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Outreach for energy assistance

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OUTREACH FOR FUEL ASSISTANCE

Fisher, Sheehan and Colton, Public Finance and General Economics (FSC) recently released its report considering mechanisms through which Iowa can seek to enroll additional low-income households in the federal Low-Income Home Energy Assistance Program (LIHEAP). Prepared for the Iowa Department of Human Rights, the report considers, also, how to target the distribution of LIHEAP benefits to particularly vulnerable populations.

The recommendations presented in the Iowa report are based on an empirical analysis of data specifically-related to individual locations in Iowa. The intent behind the outreach recommendations is not to indicate that all mechanisms must be used statewide. Indeed, the explicit intent is to identify outreach mechanisms that can be adapted to the individual needs of individual locations. If the LIHEAP program in northeast Iowa wishes to reach more very low-income older persons, there is a recommendation on outreach to very low-income older persons. If the LIHEAP program wishes to reach very low-income preschool children in south central Iowa, there is a recommended outreach process for very low-income preschool children.

There is an abundance of information about how nonparticipation in benefit programs can result from barriers to participation as well as from either a lack of need or a lack of desire to participate. In its Iowa report, FSC endorsed what the U.S. General Accounting Office once said about Food Stamp enrollment:

From a policy viewpoint, an informed decision on the part of an eligible household *not* to participate in the program is not an issue. Lack of

information about the program, however, and at least some program and access problems can and should be remedied.

The recommendations for Iowa were divided into two parts: (1) those that can and should be pursued at the statewide administrative level, and (2) those that can and should be pursued at the local level. The discussion below will focus on the second set of recommendations.

TARGETING OUTREACH

While the notion that "if you build it, they will come" may apply to fantasy baseball parks in Iowa, it does not apply to Iowa public assistance programs. An entire array of barriers prevents low-income persons from accessing available assistance, even when such assistance might generate a substantive improvement in a household's quality of life.

Considerable work has been performed in recent years to identify enrollment barriers not only to LIHEAP, but to Medicaid, CHIP, Medicare, Food Stamps, and other similar programs. Iowa's LIHEAP program would be well-served to take cognizance of these barriers and to seek to overcome them in its outreach and enrollment processes.

TARGETING HOUSEHOLDS WITH CHILDREN

A familiar refrain in outreach for children's health insurance is to "reach out to locations and organizations where parents are likely to be found. . ." These locations for outreach to parents/children, for example, include child health providers, schools and child care centers, as well as businesses and other agencies offering children's services. The recommendations to Iowa were based on the overall philosophy of "go to them; don't make them come to you."

Targeting enrollment of children into LIHEAP should be built on a strategy of pursuing increased coordination with other public assistance programs, FSC said. For example, not simply a majority, but rather a *substantial* majority, of low-

income children already participate in some type of government program. FSC cited statistics showing that almost three quarters of all low-income uninsured children, and about 60 percent of all *uninsured* children, live in families that participate in the National School Lunch, WIC, Food Stamp or Unemployment Compensation programs.

Differences exist in the demographics of the programs, however, that would be important to a program such as LIHEAP. FSC noted that only 38 percent of low-income uninsured children under age 6 live in families that participate in the National School Lunch Program. The WIC program offers greater potential for reaching low-income, uninsured preschool children. About half of all low-income uninsured children under age 6 live in families that participate in WIC.

Using schools: In the promotion of access to children's health insurance, several states require their managed care plans to contract with school-based health centers. States that require managed care organizations serving school-age Medicaid populations to structure their relationships with school-based health centers include New York, Delaware, Connecticut, Rhode Island, Maryland, Massachusetts, and Vermont.

Coordinating with CDC programs: Schools are clearly not the only point of entry to reaching children. The federal Center for Disease Control (CDC) has contact with state and local health departments in reaching children. CDC administers its Vaccines for Children Program (VFC) which provides public-purchased vaccines to both private and public providers for children 0 - 18 years of age who are Medicaid enrolled, have no health insurance, or are American Indian. The VFC program is delivered through public health grantees. In addition, children who have health insurance that does not cover immunizations are eligible for VFC if they receive vaccines through a federally-qualified health center (FQHC) or a Rural Health Clinic.

Beyond immunizations, CDC runs childhood lead poisoning prevention programs through the Public

Health Services Act. Targeted communities are those with demonstrated high risk for lead poisoning. This lead-based paint screening is delivered through state and local health departments and CDC. In 1996, CDC programs in state and local health agencies screened over 1.8 million children. Because lead poisoning disproportionately affects racial and ethnic minority children and children of low-income families, these targeted communities tend to be in poverty stricken areas.

CDC operates its "unintentional injuries program" as well. "Residential fire protection through the use of smoke detectors is aimed most specifically at low-income households with children under 5 and adults 65 and older. Grantees make use of outreach workers for door-to-door canvassing or other forms of public assistance programs (WIC, Head Start, etc.) to identify those in need."

FSC noted that CDC is the only federal agency with grant relationships with all fifty state health agencies and all fifty state education agencies.

Child support enforcement: One logical and cost-effective but frequently ignored agency to involve in these outreach efforts is the state's child support enforcement program. This agency has financial information about parents that would be useful in screening for fuel assistance eligibility.

State health department programs: LIHEAP may wish to work in collaboration with the Iowa Department of Health's Family Investment Program "well-being visits." These visits are conducted by local public health agencies that have contracted for home visits for all FIP program participants. According to the Department's Bureau of Community Services, the visits provide an opportunity to inform program recipients of the benefits of a Family Investment Agreement designed to move people off of public assistance, in addition to helping families access health care services for their children. These home visits would appear to present an ideal opportunity to enroll low-income households with children in LIHEAP.

HOUSEHOLDS WITH SENIORS

Administration on Aging programs: The AOA appears to be one of the most readily available set of programs through which LIHEAP can target its outreach efforts to older persons, FSC said. According to the AOA's 1997 State Performance Report for Iowa, while 9.8% of all Iowans aged 60 and above live below the federal Poverty Level, 30.1% of all AOA-served clients live below Poverty. Of the 54,245 persons age 60 served by AOA in Iowa, 15,445 of them lived below Poverty.

Access to AOA services is accomplished through what AOA calls a "focal point" or a "senior center." In 1997, Iowa had 40 AOA "focal points" and a total of 116 senior centers. Of those senior centers, 114 received AOA funding in 1997. In addition, Iowa had 16 Area Agencies on Aging in 1997.

In addition to the services provided, AOA programs provided 61,396 "outreach contacts" in 1997. An outreach contact is an intervention initiated by an agency or organization for the purposes of identifying potential clients (or their care givers) and encouraging their use of existing services and benefits.

Medicare programs: Elderly outreach for LIHEAP should be pursued in non-traditional medical settings as well. Similar to the Medicaid program and Children's Health Insurance Program (CHIP), increasing attention is being paid to the Medicare program as well. FSC cited an April 1999 GAO report that examined why eligible beneficiaries are not enrolled in Medicare, and to identify strategies to increase enrollment.

FSC noted how Medicare can be targeted to the low-income elderly and recommended its emulation by LIHEAP. Several suggested outreach tactics, were found to be well-suited for adaptation to the LIHEAP program.

- o Enlist physicians and other health care professionals in outreach efforts, such as encouraging them to advise their low-income patients to apply for LIHEAP;

- o Coordinate outreach with other programs providing assistance to low-income individuals. For example, elderly pharmacy assistance programs can help identify individuals with ongoing prescription drug needs, who are potentially eligible for LIHEAP.
- o Coordinate outreach through local "community health centers." The federal Health Resource and Services Administration (HRSA), Bureau of Primary Health Care, operates 700 "community health centers" throughout the country.
- o Coordinate outreach with other programs providing assistance to the elderly, in particular, including the U.S. Department of Agriculture's Emergency Food Assistance Program and the USDA's Nutrition Program for the Elderly.

The Iowa Department of Insurance and Iowa Department of Public Health also deliver services that may serve as access points either to determine adjunctive eligibility or to deliver outreach for the LIHEAP program. The Iowa Department of Insurance delivers the Senior Health Insurance Information Program (SHIIP). Funded with a grant from the U.S. Department of Health and Human Services, Health Care Financing Administration (HCFA), SHIIP seeks to help older Iowans determine whether they qualify for the QMB and SLMB programs.

The Iowa Department of Public Health provides LIHEAP outreach opportunities through its Bureau of Community Services. Overall, the Bureau of Community Services provides guidance and financial assistance to local public health nursing, home care aid/Chore agencies, and senior health programs. The Bureau also assists local boards of health in planning and conducting local public health programs.

The Senior Health program through the Bureau provides an access point to the senior population. Operating through local programs in 88 (of Iowa's 99) counties, the Senior Health program provides "complete health assessments"

in addition to information about Medicare and other community resources. In addition, the Home Care Aid/Chore services are available in every county. While not limited exclusively to older persons, the low-income elderly are an important target population for this program. Home care aides provide services such as essential shopping, housekeeping, meal preparation, money management, consumer education, and personal care services. Chore services include lawn care, snow removal, and minor household repairs. The program is delivered through certified home health agencies. Persons below the poverty level represent a target population for the Home Care Aide/Chore program.

TARGETING DISABLED PERSONS.

The "circuit breaker" program for elderly and disabled persons is a program through which LIHEAP could target outreach to these specific classes of persons. The circuit breaker program allows Iowa residents to claim a property tax credit (whether a credit against a property tax bill for homeowners or a cash rebate for tenants) if they meet one of three alternative eligibility criteria: (1) they have attained the age of 65 by December 31 of the year for which a credit is claimed; or (2) they are a surviving spouse having attained the age of 55 on or before December 31, 1988; or (3) they are totally disabled and were totally disabled on or before December 31 of the year for which a credit is claimed.

An elderly or disabled Iowa resident may claim a property tax credit if that person has an annual household income of less than \$16,500. The credit is equal to a percentage of the property taxes imposed.

Statewide, Iowa distributed circuit breaker relief to 42,886 elderly and disabled households in 1994. Of these, 24,500 were homeowners and 18,400 were renters. More recent Iowa data has not been made available.

The Iowa circuit breaker program has eligibility guidelines that are more restrictive than the eligibility guidelines for LIHEAP. Most specifically, a circuit breaker claimant must have

been "domiciled in this state during the entire base year." Clearly, no such LIHEAP eligibility requirement exists. For purposes of LIHEAP, however, the population of elderly and disabled persons who qualify for, and apply to receive, property tax relief should be (for the most part) a subset of the population of Iowa residents who qualify for LIHEAP assistance. Developing a working relationship between the Iowa Department of Human Rights and the Iowa Department of Revenue and Finance as a means of targeting low-income elderly and disabled residents should be pursued. In addition, local LIHEAP agencies should work with county officials to direct local LIHEAP outreach to recipients of property tax relief.

SUMMARY

The Iowa LIHEAP program can implement a variety of new targeting mechanisms in support of the delivery of home energy assistance to specific populations.

One exciting aspect about the outreach mechanisms discussed above is that while they *can* be undertaken statewide, they *need* not all be done everywhere. Some LIHEAP subgrantees may choose to develop closer relationships with AOA-funded programs (seeking to increase senior LIHEAP enrollment), while other LIHEAP subgrantees may wish to work more closely with school lunch programs (seeking to increase the enrollment of households with children). Some LIHEAP subgrantees may wish to work closely with their local public health programs, while others might wish to work more closely with health centers and health care providers (in support of outreach to either seniors or households with children).

Persons interested in receiving a copy of the full Iowa report, titled "Outreach Strategies for Iowa's LIHEAP Program Innovation in Improved Targeting" (September 2000), can send a request to:

publications@fsconline.com

Fisher, Sheehan and Colton, Public Finance and General Economics (FSC) is a research and consulting firm with offices in Belmont (MA), Scappoose (OR), and Iowa City (IA).

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