

CENTERING LIVED EXPERTISE TO ADDRESS FOOD INSECURITY

Driving Cross-Program Alignment to Better Serve Individuals Receiving Public Benefits

Tamika L. Moore has engaged in anti-hunger and anti-poverty work for more than a decade. Her grassroots-level work began in Camden, New Jersey, after witnessing her neighbors struggling and experiencing food insecurity herself; she wanted to help in any way she could to eradicate this issue.

“I remember one year going to mom-and-pop grocery stores and restaurants asking for donations to feed people in my community for Thanksgiving,” recalled Moore. “Major retailers were not able to donate since I was not representing a 501c3 nonprofit, but small, family-owned grocers contributed an incredible amount of food. My friends and I stayed up all night cooking and the next day drove all around Camden distributing more than 120 meals to our neighbors.”

Since those early days in her community, Tamika has become more involved in local and national speaking engagements related to how hunger impacts communities. In her consultant/activist role, she also shares recommendations for systems change based on her experiences in navigating the public benefits systems and supports others doing the same.

Tamika 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, Tamika shares her perspectives on the benefits of cross-program coordination and alignment.



Who: Tamika L. Moore

Role: Consultant and activist

“I am driven to share my experiences with navigating public benefits programs to support others and to inspire positive change.”

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.

How can states improve how they serve individuals enrolled in Medicaid and food programs?

There are so many opportunities for state and federal government to better support the communities they serve. One concrete area of opportunity is creating efficiencies in how individuals apply and qualify for benefits. Individuals and families need to go from one office to another, with very minimal variations in required paperwork for each and re-tell their story over and over again. It is not only exhausting, it is also traumatizing. The system could be streamlined so that when individuals qualify for one program, they automatically qualify for others without the additional paperwork, time, and emotional burden that comes with redundant application processes. Some states are making progress on this, but it is not consistent across the country. There is a huge opportunity to do more.

Another really important area of opportunity is training state programs' eligibility workers, case managers, and other state government officials to be person-centered and trauma-informed in their day-to-day work. Right now, the culture is one involving fear of making a mistake, focus of uncovering potential fraud, and of stigma. Instead, staff should be trained to focus on dignity, humanity, and support for people. Not all direct service workers are the same, but there should be a level of consistency in the training and supports they receive so that they can be consistent with the information and assistance they provide to individuals and families seeking benefits.

Where are opportunities to improve the enrollment process for programs like Medicaid and SNAP?

A long time ago, when I needed assistance, I kept getting denied housing benefits. It took me working with three different case managers to finally have someone who took the time to explain why my initial applications were denied and walk me through the process of what I needed to share to qualify. I'm not sure why the first two case managers were not able to partner with me in the same way, perhaps they did not have the same level of understanding or training, or perhaps they were swamped with other cases. But, that third case manager made a world of difference to me — and I hope that others get that same level of help and support from the start. My experience also had a ripple effect in terms of accessing SNAP and Medicaid benefits in that: (1) I didn't realize I was eligible because my main priority was housing; and (2) once I realized that I was eligible, I had to essentially start from scratch in showing paperwork to prove that I qualified for those additional benefits. It would have been so much more efficient and human-centered if someone helped me navigate that process from the beginning and shared with me what types of services I was eligible for and how to access them.

How can point-of-care services, like case management, better serve individuals?

Anyone can end up on public benefits due to twists and turns in life, including within this COVID-19 context. It's important for people delivering care or providing case management services to lead with empathy. It would be great to have a process where each staff member has to experience what it is like to apply or renew benefits or work with a case manager in a secret-shopper style to get a sense of what the experience is like.

Alternatively, I think services may be improved just by staff spending more time with and learning from individuals with lived experience.

What can states learn from individuals with lived expertise?

There is nothing that can replace the insights of people that have experienced hunger and poverty when trying to establish new policies or make policy changes. For instance, people who have participated in SNAP understand what it is like to try to plan out how to make those resources last for the entire month. They know the challenges of buying healthy food that is also filling and affordable, and how to extend those resources as long as possible so that no one in their home goes hungry. They know how to maintain their sense of dignity throughout the process. The best place to get feedback and suggestions is to ask the people currently affected by these policies and programs.



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.