# OUTREACH STRATEGIES FOR IOWA'S LIHEAP PROGRAM

## Innovation in Improved Targeting

**September 2000**

***Prepared For:***

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## Innovation in Improved Targeting

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# TABLE OF SECTIONS

# INTRODUCTION

This report considers mechanisms through which Iowa can seek to enroll additional low-income households in the federal Low-Income Home Energy Assistance Program (LIHEAP). The report considers, also, how to target the distribution of LIHEAP benefits to particularly vulnerable populations.

The recommendations presented below 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.

The focus of attention on outreach should not be construed as indicating that nonparticipation in public benefit programs such as LIHEAP is exclusively a function of inadequate (or inappropriate) outreach. We know better than to reach that conclusion. There is an entire array of reasons why persons do not enroll in available public benefit programs. Some persons do not perceive themselves to be in need of assistance, and some are correct in so believing this. Some persons believe that, given limited government funds, other persons or households would be "more in need" than they are. Some persons do not believe that the amount of assistance that is available is "worth the effort" that it takes to enroll in the program. Some persons do not wish to be seen as taking advantage of "welfare" benefits. As can be seen, many of these reasons for nonparticipation involve either a lack of need, or a lack of desire to participate in the program.

Aside from these reasons for nonparticipation, however, there are other reasons for nonparticipation which involve a variety of personal and institutional *barriers* which *prevent* enrollment in programs such as LIHEAP.

- **Lack of effective knowledge:** The lack of "effective knowledge" is one such barrier. While consumers may indicate an awareness of energy assistance, their knowledge may not be sufficient to allow them to act. Many consumers, for example, who say they `know about' energy assistance cannot name a single program.

- **Lack of program awareness:** Similarly, many *elderly* poor do not know of, and thus do not use, existing energy intervention programs designed for their benefit. Since no intervention program can be effective unless it is known and used, the degree to which eligible persons are aware of and utilize such programs is important.

- **Access to program offices:** In some areas, transportation to offices that accept applications may be a problem. For those who are homebound or socially isolated, getting to an office may be nearly impossible.

- **Confusing application forms:** The application forms for some programs represent a major barrier to participation. In particular, many participants find application forms complex and overwhelming *the first time* they seek to enroll in a program.

- **Misperceptions as to eligibility:** Many eligible nonparticipants have misperceptions regarding their eligibility for a program. These households might, for example, mistakenly believe that their income or assets are too high to entitle them to receive fuel assistance, or that some other program requirement precludes their participation. Persons who have been found ineligible for one program (however unrelated to fuel assistance) are less likely to apply for fuel assistance. Similarly, persons who have been found ineligible in the past for fuel assistance are not likely to apply again, even if their circumstances have changed.

As can be seen, 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. The 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.[1]

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[1] General Accounting Office, ***Food Stamp Program: A Demographic Analysis of Participation and Nonparticipation***, at 22 (January 1990).

The same can and should be said about Iowa's LIHEAP program. The discussion below is designed to help operationalize that policy statement.

In this light, the discussion below is presented in two parts:

- *Part 1* presents the recommended outreach initiatives for the Iowa LIHEAP program. The recommendations are 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.

- *Part 2* presents the local-specific empirical data analysis which underlies the outreach recommendations. The empirical analysis is not intended to represent a judgment on who is doing a "good" or a "bad" job at outreach. Rather, the empirical analysis is intended to identify opportunities to improve either the targeting of benefits to particularly vulnerable populations, or to increase the overall penetration of fuel assistance to specific low-income populations.

**NOTE:**
The specific factual analysis of each individual Iowa Community Action Agency has been redacted from this publicly available document.

# RECOMMENDED OUTREACH INITIATIVES

The purpose of this report is to consider ways in which the Iowa LIHEAP program might engage in innovative outreach activities both to promote overall participation in the program and to reach certain subsegments of the total population which LIHEAP has chosen to target as high priority benefit recipients. Those high priority recipients include:

- ⊄ The lowest income households;
- ⊄ Households with children age 6 or younger;
- ⊄ Households with elderly members (defined in Iowa as aged 60 or older); and
- ⊄ Households with disabled individuals as household members.

The recommendations presented below are primarily advanced because of the targeting needs identified in the data analysis presented in the appendices below. As that data analysis shows, most Iowa LIHEAP subgrantees merit improvement both in increasing the number of households brought into the LIHEAP program overall, and in increasing the effectiveness of efforts to target the delivery of benefits to the desired subpopulations.

For our purposes here, the process of "outreach" is defined to include the following components:

- ⊄ *Identifying* households that the state believes should receive LIHEAP assistance;
- ⊄ *Educating* those identified households about the existence of the program and the benefits offered through the program; and

- ⊄ *Enrolling* those identified households in the program.

**OUTREACH INITIATIVES FOR LIHEAP TO UNDERTAKE THROUGH STATE ADMINISTRATIVE ACTION**

This section of the discussion of Iowa outreach mechanisms will summarize three basic administrative initiatives for the Iowa LIHEAP program to pursue. These include:

- ⊄ The Iowa LIHEAP program should adopt adjunctive eligibility in as many situations as reasonable.

- ⊄ The Iowa LIHEAP program should increase its reliance on outstationed outreach and enrollment.

- ⊄ The Iowa LIHEAP program should increase its administrative support for non-traditional outreach entities.

***Adjunctive Eligibility ("Express Lane Eligibility")***

One strategy advocated for expanding the number of low-income children enrolled in Medicaid and CHIP utilizes an approach called "Express Lane Eligibility."

> Express Lane Eligibility. . .accelerates enrollment for the hundreds of thousands of uninsured children already enrolled in other income-comparable publicly funded programs such as Head Start or school lunch. The simple notion is that children who have met the income test for these income-comparable programs should have their eligibility expedited and do not need to provide duplicative income information to qualify for health care coverage. Express Lane Eligibility can cut administrative red tape while streamlining the application process. . .[\2\]

Express Lane Eligibility can be operationalized in several different ways:

- ⊄ **Using the same application for multiple programs:** With a single application, families are required to fill out and submit information only once. A number of states, including Illinois, Maryland, Michigan, California and Ohio, use joint applications for their TANF, Medicaid and Food Stamp programs. Other states use the same application for their WIC and Medicaid programs. It has been recommended, as part of the national push to enroll low-income children in health insurance programs, to

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\2\ The Children's Partnership, ***Express Lane Eligibility: How to Enroll Large Groups of Uninsured Children in Medicaid and CHIP***, Children's Partnership: Washington D.C.

"allow State Medicaid and SCHIP agencies to access information about children who participate in the Free and Reduced Price Lunch program to enhance efforts to enroll additional children, because many of the children who participate in the school lunch program also meet the eligibility criteria for Medicaid and SCHIP."[3]

- **Target outreach to income-comparable programs:** This can occur in one of two ways. On the one hand, a state agency administering a program that reaches families with incomes similar to LIHEAP can send all enrolled persons an application, application instructions, and a letter informing them about the availability of LIHEAP benefits. On the other hand, when applying for benefits through an income-comparable program, applicants can authorize the sharing of their names and addresses with LIHEAP, so that LIHEAP staff can then contact them and provide them with applications and assistance in applying. As The Children's Partnership appropriately notes:

> Authorization can be accomplished through a check-off box on the application or through a separate consent form attached to the application. Guidance released by the United States Department of Agriculture (USDA) in the fall of 1998 on ways states and school officials can use the National School Lunch Program as a referral mechanism for Medicaid or CHIP is a good example of this model.
>
> The USDA created prototype applications for schools, which ask parents whether they want to waive confidentiality for the limited purpose of permitting the school to share information from the NSLP application for purposes of determining appropriate Medicaid/CHIP outreach. Moreover, in 1991, at the request of Congress, a DHHS/USDA task force produced a joint application for seven Federal programs: WIC, Title V, Head Start, Migrant and Community Health Centers, Health Care for the Homeless, Medicaid, and AFDC.

According to The Children's Partnership "the greatest potential for reaching large numbers of children most simply is to allow eligibility for one program to be used to fulfill some or all of the eligibility requirements for health care." This "full Express Lane Eligibility" has already been adopted to link SSI with Medicaid. Federal law now authorizes that enrollment in SSI will automatically establish a person's eligibility for Medicaid. In addition, the federal WIC program uses what it refers to as "adjunctive eligibility." In 1989, Congress authorized WIC agencies to begin to accept an applicant's documented participation in Medicaid, Food Stamps and AFDC (now known as TANF) as evidence of income eligibility for WIC. Today, fully two-thirds of WIC participants are enrolled through the

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[3] GAO (April 2000). ***Medicaid and SCHIP: Comparisons of Outreach, Enrollment Practices, and Benefits***, Report No. GAO/HEHS-00-86, at n. 10, General Accounting Office: Washington D.C.

adjunctive eligibility process.[4] According to the Children's Partnership, "today, the process is so fully incorporated into the WIC system that it is taken for granted."

Two of the key hurdles that present themselves with "express lane eligibility" include working out confidentiality agreements and procedures. The USDA's recent model school lunch program application designed to get necessary authorizations for information sharing provides an important model in this regard. Second, assurances will need to be generated that eligibility guidelines for income-comparable public programs are sufficiently aligned with LIHEAP to permit their use in an "adjunctive eligibility" or "express lane eligibility" initiative.

**Recommendation #1**

Iowa's LIHEAP program should pursue adjunctive eligibility for at least the following programs:

- ⊄ TANF
- ⊄ WIC
- ⊄ SSI

**Recommendation #2**

Iowa's LIHEAP program should pursue targeted outreach to recipients of benefits through at least the following programs:

- ⊄ Food Stamps
- ⊄ Free and reduced school lunch program

***Outstationed Outreach and Enrollment***

One of the primary mechanisms being recognized as an effective tool in increasing enrollment in Medicaid and CHIP programs today is the use of outstationed outreach workers. The 1999 *Report to the President by the Interagency Task Force on Children's Health Insurance Outreach* reported quite plainly: "To reduce logistical barriers and stigmatization associated with Medicaid, HCFA recommends that States outstation eligibility workers at community sites such as schools, child care, and Head Start centers."[5]

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[4] U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation, ***Study of WIC Participant and Program Characteristics 1996: Final Report***, at 47.

[5] ***Report to the President***, at Section •I(B) (Health Care Financing Administration).

In the context of increasing children's health insurance enrollment (Medicaid/CHIP), "`outstationing' means locating eligibility workers in places other than welfare offices to take applications."[6] In the LIHEAP context, "outstationing" would mean locating intake workers outside of a Community Action Agency. While the CAAs would make the final eligibility determination, the outstationed workers "can engage in the initial processing of applications."[7]

A variety of states have aggressively implemented the strategy of outstationing intake workers for Medicaid purposes. Massachusetts has placed outreach workers in health centers and hospitals. Arkansas has worked with its children's hospital to place enrollment forms at affiliated clinics. which are located throughout the state. Georgia employed eligibility workers, and placed them in numerous locations such as health departments, clinics and hospitals. These workers also temporarily set up at nontraditional sites such as schools, community agencies and shopping malls.

It is not necessary to have a single agency per service territory (such as a community action agency) be the exclusive entity to do the intake. Indeed, with other programs (such as Medicaid), the process of enrollment has been successfully split between multiple agencies. The U.S. General Accounting Office (GAO), for example, reports that the process of "facilitated enrollment" for Medicaid began in New York in April 2000.

> Funded by the state, facilitators in community-based settings (such as hospitals, clinics, schools, and libraries) will be delegated the authority to conduct the required face-to-face interviews. The intention is to make it possible for families to be interviewed during hours convenient to their work schedules, including evenings and weekends.[8]

The Health Resource and Services Administration (HRSA) revised its compendium of outreach models for children's health insurance in May 2000.[9] HRSA's suggestions are largely applicable to LIHEAP. For example, HRSA sets forth one set of strategies designed to "assist beneficiaries in negotiating the application and enrolment process and make it easier for beneficiaries to receive services in an efficient and timely fashion once they are enrolled."

The first HRSA recommendation involves outstationing eligibility workers. According to HRSA:

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[6] Vicky Pulos (1998). ***Outreach Strategies in the State Children's Health Insurance Program***, at 7, Families USA: Washington D.C.

[7] ***Outreach Strategies in the State Children's Health Insurance Program***, *supra*, at 7.

[8] ***Comparison of Outreach, Enrollment Practices and Benefits***, *supra*, at n.10.

[9] HRSA (May 2000). ***Reaching Our Children: A Compendium of Outreach Models***, Focus on Child Health, Health Resource and Service Administration: Washington D.C.

> Outstationing eligibility workers is a valuable tool in the effort to locate and enroll children in Medicaid and CHIP. Currently, States are required to outstation eligibility workers in federally qualified health centers and disproportionate share hospitals, but these eligibility workers can be located in a variety of community locations, such as churches, and community centers. Outstationed eligibility workers assist potential enrollees with the initial paperwork associated with their application to Medicaid or CHIP. Although the final determination of eligibility is made by the appropriate state agency, outstationed eligibility workers are crucial in helping many beneficiaries overcome the hurdle of the paperwork associated with the application process. States are encouraged to consider outstationing eligibility workers at sites that are frequented by families with children, such as schools, child care centers, Head Start centers, WIC offices, Job Corps cites, GED programs, local Tribal organizations and social security offices.[10]

HRSA goes on to recommend outstationing eligibility workers in hospitals, in health centers, and at locations where immunizations are provided.

**Recommendation #3**

The Iowa LIHEAP program should explicitly permit outstationed workers to, at a minimum, complete initial LIHEAP applications and should encourage/require subgrantees to use such workers.

***Expanded Outreach Entities***

One of the primary "lessons" to be learned through the considerable effort expended on improving the outreach for children's health insurance programs (both Medicaid and CHIP) is the benefit of expanding the number, and type, of entities that will be used to take enrollment information. Proposals to increase the enrollment of low-income children in both Medicaid and CHIP are equally applicable to LIHEAP in Iowa. One common set of proposals includes expanding the types of entities that can determine a child to be presumptively eligible for Medicaid. States may use additional entities than those that are currently permitted, such as public schools, child care resource and referral centers, and child support enforcement agencies, to determine presumptive Medicaid eligibility for children.[11]

In expanding the organizations and institutions that are allowed to engage in LIHEAP outreach activities, it is not the mere number that is necessarily significant. HRSA, for example, emphasizes the

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[10] ***A Compendium of Outreach Models***, *supra*.

[11] ***Comparison of Outreach, Enrollment Practices and Benefits***, *supra*, at 30.

use of "peer outreach." "Peer outreach models have proven their effectiveness in a wide range of settings and with a variety of underserved and hard-to-serve populations. Their advantage is that individuals from within the community are more likely than outsiders to identify with and be trusted by the community. The activities of peer educators, community health workers. . .and lay health advisors have repeatedly proven that the strength of the community lies within its own natural leaders."[12] HRSA recommends recruiting "gatekeepers" from the community and using community members as volunteers or paid staff wherever possible.

In this sense, Iowa LIHEAP officials may wish to consider seeking closer ties with the faith-based community. While little work has been found documenting the involvement of the faith-based community in helping to provide outreach and enrollment services for programs such as LIHEAP, an April 1998 report by the Center on Nonprofits and Philanthropy examined the work of religious congregations in Washington D.C.

> Almost 95 percent of responding congregations provide some type of service or program. Of these, more than 75 percent offer an emergency service such as food, financial assistance, clothing, day or overnight shelter, or a soup kitchen. Most congregations provide short-term emergency services,, with almost 60 percent offering emergency food. Nearly half of all responding congregations offer some type of family service such as child care, parent education, or senior services.[13]

The D.C. study found that a majority of religious congregations offer services to anyone in need; about 70 percent of all congregations service low-income individuals and families;[14] more than one-third of congregations offer services to the residents of the community; and fewer than 10% limited services to their members only.

The D.C. research generated results that were substantively similar to previous research into the role that faith-based services providers might play in the community. According to the D.C. report:

> First, our Washington D.C. area survey showed that 95 percent of religious congregations perform outreach within their communities. Cnaan found that 91 percent of the religious congregations in six cities studied offer community programs. Second, the predominance of emergency services provided by faith-based organizations in the Washington D.C. area also has been found in other local studies. One study of

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[12] ***A Compendium of Outreach Models***, *supra*.

[13] Tobi Jennifer Printz (April 1998). ***Faith-Based Service Providers in the Nation's Capital: Can They Do More?*** Charting Civil Society: A Series by the Center on Nonprofits and Philanthropy, The Urban Institute: Washington D.C.

[14] "The typical congregation among this group reported that 90 percent of the people it served were low-income."

faith-based groups serving the black community in Michigan reported that 75 percent of religious providers offered emergency services. Cnaan found that 60 percent of congregations surveyed offered food pantries and 53 percent offered clothing banks. Similar proportions of emergency service were found in a study of United Methodist churches in Michigan.\15\

**Recommendation #4**

The Iowa LIHEAP program should expressly permit LIHEAP subgrantees to use faith-based services providers as community-based intake sites, and should provide training and technical assistance to support such service providers.

## TARGETING THE ENROLLMENT OF SPECIFIC POPULATIONS IN LIHEAP

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. Barriers that have been identified include:

- ⊄ Lack of information about the program's existence and benefits;
- ⊄ Lack of information, or erroneous information, about the household's eligibility;
- ⊄ Complicated enrollment processes, including income verification;
- ⊄ Required in-person interviews;
- ⊄ Enrollment processes and locations that are inconvenient in time and/or location;
- ⊄ The social "stigma" that accompanies a view of benefits as "welfare"; and
- ⊄ The confusion inherent in the need to access different benefits through different offices, filling out different forms, and meeting different eligibility requirements.

\15\ ***Can They Do More***, *supra*.

The various recommendations below regarding targeting specific populations are designed to address these barriers.

### *Targeting the Enrollment of 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. . ."[16] 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 below are based on this 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. Not simply a majority, but rather a *substantial* majority, of low-income children already participate in some type of government program. The Urban Institute recently completed research on how to identify and enroll uninsured children in either Medicaid or state CHIP programs. According to this work:

> 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. The National School Lunch Program. . .appears to be a particularly efficient vehicle for identifying uninsured children who are eligible for Medicaid or CHIP coverage.[17]

Differences exist in the demographics of the programs, however, that would be important to a program such as LIHEAP.

> In contrast, 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.

Selected results from the 1997 National Survey of America's Families are included in the table below.

Low-Income Uninsured Children in Families Enrolled in Public Programs: 1996 - 1997
Selected Characteristics (percentages)

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[16] ***Outreach Strategies in the State Children's Health Insurance Programs***, *supra*, at 4.

[17] Genevieve Kenney, Jennifer Haley and Frank Ullman (Dec. 1999). "Most Uninsured Children are in Families Served by Government Programs." ***New Federalism: National Survey of America's Families***, The Urban Institute: Washington D.C.

| | School Lunch Program | WIC | Food Stamps | Unemployment Compensation | Any of these Four Programs |
|---|---|---|---|---|---|
| Child Characteristics | | | | | |
| Age 0 - 5: | 38% | 48% | 8% | 7% | 68% |
| Family Income | | | | | |
| Less than 50% FPL | 62% | 27% | 24% | 3% | 75% |
| 50 - 100% FPL | 65% | 26% | 12% | 14% | 77% |
| 100 - 150% FPL | 63% | 24% | 3% | 7% | 76% |
| 150 - 200% FPL | 46% | 18% | 5% | 14% | 62% |
| Geographic Location | | | | | |
| Midwest | 60% | 25% | 8% | 11% | 74% |
| SOURCE:<br><br>Kenney et al. (December 1999). "Most Uninsured Children are in Families Served by Government Programs, New Federalism: National Survey of America's Families, Urban Institute: Washington D.C. | | | | | |

As the Urban Institute noted, one of the primary problems in designing outreach strategies is the absence of information on how best to target outreach efforts.

> The analysis presented here suggests that government programs, especially those operated by USDA, are indeed already serving families with large numbers of uninsured children and thus represent a very promising outreach tool--especially for reaching uninsured Medicaid-eligible children. . .The key question is how to effectively use these programs to enroll uninsured children who are eligible for public health insurance.\18\

**The use of schools:** The use of schools has been identified as one mechanism for reaching Medicaid-eligible children. One apparent shortcoming of this approach, however, is that LIHEAP's statutory targeting criteria is directed toward children aged six or younger. The same problem has been addressed with Medicaid outreach. Medicaid eligibility criteria allow younger children with higher family incomes to enroll. Children under 6 years old need to live in families with annual incomes at or below 133 of the federal Poverty Level, while older children must be in families with incomes at or below 100% of Poverty. One GAO report noted:

> As a consequence, 54 percent of children who are Medicaid-eligible, but uninsured, are less than 6 years old. Nevertheless, outreach through schools could reach some of

\18\ ***Served by Government Programs***, *supra*.

> these younger children, since 42 percent have a school-age sibling aged 6 to 17. This means that it could be possible to reach about 69 percent. . .of uninsured Medicaid-eligible children through schools.\19\

GAO concluded, amongst other things, that "most uninsured Medicaid-eligible children are in school or have a sibling in school, which makes the schools an available avenue for reaching children and families."\20\

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.\21\

**Center for Disease Control 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."

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\19\ GAO, "Medicaid: Demographics of Nonenrolled Children Suggest State Outreach Strategies," Report No. GAO/HEHS-98-93, at 3.3 (March 20, 1998).

\20\ ***Demographics Suggest Outreach Initiatives***, *supra*, at 5.1.

\21\ Families USA (April 1998). ***Good Ideas from State Plans: State Child Health Plans Provisions that Can Benefit Children***, Families USA Library, http://www.familiesusa.org/goodhlth.htm.

In sum, CDC is the only federal agency with grant relationships with all fifty state health agencies and all fifty state education agencies. CDC believes "state and local health agencies remain a critical link in the effort to identify and assist in enrolling children into either CHIP or Medicaid. Each of the State agencies have access to a large number of children through several different programs." Iowa's LIHEAP program should ask state CDC officials to encourage each of its grantee agencies to ensure that a low-income child's household is enrolled in LIHEAP every time a child is seen for whatever reason.

These services counsel that LIHEAP outreach should be tied directly into local health agencies providing services such as lead based paint screening and immunizations.[\22\] Local health agencies have been enlisted in similar initiatives. For example, the Massachusetts state child health plan indicates that it will "enlist the staff of other state agencies, including the Department of Public Health, to help families complete applications. These other agencies will then forward completed applications to the Medicaid agency for review. The applications will be annotated with an origination code and then (if the Medicaid agency has entered into an Interagency Service Agreement with the originating agency or the originating agency is acting as an authorized representative) the originating agency will be notified of the eligibility decision."[\23\]

**Child care programs:** One source of targeting children is to piggyback LIHEAP outreach on to child care programs. According to the Iowa Department of Human Services, for example, the state of Iowa spent $5.316 million in 1996 to subsidize child care payments for 3,110 children per month. DHS said that new applicants are eligible if they have incomes at or below 110% of the Poverty Level. Families with children having special needs are eligible up to 155% of Poverty.

The state child day care assistance program is a separate program according to DHS. In 1996, the state assisted 1,528 children per month through the state program. Program income eligibility is the same as the Child Care Block Grant program. Other child care assistance programs having income limits at or below those of LIHEAP include the at-risk child care services program and the transitional child care program.

The coordination of social service programs with child care subsidies in Iowa is not new. Iowa is reported to be one of the states that works through its child care subsidy program to improve children's immunization rates. In addition, the Iowa Department of Human Services is working with the Maternal and Child Health Bureau to develop a statewide network for the delivery of health systems through child care programs. Finally, Iowa coordinates with the state Department of Education, At Risk Preschools and Early Childhood Special Education Preschools through wrap-around child care

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\22\ Given the public health consequences of unaffordable home energy, as identified by the recent Iowa LIHEAP survey, LIHEAP outreach through health-based institutions is not unreasonable or "off-task" for these institutions.

\23\ Families USA (April 1998). ***Good Ideas from State Plans: State Child Health Plans Provisions that Can Benefit Children***, Families USA Library, http://www.familiesusa.org/goodhlth.htm.

grants. Working with subsidized child care programs to identify and enroll very low-income households with children in the LIHEAP program is not only possible, but is consistent with other state initiatives.

**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 CHIP [or Medicaid] eligibility."[\24\]

**Iowa Department of Public Health:** Finally, 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.

In sum, one primary way to reach unenrolled children through new targeting mechanisms is to create partnerships with other existing public benefits programs. As the 1998 Report to the President by the Interagency Task Force on Children's Health Insurance Outreach noted:

> Many children eligible for Medicaid or CHIP are currently in contact with one or more Federal programs, making these programs appropriate places for reaching out to the uninsured children. Most children are enrolled in school, child care, or Head Start. Many participate in school breakfast and lunch programs. Others are enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Federal Food Stamp Program. They attend public health clinics for immunizations and school nurses for injuries.

A summary of recommendations is presented below.

**LIHEAP OUTREACH TARGETING RECOMMENDATIONS FOR IOWA'S CHILDREN**

1. Develop targeted outreach for both school-age and non-school-age children through Free and Reduced Price School Lunch Program.

2. Develop adjunctive eligibility for non-school age children through WIC.

\24\ Paula Roberts (1998). ***Coordination Between the Child Support and Children's Health Insurance Programs in Order to Obtain Health Insurance Coverage for Children***, Center for Law and Social Policy: Washington D.C.

3. Develop targeted outreach for Food Stamp recipients.

4. Either (a) contract with school-based centers to engage in outreach; or (b) outstation outreach workers through school-based centers.

5. Either (a) contract with health-facility-based centers (including local health agencies) to engage in outreach; or (b) outstation outreach workers through health-facility-based centers.

6. Work with state officials implementing CDC-based programs to encourage each of its grantee agencies to ensure that a low-income child's household is enrolled in LIHEAP every time a child is seen for whatever reason.

7. Work with state-assisted subsidized child care programs to establish adjunctive eligibility and to enroll child care program participants in LIHEAP.

8. Enter into an interagency Memorandum of Understanding with the Iowa child support enforcement agency to target outreach to low-income households identified by the agency.

9. Enter into an interagency Memorandum of Understanding with the Iowa Department of Health to have agencies performing FIPS home visits enroll FIPS participants in LIHEAP at the time of the home visit.

***Targeting the Enrollment of the Elderly***

Unlike outreach to children, there is no substantial body of work that addresses outreach to older Americans. In 1991, the Administration on Aging launched a multi-year initiative called the National Eldercare Campaign. AOA provided funds to support a new community outreach effort, Project CARE. "Project CARE sought to enlist state and local coalitions to identify the target population, their needs, and generate resources to meet their needs."[\25\] By the end of 1992, virtually all states had three "local coalitions" in place, seven out of ten which were actually providing a service to elderly persons.

> The intent of Project CARE was to demonstrate that coalitions that widen their base of support at the state and local levels can enhance a community's ability to provide needed services for an increasing population of aging persons who are at risk of losing their self-sufficiency. Project CARE was to recruit groups that have not traditionally

\25\ GAO (1994). ***Older Americans Act: The National Eldercare Campaign***, GAO/PEMD-94-7, General Accounting Office: Washington D.C.

focused on aging issues. They would provide new advocates, ideas, and approaches to mobilizing community resources.\26\

Unfortunately, the local coalitions do not appear to have sustained themselves when the three-year cycle of AOA funding was completed. Information on the Iowa coalitions, and on the overall Iowa efforts, has not been available. Additional effort to identify that work might be helpful for Iowa's LIHEAP outreach efforts to older residents.

**Administration on Aging:** Nonetheless, 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. According to the AOA's 1997 State Performance Report for Iowa,\27\ 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.

Iowa AOA programs served roughly 51,000 unduplicated clients in 1997. Many of these involved services (called Cluster 1 services) that might be conducive to LIHEAP outreach and enrollment. The clients provided with these services need not be income-eligible for LIHEAP. As mentioned above, roughly 30% of all Iowa AOA clients lived below 100% of the federal Poverty Level. Statistics on AOA clients living below 150% of Poverty (as opposed to 100% of Poverty) are not available.

| Unduplicated Clients Receiving Title III AOA Services<br>Iowa: 1997 | |
|---|---|
| Cluster 1 Service Provided | 1997 |
| Personal Care | 832 |
| Homemaker | 896 |
| Chore | 2,777 |
| Home Delivered Meals | 11,205 |
| Adult Day Care/Health | 961 |
| Case Management | 4,332 |
| Total Cluster 1 clients | 21,003 |

\26\ ***The National Eldercare Campaign***, *supra*.

\27\ The 1998 report should be available by the end of the summer. 1999 reports have not yet been processed by AOA.

SOURCE:

State Performance Report (Iowa), Title III and Title VII, U.S. Administration on Aging.

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.[28]

**Medicare services:** Aside from AOA-funded services, 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. In April 1999, GAO released a report to examine reasons why eligible beneficiaries are not enrolled in Medicare, and to identify strategies to increase enrollment.[29] Two parts of the Medicare program in particular were examined: (1) the Qualified Medicare Beneficiary (QMB) program, and (2) the Specified Low-Income Medicare Beneficiary (SLMB) program. Medicare has limited enrollment. Nearly half of all Medicare beneficiaries who are eligible for the QMB and SLMB programs are not enrolled. Lack of enrollment is highest amongst those who are most vulnerable, including those in poor health, those with difficulty performing certain life activities, and those residing in facilities (such as a nursing home, assisted living facility, or mental health facility).

GAO reported that a number of states "have taken steps to simplify their application and enrollment processes." It continued: "advocates and state officials who we interviewed suggest that expanded administrative simplification efforts in conjunction with more creative and targeted outreach could increase QMB and SLMB enrollment."[30] Unlike Medicaid, Medicare can be targeted to the low-income elderly.

Several suggested outreach tactics, in particular, seem to be well-suited for adaptation to the LIHEAP program.

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

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[28] Service units for outreach refer to individual, one-on-one contacts between a service provider and elderly client or care giver. An activity that involves a contact with several current or potential clients/care givers (what is considered a group service) are *not* counted as a unit of outreach. Group services are instead to be defined as "public education" or some similar designation which the state may adopt.

[29] GAO (April 1999). ***Low-Income Medicare Beneficiaries: Further Outreach and Administrative Simplification Could Increase Enrollment***, 1, General Accounting Office: Washington D.C.

[30] ***Low-Income Medicare Beneficiaries***, at 3.

- ⊄ 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.[31]

- ⊄ 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. The Community Health Center Program (CHC) is designed to provide access to preventive and primary health care services for people in areas where economic, geographic, or cultural barriers limit access to primary and preventive health care for a substantial portion of the population. A list of community health centers in Iowa should be obtained[32] and these centers incorporated into the Iowa LIHEAP outreach network.

- ⊄ 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.[33]

**Iowa Department of Insurance/Iowa Department of Public Health:** 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. For persons who do appear to qualify, SHIIP will provide assistance with the application process.

Finally, 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 counties, the Senior Health program provides "complete health assessments" in addition to information about Medicare and other community resources. In addition,

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[31] ***Low-Income Medicare Beneficiaries***, at 14.

[32] There is a National Association of Community Health Centers. Iowa-specific centers could perhaps be obtained through this Association.

[33] ***Low-Income Medicare Beneficiaries***, at n.15, p.15.

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.

**LIHEAP OUTREACH TARGETING RECOMMENDATIONS FOR IOWA'S ELDERLY**

1. Contract with AOA-funded service providers to deliver outreach while delivering Cluster 1 services.

2. Contract with AOA-funded service providers to deliver outreach while delivering AOA outreach.

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

4. Coordinate outreach with other programs providing assistance to low-income older persons. For example, elderly pharmacy assistance programs can help identify individuals with ongoing prescription drug needs, who are potentially eligible for LIHEAP.

5. Coordinate outreach through local "community health centers" funded through the federal HRSA.

6. 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.

7. Enter into an inter-agency Memorandum of Understanding with the Iowa Department of Insurance to provide LIHEAP outreach to persons inquiring about QMB/SLMB through SHIIP.

8. Coordinate LIHEAP outreach with the Iowa Department of Health through its Home Care/Chore and Senior Health programs.

***Targeting the Enrollment of 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.\34\ Only one person per household may claim a property tax credit.

Pursuant to the Iowa Code, 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. The percent of property taxes due (or rent constituting property taxes paid)\35\ allowed as a credit or reimbursement is based on the following schedule:

| Percent of Property Taxes Due or Rent Constituting Property Taxes Paid Allowed as a Credit or Reimbursement | |
|---|---|
| If the household income is: | |
| $0 - 8,499.99 | 100% |
| $8,500 -- $9,499.99 | 85% |
| $9,500 - 10,499.99 | 70% |
| $10,500 - 12,499.99 | 50% |
| $12,500 - 14,499.99 | 35% |
| $14,500 - 16,499.99 | 25% |
| SOURCE:<br><br>Iowa Code, •425.23. | |

As can be seen, the "circuit breaker" property tax credit is based on dollars of income rather than on Poverty Level. If a claimant is a one person household, that household would have been eligible for property tax relief with an income of up to 200% of Poverty Level (100% of Poverty for a one person household in 1999 was $8,240). If a claimant lived in a two person household in 1999, that household would have been eligible up to 150% of Poverty Level (100% of Poverty for a two person household in 1999 was $11,060). Larger households obviously have decreasing levels of eligibility.

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\34\ *See*, ***Iowa Code***, •425.17 (2000).

\35\ If a person is a renter, 23% of the gross rent actually paid in cash or its equivalent is deemed to constitute property taxes paid.

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.

**State and federal programs:** At the state and federal level, the Developmental Disabilities Assistance and Bill of Rights Act of 1990 funds programs which assist states to assure that individuals with developmental disabilities and their families participate in the design or and have access to culturally competent services, support and other assistance and opportunities that promote independence, productivity and integration and inclusion into the community.

In addition, the federal government funds Parent Information Centers under the Individuals with Disabilities Education Act (IDEA). Seventy such centers around the country provide training and information to parents with children with disabilities. A list of such centers should be located to determine which, if any, are located in Iowa.

**Supplemental Security Income:** The pursuit of adjunctive eligibility in collaboration with the Supplemental Security Income (SSI) program is one additional way to reach the disabled population. The SSI program is a cash assistance program for low-income aged, blind or disabled persons. The states have the option of supplementing their residents' SSI payments and Iowa has chosen to do so. The process of adjunctive eligibility is described in more detail above. The extent to which the Iowa LIHEAP program currently enrolls SSI recipients is described below.

**LIHEAP OUTREACH TARGETING RECOMMENDATIONS FOR IOWA'S DISABLED**

1. Develop a working relationship between the Iowa Department of Revenue and Finance as a means of targeting low-income elderly and disabled residents through the state "circuit breaker" program.

2. Local LIHEAP agencies should work with county officials to direct local LIHEAP outreach to recipients of property tax relief.

3. A list of which Parent Information Centers, if any, funded under the Individuals with Disabilities Education Act (IDEA), are located in Iowa should be developed. These centers should be incorporated into the LIHEAP outreach network.

4. A list of state and local programs funded through the federal Developmental Disabilities Assistance and Bill of Rights Act of 1990 should be developed. Service delivery agencies should be incorporated into the LIHEAP outreach network.

5. LIHEAP should implement adjunctive eligibility for recipients of benefits through the Supplemental Security Income (SSI) program.

**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. Some of these outreach mechanisms can be implemented through actions at the state administrative level (*e.g.*, adjunctive eligibility for TANF, SSI, WIC). Other actions can be both enabled and encouraged at the state administrative level (*e.g.*, working relationship with circuit breaker program; training and technical assistance to faith-based service providers).

One exciting aspect about the outreach mechanisms discussed above, however, 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).

In all instances above, the recommended outreach strategies would likely increase overall enrollment in the LIHEAP program.

The next step for Iowa's LIHEAP program, however, is to identify those geographic areas, as well as those target populations, in which the program wishes to pursue enhanced outreach, improved targeting, and increased enrollment. It is this next step to which the second section of this analysis turns its attention.

# IOWA-SPECIFIC TARGETING ANALYSIS

Iowa's Low-Income Home Energy Assistance Program (LIHEAP) has substantial room for improving its targeting of home heating benefits. Improved targeting could be directed toward the lowest income households (below 50% of Poverty), to households with senior citizens (over the age of 60), to households with children, and to households with disabled persons. In addition, the Iowa LIHEAP program could improve its interconnections with other public benefit programs to increase the number of low-income households receiving assistance with their home energy bills.

These conclusions are based on data from Fiscal Year 2000 (FY2000) provided by each Community Action Agency (CAA) serving as a LIHEAP sub-grantee.[36] The LIHEAP data was combined with information from a variety of public sources to provide insights into the populations that LIHEAP does, and does not, serve. The Iowa LIHEAP program's targeting was examined within the following areas:

- Different poverty levels;
- Households with children;
- Disability status;
- Households with elderly members;

[36] LIHEAP data is not consistent throughout all Iowa sub-grantees. There are two different types of data sets. The first is based on a Microsoft Access model. The second uses a dBase format.

- Participation in other public benefit programs.[37]

**THE DATA USED**

The comparison of information used in the Iowa analysis is not "perfect." The analysis, for example, assigns counties to each CAA, even though CAA service territories do not precisely correspond to county boundaries. Census data is used for multi-county regions (called PUMAs), even when those regions do not exactly correspond to the CAA service territories. Some data involves households, while other data involves persons. The types of data used, along with its shortcomings, if any, are noted throughout.

**PROJECT PURPOSES**

The purpose of this project is not to judge whether Iowa's individual LIHEAP sub-grantees are doing a "good" job or a "bad" job. Neither was the purpose of the project to develop a robust quantitative model to measure the impacts or success of Iowa's LIHEAP outreach and/or targeting efforts. Rather, the purpose of the inquiry is several fold:

- To determine whether there is, in fact, reasonably accessible information that can point to populations that Iowa's LIHEAP program could beneficially spend more attention on outreach;

- To determine whether an examination of the demographics of the Iowa LIHEAP population can provide insights into the *types* of outreach that could be pursued;[38]

- To determine whether Iowa's LIHEAP program could benefit from using different outreach in different geographic areas;

- To determine whether any glaring lack of success exists in enrolling priority populations; and

- To determine whether data for local geographic areas can be used, rather than simply performing data analysis at the statewide level.

The need for, and benefits of, the possible targeting strategies for Iowa's LIHEAP program presented in Part I of this report is documented by the analysis below.

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[37] The programs considered were Temporary Aid to Needy Families (TANF) (called FIPS in Iowa); Food Stamps; Free School Lunches, and Supplemental Security Income (SSI).

[38] *See generally*, General Accounting Office, ***Medicaid: Demographics of Nonenrolled Children Suggest State Outreach Strategies***, Report No. GAO/HEHS-98-93, at 3.3 (March 20, 1998).

**OVERARCHING OBSERVATIONS**

Several overarching conclusions can be made based upon the information presented:

- ⊄ The most consistent observation is the failure of the LIHEAP program to serve the lowest income senior population. The extent of the underservice is not only common, but is consistently substantial.

- ⊄ The Iowa TANF population is substantially underserved by the Iowa LIHEAP program. In no CAA service territory did all (or even nearly all) TANF recipients receive LIHEAP.

- ⊄ The "under 50% of Poverty" population is often under-served by the Iowa LIHEAP program.

- ⊄ The Supplemental Security Income (SSI) population is substantially underserved. Households receiving SSI benefits are often considered to be amongst the lowest income populations. Nonetheless, the Iowa LIHEAP programs comes nowhere close to serving all SSI recipients.

- ⊄ There is a large potential for increased LIHEAP participation to be gained from coordination with other public benefit programs. Both the Food Stamp and Free School Lunch programs, for example, present large unserved low-income populations.

- ⊄ There is a significant potential for increased participation in the disability community.

The specific factual analysis of each individual Iowa Community Action Agency has been redacted from this publicly available document.

# SUGGESTED OUTREACH SCRIPTS

### SCRIPT #1: BRINGING DREAMS TO LIFE

You're a parent now. What are your dreams for your kids? That they explore the stars? That they become doctors or surgeons? That they have a better, easier, life than you have had?

It *might* be easy. For example:

- You could become rich by winning the Iowa lottery.
- One baseball player just signed a contract for $252 million.

For the rest of us, however, a sound education is the best road to a better life.

A cold home gets in the way of that sound education. A cold child is a bad student. And, if you've been forced to cut back on food in order to pay your heating bills, a hungry child is a bad student. If you were forced to skip or postpone a doctor's appointment to save money to pay your heating bill, remember that a sick child is a bad student.

Energy Aid helps bring your dreams for your child to life. Energy Aid not only helps keep the heat and lights on, but it also helps remove the need to sometimes cut back on food, reduce the heat, or skip doctor's check-ups.

Unless you hit the lottery, or become a star baseball player, bringing dreams to life in today's world depends on getting a good education. Energy Aid is one important step in helping that happen for your kids.

Help bring your dreams to life. Ask your local school counselor about Energy Aid.

**SCRIPT #2: BREAKFAST UP THE CHIMNEY**

They can't do it themselves. Our kids need our help to get a healthy start in life. We put bicycle helmets on their heads, bandaids on their scraped knees, and nutritious food on their dinner table.

Energy Aid is part of that healthy start as well. When winter heating bills become hard to pay, many Iowans feel a need to cut back on food purchases to save on money. Others delay visits to the doctor or dentist, while still others cut back on their heat in an effort to keep the bill down.

Energy Aid helps you avoid needing to do any of these. Let us help pay your home heating bill so you can have more money left to provide a healthy life for your child: good food, warm clothes, timely doctor's help.

They can't do it themselves. They can wash their hands, wear their coats, and eat their vegetables to stay healthy. Only you, however, can get Energy Aid to help warm your home and make sure your child's breakfast doesn't go up the chimney in heating bills.

Energy Aid. A vital link to keeping your kids healthy. Ask for Energy Aid information at your local health clinic.

**SCRIPT #3: RULES OF THE GAME**

The rules of the game. That's something we all teach our kids and grandkids. It's important to play by the rules.

- When you get a hit in baseball, you run to first base first.

- When you see a red light, you stop.

One "rule of the game" is that you pay your taxes each year when you earn money. This is to ensure that schools are built, roads are maintained, and programs such as Energy Aid are there when you need them.

Growing older on a fixed income is often hard. It's hard to make a fixed income cover ever-increasing prices. It's hard to stretch a limited budget to pay for medicines you didn't need when you were younger. It's hard to heat your home, buy your food, and pay your other bills on a Social Security income.

Don't make it harder than it needs to be. That's not playing by the rules. Sometimes you pay in through taxes, and sometimes you make a withdrawal through Energy Aid.

That's not "welfare" or "charity." That's simply the rules of the game.

Play by the rules of the game. Get help when you need it. Take the worry out of winter by asking about Energy Aid at your local senior services center.

**SCRIPT #4: YOU'VE EARNED A REST. . .**

You've earned a rest. . .and more.

As an older person, there are some things you've earned in life:

- You've earned the right to be shown respect by children;
- You've earned the right to restful retirement.

One more thing you've earned is the right to be warm in Iowa's cold winters. Iowa's Energy Aid pays you back some of the money that you've paid in taxes over the years.

You've paid your taxes. You've raised your family. You've earned the right to withdraw some of that money now to help take the sting out of winter heating bills. Energy Aid is like a public savings account. You've contributed to it over the years. Now, if you need to, you've earned the right to make a withdrawal to help pay your winter heating bills.

That withdrawal is not "welfare." It is not an act of charity. You've earned the right to make a withdrawal of Energy Aid. Ask your local senior center this winter about Energy Aid. Then draw down your Energy Aid. You've earned it.

**SCRIPT #5: TAKE THE WORRY OUT OF WINTER**

You shouldn't have to worry.

That are enough things in life to worry about.

- ⊄ Is your back pain *ever* going to go away?

- ⊄ Will your granddaughter resist her temptation to drop out of school before graduating next spring?

- ⊄ Will that squeak in your car develop into a full-fledged problem?

There are some things, however, that you should *not* have to worry about.

- ⊄ Will you be able to heat your home this winter?

- ⊄ Do you have to wear a coat *inside* your home just to stay warm?

- ⊄ Will you be able to afford both your medicine and your heating bill?

Iowa's Energy Aid program is designed to help us help you avoid some of those worries. Such help is not unusual. Workers can get unemployment payments. Farmers can get price supports. These programs all offer to take away the worry about something bad happening to you over which you have no control.

Energy Aid helps you not to have to worry about sky high home heating bills. Your health, your kids, your car. As a senior, you have enough to worry about.

Energy Aid. Take the worry out of winter. Ask about Energy Aid at your local health care provider.

**SCRIPT #6: LOOKING FOR JACK. . .**

We're looking for Jack.

Jack was robbed today. No police report was filed. Jack didn't lose his money or his car or the television set he keeps in his front room. What happened is that Jack paid his winter heating bill. To make that payment, Jack was forced to sell his deceased wife's wedding ring.

Jack didn't feel that his heating bill was too high. That didn't make the bill any more affordable. Jack realizes that his social security check just doesn't pay him enough money to buy his medicines, pay for his special diet, *and* pay the heating bill that comes with Iowa's cold winters.

Jack was robbed today. No police report was filed. Jack didn't lose his money or his car or the television set he keeps in his front room. He paid his bills as he always has done and as he is determined he will always do in the future. Jack was robbed of his dignity and of his belief that life will get better before it gets worse.

The wedding ring is now gone, as are Jack's other material valuables, sold to pay previous month's bills. The only thing that now remains is the knowledge that *next* month's heating bill will be as high, or higher, than this month's.

We're looking for Jack.

Are you Jack? Don't let winter rob you of *your* dignity. We can help. Contact your local clergy for information about Iowa's Energy Aid.

**SCRIPT #7: VERY DIFFERENT PEOPLE. . .**

A typical Iowa day. Susan dropped off her two daughters at school before heading to her job as a hair stylist in Carroll. Jacob finished his baking before getting ready for the 80th birthday party his family was giving him in Iowa Falls. Marie parked her car in the school lot and then rushed for her classes in Ankeny. Will gazed down at his three month old son in Bedford.

Very different people under very different circumstances. Young and old. Employed and unemployed. Working and retired. All Iowans. All worried.

Very different people under very different circumstances with very different needs. What each has in common is a worry about their winter heating bills.

- ⊄ Susan worries about the dentist appointment she canceled for the girls after she paid her January heating bill.

- ⊄ Jacob counts his heart pills one more time, and wonders if he can make them last three weeks rather than two before needing to buy more.

- ⊄ Marie *has* to go to school to keep getting her welfare check, but wonders how she is going to buy gas for her car after paying her most recent fuel oil fill-up.

- ⊄ Will packs his infant son up and heads to the mall because his home is simply too cold to stay in during the day time.

Different people. Different circumstances. Different needs. But for Susan, Jacob, Marie and Will all, Energy Aid can help take the sting out of winter heating bills.

Take the worry out of winter. Contact your local community action agency and ask about Energy Aid.