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Fellowship Capstone | Policy Brief

The Uneven Distribution of Government Assistance Programs Across American Regions

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I. Executive summary

Government assistance programs across American Regions consist of food aid, housing support, healthcare subsidies, and income assistance. The goal of these programs is to lower poverty and promote economic stability. However, because these programs differ significantly across regions, there is a large disparity in their effectiveness. This disparity stems from three major issues: state-level administration, regional economic differences, and political and ideological differences among regions.

II. Overview

Inequity within government assistance programs has been a continuous problem. Benefits appear equal because they are federally funded, but in reality states control how they are implemented which leads to differences in eligibility requirements, benefit amounts, and accessibility. One specific example is that some states have adopted Medicaid expansion with the Affordable Care Act, while others have not. This directly leads to gaps in healthcare access. Further programs like the Supplemental Nutrition Assistance Program (SNAP) vary by state with both participation and effectiveness due to administrative differences. Another issue is that poor areas, like rural regions have a higher demand for assistance. State control also impacts welfare greatly. Some states choose to expand and invest in assistance programs, while other states prioritize stricter requirements and limited benefits. As a result of these disparities, access to government assistance is more dependent on where a person lives rather than what they need. The disparities regarding welfare benefits lead to broader inequality within society as seen through higher poverty rates in certain regions, limited healthcare access, and food insecurity.

A. Relevance

Unequal government assistance remains a serious issue because it directly affects health outcomes and survival rates. A study in the National Institutes of Health found that the higher the state public assistance spending is, the better the survival rates for cancer patients. Further, inequity within public assistance programs can worsen disparities for marginalized populations. This is because uneven distribution can reinforce existing racial and socioeconomic inequalities. Another piece of supporting evidence by the National Institutes of Health states that public welfare reduces barriers like food insecurity and lack of access to care which directly leads to improving the quality of life for an individual. In fact, a study by Research Gate discovered that states with higher inequality display significantly

less generous welfare policies. Inequality will never be fixed long-term if welfare benefits are not used to properly even out the playing field. Overall, this topic is relevant because inequality within government assistance programs directly undermines social protection systems.

III. History

A. Current Stances

Although inequality in welfare benefits has been a long-standing issue, it continues to spark significant debate today. In a study by American Progress, average weekly unemployment insurance benefits were $72 lower in the South, $30 lower in the Midwest, and $25 lower in the West than in the Northeast. Access differs as well; unemployment insurance recipients are 17% lower in the South than in the Northeast. American Progress also discovered that Southern states have higher poverty rates, lower median income, and higher food insecurity compared to the Northeast. Additionally, these differences are primarily affecting people of color; regions with larger Black and Hispanic populations often have weaker welfare systems and fewer protections. By allowing states to have control over benefit levels and eligibility, there is uneven protection for citizens based solely on geography rather than need. Currently, research has found that higher income inequality reduces welfare generosity. American Progress also suggests that weak safety nets worsen social outcomes. Stronger welfare programs are associated with better long-term health and economic stability, while weaker ones increase the risk of chronic hardship. Overall, there is a broad agreement that government assistance is uneven across states. This unevenness directly leads to regional, racial, and economic inequality. States with weaker safety nets have consistently shown worse social and economic outcomes.

IV. Policy Problem

A. Stakeholders

It is a given that the main stakeholder is the citizens receiving welfare benefits, especially those who are receiving less regionally. It is especially important to note the Black and Hispanic populations in the Southern states that are disproportionately impacted. Another stakeholder is the state governments because they control the amount of welfare benefits and whether they are implemented. For example, ten states have still yet to adopt Medicaid. States governments majority of the time hold the belief of the higher the inequality, the less welfare implemented. Another stakeholder is the federal government, who is in charge of funding the programs. The federal government plays a much smaller role because they set the rules, but gives the states main control. This is why there is a drastic amount of disparity, because the states largely run the programs. Lastly, nonprofits and advocacy that argue for policy reform are a stakeholder. They support litigation and safety campaigns to strengthen the safety net.

B. Risks of Indifference

Without reform, gaps in benefit levels will continue to widen the wealth divide between states. It has already been shown that states with weak safety nets have higher poverty rates, greater food insecurity, and lower median incomes. Without action, these conditions will lock into place. The American Progress firsthand found that Southern states lag significantly behind the Northeast in unemployment benefits and poverty outcomes. Further, according to NIH, lower public assistance spending directly correlates to worse cancer survival rates, and

poorer overall health. As stated previously, 10 states leave millions without healthcare access due to the lack of Medicaid expansion. Through inaction, preventable deaths and chronic illness will continue at higher rates within low benefit states. The lack of movement also deepens racial inequality, as previously mentioned, the Black and Hispanic populations are concentrated in states with the weakest welfare systems. This leads to continued systemic racial disparities. Finally, increased food insecurity. SNAP variations across states means that food insecurity is significantly higher in certain regions. Without strong federal standards, low-income families in underserved states will continue to be ignored. As stated in NIH, welfare reduces barriers like food insecurity and directly improves quality of life as a result. The disparities among regions do not allow people within certain states this opportunity.

C. Nonpartisan Reasoning

Since welfare disparity impacts both individuals and societies and communities themselves, it is imperative that nonpartisan intervention occurs. The benefits of nonpartisanship include:

1) Building broader political support: a nonpartisan approach appeals to lawmakers with all political views, which increases the likelihood of legislation passing. Policy solutions framed based on shared goals, like reducing poverty and strengthening the workforce, are harder to oppose. Requires removing the "us vs. them" dynamic in Congress that typically slows welfare reform debates.
2) Produces more effective policy: Solutions that are built based on evidence instead of ideology are more likely to address the root causes of welfare disparities. Because nonpartisan analysis draws from a wide range of research, a more balanced and comprehensive policy design will be created.
3) Strengthens public trust: citizens across the political spectrum are more likely to accept reforms that are not viewed as politically motivated. This increases public confidence that welfare dollars are spent efficiently and fairly.

V. Tried Policy

In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was passed. This policy implemented strict work requirements and time limits on cash assistance. Recipients were limited to 5 years of federal benefits lifetime. This policy largely created the regional disparities seen today by giving states broad discretion over how to spend welfare funds. Although some believe the results showed declining caseloads, critics argue that it pushed people off of assistance, not out of poverty (Falk). In 2010, the Affordable Care Act (ACA) was passed. This act expanded Medicaid eligibility to cover adults earning up to 138% of the federal poverty level. Although it was originally mandatory for all states, in 2012, the Supreme Court ruled it optional, further creating a direct source of regional disparity. The states that did expand Medicaid saw significant reductions in uninsured rates and improvements in health outcomes, while the 10 states that still have yet to expand leave millions in a coverage gap (Blavin). Most recently, in 2009, the Employment Insurance Modernization Act was passed. This provided federal incentives for states to modernize and expand their unemployment and insurance systems. This act had very mixed results; some states adopted it, and some declined federal incentive funding. This act highlights that federal

incentives alone are insufficient when states have the option to opt out (Centuring Workers).

VI. Policy Options

One option is to set a federally mandated minimum benefit level for TANF, SNAP, and unemployment insurance that all states must meet, regardless of political preference. This would directly address the most extreme disparities. For example, Mississippi's $170 TANF maximum vs Alaska's $900+. This would allow states to have flexibility, but would also preserve some degree of state autonomy (Center on Budget and Policy Priorities). Another option is mandatory Medicaid expansion. This would close the coverage gap that currently leaves about 2 million Americans without healthcare access. This also directly targets the racial disparities previously discussed (Artiga). Lastly, creating a cash assistance program to replace or supplement fragmented state-run programs with a single federally administered cash assistance program. This would eliminate regional disparities at the source by removing state discretion over benefit levels entirely (Agrawal).

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VII. Conclusions

Overall, the uneven distribution of government assistance programs across regions in America is a widespread issue, which has caused a fundamental equity problem embedded in the structure of the U.S. welfare system. State-regulated benefits directly contradict the basic premise of a national social safety net. Data consistently shows that states with weaker safety nets have higher poverty rates, worse health outcomes, and greater food insecurity. No single policy can solve this problem alone; a comprehensive approach that addresses cash assistance, healthcare, food security, and housing simultaneously is required. This is not a partisan issue; rather, it is a matter of economic efficiency, public health, and basic fairness.

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