Technology offers federal programs cost-effective methods for serving clients, especially in times of lean administrative budgets. This Issue Brief seeks to inform policy makers, practitioners, and advocates about Internet use among older adults in the United States, and the implications of low rates of Internet use for program enrollment and benefit utilization. Suggestions for incorporating a human-centered approach to services are provided.

OVERVIEW

With increasing use of the Internet over the past 15 years, we have seen a dramatic shift in how people access everything from health care to groceries. The Internet offers many individuals a convenient way to enroll in public and private programs, ranging from adult education to health insurance plans to Federal programs that support low-income households. At the same time, the Internet offers program implementers and policymakers a cost-effective method for managing program enrollment and benefit utilization. The shift to technology modernization in Federal programs has been widespread, and can be seen in the utilization of direct deposit and online banking for Social Security payments, instituted in 2013; the implementation of Medicare Plan Finder website, which allows beneficiaries to search for the most cost-effective Medicare Part D plans that meet their prescription needs; and online enrollment in the Supplemental Nutrition Assistance Program (SNAP), which was available in 44 states as of 2016.¹

Internet access will continue to play a key role in benefit enrollment and utilization, especially as state and federal governments continue to seek ways to integrate and streamline health and human services programs and cut administrative costs. While the Internet may offer easy program access to a good proportion of the population, the needs and preferences of older adults, especially low-income older adults, cannot be overlooked. Practitioners and policymakers must understand the tendency of older adults to use the Internet, especially as the government seeks to eliminate barriers to participation. These programs are necessary in allowing older adults to manage their health and age in place, and Internet use will impact their ability to apply for and access the programs to which they are entitled.

¹ Please note: The availability of online enrollment in SNAP varies by state.
IMPAQ used nationally representative survey data from the 2012–2015 National Health Interview Survey (NHIS) to examine Internet use among adults aged 60 and older. In 2012, the NHIS began assessing Internet and email use and frequency. All estimates are weighted to be representative of the U.S. population.

OLDER ADULTS’ INTERNET USE

In 2012-2015, the NHIS collected data from more than 50,000 adults over age 60, representing 153 million individuals in the U.S. Slightly more than half of adults over age 60 reported using the Internet (52.2%). While Internet use did not vary by sex, there were dramatic differences among other sociodemographic characteristics:

Age - Not unexpectedly, an age gradient exists for Internet use among older adults. Nearly 70% of those aged 60-64 years reported using the Internet, but that declined to 21% for those over age 80.

Race and Ethnicity - There are marked differences in Internet use between older adults of different racial and ethnic groups. Only 28% of Hispanic and 34% of non-Hispanic Black older adults use the Internet, compared to 57% of those who are non-Hispanic White.

Education - The greatest variation in Internet use occurs with level of education. Older adults with at least some college are 6.5 times more likely to use the Internet than those who never completed high school.

Income - Fewer than 25% of older adults with household incomes at or below 150% of the poverty line use the Internet, compared to 63% of those with higher incomes (Exhibit 1).

Approximately two-thirds of adults over age 60 have at least one chronic condition, but fewer than half of them use the Internet (48%). Among other things, this can inhibit the ability of older adults to find the most cost-effective Medicare Part D Plan that will cover their prescription medications.

LOW-INCOME OLDER ADULTS’ INTERNET USE

Having a low income puts older adults at greater risk for adverse outcomes, particularly with regard to health. Extraordinarily low rates of Internet use may impinge access to services if programs are not purposeful in reaching eligible older adults through other means in addition to technology. This can be exacerbated among low income older adults who plausibly have the lowest access to the Internet.

Even among low-income older adults there are great discrepancies in Internet use:

Age - Internet use among low-income older adults range from a high of 38% of 60- to 64-year-olds to only 7% of those over age 80.

Race and Ethnicity - Among low-income older adults, non-Hispanic Whites are nearly twice as likely to use the Internet (29%) as non-Hispanic Blacks (16%) and Hispanics (12%).
Education - Low-income older adults with a college degree are twice as likely as those with a high school degree to use the Internet and 8 times more likely than those with less than 12 years of education (Exhibit 3).

Exhibit 3. Internet Use Among Older Adults, by Income and Education

- All Older Adults
  - Less than 12th grade: 11%
  - 12th grade: 20%
  - Some college: 38%

- Low-Income Older Adults
  - Less than 12th grade: 6%
  - 12th grade: 20%
  - Some college: 72%

The low rates of Internet use among low-income older adults not already participating in federal programs such as SNAP or Medicaid, are of particular interest. Only one-quarter of those who may be eligible, but are not enrolled in the programs, use the Internet.

75% of older adults who may be eligible for SNAP, but do not currently participate, do not use the Internet.

OPPORTUNITIES

Low Internet use among vulnerable subgroups of older adults is cause for concern for advocates, policy makers, and human services agencies. Recognizing the need for person-centered supports, federal agencies have implemented a number of reforms aimed at improving access to programs through automation.

Elderly Simplified Application Project (ESAP), Standard Medical Deduction - The SNAP program has created a number of state options to improve and streamline access for low-income seniors in recent years. One example, the Elderly Simplified Application Project (ESAP) aims to streamline the application process through a shorter application form, a simplified verification process, and lengthened certification period. The Standard Medical Deduction waiver allows adults over age 60 to more easily deduct their out-of-pocket medical expenses over $35/month from their net income calculations, which can increase the amount of benefits they receive.

Cross-Enrollment in Medicare Extra Help (LIS) and Medicare Savings Program (MSP). - The Medicare Low-Income Subsidy (LIS) application utilizes an opt-out strategy allowing applicant information to automatically trigger the Medicare Savings Program (MSP) application process. An applicant must clearly indicate that they do not want their information to be shared in order to opt out of the automatic application process. Conversely, enrollment in MSP triggers an auto-enrollment for LIS. Ensuring that this cross-enrollment functionality is being optimized is an important step to take to help increase access to benefits for seniors.

Modifying application and renewal processes and facilitating comprehensive cross-enrollment for multiple benefits (e.g., SNAP, Medicaid, and Low Income Home Energy Assistance Program) can simplify the application process for low-income seniors and offer a cost-efficient strategy to increase senior participation in public benefit programs.

Further, health and human services architects must remain acutely aware of the populations they serve, and how best to support them. The principles of human-centered design can and should be applied to all benefit program design as well as outreach and enrollment work. True person-centered delivery can only be achieved when we build programs that work for the clients we seek to serve. Accessible multi-channel supports (e.g., online, by phone, and in person) are necessary to support older beneficiaries in gaining access to valuable, and potentially life-saving, public assistance programs.

State and federal agencies are urged to adopt a no wrong door service delivery approach that utilizes multi-channel support for diverse populations, maximizes streamlined enrollment processes for multiple benefits and leverages opt-out strategies in order to share data and increase participation. States can and should use their upgraded eligibility and enrollment systems to conduct effective data sharing across programs and agencies to allow for targeted outreach, real-time verification, eligibility determinations, and benefit coordination.

Finally, more research is needed to identify the causes of low Internet use among older adults, which could include personal preference, cost of equipment, and access to reliable and inexpensive Internet service. While half of older adults use the Internet, it is important to understand their comfort with applying for services or benefits, which may require personal information to be shared online, and comfort with accessing benefits online, such as social security.
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Benefits Data Trust is a not-for-profit social change organization committed to transforming how individuals in need access public benefits and services. Benefits Data Trust envisions a health and human services system that proactively connects individuals and families to all the supports they need to reach economic stability. When services are well coordinated across sectors people are healthier and more economically secure; the system is more efficient and cost-effective; and our communities are stronger.

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