National Council on Aging

DOCTORS FOR AMERICA

The Benefits & Health Connection

Physical and financial health are intertwined. Economic factors affect not only access to health care and nutritious food, but also shape healthy behaviors, which are a primary determinant of premature death.

This is especially challenging for older adults, who often have no means of boosting their income. NCOA knows that:

- Nationally, the average senior living alone needs about $23,000 to meet their basic annual needs. Yet recent data indicate that half of all Medicare beneficiaries are living on incomes below $26,200 per year.[1] Women, especially single women and women of color, are much more likely to face poverty in retirement.
- Debt among this population—especially medical debt—is on the rise, with 60% of households headed by an adult aged 65 or older holding a median debt of $31,300 in 2016.[2]
- More than two-thirds of all health care costs are for treating chronic diseases. Low-income seniors are more likely to experience multiple chronic conditions and poor health outcomes compared to those with higher incomes.

Connect Your Patients to Benefits – Why Making the Connection Matters

The National Council on Aging's (NCOA) comprehensive, free online screening tool **BenefitsCheckUp®** screens for over 2,500 public and private programs that can help older adults to free up income and meet critical health care needs. Approximately 40% of the benefits included in **BenefitsCheckUp®** are directly related to health care and prescriptions. Visit BenefitsCheckUp.org to learn more and share this resource with your patients and their families.

NCOA also supports a network of community-based Benefits Enrollment Centers (BECs) that provide person-centered, one-on-one assistance to people with Medicare to screen, apply for, and enroll in these programs. The BECs welcome partnerships and referrals from health providers. Visit ncoa.org/becs to find current locations of BECs; NCOA is happy to facilitate an introduction.

Money Trade-offs & Implications for Health

A survey of aging professionals conducted by the National Council on Aging (NCOA) found that financially insecure older adults often make trade-offs to save money that endanger their health and well-being.[3] For example:

- Cutting pills in half or skipping medication dosage.
- Skipping meals, thus increasing nutrient deficiencies and lowering the efficacy of medications.
- Forgoing needed home/vehicle repairs, increasing their risk of accidents or falls—the latter being the leading cause of fractures, hospital admissions for trauma, and injury deaths among older adults.

[1] Kaiser Family Foundation. 2017. *Income and Assets of Medicare Beneficiaries*. https://www.kff.org/medicare/issue-brief/income-and-assets-of-medicare-beneficiaries-2016-2035/

[2] Federal Reserve Board. "2016 Survey of Consumer Finances." Accessed April 2018. https://www.federalreserve.gov/econres/scfindex.htm

[3] NCOA. 2018. *Older Adults & Debt: Trends, Trade-Offs and Tools to Help*. https://www.ncoa.org/resources/older-adults-debt-brief/

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Benefits to Boost Economic Security & Improve Health

Numerous public benefit programs are available to struggling older adults that can help to free up financial resources and enable them to meet critical health needs. These benefits also are proven to reduce the burden and costs on the health care system.

- The **Medicare Savings Programs**—administered and paid through state Medicaid agencies[4]— make premiums and cost-sharing for Part B physician services affordable for low-income beneficiaries.
- The Medicare **Part D Low-Income Subsidy (Extra Help)** helps seniors and younger adults with disabilities to afford medications and increase prescription adherence, which in turn helps them better manage chronic conditions and reduce falls.
- Access to the **Supplemental Nutrition Assistance Program** (SNAP/Food Stamps) reduces hospital admission rates and the need for emergency room visits among older adults, and on average can save $2,100 a year in medical costs.[5] SNAP assistance facilitates healthier eating, which also can lessen the adverse side effects of chronic conditions.
- Utility benefits such as the **Low-Income Home Energy Assistance Program** (LIHEAP) offset the costs of heating and cooling one's home, thereby reducing respiratory disease symptoms and emergency room visits.

Yet millions of older adults who are eligible to receive assistance from these programs are not enrolled. It is estimated that 3 in 5 seniors who qualify for SNAP are not getting the benefit; roughly half of those who are eligible for the Medicare Savings Programs are not enrolled.[6]

Advocate for Programs that Bolster Elder Economic Security and Health

Programs that help vulnerable, low-income older Americans afford the health they need must be protected and strengthened. Any proposed Medicare or Medicaid cuts must not slash essential benefits or shift additional out-of-pocket costs to those who cannot afford them. The tax cut passed last year will increase the federal budget deficit by over $1 trillion, creating even more pressure on Congress to cut safety net programs that low income seniors rely on and reduce their access to needed care.

Other critical, cost effective federal programs that may be targeted, like SNAP and LIHEAP, improve access to Social Determinants of Health that can reduce hospital and emergency room visits. **The Older Americans Act** (which pays for community services like Meals on Wheels, transportation, job training and placement, and evidence-based falls prevention and chronic disease self-management programs for older adults in need) is another example of a program helps seniors stay healthy and independent and must be protected through strong, collaborative advocacy.

Learn more about our issues and how to join NCOA and a wide range of national aging and disability organizations advocating to preserve affordable health care and social services at: ncoa.org/public-policy-action/.

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[4] Medicare Savings Programs include the Qualified Medicare Beneficiary (QMB) program, the Specified Low Income Medicare Beneficiary (SLMB) program, and the Qualified Individual (QI) program. QMB and SLMB are funded entirely through state Medicaid, while the QI is a federally funded program.

[5] Samuel, Laura J et al. 1 April 2018. *Does the Supplemental Nutrition Assistance Program Affect Hospital Utilization Among Older Adults? The Case of Maryland* in Population Health Management Vol. 21, No. 2. https://www.liebertpub.com/doi/10.1089/pop.2017.0055

[6] Macpac. 2017. *Medicare Savings Program Enrollees and Eligible Non-Enrollees*. https://www.macpac.gov/wp-content/uploads/2017/08/MSP-Enrollees-and-Eligible-Non-Enrollees.pdf