

CENTERING LIVED EXPERTISE TO ADDRESS FOOD INSECURITY

Advocating for Policy Changes to Improve Access to Services

Yolanda Gordon got into the policy and advocacy space out of necessity. “There were policies coming out of Washington that directly impacted my family in a negative way, and I wanted to make a difference,” said Yolanda. “Two of my children were diagnosed on the autism spectrum at age two and three, and I spent an enormous amount of time researching special education laws at the federal level and parallels at the state level. It helped me prepare an [Individualized Education Program \(IEP\)](#) for my children, and I learned how to write meaningful goals for their education and work with teachers to get those goals accepted. Then, I started writing IEPs for other families through a non-profit that hired me to support families and consult with school districts about parent involvement.”

This early work inspired Yolanda to dive deeper into advocacy and policy to learn how it affects individuals with disabilities. In 2010, there were approximately 4,000 people on a Medicaid Intellectual Disability and Related Disabilities (ID/RD) waiver list in her home state of South Carolina. In 2017, that number was up to approximately [8,000 individuals](#). The state was only taking two to three people off each year, leaving many children to not become eligible for services until adulthood. Yolanda galvanized a group of parents to go to the statehouse to voice their concern, and the state made changes and began to move hundreds of people per month into waiver slots. By bringing their lived expertise and awareness of the issue to decisionmakers, hundreds of people received needed services.



Who: Yolanda Gordon

Role: Manager of Expansion and Advocacy, RESULTS

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“Something must right this unjust mindset — eventually, people will stop looking at our differences and start seeing how we are more alike and get back on course. But right now, our country is so divided on how we view poverty.”

CENTERING LIVED EXPERTISE TO ADDRESS FOOD INSECURITY: PROFILE SERIES

No one understands public benefit programs as well as the community members served. This series shares the voices of people with direct experience using programs such as Medicaid, SNAP, and WIC on the value of cross-program coordination and incorporating lived expertise into policymaking and implementation processes. This series is a product of [Exploring Cross-Agency Partnerships to Address Food Insecurity](#), a national initiative led by the Center for Health Care Strategies with support from the Robert Wood Johnson Foundation.

Yolanda currently serves as the manager for expansion and advocacy at [RESULTS](#), where she trains the next generation of adults who will pick up the torch and provide advocacy in the future.

Yolanda also serves as a community partner with lived expertise on [Exploring Cross-Agency Partnerships to Address Food Insecurity](#), a national initiative led by the Center for Health Care Strategies with support from the Robert Wood Johnson Foundation. In this profile, Yolanda shares her perspectives on using advocacy and policy changes to improve access to services.

What are some common misconceptions about individuals receiving public benefits?

One of the perspectives out there about safety net programs is that implementing work requirements will “provide self-sufficiency and improve the lives of people in poverty.” Those who think this do not understand that most people receiving benefits already work if they can, and some individuals rely on two to three jobs. What improves lives are the programs and benefits that are designed to help people, not added requirements or hoops to jump through. There are individuals who have a myopic view that people receiving benefits are lazy or just want the government to pay for everything. Sometimes people who really need these services do not even apply for them because of the rhetoric that surrounds it. We need to start having honest conversations about where we are as a country when it comes to poverty. 874,000 people [die from poverty each year](#) — which is more than the number of people who die from heart disease or cancer annually.

The way some individuals talk about poverty and individuals who qualify for Medicaid benefits or other forms of service is so skewed that I do not think they see individuals experiencing poverty as human beings, but just a drain on society. But they are an essential part of society — the people that make your coffee, check you out at the grocery store, and stock the shelves where you shop — and they want and deserve a living wage, health care, and to be able to walk into a grocery store and not have the unhealthy food be cheaper than the healthy food.

Why is increased coordination among state agencies like Medicaid and SNAP so crucial for people receiving benefits?

There is not enough external communication to individuals and families from state agencies about available programs and services. If someone is applying for housing, should they really have to go somewhere else and go through a separate application process to apply for SNAP or Medicaid? Agencies can better coordinate across silos to support children, families, and adults. Families and individuals do not know that there are benefits available to support their needs. For example, many parents of children with special needs do not know about the [Katie Beckett Medicaid waiver](#), which is active in some form in 24 states and allows children under the age of 19 to receive treatment in their home regardless of the parents’ income if home care costs less than hospitalization. They often do not know about the Children’s Health Insurance Program, which provides health care services to children of middle-income families. They do not realize that Medicaid can pay for equipment and other needed resources or play a role in helping families with children that require alternative means of feeding their children access food and meet their nutritional needs. Better outreach and coordination from states could help ensure that everyone that requires assistance will receive it.

What recommendations do you have for states agencies to improve engagement with communities?

Go to the community and connect with its leaders. Find young community leaders who are going to be able to get information out to others. Share your message with them in terms of what you want the community to know and then let them collaborate on the issue. State agencies need to make themselves visible and accessible, for example, by taking time to do community town halls in a variety of places at different times so that working individuals can attend.

States should not rely on old systems and processes that they have been using for decades to contact people, such as sending letters or even texting. Caseworkers should make direct phone calls with people on their case load, which also means the states must invest in hiring more staff to ensure that caseworkers are not overloaded. There are also creative ways to update contact information across state government agencies. For instance, the Department of Motor Vehicles and voter registration system are two places where addresses and contact information are required to be updated and where partnerships might be useful. States should identify unconventional ways to meet people where they are and pilot these ideas to see if they work. Do not be afraid if it does not work, move to the next idea, and if that does not work move on again. But do not stop trying to improve outreach and engagement.

Lastly, invest in customer service training for frontline staff. If they are not good with people seeking services, then retrain or remove them from the position because they can affect a person's experience and discourage individuals from getting the services that they need. States should want folks to come in, apply, and access services that can help improve their lives.

For more information, watch Yolanda Gordon's TED Talk about her inspiring life and passionate advocacy journey on [TED Talk: The Poverty Pandemic](#).



ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. We support partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit www.chcs.org.