

# Appendix W. Comment from Third Sector

OMB No. 0584-[NEW]

*Assessing SNAP Participants' Fitness for Work*

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# **Agency Information Collection Activities: Assessing Supplemental Nutrition Assistance Program (SNAP) Participants' Fitness for Work**

## **Study Comments**

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### **BACKGROUND**

The Food and Nutrition Act of 2008 requires that Supplemental Nutrition Assistance Program (SNAP) participants between the ages 16 and 59 to meet certain work requirements, unless they are exempt or show good cause as to why they cannot work. Whether a participant is required to meet these work requirements is based upon a SNAP eligibility worker (caseworker) making a determination whether an individual is exempt from these work requirements, including a determination whether the individual is physically or mentally unfit for work.

The USDA Food and Nutrition Service (FNS) has contracted with MEF Associates and its subcontractor, Mathematica, to conduct a study to better understand how states determine whether individuals are exempted from work requirements or have good cause for not meeting work requirements due to a physical or mental limitation. Assessing states' needs for technical assistance around fitness for work determination and identifying lessons learned to share across all state SNAP Agencies would be a valuable contribution to the field.

Given FNS's dedication to operationalizing the Executive Order on Advancing Racial Equity the study's researchers are likely thinking about equity. Third Sector is proposing ways to integrate equity into this description of the study, underscoring the importance of racial equity in this research.

### **PURPOSE**

Third Sector is submitting comments in order to encourage FNS and the contracted researchers to investigate possible ways to enhance the quality, utility, and clarity of the information to be collected aligned with racial equity.

### **COMMENTS FOR CONSIDERATION**

Based on existing research, Third Sector encourages FNS and the study's researchers to include research questions and inquiries about potential racial biases and disparities related to SNAP fitness to work determinations:

### **Possible Racial Bias in Fitness to Work Determinations**

According to Soss, Joe, Richard Fording and Sanford Schram (2008), Black families, and in some cases Latinx families and American Indian and Alaska Native families, are more likely to be sanctioned for not meeting work requirements as well as eligibility restrictions compared to white families in the same state. Supporting research from McDaniel, et al (2017) suggests that caseworker discretion also plays a role in higher sanction rates, as biases and stereotypes lead caseworkers to sanction African American clients more often than non-Hispanic White clients. This research in unequal sanctioning naturally raises questions about the potential for similar biases in fitness for work determinations.

#### **Questions:**

- Will the study examine whether any states account for any potential racial disparities in fitness for work determinations?
- Will the study examine whether any states track racial disparities in fitness to work determinations?
- Will the study examine whether any states that provide case workers with implicit bias training or similar training with regards to fitness for work determinations - and if it positively impacts racial disparities in those states?

### **Possible Racial Bias in Health Diagnoses Used in Fitness to Work Determinations**

States have discretion on determinations of mental and physical fitness. According to the literature (Breslau, 2003; Gavrilovic, 2005; Lewis, 2005) there are large racial and ethnic disparities in access to mental health treatment services, diagnoses, and culturally sensitive treatment options, which may thus inhibit the ability to make appropriate fitness to work determinations free from bias. Lack of cultural competence of healthcare providers likely contributes to underdiagnosis and/or misdiagnosis of mental illness in BIPOC communities. Language differences between patient and provider, stigma of mental illness among BIPOC, and cultural presentation of symptoms are some of the many barriers to care. People who have undiagnosed mental illness are more likely to experience trauma, and then more likely to develop a co-occurring illness, relapse, or develop a more severe condition.

#### **Questions:**

- It seems the burden of proof for mental illness (i.e. having an existing diagnosis) is largely on the SNAP participant. Will the study ask state officials how they consider how knowledge of and stigma in admitting mental illness differs across cultures, and may prevent individuals from seeking treatment (and thus having a diagnosis)?
- Will the study examine whether any states provide SNAP participants access to mental health providers or social workers to do a mental health assessment for the purposes of determination of fitness to work?

### **Consideration of Diversity in the Participants to Be Interviewed**

Walter (2013) found that racial differences in research participation in and the requested payment for research participation. For example, this research suggests that Hispanic individuals asked for a higher requested payment for research participation, possibly explaining their under-enrollment in a particular study. Third Sector recommends that the study's investigators compensate SNAP Participants for their time and expertise at rates comparable to other experts (while being careful of coercion), especially when research pertains to populations with the largest barriers. This population is critical to engage when exploring if the systems built around assessing 'fitness to work' operate in an unjust way or disproportionate fashion.

## **ABOUT THIRD SECTOR**

Founded in 2011, Third Sector Capital Partners, Inc. is a 501(c)3 nonprofit organization that has worked with 50+ communities across the US to deploy over \$800 million in government resources towards outcomes. We use public funding and data as levers to impact how governments, providers, and their partners work with and improve the lives of the people they serve. We work alongside communities to address challenges such as multigenerational poverty, housing stability, child development and education, etc. In order to positively impact these complex issues, we seek out and elevate diverse local perspectives, foster an inclusive environment where those voices are centered in the decision-making process, and embrace an equity-centered approach that uses our privileged position to meet the needs of the marginalized and historically underserved.

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