdens associated with identifying and purchasing WIC-eligible products in store.

Medicaid, which is a key source of health insurance for low-income children and children with medical complexity in the U.S., is another program where participation can be limited because of administrative burdens. In most states, caregivers of children who receive Medicaid must complete recertification paperwork at least once a year to ensure they can continue to receive these benefits. This can lead to unexpected and unnecessary loss of insurance coverage if families are not aware of recertification requirements, do not receive their recertification paperwork in the mail, or make any mistakes or clerical errors when completing this paperwork. Medicaid recertification can lead to adverse health outcomes if it delays children's access to necessary health care. Continuity-of-coverage policies, which allow children to remain enrolled in Medicaid for several years, can both reduce administrative burdens and boost Medicaid enrollment and access to care.

Many of these administrative burdens could be mitigated or reduced by implementing policies aimed at making benefits easier to access. Our research aims to encourage states to implement these important policy changes.

Description

The overarching goal of this body of research is to understand of the impact of programs and policies that increase or reduce the effects of administrative burdens on low-income children and their families. We aim to use our work to inform the development and implementation of policies that make government benefit programs more user-centered and easier to access for children and families living in poverty. We believe that by promoting access to benefits and alleviating the effects of poverty on child health, we can improve health

outcomes and promote child health equity.

Looking at the Association of WIC Participation and Electronic Benefits Transfer Implementation

In the first study related to this work, our team investigated the impact of transitioning from WIC paper vouchers to electronic benefits transfer (EBT) cards on participation rates. We sought to understand how the transition from paper vouchers, which can be stigmatizing and inconvenient to use, to EBT cards, which are less burdensome to use, may have affected WIC enrollment.

Analyzing data from 2014 to 2019, we compared WIC participation rates over time in states that transitioned to WIC EBT with those that continued to use paper vouchers.

We found that three years after implementation of WIC EBT, participation in the program increased by 7.78% in states that adopted EBT compared to states that continued to use paper vouchers. Our findings suggest that interventions aimed at reducing the inconvenience and stigma associated with government benefit programs may lead to increased program participation.

Understanding the Impact of In-person Benefit Reloading on WIC Participation During the COVID-19 Pandemic

In the second study related to this work, we investigated whether the administrative burden of in-person reloading of WIC benefits in offline EBT states contributed to a decline in WIC participation during the COVID-19 pandemic. We compared WIC participation trends in states with online EBT reloading (automatic remote reloading) versus states with offline EBT reloading (requiring in-person reloading) before and during the COVID-19 pandemic. We then analyzed data on WIC participation rates over time, specifically focusing on the first nine months of the pandemic.

Our results showed that before the pandemic, WIC participation declined in both online and offline EBT states. However, during the pandemic, WIC participation sharply increased in online EBT states while continuing to decline in offline EBT states. More specifically, over the first nine months of the pandemic, states with offline EBT reloading experienced a 9.2% relative decrease in WIC participation compared to online EBT states. These findings demonstrate that administrative barriers to accessing vital safety net programs can significantly reduce participation, and our results have important policy implications for the WIC program as they consider how to extend and build upon innovations in WIC enrollment and redemption that were implemented during the pandemic.

The Impact of Continuous Enrollment for Children in Medicaid

Most recently, our team explored the impact of continuous enrollment policies in Medicaid on children's participation in the program. This study focused on understanding how the shift from periodic recertification to continuous eligibility during the COVID-19 pandemic affected administrative burdens for families and influenced children's enrollment in Medicaid. Our goal was to evaluate the potential benefits of continuous enrollment policies in maintaining consistent health insurance coverage for children.

We assessed the impact of continuous enrollment policies on children's Medicaid participation by comparing states that had prior continuous eligibility policies for children with those that newly implemented such policies during the COVID-19 pandemic. We then analyzed data on state-level Medicaid participation through March

2021 to examine the relative increase in children's Medicaid participation in states without prior continuous eligibility policies.

Before the COVID-era Medicaid continuous enrollment protections, about half of all states provided children with 12 months of continuous eligibility. Our study found that COVID-era policy changes, which incentivized states to provide continuous enrollment to all Medicaid beneficiaries during the pandemic, were particularly important in increasing children's participation in states without prior continuous eligibility policies. States that newly implemented continuous coverage during the pandemic saw a 4.6% relative increase in Medicaid participation, corresponding to 655,000 additional beneficiaries.

Next Steps

In our future work, we are interested in continuing to study both upstream and downstream approaches to reducing administrative burden. We plan to continue to examine the effectiveness of federal, state and local policies aimed at reducing administrative burdens to build an evidence base that encourages more widespread implementation of these policies. In addition, we are currently studying innovative care models focused on providing benefits enrollment support in clinical and community-based settings in order to help families navigate and overcome administrative burdens and access the government benefits and community resources they need to keep their children healthy.

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PolicyLab Leads

Aditi Vasan
Aditi Vasan
MD, MSHP
Faculty Member

Team

Chén Kenyon
Chén Kenyon
MD, MSHP
Faculty Member
Alexander Fiks
Alexander Fiks
MD, MSCE
Faculty Member
Atheendar Venkataramani, MD, PhD

Funders

Funders
Agency for Healthcare Research and Quality

Project Contact

Aditi Vasan

VasanA@chop.edu

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Mar 2021

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