



NCBOE and MIPPA: Equity and Program Assessment Overviews

PREPARED FOR:

UNITED STATES DEPARTMENT OF HEALTH AND
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COMMUNITY LIVING

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Today's Presenters



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Agenda



Overview of Assessments



Assessment Findings



To-Be Phase Recommendations Summary



Discussion

Overview of Assessments

Overview of Assessments Completed

MIPPA Program Evaluation As-Is (October 2020 – June 2021)

Provided a comprehensive assessment of how the program performs today by reviewing key program documents, conducting qualitative interviews, and analyzing quantitative data.

National Center for Benefits Enrollment and Outreach (NCBOE) Equity (June - December 2021)

Assessed whether, and to what extent, programs such as the NCBOE perpetuate systemic barriers to opportunities and benefits for underserved groups.

- Specific response to Executive Order 13985 Advancing Racial equity and Support for Underserved Communities Through the Federal Government
- Followed by a deeper dive into the program.

MIPPA Equity (April - October 2022)

Two purposes: 1) explore how well the program supports equitable, inclusive, and accessible outcomes through its mission delivery and 2) identify specific opportunities for the program to reduce gaps in services provided to people who are historically underserved and/or marginalized.

MIPPA As-Is Findings

Qualitative & Quantitative Research Methodology

Qualitative Methodology

- Conducted 28 interviews:
 - 9 with state grantees; 2 with community-based organizations, 1 with a tribal grantee
 - 3 with NCBOE; 3 with Benefits Enrollment Centers
 - 9 with an advisory group; , 1 other

Quantitative Methodology

- Used publicly-available data and program-supplied data to conduct analysis of:
 - Funding history
 - Performance metrics
 - Geographic reach



Challenges & Limitations

- The COVID-19 pandemic impacted how stakeholders responded to questions.
- Stakeholder groups were not statistically representative due to the Paperwork Reduction Act (PRA) limits of standardized interviews for a single group to nine people.
- Available data was limited with respect to staffing and state sub-grantees
- The assessment did not consider lobbying and advocacy activities, as these activities are outside of the scope of MIPPA awards

Summarized Findings

#	Identifier	Theme
1	Defining and Measuring Success	Due to the MIPPA program's decentralized structure, stakeholders throughout the program have multiple definitions of success and different approaches to program measurement.
2	Customizing Program and Grant Structure	With different funding streams, operating models, and organization structures, state and local providers can customize their delivery of the MIPPA program.
3	Identifying National and Local Perspectives	National and local stakeholders emphasize different activities to maximize program delivery and overall success.
4	Sharing Beneficiary Information	There is not a consolidated view of an individual's eligibility, application status, or benefits received across state and federal programs. This impacts program efficiency and the consistency of the customer experience.
5	Working with the National Center for Benefits Outreach and Enrollment (NCBOE)	The NCBOE is a large, discretionary agreement that has only been awarded to one recipient—the National Council on Aging (NCOA). As a consistent MIPPA partner since the program's inception in 2008, NCOA is an important and effective MIPPA resource.

Key Takeaways

1. The MIPPA program uses a decentralized structure and an extensive network of state and local providers to reach low-income Medicare beneficiaries.
2. Local providers are effectively prioritizing and targeting beneficiary populations with the greatest need in their service area. As a result, MIPPA reaches a varied group of beneficiaries within the program's target population.
3. Expanding the reach of the program and/or reaching the most vulnerable populations requires a strategic investment of resources.

MIPPA Equity Assessment Findings

Qualitative Methodology

- Conducted 19 interviews:
 - 8 with state program Directors
 - 9 with state beneficiary experts
 - 2 with beneficiaries who contacted the state office for assistance

Quantitative Methodology

- Used publicly-available data and program-supplied data to conduct analysis of:
 - Engagement with priority populations
 - Efficacy of outreach methods
 - Coverage of counselor languages



Challenges & Limitations

- Limited number of interviews with the same "type" of interviewee due to the Paperwork Reduction Act.
- Quantitative results are directional and provide a relative sense of where engagement is stronger/weaker due to data limitations.
 - Imperfect data collection complicated analyses.
 - Unable to track individuals through the beneficiary journey (i.e., from eligibility to receipt of services).

Key Findings (1 of 2)

The MIPPA equity assessment resulted in the following key findings.

1

States distribute MIPPA funding geographically and rely on community-based organizations to target priority populations.

- States interviewed for this assessment highlighted the use of geographic networks, including state AAA networks, to distribute MIPPA funding. Interviewees indicated that outreach to priority populations occurs via sub-grants to community-based organizations (CBOs) who serve a particular population (e.g., English as a second language).

2

States can combine MIPPA funding with SHIP and SMP funding, impacting the level of outreach to low-income beneficiaries.

- Many states pool several grants they receive from ACL, which reduces administrative costs and allows more funding for direct service to beneficiaries. Those services can increase or decrease outreach to specific beneficiary groups (including beneficiaries eligible for MIPPA core benefit programs), depending on state outreach processes.

3

State officials interviewed for this assessment were aware of the priority populations identified by MIPPA Performance Metric 3 and referenced specific outreach to three of the four populations.

- State officials identified Rural, AIAN, and ESL as priority groups that receive targeted outreach.
- Under 65 with disabilities was not highlighted by interviewees as a group that received targeted outreach, indicating an opportunity to explore the level of focus on this population.

4

Awareness of MIPPA core benefit programs, more than the ability to access those benefits, was cited as the program's principal barrier to equity. Barriers to access are often addressed by states or federal groups outside of ACL.

- Interview participants consistently highlighted barriers to awareness of MIPPA benefits, citing a general lack of knowledge among the eligible beneficiary population about LIS, MSP, and the MIPPA program.
- Participants highlighted ways to improve access to benefits, such as creating a single state application for benefits or creating an automatic re-enrollment option for existing beneficiaries. However, these types of changes typically do not fall within the scope of ACL or the MIPPA program.

Key Findings (2 of 2)

Low-income AIAN, Asian, and Hispanic/Latinx older adults are underrepresented amongst beneficiary contacts in a handful of states.

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- **AIAN:** Some counties in [Arizona](#), [New Mexico](#), and [Alaska](#) with relatively large low-income AIAN older adult populations have a disproportionately low share of AIAN beneficiary contacts.
- **Asian:** [Los Angeles County, CA](#), [Queens County, NY](#), and [Honolulu County, HI](#) have high shares of low-income Asian older adults, but relatively low shares of beneficiary contacts.
- **Hispanic/Latinx older adults:** Most areas with a high share of low-income Hispanic/Latinx older adults show proportional service based on beneficiary contact information. Notable exceptions include [New York](#) and [California](#).

Certain states lack any counselors who speak specific languages.

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- Counselor coverage for [Korean](#) and [Vietnamese](#) is nonexistent in Georgia, and relatively weak in high-population states like New York and Texas.
- Four of the top ten states with the highest share of LEP [Russian](#) speakers have zero Russian-speaking counselors.

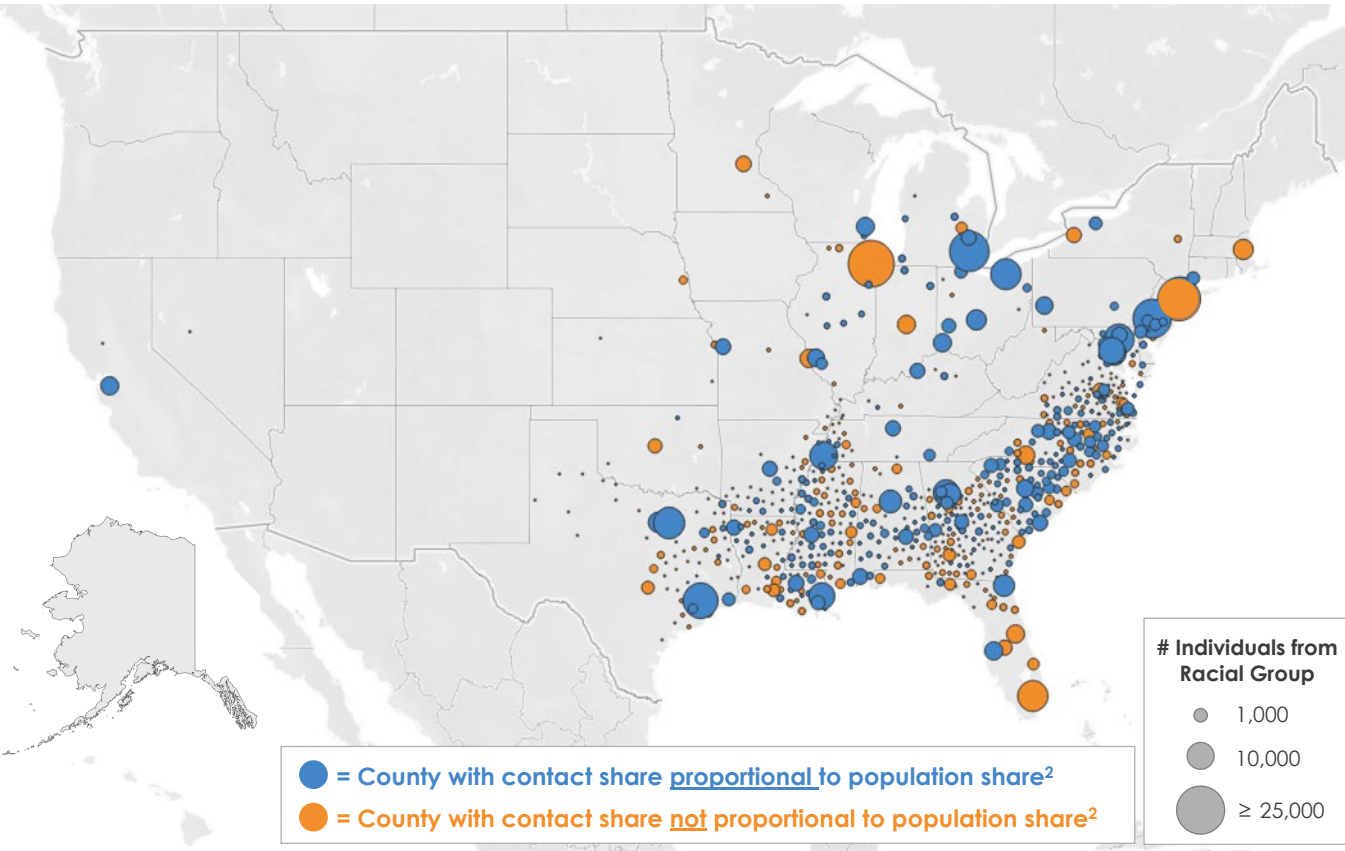
Data collection issues create challenges for information collection and equity assessments.

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- Revising the data collection forms could ease the burden on those inputting data and significantly improve the program's ability to assess performance and impact, including equity.
 - E.g., Data Entry: Remove the autofill for county based on zip code.
 - E.g., Data Analysis: Align language and terminology across all forms to allow for variable matching.

Low-Income Black Older Adults

Counties with **High Share**¹ of LI Black Older Adults, Colored by Proportionality²
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**:
 - **Cook County, IL** (35% pop. share vs 7% contact share)
 - **Kings County, NY** (29% pop. share vs 14% contact share)

¹ "High Share" describes service areas where the racial group population share is higher than the national share (>16.4% for <100% FPL Black older adults).

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

Languages Spoken by Counselors

Top 10 High-Share States¹ for LEP Spanish-Speakers

3 of the top 10 states for LEP Spanish Speakers – Puerto Rico, Florida, and Texas – have relatively few Spanish-speaking counselors. More help from Spanish-speaking staff may help fully engage the LEP Spanish-speaking population in these states.

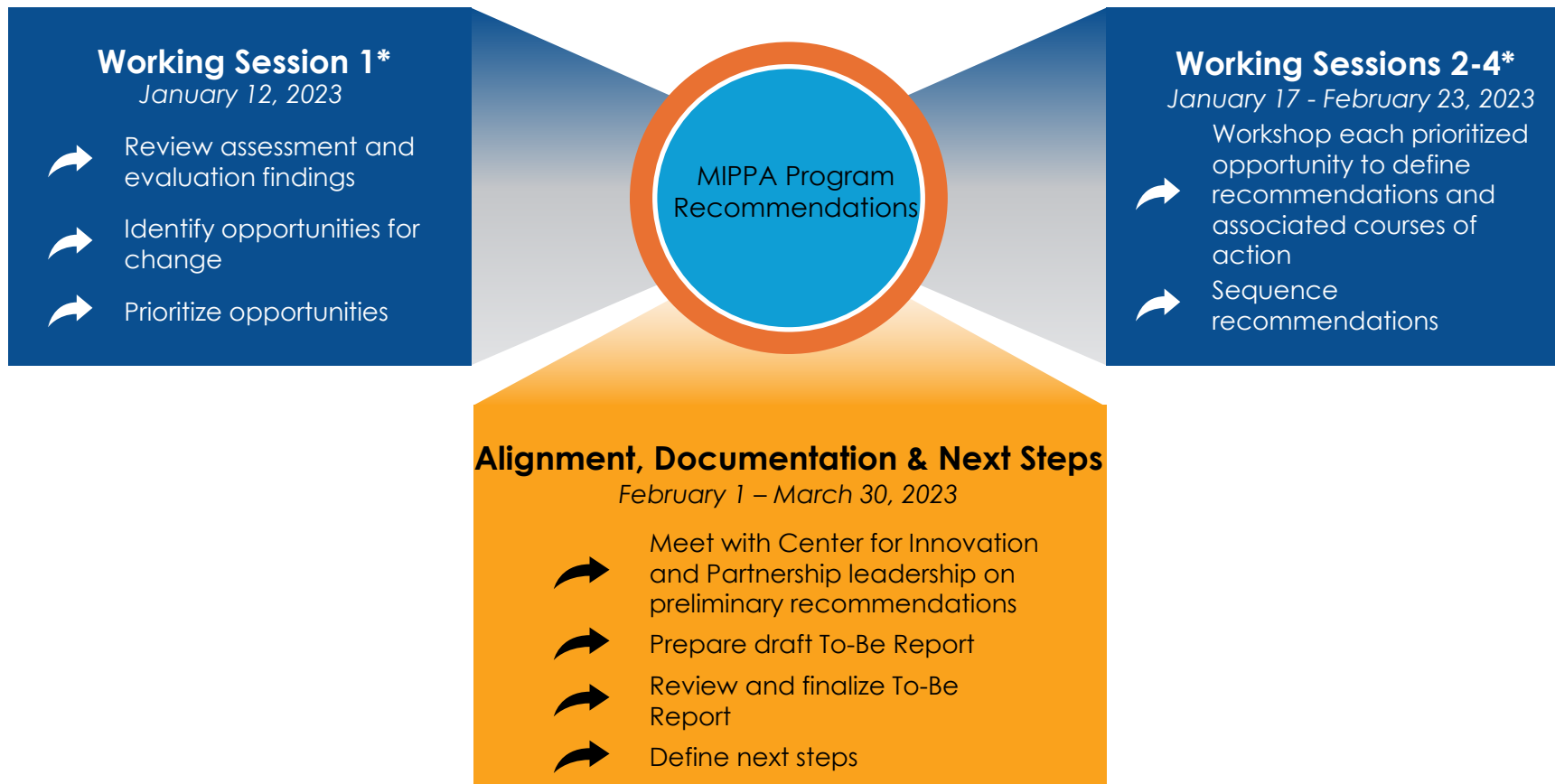
Spanish-Speaking Counselor Coverage

State	LEP Spanish Speakers	Spanish-Speaking Counselors	Counselors per 10k LEP Spanish Speakers
Puerto Rico	2,379,715	18 (of 20)	0.08
Florida	1,844,887	18 (of 448)	0.10
Texas	2,965,287	29 (of 421)	0.10
Arizona	431,222	10 (of 100)	0.23
New York	1,166,777	36 (of 951)	0.31
New Jersey	590,443	27 (of 377)	0.46
California	4,083,013	218 (of 1231)	0.53
New Mexico	137,318	9 (of 58)	0.66
Nevada	229,715	37 (of 163)	1.61
Rhode Island	51,894	16 (of 124)	3.08

¹ The above table is scoped to the top 10 states with the highest number of Spanish-speakers with limited English proficiency as a percentage of the overall state population. The table is sorted by the state-level ratio of Spanish-speaking counselors to the underlying LEP Spanish-speaking population.

MIPPA To-Be Phase Recommendations Summary

To-Be Phase Approach



**OHIC leadership and SMEs, and a representative from the National Center for Benefits Enrollment and Outreach (NCBOE) participated in the working sessions.*

Recommendations for Change

#	Identifier	Recommendation
1	Mission & Expectations	Expand program reach and increase accountability by defining program mission, clarifying expectations, improving grantee monitoring, and updating measures of success.
2	Visibility, Accessibility, & Partner Engagement	Increase visibility, accessibility, and partner engagement through continuous program improvement and diversification.
3	Awards Processes	Improve and simplify grant awards processes at all levels of program administration.
4	Data Quality	Enhance technical assistance and monitoring to improve data collection and compliance.

Partner Share

- Find someone at your table who you don't know or don't know well.
- Share with each other something you are currently doing in your program to improve one of the following areas

Mission & Expectations
Visibility, Accessibility, & Partner Engagement
Awards Processes
Data Quality

Gallery Walk

- Think of a change (or changes) you'd like to make in the future.
- Take a walk around the room and add your thoughts to the posters around the room
- Spend a few minutes viewing others' ideas.

THANK YOU