national council on aging

Listening to American Indian/Alaska Native Elders: Learning about Challenges and Successes, and Actional Steps for Benefits Enrollment



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Agenda

Learning Objectives for the Session

Overview of National Council on Aging

Overview of the American Indian/Alaska Native Benefits Access Listening Sessions

Recommendations – Actionable Strategies from the Findings

Next Steps for Action

Questions and Comments

Learning Objectives for the Session

Attendees will:

Hear an overview of lived experiences shared during the listening sessions about benefits access and enrollment for AI/AN elders.

Gain a better understanding of barriers that AI/AN elders face when applying for or choosing not to apply for public benefits including Medicare Part D Extra Help, MSP, Medicaid, SNAP, and LIHEAP.

Hear recommendations for improving outreach, enrollment and access to critical public benefits for AI/AN elders.

National Council on Aging Center for Economic Well-Being

National Council on Aging



Our Vision

A just and caring society in which each of us, as we age, lives with dignity, purpose, and security



Our Mission

Create the conditions for all to age well today and into the future

National Council on Aging

Resources



Trusted, unbiased information that enables older adults and their caregivers to take small steps that can have a big impact on their health and financial security

Best Practices



Technical assistance and support for professionals in community-based organizations who serve older adults every day

Tools



Personalized, online support for individuals to find benefits, choose a Medicare plan, prevent falls, manage their budget, and plan for a healthy and secure life

Education



A national platform and organization that works to lift the voices of older adults and to strengthen the federal programs we all depend on as we age

Center for Economic Well-Being (CEW)

- CEW manages the National Center for Benefits Outreach and Enrollment (NCBOE)
- Funded by the **Medicare Improvements for Patients and Providers Act (MIPPA):** a multi-faceted piece of legislation related to Medicare
- Purpose: to help low-income Medicare beneficiaries apply for programs that make Medicare affordable

American Indian/Alaska Native Benefits Access Listening Sessions

Overview of the AI/AN Benefits Access Listening Sessions

- Purpose – To understand the experiences of AI/AN elders when enrolling in governmental benefits
- What is working well
- What barriers exist
- How can access to public benefits programs be improved for AI/AN communities
- Benefit focus areas: Medicare Part D Extra Help, MSP, Medicaid, SNAP, and LIHEAP

Methodology

Grounded in the Indigenous Evaluation Framework (IEF)

Listening Sessions



Conversational group sessions centering lived experience, relational meaning-making, and community-grounded interpretation

Regional Focus



Washington, South Dakota, New Mexico, and Oklahoma. Each region selected for variation in Medicaid structures and tribal service contexts

Elder-centered Design



90-minute semi-structured sessions facilitated with cultural safety; elders' voices as the primary data source

All sessions were recorded with participant consent, transcribed, de-identified, and reported in aggregate.

Thematic Findings

Findings are organized by benefit program, analyzed across three cross-cutting themes



Trust & Systems Navigation

How elders navigate complex, overlapping systems, and where trust breaks down between IHS, Medicare, Medicaid, and other programs



Access Barriers

Digital literacy, transportation, documentation requirements, enrollment complexity, and infrastructure gaps that prevent or delay access



Cultural Relevance of Outreach

Whether materials, messengers, and communication channels reflect Indigenous languages, values, and community settings

Programs examined: Medicare (incl. Part D/Extra Help), Medicaid, SNAP, and LIHEAP

Medicare: Trust & Systems Navigation

- Elders reported great difficulty navigating Medicare, often relying on family or friends rather than trained navigators
- Confusion across Medicare, IHS, VA, and Social Security eroded confidence—elders felt uncertain about correct program enrollment
- Coordination between IHS and Medicare referrals was fragmented, with unexpected bills for care elders believed would be covered
- When referrals aren't trusted, elders delay or avoid care—leading to reliance on overburdened IHS services

> *"The education that you're going to get is from your SHIP counselors, from your insurance agents, from your next-door neighbors…and hope and pray that it's good information."*
>
> **— Oklahoma Listening Session**

> *"They refer you, but then they don't do a follow-up. Sometimes they don't even pay the bill…so you have to fight that issue."*
>
> **— South Dakota Listening Session**

Key Insight: Mistrust stems from fragmented inter-agency coordination, not from the programs themselves.

Medicare: Access Barriers

Digital Barriers

- Multiple logins required (CMS + Medicare portals)
- Identity verification requires camera or webcam
- Unreliable broadband in rural and reservation areas
- Elders who enrolled years ago unaware of new verification requirements

Phone & In-Person

- Wait times reported up to 8 hours for phone enrollment
- Phone process equally complex as online
- Remaining offices understaffed with long wait times
- Office closures mean longer travel distances

Knowledge Gaps

- Most participants unaware of Part D Extra Help / LIS
- Confusion between Part C (Advantage) and Part D
- Private insurance marketing felt predatory to some
- No understanding of how Medicare Parts work together

> *"One of my friends waited eight hours to get through. Eight hours, he sat on the phone to get through to Medicare."*
>
> **— Washington Listening Session**

> *"Oh, Medicare Part D. I don't think I've heard of that."*
>
> **— Washington Listening Session**

Medicare: Cultural Relevance of Outreach

What Elders Shared with Us

- General lack of awareness about Medicare; how it works and how to access it
- Messaging was not culturally relevant; materials not reaching those most in need
- Need for plain-language materials adapted to Native languages of the target audience
- Most effective communication happens at elder centers where the population already gathers

> *"In the Native tongue, especially with our elders that only understand the Native tongue…we need these videos out there."*
>
> **— Oklahoma Listening Session**

Community-Identified Solutions

- Train community members as trusted navigators and educators
- Present at congregate meals, elder day conferences, and senior centers
- Partner with tribal programs, TANF offices, and Indian health boards
- Create videos for senior centers; use Native radio and newsletters

> *"Train our own people who can go out to the congregate meals. Every year we have an elders' day conference, and about 900 elders attend."*
>
> **— Oklahoma Listening Session**

Medicaid: What Elders Shared

Trust & Navigation

- Many elders unsure whether they or spouses were even enrolled in Medicaid
- Blurred boundaries between Medicaid, IHS, VA, and Medicare caused fatigue and confusion
- Trust remained strongest in personal relationships with IHS providers and community health workers
- Elders received unfamiliar notices with confusing terminology, creating fear about next steps

Access Barriers

- Strict income thresholds excluded elders who own a home or have retirement but still struggle financially
- Cultural mismatch: requirement to "prove poverty" conflicts with Indigenous values of community care
- Referral coordination failures led to surprise bills due to IHS and Medicare not communicating
- Online portals, password resets, and document uploads exclude digitally underserved elders

Medicaid: What Elders Shared

Cultural Relevance of Outreach

Elders rarely saw themselves reflected in Medicaid materials—graphically or linguistically. They called for Native-language resources, trusted messengers from their own communities, and communication grounded in respect, humility, and relational accountability.

> *"I feel penalized for aging."*
> — Albuquerque Listening Session

> *"You get a notice and you don't know what it means. You're afraid to throw it away."*
> — Seattle Listening Session

SNAP: What Elders Shared

Stigma	Social stigma around food stamps prevented individuals from accessing support; elders described the experience as embarrassing and demeaning
Complex Enrollment	Process compared to applying for unemployment that was lengthy, multi-step, requiring in-person visits and identity verification; many participants gave up
Strict Eligibility	Fixed-income retirees found themselves just over the threshold: "not qualifying was eye opening and devastating"
Documentation Burden	Repeated proof of rent, income, and identity each cycle was logistically burdensome and emotionally taxing; conflicts with values of self-reliance

FDPIR: A Trusted Alternative

Elders consistently preferred the Food Distribution Program on Indian Reservations (FDPIR), citing:

- No complex enrollment process required
- Food described as fresher, local, and healthier
- Integrated with tribal community support services
- Felt like care "from us, not from somewhere far away"

> *"People are behind you and you're using your food stamps and they're counting them out…it's embarrassing and demeaning."*
>
> — New Mexico Listening Session

Key Insight: Accessibility is not only about simplicity, it's about ownership and identity. When food assistance is delivered through tribal systems, elders experience it as care within community.

Cross-Cutting Themes Across All Programs

1 Administrative Complexity Is the Primary Barrier	Not program availability, but fragmented processes, repetitive documentation, and inconsistent rules across agencies create the greatest burden for elders.
2 Trust Is Relational, Not Institutional	Elders trust people, IHS providers, community health workers, family members, not bureaucracies. Programs succeed when delivered through human connection.
3 Digital Systems Amplify Exclusion	Online portals, multi-factor authentication, and digital-only pathways disproportionately exclude elders with limited broadband, devices, or digital literacy.
4 Cultural Relevance Is Non-Negotiable	Materials that don't reflect Indigenous languages, imagery, or values are ignored. Outreach must happen in community spaces through trusted messengers.
5 Tribal Programs Offer a Model	Programs like FDPIR demonstrate that when assistance flows through tribal systems that include simpler processes and community ownership to elders engage with trust and dignity.

Recommendations

Actionable Strategies from the Findings



Strengthen Local Implementation Capacity

Improving benefit enrollment and retention requires focusing on accessibility, continuity, and trust.

Invest in Navigators

Fund dedicated support roles that guide applicants through complex processes and reduce barriers from fragmented systems

Embed in Community Settings

Place assistance in familiar locations—senior centers, Title VI programs, tribal health clinics—where elders feel comfortable

Standardize Tools & Practices

Promote consistency so staff across programs can deliver reliable, streamlined support without sacrificing local flexibility

Strengthen Inter-Agency Collaboration

Align workflows, share resources, and minimize duplication across programs with overlapping eligibility requirements

Build Feedback Loops

Capture real-world challenges from elders and staff to inform continuous improvement and keep solutions responsive

Priority Actions

- Align renewal timelines for elders with fixed incomes
- Recognize tribal government-issued identification in identity proofing workflows
- Place navigators in trusted community settings with concise toolkits
- Adopt consistent terminology across agencies
- Develop shared templates for notices and communications

Improve Coordination & Simplify Communications

Focus Area	Action Step	Intended Outcome
Verification Timing	Standardize renewal periods for fixed-income elders; use automated ex parte checks before requesting paperwork	Reduces repeated document requests and smoother renewals
Document Standards	Publish a unified list of accepted tribal government IDs and common proofs across all portals and desk guides	Speeds eligibility decisions and minimizes duplication
Shared Explanations	Develop concise, version-controlled one-page explainers on referrals, prescriptions, and renewals for cross-program use	Eliminates conflicting instructions and improves clarity
Notices & Letters	Standardize plain-language templates with consistent headings and step-by-step instructions	Clearer guidance and fewer incomplete submissions
Issue Escalation	Establish direct contact pathways between tribal program leads and state/federal counterparts for urgent cases	Faster resolution of stalled applications and denials

Enhance Outreach & Communication Effectiveness

Outreach Strategies

- **Culturally-tailored Materials:** Tailor brochures, videos, and audio content to improve comprehension and trust
- **Community-Based Delivery:** Disseminate through senior centers, Title VI programs, tribal clinics, and cultural gatherings
- **Trusted Messengers:** Train tribal navigators, CHRs, and respected elders as peer educators
- **Multichannel Communication:** Leverage Native radio stations, tribal newsletters, and community social media
- **Interactive Education:** Host workshops and storytelling-based presentations at congregate meals and elder conferences

Accountability & Performance

- Implement structured performance metrics capturing both quantitative and qualitative program effectiveness
- Integrate community voice by embedding elder feedback mechanisms into benefit system monitoring
- Move beyond compliance reporting toward continuous learning and system refinement

Cross-Program Coordination

Align messaging across Medicare, Medicaid, IHS, and aging services to eliminate contradictory instructions. When messaging is harmonized across systems, elders gain confidence in the information provided—reducing confusion and increasing uptake.

Next Steps for Action



Next Steps for Action

- Additional listening sessions held in 2026 with:
  - Tribal leadership
  - Elders and caregivers
  - Navigators, caseworkers, and IHS staff
- Expanded outreach to include Alaska
- AI/AN Medicare-focused toolkit that reflects cultural and linguistic needs
- Prioritize what elders and caregivers want to learn more about

Questions and Comments



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