Crossing New Frontiers: Benefits Access among Isolated Seniors

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About this Issue Brief

One in six seniors living alone in the United States faces physical, cultural, and/or geographical barriers that prevent them from receiving benefits and services that can improve their economic security, and ability to live healthy, independent lives. This issue brief describes the ways in which social and geographical isolation pose barriers to benefits access among older adults. By examining the main characteristics of the isolated population, this brief identifies new opportunities to improve and expand the outreach and enrollment efforts targeted at this population.
Introduction

One in six older adults lives in social and/or geographical isolation. Isolated seniors are older adults age 65+ who, in addition to living alone, face physical, cultural, and/or geographical barriers that prevent them from receiving important services and supports from family members, friends, and private and governmental agencies. These barriers may also prevent seniors from applying for and receiving the benefits and services for which they are eligible, thus significantly affecting their ability to live independently.1

Who are the Socially and Geographically Isolated?

Isolation among older adults is often defined by living arrangement, in other words, living alone. Living alone is used as a measure of isolation because it implies the lack of immediate support from a spouse or family member. While living alone is essential to our definition of isolation, we take one additional step and identify other barriers that increase isolation and prevent seniors from accessing alternative sources of support, whether that support is from government or private organizations. This issue brief focuses on the seniors living alone who also face disability, language, and geographical barriers which may prevent them from accessing the benefits for which they are eligible.

In 2009, an estimated 6.7 million seniors age 65 and older lived alone, and faced geographical and language barriers and/or disabilities (Figure 1).2 Of this population, 20% had incomes below 100% of the Federal Poverty Line (FPL) and half (50%) had incomes below 200% of the FPL, the commonly recognized threshold for economic security.3

As shown in Table 1, women and renters represent a large share of the seniors living in isolation. The data also shows that on average, isolated seniors tend to be older and poorer than the

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1 The Older Americans Act [Title 1 Section 102 a (24)] identifies physical and mental disabilities, language barriers, and cultural, social, or geographical barriers as factors that threaten an individual’s capacity to live independently. A full compilation of the Older Americans Act as amended in 2006 (Public Law 109-365) can be found online at: http://www.aoa.gov/AOARoot/AoA_Programs/OAA/index.aspx

2 NCOA analysis of the American Community Survey 2009, Public Use Microdata Files. Data is available online via Data Ferrett at http://dataferrett.census.gov/. American Community Survey data is based on a sample of nearly 2 million addresses. The data is subject to sampling error and variability. In our analysis, person weights (PWGTP) were applied to estimate the number and percent of isolated seniors nationwide.

3 Estimates on the number of seniors in poverty or near poverty exclude seniors living in group housing facilities or institutions such as dorms, nursing homes, barracks, and correctional facilities.
general older population. Similarly, the data shows isolated seniors tend to experience important life changes such as the relocation and loss of a spouse or significant other at a higher rate than other groups. In fact, further analysis of the data shows that seniors living in isolation were three times more likely than seniors who are not isolated to have moved to a new house or to have experienced the death of a spouse/partner within a year.

### Barriers to Benefits Access among Socially and Geographically Isolated Seniors

For the 3.4 million isolated seniors who are economically insecure (i.e., with incomes below 200% of the FPL), accessing the benefits for which they are eligible could be critical to maintaining their quality of life and staying in their homes and communities. However, isolated seniors are faced with a unique set of barriers that could pose significant obstacles to accessing a core set of public benefits that can provide valuable help with basic healthcare, housing, and food needs.

Three main types of barriers—disabilities, language, and geography—may prevent seniors who live alone from accessing the benefits for which they are eligible (Figure 2).

#### Disabilities

Disabilities are the most common barrier to benefits access among isolated seniors. In fact, nine in ten (6.3 million) of the individuals who meet our definition of isolation report having a

### TABLE 1. Characteristics of Older Adults by Isolation Status

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Isolated</th>
<th>Not Isolated</th>
<th>All Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age</td>
<td>81 years</td>
<td>73 years</td>
<td>74 years</td>
</tr>
<tr>
<td>Female</td>
<td>72.4%</td>
<td>54.5%</td>
<td>57.5%</td>
</tr>
<tr>
<td>Widowed</td>
<td>65.0%</td>
<td>22.3%</td>
<td>29.6%</td>
</tr>
<tr>
<td>Non-white</td>
<td>19.3%</td>
<td>19.9%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Moved within past year</td>
<td>12.6%</td>
<td>4.8%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Served in military</td>
<td>15.6%</td>
<td>24.3%</td>
<td>22.8%</td>
</tr>
<tr>
<td>Renting</td>
<td>27.1%</td>
<td>12.6%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Have more than high school diploma</td>
<td>30.9%</td>
<td>44.4%</td>
<td>42.1%</td>
</tr>
<tr>
<td>Median Poverty Index†</td>
<td>152% FPL</td>
<td>323% FPL</td>
<td>295% FPL</td>
</tr>
</tbody>
</table>

Source: NCOA analysis of the American Community Survey 2009, Public Use Microdata Files.

† Estimates on the number of seniors in poverty or near poverty exclude seniors living in group housing facilities or institutions such as dorms, nursing homes, barracks, and correctional facilities.
disability. Over half of these isolated seniors (3.5 million) report a physical, mental, or emotional condition that results in difficulties leaving their homes. These disabilities pose a direct barrier to enrollment in benefits, especially those that require in-person meetings with caseworkers and wet signatures. In addition, nearly 44% (2.9 million) of isolated seniors report visual and/or hearing disabilities which might prevent them from using web-based or on-the-phone application systems. Lastly, one-third of the isolated seniors report a physical, mental, or emotional condition that affects their ability to remember, concentrate, and make decisions; this could represent an important barrier to completing an application.

Many policy and programmatic changes have helped to reduce the burden of the enrollment process on isolated seniors living with disabilities. Similarly, the aging and disability networks have worked to make technology such as web-based screening and application tools and transportation more accessible to these individuals, so they can apply for and receive the benefits for which they are eligible. However, these initiatives and resources are not available for all programs or localities.

A disproportionate number of isolated seniors living with disabilities are economically insecure. For these seniors, access to benefits is critical in order to secure the services and supports that are necessary for them to stay in their homes and communities. Our analysis of the data shows that the poverty rates of isolated seniors with disabilities are disproportionately higher than for seniors who have disabilities but are not isolated. Nearly 20% of isolated seniors living with a disability have incomes below 100% of the FPL and nearly 50% have incomes below 200% of the FPL. In contrast, only 8% of non-isolated seniors living with disabilities have incomes below 100% the FPL, and 30% have incomes below 200% of the FPL.

Language barriers are another important factor that contribute to social isolation and might prevent isolated seniors from accessing benefits for which they are eligible. Given the high poverty rates among isolated seniors who face language barriers, access to benefits is essential to meeting their basic needs and maintaining a decent quality of life. Our analysis shows that isolated seniors with limited English proficiency (LEP) have the highest poverty rates among all categories of isolation, with almost half of them reporting incomes below 100% of the FPL.

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4 The categories of disabilities captured in the American Community Survey are difficulties related to: vision, hearing, cognitive function, ambulation, self-care, and independent living. More information about the way in which this data was collected is available online at: http://www.census.gov/hhes/www/disability/disability.html.
FPL and three quarters reporting incomes below 200% of the FPL.\(^5\)

We estimate that there are slightly over 400,000 seniors living alone who face language barriers. These seniors account for 6% of the 6.7 million isolated seniors as defined in this issue brief, and for nearly 20% of the 2.2 million seniors with LEP living in the United States.\(^6\) The limited English proficiency of these individuals could pose a significant barrier to access the benefits for which they are eligible. Most immediately, the inability to speak, read, or write in English makes it more difficult, if not impossible, for these seniors to follow the instructions and to complete applications that are often only available in English, as remains the case in many states and localities. But even applications and materials translated into the applicants’ primary languages may not be enough for these linguistically isolated seniors, as many of them may not be literate in their first language.\(^7\) Lastly, but no less important, the LEP status of these isolated seniors could result in a negative experience with the enrollment process, as the need for translation often tends to lengthen the application process, and in agencies with limited bilingual or multilingual staff, may result in longer waits.\(^5\)

Linguistic barriers could be significant particularly for enrollment in relatively new or unknown programs. Linguistically isolated seniors who live alone often lack informal channels of information, and depend on the outreach efforts of government agencies and other community-based organizations to learn about these programs. However, the successful connection between linguistically isolated seniors and this type of assistance depends on targeted efforts that are effective at finding and connecting them with a trusted source of culturally and linguistically competent application assistance.

The languages spoken by isolated seniors present opportunities and challenges for improving the access to benefits among this population. There is a unique opportunity in that Spanish is the primary language of 52% of isolated seniors. There also is an opportunity in that the majority of the seniors who live alone and whose primary language is one of the other four common languages—Russian (10%), Chinese (5%), Korean (4%), and Italian (3%)—tend to be concentrated in a few metropolitan areas. For instance, one-third of the isolated seniors with LEP whose primary language is Russian lives in New York City. The concentration of specific groups of LEP seniors in some areas provides an opportunity to more effectively target seniors.\(^9\)

The remaining 28% of isolated seniors with LEP speaks over 50 languages. This includes the

\(^5\) Limited English Proficiency is based on those who reported speaking English “not well” or “not at all.” More information on how data on language is collected in the American Community Survey is available online at: [http://www.census.gov/hhes/socdemo/language/data/acs/index.html](http://www.census.gov/hhes/socdemo/language/data/acs/index.html)

\(^6\) Our analysis is limited to the subset of seniors with LEP who live alone (407,096), who as a result of lacking immediate support of another household member may be at greater risk of missing benefits.

\(^7\) For more information about these barriers see the study by the Office of the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services (2003), “The Application Process for TANF, Food Stamps, Medicaid and SCHIP: Issues for Agencies and Applicants, Including Immigrants and Limited English Speakers” prepared by Pamela A. Holcomb et al., The Urban Institute. This study is available online at: [http://www.urban.org/publications/410640.html](http://www.urban.org/publications/410640.html)

\(^8\) Furthermore, a body of research on the effects of LEP on access to health care has shown that in the absence of bilingual professionals, clients tend to rely on family members, friends, and strangers. Sometimes this may result in a violation of privacy and inaccurate information, both of which could result in adverse medical decisions.

\(^9\) For instance, the relative geographic concentration of certain languages is beneficial for LEP Medicare beneficiaries when it comes to access to information and resources in other languages. Under Medicare policy and regulation, Medicare Advantage plans and Medicare prescription drug plans are required to provide certain materials and assistance in languages other than English if that language is spoken by more than 10% (see footnote 10 about recent changes to this rule) of their “market” in the plan’s service area. For more information about the requirements under Medicare, see the Center for Medicare Advocacy’s issue brief (2010) “Cultural Competence and Language Appropriateness in the Provision of Medicare Services and Notices.” Available online at: [http://www.medicareadvocacy.org/Projects/AdvocatesAlliance/IssueBriefs/10_10.18.CulturalCompetence.pdf](http://www.medicareadvocacy.org/Projects/AdvocatesAlliance/IssueBriefs/10_10.18.CulturalCompetence.pdf)
languages of many Native American tribes. This subset of isolated seniors is spread out across the states, including the most remote areas of the country. Further complicating access, LEP populations that historically have concentrated in a few areas have become distributed more broadly across the nation, increasing language diversity in many communities. These trends point at the growing diversity of the isolated older population and the difficulty and utility of adopting thresholds for availability of materials and assistance about benefits and services in foreign languages similar to those required by Medicare where plan sponsors are required to provide certain materials and assistance in languages other than English if that language is spoken by more than 10% of their “market” in the plan’s service area.10

Geography
Using American Community Survey data, we estimate that 564,137 seniors are geographically isolated. These are seniors living alone in communities with less than 20 individuals per square mile.11 While the number of seniors who face this type of barrier is relatively small in some states, in frontier states, geography is the single most important factor that contributes to isolation of seniors.

Factors such as distance to services, topographical features, weather, and lack of transportation infrastructure are some of the common obstacles faced by geographically isolated seniors. A predictor of the presence of these geographical barriers is population density, which is often measured as the number of individuals per square mile. Areas with higher population density, typically urban areas, tend to have far-reaching and reliable public transportation and communication systems, which provide means for seniors who live alone to obtain the benefits assistance they need. However, in areas with lower population density, seniors who live alone tend to lack reliable communication or transportation methods and face greater barriers to obtaining the necessary assistance with benefits enrollment.

Geographical factors serve as barriers to benefits access that require the physical presence of an individual during the application process, whether it is to obtain a required wet signature or for an in-person interview with a caseworker. These geographical barriers are of particular significance to the nearly 100,000 geographically isolated seniors who are economically insecure and experience transportation challenges. All geographically isolated seniors could significantly benefit from web-based or on-the-phone application systems. However, the availability of these systems is very limited by program and state. For instance, in the case of web-based applications tools, the technology used to deliver these services is extremely limited in rural and frontier communities where broadband Internet access is uncommon.

Geographically isolated seniors have the lowest poverty rates of all groups of isolated seniors. However, when compared with seniors who live

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10 On April 5, 2011, CMS adopted a final rule that reduced this threshold from 10% to 5%. The final rule is available online at: http://www.ofr.gov/OFRUpload/OFRData/2011-08274_PI.pdf

11 Our definition of geographic isolation is not an official measure of rurality, but is a likely proxy for the lack of broadband Internet access, a lack of public transportation options, and the presence of significant topographical barriers that correlate with isolation, such as rivers and mountains. Geographic isolation was coded as a dummy variable (i.e., Yes [1] or No [0]), based on the population density of the Public Use Microdata Area (PUMA) in which the respondent lives. To calculate the density of a PUMA, we divided the total PUMA population by the size of its geographic area. Based on this calculation, all areas in the bottom 5th percentile (approximately 20 individuals per square mile or less) were coded as areas with high probability of geographic isolation. This is the equivalent of 118,000 individuals living in an area the size of the state of Connecticut, which currently has a population of 3.5 million inhabitants. By defining the isolation status based on an arbitrary cut-off, the population density of a PUMA has some disadvantages, including the fact that no geographical isolation will be shown in many PUMAs and states, even though that may not be the case.
alone but are not geographically isolated, their poverty rates are higher. One in five (20%) seniors living alone in a community with less than 20 individuals per square mile had incomes below 100% of the FPL. In contrast, 14% of seniors living alone in a community with more than 20 individuals per square mile had incomes below 100% of the FPL.

**Multiple Barriers**

Of the 6.7 million older adults living in isolation, 8% face multiple barriers. Seniors with multiple barriers experience greater need and greater risk of missing out on core benefits that could improve their quality of life. A combination of barriers often means that the methods used to overcome a specific type of barrier (i.e., transportation, technology, and/or communication) may not be enough to help these individuals. For instance, for people who live alone and in rural areas, having a car and/or phone service is an important way to overcome the barrier of distance between them and organizations that provide benefits enrollment assistance. However, if these individuals also have a severe disabling condition, they may be unable to rely on their car or phone alone to overcome their isolation.

**Beyond Disability, Language, and Geography**

Education plays an important role in helping isolated seniors overcome the main barriers that isolation places to benefits access. Education, for instance, can provide individuals with the necessary skills and knowledge to navigate the often complex enrollment process, including understanding questions on the application forms and the required documentation and paperwork. Similarly, isolated seniors with higher levels of education may possess the skills and knowledge necessary to use online benefits application technology when available.

Our analysis shows, however, that socially and geographically isolated seniors tend to have lower levels of education than non-isolated seniors. Approximately 31% of seniors who are socially and geographically isolated have more than a high school diploma. In comparison, 44% of the non-isolated older adults have more than a high school diploma.

**Social and Geographical Isolation across the States**

Figure 3 shows the presence of socially and geographically isolated seniors by state. The map is color-shaded to represent the percentage of the 65+ population that lives in social or geographical isolation. In general, populous states have the largest number of seniors living in isolation, while frontier states have the highest proportion of seniors living in isolation. As shown in this map, the state with the highest estimated number of seniors living in isolation is California (612,865), while the state with the highest proportion of seniors living in isolation is North Dakota (34%). Frontier states tend to have the highest proportion of isolated seniors because most seniors who live alone are very likely to live in geographical isolation. In North Dakota, 94% of the seniors who meet our definition of isolation do so because they live alone in an area with less than 20 individuals per square mile.

Further analysis shows a distinct pattern that explains the relative presence of seniors who face specific forms of isolation. Seniors who are isolated because of language barriers tend to concentrate in states with high ethnic diversity, such as Hawaii, California, and New York. In contrast, seniors who live in isolation due to geographical factors tend to live in frontier states such as North Dakota, Montana, and Wyoming.

Even though the main causes of isolation vary by state, certain characteristics of the isolated individuals tend to be consistent across states. In almost every state, women represent over 60% of isolated older adults, and widows account for nearly 30% of isolated seniors. The consistency in
FIGURE 3. Percent and Number of Seniors Living in Social and Geographic Isolation by State

Lower 3rd: 11% to 17%
Middle 3rd: 17% to 19%
Upper 3rd: 20% to 34%

As a % of state population 65 and over

Source: NCOA analysis of the American Community Survey 2009, Public Use Microdata Files.
these factors are a reflection, to some extent, of the disparities in life expectancy between men and women across states and ethnic/racial groups, but also the high disability and poverty rates among older women living alone.12

Benefits Access and Needs of the Isolated Population

Due to the disproportionate number of isolated seniors living in poverty, many are likely to be eligible for a core set of benefits that could improve the quality of their lives. Our analysis shows that while many of these isolated seniors are very likely to be eligible for benefits, they are also likely to be missing out on benefits, and consequently, to have a greater number of unmet needs.

Benefits Access

Data from BenefitsCheckUp®, a web-based benefits screening tool developed by the National Council on Aging, shows that isolated seniors are more likely to miss out on benefits than seniors who are not socially isolated.13 Figure 4 presents a comparison of the percentage of seniors who are eligible but not enrolled in key benefits (Part D Low-Income Subsidy, the Medicare Savings Programs, Medicaid, Supplemental Nutrition Assistance Program, and Low-Income Home Energy Assistance Program) by isolation status. Over 55% of isolated seniors screen eligible for, but are not enrolled in, at least one of these benefits.

Certain subgroups of the isolated population are more likely than others to be missing out on benefits. Further analysis of the BenefitsCheckUp® screening data shows that isolated seniors with incomes between 100 and 150% of the FPL were three times more likely than all other seniors to be missing out benefits. To our surprise, those who are currently enrolled in at least one benefit were more likely to be eligible but missing out on other benefits than those who are not enrolled in any benefits. In contrast, there were no differences in the probabilities of missing out on benefits by age, sex, or racial minority status.

Needs

The lack of immediate support and the disproportionate underutilization of key benefits among socially and geographically isolated seniors is reflected in this population’s large number of unmet needs.

The most recent Current Population Survey, Food Security Supplement shows that seniors living in isolation were 38% more likely to experience food insecurity than their non-isolated counterparts.14 According to this data, 64% of households with a senior living alone skipped at least one meal in the past 30 days, and nearly 6% visited a food pantry during the year. More importantly, 48% of food-insecure seniors living in isolation were not receiving SNAP benefits even though they had incomes below 100% of the FPL.15

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12 The most recent data on life expectancy is available online at the Centers for Disease Control and Prevention at: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_21.pdf

13 In 2010, over 200,000 consumers and their caregivers used this tool to determine their eligibility for over 1,900 public and private benefits. The data presented here is based on a subset of the total screenings. These screenings are known as comprehensive screenings, and are anonymously completed by consumers and/or their caregivers. In a comprehensive screening, individuals provide detailed information about their current participation in programs and their income and resources, which allows BenefitsCheckUp® to determine if an individual is eligible for but not receiving a benefit.


15 Income limits for SNAP vary by state, but in general income eligibility is set at 130% of HHS Poverty Guidelines for gross income and 100% of HHS Poverty Guidelines for net income. In addition to these income limits, households must meet the resource limits. More information on SNAP eligibility is available online at the Food and Nutrition Service website: http://www.fns.usda.gov/snap/applicant_recipients/eligibility.htm#special
Isolated seniors face other basic hardships as well. With their limited incomes, many of these seniors are unable to afford the high costs of heating and cooling their homes. According to the Consumer Expenditure Survey, a senior living alone spends nearly $126 a month on heating and cooling, which is almost 10% of the average monthly Social Security benefit for retired and disabled workers ($1,136). The average Social Security benefit amount reported here excludes benefits to survivors and/or dependents. Social Security benefit data was obtained from the Social Security Administration Annual Statistical Supplement, 2009, Table 5.A1.1 Number and average monthly benefit for retired workers, by sex, age, and race, December 2008 and Table 5.A1.2 Number and average monthly benefit for disabled workers, by sex, age, and race, December 2008. Data available online at: http://www.ssa.gov/policy/docs/statcomps/supplement/2009/index.html

These findings make more imperative the
need for concerted efforts to enroll seniors in programs such as the Low Income Home Energy Assistance Program, which over time has shown a lower participation rate among older adults than any other vulnerable group.  

The health care needs of the isolated population are also disproportionately higher than the non-isolated population. Due to their relative older age and unmet needs, isolated seniors are more likely to have a higher number of chronic conditions. A number of recent studies have also shown that seniors living alone are more likely to experience a greater number of unmet needs for personal assistance with activities of daily living (ADLs) and are less likely to access basic preventive services.  

However, as shown in Figure 4, many of these seniors are still missing out on important health care related benefits that can help them manage their chronic conditions as well as receive assistance with ADLs. Such benefits include the Part D Low-Income Subsidy, which helps individuals with their prescription costs, and the Medicare Saving Programs and Medicaid, which help these seniors with their Medicare costs, and provide access to certain services not covered under traditional Medicare, such as dental care, and eyeglasses and hearing aids.

Future Challenges and Opportunities

Historical census data offers a mixed picture of what might be the future of social and geographical isolation in America. Between 2005 and 2009, the number of seniors living alone increased by more than 400,000. Similarly, the number of seniors with limited English proficiency grew from 7.9% in 2005 to 8.3% in 2009. On the other hand, the number of seniors who meet our definition of geographical isolation has declined as frontier states and rural communities continue to develop.  

Conversely, the future remains less clear about the development and accessibility of systems and technologies that can help seniors overcome their isolation. On the one hand, technology continues to become more affordable and accessible for individuals living in rural and frontier areas, as well as for individuals with limited English proficiency and individuals living with disabilities. However, the continued expansion of these systems and technologies and the way in which they are used to improve access to benefits might be hindered by limited resources and investment.  

Historically, many of the barriers to benefits access among the isolated population have been

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18 A different report by the Administration for Children and Families shows that older adults have been underserved by the LIHEAP program for many years. According to this report, in Fiscal Year 2006, the elderly recipiency targeting index at the national level was 74. This means the LIHEAP program underserved households with older adults by providing services at a rate substantially lower than their representation in the low-income household population. This report also highlights that one of the reasons for the low recipiency index is the inaccessibility of the intake sites. This report is available online at: http://www.acf.hhs.gov/programs/ocs/lieheap/targeting_report.html#_Toc218415723


20 Data obtained from the American Community Survey (2009), Table S0103. Population 65 Years and Over in the United States.
addressed by changes in administrative and program rules and procedures, such as aligning program eligibility requirements, using data from one benefit application to determine eligibility for others, making paper and online applications simpler and more accessible, and adopting passive recertification procedures. These changes have reduced the burden on seniors who face language, disability, and geographical barriers to apply for and retain their benefits. However, even with these changes, a significant portion of the isolated population might still need person-centered assistance from knowledgeable personnel such as benefits counselors to successfully complete applications. For these isolated seniors, personalized assistance is the most effective and efficient method to access the benefits for which they are eligible, because this type of assistance provides a comprehensive solution to their benefits needs.

Strategies to make benefits and personalized enrollment assistance more accessible to the isolated population could build on this population’s main characteristics including their current interaction with government programs that serve the needs of economically insecure seniors. For example, 98% of isolated seniors are Medicare beneficiaries, and one-third are beneficiaries of Medicare and Medicaid (duals). As beneficiaries of these programs, isolated seniors are engaged in a constant and substantive interaction with the programs’ administering agencies. This interaction presents a unique opportunity for the Centers for Medicare & Medicaid Services to serve as the lead agency to identify seniors who are isolated or at risk of isolation, and refer them to the appropriate sources of support.

Similarly, the aging and disability networks could enhance their efforts to provide personalized assistance to isolated seniors among their current clients served under the different Older Americans Act programs. These efforts could target their clients of home delivered meals, senior companion programs, and Medicaid home and community-based waivers who might be living in isolation or are at risk of becoming isolated.

Strategies to identify and connect seniors living in isolation could also build upon the strong association between living in isolation and moving and becoming a widow/er. Seniors at risk of becoming isolated because they have moved to a new community or lost their spouse/partner are also very likely to interact with certain government agencies. For instance, Social Security tracks both of these lifecycle events when conducting redeterminations for LIS eligibility. State motor vehicle departments and postal offices also interact with seniors who have recently moved into the community in order to update their addresses. These are unique opportunities for these agencies to provide these seniors with more information about other services and supports or to refer them to their local aging services organization where isolated seniors can receive comprehensive personalized assistance.

Lastly, the spatial distribution of isolated seniors by type of barrier makes a strong case for greater alignment of eligibility requirements and interstate collaboration. Greater alignment and interstate collaboration, nationwide or regionally, will allow, for instance, geographically isolated seniors to apply for benefits and seek personalized assistance from the closest agency regardless of state. Similarly, greater interstate collaboration could allow linguistically isolated seniors living in a multi-state area to easily access services from the agencies with the most accessible language services and supports. From the states’ perspective, uniformity in eligibility benefits presents a unique opportunity for collaboration and pooling resources to more effectively target seniors in need.
Conclusion

As the number of isolated seniors continues to grow, a renewed focus on outreach and enrollment efforts is necessary to meet the disproportionately high number of needs and barriers to benefits access among this population. In the absence of these efforts, a substantial portion of socially and geographically isolated seniors will lack knowledge and access to a core set of benefits that can improve their quality of life.

While a number of strategies and programs have been developed and implemented to streamline this population’s access to benefits, these have been largely developed around the principle that the best way to improve access to benefits among this population is to make benefits more accessible from their homes. While this has helped thousands of isolated seniors, as demonstrated in this issue brief, a disproportionate share of isolated seniors is still missing out on a core set of federal benefits. This brief seeks to raise awareness about the need for new ideas and ways to serve this population. New ideas and methods for outreach and enrollment could build upon the main characteristics of this population including its current participation in certain benefit programs, and their probability to become isolated as a result of moving to a new community or becoming a widow/er. Considering these opportunities when designing outreach and enrollment efforts and public policies could help the aging and disability networks maximize their resources while expanding their ability to offer personalized assistance to those with the greatest needs.
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The National Center for Benefits Outreach and Enrollment

The National Center for Benefits Outreach and Enrollment (www.CenterforBenefits.org) helps organizations enroll seniors and younger adults with disabilities with limited means into the benefits programs for which they are eligible so that they can remain healthy and improve the quality of their lives.

The Center accomplishes its mission by:

- providing tools, resources and technology (such as www.BenefitsCheckUp.org) that help local, state and regional organizations to find, counsel and assist seniors and younger adults with disabilities to apply for and enroll in the benefits for which they may be eligible;
- generating and disseminating new knowledge about best practices and cost effective strategies for benefits outreach and enrollment; and
- funding and establishing Benefits Enrollment Centers in 10 areas of the country. Using web-based tools and person-centered approaches, these Centers help seniors in need and people with disabilities find and enroll in all the benefit programs for which they are eligible.

The Center is funded through a cooperative agreement with the U.S. Department of Health and Human Services’ Administration on Aging.