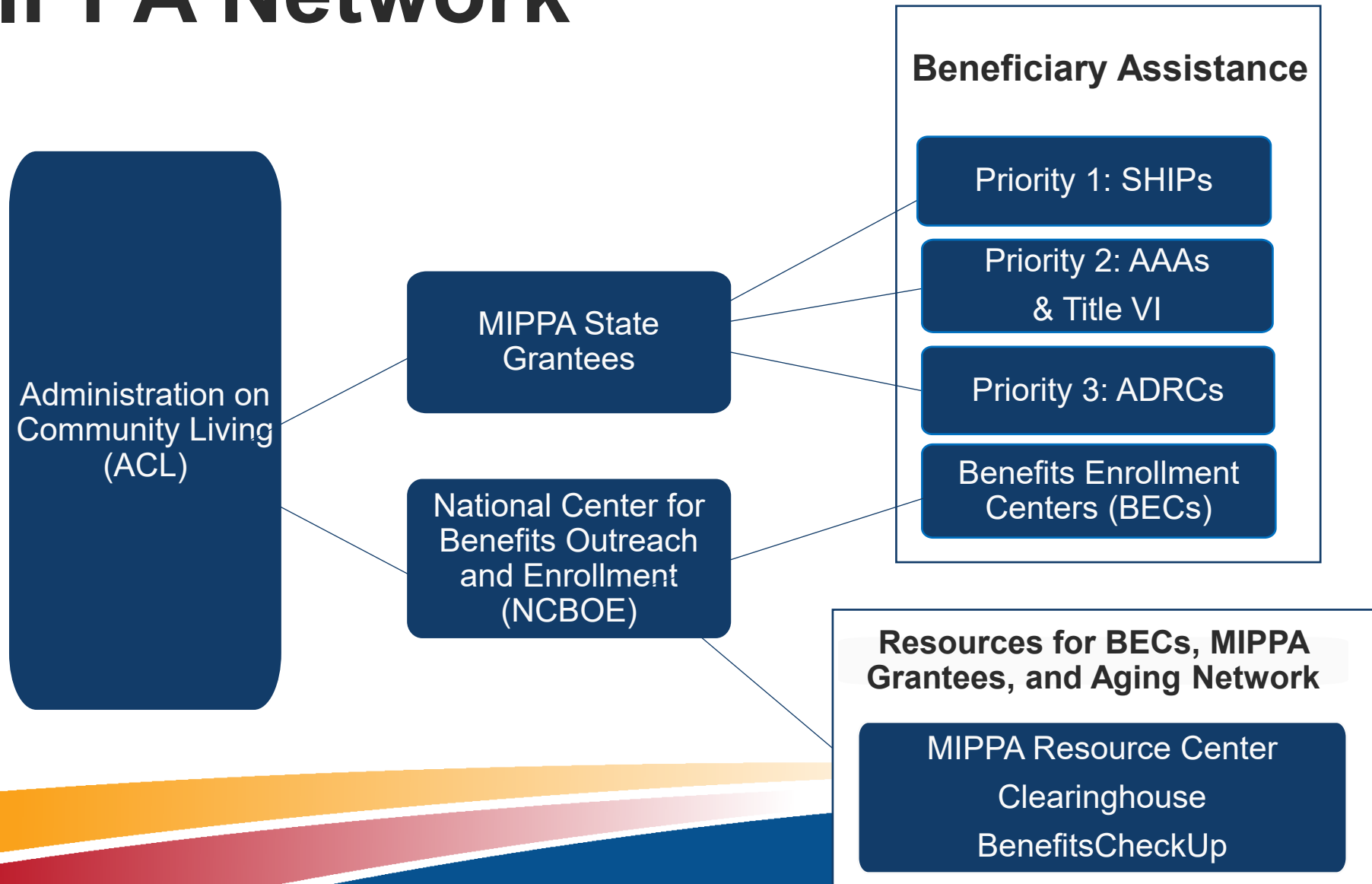# Ensuring Equity and Inclusion in SHIP, SMP and MIPPA Programs

Brandy Bauer, NCOA

Maggie Flowers, ACL

August 30, 2023

MIPPA Network

Administration on Community Living (ACL)

MIPPA State Grantees

National Center for Benefits Outreach and Enrollment (NCBOE)

Beneficiary Assistance

Priority 1: SHIPs

Priority 2: AAAs & Title VI

Priority 3: ADRCs

Benefits Enrollment Centers (BECs)

Resources for BECs, MIPPA Grantees, and Aging Network

MIPPA Resource Center

Clearinghouse

BenefitsCheckUp

Evaluation Overview

- **Purpose:**
  - Assess the current state of the MIPPA program
  - Explore how well the program supports equitable, inclusive, and accessible outcomes through mission delivery
  - Identify specific opportunities for the program improvement

- **Timeline:**
  - Oct. 2020 – Feb. 2022: MIPPA program evaluation & NCBOE equity assessment
  - Apr. 2022 – Oct. 2022: MIPPA equity assessment
  - Nov. 2022 – Mar. 2023: Program recommendation development

Stakeholder Engagement Summary

71 total interviews

MIPPA Equity Assessment

19 interviews:
- 8 state program directors
- 9 state beneficiary experts
- 2 beneficiaries

NCBOE Equity Assessment

24 interviews:
- 8 current BECs
- 8 CBOs who applied but did not receive an award
- 8 CBOs who expressed interest but did not apply

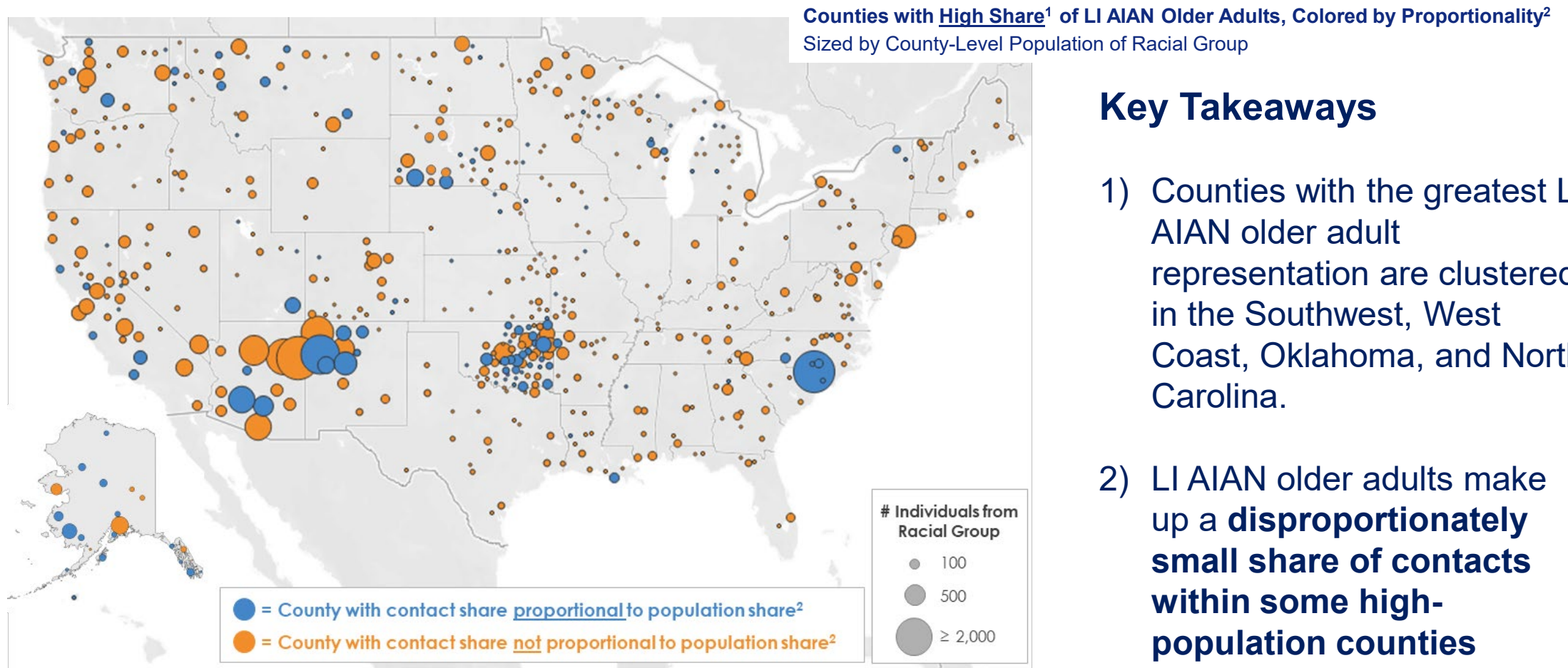### MIPPA Program Evaluation

28 interviews:
- 9 state grantees
- 9 with national advisory group
- 3 BECs
- 1 Title VI Grantee
- 2 CBOs
- 1 Other National SME

Key Findings

- CBOs key to reaching priority populations

- Combine funding streams for reach

- Increase awareness of beneficiaries under 65 as a priority population

- Awareness, not access, is principal barrier

- American Indian/Alaskan Native, Asian, and Hispanic older adults underrepresented

- Engagement with Black older adults was a relative strength

- Outreach in rural areas is relatively spotty

- Certain states lack any counselors who speak needed languages

- Data collection challenges

Low-Income (LI) American Indian/Alaska Native (AIAN) Older Adults Receiving Assistance
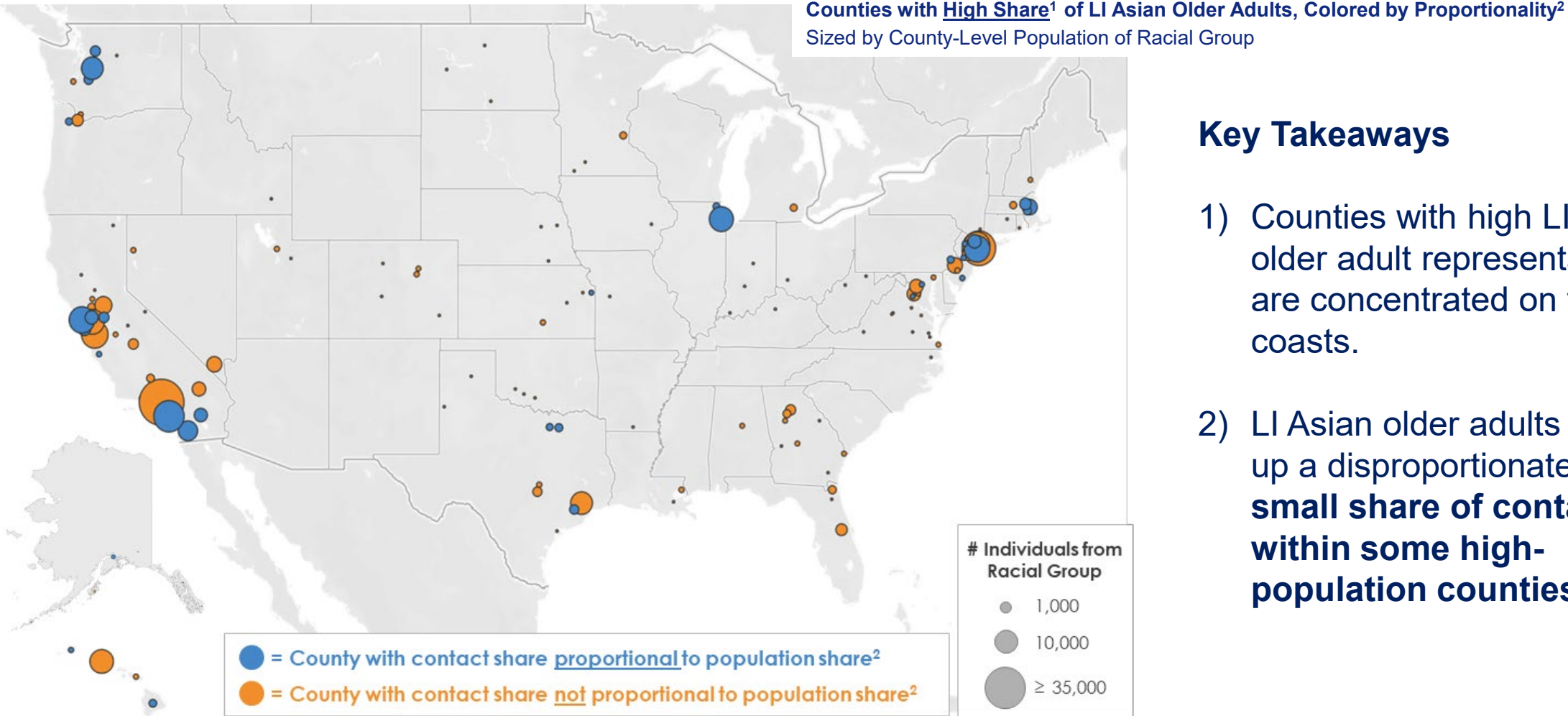
Counties with <u>High Share</u>[1] of LI AIAN Older Adults, Colored by Proportionality[2]
Sized by County-Level Population of Racial Group

● = County with contact share <u>proportional</u> to population share[2]
● = County with contact share <u>not</u> proportional to population share[2]

\# Individuals from Racial Group
● 100
● 500
● ≥ 2,000

Key Takeaways

1) Counties with the greatest LI AIAN older adult representation are clustered in the Southwest, West Coast, Oklahoma, and North Carolina.

2) LI AIAN older adults make up a **disproportionately small share of contacts within some high-population counties**

[1] "High Share" describes service areas where the racial group population share is <u>higher</u> than the national share (**>1.0%** for <100% FPL AIAN seniors).

[2] <u>Blue</u> indicates counties where the share of local contacts is <u>roughly the same or greater than</u> the share of the racial group living in that county. <u>Orange</u> indicates counties where the share of local contacts is <u>markedly smaller than</u> the share of the racial group living in that county

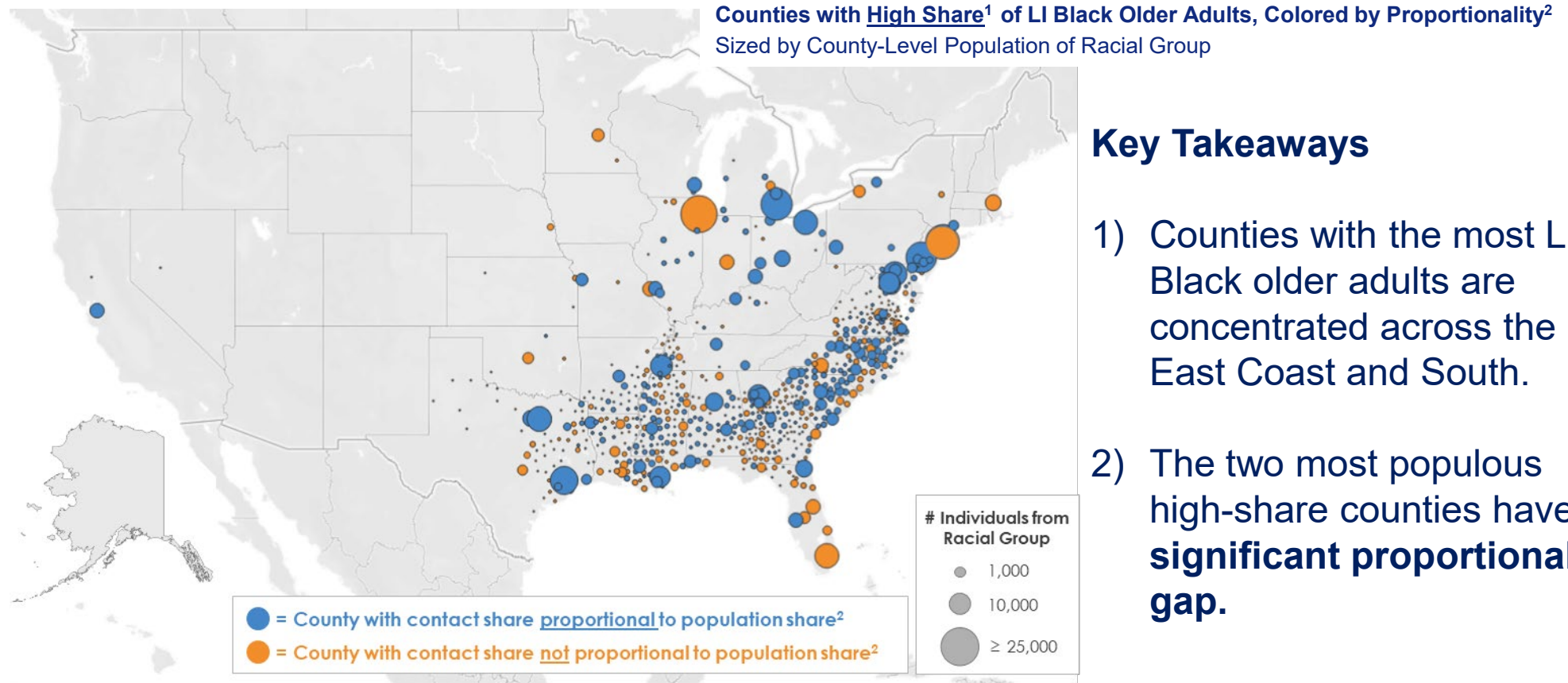# Low-Income Asian Older Adults Receiving Assistance

Counties with <u>High Share</u>[1] of LI Asian Older Adults, Colored by Proportionality[2]
Sized by County-Level Population of Racial Group

Individuals from Racial Group
- 1,000
- 10,000
- ≥ 35,000

● = County with contact share <u>proportional</u> to population share[2]
● = County with contact share <u>not</u> proportional to population share[2]

Key Takeaways

1) Counties with high LI Asian older adult representation are concentrated on the coasts.

2) LI Asian older adults make up a disproportionately **small share of contacts within some high-population counties.**

[1] "High Share" describes service areas where the racial group population share is <u>higher</u> than the national share (**>6.2%** for <100% FPL Asian seniors).
[2] <u>Blue</u> indicates counties where the share of local contacts is <u>roughly the same or greater than</u> the share of the racial group living in that county.
<u>Orange</u> indicates counties where the share of local contacts is <u>markedly smaller than</u> the share of the racial group living in that county.

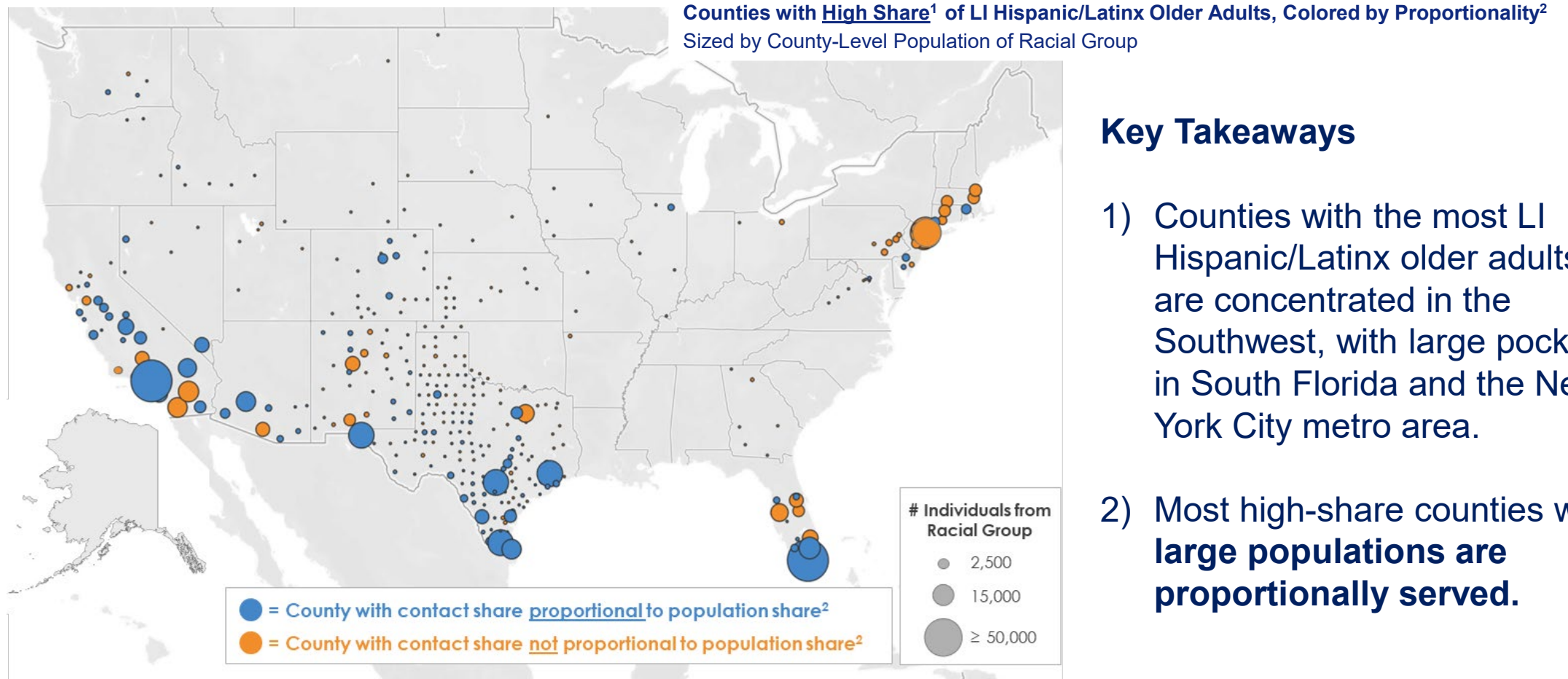# Low-Income Black Older Adults Receiving Assistance

Counties with <u>High Share</u>[1] of LI Black Older Adults, Colored by Proportionality[2]
Sized by County-Level Population of Racial Group

Key Takeaways

1) Counties with the most LI Black older adults are concentrated across the East Coast and South.

2) The two most populous high-share counties have a **significant proportionality gap.**

Individuals from Racial Group

- 1,000
- 10,000
- ≥ 25,000

- ● = County with contact share <u>proportional</u> to population share[2]
- ● = County with contact share <u>not</u> proportional to population share[2]

[1] "High Share" describes service areas where the racial group population share is <u>higher</u> than the national share (**>16.4%** for <100% FPL Black seniors).
2 <u>Blue</u> indicates counties where the share of local contacts is <u>roughly the same or greater than</u> the share of the racial group living in that county. <u>Orange</u> indicates counties where the share of local contacts is <u>markedly smaller than</u> the share of the racial group living in that county.

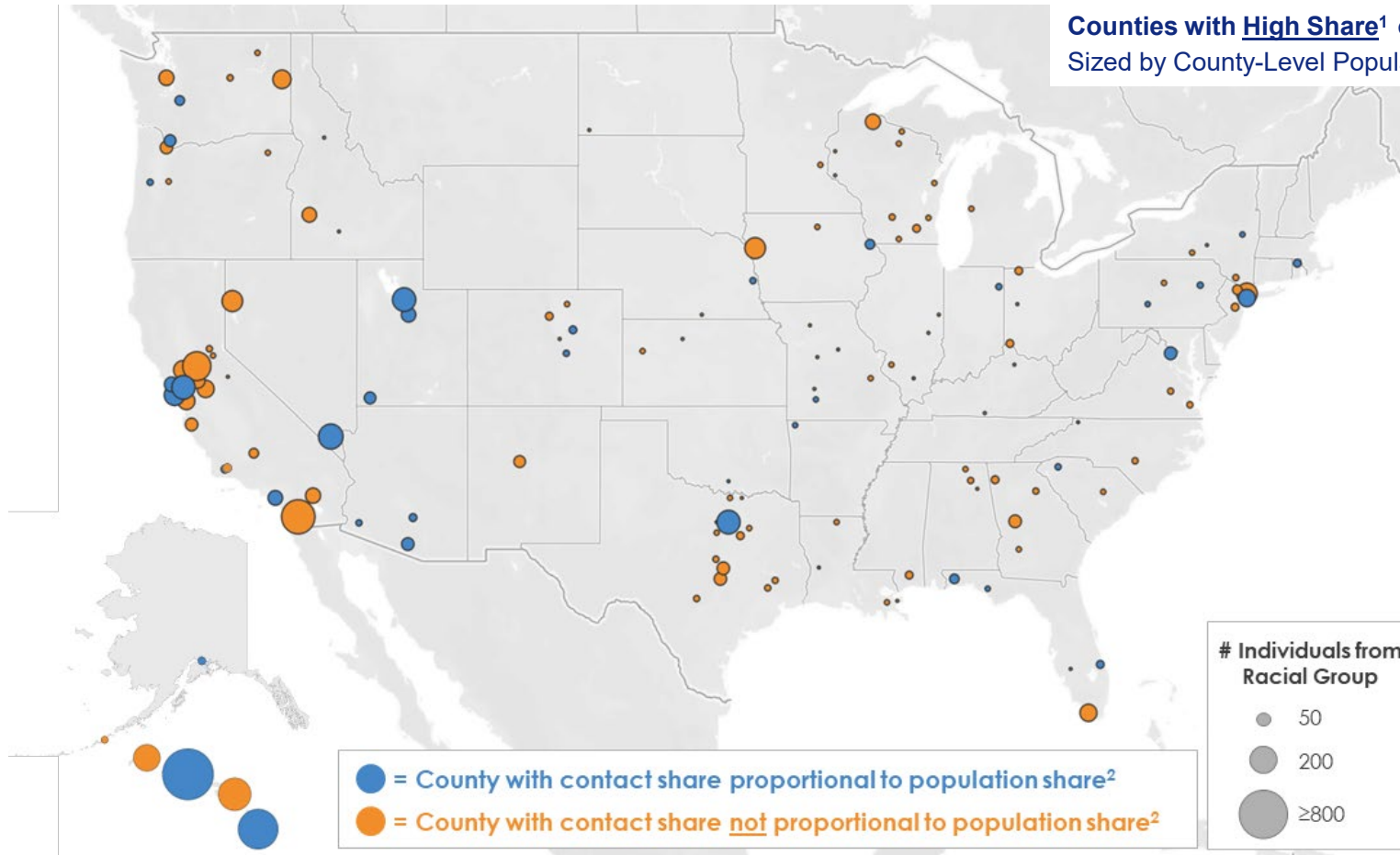# Low-Income Hispanic/Latinx Older Adults Receiving Assistance

Counties with <u>High Share</u>[1] of LI Hispanic/Latinx Older Adults, Colored by Proportionality[2]
Sized by County-Level Population of Racial Group

= County with contact share <u>proportional</u> to population share[2]
= County with contact share <u>not</u> proportional to population share[2]

 # Individuals from Racial Group
- 2,500
- 15,000
- ≥ 50,000

Key Takeaways

1) Counties with the most LI Hispanic/Latinx older adults are concentrated in the Southwest, with large pockets in South Florida and the New York City metro area.

2) Most high-share counties with **large populations are proportionally served.**

[1] "High Share" describes service areas where the racial group population share is <u>higher</u> than the national share (**>16.0%** for <100% FPL Hispanic/Latinx seniors, excluding Puerto Rico).

[2] <u>Blue</u> indicates counties where the share of local contacts is <u>roughly the same or greater than</u> the share of the racial group living in that county. <u>Orange</u> indicates counties where the share of local contacts is <u>markedly smaller than</u> the share of the racial group living in that county.

Low-Income Native Hawaiian or Pacific Islander (NHPI) Older Adults Receiving Assistance

Counties with <u>High Share</u>[1] of LI NHPI Older Adults, Colored by Proportionality[2]
Sized by County-Level Population of Racial Group

# Individuals from Racial Group
- 50
- 200
- ≥800

- = County with contact share proportional to population share[2]
- = County with contact share <u>not</u> proportional to population share[2]

Key Takeaways

1) Counties with the most LI NHPI older adults are concentrated in Hawaii and California.

2) Many counties that have relatively **large NHPI populations have proportionality gaps.**

[1] "High Share" describes service areas where the racial group population share is <u>higher</u> than the national share (**>0.15%** for <100% FPL NHPI seniors).
2 <u>Blue</u> indicates counties where the share of local contacts is <u>roughly the same or greater than</u> the share of the racial group living in that county. <u>Orange</u> indicates counties where the share of local contacts is <u>markedly smaller than</u> the share of the racial group living in that county.

Low-Income American Indian/Alaska Native (AIAN) Older Adults Reached through Group Outreach

Counties with High Share[1] of Priority Population, Colored by Number of Group Outreach Efforts
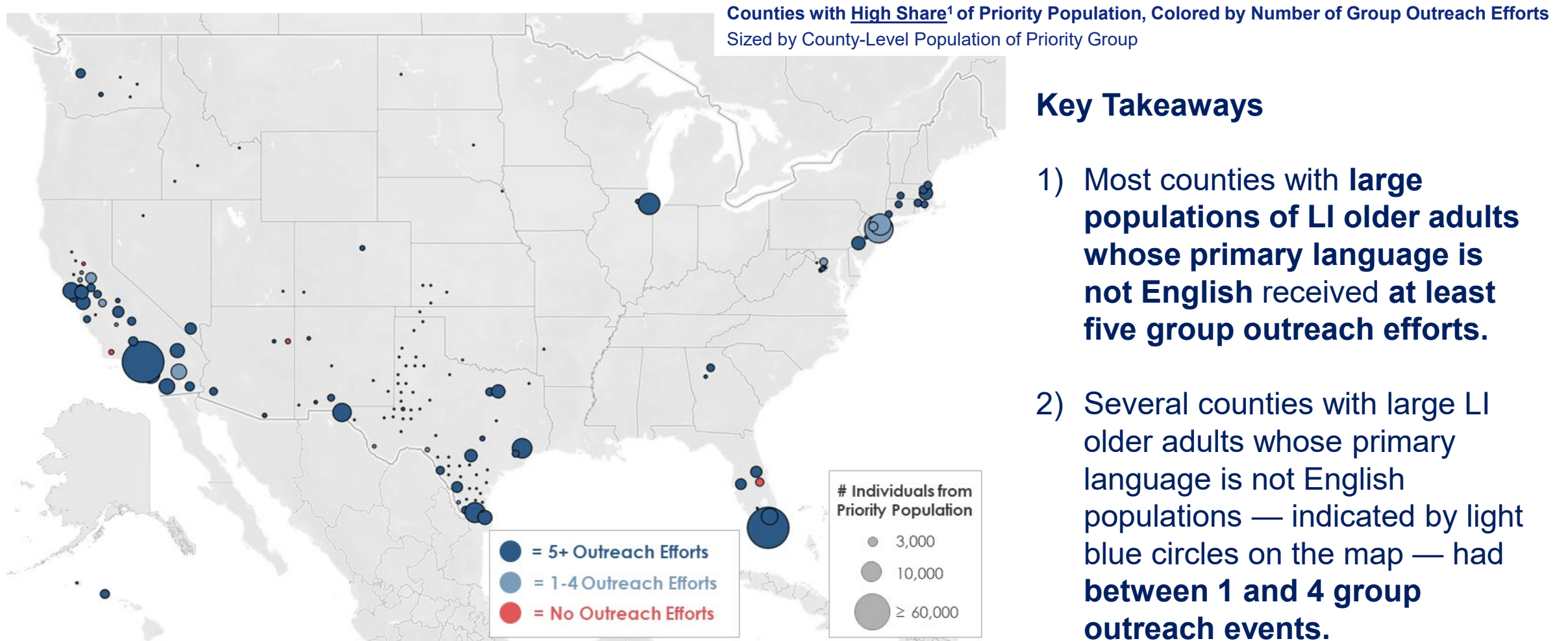Sized by County-Level Population of Priority Group

Legend:
- = 5+ Outreach Efforts
- = 1-4 Outreach Efforts
- = No Outreach Efforts

 # Individuals from Priority Population
- 100
- 500
- ≥ 2,000
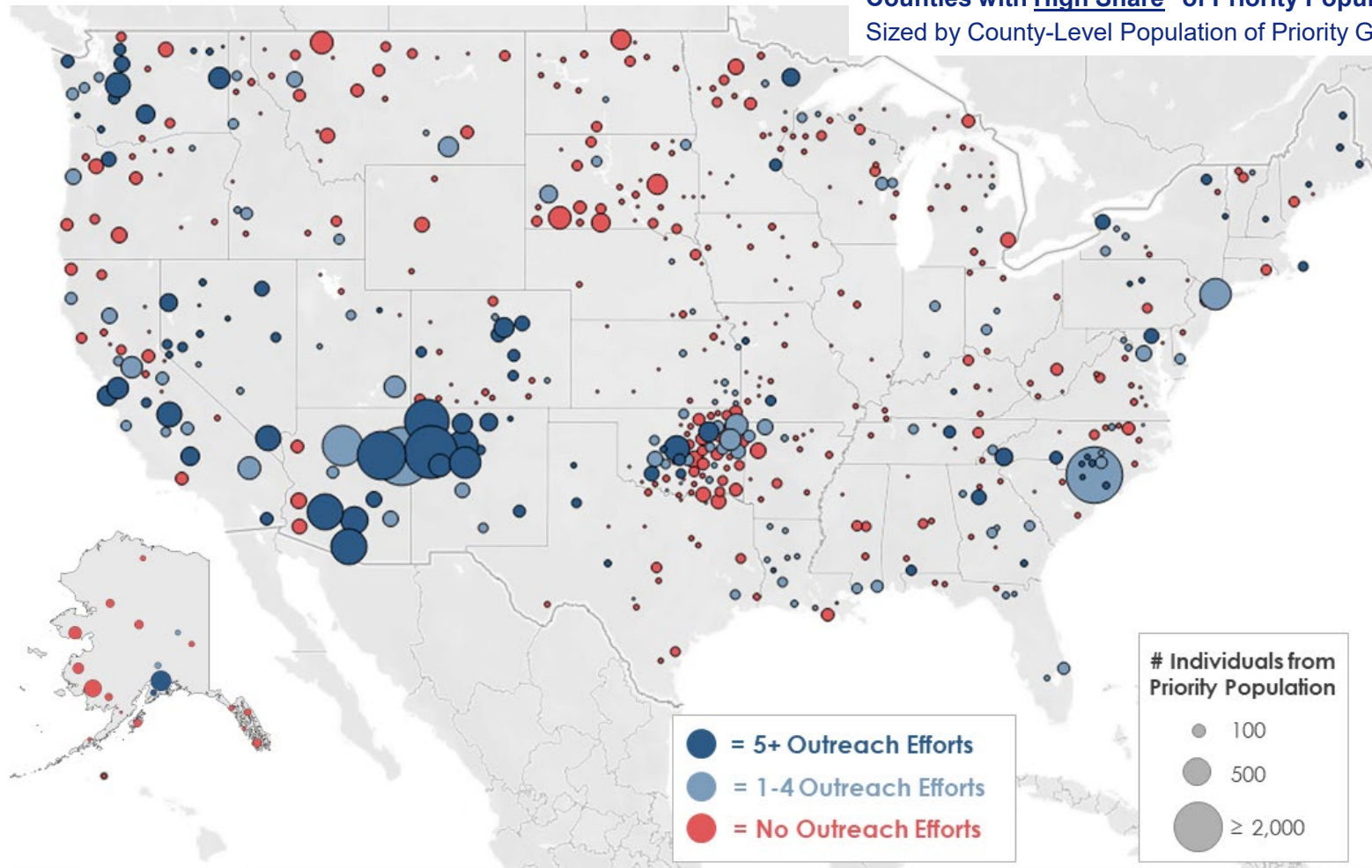
Key Takeaways

1) Most counties in the Southwest with **large populations of LI AIAN older adults** have received **at least five group outreach efforts.**

2) **Some counties in the Midwest and Mountain West** with a moderately high LI AIAN older adult population **have <u>not</u> received targeted group outreach** efforts.
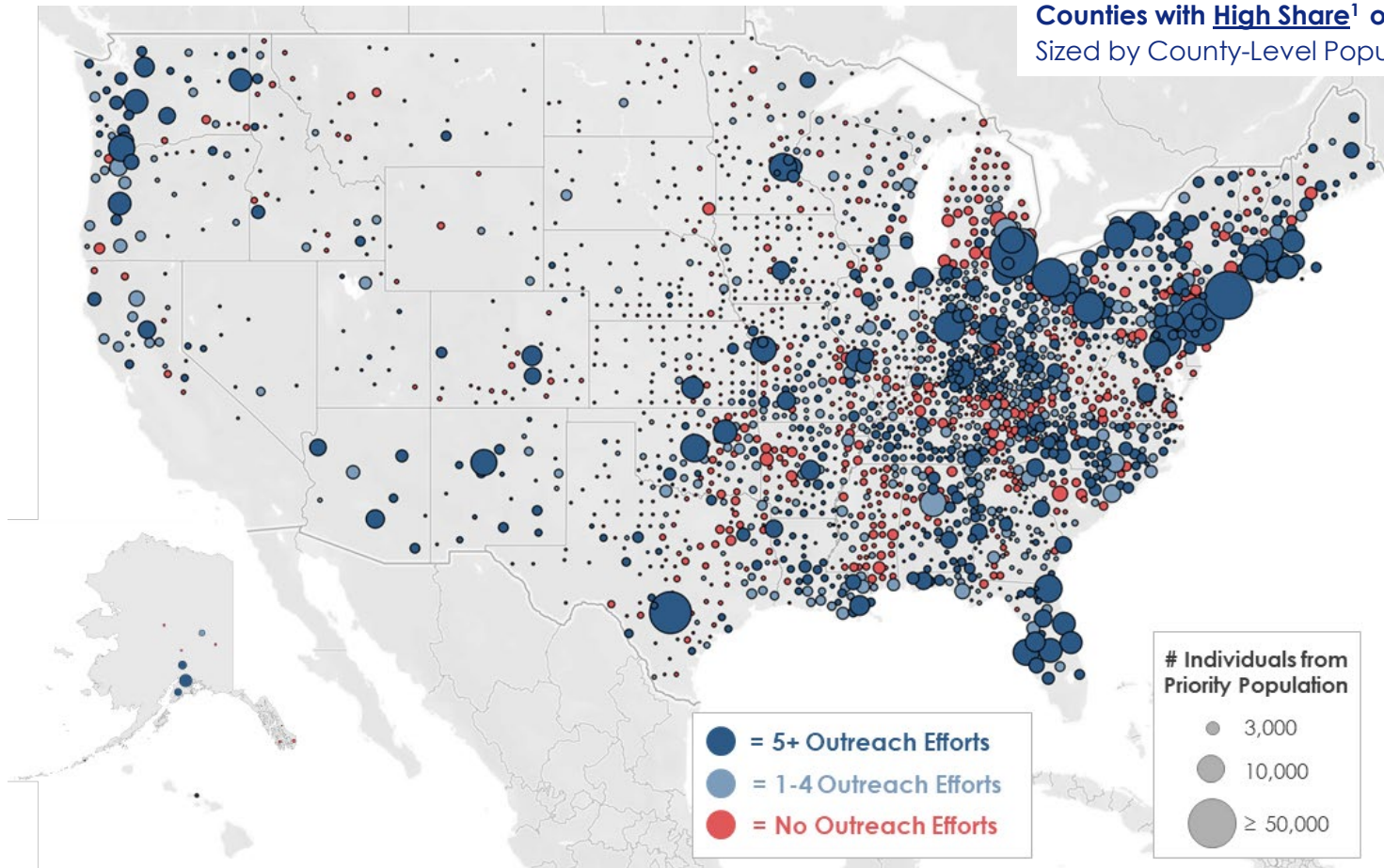
[1] "High Share" describes service areas where the priority population share is <u>higher</u> than the national share (**>1.0%** for <100% FPL AIAN seniors).

Low-Income Older Adults whose Primary Language is Not English Reached through Group Outreach

Counties with <u>High Share</u>[1] of Priority Population, Colored by Number of Group Outreach Efforts
Sized by County-Level Population of Priority Group

Legend:
- ● = 5+ Outreach Efforts
- ● = 1-4 Outreach Efforts
- ● = No Outreach Efforts

Individuals from Priority Population
- 3,000
- 10,000
- ≥ 60,000

Key Takeaways

1) Most counties with **large populations of LI older adults whose primary language is not English** received **at least five group outreach efforts.**

2) Several counties with large LI older adults whose primary language is not English populations — indicated by light blue circles on the map — had **between 1 and 4 group outreach events.**

[1] "High Share" describes service areas where the priority population share is <u>higher</u> than the national share (**>6.5%** for <100% FPL ESL seniors).

Low-Income Adults with Disabilities Reached through Group Outreach

Counties with <u>High Share</u>[1] of Priority Population, Colored by Number of Group Outreach Efforts
Sized by County-Level Population of Priority Group

Legend:
- = 5+ Outreach Efforts
- = 1-4 Outreach Efforts
- = No Outreach Efforts

 # Individuals from Priority Population
- 3,000
- 10,000
- ≥ 50,000

Key Takeaways

1) Most counties with the **largest populations of LI adults with disabilities** have received at least **five targeted group outreach efforts.**

2) Some counties with **moderate populations** of LI adults with disabilities — particularly in the **Southeast and West Coast —** have <u>not</u> received targeted group outreach efforts.

[1] "High Share" describes service areas where the priority population share is <u>higher</u> than the national share (**>18.0%** for <100% FPL adults with disabilities).

Low-Income Rural Older Adults Reached through Group Outreach

Rural Counties Colored by Number of Group Outreach Efforts
CDC Rurality Designation[1]

= 5+ Outreach Efforts
= 1-4 Outreach Efforts
= No Outreach Efforts

Key Takeaways

1) Many counties in the **Great Plains and Mountain West have not received group outreach efforts.**
2) In contrast, most counties in the **rural Southwest have had at least one group outreach effort.**
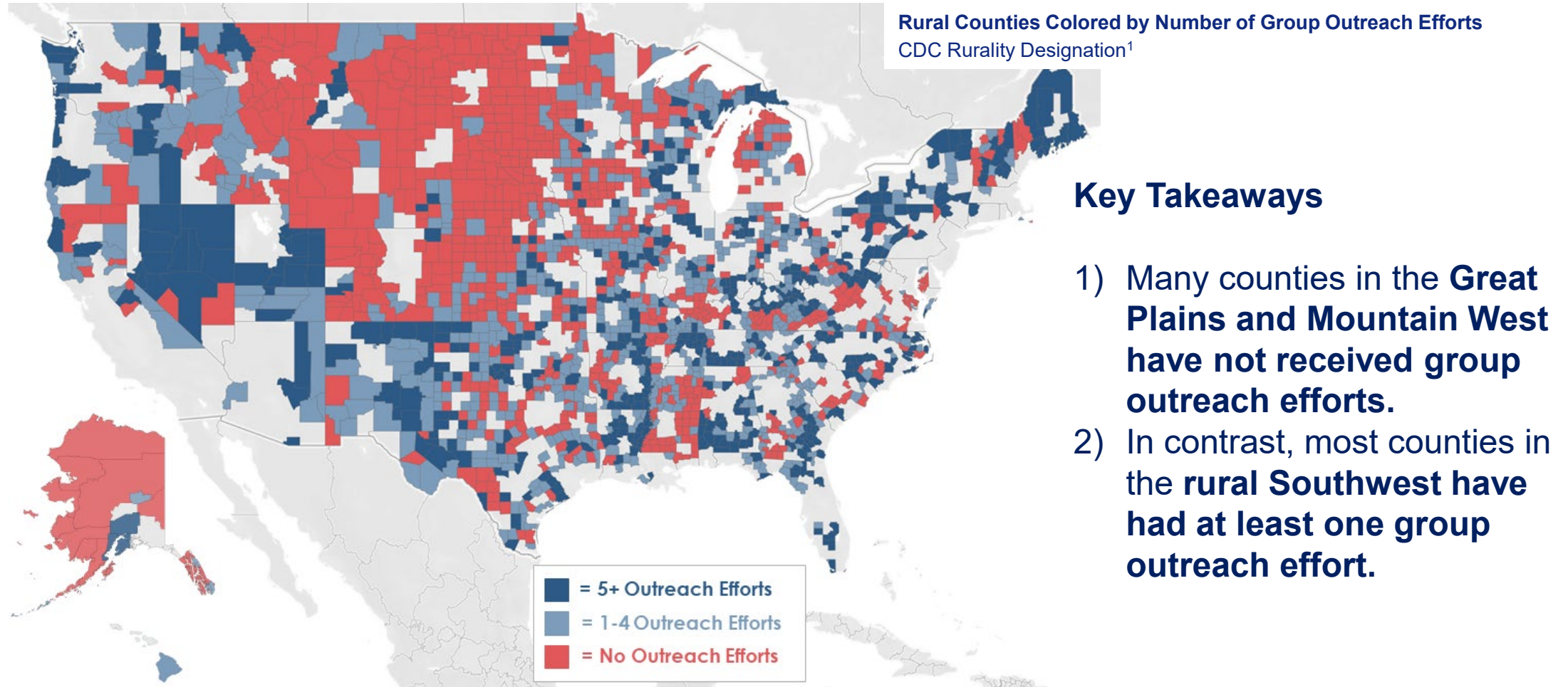
[1] The CDC classifies rurality at the county-level, meaning entire counties are considered either rural or non-rural. This prevents scoping by "high-share" counties as has been done with other priority population maps.

Recommendations for Change

Mission & Expectations

- Expand program reach and increase accountability by defining program mission, clarifying expectations, improving grantee monitoring, and updating measures of success

Awards Processes
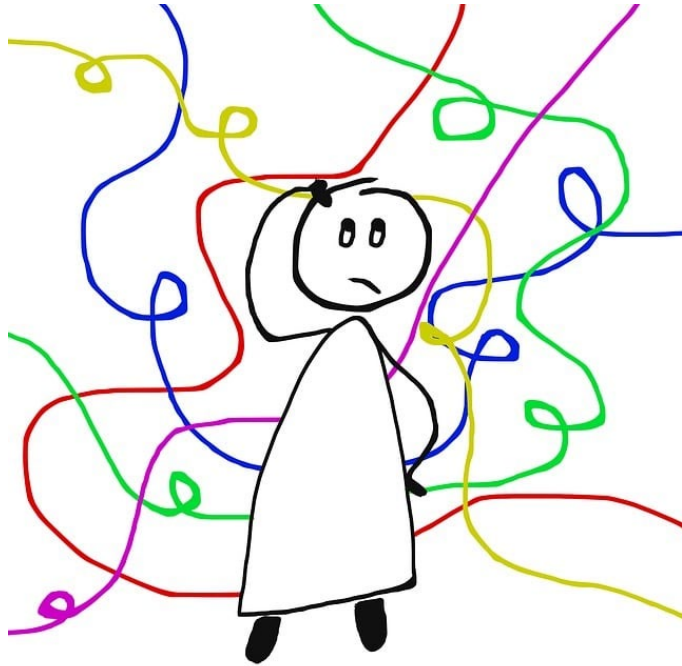
- Improve and simplify grant awards processes at all levels of program administration

Visibility, Accessibility, & Partner Engagement

- Increase visibility, accessibility, and partner engagement through continuous program improvement and diversification

Data Quality

- Enhance technical assistance and monitoring to improve data collection and compliance

Rec. #1: Mission & Expectations

- Expand program reach and increase accountability
- Convene a workgroup to update the MIPPA mission and measures of success
- Create a framework for goal setting and provide associated training
- Revise data collection and reporting systems

Initial Step:
- ✓ Convene a workgroup
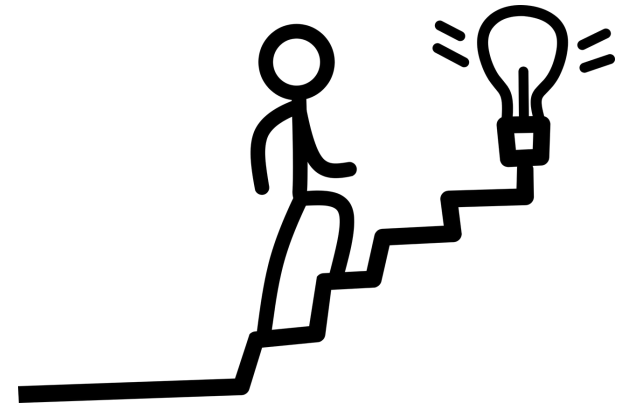
Rec. #2: Visibility, Accessibility, & Partner Engagement

- Increase visibility, accessibility, and partner engagement

- Increase deliberate use of data for outreach

- Develop and implement outreach plans

- Create accessible materials

- Provide team member training

Initial Steps:

- ✓ Identify and analyze data
- ✓ Identify national outreach opportunities
- ✓ Enhance media outreach
- ✓ Facilitate collaboration
- ✓ Ensure materials are accessible
- ✓ Provide team member training

Rec. #3: Awards Processes

- Improve and simplify grant awards processes at all levels of program administration
- Improve federal award process
- Provide TA/training to states
- Refine the BEC grant-making framework
- Expand engagement with tribes

Rec. #4: Data Quality

- Enhance technical assistance and monitoring to improve data collection and compliance

- Update monitoring process and technical assistance

- Ensure data system is aligned across programs

- Create a comprehensive data dictionary.

Initial Steps:

✓ Create a comprehensive data dictionary

✓ Update STARs forms to align data
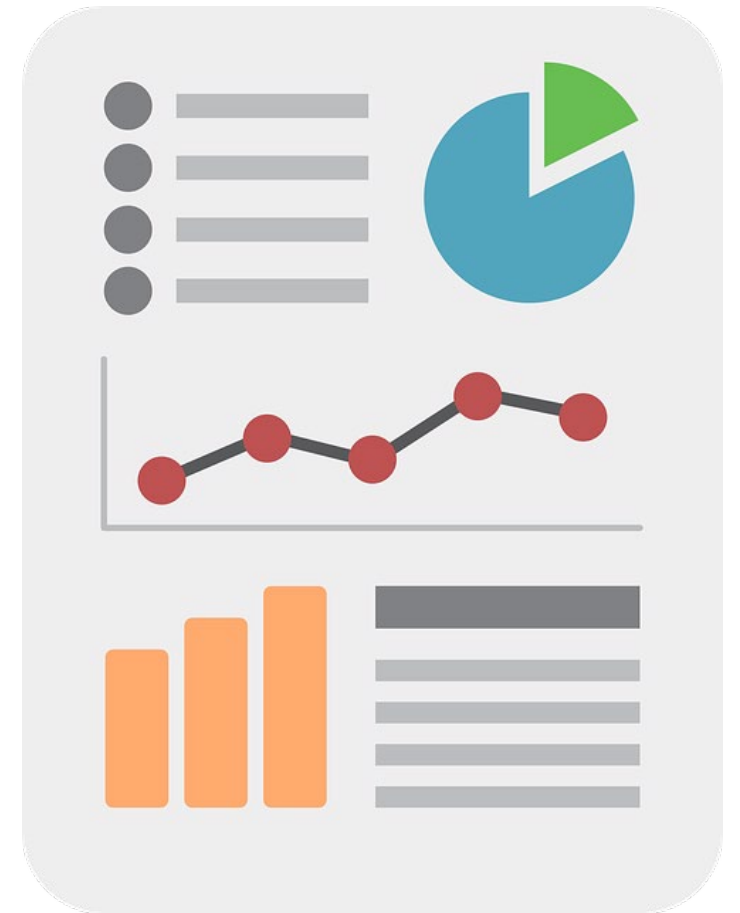
Next Steps for SMP & SHIP Programs

Timeline

- SMP evaluation started Fall 2022
- SHIP evaluation starting late 2023/early 2024

Goals

- Identify barriers to reach Medicare beneficiaries
- Gain better understanding of the current impact and reach
- Identify gaps in the current service being provided
- Develop an action plan

Who is the MIPPA Resource Center reaching (and not)?

Online: BenefitsCheckUp

https://www.benefitscheckup.org

- 2,000 public and private programs

- Updated features:
  - Screen by specific program, category, or all key benefits
  - Access information just by entering a zip code
  - Also in Spanish
    www.buscabeneficios.org
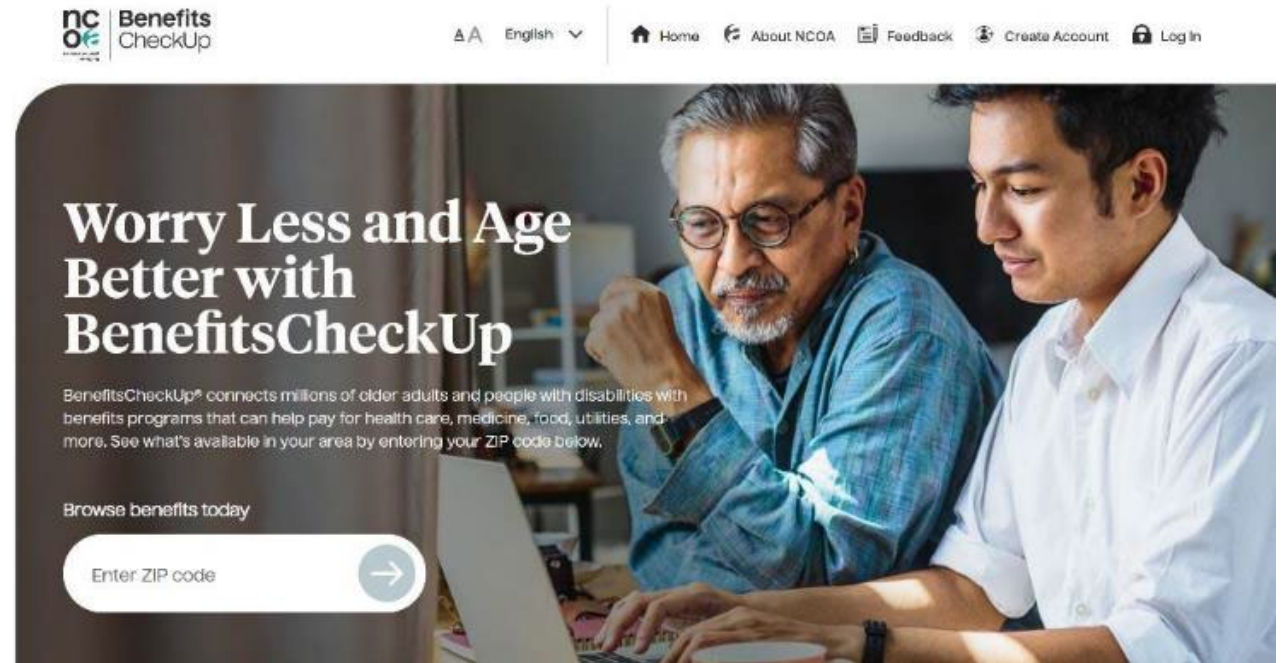
Who's Using BenefitsCheckUp?

Average Age

Between 65 and 74 years

Younger caregivers

Gender

Female

Household Income

93% below $25,000/yr

Race

White

Reason for Screening

Looking for food assistance—plus whatever else they may be eligible for

Other Details

70% of users screened for themselves

99% in English

By Phone: Benefits Helpline

1-800-794-6559

- Monday – Friday, 8 am to 7 pm ET

- In partnership with GreenPath Financial Wellness

- Can complete benefits screening to identify programs and receive application forms and info

- Get referrals to local agencies for housing, debt counseling, benefits, other social services/supports

Who's Calling the Benefits Helpline?

Average Age

Between 65 and 74 years

Gender

Female

Household Income

Between $15,000 and $25,000 annually

Race

White

Reason for Calling

General assistance

Housing

Food assistance

Other Details

Lack of internet access or digital literacy

48% identified having a disability

In Community: Benefits Enrollment Centers (BECs)

- BECs use person-centered strategies in a coordinated, community-wide system to find and enroll Medicare beneficiaries into core benefits

- 85 serving 41 states (though not all are statewide)

- https://www.ncoa.org/article/meet-our-benefits-enrollment-centers
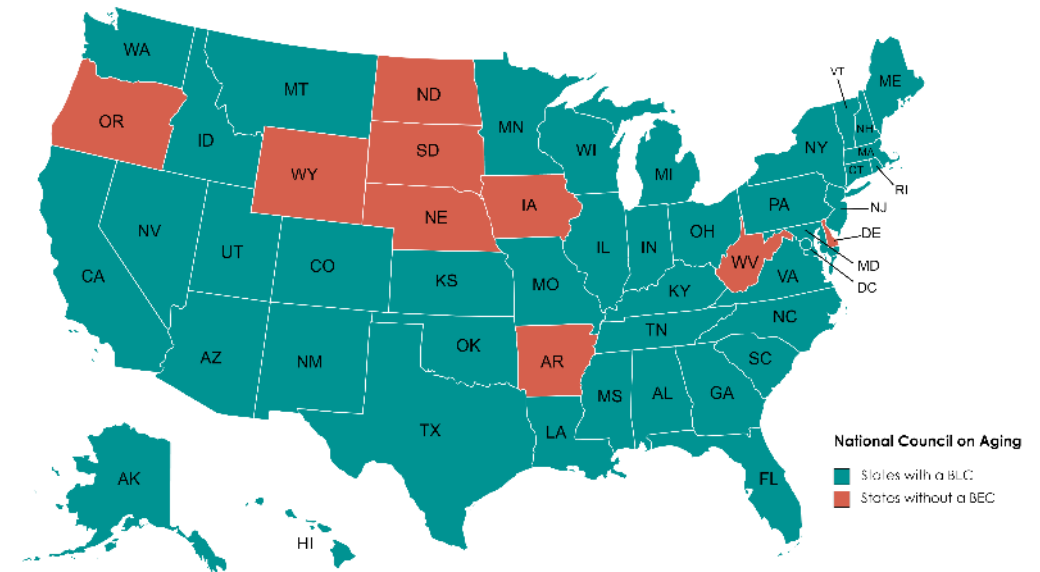
Who's Turning to BECs?

Average Age

Between 65 and 74 years

Gender

Female

Household Income

Under $15,000

Race

Non-white (Black/African American, Hispanic/Latinx, Asian American)

Reason for Contact

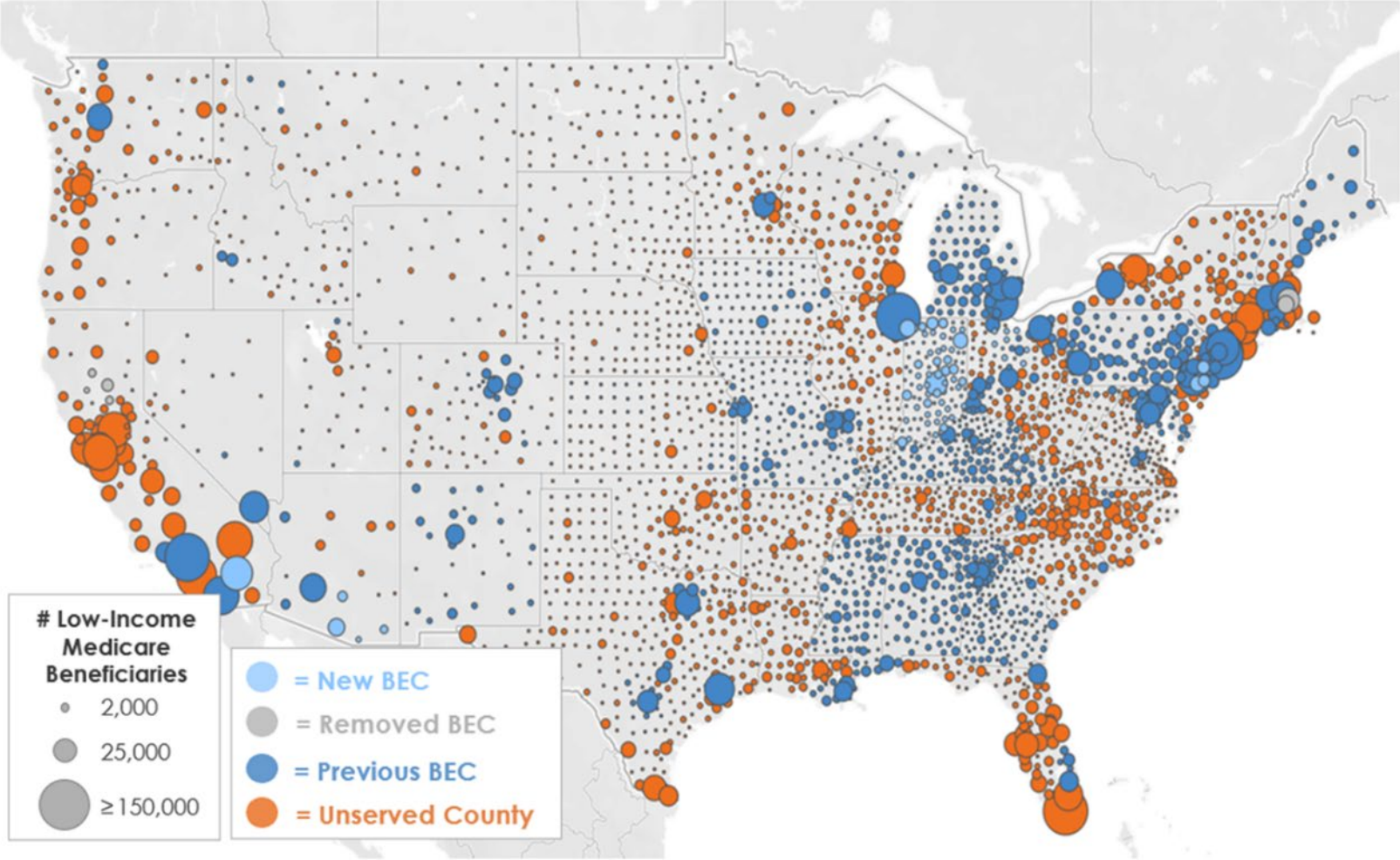Food and healthcare assistance

Other Details

Majority were single

48% rated health as poor or fair

Key Findings: Populations Served by BECs

Nationwide BEC Service Footprint (2020-21)

County-Level Population of Low-Income Medicare Beneficiaries

Low-Income Medicare Beneficiaries
- 2,000
- 25,000
- ≥150,000

= New BEC
= Removed BEC
= Previous BEC
= Unserved County

Key Findings: Populations Served by Percentage

Percentage	Population
59.9%	Low-Income African American Seniors
59.5%	Low-Income Asian American and Pacific Islander Seniors
52.5%	Low-Income Limited English Proficiency Seniors
51.3%	Low-Income Adults with a Disability
50.0%	Low-Income Seniors in Border Communities
49.4%	Low-Income Medicare Beneficiaries
49.1%	Low-Income Hispanic/Latinx Seniors
48.6%	Low-Income Senior Veterans
42.7%	Low-Income Seniors in Rural Areas
40.7%	Low-Income American Indian and Alaska Native Seniors

Diving Deeper: A Snapshot of Benefits Seekers

The Aspiring Maximizers

" *Navigating the rules of these programs is what I believe it would be like to traverse a minefield. One wrong step... Click... BOOM! ... It is all over with. The system is designed to punish people that try to help themselves. The state told me if I got any job they would cut off my spouse's Medicaid. I want to work but I just can't.*

– Male, 67, Kentucky

I am frequently surprised to learn about benefits that I am entitled to. For example, I recently learned that my Medicare will pay for a gym membership. It would be good to know the entire program, and not just when things come up.
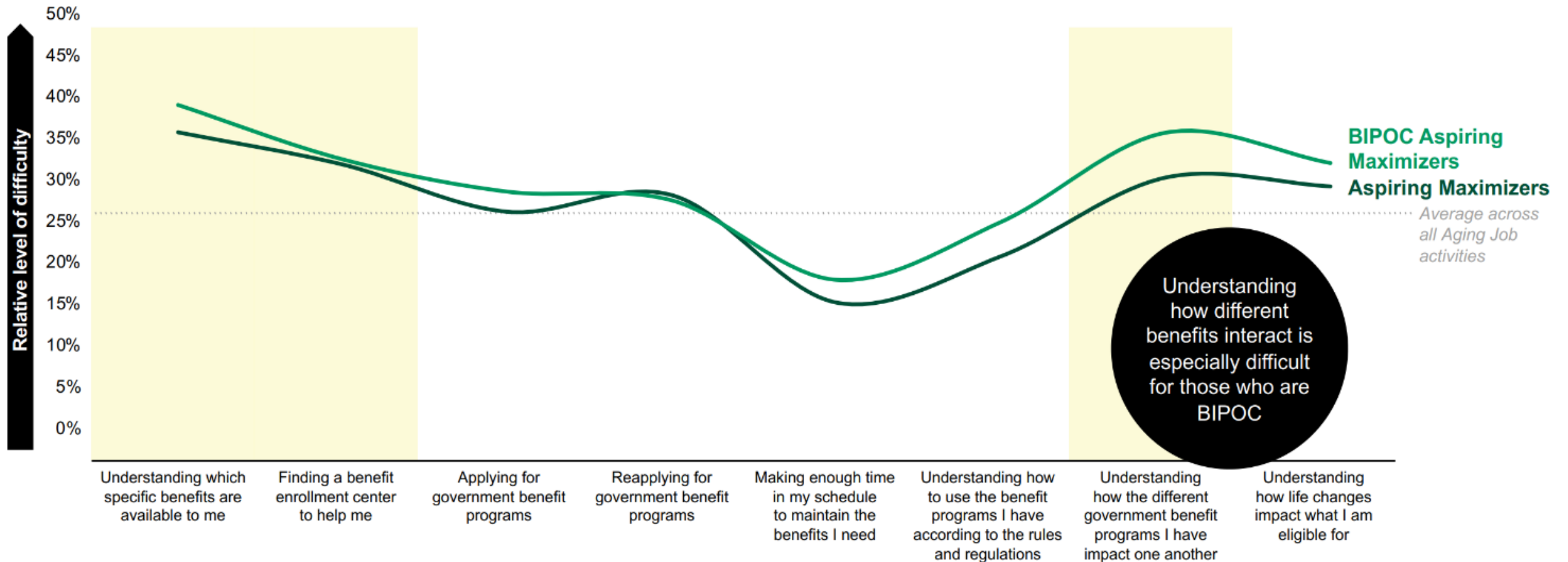
– Female, 83, Pennsylvania "

Source: Lippincott quantitative research, May 2023

QD41: In a short paragraph, please tell us why this is a need you have today. Please provide as much detail as possible.

A Snapshot of Benefits Seekers (cont.)

Ability to accomplish associated activities

Among Aspiring Maximizers who selected this Aging Job as a top need that is important to get help addressing (n=108); Bottom 2 Box %

Relative level of difficulty

50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%

BIPOC Aspiring Maximizers

Aspiring Maximizers

Average across all Aging Job activities

Understanding how different benefits interact is especially difficult for those who are BIPOC

Understanding which specific benefits are available to me

Finding a benefit enrollment center to help me

Applying for government benefit programs

Reapplying for government benefit programs

Making enough time in my schedule to maintain the benefits I need

Understanding how to use the benefit programs I have according to the rules and regulations

Understanding how the different government benefit programs I have impact one another

Understanding how life changes impact what I am eligible for

Findings from Equity Market Research

BIPOC Audiences

- Live in larger households

- Renters

- More likely to be caregiving for parents (vs. partner)

- Greater need for benefits, but also greater reluctance to look for help beyond family/friends

- More receptive to seeking info/help from non-government agencies, e.g., faith/cultural groups, food banks, senior centers

Key life disruptors that are pivotal for benefits access

- Developing a disability

- Being diagnosed with a mental health condition

- Losing housing

How NCOA is Addressing These Findings

- Population-specific TA calls in FY24
- Expanding partnerships outside aging/disability network
- New RFP for Benefits Enrollment Centers
  - More streamlined proposal/application
  - Nuanced DEI questions
  - Grants ranging from $25K to $250K
  - Opportunity to self-set realistic goals based on populations served
  - More feedback on unsuccessful applications and opportunities for capacity building
  - Informational calls to learn more
  - https://www.ncoa.org/professionals/benefits/center-for-benefits-access/mippa-resource-center/becs

Contact

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