

Ending the Stigma that Affects Senior Benefits Enrollment: Closing the CalFresh Participation Gap

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Agenda



- Context: The Low-Income Medicare Population Nationally, & in California
- CalFresh & Senior Participation
- Stigma & Benefits Access
- What the Research Says About Effective Outreach
- Strategies to Increase Senior CalFresh Enrollment
- Resources

About NCOA



Our Mission:

Improve the lives of millions of older adults, especially those who are struggling

Our Social Impact Goal:

Improve the health and economic security of 10 million older adults by 2020



National Council on Aging

Center for Benefits Access



- Funded by the U.S. Administration for Community Living (HHS)
- Helps community-based organizations find and enroll seniors and younger adults with disabilities with limited means into benefits programs for which they are eligible
- Medicare Improvements for Patients and Providers Act (MIPPA) Resource Center
- ncoa.org/centerforbenefits



Low-Income Older Adults in the U.S.



- Nearly 19% of single older adults are living below the Federal Poverty Level (FPL)
 - Another 34% live in “the gap” between poverty and economic security
- In 2014, Medicare households spent on average \$5,342 on their health care over the year
- In 2013, 9.6 million older Americans faced the threat of hunger, representing 15.5% of adults aged 60+ in the U.S.

Low-Income Medicare Population in CA

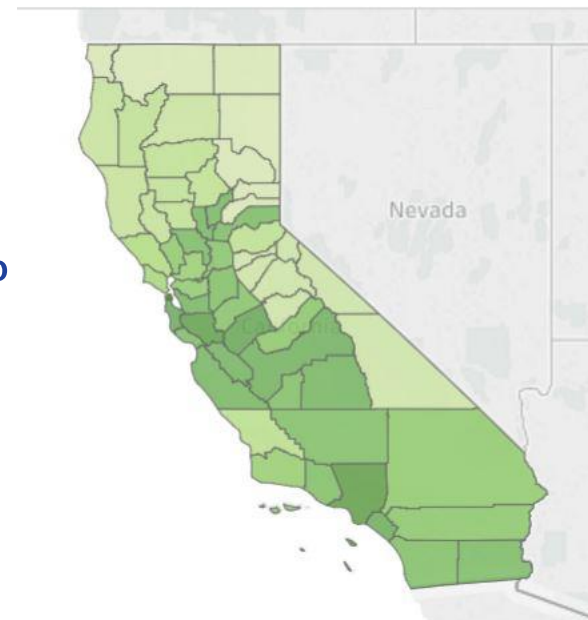


- Currently over 5.6 million people with Medicare in CA
 - 86% qualify based on age; 14% on disability
- 11% of CA Medicare beneficiaries have incomes below the Federal poverty level (FPL)
- Another 23% have incomes between 101-200% FPL
- Many have concurrent needs: limited English proficiency, disability/difficulty

California & LEP Medicare Population



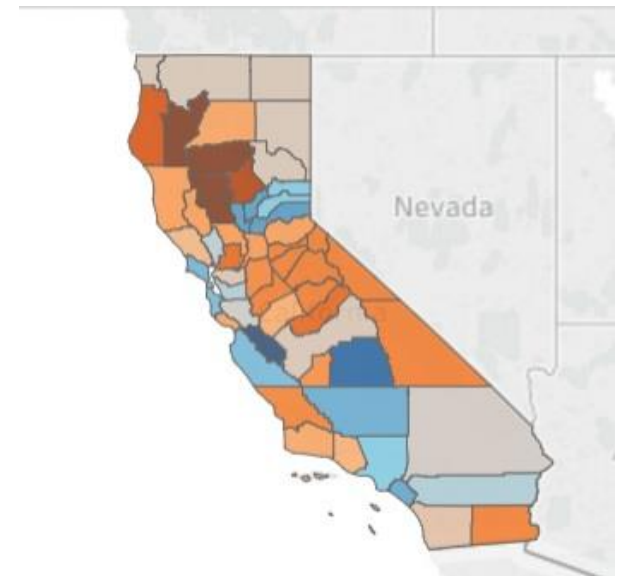
- In most CA counties, more than 1 in 5 low-income Medicare beneficiaries has limited English proficiency
 - San Francisco County has nearly 60%
 - 35.9% of LEP Medicare beneficiaries speak Spanish
 - www.ncoa.org/lepmap to see your county & language



California & Disabled Medicare Beneficiaries



- Self-reported disability/difficulty is high among low-income Medicare beneficiaries in CA
 - Highest in northern counties, where most common difficulty is ambulatory
 - Hearing disability highest in Madera
 - www.ncoa.org/disabilitymap for county info & type of disability



Senior SNAP Participation in the U.S.



www.ncoa.org/snapvisualization

- Only 2 in 5 seniors (age 60+) eligible for SNAP are enrolled
 - Data from USDA Food and Nutrition Service for years 2002-2012
- Seniors in large and more rural states less likely to be enrolled
- California has lowest % of seniors enrolled of all states
- Massachusetts had highest increase in enrollment over a decade: from 16% to 60.9%
 - Simplified application
 - Created statewide call center
 - Implemented standard medical expense deduction
 - Extended certification period

Closing the CalFresh Senior Participation Gap

Alexis Fernández
Chief, CalFresh Policy Section
California Department of Social Services
CWDA 2016 Conference
Thursday, October 6, 2016

Department of
SOCIAL SERVICES

CDSS

CalFresh 101

- CalFresh, known Federally as the Supplemental Nutrition Assistance Program (SNAP), provides low-income households with monthly benefits to purchase food.
- SNAP is administered by USDA. At the state level, CalFresh is administered by CDSS and California's 58 counties have local administrative authority.
- CalFresh benefits are 100% federally funded and benefits are a federal entitlement.
- Currently, CalFresh serves nearly 4.5 million individuals providing more than \$ 7.5 billion in CalFresh benefits annually.

Why CalFresh?

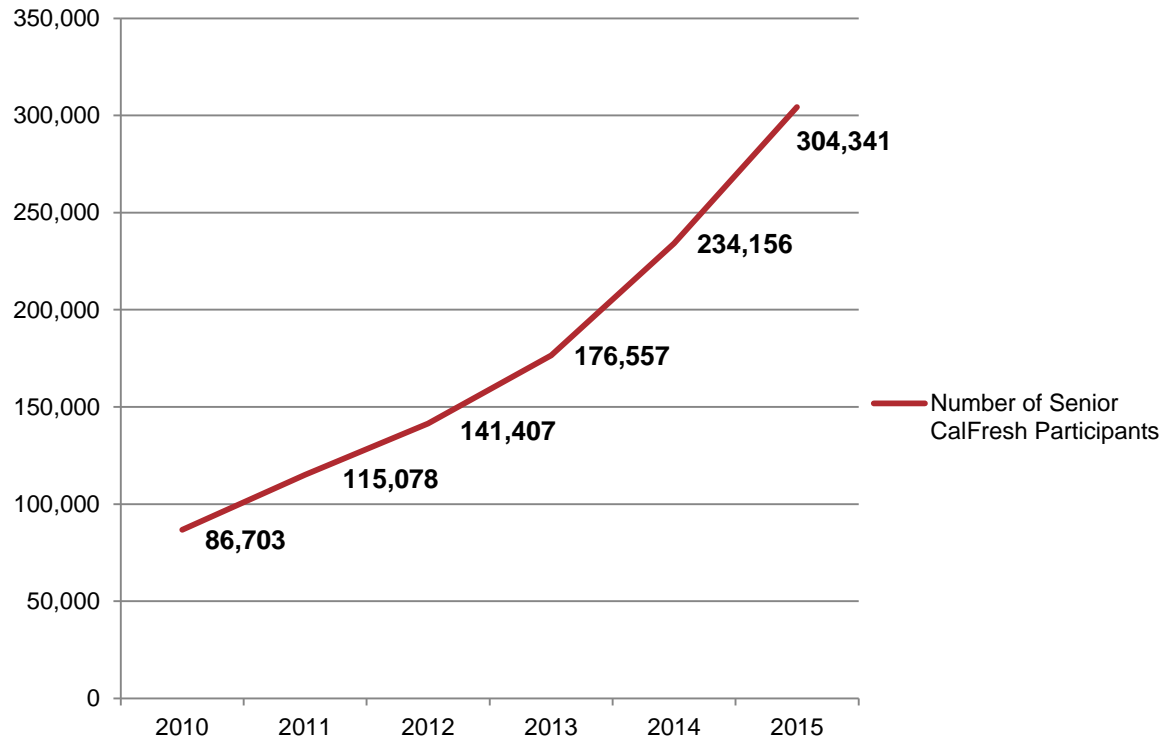
- Seniors often rely on fixed incomes and have substantial medical expenses that heavily impact monthly budgets.
- There are consequences to food hardship among seniors, including poorer diet quality and increased hospitalization and mortality.
- As the senior population continues to grow, ensuring adequate nutrition becomes a growing challenge.
- Unlike other senior nutrition programs which may be subject to budget constraints, CalFresh, as an entitlement program, has the potential to support all seniors in need.
- In combination with other benefits, CalFresh can support the economic security, overall health and well-being of California Seniors.

CalFresh Senior Participation

- Following national trends, California's senior participation has increased significantly since 2008.
 - Between 2008 and 2013 California was one of six states in which senior participation increased by more than 150%.
- By 2015, we more than tripled our 2008 caseload.
- Regardless of these significant caseload increases, California's average percentage of senior participants continues to be one of the the lowest in the country.
- California's FY 2012 participation rate among eligible Seniors was 18%; nearly 7 percentage points lower than the next lowest state.

Reference: <https://www.mathematica-mpr.com/our-publications-and-findings/publications/state-trends-in-supplemental-nutrition-assistance-program-eligibility-and-participation-among>

CalFresh Senior Participation



CalFresh Senior Characteristics

Participating Seniors

- 66% live in one person households
- 68% live in households with gross income at or below 100% FPL
- 46% receive Social Security averaging \$984 per month

Eligible Seniors

- 65% live in one person households
- 44% live in households in poverty
- 76% live in households with Social Security averaging \$959 per month

CalFresh Senior Benefit Amounts

Participating Seniors

- 10% of Seniors received the minimum benefit
- 32% of Seniors received the maximum benefit
- \$158 average monthly benefit

Eligible Seniors

- 37% of Seniors would receive the minimum benefit
- 20% of Seniors would receive the maximum benefit
- \$114 average monthly benefit

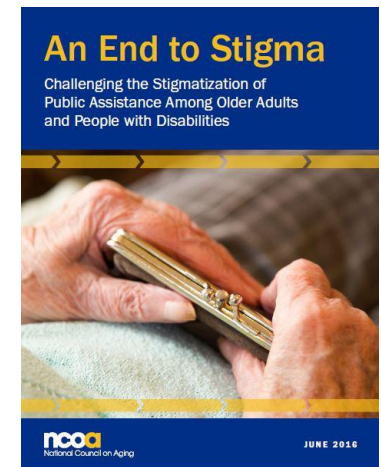
Barriers to Participation

- Stigma
- Program myths & misinformation
- Isolation
- Mobility & transportation
- Technology
- Limited English proficiency
- A burdensome application process
- Others?

Countering Benefits Stigma



- Interviews with ~40 benefits counselors
- Very little stigma associated with programs from Social Security, Medicare
- Found heavy stigma around Medicaid, SNAP (CalFresh) benefits
- Issue brief includes suggested messages to counter stigma
- www.ncoa.org/stigma



Factors Related to Stigma



- Characteristics of older adults who more/less likely to face stigma:
 - Age: Those born before/during Great Depression less likely to seek help
 - Residence: Struggling seniors who live in seemingly affluent areas don't apply for fear they'd be singled out/known in community
 - Disability: Adults with long-term disabilities experience less internal stigma

Techniques for Fighting Stigma: Counselors



- Counter the deserving vs. undeserving narrative
 - Emphasize that people pay into these benefits when working
- Correct misconceptions
 - Medicare Savings Programs are not subject to estate recovery
 - Not everyone just gets the minimum CalFresh benefit
- Focus on economic landscape
 - Many older adults saw their savings reduced during economic downturn
 - Many in your community are also getting help
- Demonstrate the value of a benefit
 - Freeing up income for other priorities, e.g., grandchildren
 - Minimum CalFresh benefit: You wouldn't discard a coupon for that,

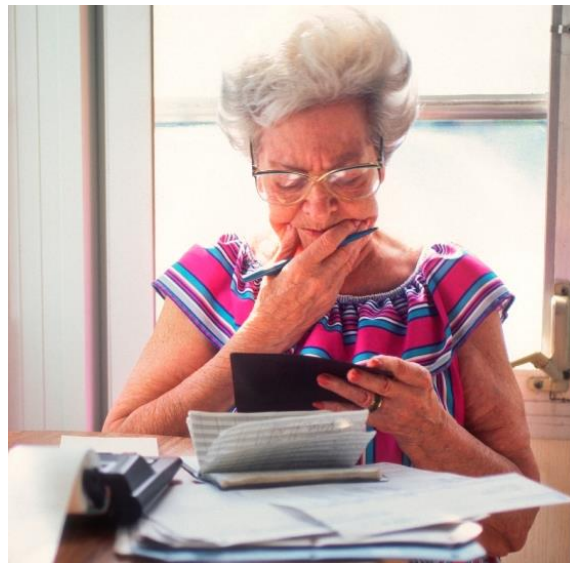
What the Research Says



- NCOA engaged M+R/Perry Udem to research what concepts, messages, and outreach venues work best with the target MIPPA population
- Methodology: Interviews with benefits counselors, focus groups with older adults, national telephonic survey
 - Telephone survey of 1,014 adults aged 60+ with incomes below 250% FPL
 - Asked about knowledge of benefits programs, interest in programs, and tested messages
 - Analyzed by subsets of geography and some demographic characteristics

Key Findings: Barriers to Applying

- Lack of awareness about programs (including who they were for)
- Assumption that a lot of paperwork is involved
- Don't know where to begin
- “Other people need more help than me”



Key Findings: Top Messages



- “Help for people on fixed incomes is important because the cost of living goes up, but our incomes do not.”

- Other key messages that resonate:
 - Money for groceries can make it easier to eat healthy food and prevent getting sick
 - Help with prescription drugs can save up to \$4,000/yr
 - Financial help from benefits can mean less worry and stress about making ends meet

Key Findings: Getting the Message

- Top trusted messengers:
 - Medicare & Social Security office
 - Doctor/nurse
 - Local aging agency
 - Partner/spouse

- Top sources of news:
 - Local TV news
 - National TV news
 - Local newspaper
 - Internet news site



Key Outreach Strategies



- Emphasize fixed income in communications—and how benefits help alleviate some of the stress and worry about living on a limited budget
- It's important to proactively address concerns about the process: how to apply, what paperwork is involved, where to get help
- Be explicit about eligibility guidelines; seniors don't want to waste time applying if they're not eligible

Strategies

Senior Waiver Package

Federal ESAP waivers for elderly/disabled HHs with no earned income:

- Extend the certification period from 24 months to 36 months;
- Waive the recertification interview requirement; and
- Make use of data matched to reduce client-provided verification.

Additionally, CA will request for elderly/disabled HHs with earned income:

- Extend the certification period from 24 months to 36 months.

Strategies

Standard Medical Deduction (SMD)

- CDSS is considering the option; currently estimating impact and costs.
- SMD demonstration projects allow elderly/disabled households to deduct a standard amount (representing average medical expenses) from all eligible HHs that demonstrate expenses over \$35 a month.
- A SMD can benefit both participants and administrators, as it simplifies the process for both and may encourage households to provide evidence of expenses.
- A SMD tends to increase utilization of the deduction and boosts monthly benefits for eligible households.
- **Trade-offs:** significant benefit increase and administrative simplification for some, small benefit cut for others.

Strategies

End SSI Cash-Out

- CDSS is reconsidering this policy option; currently estimating impact and costs.
- California is the only state with a “cash-out” policy which prevents SSI recipients, who may be otherwise eligible, from receiving CalFresh.
- **Trade-offs:** many households would experience a positive benefit increase, while a smaller number would be negatively impacted.
 - Significant influx of federally-funded benefits for low-income elderly/disabled households; likely SSI-only households with no earned income.
 - Loss of eligibility or benefit decrease for some low-income households with a mix of SSI and non-SSI members.
- Maximize participation and mitigate harm.

Strategies

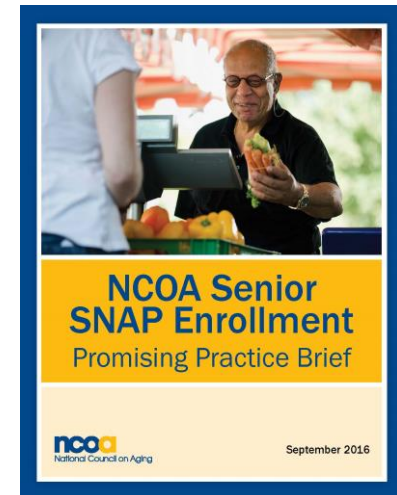
Senior Marketing/Outreach Efforts

Examples:

- Senior focused messages and outreach efforts
- Senior focused eligibility unit
- Senior focused application
- Engaging trusted community partners as messengers
- Others?

Explore More

- Promising practices in benefits outreach:
www.ncoa.org/centerforbenefits/promising-practices/
- Outreach & enrollment tools:
<https://www.ncoa.org/economic-security/benefits/food-and-nutrition/senior-hunger-snap/snap-outreach-enrollment-tools/>
- Best practices/promising strategies:
www.ncoa.org/SNAPhandbook
www.ncoa.org/SNAPpromisingpractices
- BenefitsCheckUp® screening tool:
www.BenefitsCheckUp.org



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National Council on Aging

Questions?

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