

Stigma and Social Safety Net Participation

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Abstract

Stigma may reduce participation in social safety net programs and impose utility costs on individuals already receiving benefits. But who experiences stigma, how it affects participant decisions, and whether it can be reduced remain unclear. We conduct a nationally representative survey to study stigma in the Supplemental Nutrition Assistance Program (SNAP). We find that stigma varies by political affiliation and SNAP participation status: Democrats report lower levels of stigmatizing beliefs than Republicans, and SNAP participants report lower levels of stigma than non-participants. Three randomized interventions designed to reduce stigma have heterogeneous effects: they decrease stigma among Democrats and those with low expectations of judgment from others, increase stigma among Republicans, and have no effect on those with high expectations of judgment. One intervention that addresses a common zero-sum concern—that enrolling in SNAP prevents others from receiving benefits—increases interest in take-up among eligible non-participants while decreasing support for SNAP spending among the general population.

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1 Introduction

Targeted social safety net programs are a core component of poverty-reduction efforts in the U.S., and participation in many programs can have positive effects on economic and health outcomes (Hendren and Sprung-Keyser, 2020). However, by the very nature of limiting participation, targeted programs may evoke social judgments about those who participate. Reserving benefits for low-income individuals and families may make program participation a signal of material hardship that could garner negative judgments—or “stigma”—from oneself and others. Additionally, targeting may amplify social norms about who most deserves benefits. For example, widowed women, children, the elderly, and disabled individuals have historically been prioritized for benefits over other demographic groups such as working-age, single adults (Greenstein, 2022; Saez, 2021). If individuals self-enforce fairness norms, some eligible individuals may decide not to participate in programs and potentially forsake large monetary benefits.

In this paper, we seek to understand the extent that individuals experience stigma in the social safety net and whether it is possible to reduce stigma and increase interest in program participation with light-touch messaging interventions. Understanding the relationship between stigma and social safety net participation is economically important for two reasons. First, stigma could impose psychological costs on potential applicants, thereby deterring participation among eligible households (Moffitt, 1983; Currie, 2006). While stigma has been theorized as an ordeal cost (Nichols and Zeckhauser, 1982), the screening properties of stigma are ultimately an empirical question (Kleven and Kopczuk, 2011). Second, stigma could impose costs on inframarginals, or those who would participate in transfer programs with or without stigma costs (Barnes, 2021; Anders and Rafkin, 2024). Therefore, policies which reduce the stigma costs of participating in the program may result in first-order welfare gains among low-income groups.

We conduct a nationally-representative survey of 1,245 U.S. adults to examine the nature of stigma in the context of the Supplemental Nutrition Assistance Program (SNAP), the

food assistance program formerly known as food stamps.¹ The survey includes descriptive and experimental components and is motivated by three primary questions. First, who experiences stigma related to SNAP participation? Second, to what extent does stigma affect decisions surrounding SNAP participation? Third, is stigma malleable, and does moving stigma change willingness to participate in SNAP?

We define stigma as negative beliefs and attitudes that individuals hold when they consider their own and others’ participation in SNAP. We follow existing literature on social norms, including in the context of the social safety net ([Lasky-Fink and Linos, 2023](#)), and develop survey questions that capture three distinct dimensions of stigma: self stigma, social stigma, and stigmatizing beliefs.² Self stigma refers to negative feelings and beliefs that individuals experience internally when they consider participating in SNAP. These include feelings of shame, inferiority, and loss of a valued identity, and would exist regardless of whether their participation is observed by others. Social stigma, which we also measure using perceived judgment in different settings, refers to negative attitudes or behaviors that individuals anticipate from others who might observe their SNAP participation; individuals may fear being judged, looked down on, or treated poorly. Stigmatizing beliefs are negative beliefs or attitudes that individuals hold about others who participate in SNAP. These negative views of others may even be held by participants themselves ([Goffman, 1986](#)). We also capture “overall stigma” with an index that aggregates the questions in the self and social dimensions. The descriptive component of the survey measures participation status, knowledge and opinions about SNAP, levels of stigma across demographic groups, and the contexts in which individuals experience stigma.³ We also measure second-order be-

¹We focus on SNAP because it is a large and well-known targeted transfer program about which social norms might be particularly salient. Relative to participants in other transfer programs with more narrow eligibility criteria, SNAP participants are diverse: they include families, college students, the elderly, and working and disabled individuals ([FNS, 2024](#)). Moreover, policy discussions about the program often relate to social judgments about participation, such as work requirements for able-bodied adults ([Bauer and East, 2023](#); [Luhby, 2023](#); [Schanzenbach, 2017](#)).

²These correspond broadly to the three dimensions used by [Lasky-Fink and Linos \(2023\)](#).

³We designed our measure of SNAP participation, described in Section 3.5, to minimize concerns about under-reporting of participation in benefits programs ([Meyer, Mok and Sullivan, 2009](#); [Meyer, Mittag and Goerge, 2022](#); [Celhay, Meyer and Mittag, 2024](#)).

liefs to assess whether individuals’ beliefs about *others’* stigmatizing beliefs are accurate.⁴ The experimental component tests whether presenting information or vignettes about SNAP participation lowers stigma and increases prospective take-up.

Three facts summarize our descriptive findings. First, stigmatizing beliefs and reported SNAP participation vary by political affiliation. Democrats are less likely to hold stigmatizing beliefs about SNAP recipients and report higher rates of SNAP participation themselves. SNAP participants living in counties with higher levels of Democratic voters report experiencing lower levels of perceived judgment from others, which suggests that SNAP participants perceive the stigmatizing beliefs held by people in their communities. Second, stigma varies by participation and personal network contact with SNAP recipients. Current SNAP participants express the lowest levels of all three dimensions of stigma relative to those with past participation or who have never participated. Individuals with a higher share of SNAP recipients in their personal network report lower stigma, a relationship that holds even among those who do not themselves participate. Third, most respondents overestimate how much the average person judges SNAP participation, and current participants overestimate the most.

In the experimental component of our survey, we aim to test whether it is possible to decrease stigma using short informational or vignette interventions, and whether these interventions increase revealed interest in SNAP participation. We randomize respondents’ exposure to three text-based interventions—called Information, Work, and Kids—and measure their effects on stigma and interest in SNAP. We measure interest in SNAP using clicks to and completions of a SNAP eligibility screener administered by a non-profit.

The Information intervention addresses a common zero-sum concern that individuals who enroll in SNAP would take benefits away from others who may need them more. In the Work vignette, a hypothetical participant explains that SNAP helps them free up resources to search for a job so that they can be self-sufficient and not use SNAP benefits in the future.

⁴We incentivize these questions to elicit truthful responses.

In the Kids vignette, the participant explains that SNAP helps them provide nutritious food for their children and frees up resources for their education so that their children will not need to use SNAP when they grow up.

None of the interventions have a detectable effect on our stigma measures, though the signs of the estimates are negative. However, the null effects mask variation by political affiliation and baseline expectations of judgment. The Information and Work interventions significantly decrease overall stigma among Democrats and increase stigma among Independents and Republicans.⁵ Similarly, the interventions decrease overall stigma among those with lower expectations of judgment at baseline and have no effect among those with higher baseline expectations of judgment. These heterogeneous responses may explain null (and some negative) findings in other research that tests the effect of stigma-reducing interventions on participation in the social safety net (Finkelstein and Notowidigdo, 2019; Bhargava and Manoli, 2015). Taken together, these findings suggest that our interventions have polarizing effects, indicating that tailored messaging may be a more effective method for decreasing stigma.

We also find that the Information intervention affects interest in SNAP participation: individuals exposed to this intervention are 4.5 percentage points (66 percent) more likely to click through to and complete the SNAP eligibility screener. Importantly, this increase is driven almost entirely by people who are likely eligible for SNAP. The Information intervention also reduces the share of individuals who believe that their participation in SNAP prevents others from participating and increases click rates more among those with incorrect prior beliefs, suggesting that reducing zero-sum concerns is a key mechanism.

These results suggest that some messaging interventions—particularly the Information intervention—may reduce stigma for some potential participants and increase their interest in SNAP participation. However, we also find that our interventions reduce political support for SNAP among a wider population. All three interventions decrease support for SNAP

⁵The increase among non-Democrats is not statistically significant.

spending among Republicans and Independents, and the Information intervention decreases support among the full sample. This may explain why organizations aiming to increase SNAP do not use similar interventions.

Related Literature This paper connects to literature on the take-up of transfer programs, the economics of SNAP, the effects of social identity and signaling on economic decision-making, and preferences for redistribution.

First, we contribute to a literature that examines barriers to participation in the social safety net. Three main factors are theorized in prior literature to explain imperfect take-up: lack of information, transaction costs, and stigma (Currie, 2006; Moffitt, 1983). Relatively few studies consider the effects of stigma, as it is difficult to distinguish stigma from other mechanisms using observational data. Some studies examine the role of social networks on safety net program participation (Aizer and Currie, 2004; Bertrand, Luttmer and Mullainathan, 2000). Anders and Rafkin (2024) find that changes in SNAP thresholds increase enrollment among inframarginal households, with evidence suggesting a role of reducing informational frictions rather than stigma. In contrast, Celhay, Meyer and Mittag (2024) provide evidence pointing to the potential role of stigma; similar to their paper, we find that stigma is stronger when fewer peers participate in SNAP using survey measures rather than observational data. Finally, several field experiments have tried to increase take-up in a variety of programs with stigma-reducing interventions, but find mixed effects (Lasky-Fink and Linos, 2023; Finkelstein and Notowidigdo, 2019; Bhargava and Manoli, 2015; Rogers, 2024). We contribute to this literature by measuring stigma directly through survey measures to complement purely observational studies and by demonstrating that interventions’ null effects may mask opposite-signed treatment effects among subgroups.

A newer literature considers “redemption costs” or administrative burdens associated with participating in safety net programs (Barnes, 2021). We provide descriptive evidence that stigmatization of SNAP is widespread and likely to increase the (psychological) costs of

redeeming food assistance through social image concerns in the grocery store and self image concerns, particularly among Republicans (Bursztyn and Yang, 2022; Bursztyn and Jensen, 2017; Shayo, 2009). This suggests a role for policies that reduce the visibility of benefit participation status either in public—through switching from paper vouchers to debit-like EBT cards (Currie and Grogger, 2001) or online purchasing availability (Pukelis, 2025)—or to beneficiaries themselves, through mechanisms like auto-enrollment.

Finally, a large literature studies the relationship between preferences for redistribution and the U.S. safety net (Alesina, Ferroni and Stantcheva, 2021; Alesina and Giuliano, 2011; Alesina, Glaeser and Sacerdote, 2001; Gilens, 2009). These studies typically focus on how social and political attitudes may influence preferences for *distributing* benefits, whereas fewer studies examine how these factors may affect individuals’ preferences for *receiving* benefits. This distinction may be important: while Chinoy et al. (2025) find that a zero-sum mindset is associated with more support for government redistribution, we provide evidence suggesting that zero-sum concerns decrease own participation in redistributive programs. Some studies examine the relationship between political affiliation, public opinion, and take-up in the context of U.S. health insurance programs, including Medicaid and marketplace insurance (McIntyre, McCrain and Pavliv, 2024; Lerman, Sadin and Trachtman, 2017; Bursztyn et al., 2022). Others examine the converse relationship between safety net program participation and broader political orientations (Soss, 1999). These studies and our paper are in line with a literature in political science pointing to the rise of political polarization and increasing importance of partisanship as a social identity (Iyengar et al., 2019; Iyengar and Krupenkin, 2018). Our paper provides evidence that political affiliation and polarization affect not only attitudes towards redistributive programs but also participation decisions of potential program recipients.

Our paper proceeds as follows. Section 2 provides background on SNAP program administration, eligibility, application procedures, and redemption. Section 3 details our survey design, measurements, and experimental interventions. Section 4 presents our descriptive

findings, and Section 5 presents our experimental findings. Section 6 concludes.

2 Background: The Supplemental Nutrition Assistance Program (SNAP)

SNAP provides eligible low-income households with vouchers to purchase food at participating stores.⁶ Individuals receive SNAP benefits monthly, and approximately 1 in 8 individuals in the U.S. receives SNAP benefits in any given month. In Fiscal Year 2023, the program distributed a total of \$107 billion in benefits; SNAP spending accounts for approximately 11 percent of all U.S. grocery sales.⁷

Administration of SNAP There are three major entities involved in the administration of the SNAP program: the federal government, state governments, and vendors such as grocery stores. The U.S. Department of Agriculture’s Food and Nutrition Service (USDA FNS) oversees implementation of the SNAP program by setting national standards, such as baseline eligibility thresholds. FNS also authorizes retailers to accept SNAP, and the federal government provides funding for benefits. State agencies administer the program and have some flexibility to set state-specific parameters, including for eligibility. They receive applications, make eligibility determinations, and issue state-specific Electronic Benefit Transfer (EBT) cards. Vendors, including grocery and convenience stores, receive payments through EBT cards and provide food products to customers.

To receive benefits, households must apply and be found eligible. Households can apply in-person, by mail, fax, phone, or online, and must provide documentation of residency, income, and expenses. Applications are increasingly conducted online: Appendix Figure A.1 shows that in California and Massachusetts, over 65 percent of SNAP applications have been

⁶Parts of this section are inherited from Pukelis (2025) and Pukelis (2024); some language from those papers is quoted here without attribution.

⁷Figures calculated using SNAP Data Tables, U.S. Census Population estimates, and USDA Food Expenditure Series.

submitted online since early 2020. All applicants must also participate in an in-person or phone interview with a caseworker, which is a potential site of stigmatizing interactions.

Eligibility and Benefit Levels To be eligible for SNAP, a household must meet three tests: a gross income test, a net income test, and an asset test. Gross income limits are typically 130 percent of the Federal Poverty Level (FPL), but states can set this threshold as high as 200 percent of the FPL. The net income limit is 100 percent FPL, where net income is determined by subtracting allowed deductions from gross income. For most households, total household assets must be valued at less than \$3,000, excluding home and retirement accounts and a portion of the primary vehicle (CBPP, 2024). These tests restrict benefit receipt to those below or near the federal poverty line. Therefore, SNAP participation can signal that a household is low-income.

The federal government sets a maximum benefit amount that is determined by household size; we present these maximum benefit amounts by household size for each survey wave in Table A.1. Maximum benefit amounts are fixed at the same level for the lower 48 states and DC. A household whose net income is \$0 will receive the maximum benefit amount; the benefit amount then decreases by 30 cents for each additional dollar of net income (Hoyne and Schanzenbach, 2015). Given the complexity of determining eligibility and benefit amounts, most households are uncertain about their eligibility status and potential benefit amounts when they apply (Daponte, Sanders and Taylor, 1999).

Redeeming SNAP benefits The process of redeeming SNAP benefits for food items presents several frictions which may amplify recipients' feelings of stigma. SNAP benefits are typically redeemed in-person at an authorized food retailer's store and benefits can be used to purchase only eligible food items. To redeem their benefits, each SNAP household is issued a state-specific Electronic Benefits Transfer (EBT) card, which often looks and acts like a debit card. Any balance exceeding the benefits available on the EBT card or items not eligible for SNAP must be paid for using another form of payment. Some individuals report

that transactions using an EBT card take longer than transactions with a typical debit or credit card, rendering their SNAP status visible to other shoppers (see Appendix G).

Two policy changes have likely lessened potentially stigmatizing shopping experiences for SNAP recipients: the switch from paper food stamps to the use of EBT cards, which was adopted by different states between 1993 and 2003 ([USDA-ERS, 2019](#)), and the ability to make purchases online using SNAP at select retailers’ websites, which began in 2019 ([Pukelis, 2025](#)).

3 Survey Design

We conduct our online survey on a nationally representative sample of 1,245 U.S. adults. Our sample includes current participants (13 percent), past participants (22 percent), and those who have never participated (64 percent), providing a comprehensive view of beliefs and attitudes about the program from a diverse set of respondents. Our survey measures knowledge of and opinions about SNAP, with a particular emphasis on attitudes toward one’s own (potentially hypothetical) participation in SNAP. We also include an experimental component to test whether presenting information or vignettes about SNAP participation could lower stigma and increase prospective take-up, as measured by completing an online eligibility screener.

3.1 Survey Sample, Data Collection, and Structure

We ran our survey in two waves: Wave 1 took place from September 18-20, 2023, and Wave 2 took place from January 18-19, 2024. We recruited 1,707 respondents from Prolific, an online survey platform. The sample was chosen to be nationally representative on gender, age, and race. The survey was designed to take 10-15 minutes, and respondents were compensated \$2.20, or the equivalent of roughly \$12 per hour, plus potential bonus payments for incentivized questions. We pre-registered our survey experiment with the American Economic

Association’s registry for randomized control trials (Heath, Holcomb and Pukelis, 2024).

Table 1 shows sample characteristics of the full U.S. population, our full survey sample, and our final analysis sample after pre-registered data quality restrictions. Our survey sample is representative on age, gender, and race, which were the characteristics targeted for sampling. However, as is typical in online surveys (Stantcheva, 2022), our sample is more educated, more likely to identify as Democratic, and less likely to be Hispanic than the full U.S. population. Importantly for our purposes, the sample closely matches the population SNAP participation rate, despite this not being a sampling target.

Figure 1 shows a flow-chart of the general survey design. We begin with descriptive questions about SNAP and social preferences, randomize respondents into one of four intervention groups, and then measure stigma and interest in SNAP participation, our main outcomes of interest. In the following sub-sections, we describe the key survey elements that we designed to answer our research questions. Information on additional survey components is included in Appendix B.

3.2 Experimental Interventions

Our three experimental interventions test the effects of presenting narratives designed to destigmatize SNAP participation. Respondents are blocked into three groups: current SNAP participants, former SNAP participants, and never-participants.⁸ They are then randomly allocated to one of four groups: Information, in which we tell respondents that one’s SNAP receipt is independent of others’; Work Vignette or Kids Vignette, in which we provide a statement from a hypothetical SNAP recipient describing how they use their benefits; and Control, where respondents see no additional information. We summarize the interventions here, and full intervention texts are shown in Appendix B.

⁸We group respondents by SNAP participation status because we expect baseline SNAP participation to be strongly related to our main outcomes: measures of stigma and engagement with the eligibility screener.

Information Intervention One hypothesis regarding non-participation in SNAP is that individuals are concerned about taking benefits from those who may need them more. This concern was reported in our exploratory interviews and was also the most common reported hesitation to enroll in a recent survey (Avila et al., 2021). This is echoed in our survey results: among control respondents we identified as likely eligible for SNAP, 42 percent agreed that enrolling would make them feel like they are taking the place of someone who needs benefits more than them.⁹

To address this potential concern, our “Information” intervention informs respondents that their participation decision is independent of the availability of benefits to others. SNAP is an entitlement program, meaning that anyone can receive benefits so long as their household meets the eligibility criteria. However, knowledge of this feature of SNAP may be limited: 51 percent of respondents incorrectly believed that program benefits are rationed. By providing information on how SNAP eligibility works, the Information intervention intends to mitigate concerns about taking benefits from those who are more needy.

Work vignette intervention This intervention employs narratives that re-purpose SNAP as a tool to help find work and build self-sufficiency. We developed these narratives based on our preliminary interviews, where participants discussed the role of work ethic in forming a positive self-image. The narratives were intended to emphasize that SNAP receipt can be a complement to work, rather than a substitute. Given the importance of work and self-sufficiency among American values (Gilens, 2009), this was designed to be an empowering message. We cross-randomize the gender of the person described in the vignette.¹⁰

⁹One respondent in the control group articulated this concern in a free response question, “I try not to use benefits because I think there are people who could use it more than myself although I would probably qualify for the benefits still.”

¹⁰A survey error in Wave 1 meant that half of respondents intended for the Work Female intervention instead saw no intervention. These respondents were still randomly assigned, so we regroup them with the control group in all analyses. More individuals were assigned to the Work Female intervention in Wave 2 to balance the final sample sizes across interventions.

Kids vignette intervention This intervention employs narratives that re-purpose SNAP as a tool to help provide for dependent children and build their self-sufficiency in the future. This was also designed based on our preliminary interviews, where participants expressed spending SNAP benefits on children as a strong justification for receiving them. As in the Work vignette intervention, we cross-randomize the gender of the person described in the vignette.

Control The control group saw no additional substantive content; they only saw a short sentence about continuing the survey. One potential concern is that the interventions may have made the SNAP program particularly salient relative to the control group, which would imply that any effects we capture would be pure salience effects rather than the effects of the interventions. However, since SNAP was the focus of the majority of the survey, it is likely that SNAP was also quite salient among the control group and that any additional salience effects among the treatment groups are minimized.

Balance Tables [A.2](#) and [A.3](#) show balance on observables for Waves 1 and 2, respectively. Although household size and income differ significantly between control and some treatment groups, our joint p-values indicate that we cannot reject that the control and treatment groups look similar across these observable demographic characteristics. Thus, our experimental treatment groups appear to be well-balanced on covariates.

3.3 Measuring Outcomes: Stigma and Interest in SNAP Enrollment

Stigma We define stigma as the negative beliefs and attitudes that individuals hold when they consider their own and others' participation in SNAP. We use indices to capture three dimensions of stigma: self stigma, social stigma, and stigmatizing beliefs. Self stigma refers to negative feelings and beliefs that individuals experience internally when they consider

participating in SNAP. These include feelings of shame, inferiority, and loss of a valued identity, and would exist regardless of whether their participation is observed by others. Social stigma refers to negative attitudes or behaviors that individuals anticipate from others who might observe their SNAP participation; individuals may fear being judged, looked down on, or treated poorly. Stigmatizing beliefs are negative beliefs or attitudes that individuals hold about others who participate in SNAP. These negative views of others may even be held by participants themselves (Goffman, 1986). We also capture overall stigma with an index that measures both self and social dimensions. Finally, we measure second-order beliefs about stigmatizing attitudes.

We measure the dimensions of stigma using sets of questions that we aggregate into four indices.¹¹ To generate the self stigma index, we use three statements about internal feelings of shame and inferiority. For example: “If I applied for SNAP, I would think less of myself.” To generate the social stigma index, we use an additional three statements to capture anticipated judgment from others. For example: “If someone found out I applied for SNAP, they would think I lack work ethic.” We ask respondents to rate their agreement with these statements on a 5-point Likert-style scale from Strongly Disagree to Strongly Agree. We aggregate the responses associated with each stigma dimension into an index using the method described in Kling, Liebman and Katz (2007).¹² The “overall stigma” index aggregates the questions in the self and social dimensions and adds one additional question that reflects both dimensions.

To measure stigmatizing beliefs, we ask individuals five questions that assess their feelings towards SNAP participants. Instead of using a Likert scale, we ask respondents how many SNAP participants out of 100 they would feel negatively towards. For example, we ask “Out of 100 individuals receiving SNAP, how many would you judge negatively if you noticed them

¹¹Several of the questions draw on language used in Lasky-Fink and Linos (2023); we also add questions based on our qualitative work. The full set of questions is listed in Appendix Table A.4.

¹²We calculate the mean and standard deviation of answers in the control population and use this to standardize responses to each question for all individuals. Then, we take the average of these standardized responses across sets of questions to obtain the final score for each index.

using SNAP in the grocery store?” This allows respondents to express more nuanced views about who is deserving of benefits. These measures capture the portion of SNAP recipients towards whom individuals hold stigmatizing beliefs.

To assess the accuracy of respondents’ perceptions of stigma in the broader population, we also collect second-order beliefs of stigmatization. We ask respondents to estimate the average of all survey responses to two stigmatization questions to which they had previously provided a response: (1) the number of people they would judge at a grocery store and (2) the number of people who are less motivated to work. Both these second-order questions were incentivized with bonus payments, described in Appendix B.

Interest in SNAP enrollment To measure interest in enrolling in SNAP, we partnered with the non-profit mRelief to provide a link to an online SNAP eligibility screener. We frame providing the link to survey respondents as a courtesy, and explain that their information will not be linked to their individual survey responses to reduce potential concerns about privacy or data security. The screener asks basic questions about household demographics and assesses eligibility based on categorical eligibility and gross income from the last month. We measure whether a respondent clicks the screener link, which we interpret as a proxy for interest in enrolling in SNAP. For individuals in each of the experimental groups, we also observe how many started the eligibility screener and completed it. We do not observe screener completion at the individual level.¹³

3.4 Baseline stigma: perceived judgment

To measure stigma before the interventions, we ask respondents to assess the degree to which their SNAP participation is visible to six groups, and the extent to which members of the

¹³Following the eligibility screener, respondents can click on a link to start an application. Depending on their state of residence, individuals are either directed to their state’s application website or to the non-profit’s streamlined application form. We also observe the number of people who went on to start an online SNAP application on the nonprofit’s platform, if it was available. However, we are underpowered to detect changes on these downstream application outcomes.

six groups judge them positively or negatively due to their SNAP participation.¹⁴ These capture a measure of social stigma and are elicited on 5-point Likert-style scales. For non-participants, we ask them to imagine themselves in the place of someone receiving SNAP. For former participants, we ask them to think about when they were participating. For some of the analyses, we combine responses regarding perceived negative judgment across the six social groups into a “perceived judgment” index, with higher values indicating higher perceived levels of negative social judgment.

3.5 Measuring Respondent and County Characteristics

In order to measure the association between stigma and prior take-up, we measure participation in SNAP. We also measure other factors that may be drivers of stigma and SNAP participation.

SNAP participation and eligibility We ask respondents to report whether they are currently participating in SNAP, have participated in the past, or have never participated. Participation in benefits programs is often under-reported in surveys, which may be due to stigma (Meyer, Mok and Sullivan, 2009; Meyer, Mittag and Goerge, 2022; Celhay, Meyer and Mittag, 2024). To more accurately elicit SNAP participation, we use state-specific program names (e.g. CalFresh in California) and photos of state-specific EBT cards. These strategies appear to have effectively addressed under-reporting concerns: the rate of reported SNAP participation in our sample closely matches that of the national population.

In practice, SNAP eligibility is determined by three tests: a gross-income, net-income, and asset test. In order to reduce the complexity and length of the survey, we only measure gross-income eligibility using reported income and household size. We define a respondent to be likely eligible for SNAP if their household income is below 200 percent of the Federal Poverty Level: the maximum the gross-income eligibility threshold across states (USDA-

¹⁴The six groups are grocery store cashiers, other grocery store shoppers, SNAP office workers, employers, family and friends outside one’s household, and other community members.

ERS, 2019). Thus, we use the term “eligibility” for simplicity to mean this proxy for gross-income eligibility throughout our analysis.

Political affiliation and preferences for redistribution To measure political affiliation and preferences for redistribution, we modify a set of a General Social Survey (GSS) questions. We ask respondents to rate themselves on a 7-point scale from Democrat to Republican; the response options are Strong, Moderate, and Lean for each party, with Independent being in the middle. To assess general preferences for redistribution that might influence stigmatization of benefits receipt, we ask about preferred spending levels on programs helping the poor. Further, given the prevalence of racialized beliefs about benefits recipients (Alesina, Ferroni and Stantcheva, 2021; Gilens, 2009), we also ask about preferences for redistribution for Black people. In the second wave, as an outcome after the interventions, we add a question that asks generally about support for government spending on SNAP.

Personal and local networks Social networks may mediate SNAP participation and stigma; previous work has found that stigma, as measured by under-reporting of program participation, is correlated with local area take-up (Celhay, Meyer and Mittag, 2024). We define each respondent’s “personal network” variable as the share of their 10 closest friends and family members that participate in SNAP, which is self-reported. We define each respondent’s “local network” variable as the share of the population in their county of residence who participate in SNAP, according to external data.¹⁵

Beliefs about rationing in SNAP Based on our qualitative interviews and other survey work, the belief that one’s own SNAP receipt might crowd out others’ is a commonly reported

¹⁵To calculate shares for each county, we use recent county-level SNAP population shares from state websites to define the numerator, and we use Census population data to define the denominator. We define these shares at the county level, and we match them to respondents based on ZIP codes using a crosswalk. Some counties have missing SNAP participation data, so sample sizes are somewhat reduced when using the local network variable.

concern. In fact, SNAP is an entitlement program and funding is guaranteed to cover benefits for all eligible applicants. To assess the role of this misperception, we ask respondents whether they think SNAP benefits are rationed.¹⁶ These factual questions are incentivized, and we ask respondents their degree of confidence in their answer.

County vote share We include county-level 2020 Republican vote shares, which are sourced from the MIT Election Data and Science Lab ([Data and Lab, 2018](#)). We use this to create a “Republican county” variable, defined as a county with an above-median Republican vote share in 2020.

4 Descriptive Findings

Our survey is designed to shed light on levels of stigma in the population and factors associated with higher or lower stigma. We find that (1) levels of stigmatization towards SNAP participants are heterogeneous by political affiliation; (2) stigma about own SNAP receipt varies by participation status and the share of one’s personal network participating in SNAP; and (3) on average, individuals overestimate the extent to which others hold stigmatizing beliefs. We also measure which settings are important for stigma, such as the grocery store and interactions with caseworkers, and correlates with other demographics. We present these additional results in [Appendix C](#).

4.1 Stigmatizing Beliefs and SNAP Participation Vary by Political Affiliation

We find a strong relationship between political affiliation and reported levels of stigmatizing beliefs towards SNAP participants. [Figure 2\(a\)](#) shows that Democrats hold lower levels of stigmatizing beliefs than Republicans. The difference between these two groups is

¹⁶To avoid priming and acquiescence bias effects, we randomize the wording of the questions to vary whether the correct answer is true or false.

statistically significant. Independents’ levels of stigmatizing beliefs are similar to those of Republicans. These differences appear to translate into individuals’ perceptions of social judgment regarding SNAP participation: respondents living in Democratic counties report lower levels of perceived judgment compared to those living in Republican counties. This relationship holds regardless of respondents’ own political affiliation. Despite these large differences in stigmatizing beliefs about others, respondents of all parties report similar levels of overall stigma (comprised self and social stigma components) and perceived judgment at baseline. Beyond political affiliation, we also find significantly higher levels of perceived stigma and stigmatizing beliefs among those who think the government spends too much on assistance for the poor.¹⁷

Aside from being correlated with stigmatizing beliefs, does political affiliation also influence SNAP participation? Our survey offers a unique opportunity to examine the relationship between political affiliation and SNAP participation, since these variables are seldom available together in an individual-level dataset. Figure A.2(a) shows the rates of SNAP participation by respondents’ political affiliation. A clear gradient emerges, with Moderate and Strong Republicans less likely to report ever participating in SNAP. Since SNAP participation is self-reported, these relationships should be taken with caution; nevertheless, they underscore a potentially strong association between political affiliation and prior SNAP participation in the cross-section.

We can also examine the relationship between political affiliation and interest in SNAP participation, which we measure using clicks on the SNAP eligibility screener among non-participants, shown in Figure A.2(b). The figure indicates that click rates on the eligibility screener are higher among Republicans compared to Democratic respondents. One hypothesis is that Republicans and Independents may be less comfortable seeking information from their own social networks regarding SNAP compared to Democrats. If so, then the ability

¹⁷This pattern also holds for views about government spending on assistance for Black people, which is highly correlated with views about spending on assistance for the poor. This is consistent with other work showing that race is a key factor in shaping people’s views about social safety net programs (Gilens, 2009; Alesina, Ferroni and Stantcheva, 2021).

to gather information anonymously online may be more important for these groups to access benefits. This potential mechanism remains important for future work.

4.2 Stigma Varies by Participation and Networks

The relationship between stigma and SNAP participation status is important to understand because stigma may prevent participation in SNAP. Figure 2(b) shows how stigma varies across four groups of respondents in the control group: current SNAP participants, past participants, non-participants who are likely eligible for SNAP, and non-participants who are likely ineligible for SNAP. Across all indices, current participants report the least stigma, and likely ineligible non-participants report the highest levels of stigma. Individuals who are likely eligible but have never participated and past participants report levels of stigma that fall between these two groups.¹⁸ This correlational relationship between stigma and participation status could be driven by several factors: selection of low-stigma individuals into the program; updating stigma perceptions after participating in SNAP; motivated reasoning among current and past SNAP participants; under-reporting of SNAP participation correlated with stigma; or a direct causal relationship between stigma and take-up.

Personal networks also appear to be strongly related to the amount of SNAP-related stigma individuals perceive and report. Individuals who report that a larger share of their 10 closest friends and family members have used SNAP also report lower levels of stigma, a difference that holds even among never-participants.¹⁹ This network relationship appears to operate at the personal, rather than the area-wide, level; the personal network share is more strongly correlated with stigma compared to the local network share. Several factors could explain the relationship between personal social networks and stigma: underreporting of personal networks driven by stigma, whereby respondents who report higher levels of stigma are also less likely to know whether their friends and family participate in SNAP; confounding based on shared characteristics like income or baseline stigma; or a direct causal effect of

¹⁸These patterns remain when controlling for income.

¹⁹See Appendix D for details.

interactions with SNAP participants generating empathy or reducing the fear of being judged negatively.²⁰

We report the relationship between the stigma indices and other demographic characteristics in Figure A.3. We observe insignificant differences with the exception of race and income. White respondents report higher levels of perceived judgment than non-White respondents, and higher-income respondents report higher levels of stigma than lower-income respondents.

4.3 Individuals Overestimate Stigma Associated with SNAP

Our survey shows that individuals who have used SNAP expect to be observed and judged negatively at the grocery store (Appendix C). But if individuals overestimate the extent to which others hold stigmatizing attitudes about SNAP participants, they may overestimate stigma costs associated with participation and choose not to participate. To assess whether individuals accurately assess stigmatizing attitudes in society, we elicit second-order beliefs in the survey. Second-order beliefs are respondents' estimates of the average response for each stigma-related question across all respondents in the survey.

Figure 3 shows the distribution of first- and second-order beliefs across the whole sample for the question about judgment at the grocery store. Individuals substantially overestimate the average level of stigma: respondents reported that they would negatively judge 16 SNAP users out of 100 in response to the first-order question; while the mean response to the second-order elicitation was 38.6.²¹ These results suggest that individuals believe the average level of stigmatization is equivalent to that held by the individual at the 82nd percentile of the first-order distribution. Thus, on average, social perceptions do not align well with the true

²⁰There may also be a relationship between social networks and take-up for a reason unrelated to stigma: if knowing more people who participate in SNAP increases one's own perceived likelihood of qualifying. Figure D.1 and Table D.1 show evidence consistent with this mechanism: those who reported more close friends and family participating in SNAP also reported a higher perceived likelihood of being eligible for SNAP themselves. Individuals reporting larger personal SNAP networks were also more likely to click on the eligibility screener link.

²¹The corresponding first- and second-order median responses were 2 and 35.

distribution of stigmatization.²²

Table 2 summarizes these relationships by SNAP participation status. The second order belief column shows that current and past SNAP participants overestimate others’ stigma more than never-participants. For example, current participants believe the average survey respondent would report judging 41.4 out of 100 individuals that they notice using SNAP in the grocery store negatively; in reality, only 16 percent of survey respondents gave an answer that was larger than this. The findings for the work motivation question are similar.

5 Experimental Findings

We test the effects of the three interventions on three dimensions of stigma and interest in SNAP participation, which we measure using clicks to and completions of an eligibility screener. In both cases, we find null overall effects that mask significant heterogeneity. The interventions appear to widen the extent to which stigma differs by political affiliation, baseline perceived judgment, and SNAP participation status. The Information treatment increases interest in take-up, which may be driven by decreasing zero-sum concerns associated with participating in SNAP.²³

5.1 Null Effects on Stigma Mask Variation by Political Affiliation, Perceived Judgment, and SNAP Participation

Our three primary interventions do not cause statistically significant changes in our pre-specified stigma indices; Table 3 shows effects for each treatment. These insignificant effects suggest that the treatments we tested are not powerful enough to shift stigma at the population level. However, the point estimates on the stigma indices are generally negative.

²²We find similar patterns for the question about SNAP participants’ motivation to work. When we asked individuals how many people on SNAP they believed were less motivated to work due to their SNAP participation, the average first-order response was 25.6; the average second-order estimate was 46.2 (out of 100). As with the grocery store question, this second-order estimate corresponded to the 82nd percentile of first-order responses.

²³Pre-specified analyses not included in this section can be found in Appendix E.

The null effects in the full sample mask significant heterogeneity by political affiliation and baseline levels of perceived judgment. First, our interventions move the reported stigma of Republicans and Democrats in opposite directions. Figure 4(a) shows that both the Information and Work interventions significantly reduce overall stigma for Democrats, whereas there is a positive but insignificant increase among Independents and Republicans.²⁴ Additionally, Figure 4(b) shows that the interventions move respondents differentially by baseline levels of perceived judgment in different settings, which we measured before implementing the interventions and measuring stigma indices. The interventions decrease all three dimensions of stigma for those who expressed a low level of perceived judgment at baseline and have no effect for those with a high baseline level. Taken together, these results show that our interventions have polarizing effects, and may be reinforcing respondents’ preexisting beliefs. This suggests a possibility of confirmation bias, in which respondents read the narratives selectively to conform to their prior beliefs. For example, highlighting children and workers may reinforce existing positive beliefs who participates for respondents with lower stigma at baseline, while among those with higher stigma at baseline, the vignettes may amplify their existing beliefs that stigmatizing recipients is justified.

Our interventions also move the reported stigma of SNAP participants and non-participants in different directions. Figure A.4 shows the Information and Work interventions significantly decrease stigma for non-participants.²⁵ However, these treatments slightly increase stigma among current participants, although the sample size is much smaller and the effects are not statistically significant. The increase in stigma for SNAP participants may reflect the fact that the vignettes describe individuals who state they hope not to use SNAP in the future. Current SNAP participants may find this narrative dis-empowering or it may create cognitive dissonance. The Information treatment discusses individuals who are more needy than themselves; again this narrative may make current participants feel needy themselves,

²⁴Table A.5 shows that these effects are generally driven by self stigma, and in the case of the Information intervention for Democrats, somewhat by social stigma.

²⁵Table A.6 suggests that these effects may be driven primarily by social stigma.

thereby increasing reported stigma.

Among non-participants, our interventions also move the reported stigma of likely-eligible and non-eligible respondents in different directions, though the standard errors are large and we cannot rule out null effects. Figure A.5(a) shows that the interventions decrease stigma among likely-eligible recipients. This suggests that our interventions may reduce stigma among those whose decisions regarding SNAP participation are most relevant.

Our findings suggest that the effect of interventions designed to move stigma may be contingent on the characteristics of the individual who experiences the intervention. Stigma appears to move in opposite directions for individuals with different party affiliations, baseline levels of perceived judgment, and SNAP participation status. If this is true across many interventions designed to move stigma—not just those we tested here—then outreach campaigns with uniform messaging may differ in effectiveness across groups. Null effects on average may result from moving different populations in different directions. This may provide an explanation for null or negative effects of stigma interventions in prior studies (Finkelstein and Notowidigdo, 2019; Bhargava and Manoli, 2015).

5.2 The Information Intervention Increased Interest in SNAP but Decreased Support for SNAP Spending

We also test the effect of our interventions on downstream outcomes related to take-up: clicking on a link to a SNAP eligibility screener (observed at the individual level) and completing the screener (observed at the treatment group-by-participation status level). We analyze these outcomes for former or never-participants, for whom completing the screener could result in new participation in SNAP.

We find no effect on click rates for any of our treatments, as shown in Figure 5(a), mirroring insignificant effects on stigma for the full sample. However, in the case of the Information intervention, this again masks heterogeneity. Figure 5(b) shows that this intervention, in which we informed participants that their SNAP participation does not crowd out others’

benefits, increases click rates for those whose prior belief was corrected by the intervention. This suggests a role for correcting misbeliefs about the rationing of the SNAP program in increasing interest in enrollment.²⁶

The Information treatment also increases interest in SNAP as measured by screener eligibility completions. Figure 6 shows that individuals who received the Information treatment were 4.5 percentage points (66 percent) more likely to complete the screener. Importantly, Appendix Figure A.7 shows that the additional respondents who complete the screener are also largely determined to be eligible for SNAP by the non-profit using a more detailed set of criteria compared to our survey. This suggests that individuals marginal to the information intervention may be a relatively high-need group, which is evidence against the hypothesis that stigma—or at least zero-sum thinking—is an effective mechanism for screening out low-need individuals (Moffitt, 1983; Nichols and Zeckhauser, 1982). Additionally, Figure A.5(b) shows that the Information intervention increased click rates for likely eligible non-participants in particular, though the effect is insignificant. Meanwhile, the intervention has no effects among those likely ineligible for SNAP. Together, these results provide suggestive evidence that the Information intervention increases eligible respondents’ motivation to participate in SNAP.

What might account for the effects of the Information treatment? We show evidence that the intervention may have the intended effect of reducing respondents’ social, zero-sum concerns. Appendix Figure A.8 shows that seeing the Information intervention significantly decreases the proportion of respondents who state they would be concerned that their enrollment in SNAP would take the place of someone else, and decreases respondents’ propensity to stigmatize others for this reason. These results suggest that providing information to remove zero-sum concerns may encourage take-up of SNAP and other social safety net programs that do not ration benefits.

The Information intervention increased interest in SNAP participation in the survey ex-

²⁶Appendix Figure A.6 shows no effects on click rates by political affiliation.

periment, but its effects on participation if implemented in the field would also depend on how such messaging affects political support for the SNAP program. That is, messaging encouraging participation in government programs and implying additional government spending may generate backlash that reduces political support for redistribution. To test for this relationship, we examined the impact of our interventions on support for additional government spending on SNAP in Wave 2. Figure 7 shows that all three interventions had a negative effect on support for government spending among Republicans and Independents. The Information treatment also had a negative effect on the full population, as shown in Appendix Table A.7. These results should be taken with some caution due to small sample sizes (the control group contains only 36 respondents). Nevertheless, the results suggest the potential for political backlash when messaging to promote take-up of government safety net programs highlights the lack of a cap on spending.

Taken together, these findings suggest that the Information treatment may increase eligible non-participants' willingness to participate in SNAP by alleviating concerns about taking the place of others who are more needy or deserving. However, this is accompanied by a decrease in political support for SNAP spending that is largely driven by Republicans and Independents. These two findings may explain why those aiming to increase take-up do not use similar messages for public-facing campaigns: the potential for these messaging interventions to reduce political support for SNAP spending may counter any welfare gains to participants from stigma reductions. Nonetheless, alleviating this concern may be an effective persuasion strategy at the individual level.

5.3 Discussion of results for Work and Kids interventions

We find limited effects of the other two vignette interventions on prospective take-up. Here, we speculate about potential explanations for these limited results.

Work intervention Overall, we find differential effects of the Work vignette on stigma by political affiliation, baseline perceived judgment, and SNAP participation, but no effects of the intervention on prospective SNAP participation. One potential explanation is that Republicans, Independents, and Democrats have different views about the relationship between social safety net programs and work. In an incentivized survey question, we find that, on average, Democrats think that 55 percent of working-age, non-disabled SNAP recipients work within a year of enrolling in SNAP compared to 50 percent and 40 percent among Independents and Republicans, respectively.²⁷ This points to different perceptions across respondents’ political affiliation about the ability (or willingness) of SNAP participants to work. Survey respondents may have interpreted the Work vignette with these perceptions in mind, making their existing beliefs about work and SNAP participation more salient.

Kids intervention Overall, we find no significant effects of the Kids vignette on either stigma or prospective SNAP take-up. We speculate that the Kids intervention had limited effects because the vignette’s narrative aligns with people’s stereotypes or prior beliefs about the typical participating SNAP household. Figure A.9 shows a word cloud with respondents’ description of a typical SNAP household. Many of these words indicate that participants think of families with children who may be struggling to pay for food and could use help from the SNAP program. Notably, many responses refer to children and single parents. We also find that respondents’ beliefs about the share of adult men, women, and children receiving SNAP are close to the true shares, on average. We estimate that 23 percent of SNAP participants are adult men, 38 percent adult women, and 39 percent children.²⁸ Figure A.10 shows that respondents’ perceptions align with the true shares on average, and that our interventions have minimal effects on these perceptions. Therefore, the Kids vignette may have aligned with respondents’ existing perceptions of SNAP and its typical participants.

Finally, the vignettes may be too low-touch or impersonal to produce effects. Perceptions

²⁷We estimate that the true share is 41 percent using SIPP data.

²⁸We estimate these shares using 2020 SNAP Quality Control data (U.S. Department of Agriculture and Service, n.d.).

of the messenger may also affect impacts. While 93 percent of survey respondents believed that the survey was non-partisan, the messages may be more impactful if delivered by a trusted personal contact or source. This remains important to explore in future work.

6 Conclusion

Our survey yields several insights that can inform the design of stigma-reducing interventions in the context of the social safety net. Across all three of the interventions we test, null average effects mask significant heterogeneity—including opposite-signed responses—by political affiliation and baseline perceived judgment of SNAP participation. Strategies to reduce stigma may therefore require nuanced design that accounts for heterogeneous effects: targeting different messaging to different populations may be more effective than outreach campaigns with uniform messaging.²⁹ Our interventions led to significant reductions in stigma for Democrats, but it remains unclear what messaging may reduce stigma for Republicans. Highlighting politically-neutral messages, such as how SNAP supports local economies and food retailers through increased grocery spending, might be an effective strategy.³⁰ Our interventions do decrease stigma for likely-eligible non-participants (although insignificantly), a group for whom new participation decisions may be more relevant.

The Information treatment, which informed participants that there was no federal cap on SNAP spending, reduced individuals' beliefs that enrolling would take benefits away from others and increased the rate at which individuals completed a third-party SNAP eligibility screener. To the extent that zero-sum concerns exist for entitlement programs like SNAP, unemployment insurance, and the Earned Income Tax Credit, outreach that corrects misconceptions about taking benefits away from others could increase take-up. Our

²⁹This may explain the gap between our findings and the reported success of similar messaging in our exploratory interviews. In the latter case, the messaging was often delivered in tailored, in-person, one-on-one conversations from a trusted source.

³⁰This language is already used by advocacy organizations; see, for example, <https://www.feedingamerica.org/advocate/snap> and <https://www.cbpp.org/research/snap-boosts-retailers-and-local-economies>.

finding also has implications for stigma in programs that are sometimes rationed under discretionary spending structures, such as housing vouchers and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Currently, WIC fully funds benefits for all participating households. If decreases in funding necessitate using waitlists—materializing households’ zero-sum concerns—program participation may decrease by more than the purely mechanical effect if the rationing elevates stigma concerns for potential participants.

Finally, our descriptive results point to potential avenues for future research into interventions that may reduce stigma. We find higher levels of stigma among individuals who have never participated in SNAP and those who have few close friends or family who use SNAP. This suggests that using existing social networks may encourage participation and reduce stigma. Among non-enrolled eligible individuals, learning that others participate may encourage participation. For current enrollees, exposure to other SNAP participants may reduce stigma. We also find that, on average, individuals overestimate levels of stigma that exist in the population. Correcting the beliefs of individuals who overestimate others’ stigmatizing beliefs could reduce stigma and increase take-up. Testing these hypotheses causally is an important avenue for future work.

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7 Figures

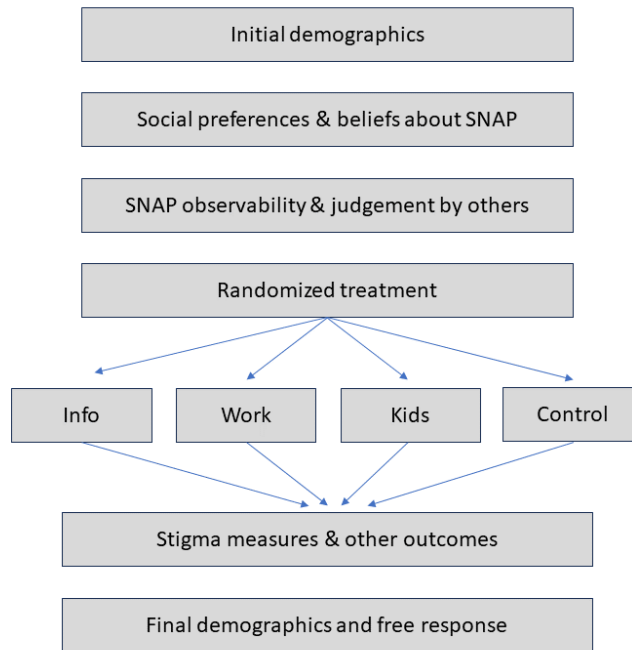
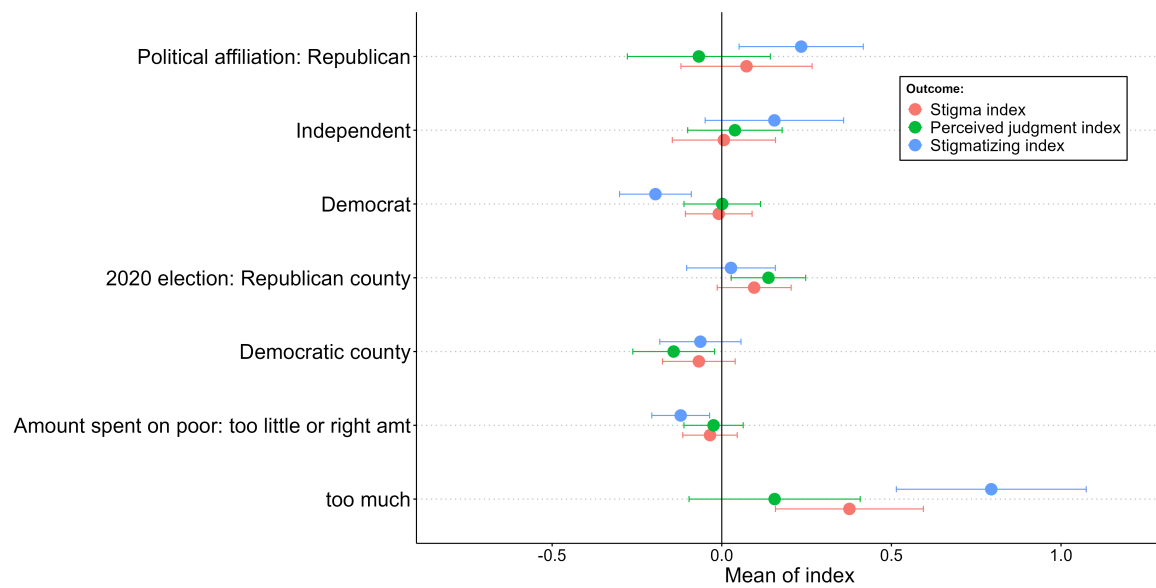
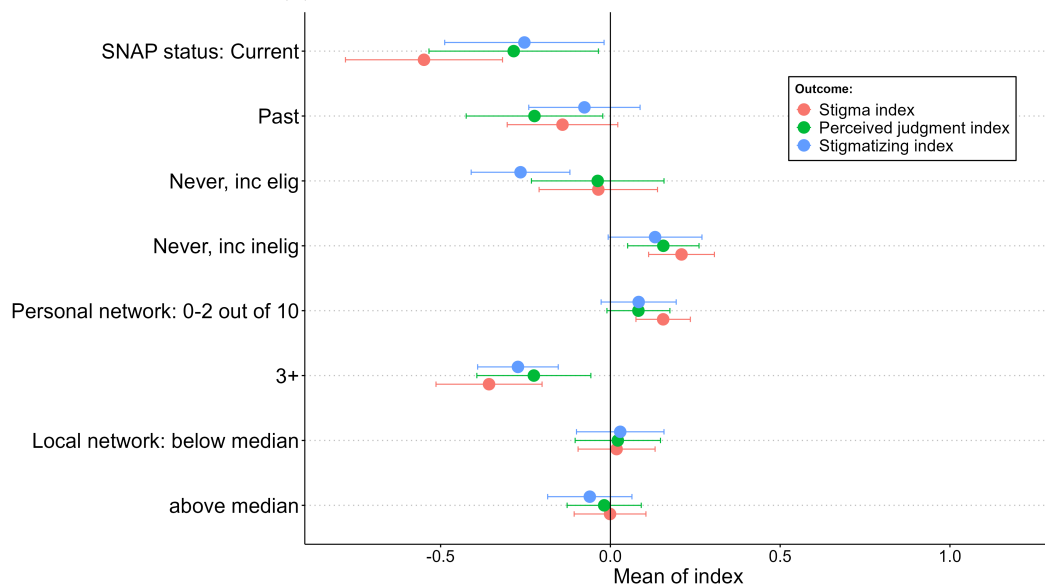


Figure 1: Survey flow

Notes: Figure illustrates the order of survey segments for most respondents. In wave 2, some respondents were randomly selected to be asked demographic questions at the beginning rather than the end of the survey. The remaining respondents answered these questions at the end of the survey. See text for additional details.



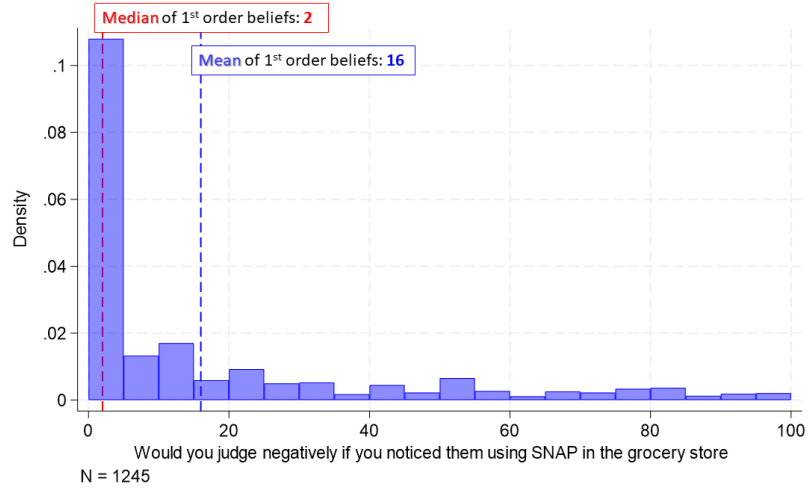
(a) By Political Characteristics



(b) By SNAP Status and Networks

Figure 2: Heterogeneity in Stigma, Perceived Judgment, and Stigmatizing Indices

Notes: Graph shows the means of indices by respondent characteristics. The stigma index represents the attitudes that respondents would hold toward their own, potentially hypothetical, participation in SNAP. The stigma index represents both self and social oriented components; see Table A.4 for details. The perceived judgment index measures respondents' perceptions of social judgment regarding SNAP receipt across six social groups: grocery store cashiers, other shoppers, SNAP caseworkers, family and friends, employers, and other community members. The stigmatizing index represents attitudes that respondents hold about *others* who participate in SNAP. All indices are expressed in standard deviation units relative to the mean of zero. Larger negative values indicate more favorable views toward SNAP receipt; higher positive values indicate more critical views of SNAP receipt. The sample is the control group.



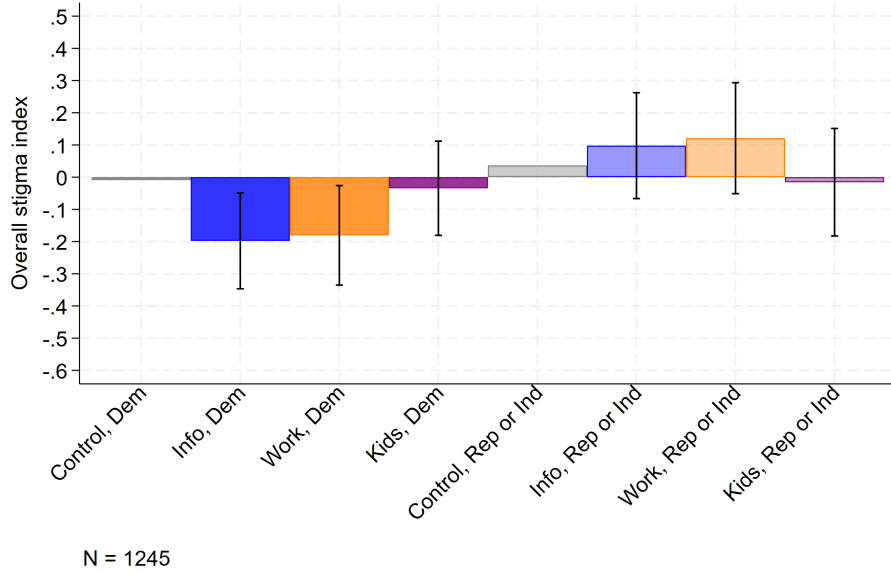
(a) Distribution of first order beliefs



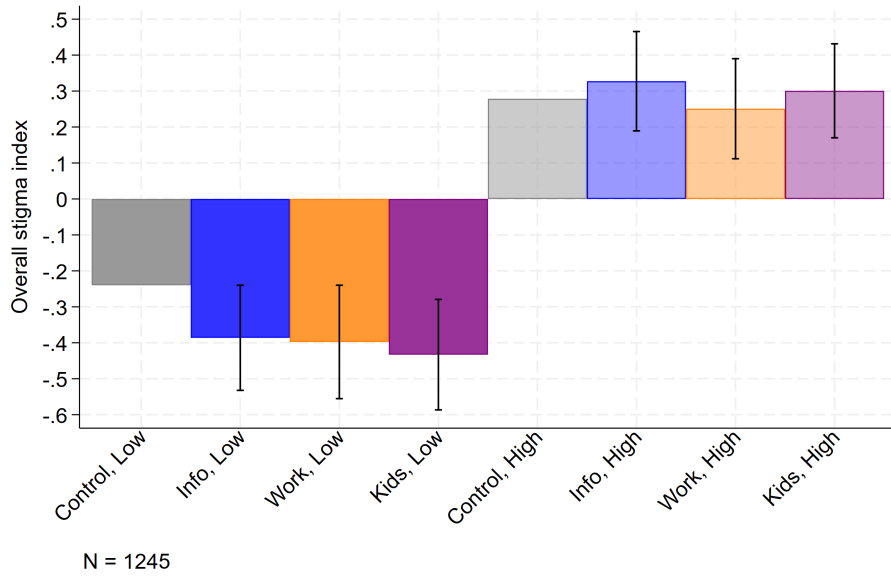
(b) Distribution of second order beliefs

Figure 3: Most individuals overestimate judgment by others at the grocery store

Notes: Figures show the distribution of respondent's first and second order beliefs with respect to the question: "Out of 100 individuals receiving SNAP, how many would you judge negatively if you noticed them using SNAP in the grocery store?" First order attitudes are respondents' direct response to this question. Second order beliefs are respondent's incentivized guess of the average response in the survey. The sample includes respondents who pass the pre-registered inclusion criteria.



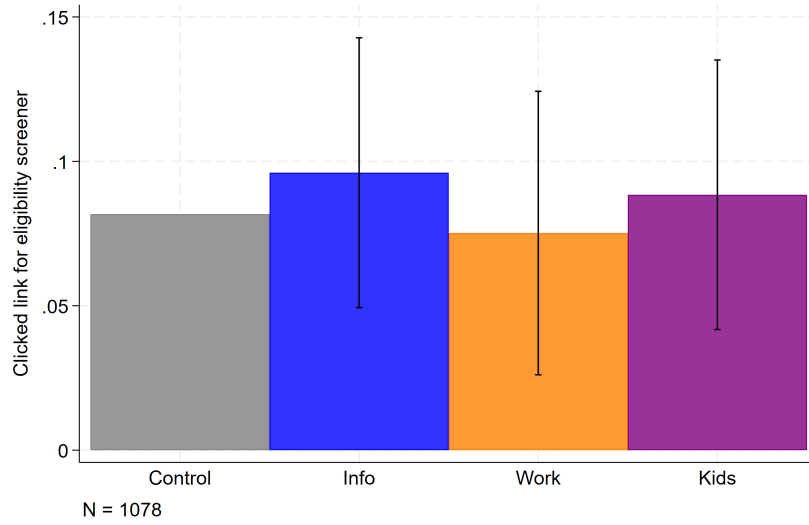
(a) by political affiliation



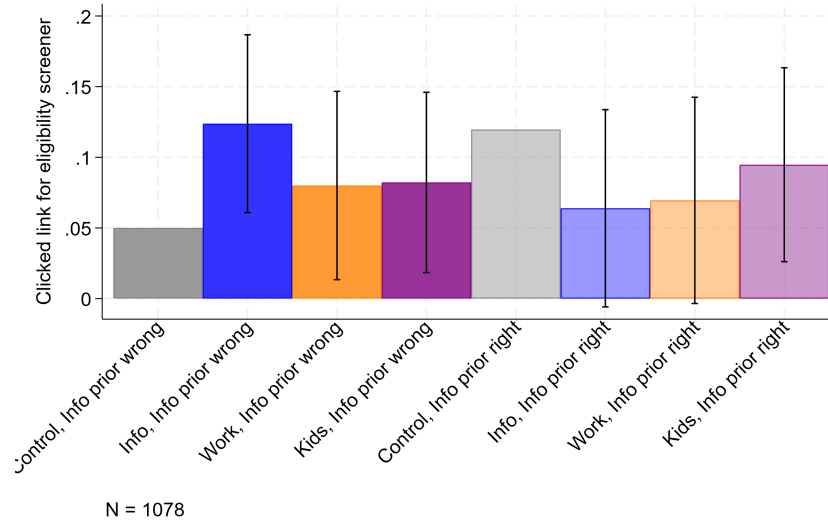
(b) by baseline perceived judgment

Figure 4: Effects of interventions on stigma

Notes: Estimates of treatment effects on the stigma index. The stigma index represents the attitudes that respondents would hold toward their own, potentially hypothetical, participation in SNAP. The stigma index represents both self and social oriented components; see Table A.4 for details. Gray bars show the control means. Blue, orange, and purple bars show means for each treatment group. Black error bars represent 95 percent confidence intervals for the effect of each intervention relative to the corresponding control group mean. A treatment effect is statistically significant if the black error bar does not overlap with the level of the gray, control group bar. Panel (a) splits the sample by respondents' party affiliation. Panel (b) splits the sample by respondents' baseline levels of perceived judgment. The sample includes respondents who pass the pre-registered inclusion criteria. Regressions include no additional controls; Table A.5 shows the results are robust to the inclusion of controls.



(a) Full sample



(b) By prior beliefs about info intervention

Figure 5: Effects of interventions on eligibility screener clicks

Notes: Outcome is clicking on a link for a SNAP eligibility screener. Sample includes only respondents who were not currently participating in SNAP. Panel (b) splits this sample by whether respondents correctly believed that SNAP is not rationed *prior* to viewing the interventions. Gray bars show the control means. Blue, orange, and purple bars show means for each treatment group. Black error bars represent 95 percent confidence intervals for the effect of each intervention relative to the corresponding control group mean. A treatment effect is statistically significant if the black error bar does not overlap with the level of the gray, control group bar. Regressions include no additional controls.

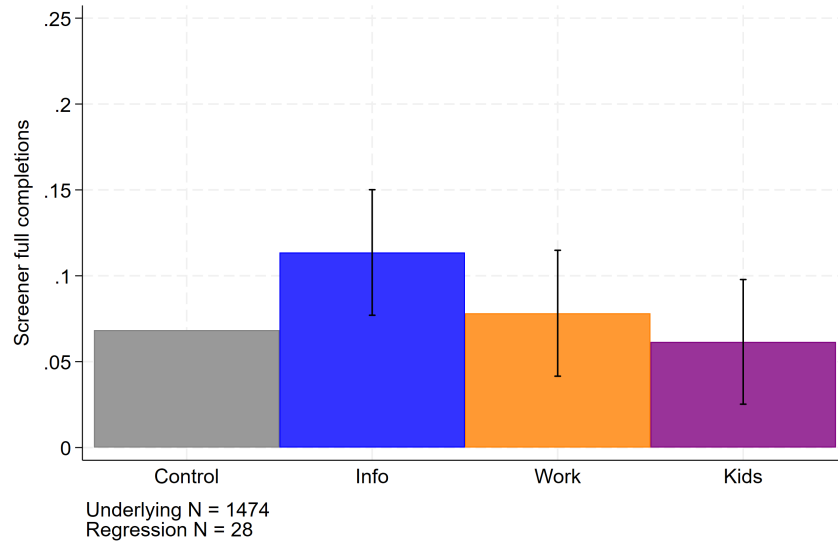


Figure 6: Effect of interventions on eligibility screener completions

Notes: Estimates of interventions on completion of third-party eligibility screener. Sample includes only individuals not currently participating in SNAP. The underlying data are counts at the level we can track eligibility screener completions, which is roughly at the (1) wave by (2) treatment group by (3) participation status level (e.g. wave 1 never participants shown the kids female intervention). There are 28 of these “cells”. The total number of respondents underlying these counts is 1,474, which includes all respondents in the past and never SNAP groups without sample restrictions. The outcome, defined at the cell level, is the count of respondents who complete the eligibility screener divided by the count of all respondents in the cell. The regression is weighted by the cell size. Gray bars show the control means. Blue, orange, and purple bars show means for each treatment group. Black error bars represent 95 percent confidence intervals for the effect of each intervention relative to the corresponding control group mean. A treatment effect is statistically significant if the black error bar does not overlap with the level of the gray, control group bar.

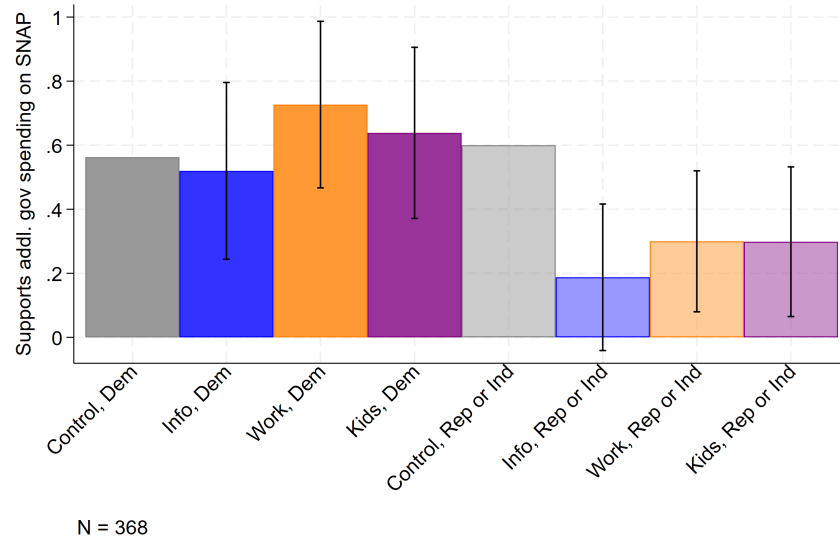


Figure 7: Effects of interventions on support for SNAP spending

Notes: The figure shows estimates of treatment effects on support for SNAP spending by respondents' political affiliation. Respondents were asked: “*Now consider government spending on SNAP. Do you think the government is spending too much money on SNAP, too little, or about the right amount?*”. The outcome is an indicator for choosing “too little”. The sample includes respondents who pass the pre-registered inclusion criteria in wave 2 only. (The question was not asked in wave 1.) Gray bars show the control means. Blue, orange, and purple bars show means for each treatment group. Black error bars represent 95 percent confidence intervals for the effect of each intervention relative to the corresponding control group mean. A treatment effect is statistically significant if the black error bar does not overlap with the level of the gray, control group bar. Regressions include no additional controls.

8 Tables

Variable	U.S.	Full	Pre-analysis
Household size	2.32	2.7	2.5
Age*	38.9	46.1	46.0
Female	0.50	0.50	0.51
<i>SNAP participation</i>			
Current	0.12	0.14	0.13
Past	–	0.23	0.22
Never	–	0.63	0.64
<i>Income</i>			
Income (midpoint)*	69,021	68,417	66,329
% Federal Poverty Level (FPL)	292.22	301.14	296.30
Below 130% FPL	–	0.22	0.22
Below 200% FPL	–	0.39	0.39
<i>Race/ethnicity</i>			
White, Non-Hispanic	0.59	0.74	0.77
Black, Non-Hispanic	0.14	0.13	0.11
Other, Non-Hispanic	0.08	0.07	0.07
Hispanic, any race	0.19	0.06	0.05
<i>Political affiliation</i>			
Democrat	0.42	0.54	0.55
Independent	0.25	0.24	0.24
Republican	0.33	0.22	0.21
<i>Education</i>			
No High School Diploma	0.09	0.01	0.01
High School Diploma or GED	0.28	0.13	0.14
Some College, No Degree	0.15	0.22	0.22
Associate's Degree	0.10	0.09	0.09
Bachelor's Degree	0.23	0.39	0.40
Graduate or professional degree	0.14	0.15	0.15
<i>Work status</i>			
Not working - disabled	0.09	0.06	0.06
Not working - looking for work	0.02	0.09	0.09
Not working - other	–	0.07	0.08
Not working - retired	0.18	0.21	0.21
Working full-time	0.50	0.43	0.41
Working part-time	0.10	0.12	0.13
N	–	1,708	1,245

Table 1: Summary statistics

Notes: Survey data includes both waves. “Full” sample is the full set of survey respondents. “Pre-analysis” is the remaining sample after exclusions, specified in the pre-analysis plan. Data used to calculate U.S. population level statistics include: U.S. Census, Bureau of Labor Statistics, U.S. Social Security Administration, and the General Social Survey. See Appendix F for U.S. data source details. * indicates median.

Grocery store			
	1st order	2nd order	2nd - 1st order
Current SNAP	-7.8*** (1.8)	3.7* (2.1)	11.5*** (2.4)
Past SNAP	-4.1** (1.6)	1.2 (1.7)	5.4*** (1.9)
Control mean: Never SNAP	17.9	37.8	19.9
R-squared	0.015	0.004	0.024
N	1245	1245	1245
Work			
	1st order	2nd order	2nd - 1st order
Current SNAP	-5.4*** (2.0)	3.9** (1.8)	9.2*** (2.1)
Past SNAP	-4.2*** (1.6)	3.3** (1.5)	7.5*** (1.6)
Control mean: Never SNAP	26.8	44.9	18.1
R-squared	0.014	0.009	0.031
N	1245	1245	1245

Table 2: First and second order beliefs about stigmatization

Notes: Regression of first- and second-order beliefs on SNAP participation status and experimental controls. The “Grocery Store” panel reports first- and second-order responses to the question “*Out of 100 individuals receiving SNAP, how many would you judge negatively if you noticed them using SNAP in the grocery store?*”. The “Work” panel reports first- and second-order responses to the question “*Out of 100 individuals receiving SNAP, how many do you think are less motivated to work because they receive SNAP?*”. The first-order response is the respondent’s direct response to each question. In both cases the second-order response is participants’ estimates of the average response across all respondents in the survey. The sample includes respondents who pass the pre-registered inclusion criteria.

	Without controls				With controls			
	Overall	Self	Social	Stigmatizing	Overall	Self	Social	Stigmatizing
<i>Full sample</i>								
Kids	-0.041 (0.054)	-0.071 (0.060)	-0.010 (0.064)	-0.002 (0.065)	-0.037 (0.055)	-0.060 (0.059)	-0.014 (0.066)	0.002 (0.062)
Work	-0.060 (0.058)	-0.067 (0.065)	-0.054 (0.067)	-0.009 (0.067)	-0.053 (0.058)	-0.061 (0.064)	-0.046 (0.068)	0.018 (0.063)
Info	-0.074 (0.054)	-0.036 (0.061)	-0.112* (0.062)	-0.057 (0.064)	-0.079 (0.054)	-0.035 (0.060)	-0.123* (0.063)	-0.058 (0.061)
Num. Obs.	1245	1245	1245	1245	1237	1237	1237	1237

Table 3: Experimental Results

Notes: Estimates of treatment effects on stigma measures for the full sample. All regressions include the strata: survey wave and SNAP participation status. Additional controls are gender, age, race, ethnicity, political affiliation, education, and household income. The sample includes respondents who pass the pre-registered inclusion criteria.

A Appendix Figures and Tables

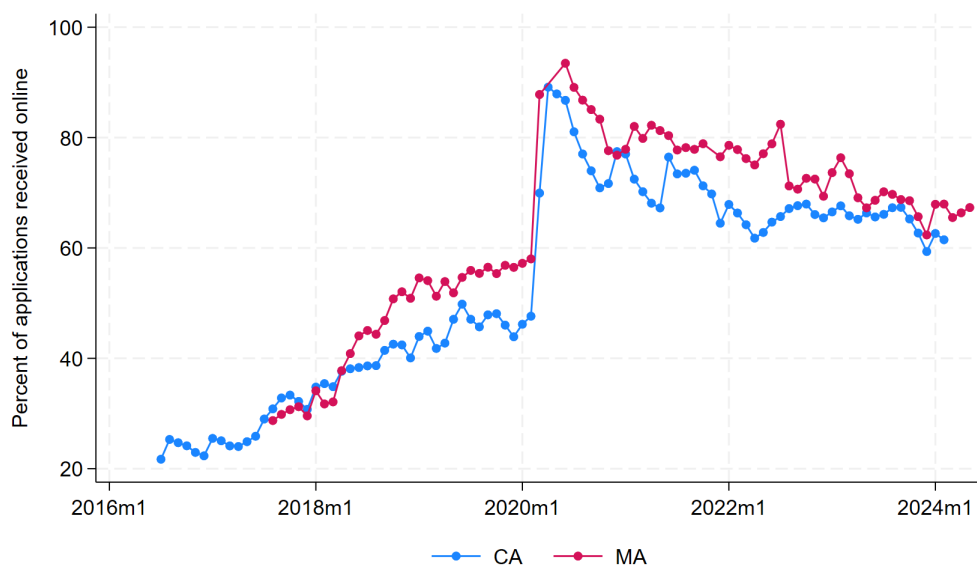
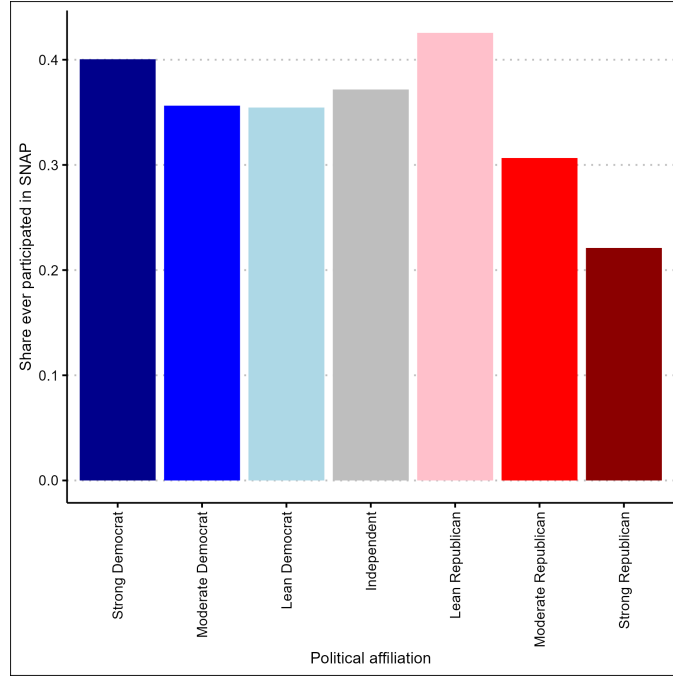
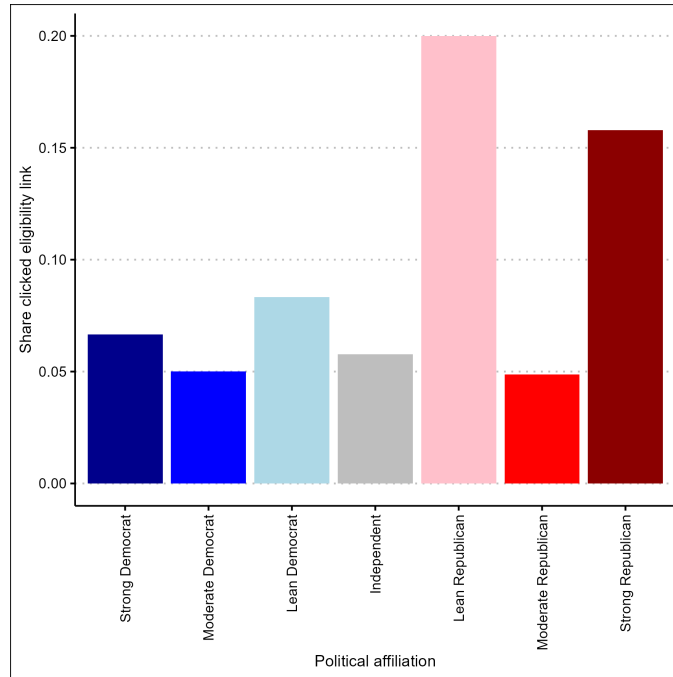


Figure A.1: Online Applications in Massachusetts and California Over Time

Notes: Data from Massachusetts and California publicly-available reporting. The steep increase in early 2020 coincides with the start of the COVID-19 pandemic. Massachusetts publishes data in a “Monthly Performance Scorecard”, and California provides data in the “CalFresh Data Dashboard”.



(a) SNAP Participation by Political Affiliation



(b) Eligibility Screener Clicks by Political Affiliation

Figure A.2: SNAP Participation and Eligibility Screener Clicks by Political Affiliation

Notes: Figure (a) shows rates of SNAP participation (currently or in the past) by respondents' political affiliation. Figure (b) shows click rates on the SNAP eligibility screener by political affiliation among those not currently participating in SNAP and in the control group.

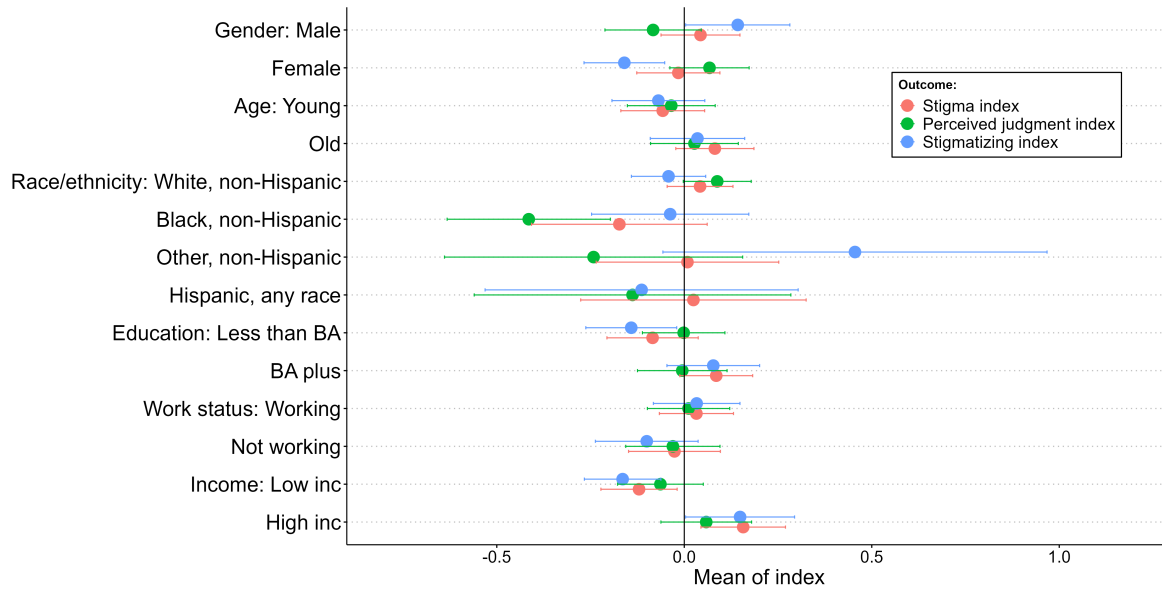


Figure A.3: Heterogeneity in Stigma, Perceived Judgment, and Stigmatizing Indices - Other Demographic Characteristics

Notes: Graph shows the means of indices by respondent characteristics. The stigma index represents the attitudes that respondents would hold toward their own, potentially hypothetical, participation in SNAP. The stigma index represents both self and social oriented components; see Table A.4 for details. The perceived judgment index measures respondents' perceptions of social judgment regarding SNAP receipt across six social groups: grocery store cashiers, other shoppers, SNAP caseworkers, family and friends, employers, and other community members. The stigmatizing index represents attitudes that respondents hold about *others* who participate in SNAP. All indices are expressed in standard deviation units relative to the mean of zero. Larger negative values indicate more favorable views toward SNAP receipt; higher positive values indicate more critical views of SNAP receipt. The sample is the control group.

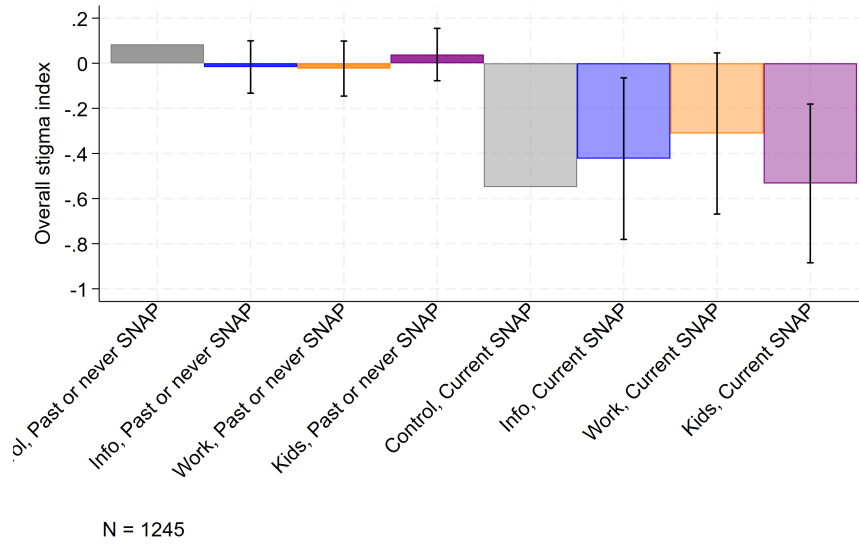
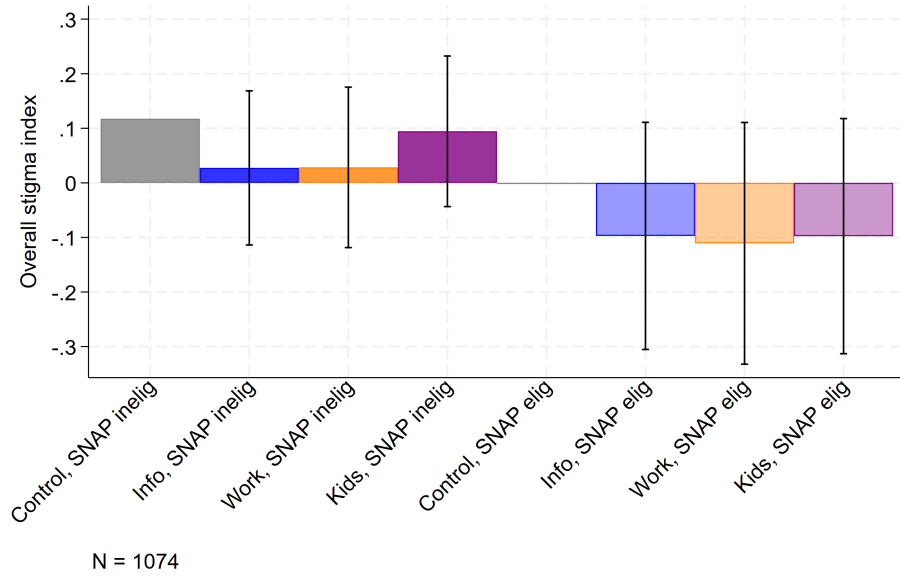
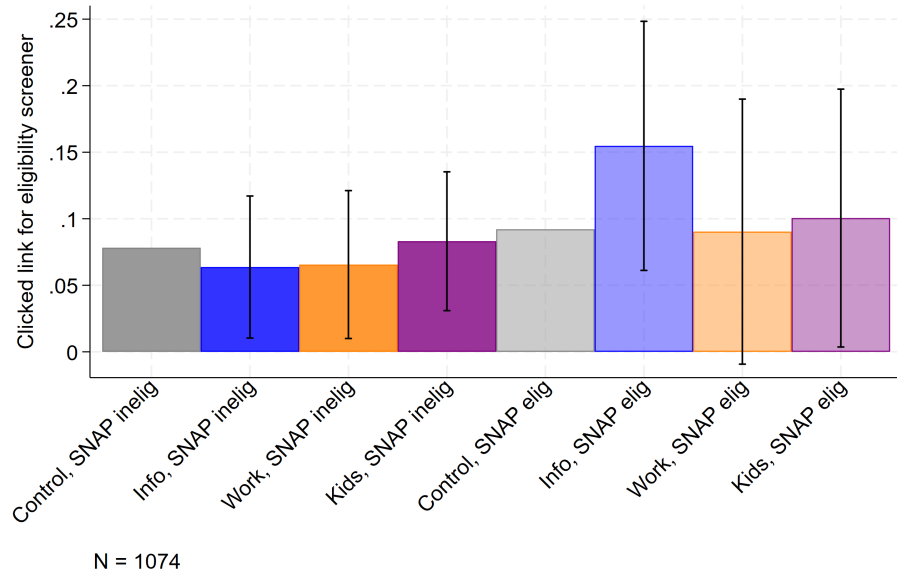


Figure A.4: Effects of intervention on stigma by prior SNAP participation

Notes: Estimates of treatment effects on the stigma index. The stigma index represents the attitudes that respondents would hold toward their own, potentially hypothetical, participation in SNAP. The stigma index represents both self and social oriented components; see Table A.4 for details. Gray bars show the control means. Blue, orange, and purple bars show means for each treatment group. Black error bars represent 95 percent confidence intervals for the effect of each intervention relative to the corresponding control group mean. A treatment effect is statistically significant if the black error bar does not overlap with the level of the gray, control group bar. The panel splits by respondents' prior participation in SNAP. Regressions include no additional controls; Table A.6 shows the results are robust to the inclusion of controls.



(a) Stigma measure



(b) Clicks on eligibility screener

Figure A.5: Effects of interventions by SNAP eligibility

Notes: Figures show the estimates of treatment effects on stigma measures and clicks. Both panels split the sample by whether respondents were likely eligible or ineligible for SNAP, defined as reporting gross income below 200 percent of the Federal Poverty Level. The sample includes respondents who pass the pre-registered inclusion criteria and are not currently participating in SNAP. The stigma index represents the attitudes that respondents would hold toward their own, potentially hypothetical, participation in SNAP. The stigma index represents both self and social oriented components; see Table A.4 for details. Gray bars show the control means. Blue, orange, and purple bars show means for each treatment group. Black error bars represent 95 percent confidence intervals for the effect of each intervention relative to the corresponding control group mean. A treatment effect is statistically significant if the black error bar does not overlap with the level of the gray, control group bar. Regressions include no additional controls.

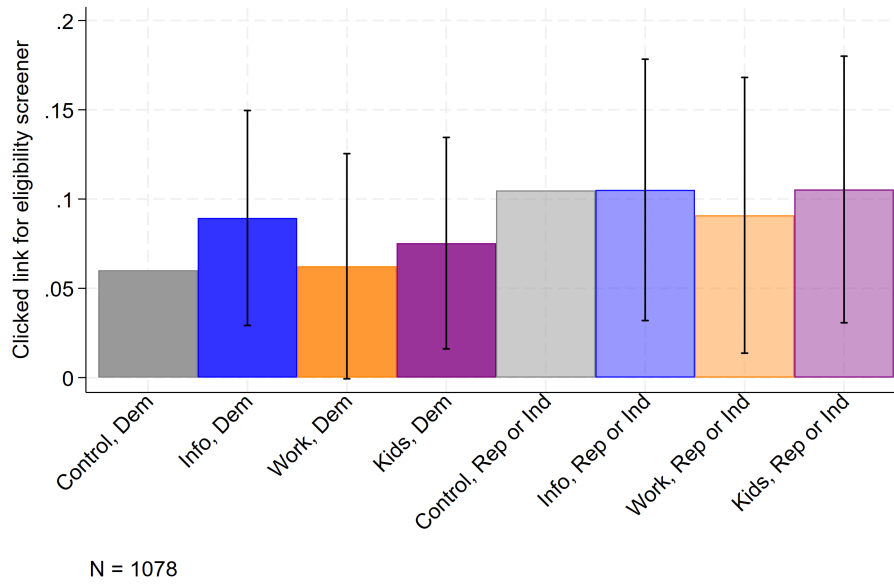


Figure A.6: Effects of interventions on eligibility screener clicks by political affiliation

Notes: Outcome is clicking on a link for a SNAP eligibility screener. Sample includes only respondents who were not currently participating in SNAP. Gray bars show the control means. Blue, orange, and purple bars show means for each treatment group. Black error bars represent 95 percent confidence intervals for the effect of each intervention relative to the corresponding control group mean. A treatment effect is statistically significant if the black error bar does not overlap with the level of the gray, control group bar. Regressions include no additional controls.

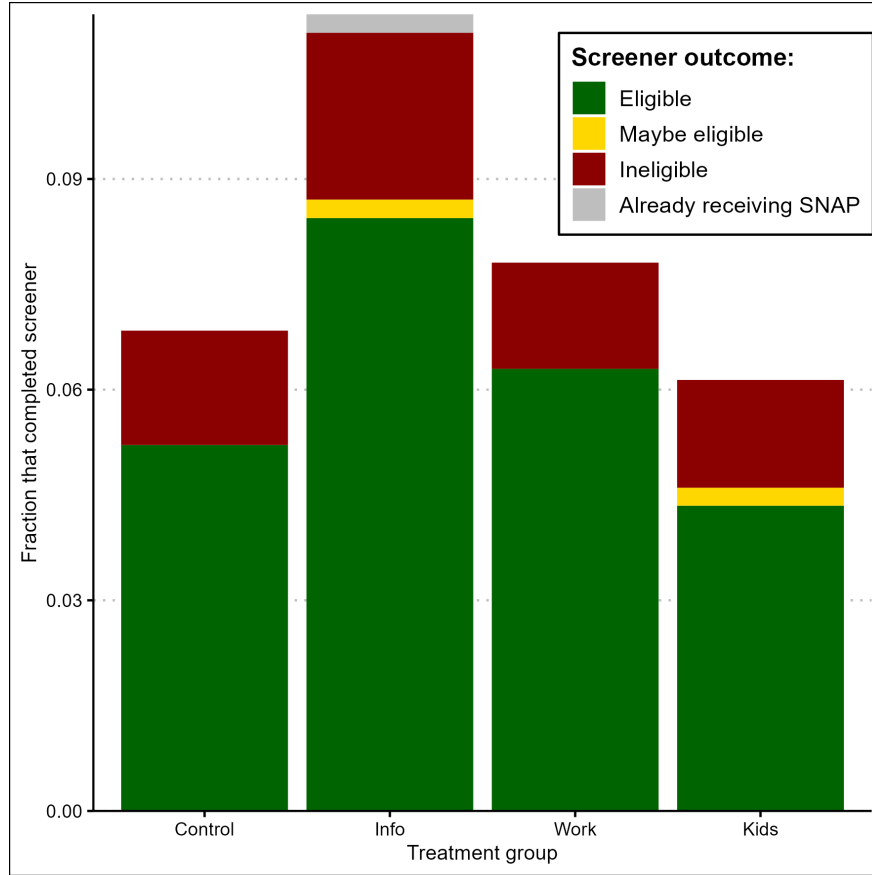
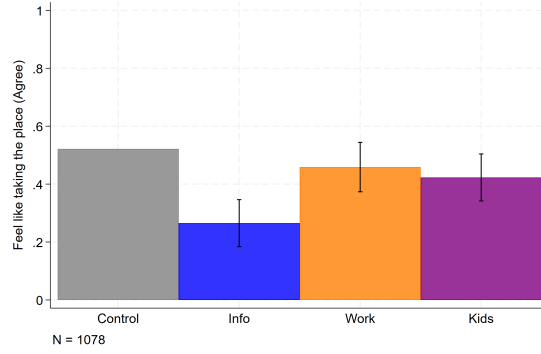
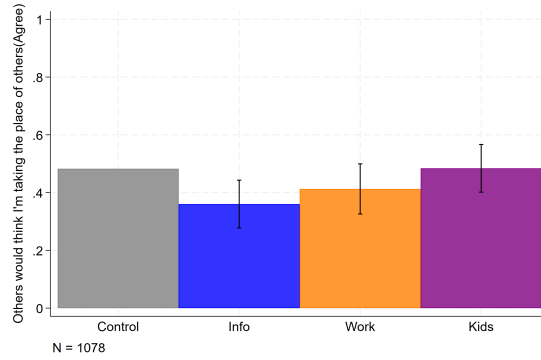


Figure A.7: Completion of the SNAP Screener by Treatment Group

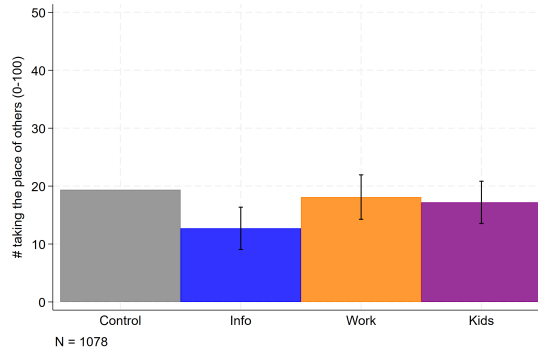
Notes: Sample includes past and never participants only. The underlying data are counts at the level we can track eligibility screener completions, which is roughly at the (1) wave by (2) treatment group by (3) participation status level (e.g. wave 1 never participants shown the kids female intervention). There are 28 of these “cells”. The total number of respondents underlying these counts is 1,474, which includes all respondents in the past and never SNAP groups without sample restrictions. The outcome, defined at the cell level, is the count of respondents who complete the eligibility screener and are found either (a) eligible, (b) ineligible, (c) maybe eligible, or (d) indicate they are already receiving SNAP, divided by the count of all respondents in the cell.



(a) Self Stigma Question



(b) Social Stigma Question



(c) Stigmatizing Question

Figure A.8: First Stage Effects of “Information” Intervention

Notes: The sample includes respondents who pass the pre-registered inclusion criteria and report never participating in SNAP or participating in SNAP in the past but not currently. The reported outcome is whether the respondent agrees that participating in SNAP would make them feel like they are taking the place of others who need benefits more (Panel (a)), make others think that they are taking the place of others who need benefits more (Panel (b)), or reports that, out of 100 individuals receiving SNAP, the number who would be taking the place of some who needs SNAP more (Panel (c)). Gray bars show the control means. Blue, orange, and purple bars show means for each treatment group. Black error bars represent 95 percent confidence intervals for the effect of each intervention relative to the corresponding control group mean. A treatment effect is statistically significant if the black error bar does not overlap with the level of the gray, control group bar.

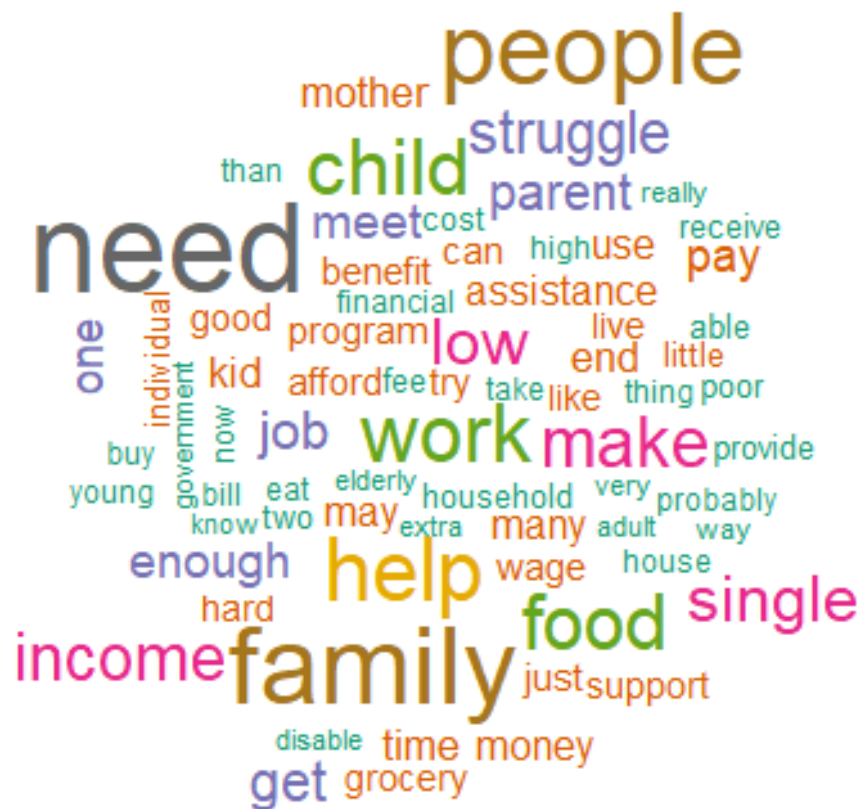
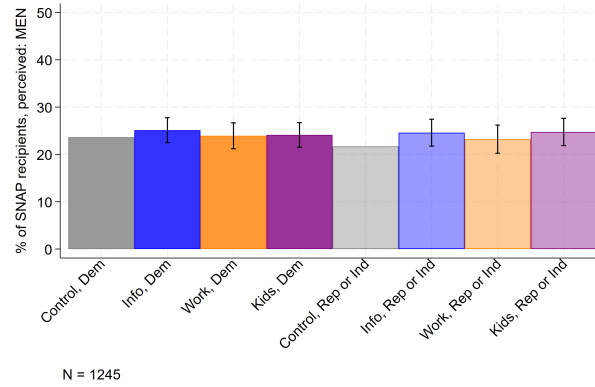
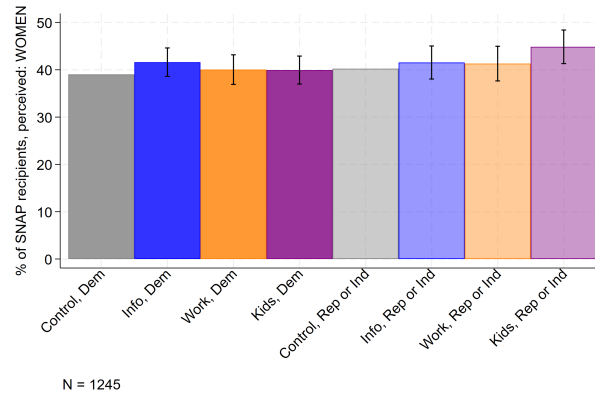


Figure A.9: Word Cloud: Respondents' Perceptions of a Typical SNAP Participant

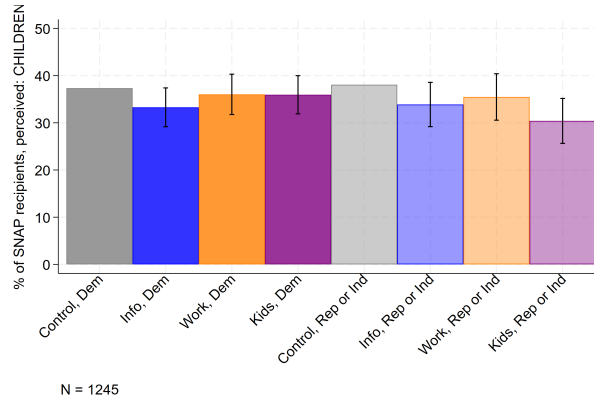
Notes: Word cloud represents survey respondents' answer to the free-response question: "Please briefly describe what you think of when you think of a typical household participating in SNAP." This question was only asked in Wave 2. Larger words were mentioned more frequently.



(a) Perceived Percent of SNAP Participants that are Adult Men



(b) Perceived Percent of SNAP Participants that are Adult Women



(c) Perceived Percent of SNAP Participants that are Children

Figure A.10: Effects of Interventions on Perceptions of SNAP Participants

Notes: The sample includes respondents who pass the pre-registered inclusion criteria. The reported outcome is respondents' perceived percent of SNAP participants that are adult men (Panel (a)), adult women (Panel (b)), and children (Panel (c)). Based on 2020 Quality Control data describing the population participating in SNAP, we estimate that the true shares are 23 percent adult men, 38 percent adult women, and 39 percent children. Gray bars show the control means. Blue, orange, and purple bars show means for each treatment group. Black error bars represent 95 percent confidence intervals for the effect of each intervention relative to the corresponding control group mean. A treatment effect is statistically significant if the black error bar does not overlap with the level of the gray, control group bar.

Household size	Max benefit, FY 2023	Max benefit, FY 2024
1	\$281	\$291
2	\$516	\$535
3	\$740	\$766
4	\$939	\$973
5	\$1,116	\$1,155
6	\$1,339	\$1,386
7	\$1,480	\$1,532
8	\$1,691	\$1,751
Each additional person	\$211	\$219

Table A.1: Maximum benefit amounts by household size

Notes: 48 states and DC. Fiscal Year 2023 is October 1, 2022 – September 30, 2023. Fiscal Year 2024 is October 1, 2023 – September 30, 2024. The maximum benefit amounts are adjusted for inflation annually in October, so FY 2023 and FY 2024 levels correspond to the benefit levels for Wave 1 and Wave 2, respectively. Data from USDA Webpage.

	Control	Info	Work	Kids	Work, Female	Work, Male	Kids, Female	Kids, Male
Household size	2.72	-0.21* (0.12)	-0.32** (0.14)	-0.30** (0.12)	-0.35 (0.21)	-0.30* (0.16)	-0.20 (0.16)	-0.41*** (0.16)
Age	45.66	-0.72 (1.44)	2.04 (1.59)	0.75 (1.44)	3.34 (2.35)	1.39 (1.84)	2.31 (1.77)	-0.90 (1.79)
Female	0.55	-0.05 (0.05)	-0.05 (0.05)	-0.05 (0.05)	-0.03 (0.07)	-0.06 (0.06)	-0.03 (0.06)	-0.07 (0.06)
Income (midpoint)	69,732	-3114 (4,466)	-10,033** (4,757)	-2,194 (4,416)	-11,862* (7,138)	-9,119 (5,579)	3,848 (5,464)	-8,560 (5,490)
Black, Non-Hispanic	0.13	-0.02 (0.03)	-0.01 (0.03)	0.01 (0.03)	0.02 (0.05)	-0.03 (0.04)	0.03 (0.04)	-0.02 (0.04)
Other, Non-Hispanic	0.06	0.02 (0.02)	-0.02 (0.02)	0.02 (0.02)	-0.04 (0.03)	-0.01 (0.03)	0.00 (0.03)	0.05 (0.03)
Hispanic, any race	0.04	0.01 (0.02)	0.00 (0.02)	0.01 (0.02)	0.03 (0.03)	-0.02 (0.02)	0.04 (0.03)	-0.02 (0.02)
Democrat	0.55	0.01 (0.05)	0.01 (0.05)	0.02 (0.05)	0.00 (0.07)	0.01 (0.06)	0.00 (0.06)	0.05 (0.06)
Republican	0.20	-0.02 (0.04)	0.03 (0.04)	-0.01 (0.04)	0.00 (0.06)	0.05 (0.05)	0.01 (0.05)	-0.04 (0.04)
Bachelor's Degree or Higher	0.57	-0.04 (0.05)	-0.03 (0.05)	-0.04 (0.05)	0.00 (0.07)	-0.05 (0.06)	0.00 (0.06)	-0.08 (0.06)
Working	0.67	-0.02 (0.04)	-0.02 (0.05)	-0.01 (0.04)	-0.01 (0.07)	-0.03 (0.05)	0.00 (0.05)	-0.02 (0.05)
p-value, joint F-test		0.66	0.53	0.39	0.69	0.69	0.45	0.13
N	254	231	162	230	54	108	118	112

Table A.2: Balance Table, Wave 1

Notes: p-values are from tests of joint significance for all covariates relative to the control group. Sample sizes represent each treatment or control group alone. A survey error in Wave 1 meant that half of respondents intended for the Work Female intervention instead saw no intervention. These respondents were still randomly assigned, so we regroup them with the control group in all analyses. More individuals are assigned to the Work Female intervention in Wave 2 to balance the final sample sizes across interventions.

	Control	Info	Work	Kids	Work, Female	Work, Male	Kids, Female	Kids, Male
Household size	2.89	-0.11 (0.31)	-0.33 (0.28)	-0.44* (0.26)	-0.25 (0.31)	-0.48 (0.32)	-0.57* (0.32)	-0.34 (0.30)
Age	45.69	0.81 (3.29)	-0.66 (2.85)	0.67 (3.14)	-0.64 (2.92)	-0.69 (3.45)	-1.60 (3.45)	2.49 (3.49)
Female	0.39	0.10 (0.10)	0.11 (0.09)	0.13 (0.10)	0.16* (0.10)	0.00 (0.11)	0.09 (0.11)	0.16 (0.11)
Income (midpoint)	65,034	8687.24 (8,934)	-3968.24 (7,822)	1429.97 (8,555)	-4675.63 (8,233)	-2611.22 (8,357)	817.59 (8,950)	1919.87 (9,315)
Black, Non-Hispanic	0.14	-0.06 (0.06)	-0.03 (0.06)	-0.04 (0.06)	-0.06 (0.06)	0.02 (0.08)	-0.03 (0.08)	-0.05 (0.07)
Other, Non-Hispanic	0.03	0.03 (0.04)	0.06 (0.05)	0.08 (0.06)	0.07 (0.05)	0.05 (0.05)	0.06 (0.05)	0.10 (0.06)
Hispanic, any race	0.03	0.02 (0.04)	0.03 (0.04)	0.01 (0.04)	0.02 (0.04)	0.05 (0.05)	0.02 (0.04)	0.01 (0.04)
Democrat	0.44	0.03 (0.10)	0.10 (0.09)	0.14 (0.10)	0.15 (0.10)	0.01 (0.11)	0.24** (0.11)	0.07 (0.11)
Republican	0.25	0.02 (0.09)	-0.05 (0.08)	-0.05 (0.08)	-0.07 (0.08)	-0.03 (0.09)	-0.07 (0.09)	-0.03 (0.09)
Bachelor's Degree or Higher	0.56	-0.01 (0.10)	-0.05 (0.09)	0.07 (0.10)	-0.06 (0.10)	-0.03 (0.11)	0.08 (0.11)	0.06 (0.11)
Working	0.20	0.01 (0.08)	0.11 (0.09)	0.06 (0.08)	0.15 (0.09)	0.02 (0.09)	0.03 (0.10)	0.07 (0.09)
p-value, joint F-test		0.92	0.66	0.51	0.29	0.74	0.32	0.68
N	36	90	143	99	94	49	44	55

Table A.3: Balance Table, Wave 2

Notes: p-values are from tests of joint significance for all covariates relative to the control group. Sample sizes represent each treatment or control group alone. A survey error in Wave 1 meant that half of respondents intended for the Work Female intervention instead saw no intervention. These respondents were still randomly assigned, so we regroup them with the control group in all analyses. More individuals are assigned to the Work Female intervention in Wave 2 to balance the final sample sizes across interventions.

No.	Question text	Overall	Social	Self	Stigmatizing	2nd order
(1)	“Most people would look down upon me if I applied for SNAP.”	x	x			
(2)	“If someone found out I applied for SNAP, they would think I lack work ethic.”	x	x			
(3)	“If I enrolled in SNAP, other people would think I was taking the place of someone who needs SNAP benefits more than I do.”	x	x			
(4)	“If I enrolled in SNAP, I would feel like I was taking the place of someone who needs SNAP benefits more than I do.”	x		x		
(5)	“If I applied for SNAP, I would think less of myself.”	x		x		
(6)	“I would rather support myself than use SNAP.”	x		x		
(7)	“If I participated in SNAP, I would avoid telling other people about it.”	x				
<i>Out of 100 individuals receiving SNAP, how many ...</i>						
(8)	do you think should avoid telling other people that they receive SNAP?				x	
(9)	would you judge negatively if you noticed them using SNAP in the grocery store?				x	x
(10)	would you look down on because they receive SNAP?				x	
(11)	do you think are less motivated to work because they receive SNAP?				x	x
(12)	would be taking the place of someone who needs SNAP more than they do?				x	

Table A.4: Stigma questions

Notes: Survey respondents were given different prompts depending on their SNAP participation status. Individuals who had never participated in SNAP were asked to imagine they were eligible for SNAP before responding. Individuals who had participated in SNAP in the past were asked to think about how they felt when they were participating. Individuals who were currently participating were asked to give responses given their current participation.

	Without controls				With controls			
	Overall	Self	Social	Stigmatizing	Overall	Self	Social	Stigmatizing
<i>Democrats</i>								
Kids	-0.025 (0.071)	-0.064 (0.078)	0.013 (0.086)	0.031 (0.075)	-0.010 (0.073)	-0.050 (0.079)	0.030 (0.088)	0.030 (0.073)
Work	-0.172** (0.080)	-0.216** (0.086)	-0.127 (0.093)	-0.029 (0.079)	-0.160** (0.080)	-0.213** (0.088)	-0.106 (0.094)	-0.014 (0.076)
Info	-0.189*** (0.070)	-0.217*** (0.080)	-0.161* (0.082)	-0.056 (0.078)	-0.186** (0.072)	-0.200** (0.082)	-0.172** (0.085)	-0.092 (0.077)
Control mean	-0.009	-0.032	0.014	-0.196	-0.010	-0.036	0.017	-0.193
Num.Obs.	687	687	687	687	681	681	681	681
<i>Republicans & Independents</i>								
Kids	-0.052 (0.085)	-0.065 (0.093)	-0.040 (0.098)	0.019 (0.107)	-0.064 (0.084)	-0.074 (0.090)	-0.054 (0.100)	-0.012 (0.101)
Work	0.085 (0.084)	0.130 (0.096)	0.039 (0.095)	0.047 (0.104)	0.079 (0.085)	0.122 (0.094)	0.037 (0.097)	0.060 (0.101)
Info	0.061 (0.082)	0.179** (0.090)	-0.056 (0.095)	-0.056 (0.099)	0.062 (0.083)	0.179** (0.088)	-0.056 (0.097)	-0.022 (0.095)
Control mean	0.037	0.081	-0.008	0.191	0.032	0.075	-0.011	0.187
Num.Obs.	558	558	558	558	556	556	556	556

Table A.5: Experimental Results - by Political Affiliation

Notes: Estimates of treatment effects on stigma measures by political affiliation. All regressions include the strata: survey wave and SNAP participation status. Additional controls are gender, age, race, ethnicity, political affiliation, education, and household income. The sample includes respondents who pass the pre-registered inclusion criteria. “Democrats” are those who select “Strong Democrat”, “Moderate Democrat”, or “Lean Democrat”. “Republicans and Independents” are those who select “Strong Republican”, “Moderate Republican”, “Lean Republican”, or “Independent”.

	Without controls				With controls			
	Overall	Self	Social	Stigmatizing	Overall	Self	Social	Stigmatizing
<i>Current Participant</i>								
Kids	0.016 (0.170)	-0.091 (0.174)	0.124 (0.213)	0.102 (0.169)	0.109 (0.186)	0.003 (0.194)	0.215 (0.224)	0.124 (0.154)
Work	0.238 (0.169)	0.129 (0.188)	0.346 (0.210)	0.076 (0.171)	0.315* (0.170)	0.175 (0.193)	0.454** (0.196)	0.125 (0.134)
Info	0.126 (0.182)	0.081 (0.193)	0.171 (0.219)	-0.041 (0.158)	0.234 (0.188)	0.151 (0.204)	0.317 (0.219)	0.065 (0.148)
Control mean	-0.549	-0.415	-0.683	-0.253	-0.549	-0.415	-0.683	-0.253
Num.Obs.	167	167	167	167	166	166	166	166
<i>Past or Never Participated</i>								
Kids	-0.045 (0.057)	-0.068 (0.064)	-0.023 (0.067)	-0.016 (0.070)	-0.032 (0.058)	-0.047 (0.064)	-0.017 (0.069)	0.002 (0.067)
Work	-0.108* (0.062)	-0.102 (0.070)	-0.114 (0.071)	-0.020 (0.073)	-0.099 (0.062)	-0.090 (0.068)	-0.109 (0.071)	0.018 (0.068)
Info	-0.101* (0.056)	-0.053 (0.065)	-0.148** (0.064)	-0.058 (0.069)	-0.104* (0.056)	-0.049 (0.062)	-0.159** (0.066)	-0.057 (0.066)
Control mean	0.084	0.076	0.092	0.013	0.082	0.071	0.093	0.013
Num.Obs.	1078	1078	1078	1078	1071	1071	1071	1071

Table A.6: Experimental Results - by SNAP Participation Status

Notes: Estimates of treatment effects on stigma measures by SNAP participation status. All regressions include the strata: survey wave and SNAP participation status. Additional controls are gender, age, race, ethnicity, political affiliation, education, and household income. The sample includes respondents who pass the pre-registered inclusion criteria.

	Full sample		Democrats		Non-Democrats	
Any intervention	-0.125 (0.088)		0.083 (0.132)		-0.336*** (0.120)	
Kids		-0.095 (0.098)		0.076 (0.143)		-0.301** (0.136)
Work		-0.061 (0.094)		0.164 (0.137)		-0.300** (0.127)
Info		-0.254*** (0.098)		-0.043 (0.149)		-0.412*** (0.128)
Control mean	0.583	0.583	0.563	0.563	0.600	0.600
N	368	368	195	195	173	173

Table A.7: Effect of interventions on support for additional SNAP spending

Notes: Estimates of intervention effects on support for SNAP spending. Dependent variable = 1 if respondent answers “too little” to the question “*Do you think the government is spending too much money on SNAP, too little, or about the right amount?*” This question was only asked in Wave 2. The sample includes respondents who pass the pre-registered inclusion criteria from Wave 2 only. No additional controls.

B Survey Details

B.1 Survey Recruitment

Respondents were invited by Prolific to participate in “A Study About Public Programs in the US.” and saw the compensation and a brief study description. The survey was administered through Qualtrics. We concealed our individual identities and affiliations, only disclosing ourselves as a group of academics during the consent screener, to avoid priming participants or inducing demand effects. Reassuringly, 93% of respondents did not feel the survey was politically biased. Of the remaining respondents, 4% thought the survey had left-wing bias, and 3% thought the survey had right-wing bias. Figure B.1 shows the screen participants saw before choosing to participate.

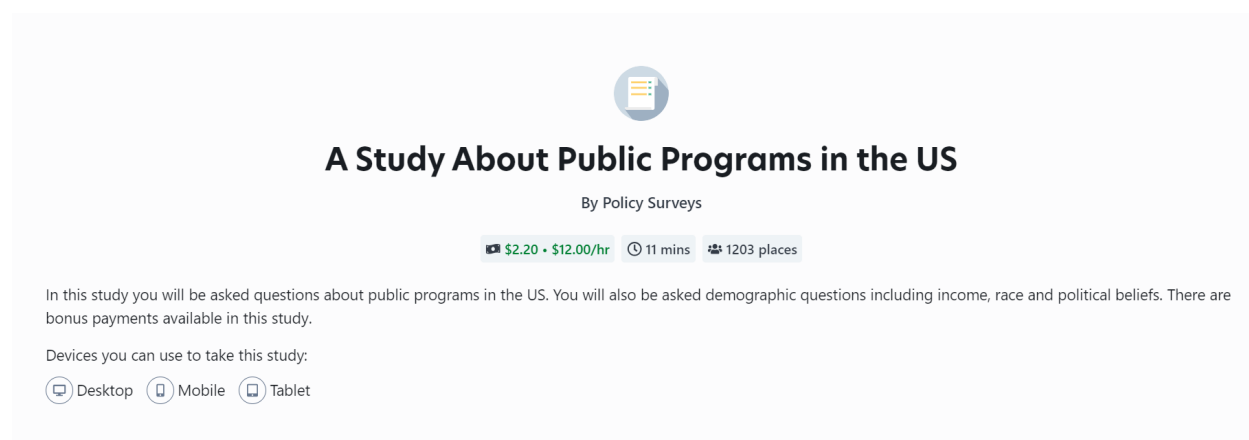


Figure B.1: Recruitment Screen Shown to Potential Survey Respondents

Notes: Potential survey respondents were shown this screen on the Prolific platform before deciding whether to click through to the survey. The first page of the survey was a consent form.

B.2 Sample Restrictions

We start with 1,708 respondents. We remove 63 potential bots with automated flags through Qualtrics (low reCAPTCHA score). Our largest sample restriction is removing 400 respondents (23% of the initial sample) who failed our attention check or self-reported low-quality responses. The final descriptive sample includes 1,245 respondents. For the experimental analysis, we remove another 185 treated respondents who spent less than 10 seconds on the intervention page, a benchmark we pre-specified.

B.3 Survey structure

The survey begins with questions on state of residence, household size, and SNAP participation status; we collect these first as the responses informed downstream question wordings and stratification for the experimental portion. We then ask respondents a set of questions regarding their general preferences for redistribution and beliefs about the SNAP program and recipient population. In the final portion of the descriptive questions, we ask respondents about the perceived visibility and judgement of SNAP receipt.

In the experimental portion of the survey, we randomized respondents into a control group or one of three interventions: one information treatment and two vignettes. We then measured stigma across three dimensions—self stigma, social stigma, and stigmatization towards others—and interest in SNAP enrollment as measured by the completion of an online eligibility screener. Finally, we collected additional demographics and open-ended reactions to the survey.


B.4 SNAP participation question

SNAP stands for "Supplemental Nutrition Assistance Program". The program was formerly called food stamps. SNAP is a federal program that provides benefits to qualifying individuals and families to purchase food at stores.

Benefits are provided with an Electronic Benefit Transfer (EBT) card.

In Washington, the SNAP program might be better known as the Basic Food Program.

In Washington, the EBT card is called the Washington Quest Card. The EBT card in your state might look like this:



Have you personally ever participated in SNAP?

Yes, I am currently participating in SNAP

Yes, I have participated in SNAP in the past, but not currently

No, I have never participated in SNAP

Don't know

Figure B.2: SNAP Participation Survey Question Example

Notes: Figure shows an example screenshot for the SNAP participation question for a resident of Washington state. Each survey respondent was shown the image of their state's EBT card and told the state-specific name of the SNAP program when asked if they currently or ever participated in SNAP.

B.5 Demographics and County Level Controls

Demographics In the very beginning of the survey, we elicit household size and state of residence. These demographics informed downstream questions: household size was used as an input to the question about maximum benefit amounts, and state of residence informed the wording of the SNAP participation question. In wave 1, we ask a series of final demographic questions including age, race, gender, political affiliation, ZIP code, education, work status, and income. Given the possibility of priming effects, particularly for the self-reported political affiliation, in wave 2 we randomize whether these questions appear at the very beginning or very end of the survey. No priming effects are detected from this test: we find no difference in the distributions of reported political affiliations for respondents asked at the beginning versus end of the survey.

Personal and local networks We define each respondent’s “local network” variable as the share of the population in their county of residence who participate in SNAP, according to external data. To calculate shares for each county, we use recent county-level SNAP population shares from state websites to define the numerator, and we use Census population data to define the denominator. We define these shares at the county level, and we match them to respondents based on ZIP codes using a crosswalk. Some counties have missing SNAP participation data, so sample sizes are somewhat reduced when using the local network variable.

County-level controls We use respondents’ reported ZIP code to link to a number of county-level characteristics. We include measures of social capital sourced from [Chetty et al. \(2022b,c\)](#), including economic connectedness, exposure to individuals of high and low socioeconomic statuses, friending bias, clustering, support ratios, volunteering rates, and civic organization presence. We also include demographic statistics from the Opportunity Atlas Neighborhood Characteristics ([Chetty et al., 2022a](#)), including population size and density; mean and median household income; levels of inequality, racial and income segregation; social mobility rates; employment rates; share of the population that is Black, White, Hispanic, foreign born, below the poverty line, and has a college education; and the share of single-parent households.

B.6 Other questions surrounding SNAP

Beliefs about SNAP recipients and program design Stigma might be driven by beliefs about who participates in the program or program design. First, individuals might over- or under-estimate the prevalence of SNAP receipt or the frequency of working while receiving SNAP. We ask respondents to estimate these quantities; these factual questions are incentivized.

Other determinants of take-up In order to assess the role of information and perceived transactions costs, we ask respondents a series of questions designed to capture other costs and benefits of SNAP enrollment. We ask their perceived probability that their household qualifies for SNAP benefits, from 0 to 100 percent; the maximum benefit amount they think a household of their size would receive; and their perceived difficulty of applying for SNAP on a scale from 1-10. The maximum benefit amount question has a factual answer and is incentivized.

B.7 Intervention text

The texts of the vignette interventions are presented below. Curly brackets indicate the language was randomized. For the Work and Kids vignettes, we randomized the gender of the vignette’s subject. Square brackets indicate the text shown was based on respondents’ previous answers. For the Information vignette, language was based on respondents’ initial belief about SNAP rationing and the randomized framing of the initial question they saw.

Control Now we’re going to ask you a few more questions about SNAP.

Information Now we’re going to ask you a few more questions about SNAP.

Earlier, you thought this statement was [TRUE; FALSE]:

[“No matter how many people apply to SNAP, government money will not run out, and all people who apply and are eligible will receive benefits.”; “If too many people apply to SNAP, government money will run out and some people who apply and are eligible will not receive benefits.”]

[You were correct. The answer is; Actually, the answer is] [TRUE; FALSE].

No matter how many people apply to SNAP, government money will not run out, and all people who apply and are eligible will receive benefits.

This means that anyone who is eligible can receive benefits without taking them away from others who may need them more.

By US law: The government automatically sets aside “such funds as are necessary” for SNAP each year. SNAP benefits are an “obligation” of the U.S. government, which means the government needs to honor the redemption of all benefits it issues. *Food and Nutrition Act of 2008, Authorization for Appropriations Section 18 [7 U.S.C. 2027] (a)(1) and Section 15(d), citing 18 U.S. Code § 8.*

Work Now we’re going to ask you a few more questions about SNAP.

Here’s a statement from a {man; woman} explaining how {he; she} uses SNAP:

I'm eligible for SNAP and I enrolled. I see SNAP as a tool to help me look for a well-paying job. I use SNAP to buy groceries, and I'm using the money I save on groceries to buy professional clothes and transportation to get to job interviews. By using SNAP benefits now, I can invest in my career, and eventually I won't need SNAP any more.

Kids Now we're going to ask you a few more questions about SNAP.

Here's a statement from a {man; woman} explaining how {he; she} uses SNAP:

I'm eligible for SNAP and I enrolled. I see SNAP as a tool to help my kids. I use SNAP to buy groceries, and I'm using the money I save on groceries to buy my kids clothes, and for their school activities. By using SNAP benefits now, I can invest in my kids, and they won't need SNAP when they're grown up.

B.8 Eligibility screener

With SNAP, a household of 3 people could receive **up to \$766** per month to spend on groceries.

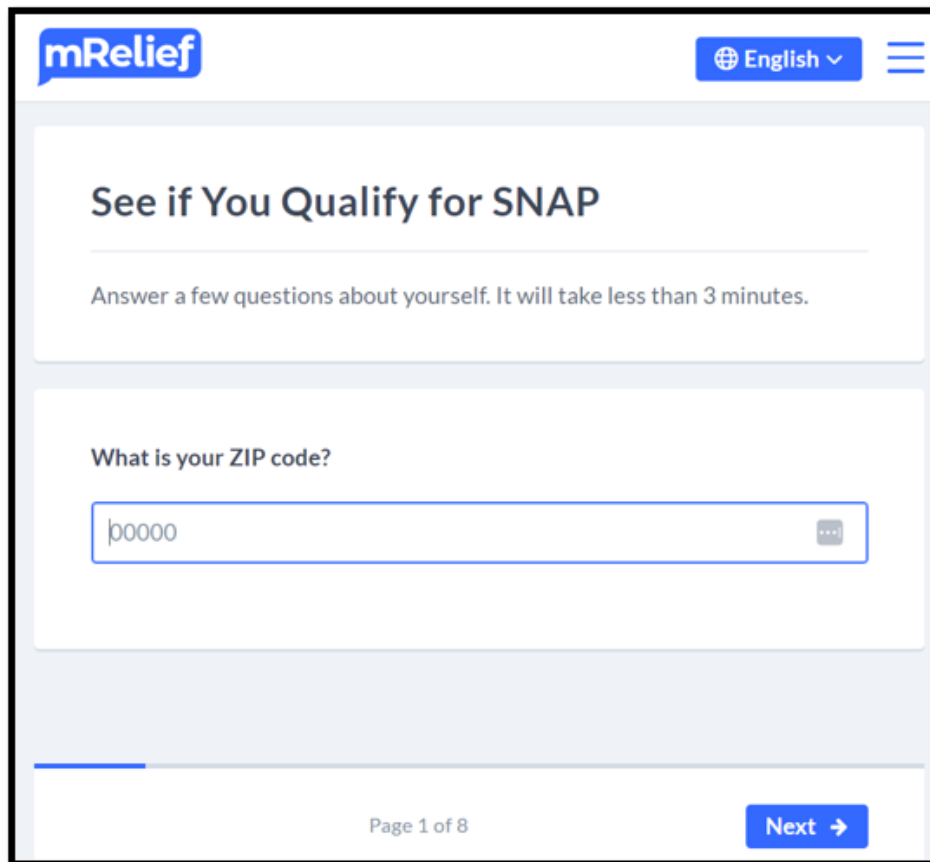
If you'd like to see if you might qualify for SNAP in less than 3 minutes, use this quiz:

<https://apply.mrelief.com/screener>

This link takes you to the website for mRelief, an external organization that helps connect people to SNAP. Your individual responses on the quiz will not be seen by the researchers.

If you choose to access the quiz, please come back to finish and submit this survey.

(a) Survey screenshot

The screenshot shows the mRelief website's eligibility screener landing page. At the top left is the mRelief logo. At the top right is a language selector set to 'English' and a hamburger menu icon. The main heading is 'See if You Qualify for SNAP'. Below it is a subtext: 'Answer a few questions about yourself. It will take less than 3 minutes.' The first question is 'What is your ZIP code?'. Below the question is a text input field containing '00000'. At the bottom of the page, it says 'Page 1 of 8' and has a blue 'Next' button with a right arrow.

(b) Screener landing page

Figure B.3: Eligibility screener screenshots

Response quality To improve the quality of survey responses we implement a number of pre-registered data restrictions, such as removing bots and those who fail an attention check. We also make efforts to reduce the cognitive burden of our survey by minimizing complex language and providing visual aids where possible. Further, we occasionally remind respondents that their true and thoughtful responses are key to our data collection. We use a pseudo-attention check that asks respondents to report whether their answers were high-quality and whether we should include them in our study. This also serves as a priming device and is placed immediately before the interventions to ensure respondents are paying closer attention throughout the rest of the survey (Stantcheva, 2022).

Incentivized questions For six questions that have factual answers, we incentivize respondents to accurately estimate their answers by awarding \$5 bonus payments to the two respondents whose answers are closest to the correct answer for each question.³¹ Though the expected value of the incentive is low, the size of the award is more than twice the survey payment, and therefore likely to be salient to participants. We prominently mark bonus payment questions and explain to respondents that the incentive structure encourages them to report their true beliefs.

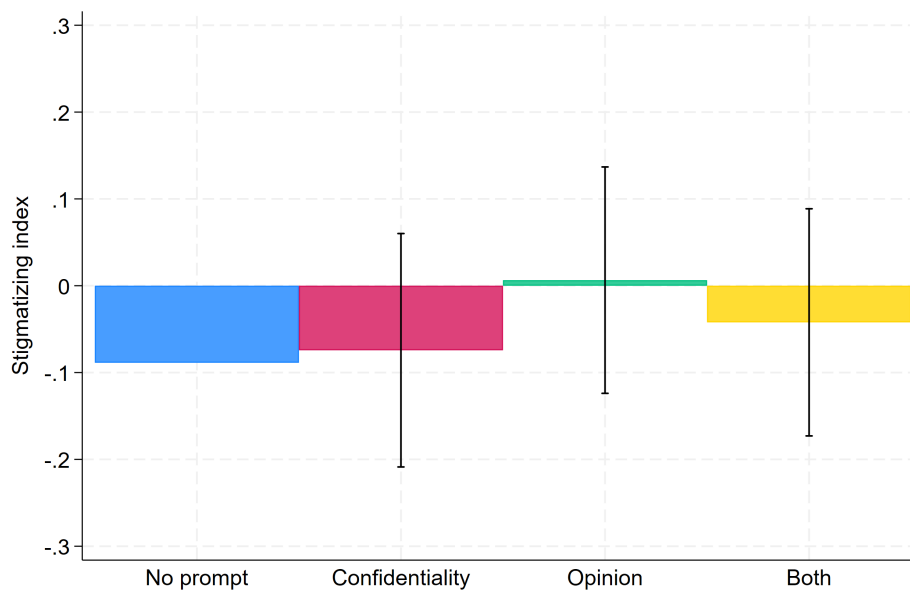
Social desirability bias Social desirability bias (SDB) is a concern for sensitive survey questions in which respondents perceive a “socially desirable” answer. Of all the questions in the survey, the stigmatization questions likely have the highest potential for SDB since they ask individuals to admit to judging others. We think SDB is somewhat minimized relative to other survey collection methods because our survey is conducted online and respondents are anonymous. Furthermore, previous studies that directly examine how social desirability and stigma may affect survey responses find limited evidence of mis-measurement (Bursztyrn and Yang, 2022; Bursztyrn et al., 2023). If present, however, we expect SDB to result in underestimation of the true level of stigmatization. Therefore, at worst, one can view the level of stigmatizing beliefs we find in our survey as a lower bound.

To measure one form of SDB, we ask respondents a series of agree/disagree statements adapted from the Marlowe-Crowne social desirability scale from social psychology (Crowne and Marlowe, 1960; Reynolds, 1982). The statements present extremely altruistic traits, and the extent to which participants give socially desirable answers may indicate a tendency to give more agreeable answers instead of their true views. We limit to five questions from the scale that are most similar in domain to our measures of stigma and create an index for each respondent. Our experimental results are robust to controlling for this social desirability index.

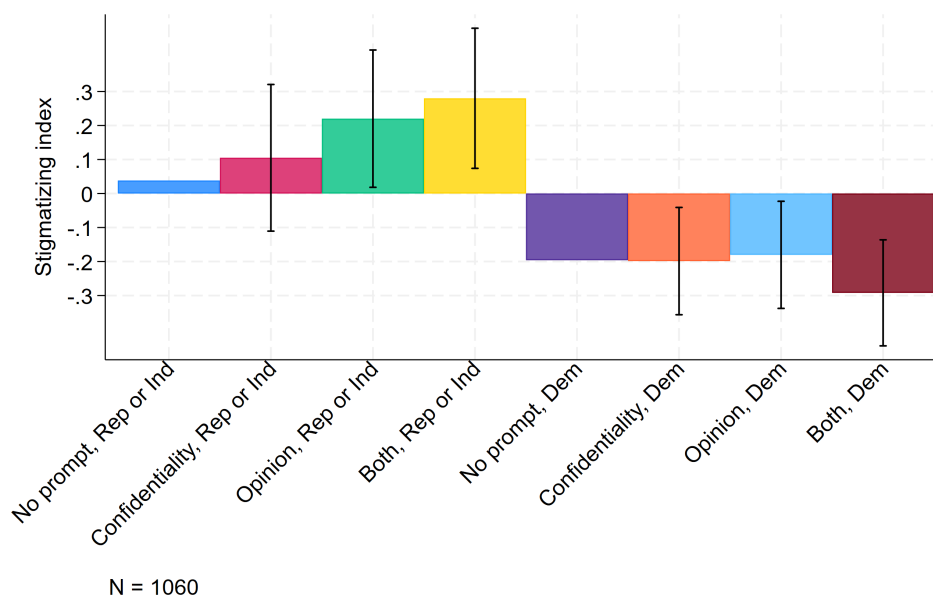
³¹If more than two respondents were closest, we randomized the payment. We also randomized the payment for correct answers to the true/false question about SNAP rationing.

To further test for SDB, we randomize “face saving” language in the question prompts that asks individuals how much they judge others (Stantcheva, 2022). Face saving language gives respondents an “out” to admitting to a socially sensitive belief or behavior. In our survey, we randomize language that (1) encourages respondents to provide their opinion, (2) reminds respondents of the confidentiality of their responses, (3) both, or (4) neither. If the level of responses differs across these four groups, this suggests the presence of SDB and gives an estimate of its magnitude.

Across the full sample, neither the confidentiality nor the opinion language has a significant effect on levels of stigmatization. The opinion prompt increases reported levels of stigmatization for Republicans and Independents, but has no detectable effects for Democrats, as shown in Figure B.5. These results suggest that, if anything, levels of stigmatization among Republicans and Independents may be higher than what we find here.



(a) Full sample



(b) Split by political affiliation

Figure B.5: Test for social desirability bias using face-saving prompt language

Notes: Graphs show test of social desirability using face-saving language prompts. Respondents were randomized equally across four groups: *Confidentiality*, *Opinion*, *Both*, and *No prompt*. For the *Confidentiality* group, we assured respondents that their responses would remain confidential. For the *Opinion* group, we encouraged respondents to provide their own opinion. The *Both* group received both prompts, and the *No prompt* group received no additional prompts. Regressions include wave and SNAP participation strata as well as experimental group dummies.

C Potential Social Settings for Stigma

Our survey asks respondents about different social groups or settings where stigma might matter for SNAP participants and applicants. Figure C.1(a) shows current and past SNAP recipients' assessments of the likelihood that their SNAP participation status will be observable in six different social settings.³² Figure C.1(b) shows the same respondents' assessments of the likelihood that people in those settings who observe their SNAP participation will judge them negatively.

We find that grocery stores are settings where individuals anticipate experiencing stigma associated with SNAP participation. 90 percent of current and past SNAP participants believe that grocery store cashiers probably or definitely know their SNAP status. Meanwhile, over one third of current and former participants believe that a grocery store cashier would view them very or somewhat negatively. Almost 40 percent of current and past participants believe that other grocery store shoppers probably or definitely know their SNAP status; more than 50 percent believe that other grocery store shoppers would judge them negatively if they observed them using SNAP.

These survey findings provide evidence that the grocery store is a setting in which individuals may face stigma costs related to real or perceived negative social image. Qualitative responses to our survey and interviews add color to these findings: in Appendix G we transcribe quotes in which SNAP participants reported going to great lengths to hide their SNAP status at the grocery store, including covering up their EBT card in the checkout line, using the self checkout when available, and avoiding stores where participants have had negative experiences with cashiers.

Other social settings appear less important for stigma concerns. An important potential setting is the SNAP benefits office. All SNAP applicants are required to participate in an interview with a caseworker in-person or over the phone.³³ Indeed, 90 percent of current and past SNAP participants believe that SNAP office workers probably or definitely know their SNAP status. There is a robust qualitative literature documenting negative interactions with case workers and hypothesizing that case worker interactions may play an important role in individuals' decisions to participate in programs like SNAP (Schram et al., 2009; Watkins-Hayes, 2009; Masters, Lindhorst and Meyers, 2014). Negative interactions with a case worker in one period may have lasting effects on trust and engagement in the future. Some individuals in our survey provided written comments that described negative experiences with caseworkers (see Appendix G). However, in our survey, current and past SNAP participants believe that SNAP office workers are less likely

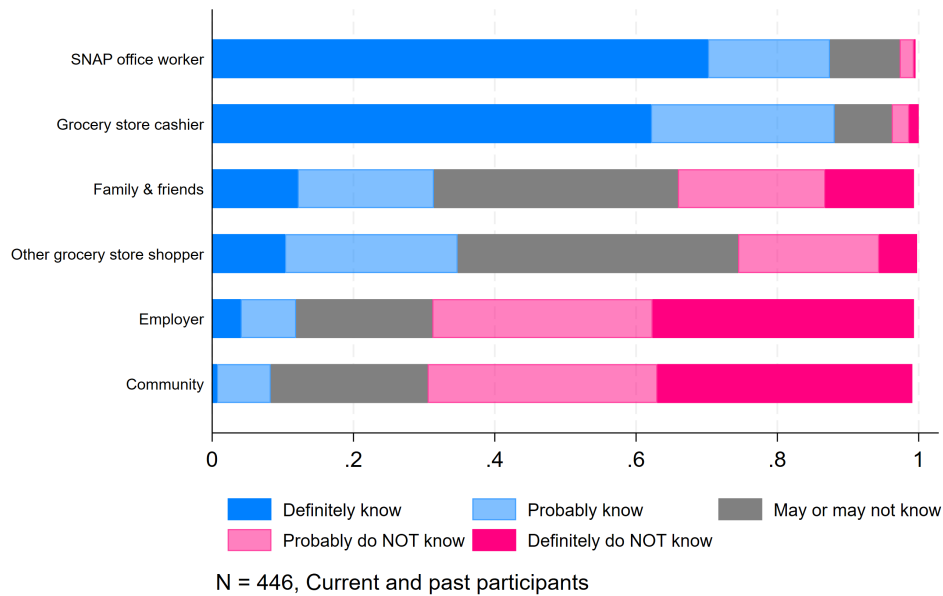
³²We report perceptions of visibility for current and past participants because these individuals—who have experience with SNAP—likely have a more realistic and accurate perception. However, on average, perceptions of visibility do not differ meaningfully across individuals with differing levels of experience with SNAP.

³³This requirement was paused in some states during the COVID-19 pandemic.

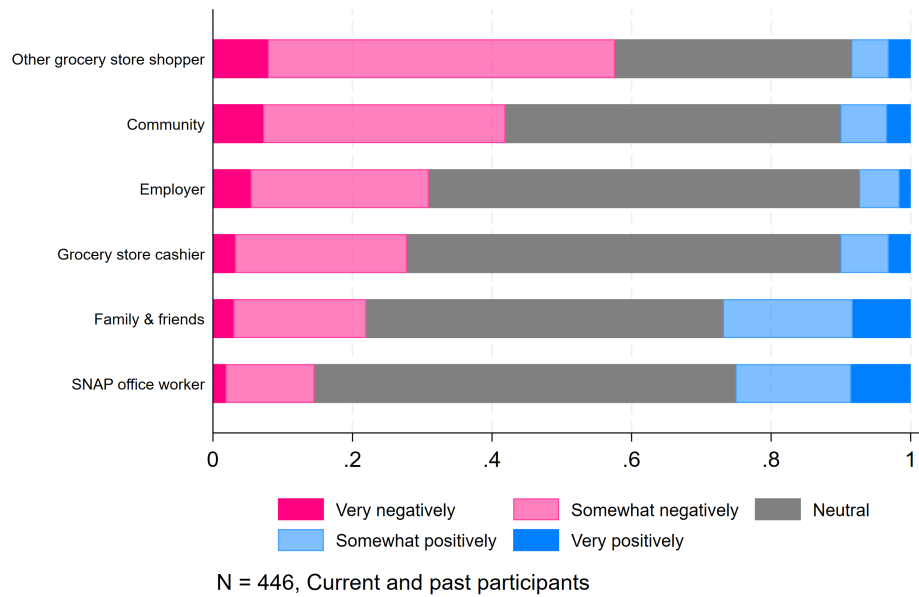
to judge them negatively than all other social groups, including their family and friends. Most current and past SNAP participants believe that SNAP office workers will judge them neutrally, although non-White current participants are around 4 percentage points (47 percent) more likely to expect negative judgment from caseworkers.

Respondents also vary in how visible they think their SNAP status is to other social groups. Over 40 percent of respondents believe that both employers and other community members would judge them negatively if they knew their SNAP status, but most participants think that they are able to conceal their SNAP status from these individuals. Very few survey respondents who have experience participating in SNAP believe that their family and friends would view them positively if they knew they were receiving SNAP, but most believe their family and friends would be neutral about their participation.

Overall, we found that grocery stores were a key setting where participants anticipated stigma because their participation could be revealed to store cashiers and other shoppers. This suggests that reducing the visibility of benefit use when grocery shopping may reduce administrative burden and psychological costs among food assistance participants beyond SNAP. Possible policies include changing benefit cards to look more like traditional debit cards and increasing the availability of self-check-out lanes and online purchasing with benefits.



(a) Perceived knowledge

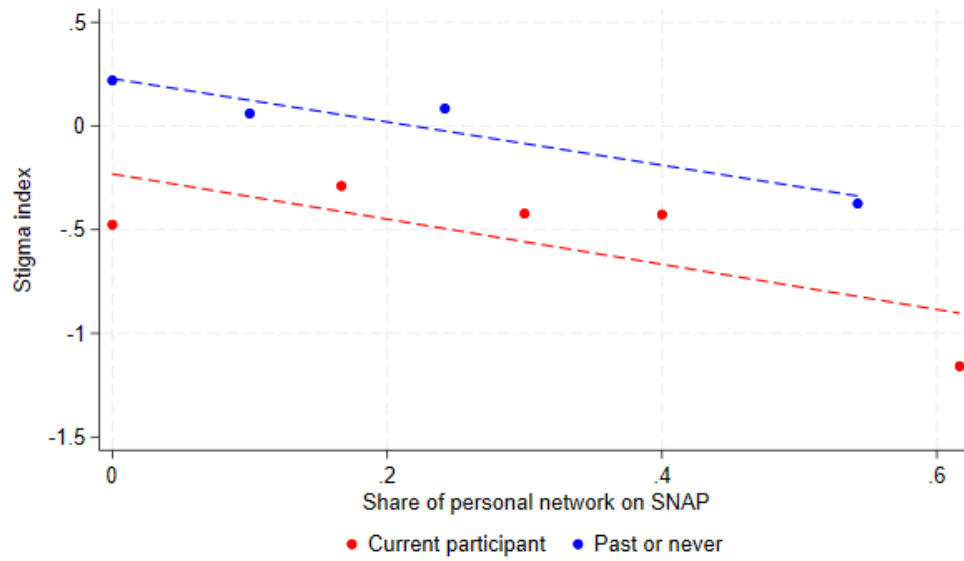


(b) Perceived judgment

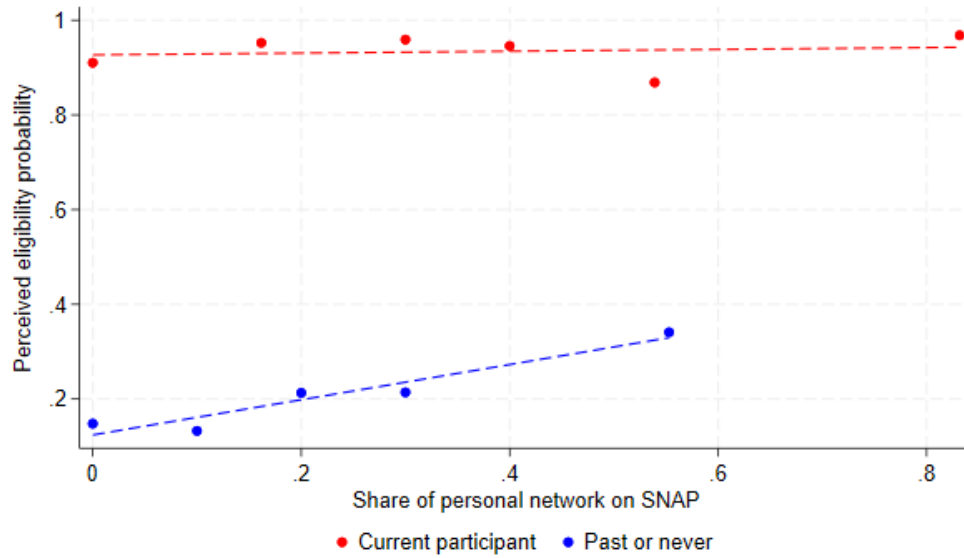
Figure C.1: Perceived visibility and judgment of SNAP status to six social groups

Notes: Graphs show the share of respondents answering in each of the indicated categories for each of the six social groups. The sample of respondents is limited to those who have participated in SNAP, either currently or in the past who pass the pre-registered inclusion criteria.

D Social Networks and SNAP Take-up



(a) Stigma



(b) Perceived eligibility probability

Figure D.1: Personal networks, stigma, and perceived eligibility probability

Notes: Graphs show binned means of the outcome by the respondent's reported share of close family and friends who have ever participated in SNAP. The outcome is the respondent's perceived likelihood of being eligible for SNAP. The sample includes respondents who pass the pre-registered inclusion criteria.

	Perceived eligibility prob.		Expected benefits (\$)		Clicked screener	
Personal network share	0.133*** (0.044)	0.237*** (0.071)	48.9** (19.4)	63.0** (28.2)	0.069 (0.044)	0.170** (0.085)
Personal network share X Past SNAP		-0.086 (0.103)		-30.7 (35.7)		-0.130 (0.119)
Personal network share X Current SNAP		-0.280*** (0.092)		-12.6 (75.0)		-0.201** (0.096)
Local network share	0.445 (0.369)	0.582 (0.379)	127.1 (146.7)	161.7 (152.7)	-0.772* (0.427)	-0.653 (0.485)
Local network share X Past SNAP		-0.266 (0.347)		-94.0 (135.6)		-0.103 (0.323)
Local network share X Current SNAP		-0.056 (0.316)		54.2 (159.0)		-0.235 (0.332)
Past SNAP	0.060*** (0.022)	0.100* (0.052)	4.1 (8.0)	23.1 (18.0)	-0.031 (0.023)	0.000 (0.051)
Current SNAP	0.586*** (0.026)	0.658*** (0.054)	122.5*** (13.3)	115.6*** (29.0)	-0.101*** (0.025)	-0.027 (0.053)
Control mean: Never SNAP	0.148	0.148	36.7	36.7	0.089	0.089
R-squared	0.671	0.674	0.395	0.396	0.122	0.126
N	1159	1159	1159	1159	1159	1159
Experimental controls	N	N	N	N	Y	Y

Table D.1: Mechanisms of network effects: perceived eligibility

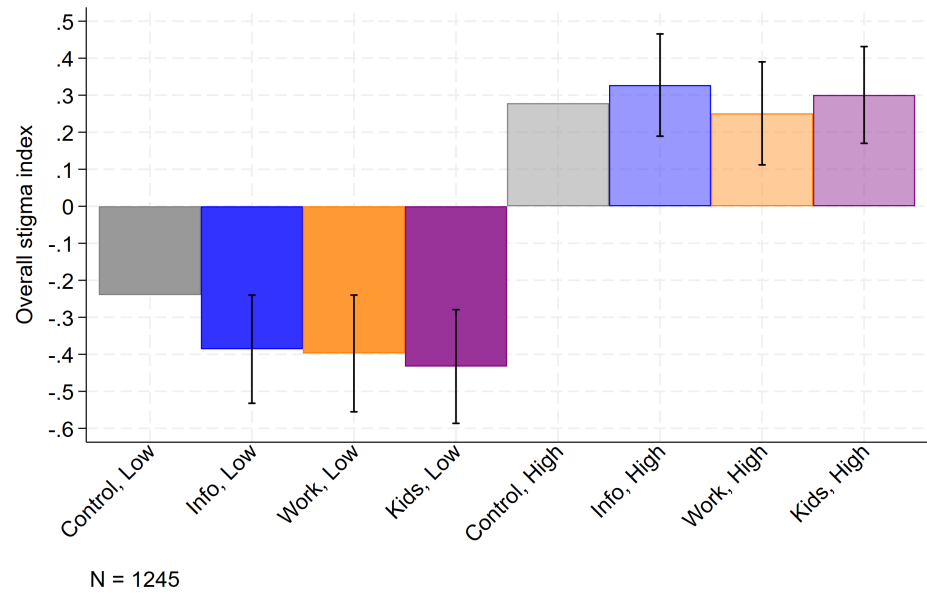
Notes: Perceived eligibility probability is the respondent's answer to the question of how likely they think they are eligible for SNAP. Expected benefit amount is the perceived eligibility probability times the respondent's perceived maximum SNAP benefit amount, divided by the respondent's household size. Clicked screener is a dummy for whether the respondent clicked the link for the eligibility screener. The table shows regressions of these measures on personal and local network shares. Personal network is the share of the respondents' 10 closest family or friends who use SNAP. Local network is the fraction of individuals in a county who are enrolled in SNAP. The sample includes respondents who pass the pre-registered inclusion criteria across all experimental groups. All regressions include demographic controls, county-level controls, and state fixed effects.

	Overall stigma index		Social stigma index		Self stigma index	
Personal network share	-0.522*	-0.869*	-0.236	-0.737	-0.809***	-1.000**
	(0.274)	(0.462)	(0.311)	(0.570)	(0.299)	(0.471)
Personal network share X Past SNAP		0.708		0.936		0.480
		(0.601)		(0.735)		(0.626)
Personal network share X Current SNAP		0.048		0.404		-0.309
		(0.772)		(0.978)		(0.770)
Local network share	0.184	-0.703	-1.607	-2.238	1.975	0.831
	(2.663)	(2.904)	(3.080)	(3.415)	(2.733)	(3.065)
Local network share X Past SNAP		-0.745		-0.866		-0.623
		(2.184)		(2.708)		(2.180)
Local network share X Current SNAP		2.212		0.844		3.580
		(2.916)		(3.316)		(3.077)
Past SNAP	-0.048	-0.088	-0.300*	-0.373	0.204	0.197
	(0.140)	(0.332)	(0.171)	(0.410)	(0.144)	(0.343)
Current SNAP	-0.546***	-0.790*	-0.660***	-0.799	-0.432**	-0.781*
	(0.190)	(0.427)	(0.233)	(0.497)	(0.194)	(0.421)
Control mean: Never SNAP	0.148	0.148	0.214	0.214	0.081	0.081
R-squared	0.494	0.502	0.505	0.511	0.492	0.500
N	275	275	275	275	275	275
Experimental controls	N	N	N	N	N	N

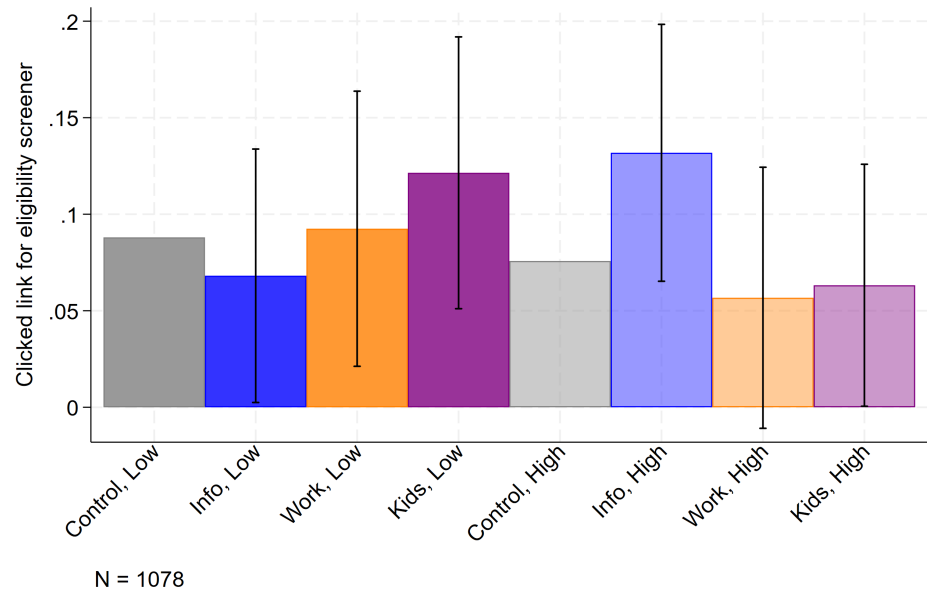
Table D.2: Mechanisms of network effects: stigma reduction

Notes: See text for definition of indices. Regressions of stigma on personal and local network shares. Personal network is the share of the respondents' 10 closest family or friends who use SNAP; this ranges from 0 to 1 with a mean of 0.17. Local network is the fraction of individuals in a county who are enrolled in SNAP; this ranges from 0 to 0.35, with a mean of 0.13. The sample includes respondents who pass the pre-registered inclusion criteria and are assigned to the control group. All regressions include demographic controls, county-level controls, and state fixed effects.

E Other Pre-Registered Analyses

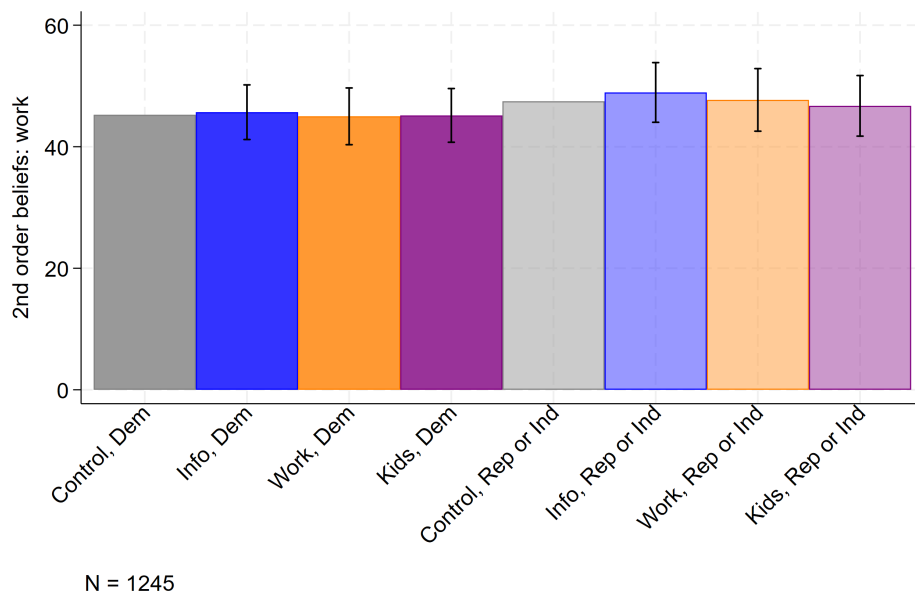


(a) Stigma index

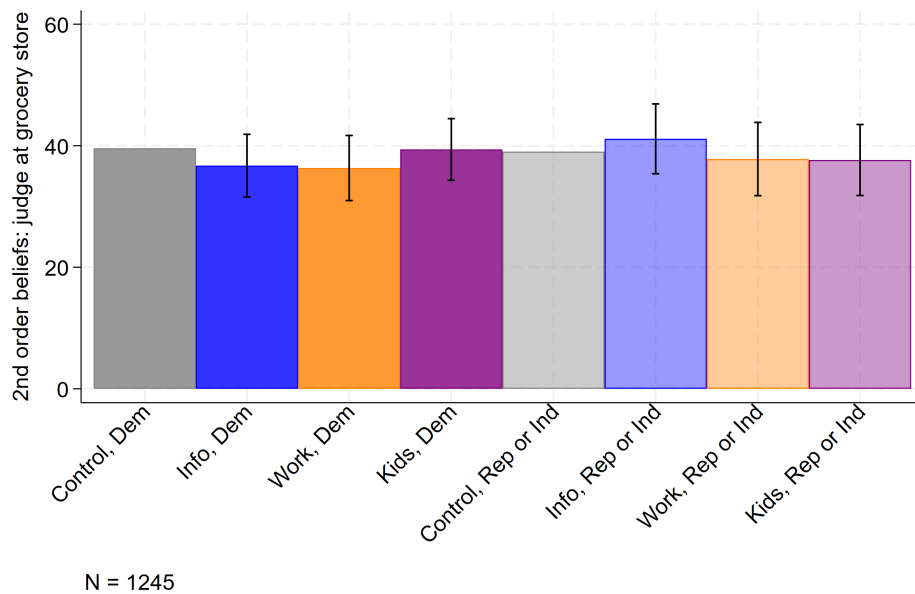


(b) Clicked screener

Figure E.1: Interventions by Initial Levels of Perceived Judgment

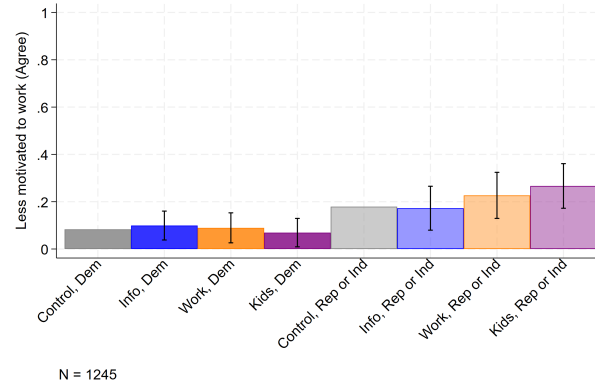


(a) Work question

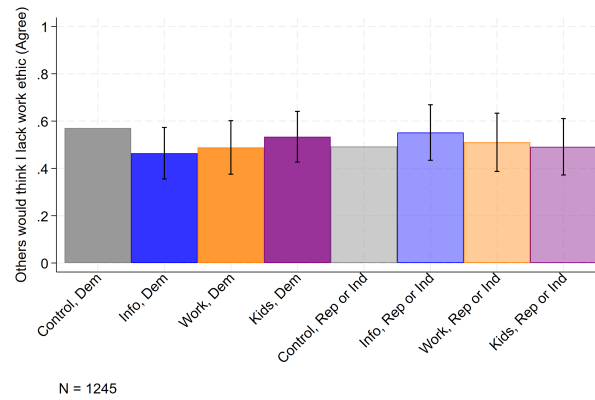


(b) Grocery store question

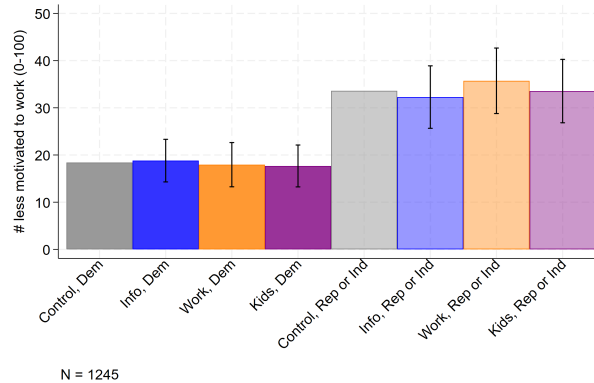
Figure E.2: Interventions and Second-order Beliefs



(a) Share agreeing that participating in SNAP would make them less motivated to work.



(b) Share agreeing that others would think I lack work ethic



(c) Perceived number of SNAP participants who are less motivated to work because they receive SNAP

Figure E.3: Effects of Interventions on Work-related Questions

Notes: The sample includes respondents who pass the pre-registered inclusion criteria. The reported outcome is the share of respondents who agree that participating in SNAP would make them less motivated to work (Panel (a)), the share who agree that others would think they lack work ethic if they participated in SNAP (Panel (b)), and the perceived percent of SNAP participants who are less motivated to work because they receive SNAP (Panel (c)).

F Data Appendix

Sources for U.S. Population Figures in Table 1

- Educational attainment source: <https://www.census.gov/newsroom/press-releases/2023/educational-attainment-data.html>.
- Disabled data source: <https://www.census.gov/quickfacts/fact/table/US/HCN010217>.
- Retired data source: <https://www.statista.com/statistics/194295/number-of-us-retired-workers-who-receive-social-security/>.
- Full time data source: <https://www.statista.com/statistics/192361/unadjusted-monthly-number-of-full-time-employees-in-the-us/>.
- Part time data source: <https://www.statista.com/statistics/192342/unadjusted-monthly-number-of-part-time-employees-in-the-us/>
- Looking for work data source: <https://www.bls.gov/news.release/pdf/empisit.pdf>.
- FPL data source: <https://www.census.gov/quickfacts/fact/table/US/HCN010217>
- SNAP data source: USDA SNAP data tables <https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap> and U.S. Census.
- Political affiliation data source: GSS 2022 <https://gssdataexplorer.norc.umd.edu/variables/141/vshow>

G Qualitative Evidence about Experiences of Stigma

G.1 Preliminary qualitative interviews

Before we designed the survey, we conducted semi-structured interviews with SNAP recipients and social workers to learn about participants' experiences of stigma and to generate compelling messaging interventions. We recruited interviewees from an organization that provides wrap-around support services for formerly incarcerated individuals. We interviewed four current or former SNAP recipients and six staff members who connect participants with employment opportunities and social services, including SNAP. Both sets of interviewees included men and women.

Common themes emerged from these interviews that informed our hypotheses, survey questions, and interventions.³⁴ First, participants emphasized the importance of working to provide for themselves and a sense of pride that might create reluctance to receive benefits. Second, both participants and social workers reported that using SNAP benefits to help provide for children was generally viewed as a legitimate reason to enroll. Third, the interviews highlighted participants' concern about social judgments from peers, family members, and community members if they found out about their SNAP receipt. Finally, SNAP participants indicated an aversion to using benefits if they felt they were taking them away from others who needed them more.

Program staff reported using messaging that they found anecdotally successful in encouraging individuals to overcome these barriers to SNAP participation. They emphasized value of additional, non-food benefits from some states' SNAP Employment and Training programs, including money for transportation and clothes for job interviews. More generally, staff reported that the message of SNAP benefits freeing up money for shelter and job seeking costs was compelling to potential recipients.

G.2 Qualitative evidence about stigma and SNAP

Qualitative evidence from our interviews and open-text responses to our survey suggests stigma affects SNAP participants' shopping behavior when purchasing in-store.

Cashiers announcing a customer's SNAP status; EBT card looks different; EBT payment takes longer:

"I don't particularly like [the EBT card] because it's different from a credit card, you have to use a different machine and the card...it just looks different. So when you're in the line and there's customers

³⁴These themes are echoed in other qualitative and survey work released around the time we completed our interviews (Carper, 2022; Amaral and Gonzales, 2022; Avila et al., 2021).

behind you and you're dealing with the cashier, you know, like everyone, the whole world's announced that, 'Hey, this guy's on benefits.' He has to use a whole 'nother machine to process his payments. I don't think that's necessary. I think there should be a way that you can process the funds off the same machine as the credit card machine. And then change the card to look like any other credit card, like don't, you know, put a person on front street and like just broadcast to the whole grocery store that I'm on benefits, cuz it's really no one else's business."

Former SNAP participant, from interviews we conducted

Cashier treats participant with less respect:

"I do notice that some cashiers or whatever will kind of treat you with a different set of respect. Like they'll treat you differently because they feel like, I guess, you're just a...person on the bottom. I don't like that. I have noticed that a couple times, like, you know, if I go in there and spend my credit card and it's black, you know, 'Hey Mr. Such-and-Such, good morning,' you know, everything is professional and up the standard, and how it should be, you go in there with your EBT card, but, 'Hey, you guys accept EBT or,' 'Oh, it's right there'. You know, now they think they can just talk to you crazy. You know, just handle you, the, the attitude that's portrayed to you is different than the attitude that's portrayed when you present a credit card, you know, I have noticed that, but it, it didn't bother me. It does bother me. It does because it's not right. But not to the point where I wouldn't use it because I'm not gonna let pride stand in the way of the greater goal...I noticed it 'cause I make purchases and if I use cash or credit card, the atmosphere is slightly different than when you go in there with the EBT card...the hospitality is not as warm, I guess. And not to say all the time or on a consistent basis, but I've seen it before."

Former SNAP participant, from interviews we conducted

Quotes from our survey respondents:

- *Hiding card*: "When I was on snap I often would not hold my card in any way where people could say [see] it"
- *Hiding card*: "I try to hide my card and some people get upset at what I buy [w]ith the snap benefits."
- *Judgement from cashiers and other shoppers*: "My experience pre-dated the change in terminology to 'SNAP'; it was Food Stamps, at the time. I believe the overt negativity that was very prevalent during that time has been reduced. The general public, including cashiers, appear to be either more accepting, or a least very much more quiet if they judge/disapprove. During my time, I actually had cashiers or a customer behind me in line, tell me I shouldn't be buying pork chops-I should be getting

franks and beans, and they were harsh and nasty about it...just an example that happened many times...including telling me to 'get a job, you look like you can work' etc."

- *Self checkout*: "I am a longtime self-checkout user, but I have never had a negative experience with a cashier."
- *Online shopping*: "I'm not sure my experience with SNAP is typical of others, as I avoid grocery shopping in person and get everything I can online (at places that accept my SNAP card)... With this being the case, I haven't really experienced some of the disdain that I know a lot of SNAP users do. A family member who has also had to rely on SNAP benefits in the past told me that cashiers were routinely rude to her, and even other family members made disparaging comments about her receiving benefits."
- *Caseworker, negative*: "I can't convey to you how badly the woman at the food stamp office worked to make me and everyone else applying feel humiliated, and like we were trying to get away with something. I know this was part of the policy at the time under Reagan. It still revolts me so much I almost get sick thinking about it."
- *Caseworker, positive*: "Thankfully my experience has been mostly positive with applying and with the people who work at the SNAP offices."
- *Fear of judgment*: "My family previously declined SNAP benefits when my husband was out of work. This was 100% due to the thought of being judged."
- *Hassle*: "The whole process is embarrassing."
- *Guilt*: "I only had to receive benefits for a short time when I was pregnant and alone. This survey brought back some of the negative feelings I felt at that time which was over 40 years ago. I still feel guilty that I had to apply for help."
- *Switch from food stamps to SNAP*: "SNAP is much better than years ago when the food stamps that were actual paper coupons. That system was very embarrassing for those using them."