

Precarious Work Schedules Could Jeopardize Access to Safety Net Programs Targeted by Work Requirements

Michael Karpman, Heather Hahn, and Anuj Gangopadhyaya June 2019

Since 2017, policymakers have sought to establish work requirements or expand existing requirements for people participating in Medicaid, the Supplemental Nutrition Assistance Program (SNAP), public housing, and housing choice vouchers, further extending the welfare-to-work concept in the Temporary Assistance for Needy Families (TANF) cash assistance program to other major means-tested safety net programs (Hahn et al. 2017). For example, the most recent White House budget proposal recommends uniform work requirements in several of these programs.¹ Work requirement policies generally require nondisabled adults to work or participate in work-related activities for a minimum number of hours per week or month to continue receiving benefits, unless they qualify for an exemption.²

Program participants must navigate these minimum hour requirements within a low-wage job market characterized by instability and precarious work schedules (Hahn 2019). Rigid program rules and reporting requirements raise concerns that low-wage workers may struggle to comply because they lack control over the hours they work (Karpman 2019; Lambert and Henly 2013), particularly those working in industries with the greatest reliance on employer-driven flexible labor practices, such as retail, hospitality, and transportation (Lambert 2008).

Using data from the December 2018 Well-Being and Basic Needs Survey, this brief examines the prevalence of precarious work schedules among working adults whose families participate in federal safety net programs. Our analysis focuses on nondisabled workers who reported working for an employer (i.e., who are not self-employed) at their main job and whose families participated in SNAP,

TANF, rental assistance programs, Medicaid, or other public health insurance coverage in the past year.³ To put their work schedules in context, we contrast them with the schedules of workers whose families did not participate in any of those programs; workers in the latter group are more likely to be salaried and to have family incomes above 200 percent of the federal poverty level (FPL).

Key Findings

We find that safety net program participants' work schedules are structured in ways that would place these workers at risk of transitioning in and out of compliance with work requirements week to week for reasons beyond their control. We highlight the following significant results:

- Nonstandard work schedules. Workers whose families participated in at least one safety net program in the past year were more likely than nonparticipants to report working a rotating, split, or irregular shift schedule (19.9 percent versus 14.4 percent) and less likely to work a regular daytime shift (58.3 percent versus 74.5 percent).
- Fluctuation in weekly hours worked. Though most workers participating in safety net programs usually work 20 or more hours per week at their main job, over half reported that the hours they worked each week at their main job varied by 10 or more hours in the past month.
- Advance notice of work schedules. Nearly two in five workers participating in safety net programs (39.1 percent) have no more than one week's notice of their work schedule, compared with 18.9 percent of nonparticipants. About 15 percent of safety net program participants have advance notice of one day or less.
- Control over work schedules. Over half of workers report little or no input on which days they
 work or the total number of hours they work each week, regardless of whether they participate
 in safety net programs. Program participants are less likely than nonparticipants to have
 control over when each workday begins and ends.

Among workers whose families participated in safety net programs, we found that those without dependent children, who tend to be subject to more demanding work requirements (SNAP) or are less likely to be exempt (Medicaid), generally had more precarious work schedules than parents living with children. Still, close to half of parents in this group said they had little or no input on when each workday begins and ends, and just over half said their hours worked per week varied by 10 or more hours in the past month.

Our findings suggest work requirements may increase the risk that families with working adults will lose access to nutrition, health care, housing, and cash assistance benefits if these policies do not account for scheduling practices prevalent in the low-wage job market. Unstable or unpredictable work hours could make it difficult for safety net program participants to consistently meet minimum work hour thresholds or to coordinate multiple jobs or work-related activities to accrue sufficient hours. These challenges may be particularly acute for families already struggling to balance work and family life.

Background

Employer efforts to minimize labor costs through scheduling practices have resulted in inconsistent and unpredictable work hours for many employees. Case studies of industries with high concentrations of low-wage workers have found that frontline managers are typically given a specified number of hours to allocate among employees and are required to maintain a targeted ratio of hours to sales (Lambert 2008; Lambert, Haley-Lock, and Henly 2012). Under significant pressure to "stay within hours," managers carefully match work schedules to projected customer demand, often posting weekly schedules with only a few days' notice and continuing to adjust work hours, sometimes throughout the day, after schedules have been posted (Haley-Lock 2011; Henly, Shaefer, and Waxman 2006; Lambert 2008; Lambert, Haley-Lock, and Henly 2012).

Firms' ability to match work hours to demand in real time has been enhanced by just-in-time scheduling software that uses algorithms to schedule workers based on time of day, weather, and other factors (Boushey and Ansel 2016). These scheduling practices create incentives for firms to keep a high number of workers on payroll (but with fewer hours available to each employee), to give hiring preference to those with open availability, and to call in workers on short notice if demand picks up or send them home if demand is slower than expected (Lambert 2008).

For low-wage workers, precarious work schedules make it difficult to arrange child and medical care, establish family routines, maintain a stable budget, get more education, or find a second job if work hours are insufficient (Ben-Ishai et al. 2014; Boushey and Ansel 2016; Henly, Shaefer, and Waxman 2006). Unstable schedules are also associated with high levels of stress, work-family conflict, and poor worker health and well-being (Golden 2015; Henly and Lambert 2014; Schneider and Harknett 2018).

Data on the prevalence of precarious work schedules has been limited until recently. One study based on the General Social Survey found that 17 percent of workers had unstable schedules, with 10 percent reporting irregular or on-call work schedules and 7 percent working split or rotating shifts (Golden 2015). An analysis of the American Time Use Survey found that 20 percent of workers reported working at least half of their hours outside of a regular daytime schedule or on weekends (Enchautegui 2013). Among hourly workers ages 26 to 32 who participated in the National Longitudinal Survey of Youth 1997, 41 percent knew their schedule one week or less in advance, half reported no input on their work schedule, and three-quarters reported fluctuations in weekly hours (Lambert, Fugiel, and Henly 2014). In each study, schedule irregularity, instability, and unpredictability were most common among lower-income workers and those in occupations (e.g., sales workers, restaurant workers) and/or industries (e.g., personal services, retail) with high concentrations of low-wage jobs.

Recent efforts to advance work requirements in Medicaid, SNAP, and housing programs raise questions about how these policies will intersect with current scheduling practices in the low-wage labor market. Researchers have noted that "a basic assumption undergirding work-hour requirements is that workers can decide how many hours they will work" (Lambert and Henly 2013). When this assumption is false and workers cannot control their schedules, they are placed in "double jeopardy" when their hours are reduced, losing benefits for failing to meet work requirements at the same time their earnings decline (Lambert and Henly 2013). Previous studies of TANF implementation have found that termination of benefits because of noncompliance with program rules can increase material hardship, potentially worsening health and economic outcomes for children and adults (Cook et al. 2002; Kalil, Seefeldt, and Wang 2002; Reichman, Teitler, and Curtis 2005).

It is therefore important to understand how current scheduling practices may affect the risk that families will lose public benefits because of labor market forces beyond their control. This brief draws on a new source of survey data to provide insight on the implications of precarious work schedules for access to safety net programs targeted by work requirements.

Methods

Data and Sample

We use data from the December 2018 round of the Urban Institute's Well-Being and Basic Needs Survey (WBNS), a nationally representative, annual, internet-based survey of adults ages 18 to 64 designed to monitor changes in individual and family well-being during a time when policymakers are considering significant changes to the safety net. For each round of the WBNS, the core sample is a stratified random sample drawn from the KnowledgePanel, a probability-based internet panel maintained by Ipsos, and includes a large oversample of adults in low-income households. Survey weights adjust for unequal selection probabilities and are poststratified to the characteristics of nonelderly adults based on benchmarks from the Current Population Survey and American Community Survey. One limitation of the WBNS is its low response rate, which is comparable to other private surveys but much lower than federal surveys. However, previous studies assessing recruitment for the KnowledgePanel have found little evidence of nonresponse bias for core demographic and socioeconomic measures (Garrett, Dennis, and DiSogra 2010; Heeren et al. 2008), and WBNS estimates are generally consistent with benchmarks from federal surveys (Karpman, Zuckerman, and Gonzalez 2018).⁴ Further information on the survey design and content can be found elsewhere (Karpman, Zuckerman, and Gonzalez 2018).

More than 7,800 adults participated in the December 2018 WBNS core sample. Just over 4,000 adults in the sample were nondisabled—i.e., did not receive Supplemental Security Income or Social Security Disability Income in the past year and were not enrolled in Medicare—and were working for an employer (i.e., not self-employed) at their main job at the time of the survey.

Measures of Precarious Work Schedules and Program Participation

The WBNS includes core questions about work status and usual weekly hours and a changing set of topical questions about timely safety net policy issues. The December 2018 round included questions about precarious work schedules drawn from previous surveys, such as the General Social Survey, Current Population Survey, and National Longitudinal Survey of Youth 1997, and based on

recommendations from national experts on this topic (Lambert and Henly 2014). The questions about work schedules focus on the following four areas:⁵

- Nonstandard work shift schedules. Whether adults usually work a regular daytime schedule or a nonstandard shift, such as a regular evening or night shift, a rotating or split shift, or an irregular schedule, at their main job.
- Fluctuation in weekly hours worked. The difference between the greatest and fewest number of hours adults worked in a week in the past month at their main job and the ratio of that difference to their usual weekly hours at their main job.
- Advance notice of work schedules. How far in advance workers usually know their work schedule at their main job.
- **Control over work schedules.** How much input workers have into days worked, work start and end times, and the total number of hours worked at their main job.

We collected additional data on whether respondents worked one or multiple jobs and how workers are paid (e.g., salaried, by the hour, or some other way) at their main job. We also collected data on whether respondents or a member of their family (i.e., spouse, partner, or children under age 19 who live with them) participated in one of four types of safety net programs in the past year: Medicaid or other public coverage (including the Children's Health Insurance Program), SNAP, TANF, or a rental assistance program, such as public housing or housing subsidized by a voucher.⁶

Analysis and Limitations

We examine measures of precarious work schedules among workers whose families participated in safety net programs in the past year. To contextualize our estimates, we contrast their schedules with the schedules of workers who did not report family participation in a safety net program. We note that these groups differ in important ways. Safety net participants are likely to have lower earned income and are therefore both more likely to be eligible for benefits and more likely to be in the low-wage labor market. Because income, job quality, and work schedules are tightly correlated (Golden 2015; Loprest and Nightingale 2018), we do not limit our analysis to workers below a specific income threshold.

Among workers whose families participated in safety net programs, we also compare differences in work schedules by whether workers are parents or guardians of a child under age 19 who lives with them, because conflicts between scheduling practices and work requirements will have varying implications for custodial parents, noncustodial parents, and childless adults. Adults living with dependent children are exempt from work requirements in some programs or states, but those who are not exempt may need to coordinate unpredictable work schedules with child care arrangements while complying with minimum hour standards. Noncustodial parents are less likely to be exempt from work requirements, even though they may also be juggling work and family responsibilities.

There are several limitations to this analysis. First, we exclude self-employed adults—approximately 7 percent of the sample—though some of them may have unstable or unpredictable work schedules that

depend on the work they are contracted to perform. Second, we lack sufficient data to identify whether workers would be subject to work requirements. Beyond presence of dependent children in the household, we do not focus on other potential exemptions from work requirements. For instance, exemption criteria vary widely across recent state Medicaid waivers; common exemptions include certain physical and mental health conditions, pregnancy, school attendance, or being a caregiver for an adult family member with a disability. In addition, workers whose families participated in safety net programs were not necessarily the direct beneficiaries of those programs. Some workers may report Medicaid or other public health insurance coverage on behalf of a child, which would not expose them to work requirements. Finally, there is likely measurement error in annual income and program participation, which has been found to be underreported in surveys (Meyer, Mok, and Sullivan 2009; Pascale, Roemer, and Resnick 2009; Wheaton 2008).

Results

Employment Characteristics and Family Income

Overall, 67.3 percent of nondisabled adults in our sample worked for an employer at their main job at the time of the survey (data not shown), a share consistent with other national survey data.⁷ This included nearly half (47.7 percent) of nondisabled adults whose families participated in safety net programs in the past year and 71.9 percent of nondisabled adults whose families did not participate in these programs.⁸

Among these workers, over 80 percent had one job and about 15 percent worked multiple jobs (table 1). Safety net participants were more likely than nonparticipants to report usually working fewer than 20 hours per week at their main job (8.9 percent versus 3.5 percent) and about twice as likely to report that their hours vary at their main job (21.6 percent versus 11.7 percent).

Workers participating in safety net programs are typically paid hourly and earn low wages. Nearly four in five safety net participants were paid by the hour at their main job, compared with about half of nonparticipants. Over three in five safety net participants (62.4 percent) had annual family incomes below twice the FPL, compared with 13.0 percent of nonparticipants.⁹

TABLE 1

Employment Characteristics and Family Income of Nondisabled Workers Ages 18 to 64 Who Work for an Employer at Their Main Job, by Family Participation in Safety Net Programs in the Past Year, December 2018

	Family participated in a safety net program	Family did not participate in a safety net program
Number of jobs		
One	82.9%	84.1%
More than one	15.3%	15.4%
Usual weekly hours worked at main job		
20 hours or more	69.3%	84.3%***
Fewer than 20 hours	8.9%	3.5%***
Hours vary	21.6%	11.7%***
Compensation at main job		
Salaried	14.8%	46.6%***
Paid by the hour	79.4%	51.0%***
Paid some other way	4.1%	1.9%**
Family income as a percent of FPL		
Below 200 percent of FPL	62.4%	13.0%***
200 percent of FPL or higher	37.6%	87.0%***
Sample size	845	3,241

Source: Well-Being and Basic Needs Survey, December 2018.

Notes: FPL is federal poverty level. Participation in a safety net program in the past year includes Medicaid/Children's Health Insurance Program, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, or a rental assistance program. Estimates not shown for 0.7 percent of workers who did not report the number of jobs worked, 0.4 percent who did not report usual weekly hours worked, and 0.7 percent who did not report their compensation type at their main job. */**/** Estimate differs significantly from workers whose families participated in a safety net program at the 0.10/0.05/0.01 level, using two-tailed tests.

Nonstandard Work Shift Schedules

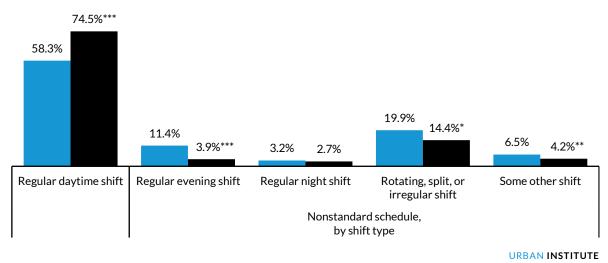
Workers whose families participated in safety net programs in the past year were more likely than nonparticipants to report working a rotating, split, or irregular shift schedule and less likely to work a regular daytime shift.

Among safety net participants, 58.3 percent reported that they usually work a regular daytime shift and over 40 percent work a nonstandard schedule, which includes regular evening or night shifts as well as rotating, split, or irregular shift schedules (figure 1). In contrast, about three-quarters of nonparticipants work a regular daytime shift and one-quarter have a nonstandard schedule.

About one in five (19.9 percent) safety net participants reported having a rotating, split, or irregular shift schedule, compared with 14.4 percent of nonparticipants. These workers likely have the greatest instability in the days and shifts they are scheduled to work and the number of hours they work each week. Safety net participants were also roughly three times as likely as nonparticipants to work a regular evening shift and about equally likely to work a regular night shift, schedules that may have less of an effect on the ability to meet work requirements if the hours are predictable.¹⁰

FIGURE 1

Typical Work Schedules of Nondisabled Workers Ages 18 to 64 Who Work for an Employer at Their Main Job, by Family Participation in Safety Net Programs in the Past Year, December 2018



Family participated in a safety net program Family did not participate in a safety net program

Source: Well-Being and Basic Needs Survey, December 2018.

Notes: Participation in a safety net program in the past year includes Medicaid/Children's Health Insurance Program, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, or a rental assistance program. Estimates not shown for 0.4 percent of workers who did not report their shift schedule at their main job.

*/**/*** Estimate differs significantly from workers whose families participated in a safety net program at the 0.10/0.05/0.01 level, using two-tailed tests.

Fluctuation in Weekly Hours Worked

8

Though most workers participating in safety net programs usually work 20 or more hours per week at their main job, over half reported that the hours they worked each week at their main job varied by 10 or more hours in the past month.

Though about 70 percent of safety net participants reported usually working 20 or more hours per week at their main job (table 1), over 80 percent reported some fluctuation in their weekly hours at their main job during the past month (table 2). Consistent with findings from the National Longitudinal Survey of Youth 1997 (Lambert, Fugiel, and Henly 2014), these fluctuations often constituted a large share of a typical workweek. Safety net program participants were more likely than nonparticipants to report that the hours they worked each week in the past month varied by 10 hours or more (54.5 percent versus 47.9 percent; table 2). Nearly one-quarter of workers in both groups reported that their weekly work hours fluctuated by 20 hours or more (data not shown).

To place these fluctuations in weekly work hours in context, we calculated an instability ratio of the difference between workers' fewest and greatest number of hours worked in a week during the past month divided by the workers' usual weekly hours at their main job (Lambert, Fugiel, and Henly 2014).

Comparing these ratios by safety net program participation shows that fluctuations in weekly hours typically accounted for a larger share of participants' usual weekly hours than nonparticipants' weekly hours. Among safety net participants with any fluctuation in weekly hours who reported usual weekly hours, the range of weekly hours worked in the past month amounted to over half (56.0 percent) of their usual hours, on average. In contrast, the average instability ratio was 44.3 percent for nonparticipants.

TABLE 2

Fluctuation in Weekly Hours Worked in Past Month among Nondisabled Workers Ages 18 to 64 Who Work for an Employer at Their Main Job, by Family Participation in Safety Net Programs in the Past Year, December 2018

	Family participated in a safety net program	Family did not participate in a safety net program
Hours worked per week in past month at main job did not vary	17.2%	22.2%***
Hours worked per week in past month at main job varied by one to nine hours	25.7%	27.5%
Hours worked per week in past month at main job varied by 10 or more hours	54.5%	47.9%***
Average fewest number of hours worked in a week in past month at main job	27	35***
Average greatest number of hours worked in a week in past month at main job	41	48***
Average range of hours worked per week in past month at main job	14	13
Instability ratio, among those with any fluctuation in weekly hours	56.0%	44.3%*
Sample size	845	3,241

Source: Well-Being and Basic Needs Survey, December 2018.

Notes: Participation in a safety net program in the past year includes Medicaid/Children's Health Insurance Program, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, or a rental assistance program. The instability ratio is defined as the range of hours worked per week in the past month (i.e., greatest number of hours worked in a week minus fewest number of hours worked in a week) at the main job divided by usual weekly hours at the main job. Instability ratio is not estimated for workers who did not report usual weekly hours or who reported their hours vary each week. Estimates of variation in hours worked per week not shown for 2.4 percent of workers who did not report fewest and/or greatest number of hours worked in a week.

*/**/*** Estimate differs significantly from workers whose families participated in a safety net program at the 0.10/0.05/0.01 level, using two-tailed tests.

Advance Notice of Work Schedules

Nearly two in five workers participating in safety net programs have no more than one week's notice of their work schedule, compared with about one in five nonparticipants.

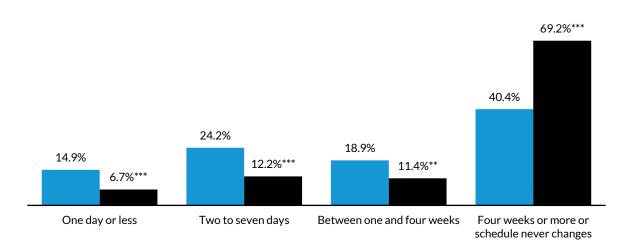
Safety net participants were substantially more likely than nonparticipants to have limited advance notice of their work schedules. Nearly 15 percent of participants and 6.7 percent of nonparticipants reported that they usually know what days and hours they need to work only one day or less in advance (figure 2). Safety net participants were nearly twice as likely as nonparticipants to report knowing their

schedules only between two and seven days in advance (24.2 percent versus 12.2 percent). Overall, 39.1 percent of safety net participants and 18.9 percent of nonparticipants typically have no more than a week's notice of their work schedule.

In contrast, nearly 7 in 10 nonparticipants reported that they usually know their schedule four or more weeks in advance or that their schedule never changes. Only 4 in 10 safety net participants reported having this much advance notice of their work schedule, underscoring the limited schedule predictability among these workers.

FIGURE 2

Usual Advance Notice of Work Schedules among Nondisabled Workers Ages 18 to 64 Who Work for an Employer at Their Main Job, by Family Participation in Safety Net Programs in the Past Year, December 2018



■ Family participated in a safety net program ■ Family did not participate in a safety net program

URBAN INSTITUTE

Source: Well-Being and Basic Needs Survey, December 2018.

Notes: Participation in a safety net program in the past year includes Medicaid/Children's Health Insurance Program, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, or a rental assistance program. Estimates not shown for 0.7 percent of workers who did not report usual advance notice of work schedules at their main job. */** /*** Estimate differs significantly from workers whose families participated in a safety net program at the 0.10/0.05/0.01 level, using two-tailed tests.

Control over Work Schedules

Over half of both workers participating in safety net programs and nonparticipants report little or no input on which days they work or the total number of hours they work each week. Participants are less likely than nonparticipants to have control over when each workday begins and ends.

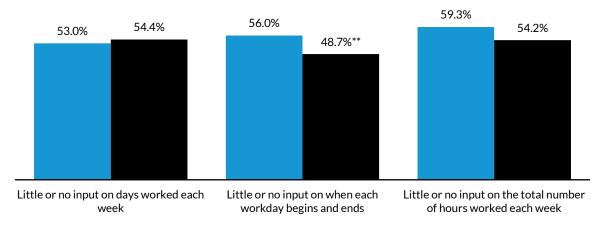
Just over half of workers reported little or no input into the days they work each week, regardless of their families' participation in safety net programs (53.0 percent of participants and 54.4 percent of

nonparticipants; figure 3). Similarly, over half of workers in each group reported little or no input on their total number of hours worked each week (59.3 percent of participants and 54.2 percent of nonparticipants).

However, safety net participants were 7.2 percentage points more likely than nonparticipants to report having little or no input on when they begin and end each workday (56.0 percent versus 48.7 percent), which is consistent with the greater instability in the shifts their employers assign them.

FIGURE 3

Control over Work Schedules among Nondisabled Workers Ages 18 to 64 Who Work for an Employer at Their Main Job, by Family Participation in Safety Net Programs in the Past Year, December 2018



■ Family participated in a safety net program ■ Family did not participate in a safety net program

URBAN INSTITUTE

Source: Well-Being and Basic Needs Survey, December 2018.

Notes: Participation in safety net programs in the past year includes Medicaid/Children's Health Insurance Program, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, or a rental assistance program. */**/*** Estimate differs significantly from workers whose families participated in a safety net program at the 0.10/0.05/0.01 level, using two-tailed tests.

BOX 1

Differences between Adults with and without Dependent Children

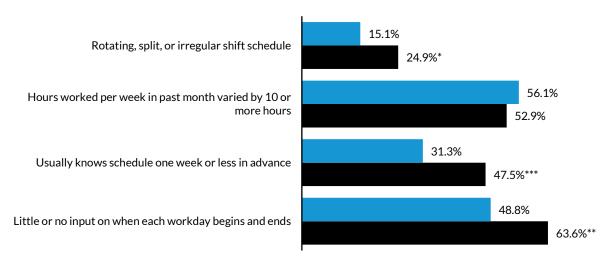
Work requirements in safety net programs are typically more targeted to adults without dependent children, though this group includes noncustodial parents. For instance, SNAP benefit time limits only apply to able-bodied adults ages 18 to 49 without dependents. Among the 15 current states with approved or pending waivers seeking to implement Medicaid work requirements, 6 states exempt one or both parents living with a minor dependent, 7 states exempt parents living with children who are not school age, and 2 states require parents to participate unless their children are infants (under 12 months old). In addition to affecting access to benefits for the families of all nonexempt adults, these policies create unique challenges for nonexempt custodial and noncustodial parents who must coordinate their work schedules with child care and other family responsibilities. In figure 4, we compare work schedules of safety net participants living with dependent children under 19 with those without dependents and find the following:

- Among workers participating in safety net programs, nearly a quarter (24.9 percent) of those living without a dependent face rotating, split, or irregular shift schedules at their main job. This compares with 15.1 percent for adults living with dependents younger than 19.
- Both groups of adults report a similar likelihood of having their hours worked per week vary by 10 hours or more in the past month—56.1 percent for adults living with dependent children and 52.9 percent for adults without dependent children.
- Working adults living without dependent children are more likely to report knowing their work schedule just one week or less in advance (47.5 percent versus 31.3 percent for adults living with dependent children).
- Adults living without dependents are more likely to indicate having little to no input on when their workday begins or ends (63.6 percent), though a substantial number of working adults living with dependents indicate this as well (48.8 percent).

These results underscore the widespread lack of stability, predictability, and control over work schedules among adults in families participating in safety net programs who are not living with dependent children and are therefore most likely to be subject to work requirements. Many of these workers, along with substantial shares of nonexempt workers with children, would potentially be at risk of falling out of compliance with these requirements because of employer scheduling practices (Gangopadhyaya, Johnston, et al. 2018; Gangopadhyaya, Kenney, et al. 2018). The results also suggest the potential difficulty parents (custodial and noncustodial) may face in balancing work schedules with child care arrangements and the adverse consequences work requirements could have for children if they further disrupt these arrangements or result in loss of income support or nutrition, health, or housing benefits.

FIGURE 4

Precarious Work Schedules among Nondisabled Workers Ages 18 to 64 Who Work for an Employer at Their Main Job and Whose Families Participated in Safety Net Programs in the Past Year, by Presence of Dependent Children, December 2018



Lives with dependent children under 19 Does not live with dependent children under 19

URBAN INSTITUTE

Source: Well-Being and Basic Needs Survey, December 2018.

Notes: Participation in a safety net program in the past year includes Medicaid/Children's Health Insurance Program, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, or a rental assistance program. */**/*** Estimate differs significantly from adults living with dependent children at the 0.10/0.05/0.01 level, using two-tailed tests.

Discussion

Building on other efforts to expand work requirements, the most recent White House budget proposal includes a recommendation to establish uniform work requirements in Medicaid, rental assistance, SNAP, and TANF programs.¹¹ For SNAP, the budget recommends work requirements as a means to "help more people get off the sidelines of this booming economy and onto the path toward self-sufficiency."¹² Our survey indicates that most nondisabled adults whose families participated in safety net programs in the past year were not on the sidelines but in the game, with nearly three in five working at the time of the survey, including about half working for an employer.

However, work schedules for these adults are often unstable and unpredictable:

- One in five works a rotating, split, or irregular shift.
- Over half report fluctuations in weekly work schedules of 10 hours or more during the past month.
- More than a third (39.1 percent) usually know their schedule one week or less in advance.
- More than half (56.0 percent) have little to no input on when their workdays begin and end.

We also note that work requirements are most targeted to able-bodied adults without dependent children who are participating in safety net programs. We observe that these workers, relative to working safety net participants living with dependent children, endure even more irregular work schedules, are more likely to be unaware of what their schedules will be more than a week out, and have less control over the timing of their workday.

At the same time, these scheduling challenges affect many adults living with children, some of whom would not be exempt from work requirements under current policy proposals, raising the risk that new work rules could exacerbate difficulty with coordinating work and child care and result in loss of benefits for both workers and their children. Unstable and unpredictable work schedules pose unique challenges to parents when they conflict with child care needs or interfere with the ability to maintain child care subsidies (Henly et al. 2017; Henly, Shaefer, and Waxman 2006). Such schedules may also interfere with the childrearing responsibilities of noncustodial parents, who often play important caregiving roles when the custodial parent works nonstandard hours (Enchautegui, Johnson, and Gelatt 2015). These preexisting challenges for working parents will be further compounded by the implementation of work requirements that do not align with their current work and child care arrangements.

Lack of stability, predictability, and control over work schedules may not only affect workers' ability to meet work requirements through their main job but also their ability to secure other jobs or participate in work-related activities to achieve compliance. For instance, if a worker usually works 20 hours per week but his or her hours are cut in a given week, the worker may not be compliant with work requirements that must be reported monthly, unless he or she finds supplemental work or activities such as education, job training, or community service. If that worker receives his or her work schedule only a few days in advance, it may be challenging to find additional employment or other qualifying activities on short notice, particularly if the worker also faces difficulty arranging child care or transportation.

The recent legal challenge to Medicaid work requirements in Arkansas illustrates the uncertainty around workers' ability to comply with these rules in the context of unpredictable and unstable scheduling. According to the amended complaint in *Gresham v. Azar*, one of the plaintiff's "work hours vary according to the volume of work available. Her employer may provide her with only 24-hour notice of the reduction or cancellation of scheduled work hours. Recently, she has been able to work 80 hours per month, but the inevitable fluctuation in hours means there is no guarantee that she will complete 80 hours of work every single month... [The plaintiff] worries she will lose Medicaid if she cannot maintain 80 hours of work per month due to her fluctuating schedule."¹³

Our findings raise concerns that currently proposed or implemented work requirements in major means-tested safety net programs are not well coordinated with the reality of working life for participants. Those most likely to be subject to work requirements are also most likely to be at risk of noncompliance and loss of access to food, housing, and medical assistance because of inconsistent scheduling and are least likely to have the flexibility to supplement their main job with other work or

community engagement activities. For work requirements to be more appropriately grounded in this reality, they must be flexible to the same degree that work schedules are *inflexible* for participants.

Notes

- ¹ "A Budget for a Better America: Fiscal Year 2020 Budget of the US Government," White House, March 11, 2019, https://www.whitehouse.gov/wp-content/uploads/2019/03/budget-fy2020.pdf; "Support for Working Families: 2020 Budget Fact Sheet," Executive Office of the President of the United States, accessed May 31, 2019, https://www.whitehouse.gov/wp-content/uploads/2019/03/FY20-Fact_Sheet-Support-for-Working-Families_FINAL.pdf.
- ² Two examples of recent work requirement proposals include (1) a proposed rule to expand work-related time limits in SNAP for nondisabled adults ages 18 to 49 without dependents and (2) the approval of state demonstration waivers that generally require certain Medicaid enrollees to work or participate in work-related activities for at least 20 hours per week or 80 hours per month. For more information on the recent SNAP work requirement, see, Supplemental Nutrition Assistance Program: Requirements for Able-Bodied Adults without Dependents, 84 Fed. Reg. 980 (Apr. 2, 2019). For more information on approved/proposed Medicaid work requirement demonstrations, see "Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State," Henry J. Kaiser Family Foundation, April 18, 2019, https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/; "A Snapshot of State Proposals to Implement Medicaid Work Requirements Nationwide," National Academy for State Health Policy, April 1, 2019, https://nashp.org/state-proposals-for-medicaid-work-and-community-engagement-requirements/.
- ³ Public health insurance coverage includes Medicaid, Medical Assistance, the Children's Health Insurance Program, and other state- or government-sponsored assistance plans based on income or disability. However, proposed work requirements do not affect families whose only participation in public health insurance coverage is through the enrollment of a child in Medicaid, the Children's Health Insurance Program, or another public program. Though our analysis focuses on workers whose families participate in safety net programs, we do not have sufficient data to identify those who will likely be subject to work requirements.
- ⁴ Another data limitation is that the WBNS sampling frame excludes adults who are homeless, have low literacy, or are not proficient in English or Spanish.
- ⁵ To download the December 2018 WBNS questionnaire, visit https://www.urban.org/policy-centers/healthpolicy-center/projects/well-being-and-basic-needs-survey.
- ⁶ To minimize respondent burden, the 2018 WBNS question on family participation in safety net programs in the past year was limited to respondents with family incomes below 400 percent of FPL. The 2017 WBNS found that less than 4 percent of respondents in this income group reported program participation in response to this question. However, excluding these respondents may produce a slight overestimation of the shares of program participants who have low incomes and precarious work schedules.
- ⁷ This estimate is consistent with the 2018 Current Population Survey Annual Social and Economic Supplement, in which an estimated 69.1 percent of nonelderly adults who did not receive Supplemental Security Income and were not enrolled in Medicare in the prior calendar year were working for an employer at their main job at the time of the survey.
- ⁸ Another 9.5 percent of nondisabled safety net participants were self-employed, 11.2 percent were unemployed, and 28.9 percent were not in the labor force (data not shown). Among nondisabled adults whose families did not participate in safety net programs in the past year, 6.8 percent were self-employed, 3.0 percent were unemployed, and 16.9 percent were not in the labor force. In addition, 2.8 percent of safety net participants and 1.4 percent of nonparticipants did not report sufficient information to be placed in any of these categories.
- ⁹ There are several reasons why some workers who reported family participation in safety net programs in the past year may report annual incomes above 200 percent of FPL, which is generally higher than the eligibility threshold for most of the programs examined in this study: (1) Medicaid eligibility for children is above 200 percent of FPL in many states and CHIP eligibility is above this threshold in most states (see "Medicaid and CHIP

Income Eligibility Limits for Children As a Percent of the Federal Poverty Level," Henry J. Kaiser Family Foundation, January 1, 2019); (2) some people may have had low incomes during part of the year, making them eligible for a program, and higher incomes during part of the year, making them ineligible; and (3) there is measurement error in reported annual income and family program participation. These results are also consistent with estimates from the 2017 American Community Survey and 2018 Current Population Survey Annual Social and Economic Supplement, in which between 40 percent and 50 percent of nondisabled, nonelderly adults who work for an employer and whose families participated in at least one safety net program for at least part of the year reported annual family incomes at or above 200 percent of FPL.

- ¹⁰ Overall, WBNS estimates for workers in this study were consistent with a previous study of workers participating in the General Social Survey (Golden 2015) for the share working a regular daytime, evening, or night shift (80 percent versus 83 percent) and the share working a rotating, split, or irregular shift (15 percent versus 17 percent). However, these estimates are not directly comparable because of differences in the timing, population, and other aspects of the surveys. In addition, the WBNS included a category for "some other shift"; five percent of respondents reported this category or did not report their type of shift schedule.
- ¹¹ "A Budget for a Better America: Fiscal Year 2020 Budget of the US Government," White House; "Support for Working Families: 2020 Budget Fact Sheet," Executive Office of the President.
- ¹² "A Budget for a Better America: Fiscal Year 2020 Budget of the US Government," White House, 124.
- ¹³ Jane Perkins, Catherine McKee, and Elizabeth Edwards, "Gresham v. Azar: Amended Complaint (Legal Pleading)," National Health Law Program, August 14, 2018, https://healthlaw.org/resource/gresham-v-azar-complaintlegal-pleading/.

References

- Ben-Ishai, Liz, Hannah Matthews, and Jodie Levin-Epstein. 2014. "Scrambling for Stability: The Challenges of Job Schedule Volatility and Child Care." Washington, DC: Center for Law and Social Policy.
- Boushey, Heather, and Bridget Ansel. 2016. "Working by the Hour: The Economic Consequences of Unpredictable Scheduling Practices." Washington, DC: Washington Center for Equitable Growth.
- Cook, John T., Deborah A. Frank, Carol Berkowitz, Maureen M. Black, Patrick H. Casey, Diana B. Cutts, et al. 2002. "Welfare Reform and the Health of Young Children: A Sentinel Survey in 6 US Cities." Archives of Pediatric and Adolescent Medicine 156 (7): 678–84.
- Enchautegui, María E. 2013. "Nonstandard Work Schedules and the Well-Being of Low-Income Families." Washington, DC: Urban Institute.
- Enchautegui, María E., Martha C. Johnson, and Julia Gelatt. 2015. Who Minds the Kids When Mom Works a Nonstandard Schedule? Washington, DC: Urban Institute.
- Gangopadhyaya, Anuj, Emily M. Johnston, Genevieve M. Kenney, and Stephen Zuckerman. 2018. "Kentucky Medicaid Work Requirements: What Are the Coverage Risks for Working Enrollees?" Washington, DC: Urban Institute.
- Gangopadhyaya, Anuj, Genevieve M. Kenney, Rachel A. Burton, and Jeremy Marks. 2018. *Medicaid Work Requirements in Arkansas: Who Could Be Affected, and What Do We Know About Them?* Washington, DC: Urban Institute.
- Garrett, Joe, J. Michael Dennis, and Charles A. DiSogra. 2010. "Non-Response Bias: Recent Findings from Address-Based Panel Recruitment." Presented at the Annual Conference of the American Association for Public Opinion Research, Chicago, May 13–16.
- Golden, Lonnie. 2015. Irregular Work Scheduling and Its Consequences. Washington, DC: Economic Policy Institute.
- Hahn, Heather. 2019. Navigating Work Requirements in Safety Net Programs: Potential Pathways for Parents. Washington, DC: Urban Institute.

- Hahn, Heather, Eleanor Pratt, Eva H. Allen, Genevieve M. Kenney, Diane K. Levy, and Elaine Waxman. 2017. Work Requirements in Social Safety Net Programs: A Status Report of Work Requirements in TANF, SNAP, Housing Assistance, and Medicaid. Washington, DC: Urban Institute.
- Haley-Lock, Anna. 2011. "Place-Bound Jobs at the Intersection of Policy and Management: Comparing Employer Practices in US and Canadian Chain Restaurants." *American Behavioral Scientist* 55 (7): 823–42.
- Heeren, Timothy, Erika M. Edwards, J. Michael Dennis, Sergei Rodkin, Ralph W. Hingson, and David L. Rosenbloom. 2008. "A Comparison of Results from an Alcohol Survey of a Prerecruited Internet Panel and the National Epidemiologic Survey on Alcohol and Related Conditions." *Alcoholism: Clinical and Experimental Research* 32 (2): 222–9.
- Henly, Julia R., and Susan J. Lambert. 2014. "Unpredictable Work Timing in Retail Jobs: Implications for Employee Work-Life Outcomes." Industrial and Labor Relations Review 67 (3): 986–1016.
- Henly, Julia R., H. Luke Shaefer, and Elaine Waxman. 2006. "Nonstandard Work Schedules: Employer- and Employee-Driven Flexibility in Retail Jobs." *Social Service Review* 80 (4): 609–34.
- Lambert, Susan J. 2008. "Passing the Buck: Labor Flexibility Practices That Transfer Risk onto Hourly Workers." Human Relations 61 (9): 1203–27.
- Lambert, Susan J., Peter J. Fugiel, and Julia R. Henly. 2014. "Precarious Work Schedules among Early-Career Employees in the US: A National Snapshot." Chicago: University of Chicago, School of Social Service Administration, Employment Instability, Family Well-Being, and Social Policy Network.
- Lambert, Susan J., Anna Haley-Lock, and Julia R. Henly. 2012. "Schedule Flexibility in Hourly Jobs: Unanticipated Consequences and Promising Directions." *Community, Work & Family* 15 (3): 293–315.
- Lambert, Susan J., and Julia R. Henly. 2014. "Measuring Precarious Work Schedules." Chicago: University of Chicago, School of Social Service Administration, the Employment Instability, Family Well-Being, and Social Policy Network.
- ---. 2013. "Double Jeopardy: The Misfit Between Welfare-to-Work Requirements and Job Realities." In Work and the Welfare State: Street-Level Organizations and Workfare Politics, edited by Evelyn Z. Brodkin and Gregory Marston, 69–84. Washington, DC: Georgetown University Press.
- Loprest, Pamela J., and Demetra Smith Nightingale. 2018. "The Nature of Work and the Social Safety Net." Washington, DC: Urban Institute.
- Kalil, Ariel, Kristin S. Seefeldt, and Hui-chen Wang. 2002. "Sanctions and Material Hardship under TANF." Social Service Review 76 (4): 642–62.
- Karpman, Michael. 2019. "Many Adults Targeted by Medicaid Work Requirements Face Barriers to Sustained Employment." Washington, DC: Urban Institute.
- Karpman, Michael, Stephen Zuckerman, and Dulce Gonzalez. 2018. "The Well-Being and Basic Needs Survey: A New Data Source for Monitoring the Health and Well-Being of Individuals and Families." Washington, DC: Urban Institute.
- Meyer, Bruce D., Wallace K.C. Mok, and James X. Sullivan. 2009. "The Underreporting of Transfers in Household Surveys: Its Nature and Consequences." Working paper 15181. Cambridge, MA: National Bureau of Economic Research.
- Pascale, Joanne, Marc I. Roemer, and Dean Michael Resnick. 2009. "Medicaid Underreporting in the CPS: Results from a Record Check Study." Public Opinion Quarterly 73 (3): 497–520.
- Reichman, Nancy E., Julien O. Teitler, and Marah A. Curtis. 2005. "TANF Sanctioning and Hardship." Social Service Review 79 (2): 215–36.
- Schneider, Daniel, and Kristen Harknett. 2018. Consequences of Routine Work Schedule Instability for Worker Health and Wellbeing. Washington, DC: Washington Center for Equitable Growth.
- Wheaton, Laura. 2008. Underreporting of Means-Tested Transfer Programs in the CPS and SIPP. Washington, DC: Urban Institute.

About the Authors

Michael Karpman is a senior research associate in the Health Policy Center at the Urban Institute. His work focuses primarily on the implications of the Affordable Care Act, including quantitative analysis related to health insurance coverage, access to and affordability of health care, use of health care services, and health status. His work includes efforts to help coordinate and analyze data from the Urban Institute's Health Reform Monitoring Survey and Well-Being and Basic Needs Survey. Before joining Urban in 2013, Karpman was a senior associate at the National League of Cities Institute for Youth, Education, and Families. He received his MPP from Georgetown University.

Heather Hahn is a senior fellow in the Center on Labor, Human Services, and Population at the Urban Institute. Throughout her career, Hahn has conducted nonpartisan research on the wide range of issues related to the well-being of children and families, including cash assistance, nutrition assistance, and other supports for low-income families. She coleads Urban's From Safety Net to Solid Ground initiative, providing timely and rigorous analyses of state and federal policy changes, and the Kids' Share project, examining federal spending and tax expenditures on children. Before joining Urban, Hahn was an assistant director for education, workforce, and income security issues at the US Government Accountability Office. She received an MPP from Duke University and a PhD in political science from Stanford University.

Anuj Gangopadhyaya is a research associate in the Health Policy Center. His primary research investigates links between health and human capital. His work has focused on whether subsidized public health insurance improves health, family income, and education achievement outcomes for children in low-income families. His research at Urban includes identifying and measuring the impact of public housing assistance on child health. He received his PhD in economics from the University of Illinois at Chicago.

Acknowledgments

This brief was funded by the Robert Wood Johnson Foundation. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at urban.org/fundingprinciples.

The authors gratefully acknowledge Eva H. Allen, Julia R. Henly, Genevieve M. Kenney, Giridhar Mallya, Heather Sandstrom, Elaine Waxman, and Stephen Zuckerman for their helpful comments on earlier drafts of this brief.



500 L'Enfant Plaza SW Washington, DC 20024

www.urban.org

ABOUT THE URBAN INSTITUTE

The nonprofit Urban Institute is a leading research organization dedicated to developing evidence-based insights that improve people's lives and strengthen communities. For 50 years, Urban has been the trusted source for rigorous analysis of complex social and economic issues; strategic advice to policymakers, philanthropists, and practitioners; and new, promising ideas that expand opportunities for all. Our work inspires effective decisions that advance fairness and enhance the well-being of people and places.

Copyright $\ensuremath{\mathbb{C}}$ June 2019. Urban Institute. Permission is granted for reproduction of this file, with attribution to the Urban Institute.