

Participation in the U.S. Social Safety Net: Multiple Programs, 2019

Suzanne Macartney and Robin Ghertner

KEY POINTS

- In 2019, 99.1 million people participated in one of the 10 safety net programs discussed in this brief, representing 30 percent of the U.S. population.
- More than one in four working-age adults (27 percent) and nearly one of every two children (49 percent) participate in a safety net program.
- Nearly one in eight adults (12 percent) and one in three children (33 percent) participate in multiple safety net programs. The most common programs in such bundles include either Medicaid, the Earned Income Tax Credit, or the Supplemental Nutrition Assistance Program.
- Nearly three-quarters of low income people—defined as those with income below 200 percent of the poverty level—participated in at least one program (74 percent). Among children in low income families, 94 percent participated in at least one program.
- Among the largest racial and ethnic origin groups, we found many commonalities in bundles of programs. For each racial and ethnic origin group, among people in low income families with children, the top five bundles were populated by some combination of programs from among child support services, EITC, LIHEAP, Medicaid, or SNAP.

INTRODUCTION

Safety net programs provide critical support to people during times of economic hardship. Yet the reach and coverage of the safety net, particularly in times of increased need and among economically disadvantaged groups, is not well understood. The U.S. safety net directs resources to address specific needs, and little is known about the share of people who access multiple programs in the social safety net.¹ This pre-pandemic analysis presents a baseline look at the reach of the safety net, including the interaction of programs, to form the basis for future comparisons to the pandemic timeframe and as the economy recovers.

People facing economic instability often need more than one program or service and navigating administrative rules can be challenging. An example of this is benefit cliffs, in which a small increase in earnings can cause a sudden loss of benefits (see Chien & Macartney, 2019). When people receive multiple benefits, [effective marginal tax rates](#) can lead to work disincentives and make it difficult for individuals to

¹ For a high-level overview of participation in income, nutrition, housing assistance, and Medicaid, see the Current Population Survey detailed poverty tables, [Table POV-26](#). See also *Congressional Research Service* [report #R44327](#) updated in 2015.

find economic stability. Our research addresses these questions and begins the work necessary to ensure equitable access to the safety net by racial and ethnic origin and age.

This brief is part of a [series](#) on national trends in safety net access. It examines patterns of receipt across 10 of the largest programs for the U.S. population (Box 1).² Because the data are from 2019, results do not account for the heightened need for assistance during the COVID-19 pandemic and related economic downturn, nor do they reflect changes to the safety net following the onset of the pandemic. While the [companion brief](#) examined eligibility and participation for individual programs, this brief explores how the safety net functions to address complex needs through participation in multiple programs. We examine the reach of the safety net in 2019 and identify the most typical program bundles.

This analysis fills a critical gap in understanding. Official reports from program offices provide enrollment counts, and some studies estimate participation rates for specific programs. However, recipients of one program may receive multiple benefits, and in recent years little research documents this coverage.

Previous studies examined multiple program participation but have not provided a full picture. Historical data from the Survey of Income and Program Participation (SIPP) showed that people in households receiving TANF or WIC assistance tended to participate in other safety net programs (Reese, 2006). A study based on SIPP data found that 76 percent of families who participated in SNAP during the Great Recession received multiple program benefits (Moffitt, 2014). The Census Bureau's [public data tool](#) based on SIPP offers a comprehensive portrait of the safety net from 2013 to 2019, though its source data and methods differ from our approach. The Census Bureau tool excludes three safety net programs vital for many low income families: child support services, child care subsidies (CCDF), and the EITC, which we include. Additionally, like other national surveys, the SIPP relies on self-reports of program benefit receipt, which are known to undercount participation (Bee & Rothbaum, 2019; Bruckmeier, Hohmeyer, & Schwarz, 2018; Wheaton, 2008). Our microsimulation approach adjusts for this undercount in order to provide a more accurate portrait of multiple program participation.

Others have used microsimulation to look at program participation. Falk, et. al. (2015) used microsimulation modeling to present a detailed portrait of the U.S. social safety net for individuals assessing eight of the 10 programs in this report (excepting Medicaid and child support) plus the child tax credit. The researchers found one in three people in the U.S. received at least one program benefit and 60 percent of families participating in any program in 2012 received benefits from multiple programs. This analysis found

Box 1. Federal Social Safety Net Programs Included in This Analysis

- Income maintenance—
- **Child support**³
- Earned Income Tax Credit (EITC)
- Supplemental Security Income (SSI)
- **Temporary Assistance for Needy Families (TANF)**, including separate state programs (SSPs)

- In-kind support—
- **Child Care and Development Fund (CCDF)**
- Housing assistance
- **Low Income Home Energy Assistance Program (LIHEAP)**
- **Medicaid/Children's Health Insurance Program (CHIP)**
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Supplemental Nutrition Assistance Program (SNAP)

Note: Programs in bold are administered by the U.S. Department of Health and Human Services.

² Programs not administered by the Department of Health and Human Services include EITC (Department of the Treasury), Supplemental Security Income (Social Security Administration), SNAP and WIC (Department of Agriculture), and housing assistance (many programs administered by the Department of Housing and Urban Development). Our analysis excludes the child tax credit, which helps low and middle income families offset their tax burden. Before the American Rescue Plan Act (2021), the child tax credit was only partially refundable, and many parents, including those with very low or no earnings, received no benefit. Note this analysis excludes unemployment compensation, a social insurance program, and Social Security and Medicare which are designed to support older adults.

families receiving TANF and CCDF benefits were the most likely to combine benefits from multiple programs. Similarly, Minton and Giannarelli (2019) used microsimulation modeling and Current Population Survey data to assess six of the 10 programs studied here. They found that 19 percent of all people and 32 percent of children received income, nutrition, housing, or child care assistance. Building on this approach, we add child support, EITC, LIHEAP and Medicaid to the analysis for a more comprehensive portrait of safety net participation across multiple programs and use microsimulation modeling to correct for underreporting.

The 10 programs assessed in this brief provide either income assistance or in-kind benefits. Four programs (child support, EITC, SSI, and TANF) target economically vulnerable segments of the population with direct income assistance and focus on children,³ very low income workers, families living in deep poverty, or low income people with a disability. Six programs (child care, LIHEAP, housing assistance, Medicaid, WIC, and SNAP) help people with a particular need—such as health care or home heating and cooling—and in general have broader income eligibility.

APPROACH

This brief uses nationally representative data from the Current Population Survey and a microsimulation model, Transfer Income Model (TRIM3), to estimate participation in safety net programs in 2019, the latest year of available data before the COVID-19 pandemic. We summarize participation in multiple programs and identify the most typical combinations or bundles of program benefits.

The brief compares participation patterns for the entire U.S. population in households, low income people by age (children, working-age adults, and adults ages 65 and older) and by racial and ethnic origin. To examine safety net access for individuals and families facing financial instability, we examined benefit receipt specifically for people with annual income below 200 percent of the federal poverty level. Twice the poverty level is an arbitrary but useful designation that overlaps with eligibility for some public benefits.⁴ Each benefit program uses its own income eligibility criteria, which may differ by state. Identifying people with income below twice the poverty threshold provides a framework to compare potentially eligible people across programs and to compare demographic groups, though we caution that the level and experience of poverty differs substantially among groups even below this threshold.

This research is centered on the safety net's coverage of people struggling with economic instability. For this reason, we focus on people with income below 200 percent of the federal poverty line. Our intention is to understand program participation for people in poverty and people not in poverty who still may struggle to pay for necessities. Some program participants have income higher than 200 percent of the poverty line as programs aim to facilitate economic mobility or promote child well-being. The EITC, for example, is reduced but not eliminated up to about 267 percent of the poverty line to encourage employment. In 2019 children with family income greater than 300 percent of the poverty line were eligible for coverage under Medicaid or Children's Health Insurance Program (CHIP) in 19 states.⁵ Most children receiving IV-D child enforcement services have low family income. About one third of children receiving IV-D services live in poverty (33 percent) and an additional 28 percent have income below 200 percent of the poverty level (Sorenson 2021).

³ Child support reflects people who participated in IV-D child support enforcement services. See "Characteristics of Custodial Parents and Their Children" (2021), Office of Child Support Enforcement by Elaine Sorenson.

⁴ Our standard is 200 percent of the federal poverty level because not all programs restrict eligibility to people living in poverty (defined as income below 100 percent of the poverty level). For example, income eligibility for SNAP is at 130 percent of the poverty level. In addition, estimates based on 100 percent of the poverty level can be unreliable for some groups because of sample size issues. In 2019 the Census Bureau's 200 percent poverty threshold (used for statistical purposes) was \$41,195 for a family of three. Under Medicaid and CHIP, children and pregnant women are eligible for coverage up to about 200 percent of the federal poverty guideline in all states.

⁵ See Kaiser Family Foundation, [Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP](#), findings from a 50-state survey, at kff.org.

With respect to racial and ethnic origin, the data only permit analysis of Asian people, Black non-Hispanic people, White non-Hispanic people, and Hispanic people of any race. Small sample sizes prevent examination of American Indian and Alaska Native people, Native Hawaiian and Pacific Islander people, or people reporting two or more races. Importantly, we do not account for other factors affecting program eligibility or access, such as family or household composition, employment status, urban/rural residence, or assets. These factors differ across demographic groups and likely influence participation rates.

This brief presents participation estimates based on an average month during the year, consistent with administrative records for many of the programs. Benefits received for only part of the year or only once are treated the same as benefits received in an average month. In general, to be considered as a program participant in our data, individuals must first meet each program’s income limit and other eligibility criteria. The exceptions are Medicaid—for which we count all people who report receiving the benefit—and EITC, for which we report eligibility only. In this way, the brief relies on a combination of program eligibility rules, administrative records, and self-reports of program participation. For details on the methodology, see Appendix A.

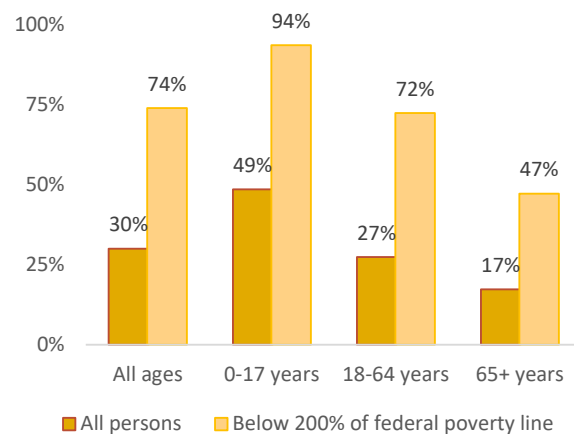
RESULTS

OVERALL PARTICIPATION IN SAFETY NET BENEFITS

Three in 10 people including nearly half of all children participated in a safety net program.

In 2019, 99.1 million people participated in one of the 10 programs discussed in this brief, representing 30 percent of the U.S. population. Figure 1 reports the percentage of the population receiving any benefit, by age and income level in an average month. More than one in four working-age adults (27 percent) and nearly one of every two children (49 percent) received a program benefit. Fewer older adults (17 percent) benefited from one of the 10 programs.⁶ Children’s greater access to benefits is partially because many programs target children in their eligibility criteria, and parents may be more likely to choose to participate. Children are also more likely than adults to live in low income families.

Figure 1. Percent of People with Any Benefit by Age and Poverty Status, 2019



Source: 2020 Current Population Survey, Annual Social and Economic Supplement and microsimulation model TRIM3.

Among low income people, the safety net reached 74 percent of people, including more than two of three working-age adults and nine of 10 children.

Among all people with income below 200 percent of the federal poverty line, 74 percent of people received a program benefit (see Figure 1). Within this group, about seven of 10 working-age adults (72 percent) but fewer than five of 10 adults ages 65 and older (47 percent) received a program benefit. In comparison, more than nine of 10 children with low income received a benefit from at least one of the 10 programs discussed in this brief (94 percent).

⁶ Note this analysis excludes Social Security and Medicare, which are social insurance programs designed to support older adults.

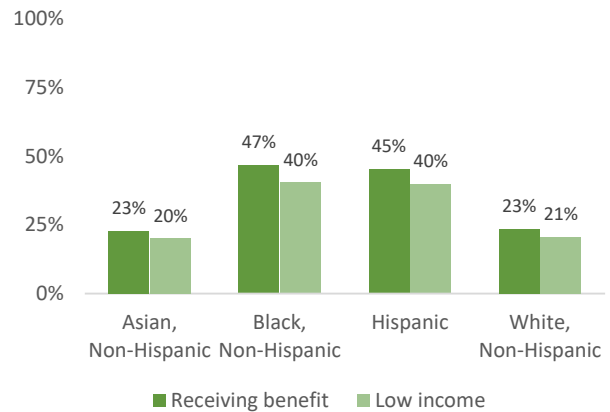
As seen in Figure 2, the share of people in each racial and ethnic origin group receiving any benefit (dark green bars) appears to correlate closely with the share of people with low income in each group (light green bars in Figure 2). Among both Asian, non-Hispanic people and White, non-Hispanic people, 23 percent received a program benefit, similar to the share of low income people in each group (20 percent and 21 percent, respectively). Forty-seven and 45 percent of Black, non-Hispanic people and Hispanic people, respectively, received a benefit; 40 percent of people in each of these groups had low income.

In addition to income, youth is a key factor that drives safety net participation as younger families are more likely to be eligible for several key programs and average age differs among the racial and ethnic origin groups identified in the brief. To examine these differences, we present participation rates for people in low income families with children (Figure 3). While rates vary across groups there are differences compared with participation among all people (shown in Figure 2). Most notably, White non-Hispanic and Black non-Hispanic people in low income families with children have comparable participation rates at 90 and 95 percent, respectively, while Asian non-Hispanic people and Hispanic people in low income families with children participate at similarly rates of 83 percent and 84 percent, respectively (Figure 3).

PARTICIPATION IN MULTIPLE PROGRAMS

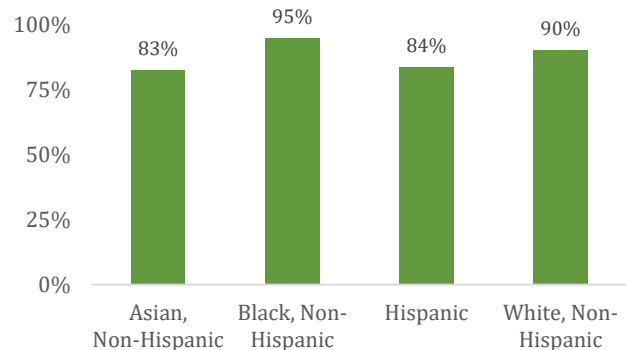
In this section we describe patterns of participation in two ways. Figure 4 illustrates program coverage for all people in the United States. We find that 45.6 million people (14 percent of the U.S. population) participated in one program only (Figure 4, see also Figure B1). Seven percent of people (24.1 million) participated in exactly two of the 10 programs discussed in this brief. Fewer people, 15.5 million (five percent), participated in three programs, and 13.9 million people (four percent) participated in four or more programs. Altogether, 53.5 million people or more than 16 percent of people participated in multiple programs. Of the group who benefited from four or more programs, most were children or older adults. (For detailed estimates by age and income level, see Appendix B, Tables B1 and B2.)

Figure 2. People Receiving Any Benefit, and People with Income Below 200% of the Poverty Level by Racial and Ethnic Origin Group, 2019



Source: 2020 Current Population Survey, Annual Social and Economic Supplement, and microsimulation model TRIM3.

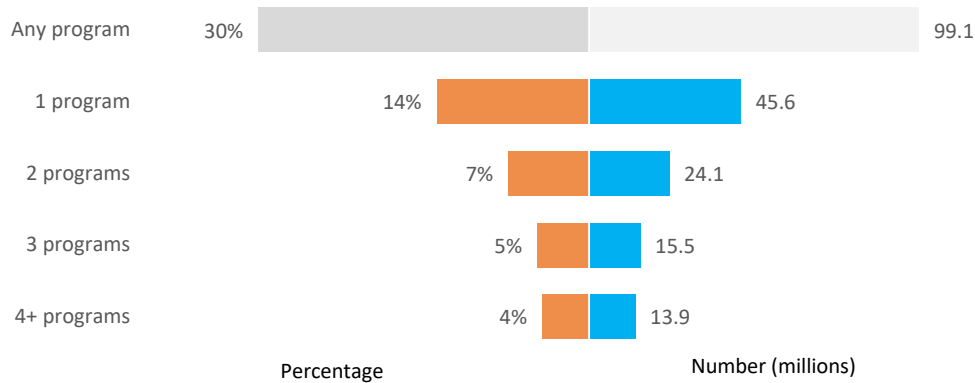
Figure 3. Benefit Receipt Among People in Families with Children and Income Below 200% of the Poverty Level by Racial and Ethnic Origin Group, 2019



Source: 2019 Current Population Survey, Annual Social and Economic Supplement, and microsimulation model TRIM3.

Note: All differences statistically significant at $p < .05$ except between Asian and Hispanic groups.

Figure 4. Number and Percentage of People in the United States Receiving a Program Benefit by Number of Programs, 2019

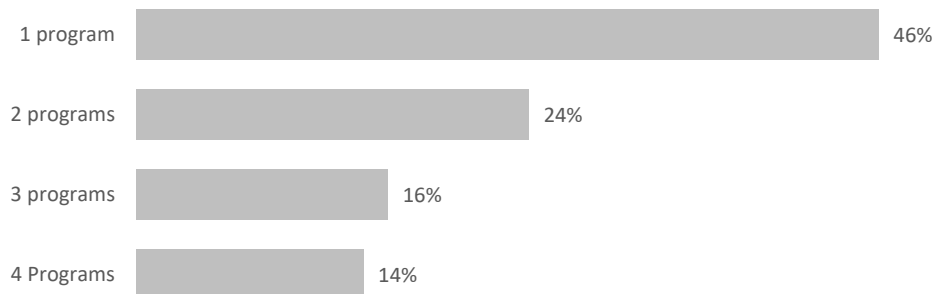


Source: 2020 Current Population Survey, Annual Social and Economic Supplement, and microsimulation model TRIM3.

Over half of people receiving benefits participated in more than one program.

Figure 5 reports the share of people receiving any safety net benefit who participated in different numbers of programs. Among people with any program benefit, 46 percent participated in only one program compared with more than half (54 percent) who participated in two or more programs. Twenty-four percent of people who participated in the safety net were enrolled in exactly two programs, and 16 percent were enrolled in exactly three programs. The remaining 14 percent of people received a benefit from four or more programs.

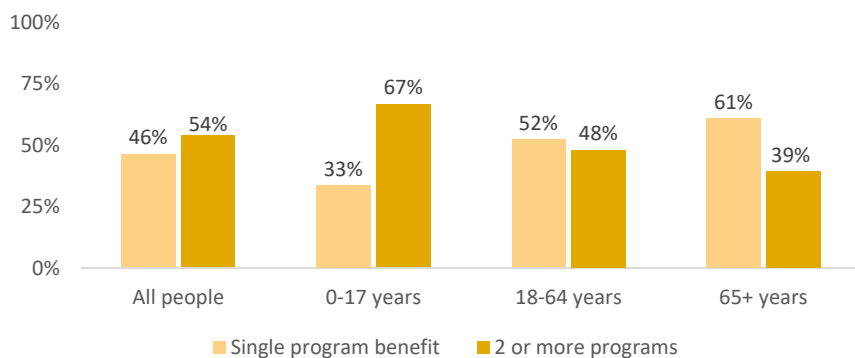
Figure 5. Single or Multiple Program Participation for People with Any Benefit, 2019



Source: 2020 Current Population Survey, Annual Social and Economic Supplement, and microsimulation model TRIM3.

Among people with any program benefit by age, we find that children were more likely than other age groups to participate in multiple programs. Among people who participated in the safety net, just under half of working-age adults (48 percent) and two of three children (67 percent) received a benefit from multiple programs (Figure 6). The result is partly because fewer program benefits are available to people in households without children, and because costs are higher, relative to income, with additional family members and caregiving needs. Adults 65 years and older with any benefit were less likely than working-age adults to participate in more than one of the programs discussed in this brief (39 percent).

Figure 6. Number of Programs Participated In By People with Any Benefit, 2019



Source: 2020 Current Population Survey, Annual Social and Economic Supplement, and microsimulation model TRIM3.

Among the 16 percent of people in the United States who received a benefit from two or more programs, most were children or older adults (51 percent, not shown). A relatively small share of adults age 18 to 64 received a benefit from three or more programs (7 percent), compared with 21 percent of children under 18 (see Appendix B, Table B1).

Medicaid, the EITC and SNAP are part of the most common program combinations

In this section we examine which particular set of programs or “bundles” are most commonly accessed in the same year by people who need assistance. Five programs—child support, EITC, LIHEAP, Medicaid⁷ and SNAP—appear in the bundles individuals most commonly receive (see Figure 7). The most common bundles represent safety net programs for 500,000 or more people and each includes one of three key safety net programs: Medicaid, EITC, and SNAP. Altogether nine out of 10 people (90.4 percent) with any benefit participated in at least one of these three programs.

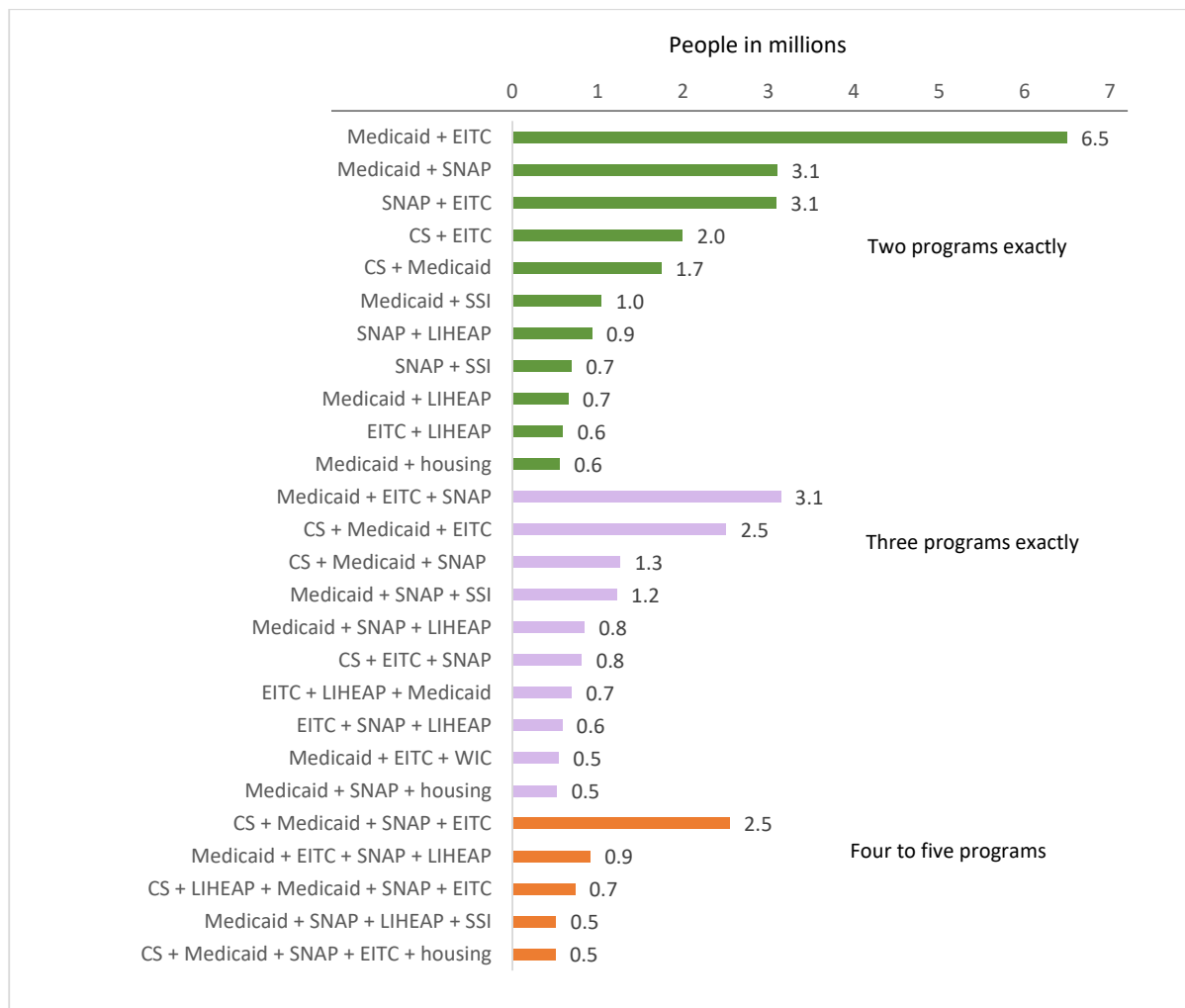
Access to health coverage is a key part of the social safety net, and without Medicaid, the number of people of any age with a program benefit falls from 99.1 million to 82.8 million and from 30 percent to 25 percent of the U.S. population. Excluding Medicaid *and* the EITC reduces the total number of persons with a benefit in 2019 to 61.9 million (19 percent of the U.S. population).

The most common program bundle is *Medicaid + EITC*, which benefits 6.5 million people. The next most common bundles each benefit about 3.1 million people: *Medicaid + EITC + SNAP* followed by *Medicaid + SNAP* and lastly *SNAP + EITC*. In Figure 7 we present the most common program bundles representing 71 percent of people with multiple program benefits.

⁷ Throughout the brief, Medicaid includes separate Children’s Health Insurance Programs (CHIP). Like Medicaid, CHIP is administered by the states, but is jointly funded by the federal government and states.

Figure 7. Most Common Program Bundles, 2019

Categories represent 71 percent of people with multiple program benefits



Note: CS is child support services and reflects people who participated in IV-D child support enforcement services. CCDF counts only subsidies administratively considered to be CCDF and includes adults and children. Medicaid includes the Children’s Health Insurance Program and estimates are based on people who reported the benefit. All people eligible for EITC are assumed to receive it. Programs are assessed on a monthly basis and people may be enrolled only a portion of the year.

Source: 2020 Current Population Survey, Annual Social and Economic Supplement, and microsimulation model TRIM3.

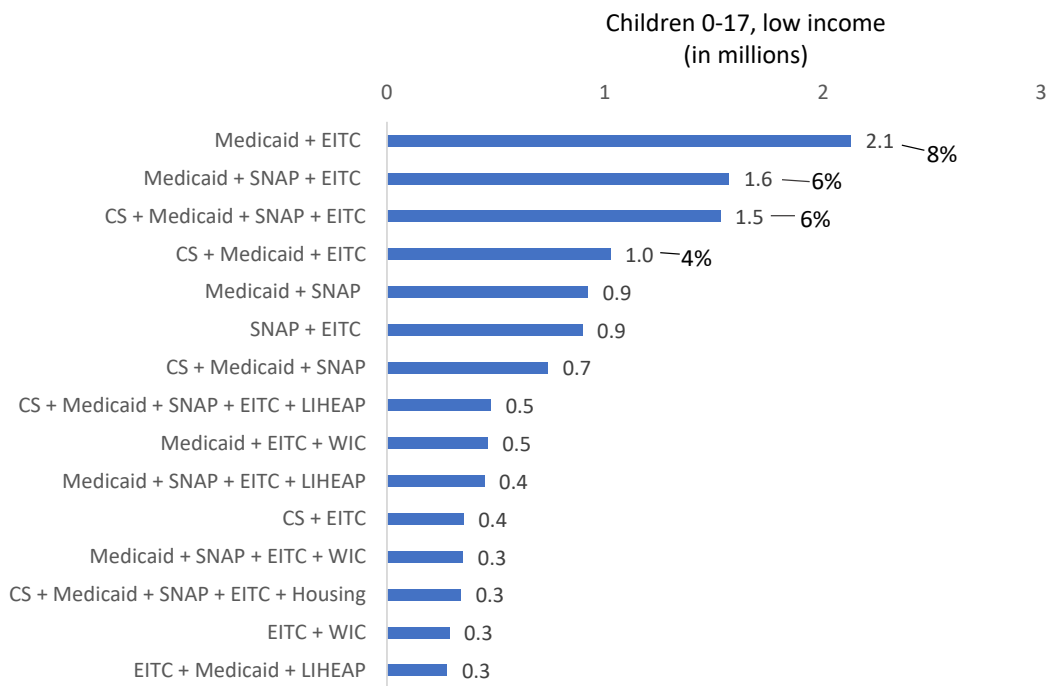
Two-thirds of low income, working-age adults received a benefit from either Medicaid, EITC, or SNAP, and one in seven benefited from LIHEAP.

The most common multiple program bundles are similar for low income working-age adults and children, and for the largest racial and ethnic origin groups. Among adults, the two most common safety net bundles are *Medicaid + EITC*, followed by *EITC + SNAP*, covering 5 percent and 4 percent of low income working-age adults, respectively. The next most common bundles, *Medicaid + SNAP* and *Medicaid + EITC + SNAP*, each cover 3 percent of the same group. The fifth most common bundle, *Medicaid + EITC + SSI*, covers 1.7 percent of working-age adults with low income (see Appendix B, Table B3).

LIHEAP is a key component of the safety net for adults, covering 14 percent of working age adults with low income. In summary, 68 percent of low income working-age adults received a benefit from either Medicaid, EITC, or SNAP (32.2 million), and one in seven benefited from LIHEAP (6.7 million).

For low income children, the most common multiple program bundle is *Medicaid + EITC* covering 8 percent of children in this group, and *Medicaid + SNAP + EITC* covering 6 percent. Figure 8 reports the 15 most common program bundles for low income children, accounting for nearly half of all children with low income (47 percent). The third and fourth most common bundles include child support services as follows: *Child Support + Medicaid + SNAP + EITC* covers 6 percent of low income children (1.5 million), and *Child Support + Medicaid + EITC* covers 4 percent of low income children (1.0 million).

Figure 8. Fifteen Most Common Program Bundles Among Low income Children, 2019



Note: CS is child support services and reflects people who participated in IV-D child support enforcement services. Medicaid includes the Children’s Health Insurance Program and estimates are based on people who reported the benefit. All people eligible for EITC are assumed to receive it. Programs are assessed on a monthly basis and people may be enrolled only a portion of the year.

Source: 2020 Current Population Survey, Annual Social and Economic Supplement, and microsimulation model TRIM3.

Some programs that specifically target children in poverty are not part of the bundles illustrated in Figure 8. In particular, TANF and CCDF are not included in the 15 most common bundles provided for low income children as these programs serve fewer people overall, compared with the largest safety net programs.

Program bundles are similar across race and ethnic groups

When looking at the common program bundles for different racial and ethnic origin groups, we found many commonalities across bundles. In examining the 10 most common bundles of programs for people in low income families with children, the most common or second most common bundle was *EITC + Medicaid*, followed by *Medicaid + EITC + SNAP*. The bundle *Medicaid + EITC + SNAP + Child Support* was one of the most common for Black non-Hispanic people, White non-Hispanic people and Hispanic people. The 10 most common bundles accounted for 36 percent to 38 percent of all low income families with children in each group. Examining the most common bundles, support from LIHEAP was part of two or three of the most common bundles for Black non-Hispanic people, White non-Hispanic people and Asian,

non-Hispanic people but was not a component of the 10 most common bundles for Hispanic people. The bundle *Medicaid + EITC + WIC* was among the top 10 bundles of programs for Asian non-Hispanic people and Hispanic people in low families with children, however, WIC did not appear among the most common bundles among Black non-Hispanic people or White non-Hispanic people. Housing assistance was part of one the top bundles for Black non-Hispanic people, but housing assistance did not appear in the most common bundles for other groups. In this analysis we found the five most common bundles among low income people with children in each racial and ethnic origin group were populated by some combination of programs from among Medicaid, EITC, SNAP, or child support services.

DISCUSSION

This brief examined the overlap in participation in social safety net programs to better understand how programs converge to address the complex needs of economically vulnerable people. Using micro-simulation modeling to correct for possible underreporting in previous data, we compared receipt of benefits between all people and low income people in the United States in 2019, and also examined differences by racial and ethnic origin and by age. This analysis follows a previous [brief](#) that presented participation rates for each of the 10 programs among people eligible to receive each benefit.

Our analysis finds that a large portion of people participate in some part of the safety net. Three out of 10 people participated in one of 10 key safety net programs, and nearly half of all children participated in a program. Among low income people—people with income below twice the federal poverty level—nearly three-quarters participated, and 94 percent of low income children participated. Research has documented that participation in safety net programs can help keep people above poverty. For example, Fox and Burns (2021) found that in 2020, SNAP benefits kept 2.9 million people out of poverty, and TANF kept 500,000 people out of poverty.

Participation in multiple programs is common among participants. Over half of all participants—including two-thirds of children—received benefits from more than one program. We find that three entitlement programs – Medicaid, EITC, and SNAP – are part of the most common program bundles. Participation in multiple programs can reflect the complex forms of economic hardship people experience. For example, some parents with low earnings may struggle with both housing instability and food insecurity. Because most programs target a specific need, people facing deep economic hardship, such as dislocation from regular employment or multiple barriers to stable housing, often need help from more than one program.

We find important differences in participation rates across major racial and ethnic origin groups, with the differences largely attributable to income differences and presence of children. For example, among all people, there is an over 20 percentage point gap between Asian, non-Hispanic people and Hispanic people’s participation in the safety net. When focusing exclusively on people in low income families with children, the difference between these two groups reduces to one percentage point. Importantly, we found limited differences in the program bundles across the largest racial and ethnic groups, with some differences in the relative prevalence of specific benefits.

Our results should not be interpreted to support the conclusion that the safety net reaches people equitably across racial and ethnic origin groups. More research is needed to understand equitable access to the safety net.⁸ Our analysis did not study all factors that relate to differential participation in benefit programs. Aside from income and average age, there may be other factors that explain differences across race and ethnic groups. Factors could include other economic and demographic characteristics, such as household composition, state or county rules, assets, or program outreach. For example, on average some

⁸ See, for example, The Office of Planning, Research, and Evaluation’s 2019 report [Identifying Racial and Ethnic Disparities in Human Services: A Conceptual Framework and Literature Review](#).

groups are older. People 65 and older are less likely to participate in the safety net, and a higher percentage of White non-Hispanic people being age 65 or older than Black non-Hispanic people may explain some differences between these race groups. Immigration status and English proficiency – correlated with race and ethnicity – can affect access to benefits. Racial and ethnic groups are distributed differently across the country, and geography can also affect access to benefits. Safety net infrastructure may differ between urban and rural areas, and states have different eligibility rules, dedicated funding, and systems that can facilitate enrollment.

There are limitations to this analysis that should be considered. We did not evaluate the adequacy of program benefits relative to need or consider the extent to which eligible people apply for different bundles of benefits and receive them. Estimates are based on a widely used annual household survey representative of the U.S. population in households and our statistical model, augmented with administrative records. The survey data do not specify the months when benefits are received or the months when income or benefits change. For these reasons, our results are best understood as summarizing an average month during the year.

Despite these limitations, these results provide the most accurate portrait available of participation in multiple safety net programs in the U.S. The findings inform discussions of how to make the safety net more effective at providing economic stability and opportunity while reducing poverty. People in economically vulnerable situations may face significant barriers to participating in more than one program. Understanding trends in multiple program participation can illuminate how programs can align to address participants' needs across different domains. Navigating multiple administrative systems can be time consuming. Some working parents view fragmented program rules as complicated and difficult to navigate, and programs may not be designed to support upward economic mobility (Winston et al., 2021). In particular, the lack of coordination among eligibility rules and benefits schedules means that people participating in multiple programs face high effective marginal tax rates as their incomes increase (Chien & Macartney, 2019). More research is necessary to understand the extent to which participation in multiple programs meets families' needs, and the barriers that people face in accessing benefits.

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APPENDIX A. METHODOLOGY

The analysis is based on Transfer Income Model, Version 3 (TRIM3), a comprehensive microsimulation model that simulates tax, transfer, and health benefits and analyzes program interactions. Population data are from the Current Population Survey's Annual Social and Economic Supplement, enhanced with administrative records from CCDF, child support, housing assistance, SSI, SNAP, TANF, and WIC programs. ASPE is the primary funder and supporter of TRIM3, which is operated and maintained by the Urban Institute. TRIM3 data including simulated program eligibility and receipt are publicly available.

The reference period for this analysis is 2019. People and household members are counted as program participants if they reported a program benefit or coverage during the year and are eligible under program rules. One exception is Medicaid, for which any person who reports a benefit is counted as participating regardless of eligibility criteria. The other exception is EITC, for which the data are based solely on eligibility. TRIM3 also assigns benefits to some people to make up for underreporting of program benefits in the survey and to match administrative records.

TRIM3 analyzes detailed demographic characteristics but is restricted to data collected in the survey. For that reason, some historically marginalized groups, such as LGBTQ or disabled populations, cannot be reliably identified. The model also faces sample-size limitations, so that estimates for demographic groups such as Native people or people of two or more races cannot be estimated using a single year of data and require pooling of data across multiple years.

Estimates in this brief are expected to be most consistent with monthly caseload data. Annual or nonrecurring benefits (**EITC** and **LIHEAP**) are treated as if they were received in every month of the year. Although **housing assistance** and public health coverage may vary over the year, these benefits are also treated as received in every month if annual help is reported. For **CCDF**, only subsidies administratively considered to be **CCDF** are counted and estimates in this brief include adults and children. This differs from estimates in ASPE's Factsheet: [Estimates for Child Care Eligibility and Receipt for Fiscal Year 2019](#) which includes subsidies paid through non-CCDF federal funds. **Medicaid** includes separate Children's Health Insurance Program (CHIP) coverage. To include health care coverage provided by states and to allow for complexities in eligibility determination, we count participants who report **Medicaid** or CHIP coverage regardless of whether they meet eligibility criteria. We identified participation in **housing assistance** among household members by program eligibility criteria (in particular, whether the household's countable income is within applicable limits and the household qualifies for a subsidy) among the households who report the benefit. Because of data limitations, our model cannot estimate the probability of participation in **EITC** among those eligible. The estimates we present are the number of people eligible for the **EITC** based on federal tax rules. The CPS April supplement of custodial parents is the data source for **IV-D child support** enforcement services. **WIC** estimates include children only, as the survey does not capture breastfeeding or pregnancy status. We identify only children ages zero to 4 who are eligible and participating in the program. Conversely, **SSI** estimates are based on adults ages 18 and older as the survey does not capture disability status for children.

Our data for program bundles are based on well-calibrated survey-based estimates. However, in several cases, publicly available data are insufficient to allow for external validation of the estimates in this brief. We believe the estimates to be reasonable and reliable, and we welcome commentary and input from other researchers or agencies.

APPENDIX B. DATA TABLES

Table B1. Program Participation Among U.S. Population, 2019

	All ages	0-17	18-64	65+
Number in population	325,267,600	73,151,200	197,475,200	54,641,900
Participated in any program	30%	49%	27%	17%
Did not participate	70%	51%	73%	83%
Among 10 major programs, non-overlapping categories:				
Persons participated in 1 program	14%	16%	14%	11%
Persons participated in 2 programs	7%	12%	7%	4%
Persons participated in 3 programs	5%	10%	4%	2%
Persons participated in 4 programs	3%	6%	2%	1%
Persons participated in 5 programs	1%	3%	1%	0%
Persons participated in 6+ programs	0%	2%	0%	0%

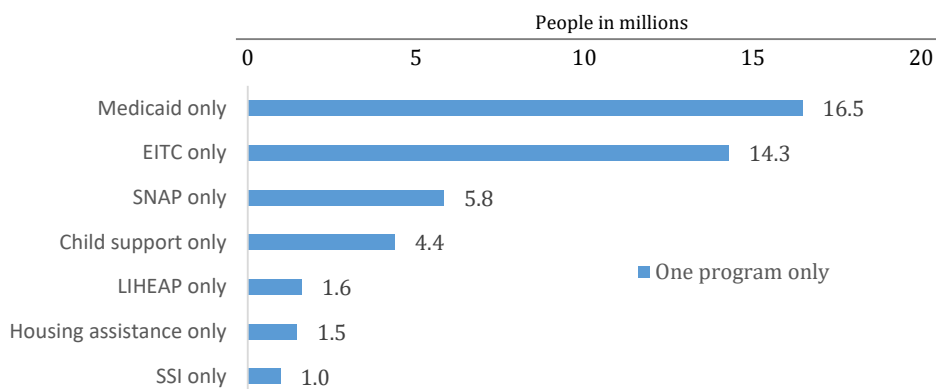
Source: 2020 Current Population Survey, Annual Social and Economic Supplement, and microsimulation model TRIM3.

Table B2. Program Participation Among People with Low Income, 2019

	All ages	0-17	18-64	65+
Number in population	87,419,000	25,098,000	47,258,400	15,062,600
Participated in any program	74%	94%	72%	47%
Did not participate	26%	6%	28%	53%
Among 10 major programs, non-overlapping categories:				
Persons participated in 1 program	24%	17%	28%	25%
Persons participated in 2 programs	20%	23%	20%	13%
Persons participated in 3 programs	15%	24%	14%	6%
Persons participated in 4 programs	9%	17%	7%	2%
Persons participated in 5 programs	4%	9%	3%	1%
Persons participated in 6+ programs	2%	4%	1%	0%

Source: 2020 Current Population Survey, Annual Social and Economic Supplement, and microsimulation model TRIM3.

Figure B1. Number of people who participate in exactly one program by program type, 2019



Note: An estimated 16.5 million people received Medicaid and no other safety net benefit in 2019. Similarly, 14.3 million people received the EITC and no other benefit while 5.8 million people received only SNAP. Nearly 4.4 million people participated in child support services and no other program. LIHEAP benefited 1.6 million people who did not receive other assistance.

Source: 2020 Current Population Survey, Annual Social and Economic Supplement, and microsimulation model TRIM3.

Table B3. Fifteen Most Typical Programs and Bundles for Low Income Adults Age 18 to 64, 2019

Note: These mutually exclusive rows represent 27 percent of low income adults ages 18 to 64.

	Number of programs	People in millions
1 Medicaid + EITC	2	2.590
2 EITC + SNAP	2	1.800
3 MCAID + SNAP	2	1.430
4 Medicaid + EITC + SNAP	3	1.340
5 Medicaid + SNAP + SSI	3	0.790
6 CS + Medicaid + EITC + SNAP	4	0.680
7 CS + Medicaid + EITC	3	0.580
8 CS + EITC	2	0.570
9 Medicaid + SNAP + LIHEAP	3	0.470
10 CS + EITC + SNAP	3	0.460
11 SNAP + LIHEAP	2	0.440
12 Medicaid + EITC + SNAP + LIHEAP	4	0.430
13 EITC + LIHEAP	2	0.410
14 Medicaid + LIHEAP	2	0.400
15 Medicaid + SNAP + LIHEAP + SSI	4	0.400

Source: 2020 Current Population Survey, Annual Social and Economic Supplement, and microsimulation model TRIM3.

Table B4. Fifteen Most Typical Programs and Bundles for Low income Adults Age 65 and Older, 2019.

		Number of programs	People in millions
1	SNAP + SSI	2	0.440
2	SNAP + LIHEAP	2	0.380
3	Medicaid + SNAP	2	0.360
4	Medicaid + SNAP + SSI	3	0.300
5	Medicaid + SNAP + housing	3	0.150
6	SNAP + housing + LIHEAP	3	0.130
7	Medicaid + SNAP + LIHEAP	3	0.110
8	Medicaid + SNAP + SSI + housing	4	0.100
9	Medicaid + SNAP + SSI + LIHEAP	4	0.090
10	Medicaid + SNAP + SSI + housing + LIHEAP	5	0.090
11	SNAP + SSI + LIHEAP	3	0.080
12	Medicaid + SNAP + housing + LIHEAP	4	0.070
13	Medicaid + SSI + housing	3	0.060
14	SNAP + SSI + housing	3	0.060
15	Medicaid + housing + LIHEAP	3	0.030

Note: This analysis excludes Social Security and Medicare, social insurance programs designed to support older adults.

Source: 2020 Current Population Survey, Annual Social and Economic Supplement, and microsimulation model TRIM3.

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ABOUT THE AUTHORS

Suzanne Macartney is a Program Management Analyst in the Office of Human Services Policy in the Office of the Assistant Secretary for Planning and Evaluation.

Robin Ghertner is Director of the Data and Technical Analysis Division in the Office of Human Services Policy and Office of the Assistant Secretary for Planning and Evaluation.

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